

COVID-19 Vaccine Implementation Advisory Committee Update

Published March 18, 2021

On 2/10/21 the Chronic Conditions Clinical Subgroup met to consider new evidence that Type 1 Diabetes should be included in the list of conditions that increase the risk of severe disease for those with COVID-19. The subgroup considered several large studies in the UK, Scotland and the US. Based on this evidence, the subgroup agreed that Type 1 Diabetes should be included in the list.

The subgroup also reviewed the CDC list with VDH at the request of the Commissioner. There was some discussion about including the following Vermonters in the list of high-risk conditions:

- Those with chromosomal abnormalities other than Down Syndrome
- Those with developmental disabilities
- Those with intellectual disabilities

The decision was deferred pending consideration of the evidence and discussions with Vermont governmental partners and disability advocates.

On 2/12/21, the Clinical Subgroup's findings regarding Type 1 Diabetes were presented to the COVID-19 Vaccine Implementation Advisory Committee. The Committee agreed to add Type 1 Diabetes to the list of conditions that increase the risk of severe disease for those with COVID-19.

On 2/23/21 in consultation with state partners and advocates, the proposal regarding Vermonters with disabilities was refined for presentation to the Clinical Subgroup on 2/24 and the full committee on 2/26/2021. The following proposal was agreed to by both after presentation and discussion:

Developmental and Intellectual Disability and COVID-19 High Risk Condition Recommendation

- Chromosomal anomaly
 - Examples: Down Syndrome, Prader-Willi Syndrome, Angelman Syndrome
- Intellectual Disability (IQ less than 70)
 - Examples: Fragile X, Fetal Alcohol Syndrome, Autistic Disorder (some), Brain Injury (some)
- Disability that compromises lung function
 - Examples: Cerebral Palsy (some), Muscular Dystrophy (some), Multiple Sclerosis (some), Spina Bifida (some), Cystic Fibrosis

The Committee agreed that there are public health considerations with individuals with these conditions that are distinct from the likelihood of their developing severe COVID-19. Some of these individuals live in congregate settings. People with intellectual disabilities may not be able

to implement public health mitigation strategies due to their disability. In addition, they may be less able to recognize the physical symptoms of COVID-19.