

# Beyond what works — in practice

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## The plan

- Apply thinking about how decisions are made, and on what information.
- Consider the use of, and loss of, collective intelligence, and the role of herd thinking.
- Discuss an example where the decision was controversial, where the outcome is now (mostly) known, and may well have had negative consequences.

## Background to problem — Covid-19 and childhood vaccination

- [UK: 38.6% uptake of vaccination for 18-29 years old](#)
- [Vaccine hesitancy and Covid](#)

## Myocarditis

Clinical myocarditis after second dose in 12-17 year old males, after Covid vaccination:

- [1 in 2,680 after dose 2 in Hong Kong](#)
- [1 in 2,650 in Kaiser Permanente health system](#)

Subclinical - rate unclear, but:

- A Thai study showed [2.3% raised cardiac biomarker or lab study positive](#) after Pfizer vaccination.

See the [CDC data on hospitalization rate for Covid in 12-17 year olds](#)

## One response

- [Counter-disinformation unit \(CDU\)](#)
- [CDU monitoring](#)
- Fact-checkers and “misinformation”.

## Your second task

It is January 2021. The Covid mRNA vaccine has been approved and is being rolled out for adults. There is, as yet, no clear sign about vaccine harms, but you know this is an as-yet little-tested and novel vaccine delivery method. You are the leader of a group that will give advice to the governor of a US state on their policy for Covid vaccination for children and adolescents.

- What recommendation do you give in January 2021? Do you recommend childhood vaccination?
- What will you do to try and engage the public in *carrying out* your recommendations?
- What will you do to try and engage the public in *reviewing* your recommendations?
- A member of the team proposes engaging a state university in collaborating with social media to deal with disinformation. What is your response? What engagement should there be with social media about your recommendations.

## The end

Materials at <https://github.com/matthew-brett/lis-leadership>.

## References