



July 8, 2021

Dear Chancellor Gallagher:

We represent faculty members with academic expertise in immunology, infectious disease, vaccinology, viral pathogenesis, and public health, as well as other interested faculty in the Health Sciences. We are writing with utmost urgency to recommend strongly that vaccination against SARS-CoV-2 (COVID-19) be mandatory, not voluntary, for all eligible students, staff, and faculty in the upcoming Fall 2021 semester. As of this writing, the highly transmissible and very dangerous Delta variant of the COVID-19 virus already represents more than 50% of the isolates in the United States, and is expected to dominate within just a few weeks. Consequently, caseloads are beginning to increase again as vaccination rates plateau and pandemic restrictions are lifted nationwide. Fortunately, all the existing vaccines work to protect against Delta and other current variants. COVID-19 disease can be a serious, even fatal illness, even among younger individuals, so we feel it is imperative that the University take maximally effective action to prevent another wave of infections as students return in the autumn.

The University of Pittsburgh is respected as a world leader in academic medicine. In that regard, we are viewed as a trusted messenger in the local, national and international communities. Therefore, our stance on this topic sends a powerful message. As of now, in our view, the University's message on COVID-19 vaccination leaves open serious risks to our vitality, operations, and even long-term reputation. Importantly, it is not well-supported by medicine or public health data, based on the following points:

1. The safety of all the existing vaccine platforms is remarkable and, in our expert opinions, there is no medical justification for refusing or avoiding them. On the flip side, even in young adults, deaths can and do occur, and the long-term symptoms of infection ("long COVID") are an alarming concern. Indeed, major clinical trials at the University of Pittsburgh are studying this issue. We owe it to all our students, staff and faculty to protect them from this potentially life-threatening and lifelong outcome.
2. Hundreds of other universities are requiring COVID vaccination, as noted in the link below. In Pennsylvania, 29 institutions will require the vaccine, including the University of Pennsylvania, Allegheny College, Carnegie-Mellon, Chatham, Duquesne University, and Drexel University, among others. Across the country, many public universities also require vaccines, including the University of Virginia, the University of Washington system, the entire University of California system, and the State University of New York system. The University of Pittsburgh stands out among top peer institutions in declining to make this vaccine mandatory. Indeed, we are the only top 10 NIH-funded institution that is not requiring vaccination. The precedent of the medical judgements of these institutions, which house some of the leading public health and immunology research bases, makes a strong statement, and one that we should align with.

<https://universitybusiness.com/state-by-state-look-at-colleges-requiring-vaccines/>

3. Failure to mandate vaccination will likely cause substantial spread of the delta variant, and potentially in the future, even more infectious variants, within the University community to those who remain unvaccinated, as well as to the small but important number of individuals who may not be able to mount a good immune response to vaccination. *This will be highly disruptive and costly to our missions*, and when it occurs, it could shine an unflattering light on a decision not to require vaccination when such vaccination is, by our own analysis “safe, widely available, and effective”.
4. Actions by the University of Pittsburgh affect the wider community in Pittsburgh. Indeed, we shut down in April and May of 2020, when caseloads were small, in order to do our part in preventing further spread in the community. Now that we have a tool that prevents spread so much more effectively, in the midst of a pandemic we must insist on its use. Tens of thousands of students will return to the city later this summer, many from communities with low vaccination rates. If unvaccinated, these students will put others at risk. Health sciences students, in particular, may have direct patient contact, and if those students are not vaccinated they could pose a threat to patients. These impacts on the community are avoidable and we should take the lead to prevent them by this simple measure.

Given the timing, we recognize that it may not be feasible to require that all eligible students, staff, and faculty be fully vaccinated by the start of classes. However, we feel that at minimum proof of the first inoculation should be required before the first day of classes. If they do not have it before arriving, shots can be given immediately upon arrival at local clinics or pharmacies. Although imperfect (since immunity to the Delta variant requires a full course of vaccination), this would nonetheless ensure that at least everyone would be on track for complete immunity before temperatures fall, causing virus rates to be on the rise.

In summary, as leaders in the study of infections, immunity and vaccines, as well as parents of Pitt students or Pitt alumni ourselves, we strongly urge the University to change its stance and require vaccinations for our students. Continued masking, even though it may have roles in some settings, is not an equivalent or viable alternative to universal vaccination. Let us get in step with our other leading peer institutions in the biomedical research community. Our opinions are grounded in science and medical best practices, and if put into practice will lead to the best possible protection and safety of all students, staff and faculty at the University of Pittsburgh. They are broadly shared among faculty and students alike, including the Faculty Senate.

Signed via Google Form: