

Why I Took the COVID-19 Vaccine – And You Should Too!

When our hospital told me that I could get the COVID-19 vaccine on December 18, I immediately went in for my first dose, and received my follow-up dose on January 8. Why?

Paul Offit, MD, FAAP, is a pediatric infectious disease specialist at Children’s Hospital of Philadelphia and a vaccine scientist who led development of the rotavirus vaccine we give to babies to prevent severe vomiting, diarrhea, and dehydration; this vaccine reduced hospitalizations of US children from dehydration by 87%, and saved millions of lives in less developed countries. He has written a number of books about vaccines. Paul and I became good friends when I was President of the American Academy of Pediatrics and trying to deal with nationwide vaccine-hesitancy. Dr. Offit serves on the Food and Drug Administration committee that makes decisions about vaccine approval. This committee has no political appointees, government leaders or administrators, or employees of pharmaceutical companies – it is made up of scientists who have no conflicts of interest.

Dr. Offit told me that he voted for approval of the Pfizer and Moderna vaccines. Therefore, I took the Pfizer vaccine. Because my wife lives with me, and I work in a front-line health care setting, I arranged for her to receive the Moderna vaccine through our local health department when vaccine became available (the health department was going to throw it away if they could not use it during that day).

If you look at information from Wuhan, China, a year after the COVID-19 pandemic started, ONLY 3.6% of the population has any evidence of immunity to COVID-19. US studies in mid-November 2020 showed that ONLY 14.3% of us have immunity.¹ We need for that number to be over 75%. We will not get there for years at the rate we are going with daily exposures. We will suffer hundreds of thousands of deaths, especially among our oldest and most at-risk friends and neighbors, while waiting for all of us to get sick to develop COVID-19 immunity. I understand some people’s hesitancy to take a new vaccine that has been brought to market at “warp speed,” but our only chance to return to “normal” as quickly as possible, is to all take a safe, effective vaccine. I am very tired of NOT being able to go to church, restaurants, movies, parties, face-to-face meetings, and genuinely concerned about the effects that school disruption is having on our children, and that unemployment is having on our economy.

Personally, I will continue to exercise social distancing, handwashing, and mask-wearing, along with taking whatever doses of vaccine are recommended, until our Governor and Secretary of Health and Human Services say that our COVID-19 cases, hospitalizations, and deaths are back to pre-COVID rates. I would encourage all to do the same!

I am in my 44th year of pediatric practice and can truthfully say that I am not aware of one of our patients who has suffered a permanent injury from a vaccine. I worked with state government, vaccine manufacturers, and physician colleagues in 1985-86 so that North Carolina would have the first vaccine-related injury compensation program to assure funding for patients who may suffer extremely rare permanent vaccine-related injuries.

1 Angulo, Frederick J., DVM, PhD; Finelli, Lyn, DrPH, MS, Swerdlow, David L., MD, “Estimation of US SARS-CoV-2 Infections, Symptomatic Infections, Hospitalizations, and Deaths using Seroprevalence Surveys,” JAMA Netw Open. 2021;4(1): e2033706. Doi:10.1001/jamanetworkopen.2020.22706

David T. Tayloe, Jr., MD, FAAP

Goldsboro Pediatrics, PA

2706 Medical Office Place

Goldsboro, NC 27534