



December 3, 2020

Mail: Docket No. CDC-2020-0121, c/o Attn: November 23, 2020 ACIP Meeting, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H24-8, Atlanta, GA 30329-4027.

RE: The CDC's Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

The Obesity Care Advocacy Network (OCAN) appreciates the opportunity to provide the following comments in response to the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations surrounding allocation of initial supplies of COVID-19 vaccine. We are pleased that ACIP's recommendations focus on the need to prioritize allocation of any COVID 19 vaccine to a number of key groups including people of all ages with comorbid and underlying conditions that put them at significantly higher risk – including obesity.

OCAN is a diverse group of organizations that have come together with the purpose of changing how we perceive and approach the problem of obesity in this nation. As part of this effort, we strive to prevent disease progression, improve access to evidence-based treatments for obesity, improve standards of quality care in obesity management, eliminate weight bias, and foster innovation in future obesity treatments.

The CDC lists the following as factors associated with an increased risk of severe COVID-19 disease: Cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), immunocompromised state from solid organ transplant, obesity (body mass index [BMI] ≥ 30), serious heart conditions (e.g., heart failure, coronary artery disease, cardiomyopathies), sickle cell disease, and type 2 diabetes mellitus.

We agree with the four ethical principles (1. maximize benefits and minimize harms, 2. promote justice, 3. mitigate health inequities, and 4. promote transparency) that ACIP has identified to assist the advisory committee in formulating recommendations for the allocation of COVID-19 vaccine while supply is limited, in addition to scientific data and implementation feasibility.

Maximize Benefits and Minimize Harms

We also concur with the identification of groups whose receipt of the vaccine would lead to the greatest benefit should be based on scientific evidence, accounting for those at highest risk for SARS-CoV-2 infection or severe COVID-19–related disease or death. Multiple studies have explored a range of comorbid and underlying conditions as potential risk factors for severe COVID-19 disease. According to CDC's surveillance data for March 2020, people with COVID-19 who had underlying health conditions—most commonly hypertension, obesity, cardiovascular disease, diabetes mellitus, and chronic lung disease—were 6 times as likely to be hospitalized and 12 times as likely to die from the disease as those without underlying health conditions. A study from a large health care system in New York found that individuals below age 60 with a BMI of 30 or higher were more likely to be admitted to acute and critical care than patients in the same age categories with a BMI below 30 (Lighter et al., 2020). Another recent study suggests that, in particular, those with chronic heart failure, kidney disease, and a BMI of 40 or higher are particularly high-risk groups (Petrilli et al., 2020).

Mitigate Health Inequities

Additionally, this pandemic has magnified the health inequities experienced by racial and ethnic minority communities and we appreciate ACIP for recognizing this fact in the “Fairness” section of the discussion draft. Early data is showing that African Americans are impacted by COVID-19 at a much higher rate than other ethnicities. These same communities also experience high rates of obesity and diabetes. Among African American adults, 48% have obesity and 13% have diabetes. Meanwhile, people of color and low-income households are disproportionately living in communities with comparably less access to health care, healthy food, and opportunities to be active. Further complicating the risks, these individuals are more likely to hold “frontline” jobs that increase their risk of exposure to COVID-19.

Promote Justice

We applaud ACIP for its approach to promote justice and the “obligation to protect and advance equal opportunity for all persons to enjoy the maximal health and well-being possible. Justice rests on the belief in the fundamental value and dignity of all persons. Allocation of COVID-19 vaccine should promote justice by intentionally ensuring that all persons have equal opportunity to be vaccinated, both within the groups recommended for initial vaccination, and as vaccine becomes more widely available. This includes a commitment to removing unfair, unjust, and avoidable barriers to vaccination that disproportionately affect groups that have been economically or socially marginalized, as well as a fair and consistent implementation process.”

Throughout the past decades, the prevalence of obesity has significantly grown across our country. Despite this fact, many policymakers continue to view obesity as a lifestyle choice or personal failing. Others acknowledge that obesity is a chronic and complex disease but believe that all that’s needed is more robust prevention. However, this approach is not shared by our leading clinicians and scientists who focus on obesity who acknowledge the need for both prevention and treatment of this chronic disease. These perceptions and attitudes, coupled with bias and stigma, have resulted in health insurance plans taking vastly different approaches in determining what and how obesity treatment services are covered for their members. We are hopeful that your strong work surrounding equitable allocation of a COVID-19 vaccine will also be a signal to public and private health plans across the country about obesity and the significant role this disease plays in severe poor outcomes with COVID-19 and other obesity-related comorbidities. We must ensure that all individuals affected by obesity have access to and coverage of all evidenced based treatment avenues for obesity.

Should you have questions or need additional information, please feel free to contact OCAN Washington Coordinator Chris Gallagher via email at chris@potomaccurrents.com or telephone at 571-235-6475. Thank you.

Sincerely,

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