



AMERICAN
ACADEMY OF
DEVELOPMENTAL
MEDICINE &
DENTISTRY

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Updated Recommendations regarding COVID-19 spread, vaccines and variants

September 17, 2021

The SARS-CoV2 (COVID-19) pandemic continues to evolve rapidly, and there are many remaining unknowns about the long term trajectory and impact of the pandemic. **The American Academy of Developmental Medicine and Dentistry (AADMD) recognizes that strategies to reduce the spread of COVID-19 and its impact on individuals with intellectual and developmental disabilities (IDD) needs to be constantly reevaluated.**

Recommendation: Consistent with the position of many professional medical societies and the recent recommendations from the Biden Administration, the AADMD recommends the implementation of vaccine mandates for staff in organizations serving individuals with IDD including residential settings, day programs, home health providers, and any location where individuals regularly receive care. Notably, vaccine mandates must be implemented with care. Aggressive educational efforts must accompany the vaccine mandates in order to effectively combat vaccine hesitancy. Finally, the details of available exemptions need to be clear and should include religious exemptions, medical exemptions, and exemptions based on matters of conscience.

Vaccinations and Mandates:

AADMD recognizes the importance of vaccines in the battle against SARS-CoV2 (COVID-19). Based on the current available evidence and peer-reviewed research in the scientific literature and the disproportionate impact of COVID-19 on people with IDD, the AADMD strongly encourages all eligible individuals with intellectual and developmental disabilities and those that support them to get vaccinated against COVID-19 with any of the currently FDA approved or emergency-use authorized vaccines.

“The AADMD recommends the implementation of vaccine mandates for staff in organizations serving individuals with IDD including residential settings, day programs, home health providers, and any location where individuals regularly receive care.”

As medical and dental professionals, we recognize our ethical obligation to protect the individuals we serve and their health and well-being. We thus believe that it is imperative to be vaccinated against COVID-19. We also recognize that we are far from the only professionals and individuals that play a critical role in the lives of individuals with IDD. We believe that any individual who provides support to individuals with IDD, including direct support professionals, home health providers, and family caregivers are equally essential. We encourage all of these essential personnel to reflect and consider the immense impact they have on the individuals they serve by choosing to get vaccinated.

Based on this ethical obligation, the AADMD recommends the implementation of vaccine mandates for staff in organizations serving individuals with IDD including residential settings, day



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programs, home health providers, and any location where individuals regularly receive care. It is critical that vaccine mandates not be viewed as a quick or easy solution to vaccine hesitancy. Poorly implemented mandates have the potential to drive away essential personnel that support individuals with IDD. We encourage all organizations considering implementing a mandate to carefully examine how to preserve self determination, to quantify and measure the impact of a given mandate, make available exemptions clear, and to assess the potential impacts on staffing and operations.

Exemptions:

In keeping with ethical standards and concepts of self-determination, any implementation of a proposed vaccine mandate must include individual exemptions based on religion, medical contraindication, and matters of conscience. Educational efforts should clearly and ethically outline the parameters of such exemptions.

Education:

Vaccine hesitancy continues to be a major barrier to combating COVID-19 and must be addressed with empathy, diligence, and ongoing respect of each individuals' autonomy. It is critical that we continue to recognize and validate all fears individuals express regarding COVID-19 and the vaccine.

The AADMD advocates intentional educational efforts as the first measure to combat vaccine hesitancy. Misinformation regarding the vaccine continues to be widespread, and the impact of educating individuals regarding the risks and benefits of the vaccine should not be underestimated. Additionally, any organization serving or supporting individuals with IDD implementing a vaccine mandate must include extensive educational efforts, which may include group or individual question and counseling sessions, peer support, educational materials regarding all vaccines, and clear education regarding the mandate timing, consequences, and available exemptions. We encourage all organizations to implement similar strategies when faced with any state or federal level mandate to avoid loss of essential employees.

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Boosters/Third Vaccine Dose:

The CDC has recently recommended a third vaccine dose for immunocompromised individuals who have received two prior doses of the Pfizer or Moderna vaccine. The AADMD encourages individuals to discuss the appropriateness and need for a third dose with their physician as per the CDC ACIP recommendations August 31, 2021.

Variants and Ongoing Additional Efforts to Reduce Spread:

The development of new COVID variants requires reevaluation of the steps needed to minimize the spread and impact of the virus. Currently, the delta variant has been shown to be more contagious, infect greater numbers of vaccinated individuals, have high viral loads even among vaccinated individuals, and can be spread by vaccinated individuals with or without symptoms. The vaccine is still a critical tool against the delta



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variant, especially for preventing severe illness, although its efficacy at preventing spread is likely reduced. Thus, it is important that individuals, residential facilities, day programs, and all who support individuals with IDD continue to emphasize additional strategies to reduce spread regardless of their vaccination status.

Strategies should include:

- Masking in the setting of other individuals, in particular in indoor settings
- Physical distancing
- Good general hygiene practices including washing hands and disinfecting surfaces
- Isolation practices if concerning symptoms arise or with a new diagnosis as per CDC guidelines
- Regular use of testing and contact tracing protocols
- Ongoing provision of education, information and counseling for staff and those individuals they support in community group homes

In the current environment, we recommend that all of the above precautions be required of ALL individuals, support persons, or staff that have direct contact with people.

The AADMD commits to continuing to review evidence and information as it emerges and update our recommendations accordingly.