



February 25, 2022

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Erin M. Abramsohn, DrPH, MPH, Senior Policy Advisor
Vaccine Task Force, COVID-19 Response
Centers for Disease Control and Prevention
1600 Clifton Road
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Dear Drs. Twentyman and Abramsohn,

On behalf of the American Society of Hematology (ASH), American Society for Transplantation and Cellular Therapy (ASTCT) and National Marrow Donor Program (NMDP), we thank you for the opportunity to meet on February 22 to discuss issues related to COVID-19 vaccinations and boosters for individuals with blood diseases and disorders who are immunocompromised and/or treated with immunosuppressive therapies. We are grateful for the chance to discuss how to strengthen and streamline communication with the Centers for Disease Control and Prevention (CDC) on the ever-changing science and guidance with respect to the patients we serve.

We are committed to working with CDC to ensure that our patients are optimally protected by SARS-CoV-2 vaccines. As we discussed, in addition to their higher risk for severe COVID-19, our immunocompromised/suppressed patients may be impacted by COVID-19 longer term. Additionally, our patients may serve as a reservoir for the emergence of new variants, given that they are not able to clear the virus quickly and efficiently. Furthermore, they may also serve as a source of ongoing viral community transmission given suboptimal response to vaccines. Our patients represent a critical population that requires on-going clinical and epidemiologic focus. Therefore, we believe that our ongoing engagement with CDC is essential.

To that end, we look forward to working with the CDC in order to share timely, consistent and clearly presented COVID-19 information with health care providers and the patient community. As a follow-up, please see the proposed next steps regarding the items discussed:

- **Content Guidance** – Definition of “immunocompromised” as written in the COVID-19 vaccine guidance is not clear and we encourage the CDC to update it. For example, it is unclear whether individuals with sickle cell disease fit into the definition. We suggest alternate language describing immunocompromised as follows: “patients expected to have little or no protection from vaccination.” Additionally, the terminology used throughout CDC communication about vaccine dosing is inconsistent and may be confusing. For example, it is unclear what is meant by “third dose” versus “booster” versus “series.” We understand that the CDC is addressing some of these issues. A glossary on the webpage would ensure that we could routinely employ the appropriate terminology for any of our communications.

- **Representation of Hematologic Expertise** – We believe it is critical for CDC to arrange for formal and ongoing professional engagement with hematology clinicians who care for immunocompromised/suppressed patients, as well as infectious diseases (ID) physicians with expertise in viral infections and the care of immunocompromised patients. Such expertise is vital to ensure that our patient populations are optimally represented and properly advocated for when considering guidelines for vaccines, passive immunity products, and anti-viral agents. We appreciate your interest in enhancing the expertise of CDC advisors with hematologists and ID physicians having expertise in viral infections and the care of immunocompromised patients. Please use Stephanie Kaplan, ASH Deputy Director of Government Relations and Public Health (Skaplan@hematology.org), as your point of contact to discuss the best way to operationalize this engagement.

- **Communication** – We shared our concern about the CDC’s recent cadence of messaging– and explained the difficulties that we have in amplifying such a message when it released late on a Friday, for example. We have listed additional concerns as below.
 - When potential changes are publicized in the non-medical media before being officially approved by CDC, our patients often ask for interventions that are not yet approved by the Agency. Similarly, once there is CDC approval, we are often scrambling to disseminate the information to keep up with a 24-hour news cycle.
 - Infection prevention recommendations often provide limited or no guidance for immunosuppressed populations, resulting in confusion for our patients and caregivers.

As key organizations involved in the care and advocacy for immunocompromised/suppressed patients with hematologic disorders and/or stem cell transplant recipients, we can help CDC disseminate this critical information to our members and contribute to their understanding and implementation of the guidance. We have a variety of physician and patient tools and resources that could be leveraged to amplify key messages, including our websites, social media channels, e-mail blasts, publications, etc. We encourage CDC to consider the following steps to improve the Agency’s reach and communication:

- Inform our groups about guidance earlier *as it is being considered*, so we can prepare for messaging to our stakeholders. At any stage in the guidance development cycle, we would be happy to provide input on how the presentation of the guidance could be optimized for our clinician stakeholders and their patients.
- Develop a glossary of terms regarding the vaccine and related dosing schedule.
- Develop more patient-facing content for immunosuppressed populations.
- Include our organizations’ media relations staff on email lists for news releases related to vaccine recommendations.

Together we wish to extend our assistance in improving communications about the holistic COVID-19 strategy for immunocompromised/suppressed patients. We offer and hope that you will utilize the wealth of information and expertise within ASH, ASTCT, and NMDP. We are hopeful that representation from our community of experts can be integrated into the CDC Advisory Committee on Immunization Practices (ACIP) and look forward to discussing this with you further.

Please consider our organizations as a resource and reach out if there is anything we can do to help support you. Thank you again for your time. And, most importantly, we wish to thank you and your colleagues across the CDC for your continued leadership and inspiring energy in addressing the persistent challenges of COVID-19 pandemic.

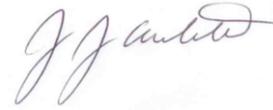
Sincerely,



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