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“I got vaccinated!”

I am delighted each time I hear this update or its precursor “I’m signed up!” from friends and family members. Their sense of relief, hope and appreciation is palpable in their tone of voice and their text emojis. What a welcome stage, after a pandemic year when everyone is trying to manage exhaustion, pain, hope, grief, worry, depression and optimism, day after day after day.

The COVID-19 vaccine rollout has been bumpy, but the process is improving, and we ought to pause a moment to realize — even celebrate — despite the snafus, how remarkable it is to have three safe, effective products developed, approved and arriving in communities within a dark year of loss and suffering.

Vaccine production keeps increasing, and vaccination rates are, too. The number of doses delivered into arms weekly is on the upswing: As of March 2, the daily vaccination rate reached just under 2 million, up 46% from the week prior.

Manufacturers are promising increased supplies, and the one-dose Johnson & Johnson vaccine just approved for emergency use has Merck stepping in to partner on its production process.

But public health experts warn that more contagious variants first identified in Britain, South Africa and Brazil are now spreading throughout the U.S., and two new variants identified in New York and California are on their watch list.

Early data indicates that current vaccines protect against severe illness from new variants identified to date. And manufacturers are already working toward boosters and new vaccines focused on emerging variants, in the event they prove to be needed.

In the meantime, we can't afford a fourth surge in cases before most of our eligible population is vaccinated. We must be diligent about practices that slow transmission. Preventing transmission saves lives and limits opportunities for the virus to replicate and new variants to emerge.

This means staying focused on how the virus spreads: through airborne transmission. In poorly ventilated and small spaces where exhaled particles are likely to accumulate, risk of exposure increases, and the duration of time in these spaces amplifies one's risk.

Protection boils down to avoiding close spaces, crowds and close contact if you're socializing with people outside your household.

And we must keep wearing masks indoors when around others outside our own household, regardless of our own vaccination status. We know vaccines prevent severe illness and death, and there is reasonable expectation among experts that vaccines will have some positive effect on reducing transmission if a vaccinated person becomes infected, but there's not enough data yet available to know the extent that vaccines affect transmission.

Some simple tips can increase mask protection effectiveness by eliminating gaps around your face and adding filtration layers:

- Use a mask with a nose wire or metal band that bends to close gaps around your nose.
- Double mask, wearing a disposable surgical mask under a cloth mask. The cloth mask adds filtration and helps hold the gap-prone edges of the surgical mask against your face.
- “Knot and tuck” to improve fit. Tie a knot in each ear loop of a rectangular surgical or 3-ply mask, close to the mask material, then fold extra edges inside. This reshapes the side of the mask

and closes the side gaps when worn. You can find a video tutorial at youtu.be/UANi8Cc71Ao.

A February Kaiser Family Foundation survey has some good news. Fifty-five percent of U.S. adults either have been vaccinated or plan to get vaccinated as soon as they can. What's encouraging is this: The proportion of people wanting vaccinations continues to grow since December vaccine rollout, and the proportion of people on the fence, "waiting to see" how vaccines work before they decide, is shrinking.

So I encourage you to learn more if you have questions about vaccines. Current information on risks and benefits, safety and availability is at vaccineanswers.org.

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