

COVID-19: The New Challenges

Christine M Bond

As the second and third COVID-19 waves hit globally, including in Canada, it is timely to reflect on the current situation. While both policy and medical approaches have in general been guided by the science, the science has continually been catching up with the emerging body of evidence, and the practice of evidence-based medicine has become more complex than ever before.¹ Recommendations on effective treatments, lockdown approaches, and epidemiological modelling are constantly being revised. However, decisions about COVID-19 have implications far beyond the disease itself. The toll associated with delayed cancer diagnoses or deferred cardiac surgery and the pressures on health care staff may never be fully known. Further, the risk-benefit balance also includes political and economic considerations. Lockdown measures have had unimaginable consequences on the world economy and, at an individual level, have exposed social inequities (such as loss of employment and mental health issues) and disrupted the education of a generation of children, with disproportionately high numbers of elderly people experiencing the most severe morbidity and mortality.² Given this complexity, it is not surprising that, at the time of writing (in early 2021) and despite many sacrifices, we still have not overcome the pandemic.

Yet there is hope. Health Canada has now approved several vaccines,³ with assurance of delivery of a combined total of 6 million doses in the first quarter of 2021.⁴ However, decisions remain such as who should get the first vaccines. In common with many other countries, Canada has prioritized those in care homes for seniors, those over 80 years of age followed by those over 70, and those working in health care settings. It has also included Indigenous communities. The maximum rate of vaccination would be best achieved by involving the widest range of qualified professionals, including community pharmacists, yet Canada has been slow to communicate any tangible plans confirming the role of these providers.

In the meantime, all pharmacists can play their part by maximizing vaccine uptake in other ways. Two-thirds of Canadians have reportedly said they would take the vaccine if offered,⁵ but a third would either wait or not take it at all. The latter group includes extreme vaccine deniers, who perpetrate conspiracy stories, and those who are concerned about potential unknown adverse effects. A focus on

reassuring the uncertain rather than converting the anti-vaxxers is the most efficient policy.⁶ Pharmacists, as trusted professionals, must reassure the public that the vaccines are safe and must dispel myths and misinformation. Convincing people may not be easy, but there are tools to help.⁷ Pharmacists can also encourage people who have had the disease to still take the vaccine.⁸ Further, once vaccinated, people must be advised to adhere to COVID-19 secure behaviour, including wearing a mask and social distancing. These measures must continue because immunity takes time to develop and because of the uncertainty of virus transmission after vaccination. Until everyone has been vaccinated, infections will continue to spread, and worries about “long COVID” and its effect on the younger working population cannot be ignored.⁹

Despite the optimism engendered by the vaccine program, we cannot expect to return to normality anytime soon. Unsurprisingly, the virus is already fighting back, and new variants or lineages are emerging. The effect of these on disease severity and the effectiveness of the vaccine itself are two more as-yet-unknown pieces of the COVID-19 jigsaw. These developments reinforce the need for our profession to play its part in controlling the virus spread by encouraging vaccine uptake and public health messaging.

References

1. Jackevicius CA. Evidence-based medicine in the COVID-19 era [editorial]. *Can J Hosp Pharm*. 2021;74(1):3-4.
2. Wingert A, Pillay J, Gates M, Guitard S, Rahman S, Beck A, et al. Risk factors for severe outcomes of COVID-19: a rapid review [preprint]. medRxiv; 2020 Sep 1 [cited 2021 Feb 11]. Available from: <https://www.medrxiv.org/content/10.1101/2020.08.27.20183434v1>
3. COVID-19 vaccine tracker: how many people in Canada have received shots? CTV News; 2020 Dec 29 [cited 2021 Jan 22]. Available from: <https://www.ctvnews.ca/health/coronavirus/coronavirus-vaccine-tracker-how-many-people-in-canada-have-received-shots-1.5247509>
4. National Advisory Committee on Immunization. *Guidance on the prioritization of initial doses of COVID-19 vaccine(s)*. Government of Canada; 2020 Dec 18 [cited 2021 Jan 22]. Available from: www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-prioritization-initial-doses-covid-19-vaccines.html
5. Rukavina S. Majority of Canadians open to getting COVID-19 vaccine, but many want to wait, poll suggests. CBC News; 2020 Dec 2 [cited 2021 Jan 22]. Available from: www.cbc.ca/news/canada/montreal/majority-of-canadians-open-to-getting-covid-19-vaccine-but-many-want-to-wait-poll-suggests-1.5824067

6. *Best practice guidance. How to respond to vocal vaccine deniers in public.* World Health Organization; 2016 [cited 2020 Dec 12]. Available from: https://www.who.int/immunization/sage/meetings/2016/october/8_Best-practice-guidance-respond-vocal-vaccine-deniers-public.pdf
7. *COVID-19: vaccines.* Centre for Effective Practice; 2021 [cited 2021 Jan 22]. Available from: <https://tools.cep.health/tool/covid-19-vaccines/>
8. Zuber MC. Canadians who have had COVID-19 should still get the vaccine, experts say. *Chronicle J.* 2021 Jan 26 [cited 2021 Feb 8]. Available from: https://www.chroniclejournal.com/life/health/canadians-who-have-had-covid-19-should-still-get-the-vaccine-experts-say/article_c0759b6a-51d7-5fd7-973b-42f82f4524d2.html
9. The risk of long covid must be a primary consideration in policy decisions. *BMJ Opinion.* 2021 Jan 12 [cited 2021 Jan 22]. Available from: <https://blogs.bmj.com/bmj/2021/01/12/the-risk-of-long-covid-must-be-a-primary-consideration-in-policy-decisions/>



Christine M Bond, BPharm, PhD, MEd, is Emeritus Professor, Division of Applied Health Sciences, University of Aberdeen, Foresterhill, Aberdeen, Scotland. She is also an Associate Editor with the *Canadian Journal of Hospital Pharmacy*.

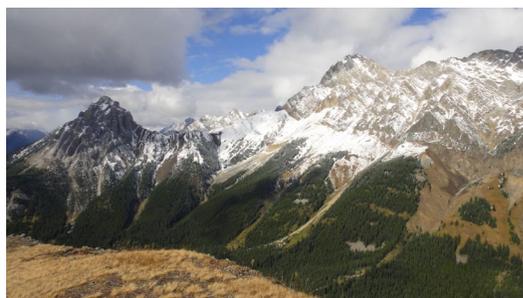
Competing interests: None declared.

Address correspondence to:

Professor Christine M Bond
University of Aberdeen
Polwarth Building West Block, Room 1.123
Foresterhill, Aberdeen AB25 2ZD
Scotland

email: c.m.bond@abdn.ac.uk

ON THE FRONT COVER



Gap and Elpoca Mountains, Kananaskis Country, Alberta

This photograph of Gap and Elpoca Mountains was captured by June Chen with a Canon PowerShot SD1100 IS digital camera. What started off as a snowy fall hike on Pocatererra Ridge ended up as a mild one under rays of sunshine!

June is a clinical pharmacist at the University of Alberta Hospital in Edmonton. She practises on the cardiac intensive care and cardiovascular surgery units. During the summer months, she enjoys hiking in the mountains, and all year round, she likes to dance contemporary jazz.

The *CJHP* would be pleased to consider photographs featuring Canadian scenery taken by CSHP members for use on the front cover of the Journal. If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to publications@cshp.ca.