



Disability Rights Connecticut

"Connecticut's protection and advocacy system"

846 Wethersfield Avenue
Hartford, CT 06114

Sent Via Electronic Mail and U.S. Mail

February 24, 2021

Robin Frohboese
Acting Director, Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Unlawful Disability Discrimination Concerning Distribution of COVID-19 Vaccine in Connecticut

Dear Director Frohboese:

Please accept this letter as a complaint against the State of Connecticut and its Governor Ned Lamont, for discriminating against persons with disabilities in its development and implementation of policies and procedures with respect to the distribution of the novel Coronavirus (COVID-19) vaccine. Specifically, the State of Connecticut and Governor Lamont have adopted a policy which prioritizes the distribution of COVID-19 vaccine that is based upon age. *See* Exhibit A, attached hereto. This policy is in direct contravention to the policies of the Centers for Disease Control and Prevention (CDC) when it comes to prioritizing vaccine dissemination.¹ The policy makes no provision for people with pre-existing conditions, including people with disabilities with underlying medical conditions. Further, the policy does not include a process for qualified individuals with disabilities to request, or receive, a reasonable modification to this policy.² Connecticut has adopted this policy even though it is well-established that people with disabilities are disproportionately negatively impacted by COVID-19 and more likely to contract the virus and experience severe, often life-threatening, and prolonged symptoms.³

¹ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/02-COVID-Dooling.pdf>

² The only exceptions to the policy's age-based restriction is for healthcare providers and medical first responders, all individuals over the age of 65 and certain congregate settings.

³ (<https://www.who.int/docs/default-source/documents/disability/covid-19-disability-briefing.pdf>).

Since announcing Connecticut's vaccine policy, Governor Lamont has repeatedly said he had no second thoughts on the decision he reached over the weekend and announced Monday, to break with the CDC, which recommended using co-morbidities and job descriptions to establish eligibility for the next phase of vaccinations.

As a result of this policy, people with disabilities who have pre-existing conditions that render them at increased risk of contracting COVID-19, particularly younger individuals with disabilities, will be forced to wait for at least several months before they can receive the vaccine although they urgently need the vaccine to avoid the risk of becoming serious ill with COVID-19 and possible death.⁴

This Complaint is filed by Disability Rights Connecticut (DRCT) on behalf of its constituents with disabilities in Connecticut. DRCT is the federally mandated protection and advocacy system for the state of Connecticut and as such is authorized to pursue legal, administrative, and other appropriate remedies to ensure the protection of, and advocacy for, the rights of persons with disabilities. 42 U.S.C. §15041 *et seq.*, 42 U.S.C. § 10801, *et seq.*, 29 U.S.C. § 794e *et seq.* and their respective implementing regulations. This action is brought under Title II of the Americans with Disabilities Act (Title II), 42 U.S.C. §12101, *et seq.*, Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 794a, and their respective implementing regulations.

Relevant Facts

A. Background

On February 22, 2021, Connecticut Governor Lamont announced that Connecticut would continue its age-based prioritization of the distribution of the COVID-19 vaccine. Under the Governor's policy, the schedule for age-based eligibility for the vaccine is as follows:

- **March 1, 2021:** Expands to age group 55 to 64
- **March 22, 2021:** Expands to age group 45 to 54
- **April 12, 2021:** Expands to age group 35 to 44
- **May 3, 2021:** Expands to age group 16 to 34

See Governor's 2/22/2021 Press Release available at [Governor Lamont Announces Connecticut Will Continue Age-Based Approach To COVID-19 Vaccine Eligibility; Educators and Childcare Providers To Have Dedicated Clinics in March](#), attached as Exhibit A.

There are no provisions for any reasonable modifications of this policy for qualified people with disabilities who have underlying medical conditions that render them at high risk for infection with COVID-19. When asked at the press conference on February 22, 2021 announcing Connecticut's COVID-19 policy whether any exceptions would be made for people with disabilities with underlying conditions, the Governor's staff responded that there would

⁴ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/02-COVID-Dooling.pdf>

be none. See Governor Lamont's Press Conference 2/22/2021, available at https://youtu.be/lf38VCQ_fuk. The Governor has subsequently reiterated this position.

Connecticut's policy, as the Governor and his administrative staff concede, is in direct contradiction to the recommendations to the CDC which specifically recommends that certain individuals with underlying medical conditions be prioritized for receipt of the COVID-19 vaccine. CDC COVID-19 Vaccination Program Interim Playbook at pp. 14-15, attached as Exhibit B and available at https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf (recommending that states "ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19, including people with medical conditions ⁵and specifically identifying people with disabilities as a "critical" priority population for prioritization of the COVID-19 vaccine).

B. People with Disabilities Are at Disproportionately High Risk for COVID-19 Infection and Concomitant Severe Negative Health Outcomes

Connecticut's vaccine policy fails to account for the fact that people with disabilities are among the groups at the highest risk of COVID-19 infection and likely to experience among the most severe, often life-threatening symptoms of the virus. For example, it is well documented that people with intellectual and/or developmental disabilities or related conditions (IDD) have a high prevalence of co-occurring medical conditions that make them

⁵ The CDC Guidance has listed the following conditions to be at high risk for COVID-19 infection and complications:
COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

Other conditions that the CDC has concluded "might be at an increased risk for severe illness from the virus that causes COVID-19" include:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

particularly vulnerable to infection with COVID-19.⁶ In turn, they are often to a higher rate of more severe and negative health outcomes including higher rates of death.⁷ Given the disproportional rates of COVID-19 infections among people with IDD medical professionals have recommended that the COVID-19 vaccine be prioritized for people with IDD.⁸

