

The essential role of a physiatrist in recommending a COVID-19 vaccine

We read with interest the recent article by Dr. Verduzco-Gutierrez, “When Disparities and Disabilities Collide: Inequities During the COVID-19 Pandemic,” and we appreciate the call to action of physiatrists to recognize the disparities in the delivery of health care to minorities and also those with disabilities.¹ In particular, note was taken of the limitations to access of technology for telemedicine.¹ We build upon this recognition of health care disparity for those with disabilities, and we call attention to an important role for physiatrists in recommending the coronavirus disease 2019 (COVID-19) vaccine for our patients, with special attention to the barriers our patients may face.

More than 400,000 people in the United States have died of COVID-19, with the numbers continuing to rise.² The U.S. Food and Drug Administration (FDA) evaluated the scientific data of three large phase 3 clinical trials for COVID-19 vaccines.² Once safety and efficacy were determined, they granted Emergency Use Authorization (EUA) for these vaccines in December 2020 and February 2021.² The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) then provided recommendations about who should receive the vaccine.² These meetings were open and transparent to the public.² The ACIP provided recommendations to states on an equitable distribution plan with multiple phases.²


There has been a notable response from the U.S. population regarding vaccine hesitancy since even before the vaccines were granted an EUA, with a poll in April 2020 revealing that only 57.6% of poll participants intending to be vaccinated.³ Concerns about vaccine novelty and safety are commonly cited reasons for being unsure about accepting vaccination, followed by lack of trust and misconceptions about COVID-19 vaccines.³ Now that the vaccination process has begun, we will likely continue to see the effects of vaccine hesitancy and its impact on COVID-19 vaccination rates.

Physiatrists are in a unique position to provide education given that they care for patients with complex and chronic conditions, and often have established relationships with these patients and their caregivers. Patients with neurologic injury resulting in cognitive or physical impairment may be living in long-term care facilities or have multiple caregivers, and as a result, have an increased risk of contracting COVID-19. Populations cared for by physiatrists, such as those with spinal cord injuries, have lower influenza

vaccination rates compared with the general population.⁴ In addition, due to the nature of undergoing recurring procedures such as botulinum toxin injections, baclofen pump refills, and addressing pain and functional decline, patients are sometimes seen more frequently by their physiatrist than by their primary care provider. This provides the opportunity for physiatrists to educate patients and their caregivers, and have insightful discussions about the safety and efficacy of COVID-19 vaccines in a setting with an already trusted physician-patient relationship.

Health care provider recommendations for vaccination are strongly associated with a patient's receipt of vaccines.⁵ In addition, having knowledge or awareness of the influenza vaccination recommendation was significantly associated with a higher level of influenza vaccination,⁵ a concept that can theoretically be shared with COVID-19 vaccination, as having knowledge or awareness of vaccine recommendations might indicate a propensity to seek and accept vaccination.⁵

The first step to improving patients' vaccine uptake should be to have an open conversation regarding the hesitations of patients and their caregivers toward the COVID-19 vaccine. Ask open-ended questions such as “Do you have any questions or concerns about the COVID-19 vaccines?” Clinicians should be knowledgeable about the approval of the vaccine and its safety and efficacy. Although the vaccines were made available through EUA, the scientific process was honored and the CDC and ACIP are recommending vaccination.² Both available vaccines have been shown to be effective after a two-dose series.² Most post-vaccination symptoms are mild to moderate, occur within the first 3 days of vaccination, and resolve within 1 to 3 days of onset.² It is important to emphasize to patients that the benefits of these vaccines outweigh the risks of becoming infected with COVID-19, and to make a strong recommendation for vaccination provided patients have no contraindications. It may be beneficial for providers to discuss their personal experience getting their own COVID-19 vaccination. Whether visits are via telemedicine or in-person, physiatrists should play an active role in improving education regarding COVID-19 vaccination to potentially increase uptake of the vaccine in their patient population.

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