



Weekly Checkup

COVID-19 and the Public Relations of Public Health

CHRISTOPHER HOLT | APRIL 16, 2021

This week news broke that six women who received the Johnson & Johnson (J&J) vaccine [experienced](#) serious blood clots, and one of the women tragically passed. The Food and Drug Administration and the Centers for Disease Control and Prevention responded by jointly [recommending](#) that states undertake a temporary “pause in the use of this vaccine out of an abundance of caution.” **Considering the rapid development of COVID-19 vaccines and their subsequent rollout, word that one of the vaccines could have serious health implications is certainly cause for concern**—especially on the heels of similar issues with AstraZeneca’s vaccine. **There is also concern, however, that world public health officials are overreacting to relatively limited issues and putting the larger vaccine effort in jeopardy.**

In the [case](#) of the J&J vaccine, six instances of cerebral venous sinus thrombosis (CVST)—the type of blood clot in question—have been diagnosed in the United States, all occurring in women ages 18 to 48 within 1 to 2 weeks after receiving the vaccine. But it’s important to note that more than 6.8 million individuals have received the J&J vaccine, effectively putting the risk of clotting associated with the J&J vaccine to date at less than .0001 percent—though it would obviously be higher for women under the age of 50. Some have made comparisons to the risk of blood clots [associated](#) with birth control pills, which is closer to 1 in every 10,000 women, but the specific type of clot is different and they aren’t entirely comparable. Perhaps more relevant is a new Oxford University [study](#)’s finding that 39 out of every 1 million people who contract COVID-19 will experience CVST, compared to 5 out of every 1 million who receive the AstraZeneca vaccine. **The main point is that the risk of CVST associated with the J&J vaccine, or any COVID-19 vaccine for that matter, is extraordinarily low based on what we know today, and much less than the risk of CVST posed by COVID-19 itself.**

There is fair reason to question if public health officials have been all that effective at communicating the concept of relative risk and benefit to the public throughout the pandemic. Earlier this week *New York Times* columnist Ezra Klein [tweeted](#) “One place my beliefs have shifted during the pandemic: I think regulators, broadly, are too afraid of trusting the public with information and letting us weigh risks.” I’m reminded of early in the pandemic when we were assured that mask-wearing was unnecessary, while at the same time hand sanitizer and Clorox wipes had become a form of currency and many people were wearing disposable gloves to open their mail. Eventually we were told mask-wearing wouldn’t protect us, but it would keep us from spreading the virus asymptotically. Now we know that mask-wearing is one of the more effective things we can do to protect from COVID-19, and that surface transmission is likely not a major factor in spreading it. The reasons for this evolution are myriad, but at least some of it had to do with public health officials [not trusting](#) the public. There were concerns that the shortage of personal protective equipment (PPE) for front line workers would be exacerbated if the general public realized wearing masks could help prevent the spread. Additionally, public health officials seem to have been concerned people would think wearing masks was sufficient and wouldn’t comply with other public health recommendations.

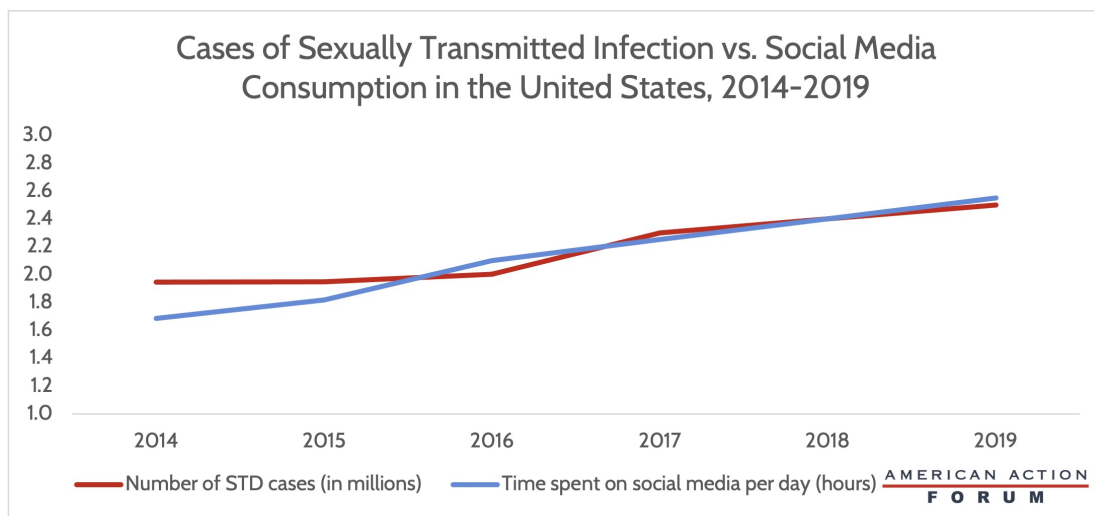
The truth is that there is much we don’t know about COVID-19 or the vaccines, and the public needs to have patience with those who are trying to get us answers. But whether by withholding information and constantly changing recommendations, or by being overly cautious, public health officials risk undermining their