Similarly, other individuals with disabilities also are at a disproportionately higher risk of COVID-19 infections than the general population. These groups include, but are not limited to people with physical disabilities, as well as those individuals who are members of the Black, Brown, Indigenous, and Asian communities which have disproportionately high rates of infection. As one Legislator put it “I thought the issue was that we are trying to get more people in minority communities vaccinated. I thought that was what one of the problems was that we’ve been talking about, the new eligibility standard does not address that.”⁹

Further the policy completely excludes children with disabilities. While children generally have not been deemed to be at a high risk for infection with the COVID-19 when compared to adults, that is not the case for children with disabilities who have underlying conditions that make them vulnerable to infection with COVID. Specifically, the CDC has warned:

While children have been less affected by COVID-19 compared to adults, children can be infected with the virus that causes COVID-19 and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions. Current evidence on which underlying medical conditions in children are associated with increased risk is limited. Children with the following conditions might be at increased risk for severe illness: obesity, medical complexity, severe genetic disorders, severe neurologic disorders, inherited metabolic disorders, sickle cell disease, congenital (since birth) heart disease, diabetes, chronic kidney disease, asthma and other chronic lung disease, and immunosuppression due to malignancy or immune-weakening medications.

“People with Certain Medical Conditions,” COVID-19, CDC, Feb. 22, 2021, attached as Exhibit C and also available at https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

Applicable Legal Standards

A. Connecticut’s Vaccine Policy Discriminates Against People with Disabilities in Violation of Title II of the Americans with Disabilities Act and its Implementing Regulations.

⁶ Scott D. Landes, Ph.D., et al., COVID-19 outcomes among people with intellectual and developmental disability living in residential group homes in New York State, 13 DISABILITY AND HEALTH J. 1, 2 (2020)(“COVID-19 appears to present greater risk to people with IDD, confirming results from our earlier study.”)

⁷ See id. at 4.

⁸ Emily Hotez, Ph.D., et al., *Prioritizing COVID-19 vaccinations for individuals with intellectual and developmental disabilities*, ECLINICALMEDICINE (2021).

⁹ Rep. Toni Walker, D-New Haven.

The Americans with Disabilities Act “provide[s] a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.” 42 U.S.C. § 12101(b)(1); *see also Helen L. v. DiDario*, 46 F.3d 325, 331 (3d Cir. 1995) (quoting S. Rep. No. 101-116, at 20 (1989) (Senate Report); H.R. Rep. No. 101-485, pt. II, at 50 (1990) (House Report (Part II)), *cert. denied sub nom., Sec’y of Pub. Welf. v. Idell S.*, 516 U.S. 813 (1995); H.R. Rep. No. 101-485, pt. IV, at 23 (1990). Title II of the ADA provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.” 42 U.S.C. § 12132. Title II “incorporates the ‘non-discrimination principles’ of [S]ection 504 of the Rehabilitation Act and extends them to state and local governments,” whether or not they receive federal funding. *Helen L.*, 46 F.3d at 331 (footnote omitted) (quoting *Easley v. Snider*, 36 F.3d 297, 300 (3d Cir. 1994)); *see also* 42 U.S.C. § 12131. The State of Connecticut is a “public entit[ies]” within the meaning of Title II of the ADA and, therefore, are subject to the ADA’s provisions and obligations. 42 U.S.C. § 12131(1)(A).

Unlawful discrimination under Title II includes, *inter alia*: using eligibility criteria that screen out or tend to screen out individuals with disabilities, failing to make reasonable modifications to policies and practices necessary to avoid discrimination, engaging of methods of administration “[t]hat have the effect of subjecting qualified individuals with disabilities to discrimination,” 28 C.F.R. § 35.130(b)(3), and perpetuating discrimination. 28 C.F.R. §§ 35.130(b)(1)-(3), 35.130(b)(7)-(8).

Connecticut, in adopting and implementing its vaccine policy has and continues to violate Title II by:

- 1) imposing eligibility criteria for the COVID-19 vaccine that discriminates against and unfairly burdens individuals with disabilities;
- 2) failing and refusing to reasonably modify its COVID-19 vaccine policy so that individuals with disabilities to avoid discrimination;
- 3) imposing methods of administering its COVID-19 policy in a manner that prevents individuals with disabilities to obtain reasonable modifications to the policy has the effect of subjecting such persons to disability discrimination; and
- 4) perpetuating discrimination against people with disabilities.

B. Connecticut’s Vaccine Policy Discriminates Against People with Disabilities in Violation of Section 504 of the Rehabilitation Act of 1973 and its Implementing Regulations

Similar to Title II, Section 504 also prohibits disability discrimination by covered recipients of federal funds, such as Connecticut and its state agencies. 29 U.S.C. § 794(a). Section 504’s provisions are read co-extensively with those of the ADA, including failing to make reasonable modifications to policies, practices, or procedures in order to avoid discrimination. *See Southeastern Community College v. Davis*, 442 U.S. 397; *Henrietta D. v. Bloomberg*, 331 F.3d 261, 273-76 (2d Cir. 2003). For the reasons described above in Section A above, Connecticut’s adoption of its COVID-19 policy and practice violations Section 504.

DRCT respectfully requests that the Office for Civil Rights immediately investigate and issue findings on an expedited basis that the actions of Governor Lamont, his administration and the State of Connecticut in promulgating and implementing their COVID-19 vaccine policy constitutes disability discrimination in violation of

Title II and Section 504. We further request that OCR direct Connecticut to immediately revise its COVID-19 vaccine policy to include individuals with underlying medical conditions, regardless of their age, who are at increased risk of COVID-19 infection be included as a priority in receiving the COVID-19 vaccine. Finally, we request that OCR advise the State of Connecticut that it must have a process for people with disabilities to request and obtain reasonable modifications to Connecticut's vaccine policy.

