

March 5, 2021

Governor J.B. Pritzker
Office of the Governor
207 State House
Springfield ,IL 62706

RE: Inclusion of vulnerable communities in Phase 1B Part 2 vaccine distribution expansion

Dear Governor Pritzker,

The undersigned organizations and individuals write to you today to urge Illinois to include Black, Latinx/e, and Indigenous communities and people living with HIV in the expansion of phase 1B of the COVID-19 vaccine distribution phase. The inclusion of these vulnerable communities would not only operationalize the racial equity goals that the State has set for COVID-19 vaccine distribution but would also ensure that the State of Illinois' prioritization efforts reflect the science, data, and information that has been collected both at the state and federal levels throughout the pandemic.

First, we urge you to prioritize Black, Latinx/e, and Indigenous communities across the State of Illinois in the expanded Phase 1B distribution of the COVID-19 vaccine distribution plan. This inclusion would be in line with the Illinois Department of Public Health's (IDPH) data collection throughout the course of the pandemic as well as the recommendation from the National Academies of Science, Engineering, and Medicine's (NASSEM) A Framework for Equitable Allocation of COVID-19 Vaccine.¹

According to IDPH, at the time of drafting, Black people made up nearly 18% of all deaths in the state from COVID-19, Latinx/e people made up nearly 16% of all deaths from COVID-19.² In terms of morbidity, Black and Latinx/e people make up over 9% and approximately 18% of all COVID-19 cases to date, respectively.³ Comparatively, Black and Latinx/e people make up 14.6% and 17.5% of all people in Illinois, respectively.⁴ What this means is that Latinx/e people in Illinois are overrepresented in morbidity rates, and Black people in Illinois are overrepresented in the COVID-19 mortality rate. White people in Illinois – who make up 60.8% of the population – have made up 58.8% of cases and 38.9% of deaths due to COVID-19, meaning they are not overrepresented in either the morbidity or mortality rates for COVID-19 in Illinois.

¹ <https://www.nap.edu/read/25917/chapter/1>

² <https://www.dph.illinois.gov/covid19/covid19-statistics>

³ *Id.*

⁴ <https://www.census.gov/quickfacts/IL>

In spite of these statistics, according to IDPH, as of February 12, 2021, 74.5% of all COVID-19 vaccines administered in Illinois were given to white people, 8.2% were given to Black people, and 8.2% were given to Latinx/e people.⁵

While these numbers have shifted in the last two weeks, more must be done to ensure that the communities that have suffered from systemic racism and historic resource inequity are prioritized beyond the goal of equitable distribution by clearly stating that Black, Latinx/e, and Indigenous communities are included as priority populations in Phase 1B. Our recommendation to prioritize Black, Latinx/e, and Indigenous communities is supported by the NASEM report, which proposes two options to operationalize the social vulnerability index (SVI): 1) reserving 10% of the COVID-19 vaccines to target areas with high social vulnerability; or, 2) authorities should ensure that special efforts are made to deliver vaccine to residents of high-vulnerability areas, defined as 25% highest in the state.

The SVI considers recognized social determinants of health, indicators of access, infection transmission factors, and increased risk of adverse COVID-19 outcomes as variables to consider. NASEM also states that authorities could also consider COVID-19-specific variables, like indicators of known COVID-19 comorbidities and health system factors, such as the number of intensive care unit beds. Both sets of factors illustrate a higher instance of social vulnerability for Black, Latinx/e, and Indigenous communities, whose experiences with centuries of systemic racism have led to less access to healthcare, higher transmission rates of COVID-19, increased risk of adverse COVID-19 outcomes, higher instances of COVID-19 comorbidities, fewer intensive care unit beds, as well as significantly higher vulnerability under the social determinants of health. Based on these factors, in order to equitably distribute the COVID-19 vaccines, IDPH and the State of Illinois must prioritize those communities that are, statistically and historically, the most vulnerable.

