American College of Preventive Medicine
physicians dedicated to prevention

Policy Statement on COVID-19 Vaccine Mandates

Policy Recommendation: The American College of Preventive Medicine (ACPM) advocates for policies that support evidence-based strategies to combat the COVID-19 pandemic. Specifically, ACPM is vested in the promotion of best-practice public health policies to reduce transmission and severe illness caused by SARS-COV-2, the coronavirus responsible for COVID-19. **In support of this mission, ACPM advocates for mandatory proof of vaccination for all those eligible to receive vaccination in indoor public spaces such as restaurants, bars, theaters, gyms and other high-transmission areas.** ACPM believes that vaccination mandates can support community safety and wellness in times where community immunity has not been achieved voluntarily. Vaccines are the most effective public health tool for preventing the spread of infectious disease and must be widely adopted to prevent continued outbreaks and ensure community health.

Key Issues:

1. COVID-19 transmission surged in the United States through the summer of 2021, primarily among unvaccinated individuals, with huge increases in serious cases leading to hospitalizations in ICUs and preventable deaths.[1]
2. Indoor spaces such as restaurants, bars, theaters and gyms are high-risk zones for transmission.[2]
3. Vaccines are effective in significantly reducing the risk of severe illness, hospitalization and death from COVID-19.[3]
4. Vaccine mandates are legal.[4]
5. Vaccine mandates are effective means to increase vaccination rates.[5, 22]

Supporting Evidence:

1. **COVID-19 transmission surged in the United States through the summer of 2021, primarily among unvaccinated individuals, with huge increases in serious cases leading to hospitalizations in ICUs and preventable deaths.**

COVID-19 case rates surged up 882.8% (as of August 13, 2021) since the low point of the pandemic on June 19, 2021.[1] The delta variant is currently the dominant strain in the United States, accounting for 97.3% of new cases.[1] The vast majority of cases are among not fully vaccinated individuals with estimates ranging from 94.1-99.85%.[6] More importantly, the rate of hospitalizations and deaths among fully vaccinated individuals varies from 1-5% and 0.1-1%, respectively, when aggregated across states reporting weekly data.[6] These data clearly show that hospitalizations and deaths are significantly more likely in unvaccinated individuals, so much so that the CDC has continued to warn that COVID-19 will persist as a pandemic of the unvaccinated if large segments of the population continue to remain unvaccinated.[23]

2. **Indoor spaces such as restaurants, bars, theaters and gyms are high-risk zones for transmission**

It has been well established that indoor areas, especially those with poor ventilation, pose a high risk of transmission of not only COVID-19 but other aerosolized viruses.[2,7-8] Outbreaks tied to indoor settings have been well documented throughout the pandemic.[9] Public health strategies such as social distancing and mask wearing have been effective in reducing transmission of COVID-19.[10,11] These strategies coupled with high vaccination rates present the best opportunity to significantly reduce indoor transmission and more importantly prevent severe illness and death especially in vulnerable populations. ACPM advocates that all eligible populations should be given access to vaccines and the necessary time and means to get vaccinated.

3. **Vaccines are effective in significantly reducing the risk of severe illness and death from COVID-19**

The three major COVID-19 vaccines used in the United States from Pfizer/BioNTech, Moderna and Johnson & Johnson have all shown significant efficacy in preventing against three important indicators of pandemic burden: severe illness, hospitalization and death.[3,12] While breakthrough cases have been noted, especially with the emergence of the delta variant, the vaccines have been highly effective in reducing the three above indicators. It is abundantly clear that high vaccination rates are the most effective means to control severe illness caused by COVID-19.[13] If large portions of the population continue to remain unvaccinated, there is a much higher likelihood

that the United States will not reach heard immunity thus leading to continued outbreaks and possibly new variants that may be not be susceptible to vaccines.

4. **Vaccine mandates are legal**

Vaccine mandates have been implemented in school, hospital and work settings for decades with legal challenges often denied due to two landmark Supreme court cases (Jacobson v. Massachusetts, 1905 and Zucht v. King 1922) protecting the right of states and institutions to require vaccination.[4,14] Some states have tried various incentive programs such as lotteries, cash payments and time off with limited success in improving vaccination rates.[15] Outside of the United States, countries such as France, Israel, Italy and Canada have implemented forms of vaccine requirements for indoor activities. Notably, after the announcement of the French restrictions, vaccination appointments had a significant increase.[16] Employer mandates have also been upheld by the Equal Opportunity Employment Commission and Department of Justice and have been implemented by numerous private sector employers.[17,18] ACPM supports efforts to maximize community safety and wellness, including vaccine mandates, as these measures are not only legal but often essential to protect the public good.

5. **Vaccine mandates are effective means to increase vaccination rates**

Vaccination mandates have been instrumental in increasing vaccination rates in schools, especially within the first two years after implementation.[5] Furthermore, vaccination mandates have been used in healthcare settings with notable efficacy. One study found more than 94 percent vaccine coverage in healthcare settings where influenza vaccines were mandated.[19] Another study examined multiple methods of vaccine acceptance policies including education, increased access and “soft” mandates such as declination statements and found that “mandating influenza vaccination, with consequences such as termination of employment for those refusing, is by far the most effective single intervention”.[20] Arguments have been made about the ability of businesses to adequately screen vaccine status as a requirement of entry; however, businesses have been successfully adhering to national, state and local mandates, such as age restrictions for the purchase or entry into establishments serving alcohol, food safety and fire codes, for decades. It is possible that fake vaccination cards (digital or print) may be produced, this is not new, as fake IDs for alcohol purchases are a well-known phenomenon.[21] Asking businesses to adhere to public health guidelines is well within the authority of state and local jurisdictions and should be used in

extenuating circumstances, such as a global pandemic. Undoubtably, there will be some variation in how these strategies are implemented and likely some localities or states that choose not to enact these requirements. Digital vaccine passports, CDC cards or state-issued vaccine IDs would be effective tools to provide standardized vaccine IDs. The addition of vaccine mandates for specific activities is yet another tool in the fight against COVID-19. As this disease is constantly looking for ways to adapt and continue to spread, it is imperative that we as public health professionals use every tool at our disposal to combat this pandemic.

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