

December 27, 2020

Dear Governor Kemp and Georgia Public Health Officials,

We know this is a difficult time for all of you as you make critical decisions about the health and wellbeing of Georgians in responding to the COVID-19 pandemic, and we appreciate your efforts in developing the current Georgia COVID-19 Vaccine Rollout Plan. After reviewing the most recent research about the impact of COVID-19 on adults with intellectual and developmental disabilities (IDD) and the implications for the current plan, we are reaching out to you with grave concerns about one of the most vulnerable populations in Georgia and hope you can help us address these concerns.

Research shows that people with intellectual and developmental disabilities (IDD) are significantly more likely to be hospitalized and die from COVID-19; therefore, the American Academy of Developmental Medicine and Dentistry, alongside national disability and Down syndrome organizations, have issued a joint statement advocating for vaccine allocation and distribution frameworks to specifically include people with IDD and their caregivers as a high priority given their disproportionately high level of risk.¹

These organizations point to research that has shown that “Complications from and death rates due to COVID-19 for people with intellectual disabilities (IDD) are disproportionately higher when compared to people without IDD. Mortality rates have been cited to be up to 15% in individuals with IDD. In individuals with Down syndrome specifically, there is an estimated four-fold increase in risk for COVID related hospitalization and ten-fold increase in COVID-19 related death. Therefore, individuals with IDD must be specifically considered and prioritized in the COVID-19 vaccine allocation efforts” (AADMD, 2020). Based on this research about the vulnerability of adults with IDD, states like Ohio and Oregon have already modified their vaccine allocation distribution plans to prioritize adults with IDD.

However, in the current Georgia COVID-19 Vaccine Rollout Plan, adults under 65 with IDD would not be eligible for vaccines until Phase 1C. This means that critical workforce employees (e.g., teachers, food processors, and grocery store workers) included in Phase 1B—who are vital but who likely have a much higher survival rate—would have access to vaccines before adults with Down syndrome who are 10 times more likely to die. Because we know that Georgia values people with IDD and seeks to protect the most vulnerable, we are hoping that adults with IDD can be specifically added to these phases through amendments to the current Georgia COVID-19 Vaccine Rollout Plan.

To better protect this high risk population, based on the recommendations of the “Joint Position Statement on Equity for People with Intellectual and Developmental Disabilities

¹<https://static1.squarespace.com/static/5cf7d27396d7760001307a44/t/5fd9690f9e3b1725e3d0d3e2/1608083731221/Covid19Vaccine-IDD-Statement.pdf>

Regarding COVID-19 Vaccine Allocation and Safety,” we suggest the following amendments to the Georgia COVID-19 Vaccine Rollout Plan:

1. Because long term care facility (LTCF) staff and residents are included in Phase 1A, we recommend specifically including adults with IDD who live in group homes or other community residential settings, which are also long term care facilities where people are at higher risk because they live and work in congregate settings. In addition, we recommend specifically including their direct support professionals (DSP), including group home staff, in Phase 1A as persons serving in a healthcare setting and as LCTF staff.
2. Given their disproportionately high mortality rate, we would also recommend specifically adding adults with IDD in Phase 1B as Ohio has done.²
3. Because adults with IDD have disproportionately low income, lack transportation, and often need help understanding health issues, we recommend “reasonable modifications to ‘drive-up only’ sites or other testing facilities, such as establishing mobile vaccination programs or providing no-cost transportation, to ensure that vaccinations are accessible to people with IDD whose family members do not drive or reside in settings that do not provide transportation. Additionally, the vaccine protocol and accompanying information must be accessible to people with IDD in plain language, in screen-reader accessible formats, in alternative formats needed by people with IDD, including graphic format that is understandable by people who may not be able to read, and in non-English languages spoken in the US [particularly given the high immigrant population in Atlanta]” (AADMD, 2020).

We hope you will join us in advocating for the most vulnerable Georgians and incorporate these proposed amendments as leaders who can make a tremendous impact in protecting this relatively small, high-risk, and meaningful population.



² <https://wpta21.com/2020/12/24/ohio-looks-ahead-to-phase-1b-of-vaccine-rollout/>