Good afternoon. I am Claire Hannan, Executive Director of the Association of the Immunization Managers. Our nonprofit represents the state, territorial, large urban area public health immunization programs.

I first wish to thank the CDC and the members of the Advisory Committee for their ongoing guidance, commitment to the principles of safety, inclusiveness, efficiency and flexibility, and for their open, transparent meetings.

It is quite an exceptional development that we now have two vaccines to fight this terrible pandemic. And although we do have difficult choices to make while the vaccines are in short supply, we must remember to keep this in context and understand that these decisions while difficult are live-saving and good. Every day that we vaccinate even one person should be viewed as a success.

The dilemma facing jurisdictions, and the pressure on governors and public health agencies, cannot be minimized. This pandemic has impacted so many different individuals, some disproportionately harder than others, and so many workers have become essential. It is critical that we listen to and engage with all these stakeholders. But it is simply not possible to put all of them at the front of the line.

The guidance provided by ACIP is extremely valuable and will help jurisdictions make decisions. The balanced considerations for preventing death and supporting societal function help provide context to the phased rollout. Prioritizing frontline essential workers and those over age 75 fits with intentions of many awardees. The implementation challenges with these groups will require an array of public and private providers and diverse vaccination strategies, and I would just like to emphasize that policing or enforcement of priority groups is not feasible. The guidance on transitioning between phases is especially helpful because some jurisdictions will move faster than others based simply on the need to keep vaccine from sitting on the shelf. As much guidance and justification as can be provided is needed, particularly communication strategies and talking points. Especially needed is messaging and guidance on vaccinating in congregate settings for incarcerated individuals and the homeless... and the prioritization of essential workers who are young and healthy over adults at high risk due to underlying conditions. And I agree that for planning purposes a vote on Phase 1b and 1c is needed today.

I would be remiss if I did not once again call out the dire need for federal funding to support public health vaccine planning and response. The challenges related to equitable distribution of these vaccines continue to come, and with larger allocations, larger prioritized populations, and large vaccination opportunity – public health finds its role and responsibilities growing while its ability to hire, to respond, to plan diminished by lack of resources.

Thank you.