Over [NUMBER OF PEOPLE] people in [COUNTRY] have died of coronavirus disease COVID-19 since the onset of the ongoing global pandemic in late 2019. This public health crisis has disproportionately affected certain populations, including people with intellectual disabilities (ID), turning it into a health equity crisis. The availability of COVID-19 vaccines holds promise for stemming this pandemic; however, limited vaccine supplies paired with high demand necessitate difficult decisions about how to allocate these scarce resources. The World Health Organization (WHO) has provided the global community with important guidance on this issue, in the *Strategy Advisory Group of Experts (SAGE) Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply*. The Roadmap suggests prioritizing “groups with comorbidities or health states determined to be at *significantly higher risk of severe disease or death*” as well as “sociodemographic groups at *significantly higher risk of severe disease or death.*” The Roadmap provides a list of sociodemographic groups that may, depending on the country context, be prioritized. People with disabilities appear in this group.

Unfortunately, public health surveillance data disaggregated by disability is often scarce. This reality has been highlighted in the COVID-19 pandemic. It is important that [COUNTRY] not use this invisibility in the data as a reason to deny the significantly higher risk that people with disabilities face in the COVID-19 pandemic. The following provides a summary of the global research on COVID-19 focusing on people with intellectual (ID), specifically. **This literature demonstrates the scientific basis and equitable imperative for [COUNTRY] to include people with ID in the earliest phases of its COVID-19 vaccination scheme.**

Data from the United Kingdom (UK) and the United States (US) consistently demonstrate COVID-19-related mortality as being at least twice as high among people with disabilities as people without disabilities. For the January to November 2020 period, the risk of COVID-19-related death in England was over 3 times higher than the general population for those with severe disabilities and around 2 times higher than the general population for those with less severe disabilities [1]. Several studies have documented similar disparities—COVID-19-related mortality rates 2-4 times as great in people with intellectual and developmental disabilities as in the general population—in at least 13 US states [2,3,4,5]

Non-profit organization FAIR Health found that these higher mortality rates among people with intellectual and developmental disabilities exceeded the COVID-19-related mortality of people with other high risk factors for COVID-19, such as leukemia, Alzheimer’s, and heart disease [5]. Furthermore, COVID-19 appears to impact younger people with intellectual and developmental disabilities more significantly in terms of cases, severity, and mortality [2,5]. An analysis of electronic health records sourced from 30 countries found distinct differences in COVID-19 trends related to age among people with intellectual and developmental disabilities, with a higher concentration of COVID-19 cases in younger people with intellectual and developmental disabilities compared to the general public [2]. The highest death rates from COVID-19 among people with intellectual and developmental disabilities were in the 18-74 age bracket, with around 4.5% of those studied succumbing to the illness; only among individuals 75+ in the general population was the death rate so high [2].

The largest study to date includes almost 65 million patients and over 128,000 with intellectual disability from the Vizient data set [6]. This study indicates that adjusted odds of COVID-19 death for people with ID are almost 6 times that of people without ID [6]. This confirms that people with ID are at significantly higher risk of severe COVID-19 illness, including death [6].

The following are some of the reasons that people with ID are at significantly higher risk of severe COVID-19 illness or death.

1. **People with ID may have higher-than-average exposure to the SARS-CoV-2 virus because of their living situations.**

Social distancing is often impossible for people with ID living in congregate settings, such as group homes or assisted living, as well as those who require care from family members, aides, therapists or teachers [2]. People with ID may have difficulty wearing a mask or maintaining social distance, or even understand why the precautions are needed [2]. Several studies, primarily from the United States, have shown that the infection and mortality rates for people with intellectual and developmental disabilities living in congregate settings are higher than people with those living alone and the general population [8,9,10,11]. These risks were compounded when there were more people living in the residence, and the case-fatality rate was substantially higher for those living in settings that provide skilled nursing care, likely indicating a higher prevalence of pre-existing conditions [9].

Even for those with ID who do not live in congregate settings, many require direct support to engage effectively in their day-to-day life and physical proximity to caregivers is required to bridge gaps in intellectual and communication abilities [12].

