

21 October 2020

BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

Who would and who would not get a covid-19 vaccine in the United States?

A paper out [this week](#) in *JAMA Network Open* surveyed the general public regarding adults' willingness to accept a hypothetical covid-19 vaccine.

The survey took place on the website *LUCID*, an online marketplace of adults who take surveys in exchange for a small payment and was designed to ascertain whether an individual would be willing to receive a hypothetical covid-19 vaccine. The scenario asked the individual if they would choose among two described vaccines, or neither vaccine. Each scenario varied with regards to different vaccine's attributes, including efficacy, safety, how long the effect of the vaccine would last, adverse effects, and approval by the U.S. Food and Drug Administration, among other features.

A total of 1,971 individuals completed the survey. Participants were more willing to accept a vaccine if it was more likely to be effective, the effects were to last longer than a single year, and if the Centers for Disease Control and Prevention and The World Health Organization endorsed a vaccine than they would be when compared to a scenario in which President Trump endorsed a vaccine. Participants were less likely to accept a vaccine if the vaccine had major adverse effects, was given FDA "emergency approval" (compared to full approval), and if the vaccine originated in a non-U.S. country.

Factors that potentially limit the generalizability of these results include the average age (43 years), and that the individuals who participated were predominantly white; 36 percent were liberal, 33 percent were moderate, 48 percent had a college degree or graduate degree, and almost one-fourth had an annual income of over \$100,000.

LUCID is generally considered to be a fairly nationally representative sample of the U.S. population, which means that it is reasonable to extrapolate the results from this survey study to the broader U.S. population. Despite that, this is a study based on a survey alone. This means it can be "hypothesis generating" and can help anticipate barriers in vaccine uptake that make occur in the coming months, influencing how public messaging should be tailored when a vaccine is finally approved for generalized use. The results likely confirm most of our prior assumptions that affluent and educated individuals are more likely to accept a vaccine.

—Joshua Niforatos, MD

POLICY BRIEFING

New CDC travel safety recommendations. Masks on before “wheels up!”

The Centers for Disease Control and Prevention (CDC) has [released](#) interim guidance on the wearing of masks while using public transportation. The upshot: wear one. This should not be seen as surprising, given the safety of masks, and the high likelihood that their use decreases the spread of SARS-CoV-2. Of course, given the political meddling that has affected life at the CDC, we take nothing for granted.

Specifically, the CDC *strongly* recommends wearing a mask that covers the nose and mouth for all passengers and personnel, and further endorses their use by “conveyance operators” (e.g. bus drivers, pilots) with enforcing compliance and using appropriate means to ensure the safety of all riders. The CDC states that the operators should refuse to allow people to board who refuse to wear masks.

The guidance does allow exemptions for brief periods. Such periods including when eating or drinking, when necessary to comply with legal identification processes, and in extreme circumstances such as being unconscious or being unable to remove a mask on one’s own.

The CDC further recommends exemptions for children under two years of age, individuals with written instructions from a licensed medical provider (although we are concerned that this could be abused and misused by some medical professionals), a person who requires the visualization of another’s mouth for communication purposes, or if wearing a mask would interfere with one’s safety, as per federal occupational guidelines or the operation of a conveyance.

It is encouraging to see the agency firmly stating the efficacy of masks in reducing the spread of the coronavirus. The guidance gives public transportation drivers and operators permission—indeed a mandate—to monitor mask adherence of passengers and to “disembark any person who refuses to comply.” *The Centers for Disease Control and Prevention*.

—Joshua Lesko, MD

Testing accountability and ability mismatch remain.

Testing has always been one of the areas of greatest contention during the covid-19 pandemic. Early disagreements focused on [funding](#) responsibility between state and federal agencies, a flashpoint that lingers amidst [stalled](#) stimulus package negotiations. While this storm brewed, the Food and Drug Administration (FDA) has [granted](#) multiple Emergency Use Authorizations (EUA) for various testing modalities. And let us not forget the changing [reporting](#) requirements mandated by the Centers for Medicare and Medicaid Services (CMS).

By law, all coronavirus test results must be reported to public health agencies, but with the massive [expansion](#) of testing ability from centralized laboratories to primary care offices and even schools, timely compliance can be difficult to achieve. In addition, there is no standardized compliance for state reporting to national agencies, and the federal government has been shipping tests based on population size, not disease prevalence, creating pockets of surplus and scarcity. Without accurate accountability of supply disbursement and clear guidelines, it will be impossible to track the pandemic’s and respond appropriately. *Various*.

—Joshua Lesko, MD

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.