Second, we urge you to include HIV among the other high-risk underlying conditions included in the newly expanded eligibility criteria for Phase 1B of the state's COVID-19 vaccine distribution plan. This would be in line with recently published scientific evidence showing increased adverse health outcomes, including hospitalization and death, from COVID-19 for people living with HIV (PLWH), and would also align with the state's goal to equitably distribute the vaccine.

The CDC currently lists PLWH among those who “might be at an increased risk” for severe illness from COVID-19.⁶ The CDC made this determination based on limited available scientific research examining COVID-related health outcomes for PLWH.⁷ Importantly, at the time of this determination, results had not yet been published from two large population-based studies examining COVID outcomes for PLWH and so these results were

⁵ <https://abc7chicago.com/illinois-vaccine-covid-race-racial-disparity/10334705/>

⁶ CDC. (Updated 2/3/21). COVID-19: People with Certain Medical Conditions. Available online: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

⁷ CDC. (Updated 11/2/20). Scientific Evidence for Conditions that Increase Risk of Severe Illness. Available online: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html>

not included in the determination. The NIH recently released a new Guidance for COVID-19 and People with HIV that takes into account these recent studies and concluded that “people with HIV appear to be at increased risk for severe outcomes with COVID-19 compared with people without HIV and should be included in the category of high-risk medical conditions when developing vaccine priority.”⁸

One of these recently published studies involved linking population-based HIV surveillance databases, COVID-19 lab databases, and hospitalization databases across the state of New York from March 1 to June 15, 2020 in order to evaluate the association between HIV diagnosis, COVID-19 diagnosis, hospitalization, and death. The study showed significantly increased rates of hospitalization among PLWH, with PLWH being 2.61 times more likely to experience hospitalization due to COVID-19 compared to people not diagnosed with HIV. Even after adjusting for sex, location and age, the increased rate of hospitalization for PLWH remained statistically significant. The in-hospital mortality rate among PLWH was also significantly higher, at 2.55 times higher than the in-hospital mortality rate among people not diagnosed with HIV. This elevated rate of mortality remained statistically significant after adjusting for sex, age, and location. This study also found that the significantly higher hospitalization rates for PLWH persisted even for PLWH who were virally suppressed with high CD4 counts.⁹

The second study that was recently published matched data from lab databases and HIV surveillance data across New York City. This study found that compared to all COVID-19 cases across the city, a higher proportion of PLWH with COVID-19 experienced adverse health outcomes including: COVID-19 related hospitalization (42% among PLWH vs. 26% of all cases), ICU admission (5% among PLWH vs. 3% of all cases), and death (13% among PLWH vs. 8% of all cases). Additionally, the study found that the vast majority of PLWH with COVID-19 who experienced these adverse outcomes were virally suppressed.¹⁰

Importantly, the recommendation to include PLWH in Phase 1B Part 2 is rooted in racial justice and health equity and would further bolster the above recommendation to prioritize Black, Latinx/e, and Indigenous communities. Both studies above found disparities in COVID-19 health outcomes even for PLWH who were virally suppressed, indicating that beyond the HIV diagnosis itself, PLWH are experiencing other vulnerabilities and barriers to care resulting in increased adverse COVID-19 health outcomes. PLWH experience disproportionate risk of comorbidities—including cardiovascular disease, kidney disease, cancer, and others—that can increase vulnerability to COVID-19.¹¹ Furthermore, nearly

⁸ NIH. (Feb. 26, 2021). Guidance for COVID-19 and People with HIV. Available online at: <https://clinicalinfo.hiv.gov/en/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv>

⁹ Tesoriero J, Swain CE, Pierce J, et al. (Feb 3, 2021). COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York State. *JAMA Netw Open*. 2021;4(2):e2037069.

¹⁰ Braunstein S, Lazar R, Wahnich A, Daskalakis D, Blackstock O. (Nov 30, 2020). COVID-19 infection among people with HIV in New York City: A population-level analysis of linked surveillance data. *Clin Infect Dis*. 2020 Nov 30;ciaa1793.

