



Advancing Transfusion and
Cellular Therapies Worldwide



American
Red Cross

December 3, 2020

Dr. Robert R. Redfield
Docket No. CDC-2020-0121
c/o Attn: December 1, 2020 ACIP Meeting
Centers for Disease Control and Prevention
1600 Clifton Road, N.E.
MS-H24-8
Atlanta, GA 30329-4027

Re: Notice of Meeting and Request for Comment, Advisory Committee on Immunization Practices (ACIP), COVID-19 Vaccine Allocation

Dear Dr. Redfield:

AABB, America’s Blood Centers, and the American Red Cross applauds the Advisory Committee on Immunization Practices (ACIP) on its recommendation to prioritize “healthcare personnel,” including blood centers’ personnel, for the allocation of the COVID-19 vaccine, and urges CDC to adopt this recommendation. Collectively, our organizations represent the nation’s blood collection establishments, transfusion services, and transfusion medicine professionals.

Our organizations support the CDC’s definition of “healthcare personnel,” which was presented at the ACIP meeting on December 1 and included a reference to the Department of Homeland Security’s (DHS’) August 18, 2020 “Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers Ability to Work During the COVID-19 Response.” DHS’ Advisory Memorandum specifies that blood centers’ personnel are part of the “essential critical infrastructure workforce.” We support ACIP’s recommendation to prioritize healthcare personnel, including blood centers’ personnel, for the purpose of allocating the COVID-19 vaccine.

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. Workforce challenges resulting in outbreaks of COVID-19 and staff quarantines could limit collections of all blood components including COVID-19 convalescent plasma.

To ensure a safe and robust blood supply remains available throughout the pandemic, it is essential that blood centers’ personnel be considered healthcare personnel for the purpose of the vaccine allocation.

Sincerely,

Debra BenAvram
Chief Executive Officer
AABB

Kate Fry
Chief Executive Officer
America’s Blood Centers

J. Chris Hrouda
President, Biomedical Services
American Red Cross