

Dear Dr. Rochelle Walensky,

Our organizations sincerely appreciate the tireless efforts of the Centers for Disease Control and Prevention during the ongoing worldwide COVID-19 pandemic. We share in your commitment to designing a vaccine allocation framework that ensures that the most vulnerable and those with the highest risk of death from this novel coronavirus are prioritized to be vaccinated against it. We write to you today in an effort to advocate for adding schizophrenia-spectrum disorders and related disorders to the list of underlying conditions which should be prioritized for the COVID-19 vaccine. These diagnoses include schizophrenia, schizoaffective disorder, unspecified schizophrenia and other psychotic disorders. This would draw attention to the significant morbidity and mortality risk facing this already vulnerable population.

Although the vaccine is approved for all adults starting May 1, 2021, it is still imperative that emphasis is put on our patients since they remain at elevated risk of contracting COVID-19 and furthermore suffering complications. This is evidenced by patients with schizophrenia having poor health outcomes and experiencing many healthcare inequities(4, 5). Further, those with more treatment-refractory schizophrenia are at even greater risk of acquiring COVID-19(1). Even after the vaccine is available widely, this does not necessarily translate to access.

In a recent cohort study published in *JAMA Psychiatry*, a schizophrenia-spectrum diagnosis was associated with more than double the odds of dying from COVID-19. The study found that after elderly age, schizophrenia-spectrum disorder was the second greatest risk factor associated with COVID-19 mortality(3). Unfortunately, this research does not come as a surprise to those of us who have studied or worked with individuals with psychosis over the course of our careers. Decades of research has shown that people with schizophrenia have an average life expectancy up to 25 years less than that of the general public, and are also more likely to have secondary conditions that place them at greater risk for poor COVID-19 outcomes, such as heart disease, lung disease, diabetes, metabolic syndrome, and cancer(2). Finally, people with schizophrenia often experience neurocognitive decline as part of the progression of the disorder, which can create increased need for accessibility(6).

Research also shows that people with schizophrenia are much less likely to benefit from public vaccination campaigns(3), with previous evidence showing that only 25% of people with schizophrenia receive the flu vaccine(2). People with schizophrenia may have to overcome barriers such as low motivation to engage in preventive care, low health literacy, and a high index of suspicion regarding the safety of vaccines. Considering that this population is highly vulnerable to COVID-19, systemic efforts must be made to improve their access to the vaccine in order to avoid leaving this already vulnerable population behind.

Of course, vaccination is only one way to protect against infection -- social distancing and isolation are also important tools. However, people with schizophrenia often cannot engage in these protective behaviors as easily as others. People living with schizophrenia frequently rely on others for assistance in their daily lives. They may interact with the mental healthcare system, hospital units, shelters, public transportation, and of course their families and other natural helpers. Therefore it is also important to ensure that their caregivers — both family caregivers and professional aides — are vaccinated as well.

The CDC can help eliminate some of these barriers by including schizophrenia and related disorders in the official list of underlying conditions associated with increased risk of COVID-19 morbidity and mortality. Not only will this signal to the public and to healthcare providers that people with schizophrenia should be prioritized for the vaccine, it will also help mobilize the mental health community to ensure that people with schizophrenia-spectrum disorders are getting the care they need and deserve. However, availability is not the same as accessibility. People with schizophrenia may have reduced access for a variety of reasons, such as lack of access to information about the vaccine, difficulty scheduling or keeping appointments on a specified timeframe. Proactive measures need to be taken in order to address these concerns. The CDC can help by allocating outreach efforts and resources to make vaccines available within mental health clinics or having navigators/case managers within mental health settings to assist with patients with the logistical aspects of getting vaccinated.



Stigma surrounding issues of mental health within our society is well known. We recommend that all people with schizophrenia-spectrum disorders who are sixteen years or older are prioritized for the Covid-19 vaccine. At present, there is no evidence that any states are specifically prioritizing people with schizophrenia or increasing outreach efforts to ensure that individuals with schizophrenia are vaccinated. This lack of prioritization may result in further marginalizing this already vulnerable population. Rather than relying on a patchwork of state or local initiatives that may or may not materialize, we hope the Centers for Disease Control will provide leadership at the national level to signal the importance of including people with schizophrenia-spectrum disorders in vaccine outreach and prioritization.



We appreciate your careful consideration of all individuals with schizophrenia and related disorders, as well as your continued efforts to protect our nation.

Thank you,
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