Many caregivers and other household members have no choice but leave the home to meet basic needs, such as to go shopping or to work in jobs that are not compatible with telework. This is particularly the case given that people with ID tend to live in poverty [13]. In many Latin American countries, for example, an outing to the market may end up exposing a person with ID in the home to COVID-19 [14].

1. **People with ID are known to be more susceptible to contracting and succumbing to respiratory illnesses, regardless of their living situation.**

Studies have shown people with ID to die from influenza at nearly three times the rate of the general population [15]. In one study of people with Down syndrome, respiratory illnesses were one of the primary causes of death for over 40% of the people in the sample [16].

Even prior to COVID-19, people with intellectual and developmental disabilities were more likely than the general population to develop pneumonia [17]. The rates of death from pneumonia are between 2.2 times and 5.8 times higher among individuals with an IDD than among those without IDD [18]. With pneumonia considered a severe complication of COVID-19, this is a particularly grave concern.

1. **People with ID are more likely to have underlying medical conditions that many national health authorities have identified as independently conferring increased risk for severe illness from COVID-19.**

The scientific community realized in the early days of the pandemic that underlying medical conditions increase the risk for severe COVID-19 illness. For this reason, many national health authorities have generated lists of high-risk conditions for severe COVID-19 illness and prioritized people with such conditions for access to COVID-19 vaccines.

According to the United States Centers for Disease Control and Prevention (US CDC), one underlying condition is associated with a 2.5 times higher risk for hospitalization due to COVID-19; this jumps to a five-fold risk for a person with three underlying conditions [19]. In a study of over 1,000 people with ID in Scotland, 98.7% had two or more chronic health conditions and the mean number of physical health conditions ranged upwards from eight conditions [20].

In some cases, the conditions that are common among people with ID coincide with those that have been identified has high-risk—for example, cardiac conditions and obesity [8,21].

However, literature also indicates that controlling for comorbidity, ID continues to confer significantly higher risk of death from COVID-19 [6].

1. **People with ID and their families tend to be concentrated in lower socioeconomic strata.**

The relationship between poverty and disability is bidirectional—poverty contributes to creating disability, and disability also contributes to poverty [13]. Regardless of the reason, people with IDD tend to be in the poorer classes of society. Many analysts have observed that COVID-19 has magnified the world’s inequalities, in part because of how main methods of prevention—access to water, sanitation, and hygiene (WASH), staying at home, and keeping a physical distance from others—are out of reach for the poorest. Data from the Latin American countries of Chile and Mexico provide examples of how living in poverty may also place people with IDD at significantly higher risk of severe COVID-19 illness or death. Researchers observed that COVID-19 patients receiving attention at public facilities in Mexico died at rates of 16.6-18.6%, versus 4.4% for those cared for at private clinics [22]. The findings were similar in Chile, where those cared for at a public hospital had a five times greater mortality rate than those seen at a private clinic (25.1% versus 5% mortality rate) [22].

1. **People with ID face significant barriers in accessing health services.**

Even before COVID-19 put tremendous pressure on health systems, many people with IDD faced difficulty in accessing health services. In additional to limited health knowledge and economic and transportation barriers, people with ID frequently encountered barriers at the individual health provider level. Studies in numerous Commonwealth countries, for example, have documented that people with intellectual and developmental disabilities are particularly likely to experience poor treatment, including discrimination and mismanagement, in health settings [23].

Health care providers may hold stigma about people with intellectual and developmental disabilities, and it is likely that they received very little training during their education on how to care for this population [24]. The little value placed on the

lives of people with intellectual and developmental disabilities has become visible in several countries worldwide during the pandemic, where policy initiatives have deprioritized or disqualified this population from scarce medical resources [25,26].

Such barriers are also likely to impede the access that people with ID have to a COVID-19 vaccine when these are made available to the general population.

**Conclusion**

There remains much to learn about COVID-19 and scientific knowledge about the virus and the illness it causes is growing every day. Nevertheless, the current literature supports the contention that people with ID are at significantly higher risk of severe COVID-19 illness or death.

**The literature summarized provides solid grounds to conclude that people with ID are at significantly higher risk of severe COVID-19 illness or death. On this basis, [COUNTRY/HEALTH AUTHORITY] should expressly prioritize people with ID for COVID-19 vaccination.**

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