Thank you for your prompt consideration of this urgent matter. We can be contacted at the numbers and email set forth below.

Respectfully submitted,

/s/ Deborah A. Dorfman

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The Office of Governor Ned Lamont

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Governor Lamont Announces Connecticut Will Continue Age-Based Approach To COVID-19 Vaccine Eligibility; Educators and Childcare Providers To Have Dedicated Clinics in March

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STATE OF CONNECTICUT

GOVERNOR NED LAMONT

02/22/2021

Governor Lamont Announces Connecticut Will Continue Age-Based Approach To COVID-19 Vaccine Eligibility; Educators and Childcare Providers To Have Dedicated Clinics in March

Governor Directs Department of Public Health and Vaccine Providers to Prioritize High-Risk Communities

(HARTFORD, CT) – In an effort to ensure that Connecticut continues taking the most equitable and efficient approach to quickly administering the COVID-19 vaccine to as many people as possible, Governor Ned Lamont today announced that the state will continue with an age-based approach to expanding eligibility to the vaccine, explaining that other previously considered scenarios proved overly complex and confusing, would potentially exacerbate inequities in vaccine distribution, and slow down the process of providing it to Connecticut residents.

Age is one of the strongest factors contributing to COVID-19 deaths, with 96 percent of COVID-19 deaths in Connecticut occurring in people over the age of 55.

To provide clarity and predictability, the governor today announced a schedule for age-based eligibility for the next several months. By laying out a clear timeline for eligibility for the vaccine, the strategy allows everyone in the state, including essential workers and those with chronic conditions, to know when they will be able to schedule an appointment. The planned schedule is as follows:

- **March 1, 2021:** Expands to age group 55 to 64
- **March 22, 2021:** Expands to age group 45 to 54
- **April 12, 2021:** Expands to age group 35 to 44
- **May 3, 2021:** Expands to age group 16 to 34

To further ensure equitable allocation of the vaccine, Governor Lamont also announced that he is directing the Connecticut Department of Public Health to set numerical targets and work with vaccine providers to ensure that vaccines are administered to people living in the highest-risk communities in proportion to their population. These targets and the associated strategies will be announced in the coming days.

In addition to the age-based eligibility, preK-12 school staff and teachers, and professional childcare providers will be eligible to receive the vaccine in March at dedicated clinics that will be set up specifically for those sectors. Educators and childcare professionals will soon receive information from their school administrators and employers on when their dedicated clinics will be provided.

Connecticut has been using a phased approach to its COVID-19 vaccine program because of the very limited supply of the vaccine that it has been receiving from the federal government. The program initially began in December with healthcare providers and medical first responders, and then expanded in January to include all individuals over the age of 75 and certain congregate settings, followed by those over the age of 65 in mid-February. All previously eligible individuals and settings will continue to be eligible after March 1.

“In a perfect world, we would have enough doses of the vaccine to get it to all 3.6 million people in Connecticut right now, however each state is being given a very limited supply, which is why we must take this phased approach,” **Governor Lamont said.** “Connecticut’s healthcare providers have been doing an amazing job getting the vaccine to people as quickly as they can, and using age as the only qualifying factor is one of the reasons why they’ve had success so far. The last thing we want to do is complicate the process for them and cause delays that slow things down and exacerbate issues regarding equitable access. A vaccination program of this magnitude is unprecedented in recent times, and I appreciate everyone’s understanding of the fluid nature of this situation. My goal is to get as many people vaccinated as quickly as possible, and I believe this is the best path to meeting that challenge.”

"We have been in the COVID-19 marathon for approaching a year and now our race becomes a sprint to beat the variants of COVID-19 that are now circulating in the state and elsewhere and to return to a sense of normalcy for ourselves, our families and our communities," **Connecticut Acting Public Health Commissioner Dr. Deidre Gifford, who also serves as co-chair of the Governor's COVID-19 Vaccine Advisory Group, said.** "The Department of Public Health is committed to an equitable vaccination program. Sticking with an age-based vaccine rollout allows our vaccine providers to get as many shots as possible as quickly and equitably as possible into the arms of Connecticut residents, and vaccinating our education and childcare workforce will get our children back in the classroom this school year."

"Ensuring communities of color have access to vaccines is one of the most important and impactful ways we will get this pandemic behind us," **Dr. Reginald Eadie, president & CEO of Trinity Health New England and co-chair of the Governor's COVID-19 Vaccine Advisory Group, said.** "Using age as an eligibility criterion makes it clear to all of our residents, especially those who have been disproportionately affected by COVID-19, that the vaccine is here, it's available, and provides for an easier registration process to actually receive the vaccine. Education is important when it comes to addressing vaccine hesitancy, but we must also have a simple process to make sure those who need the vaccine receive the vaccine. This new timeline not only informs residents of when they can anticipate they will be eligible to be vaccinated, but it also provides vaccinators direction on when and where to target their own outreach and education efforts."

"Equitable access to vaccine for our communities that have been hardest hit by COVID-19 has always been the priority of the allocation subcommittee," **Nichelle Mullins, president and CEO of Charter Oak Health Center, and Zita Lazzarini, associate professor of public health sciences at UConn Health, both of whom serve as the co-chairs of the allocation subcommittee of the Governor's COVID-19 Vaccine Advisory Group, said in a joint statement.** "We agree with the governor's approach and, while not ideal, we understand that a continuation of the age-based system simplifies the requirements for vaccination. We also applaud the state's commitment to set tangible benchmarks for providers to vaccinate residents living in Connecticut's cities and municipalities with large underserved and high-risk populations. These benchmarks are intended as affirmative steps to increase equity in access to vaccines and to remediate inequities that have accrued so far."

