The Vaccinated and unvaccinated need to coexist with tolerance and respect

The Lancet Regional Health — Europe

This month marks the first anniversary of The Lancet Regional Health — Europe and 1 year since the launch of our first issue in February, 2021. In our inaugural Editorial, we expressed hope and optimism for overcoming the pandemic, as the rollout of vaccines had begun. However, 2022 started with a feeling of déjà vu, as the SARS-CoV-2 omicron variant began to spread, affirming the need to live with the unpredictable SARS-CoV-2 virus as we transition from a pandemic to an endemic. Such hope and optimism must now be supplemented with realism, since it is virtually impossible to immunise the entire at-risk global population every 4—6 months, and to predict what the future dominant variants might be.

Within a year, many high-income countries made a paradoxical shift from making decisions about vaccination priority groups to imposing different forms of compulsory COVID-19 vaccination mandates, a shift that has been most pronounced in Europe. The introduction of large fines and number of restrictions, including denying unvaccinated individuals access to public transport, have made the lives of unvaccinated people difficult while infections continue to rise.

People unwilling to get vaccinated are perceived as a threat to society by many and angst and frustration is often demonstrated against them, dividing society in two groups: vaccinated and unvaccinated individuals. To make matters worse, the French president, Emmanuel Macron, attracted a wave of fury after he used a slang term to explain that he wanted to make life difficult for unvaccinated people. The high profile cancellation of Novak Djokovic’s Australian visa in January, 2022 (despite being granted vaccine exemption after testing positive for COVID-19 in December, 2021), which prevented him from competing in the Australian Open, was justified by the Australian Government on the grounds of ‘health and good order’ and to avoid the risk of civil unrest.

Vaccines are undoubtedly effective for the prevention of severe disease and death, but do not prevent all infections and all onward transmission. Additionally, immunity wanes after a few months. At present, unvaccinated people occupy a vastly disproportionate number of beds in intensive care units and thus increasing vaccination rates is a universal public health priority. However, behavioural scientists are wary of the impact such mandates could have and suggest that they might be counter productive in the long term, with the risk of long lasting repercussions affecting other issues that might trigger more polarisation. Imposing vaccine mandates might also cause immediate harms that need to be carefully weighed against the benefits of such mandates. According to the feedback received by Saxony’s dentists’ association in Germany, and the NHS in the UK, vaccine mandates for health-care workers might encourage vaccine sceptics to leave the medical profession and could decrease health-care staffing levels and morale.

Feelings of blame, angst, and frustration do not help to address the causes of low vaccination rates. It is important to understand why people choose not to get vaccinated. The key reasons include fear of lasting health effects, beliefs that the vaccines have not been sufficiently tested, concerns about the side-effects of novel vaccine types that have only conditional approval, reduced efficacy against new variants, waning immunity, and mistrust in science and pharmaceutical companies. Another pertinent factor is mistrust in the government, concerns about accurate reporting of case numbers and their changing policies. For example, the COVID-19 access pass was presented as a means to avoid future lockdowns and prevent an unmanageable influx of patients with COVID-19 into the health-care system. The pass did not fulfil its aim. Language barriers, disinformation on social media, and a lack of engagement with national news, including the government’s COVID-19 press conferences (when COVID-19 policies are announced and justified) are other factors that contribute to vaccine hesitancy. Governments should take a targeted approach to reach the most vulnerable and marginalised communities with low vaccine uptake.

Some individuals choose not to get vaccinated due to their faith in God, which is something that many vaccinated people and vaccine mandates battle against—the faith that is fundamental to their existence, wellbeing and sanity. Their religious beliefs need to be respected. It may help if such communities are reached, for instance, by religious figures and faith-based organisations. For many people wholly opposed to vaccination, the problem is not about vaccines per se, but about perceived threats to personal freedom and the need to protect bodily integrity.

It is equally important to understand that mandatory vaccinations form part of public health measures to protect populations and avoid disproportionate economic, emotional, and societal costs. Whether vaccine
mandates are unethical or violate human rights is a matter of debate and varies by country. Many European countries are struggling to impose a national vaccine mandate. The Czech Republic cancelled compulsory vaccination at the last minute to prevent further deepening the rifts in society, whereas Austria is the first EU country to pass a vaccine mandate that will require all adults in the country to get vaccinated against COVID-19 from February, 2022.

Implementation of mandates without careful consideration risk exacerbating existing societal divisions, causing more protests, and propagating lack of trust in public health authorities, which could be devastating in the event of major public health issues in future; therefore, vaccine mandates should be carefully designed to ensure that Human rights are not violated.

Regardless of vaccine mandates, relying on vaccinations alone will not overcome the pandemic. The positive impact of non-pharmaceutical interventions remains substantial and such interventions should be continuously encouraged in all countries. Examples from Israel and Singapore suggest that even in countries with high vaccination rates, removal of non-pharmaceutical interventions, especially when combined with waning immunity, will contribute to high infection rates. WHO has warned that giving repeated booster doses of existing COVID-19 vaccines in developed countries is not a sustainable global strategy for tackling the COVID-19 pandemic. Instead, WHO argues that the focus should shift towards producing new vaccines that work better against emerging variants. Moreover, people who are vaccine hesitant might be more willing to take antiviral drugs, formulated in tablets early in the course of infection to reduce the chance of serious disease and death. In the past few months, some countries have authorised the use of two such drugs, molnupiravir and nirmatrelvir—ritonavir, and more trials of candidate drugs are ongoing.

The reality of global vaccine inequity is a much more profound issue and blaming people who are vaccine hesitant represents a reductionist approach to overcoming this pandemic. Vaccinated and unvaccinated individuals need to coexist with tolerance, trust, and respect for one another.