March 1, 2021

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Jose R Romero, MD, FAAP
Chairman, Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases
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Atlanta, GA 30329-4027

RE: Docket No. CDC-2021-0021, Comments for Advisory Committee on Immunization (ACIP)
Practices Emergency Meeting; February 28 – March 1, 2021
Prioritization of COVID-19 Vaccines

Dear Dr Romero and ACIP Committee:

On behalf of the 122 million Americans living with diabetes and prediabetes, we thank you for your ongoing work to address the coronavirus pandemic. We are writing to you to request the Advisory Committee on Immunization (ACIP) adopt additional guidance related to the distribution of COVID-19 vaccines to ensure prioritization of people with type 1 diabetes mellitus (T1D) and type 2 diabetes mellitus (T2D).

New clinical evidence demonstrates that many individuals with T1D are at equal risk to those with T2D for higher rates of morbidity and mortality from COVID-19. The Centers for Disease Control (CDC) currently categorizes people with T2D at increased risk, while indicating people with T1D “may be” at increased risk. Since many States rely on CDC recommendations and are utilizing the CDC risk classification when designing their vaccine distribution plans, this raises a significant concern as it could result in over 1.6 million individuals with T1D receiving the vaccination later than others despite being equally at-risk for the poorest outcomes from COVID-19.

Currently, data convincingly demonstrates that COVID-19 severity is more than three times greater in individuals with T1D\(^1\) compared to those without. Those with T1D have a 330 percent greater risk of severe illness, are 3.9 times more likely to be hospitalized with COVID-19, and a three-fold increase in mortality compared to those with T2D\(^2\). These risks are comparable to the increased risk established for those with T2D\(^3\).

The new data leaves little doubt that there should be no distinction between individuals with Type 1 and Type 2 diabetes mellitus, given the common, heightened risk both groups face for the most severe health

\(^1\) Gregory JM, Slaughter JC, Duffus SH, et al. COVID-19 Severity is Tripled in the Diabetes Community: A Prospective Analysis of the Pandemic’s Impact in Type 1 and Type 2 Diabetes. Diabetes Care 2020.


outcomes of COVID-19. In light of the scientific evidence, we urge you to take immediate steps to update CDC’s guidance, reflecting this equal risk and appropriately prioritizing these patients. Doing so is extremely important and time-sensitive, as states have operationalized vaccine rollouts and it would be problematic for any state to differentiate between T1D and T2D in their prioritization of access for vaccines.

COVID-19 has demonstrated significant mortality among people with chronic health conditions, including diabetes. People with diabetes are hospitalized six times more often for COVID-19 than those without. A study published in the journal *Diabetologia* found that among patients with diabetes and Covid-19, 1 in 10 died within a week of hospital admission. And collectively, people with diabetes represent 40 percent of the COVID-19 fatalities in the U.S.

Accordingly, we urge you to ensure people with diabetes and communities disproportionately impacted by the virus, be among the first to be inoculated against COVID-19 and this be reflected in any forthcoming guidance regarding the distribution and prioritization of vaccinations. Should you have questions regarding our urgent request, Emilia Lonardo, PhD ([Elonardo@diabetes.org](mailto:Elonardo@diabetes.org)) would be happy to coordinate a discussion. We hope we can continue to be a resource to your vital efforts to best protect our community and others from the dangerous effects of COVID-19.

Sincerely,

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American Diabetes Association

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