TAKING STOCK

Rammya Mathew: We should use this moment of crisis to make significant gains in vaccine uptake

Rammya Mathew GP

The recent approval of the Oxford-AstraZeneca and Moderna covid-19 vaccines in the UK has felt like much needed good news. We’re facing new mutations of the virus with increased transmissibility, rapidly rising cases, and many hospitals overwhelmed with covid-19 related admissions. Vaccines seem to be the only foreseeable way out, but, as they need to be administered to have the desired effect, alongside their efficacy we must consider factors influencing vaccine uptake.

The Joint Committee on Vaccination and Immunisation’s decision to delay booster doses by as much as 12 weeks will have dented public trust in vaccine rollout, when we can ill afford this. The scientific community is divided, many fiercely opposing the implementation of an untested regimen outside a trial setting. Meanwhile, healthcare professionals are having to try to convince the public that, although two doses in close succession might have provided greater immediate protection to the individual, society will continue to suffer for longer without us distributing the vaccines more widely.

As we grapple with the impact of a third lockdown, the societal benefits of a rapid vaccination programme with broad coverage could not be clearer. People recognise the need to protect themselves, but they can also see that a return to “normal” depends on wider, population level protection. However, if the rollout continues through spring and summer, things could be different. As the weather changes and society potentially starts to reopen, the need for vaccination may become less apparent—a strong argument for doing all we can to accelerate the programme now.

We should also be mindful that we’re rolling out vaccination when the R rate is over 1, so a considerable number of people will go on to test positive for covid-19 after receiving the vaccine. This will be either because they were already incubating the virus before vaccine protection kicked in or because the vaccines aren’t 100% effective. One of the most common reasons for people rejecting vaccines in general is that they believe the vaccine itself gave them or their loved ones an illness—and, with covid-19, they may even have the positive test result to “prove” it. If we don’t roll out the programme quickly enough, conspiracies around vaccine safety and effectiveness could well multiply, making it harder still to achieve the desired uptake.

The human factors influencing vaccine uptake are complex, especially in this ever changing pandemic. Tough calls and compromises are needed to escape the current crisis—but it may be that we can ride on the back of this wave of devastation to make significant gains in vaccine uptake. If our government can pull the levers to maximise supply now, I’m confident that we can rise to the challenge of accelerating the vaccination programme. I’m also hopeful that, by doing so, we can definitively change the course of this pandemic.

Competing interests: I co-lead Islington GP Federation’s Quality Improvement Team.

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