



ASSOCIATION FOR MOLECULAR PATHOLOGY

Providing global expertise in molecular testing that drives patient care

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William H. Foege, M.D., M.P.H.

Co-Chair of the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus

Emeritus Distinguished Professor of

International Health

Rollins School of Public Health

Emory University

Helene Gayle, M.D., M.P.H.

Co-Chair of the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus President and Chief

Executive Officer

The Chicago Community Trust

Submitted electronically via: <https://www.nap.edu/vaccine/>

Dear Drs. Foege and Gayle:

On behalf of the Association for Molecular Pathology (AMP), I would like to extend our gratitude to you and the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus for your diligent work to evaluate issues related to the equitable allocation of vaccines for SARS-CoV-2. Additionally, thank you for the opportunity to provide comments on the Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine. AMP is an international medical and professional association representing approximately 2,500 physicians, doctoral scientists, and medical technologists who perform or are involved with laboratory testing based on knowledge derived from molecular biology, genetics and genomics, including SARS-CoV-2 molecular diagnostic testing. Membership includes professionals from the government, academic medicine, private and hospital-based clinical laboratories, and the in vitro diagnostics industry, who are serving at the frontlines of this pandemic working with other essential healthcare professionals to diagnose and care for patients with COVID-19 and stem the spread of SARS-CoV-2.

AMP agrees that frontline healthcare workers are a high priority group of individuals that should be included in early efforts to allocate vaccines. **We urge you to explicitly include laboratory staff working to provide SARS-CoV-2 testing as part of the phase 1a group.** These healthcare workers are operating in situations where risk of SARS-CoV-2 transmission is high because of their repeated exposure to biospecimens that may be infected with SARS-CoV-2. Testing for SARS-CoV-2 is the primary tool to fight this pandemic thus ensuring prioritization of the front line laboratory staff protects our nation's testing capacity. The Committee understands that laboratory testing for SARS-CoV-2 must be performed in a BSL-2 laboratory, where some laboratory operations generate aerosols or droplets and must be performed using either a certified Class II Biological Safety Cabinet or by taking additional safety precautions to provide a barrier between the specimen and personnel.¹ Given the ongoing

¹ <https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html#procedures>

shortage of personal protective equipment (PPE) and the inherent danger of being exposed to COVID-19 during sample collection, transport, and processing, laboratory staff and health professionals are at high risk of exposure.

We are very pleased to see that the Committee fully recognizes the challenges healthcare workers face along with the personal risk they encounter as they provide care for patients with COVID-19 without adequate PPE. We recommend that as you refine the discussion draft that the description of high-risk healthcare workers in phase 1a explicitly includes the full range of staff and providers within pathology and laboratory medicine providing testing for the COVID-19 pandemic.

Thank you very much for your ongoing work on this critically important issue. For questions, please contact Tara Burke at tburke@amp.org.

Sincerely,

Karen E. Weck, MD, FCAP
President, Association for Molecular Pathology