

Vaccine goals

26 November 2020

I have a Garmin watch that I use when I exercise, but lately I have not been activating the timing or distance settings, opting instead to let the way I feel set my pace and duration. This has been quite liberating, but I still wear the watch to know what time it is. The watch buzzes randomly, and when I look down, the word *GOAL* appears on the face, surrounded by party favors. I assume some sort of achievement has been reached, but I'm not sure what—no throwing, kicking, or shooting is occurring around me. Maybe the watch thinks I should be doing some planning instead of wandering aimlessly along forested paths, and it's sending me motivational messages.

This got me thinking about goals for 2021. Seeing the end of the COVID-19 pandemic is

probably the medical accomplishment most of us would like to attain in 2021. How our lives have changed in the last year!

I'm writing this editorial on American Thanksgiving, at which time daily case numbers and deaths have exploded worldwide. I watch the news with alarm, seeing how many of our southern neighbors have chosen to travel for this holiday. I shudder to think what the ramifications will be in a month's time. I think many are in for a sad Christmas. Case numbers, hospitalizations, ICU admissions, and deaths in Canada, and BC specifically, have also climbed to the highest levels since the start of the pandemic. We have been advised to cancel all social gatherings and to keep to our immediate household bubble. Many of my patients confess that they have been cheating a little, often citing mental health as the reason. COVID fatigue appears to be a growing and worrisome reality.

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One hope on the horizon is the promise of an effective vaccine. Three candidates have recently been fast-tracked for approval, all claiming over 90% effectiveness. The first to market is limited by the need for it to be stored at an extremely low temperature. The other two do not have this limitation but are slightly behind on the timeline.

What is not clear is how vaccines will be rolled out in Canada. Are we behind the United States in priority? Apparently, our federal government has signed contracts with seven vaccine developers but the details on timing and allotment of doses remain elusive. Since none of the vaccines are being developed in Canada, we are unlikely to be first in line. I am hopeful that this process will proceed in an orderly and calm fashion, but sadly some infighting among countries and provinces is likely.

Another issue is consumer acceptance and uptake of any available vaccines. The development process has been so politicized by the current American administration that public distrust appears to be high. Many of my patients have expressed safety concerns about fast-tracking of these SARS-CoV-2 vaccines. They are reluctant to be vaccinated; they worry about potential adverse health outcomes and ask whether I will get a shot. I explain that vaccines work by injecting dead viral protein, which stimulates the development of antibodies against the virus.

I reassure my patients of the safety of vaccines in general and add that I am a perfect immunization candidate due to my immune system being constantly bombarded by various foreign substances. My numerous scrapes and abrasions, secondary to my tendency to fall and crash my bike, are testimony to this fact.

Therefore, I will happily be vaccinated at the first opportunity available with a vaccine developed in North America or Europe. Forgive me, but I might be a little reluctant to be first in line to receive a vaccine whose name includes Sputnik. ■

—David R. Richardson, MD



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My pandemic fears, part 2

15 December 2020

Since my previous editorial,¹ penned near the start of the pandemic, much has changed and much has stayed the same. The fears I expressed then have, unfortunately, proven to be founded—as evidenced by our current reality. The number of positive cases in my practice and those of my colleagues has risen steadily in recent weeks, and this is a microcosm of what we are seeing across the province and the country. Guidelines from public health officials for the containment of the SARS-CoV-2 virus have become more stringent and persistent, but they are still not strict enough for my liking. Maybe the guidelines are adequate, but the number of rule followers in the population is inadequate. Those who choose to not wear masks are relying on those of us who do to keep them safe. I suspect that the people who do not wear masks are also the people who do not avoid gatherings. Do they do so out of ignorance or denial or a bit of both?

I am thankful to see that health authorities have stepped up their testing capabilities. Since I last opined on this topic, I have seen new swab sites become operational and testing opened up to everyone. Due to recurring outbreaks at my local hospital, I have undergone four COVID-19 tests. My first nasopharyngeal swab didn't seem too bad, but the second and third swabs brought tears to my eyes. By the fourth time, I opted for the saline gargle test at a new drive-through swab site close to my home. I have been impressed by the staff I have encountered at the various swab sites I visited. They have been pleasant, efficient, and thorough. Thankfully, so far, all my tests have been negative. These days, a negative result is a positive event.

In my opinion, the next step that health authorities need to take is to start *assessing* patients at the swab sites as well. Although we are finally being adequately supplied with PPE from the government, our offices are not

the ideal places to assess patients who may be contagious. These days, I treat everyone as a potential source of the virus. I am reminded of one of my clinical instructors in medical school who warned us about the prevalence of syphilis. Syphilis was also known as luetic disease, from the word “lues” (pronounced like the name Louise). I can still hear my instructor singing the line from a Maurice Chevalier love song from the 1930s, “Every little breeze, seems to whisper Louise.” Today, every little breeze seems to whisper COVID. Syphilis was also known as “the Great Impersonator,” as is COVID, sometimes impersonating a mild viral upper respiratory infection or a mild diarrheal illness.

The pandemic has also brought out the best in people. So many health care workers and frontline workers of all stripes have stepped up to do more to help keep people safe, healthy, and cared for. Unfortunately, frontline workers, be they grocery store clerks, truckers, cleaners, doctors, teachers, or nurses, are getting burned out by carrying the burden of defence against

COVID-19. If we are relying solely on our front line to keep us safe, then once that line is breached, there is no other defence. In a war, we don't rely solely on the frontline soldier to win the war. We have other means of defence and attack. In the war against COVID-19, we need everyone to do their part, by staying home as much as possible. Otherwise, the physical and emotional costs to the frontline workers are going to be greater than the financial costs to society. I understand that it's a fine balance between competing

interests, but it feels as if society is on one side of the scale and the comparatively small number of frontline workers are on the other side, balancing the health of society. As the weight of responsibility on frontline workers grows heavier, we need more help on that side of the scale. ■

—David B. Chapman, MBChB

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Reference

1. Chapman DB. My pandemic fears. BCMJ 2020;62:126.

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