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Covid-19: Vaccine woes highlight vital role of traditional public health

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Covid-19 still dominates the global consciousness and therefore *The BMJ's* coverage. This is unlikely soon to change, with the pandemic still growing exponentially.¹ This year has already seen over 50% more deaths worldwide than the whole of 2020,² and, while lockdown and vaccines have cut deaths and illness in the UK, the government's advisers warn that plans for easing restrictions risk a serious summer resurgence.³

Vaccination remains a source of great hope, and in the UK the programme has showcased what the NHS can do when given the remit and resources.⁴ But, despite its early promise, the Oxford University-AstraZeneca vaccine is now mired in confusion, conflict, and doubt. Explanations range from the company's inexperience as a vaccine producer and its poor communication to toxic geopolitics and even a profit motivated attack on this not-for-profit venture.⁵ Whatever the cause, the real concern is the effect of increased vaccine hesitancy on the wider vaccination programme.

Links with rare serious thrombotic events,⁶ though not yet proved to be causally related, have only added to the AstraZeneca vaccine's woes,⁷ now also shared by the Johnson & Johnson vaccine.⁸ Speculation on the mechanism has led some royal colleges to issue guidance on how to manage patients who are concerned about symptoms after receiving the vaccine.^{7 9 10}

Vaccines are a key to preventing further lockdowns, and vaccine passports may eventually play a role, if properly designed.¹¹ But just as important are traditional public health measures to control transmission, especially preventing airborne spread.¹²

Clarity on the importance of aerosols comes too late for the key workers who have died or developed post-covid illness as a result of inadequate ventilation and personal protective equipment. But it should bring new urgency to calls for an independent inquiry into the UK's handling of the pandemic.^{13 14} There is much that can and must be done now to provide safe workspaces, schools, and healthcare facilities, to establish proper systems of test, trace, isolate, and support, and to prevent covid-19 becoming entrenched as a disease of poverty.¹⁵ Worldwide, preventing the next pandemic will require a properly governed and financed virus surveillance system.¹⁶

So, yes, it's still covid, covid, covid in *The BMJ*. But other articles continue to remind us all that medicine must manage other conditions too: urinary tract infection,¹⁷ otitis externa,¹⁸ polycystic ovary syndrome,¹⁹ and chronic pain.²⁰ More than 4.5 million people missed out on hospital treatment in England last year,²¹ a sobering reminder of the need to restore routine care.

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