September 4, 2020

Victor J. Dzau, MD  
President, National Academy of Medicine  
William H. Foege, MD, MPH and Helene Gayle, MD, MPH  
Co-Chairs, Committee on Equitable Allocation of Vaccine for the Novel Coronavirus  
The National Academies of Sciences, Engineering, and Medicine  
500 Fifth Street, NW  
Washington, DC  20001

RE: Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine

Dear Drs. Dzau, Foege, and Gayle:

Thank you for your invitation to provide comments to the National Academies on the Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine (hereafter referred to as Discussion Draft), which was commissioned by the National Institutes of Health and the Centers for Disease Control and Prevention and describes priorities to inform allocation of a limited initial supply of COVID-19 vaccine.

The AVMA respectfully requests that veterinarians, veterinary technicians, and veterinary assistants be included as a priority recipient group for vaccination against COVID-19 during Phase 2.

Veterinarians and their teams contribute directly to supporting the food and agriculture industries as part of the Essential Critical Infrastructure. In addition, we actively participate in protecting public and animal health through surveillance for the SARS-CoV-2 virus in non-human animals. Our surveillance function extends well beyond SARS-CoV-2, encompassing other potentially zoonotic and zoonotic diseases.

The Cybersecurity and Infrastructure Security Agency (CISA) recently released an update to its Essential Critical Infrastructure Workers Guidance, which identifies workers who conduct operations and services that are considered essential to continued critical infrastructure viability. These industries include, but are not limited to, medical and healthcare, telecommunications, information technology systems, defense, food and agriculture, transportation and logistics, energy, water and wastewater, law enforcement, and public works. Version 4.0 not only provides guidance on how jurisdictions and critical infrastructure owners can use the list to help prioritize the ability of essential workers to work safely, but also includes information about how it can be used to begin planning and preparing for the allocation of scarce resources used to protect essential workers against COVID-19, including vaccines.
There is no question that veterinarians are essential to infrastructure viability in the food and agriculture industry. The CISA framework recognizes this on page 11, bullet 4, of the Essential Critical Infrastructure Workers Guidance when it states, “Animal agriculture workers include those employed in veterinary health (including those involved in supporting emergency veterinary or livestock services); raising, caring for and management of animals for food, as well as pets; animal production operations; livestock markets; slaughter and packing plants, manufacturers, renderers, and associated regulatory and government workforce in the Food and Agriculture Industry section.” Animal protein is a key part of our nation’s food supply, and access to food that is sufficient in quantity, of high quality, and that is safe to consume is obviously critical to maintaining good human health. In addition, we have seen the valued role our nation’s pets have played in supporting their owners’ physical and mental wellbeing during the pandemic. They provide an incentive for their owners to get at least a minimal level of exercise, and have been an important source of emotional and social support as human-to-human contact has been reduced due to self-isolation and social distancing. Healthy veterinarians and their teams are absolutely critical to the availability and safety of our food, as well as the health and wellbeing of the pets that share our homes.

As emphasized within the Discussion Draft, the AVMA is mindful that vaccination is just one of multiple actions that can be taken to keep veterinarians and their teams safe. Veterinarians and their teams have provided services throughout the pandemic and, in doing so, have used creative approaches to implement important engineering and administrative risk management controls (e.g., social distancing, use of physical barriers, curbside service, telemedicine consults) and have also thoughtfully used (and conserved) personal protective equipment (PPE). The reality, however, is that veterinarians and veterinary staff are not always able to maintain physical distancing from each other or from the public when handling animals or performing medical procedures. The risk of regular and repeated exposure to other people is obvious and includes exposure to those members of the public who may be ill (symptomatic or not) with COVID-19, but whose animals continue to need care and who may accordingly end up exposing veterinarians and their teams. However, the risks assumed when performing medical procedures on animals may be less well recognized. Just as in human medicine, some of those medical procedures result in exposure to bodily fluids, including through aerosolization. Although SARS-CoV-2 appears to rarely affect non-human animals, we are aware that dogs, cats, mink, tigers, and lions have acquired the infection naturally and that ferrets, bats, hamsters, and macaques have been infected experimentally. As such, exposure to these species presents some level of risk for our doctors and our teams, including those working in animal research laboratories and zoo and wildlife facilities. Accordingly, the CDC has recommended the use of enhanced PPE when handling animals coming from environments where COVID-19 is known or suspected, particularly when such animals will undergo medical procedures that expose veterinarians and our staff to bodily fluids. Recognition of such heightened risk seems to support a recommendation for prioritized access to vaccination for veterinarians and our teams.

In addition to veterinarians’ important roles in protecting the health and safety of our nation’s food supply and the health of our pets, the AVMA recognizes that veterinarians provide critical surveillance for the presence of the SARS-CoV-2 virus in non-human animals. Most are familiar with the theory that SARS-CoV-2 emerged from an animal source and then spilled over into the
human population. And, as previously mentioned, several species of animals infected with SARS-CoV-2 have been reported by multiple countries. While, fortunately, evidence from risk assessments, epidemiological investigations, and experimental studies to date does not suggest that live animals or animal products play a role in supporting ongoing SARS-CoV-2 infections in humans, further study, which includes active surveillance, is needed to understand if and how different animals might be affected by SARS-CoV-2. Also important to acknowledge is that our role in surveilling for disease extends beyond SARS-CoV-2 to identifying and reporting infections with other potentially zoonotic and zoonotic pathogens. Monitoring infections in animals is critical to understanding the significance of such infections for animal health, biodiversity, and human health.

Finally, veterinarians are highly trusted professionals in our communities. Vaccine hesitancy has been well documented across a variety of demographics in the United States. The high degree of trust in veterinary professionals supports veterinarians actively sharing messaging related to the importance of vaccination as part of our public health mission. Such messaging is most effectively conveyed if veterinarians and their staff have themselves received the vaccine.

Thank you for your consideration of including veterinarians, veterinary technicians, and veterinary assistants as a priority recipient group for vaccination against COVID-19 during Phase 2. For questions regarding our comments, please contact Dr. Michael Murphy, Director, Division of Animal and Public Health at 847-285-6779 or mmurphy@avma.org or Dr. Gail Golab, Chief Veterinary Officer, at 847-285-6618 or ggolab@avma.org.

Sincerely,

Janet D. Donlin, DVM, CAE
Executive Vice President and Chief Executive Officer

The AVMA, founded in 1863, is one of the oldest and largest veterinary medical organizations in the world, with more than 95,000 member veterinarians worldwide engaged in a wide variety of professional activities and dedicated to the art and science of veterinary medicine.