

https://www.agupdate.com/iowafarmertoday/news/state-and-regional/vaccine-rollout-doesn-t-end-need-for-care/article_bd6bb5b6-5032-11eb-8953-87283639c5c6.html

TOP STORY

Vaccine rollout doesn't end need for care

By Stephanie Leonard
Jan 11, 2021



Emergency room nurse Alli Edmonds receives her COVID-19 vaccination from Greg Shouse during the first vaccinations for Genesis Convenient Care employees who provide care to COVID-19 patients Dec. 15 in Davenport, Iowa.

Lee Enterprises photo by Gary L. Krambeck

By Stephanie Leonard

The beginning of the end. A light in the tunnel.

This Christmas season marked a different glimmer of hope and a first small sigh of relief across the country, with the rollout of two COVID-19 vaccines developed and evaluated to meet stringent safety and efficacy requirements in record time.



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The Food and Drug Administration granted Pfizer BioNTech's COVID-19 vaccine Emergency Use Authorization on Friday, Dec. 11; three days later, it had traversed the country and was in the arms — literally — of the first U.S. health care workers. Shipments of Moderna's vaccine, cleared for emergency use on Dec. 18, were being received on Dec. 21.



The distribution and administration of first vaccines couldn't come too soon, occurring the same month that U.S. daily reported new infections (more than one-quarter million), new deaths (more than 3,600), and hospitalized patients (more than 120,000) reached their highest levels of the pandemic.

Phased rollout

Because demand is high and supplies are limited, the Advisory Committee on Immunization Practices, an independent federal panel comprised of medical and public health experts, has recommended the following phased allocation:

- **Phase 1a:** health care personnel and long-term care facility residents
- **Phase 1b:** persons aged over 75 years and frontline essential workers (fire fighters, police officers, corrections officers, food and agricultural workers, Postal Service workers, manufacturing workers, grocery store workers, public transit workers, those who work in the education sector and daycare workers)
- **Phase 1c:** persons aged 65-74 years; persons aged 16-64 years with underlying high-risk medical conditions (cancer, chronic kidney disease, chronic obstructive pulmonary disease, down syndrome, heart conditions, immunocompromised state from solid organ transplant, obesity, pregnancy, sickle cell disease, smoking, type 2 diabetes); and other essential workers that include transportation and logistics, water and wastewater, food service, shelter and housing (e.g., construction), finance (e.g., bank tellers), information technology and



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communications, energy, legal, media, public safety (e.g., engineers), and public health sectors

- **Phase 2:** all others age 16 and up not already included in the categories above.

Evaluation and approval of vaccines for children is not complete, and may be months to a year away.

Vaccine tracking information by state is available at nyti.ms/2L7aKHi.

Work to do

With the good news of vaccination campaigns now underway, we — the public — have work to do while we wait to roll up our sleeves.

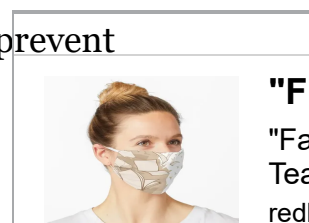
Wide distribution and administration will take longer to achieve than initial federal proclamations suggested, as states have already faced delays and shortages of vaccines they had expected to receive by the end of the year. As of Dec. 30, just under 20% of distributed vaccines had been administered to people in the U.S.

In the meantime, we should stay informed about vaccine facts, realistic distribution timelines, and bear in mind that we are in the worst phase and the largest surge of cases, deaths, and hospitalizations the country has seen.

Here's what we need to know:

Public health officials urge everyone age 16 and up to get vaccinated when they become eligible. The most recent estimates of the target goal proportion of the population to be vaccinated — a point where smaller outbreaks may still occur but are more easily controlled and transmission is suppressed — is in the range of 80-85%.

An important caveat: approved vaccines prevent symptoms and illness, but not necessarily transmission if a vaccinated person is exposed and infected. For this reason, masks will still be necessary and remain most effective tool to prevent



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transmission, regardless of vaccination status or prior infection status, while public health staff work through vaccinating millions of Americans and acquire more data on vaccines and transmission.

After the initial dose, a booster shot is required a few weeks later to achieve maximum protection.

People could experience mild to moderate side effects that resolve within a day or two. In vaccine trials involving thousands of volunteers, half or a little more experienced symptoms of fatigue, headache and/or muscle aches that occurred more commonly after the booster shot. The symptoms are a good sign, though: the body's immune system is working properly in response to the vaccine for long-lasting immunity.

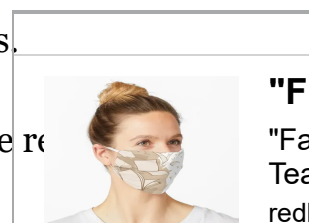
People who have already had COVID-19 are still likely to need the vaccine. While those who've had the disease have some immunity, immunity following infection is not permanent or complete. A growing number of cases are documented where individuals have become reinfected within months after recovering from an initial infection.

Approved vaccines are expected to protect against a newly discovered, more contagious variant of the coronavirus first identified in Britain and South Africa and now present in at least 17 countries. Two cases of the variant virus were identified on Dec. 29 and 30 in Colorado. So far, the variant appears no more severe than the original.

Personal responsibility

“Taking your chance” with COVID isn't as safe as getting vaccinated. Even younger people, who overall experience less severe symptoms than older people, can become seriously ill, be hospitalized and die. “Taking a chance” with COVID also overlooks the potential for long-haul symptoms and complications that have been described in a quarter to half of COVID patients. These include respiratory, cardiovascular, neurologic, renal and mental health or psychotic effects lasting months.

The most optimistic estimates suggest the general public may be on the receiving end of vaccines next summer, if everything goes right.

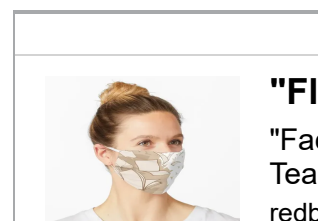


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We must realize vaccines aren't like a light switch or green light that suddenly turn the pandemic around. Being vaccinated — or having had COVID — is not a pass to stop avoiding indoor gatherings and poorly ventilated areas, wearing masks or maintaining physical distance. Those measures are as important as ever as we enter what could be the worst quarter of the pandemic and need to protect our communities and health care systems.

We need to make realistic expectations that committing to these measures for the better part of 2021 will put us in place for a real recovery.

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