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BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

When should medical and other healthcare students be vaccinated? A philosophical debate heats up.

On April 3 2020, the American Association of Medical Colleges [called](#) for an abrupt halt of medical student involvement in direct patient care, citing a need to preserve PPE for frontline workers. As it became clear that student engagement in clinical activities is integral to medical education, the AAMC revised this statement to recommend a careful return to clinical rotations. In the [revision](#), it highlighted that “...*medical students are not essential health care workers on a day-to-day basis... However, medical students are the essential, emerging physician workforce.*” This dichotomy – one that highlights the redundancy and inconsistency of a medical student’s daily responsibilities against the necessity of a next generation of physicians – is now coming back to the forefront, as SARS-CoV-2 vaccine rollout plans are developed and refined.

As waves of the newly authorized Pfizer and Moderna vaccines are preferentially provided to healthcare workers, medical and other health professions students across the nation are largely being excluded from the first wave of administration. Rationing doses of the vaccine for the highest risk populations is imperative. However, the safety of learners should be considered—especially when considering protections given to other personnel in the same clinical settings. More than that, if the coming weeks and months are as bad [as projected](#), medical students (and the other healthcare providing students we work alongside) may soon be called upon to provide important services in flexed hospital settings. No, we won’t be doing your next appendectomy if the doctors are busy taking care of covid-19 patients. But we can literally lend a hand in many ways. But only if it is safe to do so.

Because medical and other healthcare-providing students are not clearly defined as healthcare workers in many areas, they are positioned to be overlooked by state, county, and system-level plans to implement vaccines to the most at-risk and essential individuals.

A clarification of student roles among the healthcare team is now a necessity. We must be afforded protections now being offered to other providers who perform in similar-risk environments. Should students be considered healthcare workers if they work in a clinic or hospital? And even when the main function of a student is to learn, can we really afford to remove them from clinical educational environments for many more months? If that should happen, the newly minted workforce a year or two down the road may be significantly underprepared.

—Genevieve S. Pentecost

POLICY BRIEFING

New vaccine guidance for people with weakened immune systems and those with a history of Guillain-Barré Syndrome or Bell's Palsy.

The final [guidance](#) from the National Academies of Sciences, Engineering, and Medicine (NASEM) listed people with significant underlying comorbidities as the second-highest priority for the newly authorized coronavirus vaccines, coming after only frontline healthcare workers and first responders. But initial [statements](#) from both Pfizer and BioNtech stated that, while authorized for this patient population, the available data on the efficacy for them remains limited.

Over the weekend, and in part due to news stories reporting adverse reactions, the US Centers for Disease Control and Prevention (CDC) [released](#) new recommendations to clarify who should and should not proceed with inoculation.

- Patients with weakened immune systems: regardless of whether due to chronic disease or resulting from immune-system compromising medication (such as anti-rejection drugs for organ transplant recipients), the increased risk of a serious covid-19 infection for these patients should prompt them to *receive the vaccine*.
- A history Guillain-Barré Syndrome: No confirmed cases of Guillain-Barré Syndrome (a neurological disorder that can cause muscle weakness or even paralysis) have been reported during coronavirus vaccine clinical trials and in general the Advisory Committee on Immunization Practices (ACIP) does not list a history of Guillain-Barré Syndrome as a general vaccination precaution.
- A history of Bell's Palsy: While cases of Bell's Palsy (paralysis of one of the nerves of the face—which is usually temporary) were reported during the clinical trials, the US Food and Drug Administration (FDA) does not consider the proportion to be above that expected in the general community. In other words, the number of cases that occurred during the trial is similar to that which would have occurred anyway.

As part of the initial guidance from the vaccine manufacturers, it was recommended that pregnant women or those who intend to become pregnant in three months should not get the vaccine due to lack of their inclusion in the studies. But the American College of Obstetricians and Gynecologists (ACOG) has since released a [statement](#) supporting vaccination for both pregnant and breastfeeding mothers, in accordance with ACIP's prioritization plan.

In short, the only people who should not receive the vaccine are those who are allergic to any of its ingredients, which is a cutoff that holds true for every single medical product. *Various.*

—*Brief19 Policy Team*

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