





September 4, 2020

Helene D. Gayle, MD
Co-Chair, Committee on Equitable Allocation
Of Vaccine for the Novel Coronavirus
National Academy of Medicine
National Academies of Sciences,
Engineering, and Medicine
500 Fifth St. N.W.
Washington, D.C. 20001

William H. Forge, MD, MPH
Co-Chair, Committee on Equitable Allocation
of Vaccine for the Novel Coronavirus
National Academy of Medicine
National Academies of Sciences,
Engineering, and Medicine
500 Fifth St. N.W.
Washington, D.C. 20001

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

Dear Dr. Gayle and Dr. Forge:

AABB, America's Blood Centers, and the American Red Cross request that the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus prioritize blood centers by recognizing them as health care facilities for the purpose of the vaccine allocation framework and at a minimum, classifying workers at these establishments as critical risk workers. Collectively, our organizations represent the nation's blood collection establishments, transfusion services, and transfusion medicine professionals.

A safe and adequate blood supply is critical to medical practice, patient safety and the public's health. Blood and blood components are irreplaceable essential medicines and unique health care resources. Blood transfusions are routine medically necessary treatments for patients with certain chronic health conditions, such as sickle cell disease, and are frequently required for patients who lose blood during surgery or because of injury. In contrast to most other life-sustaining medicines, blood and blood components originate from a steady supply of donors who generously donate millions of units of blood and blood components each year. Blood has a shelf life of up to 42 days for red blood cells and only five days for platelets, thereby requiring constant and regular collection from healthy individuals to sustain the nation's blood supply.

Blood centers and their personnel are essential to protecting the health care system, as they collect, test, process and distribute blood components to hospitals and other settings of care where blood is transfused to patients. Additionally, blood centers' personnel are on the front lines of the nation's response to COVID-19, as they are collecting, testing, processing and distributing COVID-19 convalescent plasma. Due to the nature of their positions, they work in close proximity to others and members of the public and are therefore at higher risk for exposure to COVID-19.

To ensure a safe and robust blood supply remains available throughout the pandemic, it is essential that blood centers be considered health care facilities for the purpose of the vaccine allocation framework and that their personnel be included as critical risk workers.

Sincerely,

Debra BenAvram Chief Executive Officer

Dehra Beravam

AABB

Kate Fry

Katheindry

Chief Executive Officer America's Blood Centers J. Chris Hrouda

President, Biomedical Services

American Red Cross