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Approval of COVID-19 vaccine by the Federal Food Administration (FDA) is without doubt a <u>milestone</u>. But is this enough to gain public trust and hopefully eradicate COVID-19 just as the world <u>eradicated smallpox</u>?

The COVID-19 virus is responsible for over <u>4 million</u> deaths worldwide. In the setting of no cure, prevention is prioritized. Among the preventive measures, vaccines are shown to <u>decrease</u> infection rate, morbidity, and mortality. Despite their benefits, they inherited the controversies surrounding vaccination overall: <u>right to liberty</u>, <u>hesitancy</u> and <u>skepticism</u>.

However, unlike its predecessors, COVID-19 vaccines faced unique challenges. First, vaccine development was expedited. It took roughly 11 months from development to distribution. Normally new drugs take years from their creation to their full approval. Not surprisingly, this caused apprehension over the process. Second, the COVID-19 vaccine was administer to the general public under the Emergency Use Authorization (EUA). The authorization allows the use of an unapproved product during a public health emergency. Regardless of the rigorous process involved in EUA, concern for safety deterred three in ten unvaccinated adults until FDA granted full approval. Third, unlike previous pandemic, the scientific community and leadership are challenged by advanced communication technology. It only takes one social media platform or communication APP to spread misinformation to masses. The toilet paper frenzy early during the pandemic is an example of this phenomena.

The common denominator in all the mentioned challenges is <u>public distrust</u>. The scientific community and leadership should consider <u>historical trauma</u> (such as racism), <u>mistrust in government</u>, and proactively <u>mitigating misinformation</u>. Although a milestone, full approval of the COVID-19 vaccine is not the antidote to public distrust. Approval does not clarify the fast-track development, which involved <u>previous corona virus research</u>, <u>international cooperation</u>, and <u>substantial funding</u>. In fact, FDA full approval can have the <u>contrary effect</u> by increasing distrust instead.

The focus after approval should not be "to mandate or not to mandate", rather how we can improve public trust with this new information. As per statistic, we could expect three out of ten of unvaccinated adults to be vaccinated. But what about the seven out of ten of the unvaccinated adults? Is the main purpose of a full approval to mandate and/or enforce vaccination efforts? Two prominent ethical concerns are not addressed by the approval status. First, despite the moral reasons to vaccinate, it does not constitute an ethical duty. In other words, mandating vaccination does not bypass the individual obligation/duty vs public health safety dilemma. Second, mandating vaccination has dire ethical consequences, such has disparities and discrimination. From conditioning access to education and jobs to vaccinating people against their will.

Therefore, if implementing a mandate, careful ethical and practical issues should be considered.

Neither full approval nor a mandate will achieve public trust. It is the responsibility of different stakeholders such as healthcare providers, public health, politicians, government representative, community leaders, scientific community, the press, along with other organizational bodies to foster trust in the public. Transparency and effective communication are essential. It is not the

time for judgmental and <u>aggressive</u> attitudes, such as <u>name calling</u>, may alienate individuals away from even contemplating the benefits and risk of the vaccine. Every opportunity counts to start a <u>respectful conversation</u> from private clinical encounters to press conferences. Now that we have the public attention with the new Full Approval of the vaccine. Now that the Pfizer vaccine has a full FDA approval, it means that we have a chance to start building public trust or at least mitigating distrust for this pandemic and future disasters.

This is my original work and was not submitted elsewhere. I do not have a conflict of interest.

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