

# Vaccinating Against Sars-Cov-2 at a Snail's Pace



Edouard Battegay

International Center for Multimorbidity and Complexity in Medicine (ICMC), University of Zurich, and Department of Psychosomatic Medicine, University Hospital Basel, Switzerland

The pace of the vaccination programme against COVID-19 is slow in Switzerland, even when vaccines are available. This limits the predictability of the future for the unvaccinated, whether young adults or the elderly, for businesses and organizations, the economy, and society in its entirety. In turn, a lack of predictability and a lack of will to fight and overcome a threat generates considerable anxiety, fear, and sometimes despair, both individually and collectively. These negative moods cannot always be controlled, and an uneasy sense of defenselessness and helplessness ensues.

According to media reports, there are significant delays in the delivery of vaccines and the actual vaccinations. For example, large quantities of vaccine arrived in Switzerland just before Easter 2021, but in some cantons, vaccination did not begin until a week later. The United Kingdom and Israel are two countries with a gross national income per capita in 2019 of about half of ours [1]. Compared to Switzerland, these countries have considerably fewer human and material resources in the health care system per capita or per patient and are also struggling with substantial other problems. Nonetheless, the vaccination programme was carried out immediately after the supplies had arrived. In Israel for example, mass vaccinations with the BioNTech/Pfizer vaccine, which is particularly difficult to handle logistically, were carried out just a few hours after the vaccines arrived at Tel Aviv airport. My general practitioner friends in London told me as early as winter 2021 that they were attending to vaccinations from the early morning hours into the night, sometimes in hubs, wearing winter coats and with freezing fingers, but – God save the Queen! – lots of hot tea. In Israel, up to 3% of the population were vaccinated daily. Not only doctors tackled the task, but also nurses, MPAs, paramedics, etc., because in most countries with fewer resources it is unusual that doctors vaccinate personally, but of course, medical doctors are always available should complications and special questions pop up. In the U.S., the week after Easter, starting April 5th, over 1% of the population were vaccinated every day. Vaccinations are available almost everywhere, in stadiums, at the shopping mall, at the pharmacy, in the street, at the drive-through. Starting April 19th, 2021, all adult

Americans can get vaccinated, no ifs or buts. Motto: Speed trumps perfection!

In contrast, Switzerland presents itself with far too much risk aversion, unnecessary and slowing perfectionism, and an oppressive bureaucratic complexity and inertia. However, lack of efficiency is not an option, not epidemiologically, medically, psychologically, socially, organizationally nor economically, and certainly not ethically. In this context, a lack of efficiency and speed simply costs lives. If a vaccine is available, it has to be delivered to the people quickly; once a vaccine is available, vaccination has to start within hours, regardless of the time of day, of weekend, holiday or whatever. This is what a conscientious medical profession and all the other people in health professions stand for. The steadfast and improvisation-tested Brits should serve us as an example; they are ready to go at any time.

## Bibliography

1. The World Bank. GNI per capita, PPP (current international \$) 2019. [https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?year\\_high\\_desc=true](https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?year_high_desc=true)); last access: 08.04.2021.

### Prof. Edouard Battegay, MD, FACP

Specialist in Internal Medicine, ESH Specialist in Hypertension, Fellow SSPH and Editor of "Praxis".  
Head of Innovation Hub, International Center for Multimorbidity and Complexity in Medicine (ICMC), University of Zurich

edouard.battegay@uzh.ch

### Editor's Note

Please refer to the articles on COVID-19 in this and the next issues of "Praxis":

- G. Tamborrini, R. Micheroli: CME Rheumatology 23: Rheumatoid arthritis after COVID-19/SARS-CoV-2 infection (issue 6, this issue).
- M. Funke-Chambour, et al.: Long-COVID syndrome – a new clinical picture after COVID-19 infection (issue 7/2021)
- C. Chmiel: Factsheet Long Covid / PASC (issue 7/2021)
- J. Tuma, H.R. Schwarzenbach (Eds.): Focus Issue "Sonography": Ultrasound in Times of Corona (issue 8/2021)