



444 N. Michigan Ave.
Suite 400
Chicago, IL 60611
P: 312/440-8900
www.adha.org

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September 4, 2020

Dr. William H. Foege and Dr. Helene D. Gayle
Co-Chairs
Committee on Equitable Allocation of Vaccine for the Novel Coronavirus
The National Academies of Sciences, Engineering, and Medicine
500 Fifth Street, NW
Washington, DC 20001

Dear Doctor Foege, Doctor Gayle and Committee Members:

On behalf of the American Dental Hygienists' Association (ADHA) and the nation's more than 185,000 dental hygienists, thank you for your work to produce a consensus study to assist policymakers in the United States and global health communities in planning for equitable allocation of vaccines against COVID-19. I write to provide ADHA's comments on the "Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine" that was released September 1, 2020.

Dental hygienists are especially vulnerable to COVID-19 transmission given their close proximity to patients for extended periods of time and their use of instruments that cause spray. Accordingly, dental hygienists should be among those healthcare occupations that receive the highest priority for any potential COVID-19 vaccine and thus should be included in the "Jumpstart" Phase 1a. This will assist in maximizing societal benefit by reducing morbidity and mortality caused by COVID-19.

A healthy healthcare workforce should be a national imperative. Oral health is an integral part of overall health and general well-being. Increasing evidence supports the link between oral health and systemic health. Lack of access to needed oral health services can have serious - even fatal - consequences.

Priority access for dental hygienists is essential and is supported by determinations of several federal agencies. As the Centers for Medicare and Medicaid Services (CMS) recognized, "Dental procedures...have one of the highest risks of transmission due to the close proximity of the healthcare provider to the patient. The Centers for Disease Control and Prevention (CDC) noted that the practice of dentistry involves the use of instruments, including handpieces, ultrasonic scalers and air-water syringes, which create a visible spray containing large particle droplets of water, saliva, blood, microorganisms and other debris. CDC further noted that this spatter may also contain certain aerosols. Further, OSHA placed dental health care providers in the "very high exposure risk" category in its Guidance on Preparing Workplaces for COVID-19.

Accordingly, recognizing that dental hygienists work should be included in Phase 1a is of utmost importance to ADHA and the more than 185,000 dental hygienists we represent.

Thank you for your consideration of ADHA's views, and for your work to ensure equitable distribution of COVID-19 vaccines. ADHA's core values and code of ethics include respect for all human beings and a commitment to justice and fairness. This is an extremely difficult time for our nation. We must seek ways to do and be better in service of a more equitable healthcare system. The work of your committee is an important element of ensuring equity in the allocation of a scarce healthcare resource.

We would be pleased to provide additional information or answer questions. Do not hesitate to contact ADHA Director of Education and Professional Advocacy Ann Lynch (annl@adha.net) or ADHA Washington Counsel Karen Sealander (ksealander@mwe.com) at McDermott Will & Emery.

Sincerely,



Lisa Moravec, RDH, MSDH
President

CC: Sharlee Burch, RDH, MPH, EdD, ADHA President-Elect
Ann Battrell, MSDH, ADHA Chief Executive Officer
The Honorable Mike Pence, Vice President of the United States and Chair of the White House Coronavirus Task Force
Deborah Birx, MD, Coronavirus Response Coordinator, White House Coronavirus Task Force