¹¹ Lerner A, Eisinger R, Fauci A. (Dec. 11, 2019). Comorbidities in Persons With HIV: The Lingering Challenge. *JAMA*. 2020;323(1):19-20.

half of PLWH in the U.S. are now aged 50 or older. Because of systemic and structural racism, stigma, and discrimination, Black and Latinx/e people are significantly overrepresented among new HIV diagnoses and experience lower viral suppression rates.¹² Similarly, Black and Latinx/e communities are also most impacted by the COVID-19 pandemic, with significantly higher rates of hospitalization and death.¹³ Additionally, Indigenous Americans have lower viral suppression rates, and between 2010 and 2017, the annual number of HIV diagnoses increased by 39% among Indigenous Americans.¹⁴ PLWH also experience structural inequities in accessing housing, stable income, and other social determinants of health that have an enormous impact on one's ability to stay safe and healthy, especially during a public health crisis. All these factors together contribute to the inequities in access to care and COVID-related health outcomes for PLWH, and these inequities must be addressed in the distribution of the COVID-19 vaccine.

Fortunately, a considerable infrastructure for serving PLWH already exists through the Ryan White HIV/AIDS Program. Ryan White funded community health centers, clinics, and service organizations are well positioned to deliver COVID-19 vaccinations to PLWH, people vulnerable to HIV. This infrastructure can also be used to better serve marginalized communities that are disproportionately burdened by the pandemic. These organizations have developed trusting relationships with communities impacted by both HIV and COVID-19, and they also have access to an enormous HIV clinical trial infrastructure that can be leveraged to deliver vaccinations in culturally competent, accessible ways. Notably, other states, such as Pennsylvania¹⁵ and New York,¹⁶ have already moved to include HIV in their phases for people with high-risk conditions.

Leadership in Illinois must ensure that the response to the COVID-19 pandemic is equitable for Black, Latinx/e, and Indigenous communities and for PLWH. Marginalized and vulnerable communities have faced ongoing disparities in morbidity and mortality rates during the COVID-19 pandemic due to systemic racism and resource inequity – especially around access to healthcare. Additionally, new evidence shows that PLWH are at increased risk from severe illness and death due to COVID-19, in addition to existing knowledge about increased comorbidities and systemic discrimination and racism experienced by many PLWH. We strongly urge you to include the aforementioned communities as well as HIV Phase 1B Part 2 of Illinois' COVID-19 vaccine distribution plan.

Thank you for your prompt action on this critical health equity issue. If you have any questions or concerns, please feel free to contact Aisha N. Davis, Esq. at adavis@aidschicago.org and Tim Wang at timothyw@howardbrown.org.

¹² CDC. (Nov. 14, 2019). HIV: Race/Ethnicity. Available online at:

<https://www.cdc.gov/hiv/group/raciaethnic/index.html>

¹³ CDC. (Feb. 18, 2021). COVID-19: Hospitalization and Death by Race/Ethnicity. Available online at:

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

¹⁴ Supra n. 6

¹⁵ <https://www.health.pa.gov/topics/disease/coronavirus/Vaccine/Pages/Vaccine.aspx>

¹⁶ <https://covid19vaccine.health.ny.gov/phased-distribution-vaccine>

Sincerely,

AIDS Foundation Chicago

Howard Brown Health

About Face Theatre
Affinity Community Services
Brave Space Alliance
CALOR/AHF
Center on Halsted
Chicago House and Social Service Agency
Chicago Women's AIDS Project
Children's Place Association
Erie Family Health Centers
Equality Illinois
GreaterWorks Inc.
Illinois Public Health Association

Intersections Center for Complex Healing
LLC
Legal Council for Health Justice
Mother and Child Alliance
National Center for Lesbian Rights
Pride Action Tank
Protect Our Care Illinois
Public Health Institute of Metropolitan
Chicago
Shriver Center on Poverty Law
Upswing Advocates
WGHC 98.3 FM, Chicago

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CC: Dr. Ngozi Ezike, Ramon Gardenhire