Dr. MarcSiegel~: COVID vaccinations will increase rapidly — greatest accomplishment in vaccine history

For the past several months I have counted on my personal protective equipment to create a necessary barrier between me and my patients. Several patients have tested positive for , even though they had no clear symptoms at the time of the visit.

But although I will continue to wear PPE~, the risk to me and my patients will diminish. This is not because COVID-19 is going away (the opposite is true), but because I have received the Pfizer~-BioNTech .

Ten days after being vaccinated, I am starting to gain some immunity, which probably means that if I do acquire COVID from one of my patients or elsewhere it will be a milder case, although this has yet to be proven.

 What has been shown in clinical trials is that the first shot may offer me justover50~ protection against COVID-19 in advance of my taking the second shot. This is a statistical calculation and by no means a certainty. This means that in the clinical trials those who tested positive for COVID-19 were over50~ less likely to have received the actual vaccine versus a placebo (more than twice the number of COVID cases occurred in the placebo group

With there being a slow rollout of the new COVID-19 vaccines both in the US~ and around the world, I understand to give only one dose of the Pfizer~-BioNTech, the Moderna~, or the Oxford~-AstraZeneca vaccine in Britain~, in order to vaccinate millions more people in the legitimate hope that this decreases the risk of severe illness and hospitalization at a time when hospitals are overwhelmed with COVID-19 cases.

But this hope is not purely science. I believe we should keep to the two-dose schedule as studied. Keep in mind that the clinical trials were all conducted with careful dosing regimens and the conclusions drawn are based entirely on these two-dose protocols.

TheFoodandDrugAdministration’s~ emergency use authorization for vaccinations is conditional. TheUnitedKingdom~ and its NationalHealthService~ are taking a risk in three ways by delaying the second vaccine dose for three months so more people can get the first dose.

First, the degree of immunity may well diminish over the three-month period. Second, there is no direct proof yet that the initial dose alone will decrease hospitalizations. And third, there is no guarantee that the second dose will even be available in three months. Once there is an expectation on the part of the general public that their first dose is in the offing, this demand may get in the way of the second dose for others for several months.

With over 14million~ doses of the Pfizer~ and Moderna~ vaccines having been distributed in the US~ and justover3million~ doses having been administered here, that a good part of the delay is occurring at the state level.

It is crucial that all of our most vulnerable populations, beginning with the elderly (who account for over80~ of COVID deaths) as soon as possible.

I expect the numbers vaccinated in the US~ to increase exponentially in January, asover40000~ pharmacy sites (Walgreens~, CVS~, Costco~) receive their doses and begin vaccinating.

Keep in mind that by one measure the rollout (albeit much slower than expected) has been a big success. As we have gone from thousands vaccinated in clinical trials to millions vaccinated under the emergency use authorization, the number of significant side effects (mostly allergies) has been extremely small. This bodes well for the future of both vaccine compliance as well as usefulness.

 Whereas morethan1million~ Israelis~ have already received a COVID-19 vaccine (11~ of the population, well above the global average of 013~ according to data from Oxford~ University), we in the US~ far behind.

 But if we think of this as a race we are losing it will be far too easy NOT to see it for what it really is: the greatest accomplishment in vaccine science in history.