

How Life Can Return to Normal: Ending the COVID-19 Pandemic

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(Fam Med. 2021;53(8):668-9.)

doi: 10.22454/FamMed.2021.120523

When will this pandemic be over? This is a question that we hear on a daily basis from patients, colleagues, family, and friends. If we respond honestly, no one likes the answer: it depends.

It depends on whether we can reach the target necessary for herd immunity, and that depends whether we, as a country, can agree on a strategy. It also depends on how much risk people are willing to accept.

The COVID-19 vaccine is the tool to end this pandemic. However, the vaccine doesn't work if people decline it. Depending on the part of the country, the proportion of people vaccinated varies wildly. For example, in Vermont, over 51% of all residents are vaccinated, but in the southern United States, rates are much lower, with many states not yet reaching 30%.¹ There are a multitude of reasons why that may be the case. Factors include access to care, education about the vaccine, mistrust of doctors, and perhaps worst of all, misinformation about the pandemic itself.

COVID-19 was the third-highest cause of death in the United States in 2020, behind only heart disease and cancer.² Therefore, COVID-19 was the number-one infectious cause of death. The death rate of heart disease is about 233 per 100,000 population,³ and as of the end of May 2021, the death rate of COVID-19 is 178 per 100,000 population.⁴ Thus, the risk of dying from COVID-19 is almost as high as the risk of dying from heart disease. How many COVID-19 vaccine-hesitant people would jump at the chance to receive a vaccine or medication to significantly lower their risk of dying from heart disease? That question exemplifies how we should explain the vaccine

to our patients and communities. Preventive medicine is a major part of what we do.

It is a shame that our country has become so divided. It is a shame that social media has become a bastion for the spread of misinformation. It is a shame that the combination of these factors has led to, and continues to cause unnecessary deaths. Some people don't believe in science. The problem with that is that science isn't affected by what people believe. Nor is the SARS-CoV-2 virus.

Based on observations from the Centers for Disease Control, if all Americans had taken COVID seriously and worn masks and stayed away from one another for up to 8 weeks in 2020, the pandemic would have ended.⁵ But that did not happen. We wasted our turn at the plate. We had a 3-0 count, and instead of taking the walk, we grounded into a double play. Now, over 70 weeks later, we are still left asking "when will this pandemic be over?" Again, it depends.

So what will it take to reach herd immunity? Consider the math. Herd immunity is defined by the World Health Organization as "the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection."⁶ Currently, experts are suggesting that reaching 70% of the population being vaccinated may be enough to significantly slow the spread of COVID-19, but of course as we learn more, that target may change. As of the end of May 2021, about 48% of eligible Americans (age 12 years or greater) have been fully vaccinated.¹

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Another 12% have begun the process, so in total 60% will be fully vaccinated by the end of June.⁷ Therefore, we have 10% more of the population to go. Notably, 10% of the population has been infected by COVID, but scientists are not currently sure of how much immunity one has after being infected, so in general, those patients are not counted in the 70% estimation.

So how do we get that extra 10%? There are two ways this can be achieved: increase the numerator (more people get vaccinated) or decrease the denominator (less population because of more people dying). The first way sounds like the better option! Unfortunately, we will get there by a mixture of the two. A modern-day survival-of-the-fittest scenario is playing out before our eyes.

Ending the pandemic depends on how much risk we as a society are willing to take in our daily lives. Some people are worried about the side effects of the vaccine, but what they really should be worried about are the effects of COVID-19. Much of life is balancing risk versus reward. Nothing in this life is without risk. Even sitting, which one might think is the lowest risk thing to do, increases your risk of heart disease.⁸ People drive cars, they own guns, they eat fast food, drink alcohol, and smoke cigarettes. All of these activities carry risk, and some are willing to accept these risks more than others. Where does contracting COVID-19 fall on that list?

According to recent polls, about 25% of Americans do not want to receive the vaccine.^{9,10} That number has not budged in months, so we should not focus our energy on trying to change those minds. The Kaiser Family Foundation is actively tracking vaccine hesitancy in the United States, and according to them, 13% of Americans have a “wait and see” attitude.¹¹ *This* is the group we need to convince that the benefits outweigh the perceived risks. We need 10% out of those 13% to get vaccinated. This is where the trust built between us and our patients can come into play.¹²

Hesitation of anything in life is usually based in fear, and vaccine hesitancy is no exception. If we can better understand that fear, we might be able to influence the way people think. That is the root of motivational interviewing, and it is something that we as a specialty are specifically trained to use. Family physicians are good at making a connection with the patients, building mutual trust, and helping people to make the best decisions for their health. This should be our role to play.

So, when will this pandemic be over? It depends on getting the people on the fence to jump to the side of the vaccine. Most of all, it depends on us leveraging our special talents as family physicians to convince those to make the right choice, not just for them and their families, but for the country as a whole.

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