Connecticut Business and Industry Association president and CEO Chris DiPentima said that while essential employers had spent time and resources preparing for the vaccine rollout based on the initial guidance, he understood the need to pivot. "We cannot rebuild our economy and recover from the pandemic without first addressing the public health crisis," he said. "This new approach allows for more workers across Connecticut to get vaccinated in a short period of time, and it eliminates potentially complicated rules, making it easier and more equitable for everyone to receive their vaccination. It is critical that we vaccinate as many people as possible as quickly as possible."

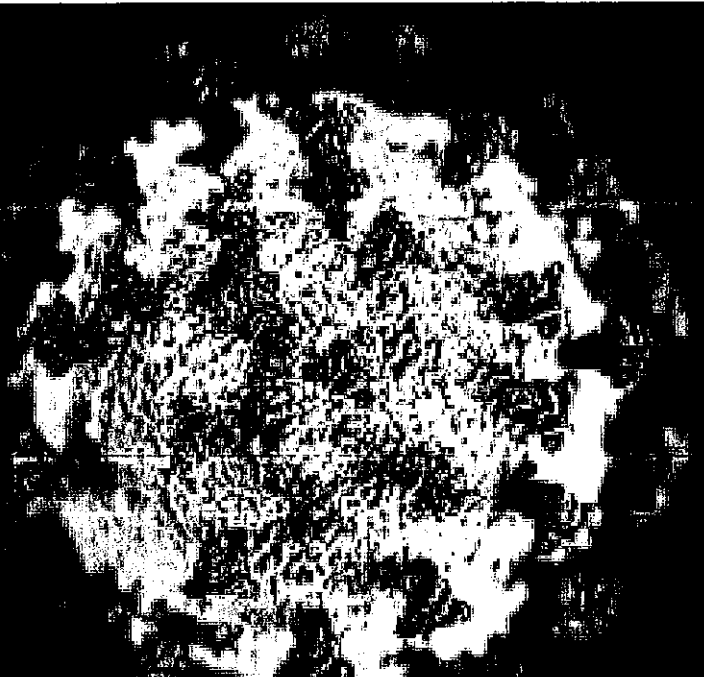
All eligible individuals in Connecticut are required to make an appointment in advance of receiving the vaccine. Residents aged 55 to 64 should not attempt to make an appointment now - they will not be able to schedule one until the program expands to their age group on March 1.

To locate vaccination clinics, individuals should visit [**ct.gov/covidvaccine**](https://ct.gov/covidvaccine) ([**https://ct.gov/covidvaccine**](https://ct.gov/covidvaccine)) and enter their zip code. From there, users will be shown the nearest available clinics and provided with specific directions on how to make an appointment at each one, including over the internet and over the telephone.

Those who do not have access to the internet can call Connecticut's Vaccine Appointment Assist Line at **877-918-2224**. The line is open seven days a week from 8:00 a.m. to 8:00 p.m.

Twitter: [**@GovNedLamont**](https://twitter.com/GovNedLamont) ([**https://twitter.com/GovNedLamont**](https://twitter.com/GovNedLamont))

Facebook: [**Office of Governor Ned Lamont**](https://www.facebook.com/GovNedLamont) ([**https://www.facebook.com/GovNedLamont**](https://www.facebook.com/GovNedLamont))



**COVID-19 Vaccination Program
Interim Playbook for
Jurisdiction Operations**

**Centers for Disease Control and
Prevention (CDC)**

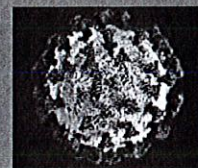
October 29, 2020

Version 2.0



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



Phase 3: Likely Sufficient Supply

Ultimately, COVID-19 vaccine will be widely available and integrated into routine vaccination programs, run by both public and private partners.

The key considerations in planning for Phase 3 are:

- Likely sufficient COVID-19 vaccine supply where supply might exceed demand
- Broad vaccine administration network for increased access

Strategies that jurisdictions should consider:

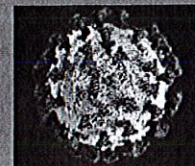
- Continuing to focus on equitable vaccination access to vaccination services
- Monitoring COVID-19 vaccine uptake and coverage in critical populations and enhancing strategies to reach populations with low vaccination uptake or coverage
- Partnering with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available
- Monitoring supply and repositioning refrigerated vaccine products to minimize vaccine wastage

Related Guidance and Reference Materials

CDC's [Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce](#) provides additional information and tools for state and local planners on how to operationalize and implement specific plans for targeting critical workforce groups during an influenza pandemic response. The document also includes tools and resources for tracking progress on critical workforce vaccination planning and activities within a jurisdiction. Though currently specific to an influenza pandemic, it may help to inform the approach for COVID-19 vaccination planning for critical workforce.

COVID-19 VACCINATION PROGRAM

INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – October 29, 2020



Section 4: Critical Populations

CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are working to determine populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States. CDC has established an ACIP work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy. A key policy goal is to determine critical populations for COVID-19 vaccination, including those groups identified to receive the first available doses of COVID-19 vaccine when supply is expected to be limited.

After a short period of potentially limited vaccine supply, supply will likely increase quickly, allowing vaccination efforts to be expanded to include additional critical populations as well as the general public. Jurisdictions should develop plans to ensure equitable access to vaccination for each of the critical populations identified below.

