

What if many Americans say no to a coronavirus vaccine?

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(HealthDay)—Scientists worldwide are racing to test and manufacture

one or more coronavirus vaccines. But once a vaccine is proven safe and effective, one big question remains: How do you persuade everyone to take it?

Health experts have reason to worry.

Less than half of all American adults say they plan to get a COVID-19 [vaccine](#) when it becomes available, according to two recent polls from *Yahoo News/YouGov* and *NBC News/Survey Monkey*. But halting the pandemic requires herd immunity—achieved when an estimated 60% to 70% of the population is immune to the virus.

"This is going to be one of the most crucial parts of the vaccination campaign," said Dr. Amesh Adalja, senior scholar at the Johns Hopkins University Center for Health Security, in Baltimore. "We don't want anybody to sow doubt in the efficacy of the vaccine—if it is indeed shown to be efficacious and safe—because this is the only way that we really get this virus under control and remove it as the threat that it is."

Adalja and Dr. Kelly Moore, associate director for immunization education with the Immunization Action Coalition, are just two of the many experts across the country planning for the moment a vaccine is approved. In a recent HD Live! interview, they discussed the reasons why people might be hesitant to get vaccinated, and how health care systems and the government can assure people that getting vaccinated is the right choice.

Moore and Adalja both sought to clear up one concern for vaccine skeptics—that a vaccine is being rushed out and will, therefore, be unsafe. Despite the name given to the government's vaccine program—Operation Warp Speed— Moore and Adalja insisted that no steps are being skipped.

"When we talk about this as being Operation Warp Speed, warp speed is getting things into clinical trials and then manufacturing," Adalja explained. "It's not the clinical trials. That's going to still take the same time."

Moore agreed, adding, "We are not cutting steps that will affect our ability to know that this is safe. We're not taking shortcuts. We are simply streamlining the process to get a safe and effective vaccine to the public as quickly as humanly possible."

Even imperfect vaccines save lives

Since no vaccine has been proven safe yet, some of the current skepticism may be resolved once there are more answers. But while clinical trials are still underway, questions about the safety and efficacy of future vaccines are "perfectly normal," according to Moore.

"Questions are normal and appropriate—even I have questions about how the vaccine will work, how many doses I need, and what the side effects will be," she said. "We need to get answers to our questions from these phase 3 [clinical trials](#) that are going on."

Others may want to wait for a "perfect" vaccine—but as Adalja explained, first-generation vaccines will likely not be 100% effective, but they may keep people out of the hospital. "We can really accept something that isn't the best vaccine, but one that's good enough to get us through this acute part of the pandemic," he said.

If the first available vaccine has even a 50% efficacy rate, that means that someone who gets it will have a 50% less chance of catching COVID-19 than somebody who hasn't been vaccinated.

And even though those who get vaccinated with this hypothetical vaccine

may still get infected, they'll be less likely to need hospitalization or die. "Those are still very valuable propositions with the vaccine," Adalja said. "What this has mostly been about is trying to keep our hospitals and their capacity manageable."

Once a vaccine is approved, high-risk groups—such as health care workers and the elderly—will likely be vaccinated first. Then, the effort to vaccinate the general public will begin.

Moore said that transparency is key to gaining people's trust in the vaccine. "It's our job to communicate with the public—to partner with them—being very transparent about how well this vaccine works, what we can expect of it and what the side effects are," she said. "They need to understand if they should expect a sore arm or a little bit of fever for a day or two as the vaccine works, so that they know what's normal and expected."

Countering anti-vaxxers

At the Immunization Action Coalition, Moore works with the groups that typically administer vaccines—such as clinics and pharmacists—to prepare them for when the first COVID-19 vaccine becomes available.

"Our best partners will be those [private clinics](#) and pharmacies who give lots of seasonal flu vaccine every year," Moore said. "We'll be building on that infrastructure to push this vaccine out more broadly to the public and make it accessible."

And the upcoming flu season this fall may be good practice.

"Seasonal influenza vaccination programs this fall are the perfect warm-up game for the big game with COVID-19 next year," Moore said. "For those clinics that give seasonal influenza vaccines, they need to be

looking at how they vaccinate every person in their practice. That should be their goal."

Vaccine skepticism was already a major health concern, but the global pandemic should serve as a rallying cry to combat anti-vaccination sentiments.

"We have to be very proactive at combating anti-vaccine messages and vaccine hesitancy messages that are going to be out there because they are going to be out in full force," Adalja said. "It's going to be important for infectious disease doctors and family physicians and public health advocates to really talk about the risks and benefits of this vaccine, to be very transparent about the data so that we get this high vaccine uptake."

More information: There's more about vaccines at the [U.S. Centers for Disease Control and Prevention](#).

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