REFLECTIONS ON THE VACCINATION STRATEGY

Prepared by a working group of the Spanish General Medical Council Advisory Board

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The following reflections are our contribution regarding the current debates on the vaccination strategy :

Vaccination in minors aged 6 to 12 years

Shortly, we will need to face the decision of vaccinating children between 6 and 12 years old, for which authorization requests are expected to be presented to the FDA and the EMA.

In this debate, which supposes a new challenge for vaccination strategies, multiple arguments appeal to the advantages of expanding vaccination to the pediatric area, noting that it strengthens herd immunity by preventing children from infecting their families.

What appears certain is that the immunity generated by overcoming the infection or having received the complete vaccination regimen does not appear to be “sterilizing,” meaning the virus can continue to circulate and propagate itself through immunized persons, even if there is no clinically appreciable morbidity or only causes paucisymptomatic cases, that is, with very mild signs of illness. If this is the case—and it appears that this is what occurs with the delta variant—then the concept of group immunity loses much of its practical significance.

Based on this, vaccination becomes a key instrument in individual protection against developing the disease or so that the disease is not clinically serious and does not produce a high number of hospitalizations or deaths. However, it would still contribute to preventing spread to the extent that it can reduce—although not eliminate—the probability that an immunized person will transmit the virus.

In any case, the argument of vaccinating children to protect their families becomes weaker and loses weight.

Changes in the evolution of the pandemic

If COVID-19 maintains the profile of infectivity, morbidity, and mortality that the delta variant shows today, and the effect of herd protection does not materialize, one would expect to anticipate the following:

COVID-19 would become endemic, stable, and non-seasonal, with which society would have to live for a long period of time.

Despite the low morbidity and lethality in immunized people, as an endemic disease with local outbreaks, it would, when affecting a large population, end up producing a significant number of cases, hospitalizations, and deaths, particularly in the older and more fragile population group in which it is not easy to differentiate between “dying of COVID” and “dying with COVID.”

That society can normalize morbidity and mortality from COVID-19 does not mean that this damage is inevitable: reducing illness and death associated with COVID-19 is possible.

Identifying the progress of vaccination coverage with the end of the restrictions and protective measures against the coronavirus is counterproductive. Today, it seems unlikely that we will be able to resume pre-pandemic normality, and we need to make the population aware that many of the public health measures that have been in place since March 2020 will continue to accompany us, particularly at times or in places with increased incidence, seriousness, or saturation of health resources.

It is necessary to stay alert to the possibility of new COVID-19 variants that are more transmissible or serious or that current vaccines offer less protection against them. The global immunization of the entire human population is fundamental for reducing the possibility of mutations that put all the progress made at risk.

Given the high probability that COVID-19 will become an endemic disease, it is advisable to invest in resources and health services to improve the response and prevent the intermittent and localized collapses that may occur. Focused reinforcement of the healthcare network could also support continuity of care for other population health problems. To the widely demanded reinforcement of Primary Care, Public Health, and the Epidemiological Surveillance Network, should be added the enabling of pre-installed spaces for the expansion of beds in general hospitals, intensive care facilities, and intermediate respiratory care.

Joint prudent responses based on evidence

From the medical profession's perspective, we believe that any political action or strategy must be firmly anchored in the best scientific evidence available at any given moment.

It is also essential to convey to society that any changes in direction, when advised based on new knowledge or on the evolution of the pandemic itself, do not question the validity of what we have already done, instead they reinforce it.

Given the uncertainty of science and the inevitable variability of responses to the pandemic, it is necessary that the health authority manages the assessment and participation, and avoids excessive reactivity to political, media, or social media pressures.

Finally, the different health authorities (central and autonomous) and scientific and social institutions involved must unite and determine a shared, coherent, and rational path of action. For this to be possible, we must all contribute as it benefits everyone that in times of turmoil there is a collective governance framework on which to coordinate joint responses.