

January 13, 2021

Robert R. Redfield, MD  
Director, Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329

Jose R. Romero, MD, FAAP  
Chair, Advisory Committee on Immunization Practices  
1600 Clifton Road, N.E., Mailstop A27  
Atlanta, GA 30329-4027

Dear Director Redfield and Chairman Romero:

We are writing to bring to your immediate attention important new clinical evidence that makes it clear that many individuals with type 1 diabetes mellitus (T1D) are at equal risk to those with type 2 diabetes mellitus (T2D) for greater morbidity and mortality from COVID-19. The Centers for Disease Control and Prevention (CDC) currently categorizes people with T2D as being at increased risk while indicating people with T1D “may be” at increased risk. States are utilizing the CDC risk classification when designing their vaccine distribution plans. This raises an obvious concern as it could result in the approximately 1.6 million with T1D receiving the vaccination later than others with the same risk.

Although early data did not provide as much clarity about the extent to which those with T1D are at high risk, newer data has emerged that convincingly demonstrates that COVID-19 severity is more than tripled in individuals with T1D<sup>1</sup>. Those with T1D have a 3.3 fold greater risk of severe illness, are 3.9 times more likely to be hospitalized with COVID-19 and a three-fold increase in mortality compared to those without T1D.<sup>2</sup> These risks are comparable to the increased risk established for those with T2D<sup>3</sup>.

**The new science leaves little doubt that there should be no distinction between individuals with Type 1 and Type 2 diabetes mellitus, given the common, heightened risk both groups face for the most severe health outcomes of COVID-19.** In light of this information, we urge you to take immediate steps to update CDC’s guidance, reflecting this equal risk. Doing so is particularly important and time-sensitive, as states are now operationalizing vaccine rollouts and it would be problematic for any state to differentiate between Type 1 and Type 2 DM in their prioritization of access for vaccines.

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<sup>1</sup> Gregory JM, Slaughter JC, Duffus SH, *et al.* COVID-19 Severity Is Tripled in the Diabetes Community: A Prospective Analysis of the Pandemic’s Impact in Type 1 and Type 2 Diabetes. *Diabetes Care* 2020.

<sup>2</sup> Barron E, Bakhai C, Kar P, *et al.* Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England: a whole-population study. *Lancet Diabetes Endocrinol* 2020; **8**: 813–22.

<sup>3</sup> McGurnaghan SJ, Weir A, Bishop J, *et al.* Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland. *Lancet Diabetes Endocrinol* 2020. DOI:10.1016/s2213-8587(20)30405-8.

Should you have any questions about this urgent request, we would welcome the opportunity to discuss the matter with you (Lisa Murdock would be happy to coordinate a discussion; she is reachable at [lmurdock@diabetes.org](mailto:lmurdock@diabetes.org)). We hope we can continue to be a resource to your vital efforts to best protect our community and others from the dangerous effects of the novel coronavirus. Please let us know if we can provide additional information or help in coordinating a virtual meeting.

Sincerely,

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Chief Scientific and Medical Officer  
American Diabetes Association

Sanjoy Dutta, PhD  
Vice President, Research  
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