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Vaccination Certificates: The Appropriate Next Step in the USask Reopening Plan

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In the May 30, 2021, issue of VOX I argued that mandating vaccine receipt in a return to campus plan is premature, and furthermore, potentially diverting attention from the countermeasures that need to be in place. Ten weeks on, this position needs reconsideration. With the Delta variant-driven case numbers on the rise, the prudent next step is to introduce a vaccine documentation requirement for all students, faculty, staff members, and visitors who enter and use University of Saskatchewan premises. This is not an easy step, nor would it be without controversy. However, we need to be courageous and do the difficult thing to keep ourselves and others around us safe.

The complexion of COVID-19 in Saskatchewan has changed significantly since May. The vaccine uptake has slowed to a crawl and reaching herd immunity (collective protection) is still a distance away. The government has lifted all public health measures, leaving significant pockets of population without a vaccine dose and all children under 12 unprotected from COVID-19. The highly transmissible Delta variant is gaining ground quickly, threatening a dreaded fourth wave. Universities and schools, congregated spaces with highest density, have committed to reopening in the Fall 2021, but they need to do so prudently, with the well-being of their communities prioritized above everything else.

The policy response generally referred to as 'vaccine passports' borrows the principle from the typical passport, a travel document, that permits international travelers to cross national borders. I use the term, 'COVID-19 vaccination certificate', recognizing that it is awarded to those who are fully vaccinated and therefore permitted to enter certain pre-identified settings, engage in activities and enjoy this privilege. Essentially, the certificates are intended to protect those who cannot, because of medical reasons, or will not be vaccinated, by limiting access to settings in which the risk of viral transmission is high. It should be not conflated with population-wide mandatory vaccinations.

Vaccine hesitancy remains a problem. Our Social Contours and COVID-19 study has consistently shown 1 in 4, or 1 in 5 (depending on place of residence), Saskatchewan adults are vaccine hesitant or refusing. Compared to other provinces and territories, vaccine hesitancy is higher in Saskatchewan. Currently Saskatchewan sits near the bottom of all provinces/territories in the share of the population with at least one dose.

While the health authority has made vaccines available as conveniently as possible, this alone will not help us reach the herd immunity range. We need stronger and more compelling measures to address vaccine hesitancy. France, and just recently Quebec, offer good case examples of the impact of introducing a requirement of proof of vaccination. The days following these

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announcements have seen tens of thousands of bookings—in France, nearly a million—for vaccination. In this regard, requiring proof of vaccination may act both as a carrot and a stick to reverse vaccination stall and to push vaccination uptake rates higher.

More gains could be made in terms of using vaccination certificates as a strategy for combatting vaccine hesitancy by communicating a timeline with specific milestones for implementing the policy. Coupled with this, making vaccines available on-site, on campus, and addressing any concerns or questions, will be necessary.

The science behind vaccination certificates is evolving and currently is focused on implementation issues. Vaccination documentation programs have been successfully implemented in Israel (Green Pass), Denmark (Coronapas), European Union (EU Digital COVID Certificate), and New York State (Excelsior Pass). Leaders in Israel have expressed the view that Israel's Green pass program incentivized vaccine uptake among its population. Monitoring and evaluation of the impact of vaccination certificate programs, however, should be built into the implementation considerations. The aims and purposes of the program, as well as any unintended consequences, need to be given forethought and indicators developed, monitored, and reported continuously.

Developing, implementing, and monitoring a system based on vaccination certificates to gain entry to the campus will undoubtedly be complex. But this should not deter us. Currently there is no standardized system to implement a falsification-proof, verifiable vaccination certificate in secure digital or paper-based formats. Each entity, such as universities, that are considering implementing vaccination certificate programs are left to their own devices. However, with more jurisdictions (for example, Quebec) and universities (for example, U of Ottawa, U of Toronto) announcing their intention to introduce a vaccination certificate program, systems can be developed that are interoperable and share common features.

For example, Saskatchewan is working with the federal government to develop a proof of vaccination certificate. This will include a digital QR code and information such as a name, date of birth, and the date, brand of vaccine, and location vaccines received. Though these certificates are developed specifically to facilitate international travel, they could be leveraged and extended to apply to university settings.

Clarity in use of terminology, how privacy and ethical considerations are addressed and, most importantly, clear communication of the intent of the program, its limits and timing, will determine its success. The University's Equity, Diversity and Inclusivity framework should be applied to the vaccination certificate program. Where accommodation is needed (medical reasons), this should be provided. Careful consideration must be placed on communication strategies and terms used.

More than most institutions, universities are physical hubs for learners, employees, and visitors drawn from around the world. During a pandemic, this presents an additional complexity to manage the implementation of a vaccination certificate program. There are global inequities and inequalities in vaccine availability, support, and quality. For those who arrive from elsewhere having received different types of vaccines, the University will need to respond with coordination, patience, and understanding. This is the time to show what we mean by "Be What the World Needs." The opportunity to lead is now. We need to take it.

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