Identifying and Estimating Critical Populations

The first step in planning is to identify and estimate the critical populations within a jurisdiction. These populations (listed in no particular order) may include but are not limited to:

- Critical infrastructure workforce
 - Healthcare personnel (i.e., paid and unpaid personnel working in healthcare settings, which may include vaccinators, pharmacy staff, ancillary staff, school nurses, and EMS personnel)
 - Other essential workers (see additional guidance from the Cybersecurity and Infrastructure Security Agency [CISA])

Note: The critical infrastructure workforce varies by jurisdiction. Each jurisdiction must decide which groups to focus on when vaccine supply is limited by determining key sectors that may be within their populations (e.g., port-related workers in coastal jurisdictions)
- People at increased risk for severe COVID-19 illness
 - LTCF residents (i.e., residents of nursing homes and assisted living facilities)
 - People with underlying medical conditions that are risk factors for severe COVID-19 illness
 - People 65 years of age and older
- People at increased risk of acquiring or transmitting COVID-19
 - People from racial and ethnic minority groups
 - People from tribal communities
 - People who are incarcerated/detained in correctional facilities
 - People experiencing homelessness/living in shelters
 - People attending colleges/universities
 - People who work in educational settings (e.g., early learning centers, schools, and colleges/universities)
 - People living and working in other congregate settings
- People with limited access to routine vaccination services
 - People living in rural communities
 - People with disabilities
 - People who are under- or uninsured

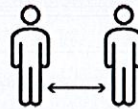


COVID-19

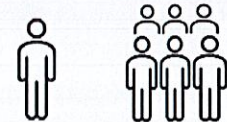
ACT NOW!



WEAR A MASK



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AVOID CROWDS

People with Certain Medical Conditions

Updated Feb. 22, 2021

[Print](#)



Summary of Recent Changes

Revisions were made on December 23, 2020 to reflect recent data supporting increased risk of severe illness among persons with Down syndrome from the virus that causes COVID-19. Revisions also include addition of sickle cell disease and chronic kidney disease to the conditions that might increase the risk of severe illness among children.

We are learning more about COVID-19 every day. **The below list of underlying medical conditions is not exhaustive and only includes conditions with sufficient evidence to draw conclusions;** it is a living document that may be updated at any time, subject to potentially rapid change as the science evolves. This list is meant to inform clinicians to help them provide the best care possible for patients, and to inform individuals about their level of risk so they can make individual decisions about illness prevention. Notably, the list may not include every condition that might increase one's risk for developing severe illness from COVID-19, such as those for which evidence may be limited (e.g., rare conditions). Individuals with any underlying medical condition (including those conditions that are NOT on the current list) should consult with their healthcare providers about personal risk factors and circumstances to determine whether extra precautions are warranted.

Adults of any age with **certain underlying medical conditions** are at increased risk for severe illness from the virus that causes COVID-19. Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death.

Adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Pregnancy

- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19. Based on what we know at this time, adults of any age with the following conditions **might be at an increased risk** for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Want to see the evidence behind these lists?

While children have been less affected by COVID-19 compared to adults, children can be infected with the virus that causes COVID-19 and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions. Current evidence on which underlying medical conditions in children are associated with increased risk is limited. Children with the following conditions might be at increased risk for severe illness: obesity, medical complexity, severe genetic disorders, severe neurologic disorders, inherited metabolic disorders, sickle cell disease, congenital (since birth) heart disease, diabetes, chronic kidney disease, asthma and other chronic lung disease, and immunosuppression due to malignancy or immune-weakening medications.

We do not yet know who is at increased risk for developing the rare but serious complication associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C), nor do we know what causes MIS-C. Learn about MIS-C.

Reduce your risk of getting COVID-19

It is especially important for people at increased risk of severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19.

The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to:

- Limit your interactions with other people as much as possible.
- Take precautions to prevent getting COVID-19 when you do interact with others.

If you start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours. **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

What to consider before being around other people

There is no way to ensure you have zero risk of infection, so it is important to understand the risks and know how to be as safe as possible if or when you do resume some activities, run errands, or attend events and gatherings.

People at increased risk of severe illness from COVID-19, and those who live with them, should consider their level of risk before deciding to go out and ensure they are taking steps to protect themselves. Consider avoiding activities where taking protective measures may be difficult, such as activities where social distancing can't be maintained. **Everyone should take steps to prevent getting and spreading COVID-19** to protect themselves, their communities, and people who are at increased risk of severe illness.

In general, **the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher your risk of getting and spreading COVID-19.**

- If you decide to engage in public activities, continue to protect yourself by practicing everyday preventive actions.
- Keep these items on hand and use them when venturing out: a mask, tissues, and a hand sanitizer with at least 60% alcohol, if possible.
- If possible, avoid others who are not wearing masks or ask others around you to wear masks.

Are you considering in-person visits with family and friends? Here are some things to consider to help make personal and social activities as safe as possible:

When to delay or cancel a visit

- Delay or cancel a visit if you or your visitors have symptoms of COVID-19 or have been exposed to someone with COVID-19 in the last 14 days.
- Anyone who has had close contact with a person with COVID-19 should stay home and monitor for symptoms.

In general, **the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher the risk of COVID-19 spread.** So, think about:

- How many people will you interact with?
- Can you keep at least 6 feet of space between you and others?
- Will you be outdoors or indoors?
- What's the length of time that you will be interacting with people?

