

## **BRIEF19**

*A daily review of covid-19 research and policy.*

### **POLICY BRIEFING**

#### **Growing divide in vaccine allocation.**

Amidst the flood of data emerging from the covid-19 pandemic, one resoundingly clear piece of information is that minority and members of poorer socioeconomic communities have felt a greater effect. This has led to an ongoing ethical discussion as to whether those at highest risk from catching or dying from the virus should receive the vaccine first.

This discussion was outlined in the [Journal of the American Medical Association](#) in October. Previous [recommendations](#) from the National Academies of Sciences, Engineering, and Mathematics placed healthcare workers just ahead of those with significant comorbidities in terms of vaccination priority.

While such thought to tiering should apply globally, contract [data](#) collected from Duke University in partnership with UNICEF’s vaccine supply [dashboard](#) shows that wealthy nations have reserved the vast majority of potential vaccines, in some cases on the order of six times the size of a nation’s population. Given the early uncertainties around vaccine candidate success rates and unpredictable rollout timelines, nations with the ability to do so finalized contracts with multiple vendors in anticipation of production. For some impoverished nations—in many cases, those whose populations have worse covid-19-related morbidity and mortality—this means the ability to only cover a fraction of their population. Even with pledges from nations to donate their extra supplies, some experts believe an adequate global supply may not be available until 2024. *Various. [16 December 2020](#). —Brief19 Policy Team*

#### **Safety of consumer-grade face masks.**

Not all masks are created equal. Between attachment methods, underlying materials, and filtration features; they all make a difference. Today, there are thousands of options available to consumers. Just as all of these options vary, so does a mask’s ability to perform the task for which it was ostensibly created: particulate filtration.

To date there has been no government agency responsible for setting minimum standards or ensuring compliance from manufacturers. But the National Institute for Occupational Safety and Health (NIOSH), a division within the Centers for Disease Control and Prevention (CDC) and the ideal choice for this kind of work, has been [working](#) in the background to do exactly this.

Working with a standard-setting industry organization, the goal is to publish guidelines and corresponding labels by next month. While both NIOSH and the US Food and Drug Administration (FDA) have some regulatory oversight of medical-grade masks, many of the options publicly available are essentially pieces of cloth. This renders them immune from such regulatory scrutiny. While the CDC has [published](#) general recommendations on appropriate mask practices, a national standard with testing and validation is vital to adequate population protection.

This past year, the mask industry has taken off. In fact, interest in masks fundamentally changed many business models, including Etsy, which helped [sell](#) \$346 million worth of masks to 4 million users. Meanwhile, an iteration of the XPRIZE has been [launched](#) to “reimagine protective face masks used to prevent the spread of COVID-19 by making them more comfortable, functional, accessible, and even stylish.” The “Next-Gen Mask Challenge” will give \$1 million to the winner. Interestingly, a delay in announcing a winner was recently announced by the organizers because the judges felt that tangible metrics should be used to choose a winner. To that point, perhaps NIOSH and the FDA will soon provide much-needed quantitative guidance that could make such evaluations—whether in competition or the marketplace—more objective. *[18 December 2020](#). —Brief19 Policy Team*

## **Vaccinations begin. Who will and won't roll up their sleeve and what can be done to increase the numbers? Black women are leading the way.**

This week, a nurse in New York named Sandra Lindsay became one of the first Americans to be vaccinated against SARS-CoV-2 outside of a clinical trial environment. It was a stirring moment, and an important one for public health messaging.

Since the covid-19 crisis began, there were only ever two realistic end games: total eradication of the virus or herd immunity. Eradication quickly became [unlikely](#), as the virus rapidly made its way into and across every continent. Herd immunity—the notion that if enough people have been exposed to the virus itself or get vaccinated—was always the more likely scenario. Thanks to scientific and medical progress, a safe and effective vaccine is now available in the United States outside of clinical trials.

Vaccines only work if people are willing to receive them. All year, we have heard jitters about Americans not readily accepting a SARS-CoV-2 vaccine. A new [poll](#) found that around 84 percent of Americans would be willing to be vaccinated, though half of those want to wait to see how things progress.

Those numbers have changed over time. A Gallup [poll](#) from a month ago found that around 60 percent of Americans would agree to be vaccinated. That number was as low as 50 percent in mid-September, after a steady decline during the mid-to-late Summer, coinciding to a time when the President of United States was putting public pressure on the US Food and Drug Administration to approve convalescent plasma for emergency use on an accelerated timeframe, based solely on retrospective data, while largely ignoring genuine clinical trial data that has been largely underwhelming. The most common reasons that many Americans are skeptical, according to the Gallup poll, are concerns that the timeline for developing the vaccine was rushed with 37 percent of those saying they would not yet be vaccinated citing this rationale. Perhaps the cutesy name of the private-public effort to bring a vaccine to fruition—"Operation Warp Speed"—should have been more thoroughly tested in focus groups before it went live.

Attitudes about the vaccine depend on many factors, including demographic and geographic differences. Men were more likely to be willing to vaccinated than women (61 percent versus 54 percent), possibly owing to concerns about pregnancy data (though early signs suggest that the mRNA vaccines will be safe for pregnant people). Among Democrats, 69 percent will accept the vaccine, versus 49 percent among Republicans and Independents. There are racial/ethnicity differences, with vaccine acceptance among White persons at 61 percent versus 48 percent in non-White persons.

Addressing these racial differences will be key. Many note that the medical system has undertreated and mistreated Black and other people of color, especially with respect to unethical clinical trials. In that light, suspicion about any new medical therapy is understandable. That's why the image of Registered Nurse Sandra Lindsay, a Black woman, being vaccinated by another Black woman was an important moment for the country. It showed the medical system wants to be more inclusive than ever, with people of color leading the way. Similarly, Dr. Anthony Fauci has routinely made a point to highlight that among his most influential colleagues at the NIH during the SARS-CoV-2 vaccine development process was Dr. Kizzmekia Corbett, a Black scientist.

Meanwhile, my physician colleagues like Dr. Uché Blackstock have appeared on network news and even in orchestrated media campaigns aimed at increasing the rates of vaccine acceptance. These efforts and others like them will save lives by helping us more quickly achieve herd immunity safely—via injection, not infection. [15 December 2020.](#)

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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 policy, and public policy.