January 12, 2021

Dr. Nancy E. Messonnier  
Director  
National Center for Immunization and Respiratory Diseases  
Centers for Disease Control and Prevention  

Via email

Doctor Messonnier:

I am writing to you on behalf of the International Code Council (Code Council), a national nonprofit with more than 64,000 members, which facilitates the development and implementation of model building codes that help ensure safety, resilience, and sustainability. Our membership includes state and local code officials, who are charged with implementing their jurisdiction’s adopted codes, as well as design professionals and members of the construction industry.

Our members have and continue to assist state, local, tribal, and territorial (SLTT) governments as well as the federal government in confronting the COVID-19 pandemic. To ensure they can continue to do so safely, the Code Council strongly encourages the Center for Disease Control and Prevention’s (CDC) and its Advisory Committee on Immunization Practices (ACIP) to amend its recommendations for the allocation of COVID-19 vaccines to recognize code officials whose work requires on-site activity in close proximity to the public as “frontline essential workers.”

ACIP’s recommendations cite the U.S. Department of Homeland Security Cybersecurity and Infrastructure Security Agency’s (CISA) most recent list of “Essential Critical Infrastructure Workers” in recommending that frontline essential workers receive vaccines in phase 1b and that remaining essential workers receive vaccines in phase 1c.¹ Since the early days of the pandemic, CISA and every state in the U.S. have recognized code officials as essential workers. CISA’s most recent memorandum cites code officials’ activities in at least nine instances—recognizing workers who:

• administer “the permits and inspections for construction supporting essential infrastructure,” and “support the operation, inspection, and maintenance of essential public works facilities;”

• support “government functions related to the building and development process, such as inspections, permitting, and plan review services that can be modified to protect the public health, but fundamentally should continue and enable the continuity of the construction industry;”

• “support the supply chain of building materials from production through application and installation . . . and workers who provide services that enable repair materials;”

• “ensure continuity of building functions;”

• “support weather disaster / natural hazard mitigation and prevention activities;”

• are “engineers performing or supporting safety inspections;”

• support “construction materials production, testing laboratories, material delivery services, and construction inspection;”

• “can coordinate the response to emergency ‘at-home’ situations requiring immediate attention;” and

• are “plumbers, electricians, exterminators, builders (including building and insulation), contractors, HVAC Technicians . . . and other service providers who provide services, including temporary construction, that are necessary to maintaining the safety, sanitation, and essential operation of residences, businesses and buildings such as hospitals and senior living facilities.”

Simply stated, SLTT building and fire prevention departments are essential. These departments, and the building, fire, plumbing, electrical, fuel gas, and mechanical officials and inspectors that comprise them, conduct critical work. They enforce regulations that require disinfection of ventilation through mechanical systems in hospitals, adequate facilities to ensure handwashing, and safe and sanitary plumbing systems that mitigate the spread of contagions, including water, sanitary, drainage, and medical gas systems. They also ensure healthcare centers are structurally sound, a critical function given reports of a facility collapsing and the call for temporary healthcare facilities to create additional medical surge capacity.

Code officials, like fire marshals and property maintenance officials, inspect existing infrastructure, including plumbing, mechanical, electrical, ancillary, and fire and life safety systems to verify that they are being maintained in a safe and sanitary condition within their original design parameters. More broadly, code officials protect the health and welfare of building occupants by identifying dangerous or unsafe sanitary, air quality, structural, or

electrical hazards. Code officials also have responsibility for addressing other national, state, and community priorities, including the implementation of energy efficiency requirements and the safe deployment of renewable energy technologies.

According to FEMA, modern and well enforced building codes are one of the most effective means to mitigate communities against natural hazards.\(^3\) Strong code enforcement also plays a critical role, capable of reducing losses 15 to 25 percent.\(^4\) Further, effective building and fire prevention departments enable ongoing construction activity that is essential to our pandemic response and maintaining economic activity.

Building and fire prevention department functions, including inspections, permitting, and plan review services, can and are being modified to protect the public health. But they must continue. And to do so safely, these officials need to be prioritized for vaccination.

The Code Council encourages ACIP and the CDC to update its recommendations to recognize code officials whose work requires on-site activity in close proximity to the public as “frontline essential workers.” Consistent with ACIP’s definition of that term, these inspectors represent a subset of essential workers likely at highest risk for work-related exposure.

Code officials have worked hard to develop and implement remote virtual inspection technology, but only half of departments have that capability\(^5\) and, even when its available, remote inspections are limited to a subset of instances where virtual inspection can ensure safe construction and occupant safety. As a result, most inspectors—who ensure essential housing and infrastructure projects move forward, who protect residents facing substandard housing conditions (like the loss of heat or running water), and who respond to alleged violations of pandemic related operational restrictions—must perform their work on-site. These inspections are frequently conducted indoors and in close proximity to building occupants and members of the construction industry. Inspection of many conditions requires close contact communication with the public to facilitate the examination of potentially dangerous conditions or review of construction progress to ensure site, building, and occupant safety.

Researchers have found that construction workers had the highest positivity rates for asymptomatic cases of any occupation, including healthcare staff, first responders, correctional personnel, elderly care workers, grocery store workers, and food service employees. Construction workers trailed only correctional personnel for the highest rate of symptomatic cases.\(^6\) To ensure they are able to continue their vital role in facilitating essential construction, infrastructure resilience, and our pandemic response, code officials in frequent close contact

---

\(^3\) See FEMA’s 2018–2022 Strategic Plan (2018).
with the construction industry and other members of the public should be provided with access to COVID-19 vaccines within phase 1b.

ACIP’s recommendations for phase 1c capture essential workers not previously included in prior phases. Given that CISA’s guidance clearly recognizes code officials as essential workers, this recommendation includes code officials who have not previously been covered by prior phases.

As you take action to protect citizens and communities, the Code Council asks that you ensure code officials working on-site and in close proximity to the public are recognized as frontline essential workers eligible for vaccines under phase 1b and that non-frontline code officials continue to be included within the phase 1c of ACIP and the CDC’s recommendations for vaccine distribution.

Sincerely,

Dominic Sims
Chief Executive Officer
International Code Council

Cc: Dr. José R. Romero, Chair, Advisory Committee on Immunization Practices