March 17, 2021

Chair José R. Romero, MD, FAAP, FIDSA, FPIDS, FAAAS and members
CDC Advisory Committee on Immunization Practices (ACIP)
1600 Clifton Road, N.E., Mailstop A27
Atlanta, GA 30329-4027

Dear Chair Romero and ACIP Members,

We are a diverse group of mental health care advocates who are writing to address an important inequity in the COVID-19 vaccine strategy. Mental illness has a disparate impact on our patients’ and their communities’ risk from COVID-19, as well as health outcomes related to racial inequity. A burgeoning body of research and evidence of these associations has been overlooked.

Persons with schizophrenia spectrum disorders have a three-fold higher likelihood of dying from COVID-19 than their counterparts without mental illness and the second most potent risk factor of dying from COVID-19, second only to age. This is ahead of cardiovascular diseases or diabetes. Even before COVID-19, persons with mental illness had 10-20 years lower life expectancy than the general population. The bulk of this disparity comes from associated medical conditions, which are more prevalent and their impact worsened due to mental illness. In addition, there are known associations between severe mental illness and environmental risk factors for COVID-19 infection, such as congregate living in subsidized high rise apartments, group homes, and homelessness. Treatment seeking, appropriate diagnosis and adherence to acceptable treatment are also impacted by mental illness.

RECOMMENDATIONS: the CDC must perform a review of the evidence to address this opportunity for mental health equity in the appropriate guidance for vaccination.

CDC Advisory Committee on Immunization Practices (ACIP) Recommendations:

- **Group 1B**: patients with schizophrenia spectrum disorders should be added to Group 1B.

- **Group 1C**: patients with schizophrenia spectrum disorders should be added to the CDC list of Underlying Medical Conditions in **Group 1C, sufficient evidence for underlying medical conditions**. Based on known associations between mental health disorders and other medical comorbidities, additional mental health disorders should be recommended as part of the **Group 1C, likely underlying medical conditions** category.

Minnesota Vaccine Distribution: We urge Minnesota Department of Health to immediately implement these changes to vaccine allocation and indications utilizing available community psychiatry and mental health services. These points of entry can further broaden community connections necessary for distributing vaccines equitably.
• Mental health clinics, inpatient psychiatric hospitals and Assertive Community Treatment Teams should be authorized to distribute and/or administer COVID-19 vaccinations.

• At least 1% of each county’s vaccination doses should be allocated to persons living with severe mental illness.

• Minnesota and its partners in vaccination must continue to collect and release data which assists the tracking and accountability of health equity targets. We also advocate for consistency among different states’ collection and reporting.

Vaccinating for impact must include the promotion of health equity. As health care providers for persons with mental illness, we strongly advocate for the inclusion of this population in those with vaccine priority. Thank you for your consideration and action.

Thank you for your attention and consideration. We are available as a resource.

Regards,

Jim Curry, MD
Health Equity & Racial Justice Committee Chair
Minnesota Psychiatric Society

Allison Holt, MD, FAPA
President
Minnesota Psychiatric Society

References:

