

Transcript Details

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Reframing COVID-19 Vaccine Expectations: Lessons in Public Health Messaging

ReachMD Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Darilyn Moyer, who's the Executive Vice President and Chief Executive Officer of the American College of Physicians. She'll be discussing lessons from the COVID-19 pandemic on vaccine messaging and patient expectations. Here's Dr. Moyer now.

Dr. Moyer:

One of the things that we could have done a lot better during COVID-19 was make people understand the purpose of the COVID-19 vaccine and differentiate between childhood vaccinations that folks receive that confer lifelong immunity against diseases versus the vaccines that they get for seasonal diseases such as influenza, and now, of course, COVID-19.

We certainly know that with influenza vaccines, they are not 100 percent protective. They do not give durable immunity that's going to last a lifetime. They're going to give seasonal immunity. They're getting better. We know that they are very good. And again, it varies from season to season, but vaccine effectiveness is measured in, "How many people did you prevent from going to the emergency room? How many people did you prevent from getting hospitalized? How many people did you prevent from dying?" versus childhood vaccinations, which are incredibly protective from getting the disease at all. We did not do a good enough job at differentiating what this vaccine was going to do.

So, as the virus mutated and escaped the initial primary vaccine, we completely expected that to happen. We knew after the person got their first two primary COVID-19 shots, as this virus mutated, people were going to get the mutated virus infection, and we were going to need to adjust the vaccine to help to prevent those serious complications. We should have been better at messaging—"This is not going to be 100 percent effective at preventing you from getting the disease." That's not the point; it's never been the point with the flu vaccine. But the point is to prevent those serious illnesses.

Remember that early on in the COVID-19 pandemic, the goal was to keep people from getting sick to prevent healthcare system overwhelm. Remember, the hospitals were bursting at their seams. We were setting up field hospitals everywhere. People couldn't get routine care for their cancer. They couldn't get diagnosed. People couldn't get their strokes and their heart attacks taken care of. That was the goal, and that continued to be the goal—to keep people out of the hospital so that we could care for them when they came in with all those other diseases.

And what did we see happening over COVID-19? We saw that in addition to all the deaths that were caused by COVID-19, we saw high spikes in other deaths of failure to diagnose. So, there was delay in diagnosis and treatment. The longevity in the United States started to go way down during the COVID-19 pandemic. And we're just starting to see it rebound a bit, but it certainly hasn't rebounded back up to where it should be. And remember, we've never been at the same level of comparable countries anyway, when we compare the United States to other countries.

So, the bottom line is, we should have been better at conveying the messaging around the difference between the COVID-19 vaccine being more similar to the flu vaccine and what we expected it to do for people because it confused people. They expected to be completely protected from getting the disease at all, and that was never the intention of the vaccine.

ReachMD Announcer:

That was Dr. Darilyn Moyer talking about what the COVID-19 pandemic taught us about vaccine messaging. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!