Encourage social distancing

- Limit the number of people you interact with and ensure you keep safe distances (at least 6 feet) between you when possible and if not in the same household.
- Visit with your friends and family **outdoors**, when possible. If this is not feasible, make sure the room or space is well-ventilated (for example, open windows or doors) and large enough to accommodate social distancing.
- Arrange tables and chairs to allow for social distancing. People from the same household can be in groups together and don't need to be 6 feet apart from each other.
- Consider activities where social distancing can be maintained, like sidewalk chalk art or yard games.
- Try to avoid close contact with your visitors. For example, don't shake hands, elbow bump, or hug. Instead wave and verbally greet them.
- If possible, avoid others who are not wearing masks or ask others around you to wear masks.
- Consider keeping a list of people you visited or who visited you and when the visit occurred. This will help with contact tracing if someone becomes sick.
- Limit the time you have close contact with visitors to less than 15-20 minutes as much as possible.

Wear masks

Masks prevent people from getting and spreading the virus, especially those who may not know they have it.

- Masks should be worn over the nose and mouth. Masks are especially important to help protect each other when it is difficult to stay at least 6 feet apart from others or when people are indoors.

- Masks prevent people from getting and spreading the virus.
- CDC recognizes that wearing masks may not be possible in every situation or for some people such as children. Some older adults with cognitive, sensory, or behavioral issues might find wearing a mask difficult. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of spreading COVID-19 if it is not possible to wear one. These adults need to take extra precautions when interacting with others. Additionally, some people may rely on reading lips or facial expressions during social interactions. This can be difficult when others are wearing masks that cover large portions of their face.
- **Who should NOT use masks:** Children under age 2 or anyone who has trouble breathing, is unconscious, or is incapacitated or otherwise unable to remove the mask without assistance.

Wash hands often

- Everyone should wash their hands with soap and water for at least 20 seconds at the beginning and end of the visit and whenever you think your hands may have become contaminated.
- If soap and water are not readily available, such as with outdoor visits or activities, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Remind guests to wash or sanitize their hands before serving or eating food.
- Use single-use hand towels or paper towels for drying hands so visitors do not share towels. Have a no-touch trash can available for guests to use.

Limit contact with commonly touched surfaces or shared items

- Encourage your visitors to bring their own food and drinks.
- Clean and disinfect commonly touched surfaces and any shared items between use.
- If you choose to use any shared items that are reusable (e.g., seating covers, tablecloths, linen napkins), wash, clean, and sanitize them after the event.

If you are thinking about participating in an event or gathering:

If you are at increased risk for severe illness, consider avoiding high-risk gatherings. Here are things to consider for personal and social activities.


Stay healthy during the COVID-19 pandemic

Staying healthy during the pandemic is important. Talk to your healthcare provider about whether your vaccinations and other preventive services are up to date to help prevent you from becoming ill with other diseases.

- It is particularly important for those at increased risk of severe illness, including older adults, to receive recommended vaccinations against influenza and pneumococcal disease.
- Talk with your healthcare provider about maintaining preventive services like cancer screenings during the pandemic.
- Remember the importance of staying physically active and practicing healthy habits to cope with stress.
- Ask your healthcare provider about telemedicine or remote healthcare visits, and know when to go to the emergency department.
- If you have a medical emergency, do not delay seeking emergency care.

If you have an underlying medical condition, you should continue to follow your treatment plan:

- **Continue your medicines** and do not change your treatment plan without talking to your healthcare provider.
- **Have at least a 30-day supply** of prescription and non-prescription medicines. Talk to a healthcare provider, insurer, and pharmacist about getting an extra supply (i.e., more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.

- Do not delay getting emergency care for your underlying medical condition because of COVID-19. Emergency departments have contingency infection prevention plans to protect you from getting COVID-19 if you need care.
- Call your healthcare provider if you have any concerns about your underlying medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911 right away.
- If you don't have a healthcare provider, contact your nearest community health center  or health department.



Protect Your Health This Flu Season

Getting a flu vaccine during 2020-2021 is more important than ever because of the ongoing COVID-19 pandemic. Flu vaccination is especially important for people who are at high risk from flu; many of whom are also at high risk for COVID-19 or serious outcomes.



People at High Risk For Flu Complications

Actions you can take based on your medical conditions and other risk factors

Asthma (moderate-to-severe)

Having moderate-to-severe asthma might increase your risk for severe illness from COVID-19.

Actions to take

- Keep your asthma under control by following your Asthma Action Plan.
- Continue your current medicines, including any inhalers with steroids in them (“steroids” is another word for corticosteroids). Know how to use your inhaler. Avoid your asthma triggers.
- Make sure that you have at least a 30-day supply of your medicines.
 - Call your healthcare provider or care team if you have concerns about your condition, your treatment, think you may have been exposed to COVID-19, have any new signs or symptoms of illness or any other questions.
- If you don't have a healthcare provider, contact your nearest community health center  or health department.
- Call your healthcare provider if you have concerns about your condition or feel sick. If you don't have a healthcare provider, contact your nearest community health center  or health department.
- Have another member of your household who doesn't have asthma clean and disinfect your house for you. When they use cleaning and disinfecting products, have them:
 - Make sure that people with asthma are not in the room.
 - Avoid using disinfectants known to trigger asthma attacks.
 - Open windows or doors and use a fan that blows air outdoors.
 - Always follow the instructions on the product label.
 - To minimize cleaners from spreading in the air, pour spray products onto a cleaning cloth or paper towel instead of spraying the product directly onto the cleaning surface (if the product label allows).

[Learn more about asthma.](#)

Cancer

Having cancer currently increases your risk of severe illness from COVID-19. At this time, it is not known whether having a history of cancer increases your risk.

Actions to take:

- Have a conversation with your healthcare provider or care team to discuss your individual level of risk based on

Have a conversation with your healthcare provider or care team to discuss your individual level of risk based on your condition, your treatment, and the level of transmission in your community.

