

Domestic COVID-19 Vaccine Passports: Policy Options to Build Trust and Curtail Inequity

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Vaccine passports risk creating a novel underclass of individuals who have neither access to vaccines nor their primary benefits (protection against severe disease and death from the virus) and secondary privileges (access to restricted activities and spaces). Vaccine passport programs also run the risk of increasing vaccine resistance and thus imperiling community-level immunity. This memo provides recommendations to guide more equitable implementation and minimize distrust of vaccine passports as well as alternatives to their use.

BACKGROUND

COVID-19 vaccine credentialing programs, commonly referred to as vaccine passports, are one tool of many that U.S. policy makers might consider to more safely reopen economies and more quickly reach community-level immunity by encouraging vaccine uptake. Government-sponsored vaccine passports may grant access to national and international travel, and public goods, like schools. Private-sector, so-called COVID-19 vaccine passports may have more specific uses, such as allowing access to certain restaurants or concert venues.

COMMUNITY PARTNERSHIP

Partnering with community representatives can help to identify community needs, build trust, and guide equitable design. For example, community input can guide design to increase accessibility and uptake, such as translating smartphone apps into different languages, reflecting needs for the hearing and vision impaired, building workarounds for inequitable vaccine distribution, and addressing internet and technology gaps. Community partnerships should be encouraged, funded, and supported throughout the development and implementation of any vaccine credential program.

MEDICAL ACCOMMODATIONS

Individuals who cannot be vaccinated (currently, children under 16, and those with certain documented medical conditions) should receive accommodations to access sites that use digital vaccine credentials. These accommodations can include alternative credentials, such as a recent negative PCR test or on-the-spot rapid screening options for active infection.

NON-MEDICAL ACCOMMODATIONS

Accommodations for non-medical reasons, such as philosophical objections, should be considered with caution, since they can impede community-level immunity. For example, the loosening of state-level vaccine mandates to accommodate vaccine resistant individuals have resulted in measles outbreaks in California, Maine, Oregon, and New York. Not everyone with access and ability to receive the COVID-19 vaccines will want to do so. This group will likely also vocally oppose policies designed to incentivize vaccine adoption or penalize vaccine hesitancy. Designing policies to protect individual autonomy, whenever possible, can help alleviate some of these concerns, for example by including alternative credentials like recent negative PCR testing.

MONITORING AND DISCRIMINATION

Governments should set clear guidelines for how vaccine status can be monitored. Policing of vaccine status could put the safety and wellbeing of already overpoliced, racialized communities at even greater risk. Safeguards should be in place to reduce discrimination on the basis of age, gender, sexuality, income, race, ethnicity, or ability that comply with all existing anti-discrimination federal and state laws. Carrying credentialing information on a smartphone also opens up the possibility for government or private sector tracking of an individual's movements and personal interactions, further breeding distrust. Personal identification credentials should be anonymized whenever possible and apps should be designed to block location services.

INTEROPERABILITY AND ACCESSIBILITY

To promote interoperability, credentialing platforms could be modeled after credit card systems, which all use the same readers, despite being affiliated with different networks. The Biden Administration has already declined to develop a federally led app to cover all activities. In the United States, at least 17 organizations are developing vaccine passport apps. A decentralized model for vaccine passport programs creates a possibility that individuals will need to download multiple apps to go about daily living activities, further disenfranchising low-income individuals. The digital divide

means smartphone access is less common among the elderly, low-income individuals, and communities of color. Providing alternative modes of displaying certification, such as via SMS, or emailed QR codes, can avoid the need for smartphones. For those without mobile phones, paper alternatives can be used to validate COVID-19 health status.

EMPOWERING INDIVIDUAL PRIVACY

To build public trust in digital vaccine credentialing programs, their design must account for data privacy and security to protect sensitive personal information. Organizations should be given the least amount of personal health information needed to grant individuals access. Not every organization or business has an equal need for health information. Restaurants may merely need to know if someone was vaccinated, whereas nursing facilities may need to know specific details about the vaccination an individual received. Apps should also be designed to allow individuals to selectively disclose certain elements of their personal health information, such as the need for a medical accommodation, only when necessary. Furthermore, consumers should be made aware of how their data is being used and protected by digital COVID-19 credential systems in clear and accessible terms. COVID-19 is likely to normalize use of novel digital health platforms, some of which will not fall under HIPAA protections. Long-term privacy implications should

be top of mind and governments should support resources to help educate consumers on data privacy and how to keep their personal health information safe.

ALTERNATIVES FOR CONSIDERATION

Asking the question of how to implement vaccine passports should not replace the question of where and when they should be implemented. Ethical implementation of COVID-19 vaccine credentialing is contingent upon equitable access to vaccines, a precondition far from realized in the U.S. As such, the risks and benefits of vaccine passports should be weighed against other policy alternatives. These alternatives include, but are not limited to, site-specific vaccine mandates in high-risk settings, continued implementation of masking and physical distancing requirements, community-based vaccine education initiatives, and doubling down on vaccine distribution domestically and internationally. COVID-19 risk reduction at large gatherings or high density leisure venues such as concerts and sporting events could warrant proof of vaccination. However, the risks to public health may not outweigh risks of inequity when implemented at essential venues (i.e, public transport) or those situations with good ventilation and where safe physical distancing can be maintained (i.e., outdoor entertainment). A failure to include community input when comparing alternatives can fuel distrust and inequity, putting public health at even greater risk.

FOR FURTHER READING

“[Excelsior Pass: What You Need to Know](#),” New York State.

“[Good Health Pass: A Safe Path to Global Reopening](#),” Good Health Pass Collaborative.

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“[Proposal for a Digital Green Certificate](#),” European Commission (March 17, 2021).

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