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BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

Vaccine acceptance and disparities among incarcerated people.

A new [correspondence](#) in *The New England Journal of Medicine* measured vaccine acceptance among incarcerated people in the California Department of Corrections and Rehabilitation. The covid-19 vaccine rollout has been seen as a crucial endeavor given that prisons and jails have been disastrous hot zones. In fact, the authors note that more incarcerated people have died of covid-19 than have died by capital punishment in the US during the last seven decades combined.

In California, a shocking 97,779 people were inmates in prisons or jails during the study period, or one in around 400 California residents. This alone is its own scandal, unsurprising though it may be. Of the 97,779 incarcerated people in California at the time these data were collected, 64,633 (66.5 percent) were offered vaccines, of whom 42,952 (44 percent) accepted at least one dose.

The rates of vaccine acceptance varied by age and race. Older people were more likely to take the vaccine. Hispanic and White inmates were the most likely to accept the vaccine at approximately 72-73 percent. Black inmates were the least likely to accept the vaccine, at around 55 percent. The authors explicitly state a likely explanation for this latter finding, saying that lower rates of vaccine interest among Black inmates “may reflect mistrust in correctional authorities and clinicians or a lack of access to reliable information on vaccine safety and efficacy.” Indeed, the corrupt legacy of the Tuskegee experiments and other blemishes in our nation’s history continue to cast a harmful shadow, even today.

That said, a more uplifting observation was also noted. Nearly 2,000 residents who initially declined an offer to be vaccination were subsequently asked if they had changed their mind. Of these, nearly 46 percent said yes to vaccination at the time of the second offer. This suggests that some people may change their minds, especially after seeing others get vaccinated without incident. It may be that repeatedly asking people who initially decline vaccination is a worthwhile endeavor in many environments.

—*Jeremy Samuel Faust, MD MS*

POLICY BRIEFING

Independent Panel for Pandemic Preparedness and Response issue covid-19 redux.

Almost from the time it became clear that the world would not be able to contain covid-19, observers began opining as to [what went wrong](#) and how we could all do better next time.

The World Health Organization assembled an Independent Panel for Pandemic Preparedness and Response to assess exactly this. In the panel’s [report](#), the usual problems were identified, ranging from inadequate funding to tactical errors made by various nations who chose in January to “wait and see” before taking swift action that could have stifled the spread of SARS-CoV-2 before it was too late.

That said, the panel noted some strengths in the global response that would be key in stopping any future pandemic. First, healthcare workers stepped up selflessly. The sad proof of this can be found in a chilling statistic: 17,000 healthcare workers died of covid-19 in the first year. This is a call for the world stockpile of PPE to be replenished and at-the-ready before the next outbreak, so that we do not need to play catch-up. Second, many nations adapted in-place

response plans from prior outbreaks. Some, like China, have managed to [use testing to avoid lockdowns](#) in some instances—but have shown a [willingness and ability](#) to lockdown temporarily when flares have occurred. Third, the report notes that, so far, country wealth has not been a predictor of success with some low- and middle-income nations utilizing low-cost and effective measures. (The lack of disparity in outcomes was certainly highlighted by the United States’ disastrous response and corresponding death toll). Fourth, vaccine development had an historic year. With days of the isolation of the novel coronavirus, vaccines were in development. In fact, the first prototype for the game-changing mRNA-based vaccines in the US were manufactured before the US Centers for Disease Control and Prevention even had a reliable test ready to ship. Lastly, open data made a huge positive impact. Epidemiologic data has been made public and even the genetic sequence of SARS-CoV-2 itself was published openly, which led to the creation of tests and vaccines.

The report highlights the fact that the WHO did its best, given its resources. However, the panel recommended that the organization raise more money—by way of member-state dues—so that it can expand its work and be more equipped the next time a potential global emergency is discovered.

—Jeremy Samuel Faust, MD MS

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