January 28, 2021

Dr. Rochelle P. Walensky
Director
Centers for Disease Control and Prevention
Atlanta, GA 30333

cc:
Dr. Marcella Nunez-Smith
Chair
COVID-19 Health Equity Task Force

Dear Director Walensky:

As the United States has confirmed more than 25 million COVID-19 cases\(^1\) and more than 23 million doses\(^2\) of vaccines have been administered, we write to express concern and urge action to ensure that detailed demographic data is available about vaccine distribution and administration.

Nearly one year into the COVID-19 pandemic, the national emergency has magnified long-standing inequities that continue to undermine the health and well-being of racial and ethnic minorities overall, including Asian Americans, Native Hawaiians and Pacific Islanders (AANHPI). While anyone can be at risk for infection from the novel coronavirus, in the United States many systemic inequities, discrimination, and harmful social determinants of health have led to long-standing disparities in communities of color and other populations. As a result, COVID-19 is disproportionately leading to severe illness and mortality within these communities.

According to the UCLA COVID-19 Racial Data Tracker, NHPIs are the most likely to have contracted COVID-19 in 2020.\(^3\) In at least 10 states, AAs have a case fatality rate that is disproportionately higher than the general population, while the same is true for NHPIs in 8 states.\(^4\) Recent estimates indicate a high burden of COVID-19 deaths among AAs, with almost 14,000 excess deaths, and AAs have the second-highest increase in deaths following Hispanic Americans.\(^5\)


\(^{5}\) Flagg A, Sharma D, Fenn L, Stobbe M. COVID-19’s Toll on People of Color Is Worse Than We Knew. The Marshall Project.
Disparities in COVID-19 impact are also present in vaccine distribution and administration efforts. According to new analysis by Kaiser Health News, Black Americans, for example, are being vaccinated at disproportionately lower rates than whites. This analysis was based on 16 states that have reported race and ethnicity for vaccine distribution and raises serious concerns given that Asian American and non-Hispanic Black health care workers are more likely to contract COVID-19 and die compared to their white counterparts. While many factors may be contributing to lower vaccination rates in communities of color, it is impossible to equitably address them without the collection, analysis and regular public reporting of detailed demographic data.

We deeply appreciate that the Centers for Disease Control and Prevention (CDC) is working to support our whole-of-government response to COVID-19 and that there was a lack of data collected under the last administration which compounds those efforts, as well as the challenge of aggregating data from multiple states and immunization information systems. In addition, we appreciate the urgency of the Biden-Harris Administration in issuing executive orders to ensure a data-driven response to COVID-19 and advancing racial equity across the entire federal government. At the same time, we urge CDC to continue to build on data transparency efforts and take concrete steps to ensure that vaccine distribution and administration data is available by detailed demographic categories, including race and ethnicity.

Tracking demographic data for those who have received the vaccine is critical to equitable vaccination efforts, including being able to tailor culturally and linguistically accessible outreach. As organizations that are deeply committed to supporting our national effort to address this public health emergency, we thank you for this opportunity to share our feedback and your leadership during this extraordinary time. For questions, please contact the Asian & Pacific Islander American Health Forum at policy@apiahf.org and Dara Liberman, Director of Government Relations at Trust for America’s Health at dllieberman@tfah.org.

Sincerely

Asian & Pacific Islander American Health Forum
Trust for America’s Health

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10 The Asian & Pacific Islander American Health Forum (APIAHF) is the nation’s oldest and leading health policy organization working to advance the health and well-being of over 20 million AAs and NHPIs across the U.S. and territories. APIAHF works to improve access to and the quality of care for communities who are predominantly immigrant, many of whom are limited English proficient, and may be new to the U.S. healthcare system or unfamiliar with private or public coverage. We have longstanding relationships with over 150 community-based organizations across 35 states and the Pacific, to whom we provide capacity building, advocacy and technical assistance. https://www.apiahf.org/.
11 Trust for America’s Health (TFAH) is a non-profit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. TFAH works with traditional and new partners on high impact health issues. We report on recommend evidence-based programs and policies that make prevention and health equity foundational to health and community systems at all levels of society. www.tfah.org.