- Do not stop taking your medicines or alter your treatment plan without talking to your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Do not delay life-saving treatment or emergency care.
- Call your healthcare provider or care team if you have concerns about your condition, your treatment, think you may have been exposed to COVID-19, have any new signs or symptoms of illness, or any other questions.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.
- For more information on preventing infections for people with cancer.

[Learn more about cancer.](#)

Chronic kidney disease

Having chronic kidney disease of any stage increases your risk for severe illness from COVID-19.

Actions to take

- Continue your medicines and your diet as directed by your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Stay in contact with your healthcare team as often as possible, especially if you have any new signs or symptoms of illness. Also reach out to them if you can't get the medicines or foods you need.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.
- Have shelf-stable food choices to help you follow your kidney diet.
- If you are on dialysis:
 - Contact your dialysis clinic and your healthcare provider if you feel sick or have concerns.
 - Do NOT miss your treatments.
 - Plan to have enough food on hand to follow the KCER 3-Day Emergency Diet Plan [↗](#) for dialysis patients in case you are unable to maintain your normal treatment schedule.

[Learn more about kidney disease.](#)

[Learn how to take care of your kidneys.](#)

COPD, cystic fibrosis, pulmonary fibrosis, and other chronic lung diseases

Having COPD (including emphysema and chronic bronchitis) is known to increase your risk of severe illness from COVID-19. Other chronic lung diseases, such as idiopathic pulmonary fibrosis and cystic fibrosis, might increase your risk of severe illness from COVID-19.

Actions to take

- Keep taking your current medicines, including those with steroids in them (“steroids” is another word for corticosteroids).
- Make sure that you have at least a 30-day supply of your medicines.
- Avoid triggers that make your symptoms worse.
- Call your healthcare provider or care team if you have concerns about your condition, your treatment, think you may have been exposed to COVID-19, have any new signs or symptoms of illness or any other questions.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

[Learn more about COPD.](#)

Diabetes

Having type 2 diabetes increases your risk of severe illness from COVID-19. Based on what we know at this time, having type 1 or gestational diabetes might increase your risk of severe illness from COVID-19.

Actions to take

- Continue taking your diabetes pills and insulin as usual.
- Test your blood sugar and keep track of the results, as directed by your healthcare provider.
- Make sure that you have at least a 30-day supply of your diabetes medicines, including insulin.
- Follow your healthcare provider's instructions if you are feeling ill as well as the sick day tips for people with diabetes.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

Learn more about diabetes.

Down syndrome

Having Down syndrome increases your risk of severe illness from COVID-19.

Actions to take

- Have a conversation with your healthcare provider or care team to discuss your individual level of risk based on your condition, medical history, your treatment, and the level of transmission in your community
- Do not stop taking your medicines or alter your treatment plan without talking to your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Do not delay life-saving treatment or emergency care.
- Call your healthcare provider or care team if you have concerns about your condition, your treatment, think you may have been exposed to COVID-19, have any new signs or symptoms of illness or any other questions.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

Learn more about Down syndrome.

Learn more about data on Down syndrome.

Heart Conditions and Other Cardiovascular and Cerebrovascular Diseases

Having any of the following heart conditions increases your risk of severe illness from COVID-19:

- Heart failure
- Coronary artery disease
- Cardiomyopathies
- Pulmonary hypertension

Having other cardiovascular or cerebrovascular disease, such as hypertension (high blood pressure) or stroke, might increase your risk of severe illness from COVID-19.

Actions to take

- Take your medicines exactly as prescribed and follow your healthcare provider's recommendations for diet and exercise while maintaining social distancing precautions.

- Continue angiotensin converting enzyme inhibitors (ACE-I) or angiotensin-II receptor blockers (ARB) as prescribed by your healthcare provider for indications such as heart failure or high blood pressure.
- Make sure that you have at least a 30-day supply of your heart disease medicines, including high cholesterol and high blood pressure medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center [📍](#) or health department.
- Do not delay life-saving treatment or emergency care.

[Learn more about serious heart conditions.](#)

[Learn more about heart disease.](#)

[Learn more about stroke.](#)

[Learn more about high blood pressure.](#)

Hemoglobin disorders such as sickle cell disease and thalassemia

Having sickle cell disease (SCD) increases your risk for severe illness from COVID-19. Having other hemoglobin disorders, like thalassemia, might increase your risk for severe illness from COVID-19.

Actions to take

- Work with your healthcare provider to manage medicines and therapies for your disorder (including hydroxyurea, chelation therapy, blood transfusions, and prescriptions for pain management) and any other health condition you may have (such as diabetes, high blood pressure, and arthritis).
- Call your healthcare provider or care team if you have concerns about your condition, your treatment, think you may have been exposed to COVID-19, have any new signs or symptoms of illness or any other questions.
- **If you don't have a healthcare provider**, contact your nearest community health center [📍](#) or health department.
- Try to prevent vaso-occlusive episodes or pain crises by avoiding possible triggers.
- Review CDC's healthy living with SCD guide or our healthy living with thalassemia guide for tips to help you stay healthy.
- Find SCD resources and thalassemia resources to help navigate care and increase knowledge and awareness of SCD and thalassemia.
- Let friends and family know about the need for healthy blood donors.

[Learn more about blood disorders.](#)

Immunocompromised state (weakened immune system) from blood, bone marrow, or organ transplant; HIV; use of corticosteroids; or use of other immune weakening medicines

Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. These include: having a solid organ transplant, blood, or bone marrow transplant; immune deficiencies; HIV with a low CD4 cell count or not on HIV treatment; prolonged use of corticosteroids; or use of other immune weakening medicines. Having a weakened immune system might increase your risk of severe illness from COVID-19.

