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 Reverse Outline - Op-ed  
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“How to Make the Pandemic Better for the Immune Compromised”

Paragraphs	Outline
<p>From the beginning of the Covid-19 pandemic, the risk of getting infected with the coronavirus and developing severe disease from it was substantially higher for the millions of Americans with weakened immune systems because of treatment for cancer, autoimmune disorders, transplants and many other conditions.</p>	<p>In this section, the authors provide an overview of the topic by stating who are at a higher risk for a deadly disease, COVID-19. The author states context and facts regarding the topic.</p>
<p>Vaccines promised a respite. But physicians like us who care for immunocompromised people quickly learned that our patients’ immune responses from vaccines <u>were often weak</u>. For example, in one study we showed that transplant recipients who were vaccinated with two doses of mRNA vaccines made by Moderna and Pfizer had an <u>82-fold higher risk</u> of infection and 485-fold higher risk of hospitalization or dying compared with the vaccinated general population overall.</p>	<p>In this section, the authors use anecdotal evidence and pathos to indicate that vaccines aren’t particularly effective for the immunocompromised. They also mention logos with a study and the results to indicate that immunocompromised individuals are at higher risk of getting the disease, despite being vaccinated. Additionally, credibility is brought upon by ethos since the authors are both doctors in the field.</p>
<p>These revelations were frightening, and without clear guidance from health officials on how to proceed, many immunocompromised people took it upon themselves to find solutions. Some figured out how to <u>get additional vaccine doses</u> by finding pharmacies that didn’t ask about prior doses or by persuading doctors and</p>	<p>The authors use an appeal to pathos by using the word, “frightening.” They further provide evidence of the immunocompromised being disadvantaged by the vaccines, further leading them to finding their own solutions.</p>

<p>pharmacists to help them.</p>	
<p>In an effort to increase immunity in this group, the Food and Drug Administration <u>eventually authorized</u> an additional third vaccine dose of the Pfizer and Moderna vaccines in August. Omicron has since added to the urgency for the immunocompromised. Some people have <u>sought</u> fourth and fifth doses, though the safety and effectiveness of additional shots have not been fully studied. In an encouraging step, the Centers for Disease Control and Prevention will <u>now allow</u> some people with weak immune systems to get a fourth dose this year, but only as a booster taken five months from their last shot.</p>	<p>In this section, the author provides historical evidence to indicate ways in which the CDC and FDA introduced further solutions that immunocompromised individuals can take. The role of government was introduced to solve the issue at hand. They introduce a new threat of Omicron in this paragraph.</p>
<p>High-risk people should not be made to feel that they are on their own to protect themselves. Public health officials and other providers must realize that Omicron is especially scary for the immunocompromised because it is so contagious and widespread and can infect even people with robust immune systems.</p>	<p>In this section, the authors use an argumentative tone to show their position on the issue. They disagree with the current solutions that the government has installed to help those at higher-risk.</p>
<p>What can people with weakened immunity do and how can society help protect them?</p>	<p>In this section, the author introduces a discussion question for more effective solutions.</p>
<p>People with compromised immune systems should wear high-quality masks like N95s and minimize exposure to other people, particularly the unvaccinated, during surges of infections. However, they have jobs, families and lives to live. They cannot be expected to hide in the basement until the Omicron variant disappears.</p>	<p>In this section, the authors are providing a solution for those who are immunocompromised in order to further protect themselves. They also mention pathos by appealing to the audience at the end and further strengthens their argument.</p>
<p>As a society, we can help substantially by getting vaccinated and boosted as recommended, which can help control the</p>	<p>In this section, the authors use a call to action to ensure that not just the individual group of the immunocompromised are benefitted from</p>

<p>pandemic. People who are going to interact with immunocompromised individuals should take additional precautions, like using masks and getting tested beforehand to avoid infecting them.</p>	<p>the solution but the entire society.</p>
<p>The immunocompromised also need more information and options from policymakers and doctors on how to protect themselves. Patients and their providers like us are looking to national leadership for urgent guidance. The C.D.C. needs to provide frequent and updated recommendations for things like antibody testing, additional vaccine doses and timing of boosters. The F.D.A. needs to remove blanket restrictions on additional vaccine doses for this group and allow providers to practice personalized medicine for their high-risk patients.</p>	<p>In this section, the authors establish a specific point for their argument. They also mention ethos again with their experiences as physicians. Finally, they state a call to action towards governmental groups to provide more solutions.</p>
<p>For example, many people with weakened immune systems do not produce antibodies after vaccination. Antibodies are the primary “wall” protecting against infection by the coronavirus, and a towering wall is needed for Omicron. Although antibodies are not the only measure of protection from severe disease, they are easily measurable and testing for them is helpful for understanding infection risk in the most vulnerable groups. But this practice has not been recommended by the C.D.C. or the F.D.A., perhaps because the early market was <a href="#">flooded with antibody tests</a> that were inaccurate. There’s also no guidance for medical providers about which antibody tests would be informative for these patients, how to obtain them and how to interpret the results.</p>	<p>In this section, the authors provide evidence to show how high-risk people are affected. Additionally, they provide further context with definitions in layman’s terms. They establish the significance of antibodies and vaccines to prevent disease.</p>
<p>Pre-exposure monoclonal antibody</p>	<p>In this section, the authors offer another</p>

<p>treatments are another promising prevention tool for the immunocompromised. This is when uninfected people are given manufactured antibodies that work against the virus as a protective measure. One such cocktail was <a href="#">recently authorized</a> by the F.D.A., but its availability has been extremely limited and production should be prioritized. We are also <a href="#">currently studying</a> whether transplant patients develop stronger immunity from additional vaccine doses if they temporarily reduce their immunity suppressing medication.</p>	<p>solution for the problem. They also provide context and a definition of ‘pre-exposure monoclonal antibody.’ They showcase that the FDA used this solution; however, they did not make it available to everyone due to limited production. The authors mention their own personal study to provide evidence to question whether these efforts of additional vaccines can actually help those at higher risk and establish their credibility.</p>
<p>Most important, pharmaceutical companies conducting clinical trials for drugs that may prevent or treat Covid-19 need to include people with weakened immune systems. Severely immunocompromised people, like transplant patients, were excluded from all of the major vaccine trials, and only a handful were included in the monoclonal antibody and antiviral studies. As these drugs become available, this patient group needs priority and it would be better to know earlier how well they work for them and how safe they are.</p>	<p>In this section, the authors offer further solutions by saying that pharmaceutical companies also play a role in a solution to this problem by making sure that high risk people are included in clinical trials. They also request that the immunocompromised should receive priority, mentioning that as of now they do not.</p>
<p>Medical providers need to help their immunocompromised patients make challenging decisions for their daily lives by gauging and mitigating their risk. But we need the tools and guidance to do so. Only with a better understanding of the science, and clarity from health authorities, do we have any hope of protecting our vulnerable friends, family members and neighbors and allowing them to live fully.</p>	<p>In this section, they conclude the article by mentioning solutions for medical providers to help the immunocompromised. Additionally, pathos are used to evoke the emotions of the audience by stating that these solutions can impact everyone.</p>