# Policy and Ethical Considerations for "Vaccine Passport" Certification

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## Introduction

As the Covid-19 pandemic enters its second phase, strong wishes to return to normalcy, along with the launch of effective vaccines, have fueled speculations of "vaccine passports" vaccination certificates that allow its holders to avoid public health restrictions. The Biden administration, the British government, and the European Union are currently evaluating their feasibility; Australia, Denmark, and Sweden have committed to implementation; and Israel, which has the highest per capita vaccination rate in the world, is already issuing "green passes" to vaccinated residents. These programmes' core premise is that public health measures that restrict freedoms and socially beneficial activities should be matched to proven danger. In general, such tailoring isn't a contentious goal: it's long been a cornerstone of civil rights law and public health practise. When the limits are harsh, general public sentiment calls for some relaxation, and reducing the restrictions would most certainly be safe for some identified persons but not for everyone, the case for tailoring restrictions becomes extremely compelling.

However, using Covid-19 vaccine passports to modify restrictions has sparked outrage due to a number of serious problems. First, while vaccine supply remains limited, it is morally dubious to provide persons who are lucky enough to have received early access preferential treatment. Second, even if supply limitations relax, vaccination rates among racial minorities and low-income groups are likely to remain disproportionately low; similarly, if history is any guide, programmes that bestow social privilege based on "fitness" can lead to prejudice. Third, the level of protection offered by vaccination, particularly against novel variations, as well as the risk of viral transmission by vaccinated people, are unknown. Fourth, prioritising the vaccinated will penalise those who object to vaccination because of religious or philosophical beliefs. Finally, there is no widely agreed-upon method for reliably confirming immunisation.

Immunity privileges appear to be divisive with the public. Positive testing for antibodies to Covid-19 received nearly equal support. In addition, unlike many other pandemic-prevention programmes, opinions on immunity passports were divided along ideological, racial, and social lines. Although more recent studies that have addressed vaccination-acquired immunity have similarly showed strongly divided views, the study was conducted during an earlier phase of the epidemic and did not specifically address vaccination-acquired immunity.

Due to the diverse viewpoints and competing arguments, adopting an official government policy requiring widespread use of vaccine passports would be hasty and exceedingly unlikely in the United States. On the other hand, we consider that the concerns raised are insufficient to support a blanket ban on all uses of vaccination certification (which some commentators have proposed). Vaccine access is quickly expanding, with specific efforts undertaken to reach out to underserved populations. However, developing such procedures is essentially a technical matter one that some of the world's finest technology companies are working on and it should not prevent an otherwise rational policy from being implemented.

Finally, it seems only reasonable to have persons who refuse vaccination pay a price for their refusal, especially if such reluctance puts herd immunity out of reach.

As a result, rejecting policy extremes such as a broad required public system or a blanket prohibition on all private certification purposes is a rather simple decision. But how should policymakers approach the vast and complicated zone in between? What is acceptable or optimal in one situation may not be so in another. The nature of privileged activities and the identity of the regulator are two characteristics of this landscape that are particularly significant for assessing the appropriateness of policy measures.

Differentiating passports from mandates is a good place to start. Certification essentially acts as an obligatory immunisation programme when the government imposes conditions on participation in critical activities like job or school. The legal and ethical ramifications of a government-mandated SARS-CoV-2 vaccine at this time have been thoroughly examined elsewhere. As a result, we'll concentrate on policy uses of vaccine certification that aren't limited to the government restricting physical access to important contexts like workplaces, schools, and health-care facilities.

Travel is the clearest use of the "passport" notion. Individuals who cross state or international boundaries are currently subject to quarantine by federal and state authorities. Vaccinated passengers are often not exempt from such rules. Some states, though, are thinking about it. Vaccination is recognised by the Centers for Disease Control and Prevention as a reason to relieve quarantine for people who have been exposed to Covid-19 infection, and the organisation has advised that entrants who have recovered from Covid-19 be allowed to travel from most countries. It appears that the same policies will soon apply to those who can provide documentation of finished vaccinations.The government can start by creating criteria for credible vaccination verification if it wants to take the lead on vaccination-related travel policies. Standards like this are likely to emerge quickly from public-private collaborations in the tourism industry, and then expand to other industries. Boosting vaccine availability and distribution, as well as redoubling efforts to reach underprivileged communities, can help to reduce inequities originating from private certification.

When private initiatives have an impact on job chances, government safeguards are particularly crucial. Employers who demand vaccination must provide reasonable accommodations for employees with genuine religious concerns, according to federal law. Employer vaccination policy must also be based on the actual risk to workers' or customers' health in order to avoid violating disability discrimination legislation. Additional instruction, as well as vigilant rule enforcement, including attention to complaints and whistleblower reports, will be required as certification schemes become more widespread.

Another important responsibility for government is to guarantee that the builders of certification criteria have fast access to the most up-to-date scientific information about vaccine effectiveness and limits. In distilling this knowledge, the government should realise that its primary purpose in advising private actors is not perfect risk elimination; rather, the social complexity of Covid-19 necessitates guidance tailored to different levels of risk that diverse players might rationally seek to avoid.

Finally, adaptability is critical. We've learned over the last year that pandemic measures that seem reasonable one month may need to be rethought the next. As vaccine availability increases, herd immunity approaches, and scientific knowledge of effectiveness or limitations grows, rational and ethical vaccination certification policy is likely to evolve on a frequent basis. It will be crucial to figure out how long vaccines last and how well they protect against new strains. However, the fact that change is unavoidable does not justify withholding advice until the situation is obvious. The current situation necessitates rapid regulations that balance public health protection with a restoration to pre-pandemic life.

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