Actions to take

- Continue any recommended medicines or treatments and follow the advice of your healthcare provider.
- Do not stop taking your medicines without talking to your healthcare provider.

- Make sure that you have at least a 30-day supply of your medicines.
- Do not delay life-saving treatment or emergency care.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

[Information for people living with HIV.](#)

Liver disease

Having chronic liver disease, such as alcohol-related liver disease, nonalcoholic fatty liver disease, and especially cirrhosis (scarring of the liver), might increase your risk for severe illness from COVID-19.

Actions to take

- Take your medicines exactly as prescribed.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

[Learn more about chronic liver disease.](#)

Neurologic conditions such as dementia

Having neurologic conditions such as dementia might increase your risk of severe illness from COVID-19.

Actions to take

- Take your medicines as prescribed.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

[Learn more about dementia.](#)

[Learn about caring for people living with dementia during COVID-19.](#)

[Learn about amyotrophic lateral sclerosis \(ALS\).](#)

Overweight, Obesity and Severe Obesity

Having obesity, defined as a body mass index (BMI) between 30 kg/m² and <40 kg/m² or severe obesity (BMI of 40 kg/m² or above), increases your risk of severe illness from COVID-19. Having overweight, defined as a BMI > 25 kg/m² but less than 30 kg/m² might increase your risk of severe illness from COVID-19.

Actions to take

- Take your prescription medicines for overweight, obesity or severe obesity exactly as prescribed.
- Make sure that you have at least a 30-day supply of your medicines.
- Follow your healthcare provider's recommendations for nutrition and physical activity, while maintaining social distancing precautions.
- Call your healthcare provider if you have concerns or feel sick.

- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.

Learn more about obesity in adults.

Learn about obesity in children.

Tips to help children maintain a healthy weight.

Learn more about prescription medications to treat obesity.

Pregnancy

Based on what we know at this time, **pregnant people are at increased risk for severe illness from COVID-19** compared to non-pregnant people. Additionally, there might be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

Actions to take

- Do not skip your prenatal care appointments.
- Make sure that you have at least a 30-day supply of your medicines.
- Talk to your healthcare provider about how to stay healthy and take care of yourself during the COVID-19 pandemic.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.
- Call your healthcare provider or care team if you have concerns about your condition, your treatment, think you may have been exposed to COVID-19, have any new signs or symptoms of illness or any other questions.
- Seek care immediately if you have a medical emergency.
- You may feel increased stress during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions. Learn about stress and coping.

Learn more about pregnancy and COVID-19.

Smoking

Being a current or former cigarette smoker increases your risk of severe illness from COVID-19.

Actions to take

- If you currently smoke, quit. If you used to smoke, don't start again. If you've never smoked, don't start.
- Counseling from a healthcare provider and Food and Drug Administration (FDA)-approved medications can double the chances of quitting smoking.
- For help quitting smoking, call 1-800-QUIT-NOW or visit smokefree.gov [↗](#) .
- Call your healthcare provider if you have concerns or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center [↗](#) or health department.


Learn about smoking and tobacco use.

Learn about the health effects of cigarette smoking.

Children with Certain Underlying Conditions

As noted above, children can be infected with the virus that causes COVID-19 and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions.

Actions to take

- Give medicines as prescribed for your child's underlying conditions.
- Make sure that you have at least a 30-day supply of your child's medicines.
- Call your child's healthcare provider if you have concerns and to discuss your child's specific conditions and risk for severe illness from COVID-19.
- Well-child visits and vaccines are still important during the COVID-19 pandemic. Stay in contact with your child's healthcare provider and make sure your child is up to date with vaccines to prevent other diseases. Learn more about how to protect yourself and your family during the COVID-19 pandemic.
- If you don't have a healthcare provider, contact your nearest community health center  or health department.


Learn about preventing illness in your children.

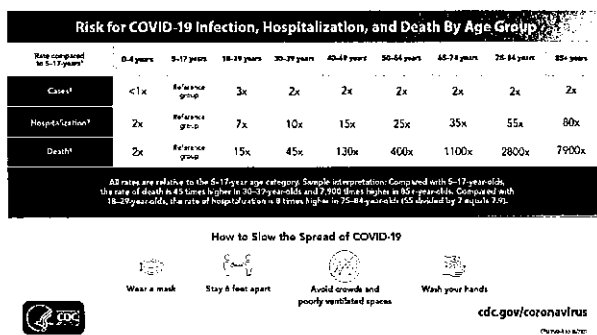
Learn more about congenital heart disease and specific genetic and neurologic disorders in children.

People with Multiple Underlying Conditions

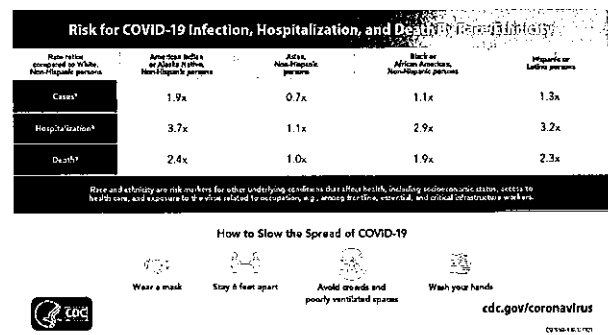
The more underlying medical conditions someone has, the greater their risk is for severe illness from COVID-19.

Actions to take

- Continue your medicines and treatment plans as directed by your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have any concerns or feel sick.
- If you don't have a healthcare provider, contact your nearest community health center  or health department.
- Do not delay emergency care.



Risk for COVID-19 Infection, Hospitalization, and Death by Age Group



Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity

Last Updated Feb. 22, 2021