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Contents lists available at ScienceDirect

Journal of Cystic Fibrosis

journal homepage: www.elsevier.com/locate/jcf

Letter to the Editor

COVID-19 vaccine prioritisation for people with cystic fibrosis

Dear Editor,

With COVID-19 vaccinations rolling out across the globe we would like to raise our concerns about the variation in vaccine prioritisation of people with cystic fibrosis (CF). The ‘Global Registry Harmonization Group’ (GRHG) formed in March 2020 to act quickly in capturing information about people with CF infected with SARS-CoV-2. The intention was to inform people with CF, their care givers, their clinical teams, and policy makers of the impact of catching SARS-CoV-2 [1–3].

A survey of the GRHG was performed on 13th Jan 2021, comprising three questions: have vaccinations in your country started, does your country have a national policy for vaccination of people with CF and if so, what is the priority schedule for them?

Of the 21 countries responding to the survey, 15 had started their national vaccination programme. For most countries the policy for highest prioritisation within the population targeted three priority groups: long term nursing home residents with their care providers, health care workers and people over 80 years of age; the priority order for these was not consistent across the countries. People with CF then appeared in different prioritisation groups from “no priority” in 7 countries to the highest priority tier after these top three. Most countries with an order of roll out tended to just state “high risk” people rather than list people with CF specifically, although 6 appeared to do so. In some countries roll out may differ across regions.

We are aware that premarket purchase has allowed some countries to get ahead in delivery of COVID-19 vaccines and that global equitable access should be a priority [4]. Nevertheless, the

disparity in prioritisation for people with CF across the globe is a concern.

Evidence in CF confirms the increased risk for post-transplant patients and shows those with advanced lung disease are at higher risk of hospitalisation and intervention following infection with SARS-CoV-2 than others with CF [2]. People with CF aged under 18 have also been shown to be at risk of hospitalisation from SARS-CoV-2 infection [3]. In most countries, people in this clinically vulnerable group have had to self-isolate for the last 10 months.

People with CF need vaccine distribution strategies that are aggressive, predictable and adhere to science and medicine. These strategies must be clearly communicated so that people with CF know how, when and where they can receive vaccination. Disparities in the availability of vaccinations for people with CF mean we must continue to advocate for them to get prioritisation.

Signed,

The Global Registry Harmonization Group

Declaration of Competing Interest

The authors have no conflicts of interest to declare relating to this work.

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