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This July photo provided by Johnson & Johnson shows a vial of its COVID-19 vaccine. The company is seeking emergency approval for its product.

Why states should give the new Johnson & Johnson COVID-19 vaccine to young adults first

By Jonathan Brand

The Johnson & Johnson vaccine presents an exceptional opportunity to reduce community spread of the coronavirus by inoculating 18- to 29year-olds, particularly college students traveling nationwide.

Once Johnson & Johnson's COVID-19 vaccine gains emergency approval by the U.S. Food and Drug Administration, an enhanced supply to states will increase the number of shots available for their inoculation phases. But, maintaining the current strategy would not appropriately reflect how Johnson & Johnson's vaccine, in light of its test results, could be more effectively deployed to contain the spread of COVID-19. Although Johnson & Johnson's vaccine still has a relatively high efficacy rate (higher, for example, than the annual flu shot that many of us receive), its test results reveal that vaccine is not as effective as the Pfizer or Moderna vaccines at reducing serious illness or hospitalization. As a result, Johnson & Johnson's vaccine, expected to yield about 100 million shots by June, should not be used for those in the highest risk groups. Rather, Johnson & Johnson's vaccine should be used first for those who are our biggest COVID-19 spreaders and

who are also at the lowest risk of severe illness, hospitalization or death from COVID-19.

Who is that? It is the 18- to 29-yearold population, including college and university students, who represent over 53 million individuals in the United States. A recent study published in Science magazine concluded that, as of October, young and middlepast epidemics that widespread vaccinations can significantly contribute to the containment of infectious diseases. In fact, an October 2020 paper in the American Journal of Preventive Medicine determined that if the vaccine protects 80% of those immunized and 75% of the population are vaccinated, the result is herd immunity.

There is also another vaccination

students in short order all at once rather than further taxing current mass vaccination sites. This is particularly possible because the Johnson & Johnson vaccine does not require special cold storage.

In addition, because almost 45% of those ages 18 to 24 work in retail, leisure/hospitality and educational/ health services - industries where we have been concerned with COVID-19 transmission and the harmful economic impact of COVID-19 - this vaccination strategy can only help to jumpstart those sectors as we return to normalcy over the next year. States should amend their planned phases in light of the Johnson & Johnson vaccine. No doubt, they should continue to implement their current phases of inoculating high-risk individuals and essential workers with the Pfizer and Moderna vaccines. But they should also plan to concurrently mass vaccinate 18- to 29-year-olds with the Johnson & Johnson vaccine. Such an approach would provide us the greatest overall benefit for the greatest number of people. This is how we contain COVID-19 and open schools and businesses. And, at least in higher education, we can help get this done.

aged adults in the 20- to 49-year-old range were the biggest spreaders, responsible for 76% of all infections.

At over 30 million, 18- to 24-yearolds are a group that is highly likely to live in a congregate setting (such as residence halls) – an environment that greatly increases the likelihood of COVID-19 transmission and spread. In addition, 18- to 29-year-olds are the biggest movers in the United States. One in 10 in this group has relocated temporarily or permanently as a result of COVID-19. In fact, as of July 2020, 52% of those ages 18 to 29 in the United States -26.6 million - were living with their parents - up 5% from just six months before. The choices these individuals are making, necessitated by COVID-19, have only increased the risk of COVID-19 transmission for everyone.

We don't yet have the data to show that vaccines reduce transmission. However, there is good evidence from challenge we'll soon confront that we can resolve now with the Johnson & Johnson vaccine. Because it only requires one shot rather than two, it makes eminent sense to target especially 18- to 24-year-olds — the group that will most likely relocate at the end of the academic year — for that vaccine at this time. Otherwise, every state could find itself with the complicated logistical challenge of trying to administer a second shot to individuals who have relocated, including to other states, at the end of the academic year (and what a year it's been).

There are real benefits to the approach I am suggesting. At the highest level, vaccinating those ages 18 to 29 as a cohort that represents some of our biggest COVID-19 spreaders — will dramatically accelerate our attainment of herd immunity. In addition, colleges, universities and secondary schools can be set up as mass vaccination sites, inoculating thousands of

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