credibility. I don't know if pausing the J&J vaccine was the right call, but I do wonder if the risk of depressing vaccine confidence was worth quite such a cautious approach. Regardless, public health officials need to consider going forward whether their approach to informing the public of relative risk and benefit, both amid the COVID-19 pandemic and more broadly, could benefit from some reevaluation. Perhaps as Klein suggests they need to trust us a bit more.

CHART REVIEW: THE IMPACT OF SOCIAL MEDIA ON SEXUALLY TRANSMITTED INFECTIONS IN THE UNITED STATES

Ashley Brooks, Health Policy Intern

This week, the Centers for Disease Control and Prevention (CDC) [reported](#) a rise in sexually transmitted infections (STIs) for the sixth consecutive year. A February 2021 [report](#) also highlighted a surge of activity on online dating apps during the pandemic, directly contributing to an increase in social media consumption. Research on social media's influence on the rise in STIs is [inconclusive](#), but the number of cases of STIs and the number of hours spent on social media apps continue to rise in tandem each year, as the chart below shows. Nevertheless, social media cannot be seen as purely a contributor to the spread of STIs, as social media has also been used to spread awareness of safe-sex practices. In 2019, the Department of Health and Human Services published an [STI National Strategic Plan](#) in an effort to reverse the increase in STIs within the United States, but the plan did not include social media as a tool for intervention. More research is needed on the connections between social media and the spread of STIs.



Sources: [Broadband Search](#) and [Statista](#)

TRACKING COVID-19 CASES AND VACCINATIONS

To track the progress in vaccinations, the Weekly Checkup will compile the most relevant statistics for the week, with the seven-day period ending on the Wednesday of each week.

Week Ending:	<u>New COVID-19 Cases:</u> <u>7-day average</u>	<u>Newly Fully Vaccinated:</u> <u>7-Day Average</u>	<u>Daily Deaths:</u> <u>7-Day Average</u>
April 14, 2021	69,577	1,273,566	712
April 7, 2021	64,339	1,456,552	642
March 31, 2021	63,588	1,288,423	825
March 24, 2021	57,419	911,933	867
March 17, 2021	53,334	980,191	953
March 10, 2021	55,174	918,280	1,366
March 3, 2021	62,545	885,632	1,673
Feb. 24, 2021	66,510	822,614	2,012
Feb. 17, 2021	76,683	726,608	2,117
Feb. 10, 2021	103,614	679,341	2,706
Feb. 3, 2021	134,486	469,916	2,970
Jan. 27, 2021	162,014	326,935	3,284

Sources: Centers for Disease Control and Prevention [Trends in COVID-19 Cases and Deaths in the US](#), and [Trends in COVID-19 Vaccinations in the US](#)

Note: The U.S. population is 330,203,881.

WORTH A LOOK

[New York Times](#): Overdose Deaths Have Surged During the Pandemic, C.D.C. Data Shows

[Kaiser Health News](#): Covid Spawns ‘Completely New Category’ of Organ Transplants