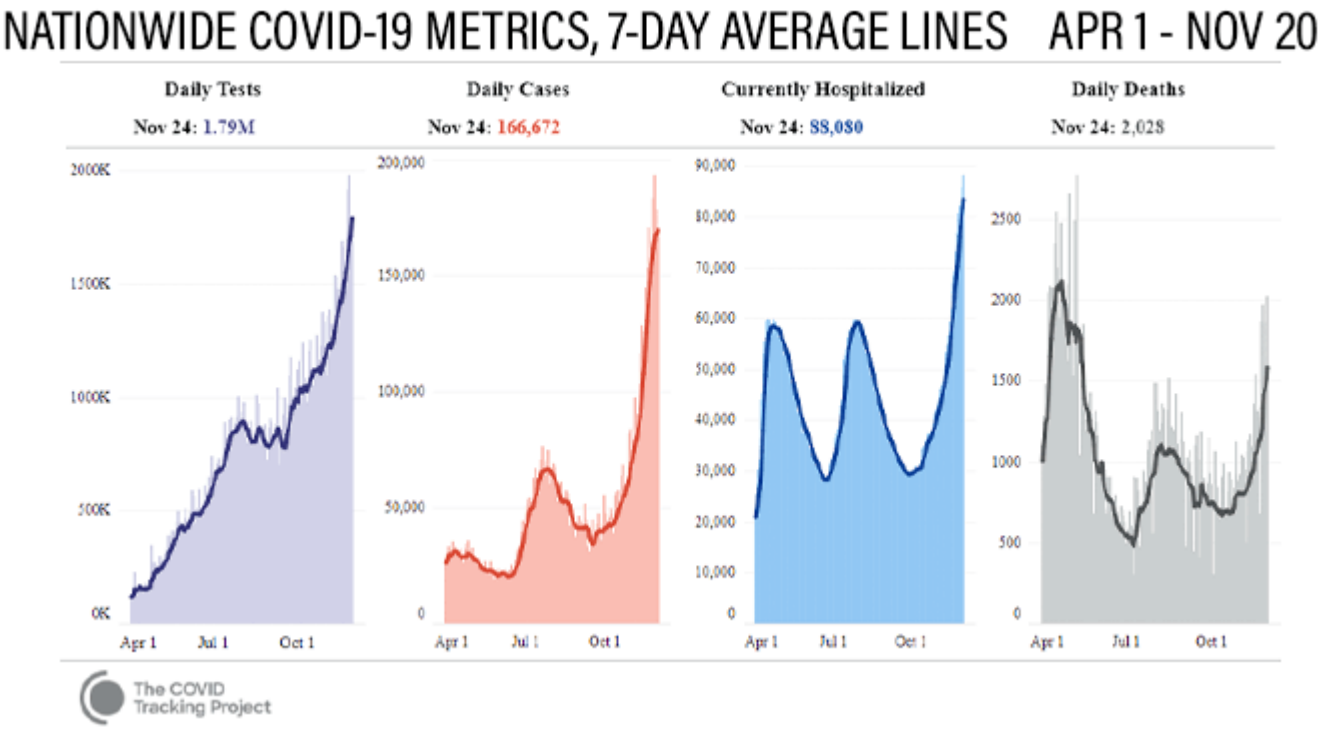
Viewpoint: COVID won’t subside in the US until 70% of us are immune. That means: ‘Get a vaccine’

The United States is one of the most seriously COVID-19-impacted countries, faring the worst among the ten most-affected countries worldwide, as measured by new cases. The pandemic threatens both American lives and the economy.

new covid cases unknown

new covid cases
Credit: Johns Hopkins University Coronavirus Resource Center

Even more worrisome, as shown below in this figure, the situation is deteriorating. Two things about those trends are especially problematic: first, deaths are a lagging indicator, following chronologically behind cases and hospitalizations, so the death curve will continue upwards; and second, many who “recover” from mild or moderate COVID-19 infections will experience persistent, and sometimes debilitating symptoms for weeks or months.



Yet, ironically and tragically, Americans are among the least willing to get the vaccines that, ultimately, will be the most effective way for the U.S. to blunt the raging pandemic. Pfizer and partner BioNTech applied to the FDA on November 20th for Emergency Use Authorization to begin distributing their COVID-19 vaccine. But vaccines are not effective if people won't take them, and many Americans are expressing reluctance to get the vaccines once they're available. This is reflected both in surveys (discussed below) and in anecdotal accounts by practicing physicians and has been encouraged by imprudent comments by politicians.

