

Government leaders should not skip to the front of the COVID-19 vaccine line

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Credit: Will Kirk / Johns Hopkins University

Government leaders should not be allowed to move to the front of the line for COVID-19 vaccinations unless the criteria for such prioritization is well reasoned, clearly articulated in advance, and transparently applied, according to a new commentary published in The *New England Journal of Medicine* by a trio of Johns Hopkins University faculty.



There must be clear justification and explanation for why elected officials should be vaccinated before such high-priority groups as <u>health</u> <u>care personnel</u>, first responders, long-term care facility residents, critical infrastructure workforce, and those at increased risk for severe COVID-19, according to the authors of the article, which is titled "Who Goes First? Government Leaders and Prioritization of SARS-CoV-2 Vaccines."

"In all the planning, discussion, and establishment of priority tiers, there was no early prioritization for government officials, so their being among the very first people vaccinated makes it look like they jumped the queue," said Jeffrey Kahn, the director of the Johns Hopkins Berman Institute of Bioethics. Kahn co-authored the article with institute faculty members Mark T. Hughes and Allen Kachalia, who is also the <u>senior</u> <u>vice president</u> for patient safety and quality at Johns Hopkins Medicine.

"We're then faced with the perception of government leaders saying "Do as we say, not as we do," Kachalia added.

The article notes that few nationally recognized prioritization frameworks grant government leaders priority status: "Whether they must work in settings posing higher transmission risk is debatable at best, and they can protect themselves from exposure in ways health care workers cannot."

Government officials undoubtedly fulfill roles important to societal functioning, but vaccination recommendations developed by the CDC and other national groups place them in Phase 2, after higher risk groups. Non–risk-based factors that merit consideration for their prioritization include ensuring government stability, maintaining national security, and instilling <u>public confidence</u> in vaccination. Whether publicly receiving vaccination "will generate support for vaccination is uncertain and may not justify diverting vaccines from high-risk



populations," write the authors.

"Providing vaccine first to government officials without clear guidelines can undermine public trust in the rules that were put forward for all members of our society," said Hughes, who is co-chair of the Johns Hopkins Hospital Ethics Committee.

Any prioritization of government leaders requires clear articulation of why their incapacitation from COVID-19 would be a serious threat to society. Additionally, it would need to be shown why a leader's role renders protective measures other than vaccination to be impractical or ineffective.

"Public health officials making <u>vaccine</u>-distribution decisions should be impartial and apply allocation criteria uniformly, while aiming to mitigate health inequities," say the authors. "Letting <u>government</u> officials jump the queue suggests that they're more important than other members of society and that the rules don't apply to them."

More information: Mark T. Hughes et al. Who Goes First? Government Leaders and Prioritization of SARS-CoV-2 Vaccines, *New England Journal of Medicine* (2021). DOI: 10.1056/NEJMpv2036128

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