Unless we address this "vaccine hesitancy," Americans will suffer more, economic revival will be delayed, and the U.S. will be disadvantaged relative to other countries that have more aggressively controlled the pandemic.

Overcoming vaccine hesitancy

In 2019, the World Health Organization called vaccine hesitancy one of the top 10 threats to global health. While it recognized that the reasons are complex, the principal ones are: complacency (that is, thinking that the threat of COVID-19 was already waning), inconvenience in accessing vaccines (e.g., multi-dose regimens and needing to make appointments), and lack of confidence in their safety and/or efficacy. In the U.S., vaccine hesitancy has given rise to the relatively low rates of immunization against diseases like pneumococcal disease, influenza, hepatitis B, tetanus, and diphtheria/pertussis. Consequently, tens of millions of Americans remain susceptible to potentially deadly infections that could be prevented by safe and effective vaccines.

An October survey, the STAT-Harris Poll, found that only "58% of the U.S. public said they would get vaccinated against COVID-19 as soon as a vaccine was available," compared to 69% in mid-August. Also in October, a global survey conducted by Ipsos World Economic Forum survey in October explored vaccine hesitation and the reasons for it. Echoing the results of the STAT-Harris Poll, Ipsos found that only about 64% of Americans would get a COVID-19 vaccine if one were available. The only country with lower acceptance of vaccination than the U.S was France, which is also known for vaccine reluctance, and where only 54% said that they would take it. By contrast, positive responses in India, China, South Korea, and Brazil were in the 80% range.

The survey also asked those who would decline the vaccine what their reasons were for doing so. Among Americans' responses, 24% were worried about side effects, 38% were concerned that the vaccine is moving through clinical trials too quickly, 11% don't think that it will be effective, 12% think the risk of getting COVID-19 is low, and 12% oppose vaccines in general. Those percentages vary widely from country to country. For example, 62% of Japanese respondents do not want the vaccine because they are worried about side effects, and among Indians who said they'd decline the vaccine, the majority said they were against vaccines in general.

In the absence of more complete, publicly available data on the COVID-19 vaccines' safety and efficacy (which should soon be available), there is significant hesitancy even among American doctors and nurses. The Washington Post reports:

> "The hesitancy among doctors and nurses is not the same as the anti-vaccine movement … Health professionals tend to be advocates of vaccines, including seasonal flu shots, shingles vaccines, and childhood inoculations for measles, mumps and rubella … But in the case of the coronavirus shots, health-care leaders say President Trump's frequent promises about vaccines have raised doubts about the objectivity of agency reviews, as have the speed of the manufacturers' clinical trials, and unfamiliarity with the novel techniques used by the Pfizer and Moderna vaccines to trigger natural antibodies."

Some of the vaccine hesitancy—especially among healthcare providers—will likely diminish once the vaccines are approved, and the FDA has publicized the rationale for its approvals, but that won't be enough. We'll also need a concerted public relations effort to dispel it. One such campaign seems to be on the way from the private sector: The Ad Council, a nonprofit advertising group, is planning a COVID-19 vaccination campaign, which it says will be one of the largest public education initiatives in history.

With spiking numbers of illnesses, hospitalizations, and deaths, the U.S. must use every available tool to control the pandemic. This includes masks, physical distancing, limits on certain activities and businesses, and, especially, widespread vaccination with COVID-19 vaccines when they become available.

Although vaccination is designed primarily to protect individuals against COVID-19 infection, or reduce its severity, it can also protect the wider community when a sufficiently large fraction of the population—thought to be approximately 70% in the case of COVID-19—is immune to infection because of either vaccination or natural infection (a situation sometimes referred to as "herd immunity"). At that point, the virus has difficulty finding new, susceptible hosts, and the outbreak subsides.

The development of vaccines in record time is a tribute to the federal government's crash program, Operation Warp Speed, and to the initiative and expertise of the private sector (unlike many of the other vaccine developers, Pfizer did not accept funding from the government, but expended its own resources to develop its vaccine). The massive COVID-19 vaccination drive in the coming months will, in effect, represent the culmination of those efforts—but it will be all for naught if we don't address the reluctance of many Americans to be vaccinated.

To reach the goal of 70% immunity nationwide, many hesitant Americans' will need to become convinced of the safety, effectiveness, and necessity of vaccines for themselves and others. That will require the vocal support of trusted health professionals and other knowledgeable people, and the acumen of professionals like those at the Ad Council.

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