

COVID-19 vaccination drive in India – Beginning of the end

Dear Editor,

We agree with the authors Rohisha and Jibin that “during or after this pandemic, there will be a new normal life for the Indians and they will be used to these life-style changes to protect themselves and the community from communicable diseases”.^[1] But as of June 2021, the active COVID-19 case load in India is steadily declining. It is at a crucial juncture wherein the pandemic can be effectively suppressed for a long period, and a third wave prevented, through mass immunization. With a successful vaccination drive, we can reward the citizens for their perseverance by taking them back to normal.

COVID-19 is a unique disease. It touches most that come in its contact but bites the vulnerable ones. It has been seen to cause “silent hypoxemia” and a more severe clinical course in re-infections.^[2,3] Post-COVID complications, especially lung fibrosis are more common in comparison to other viral illnesses.^[4] Lastly, milder disease leads to a poorer immunogenic response compared to severe.^[5] There have been doubts regarding the effect of immunization on the COVID-19 curve with major concerns being the ever-evolving nature of the virus and hurdles in vaccinating a large population. But the rapidity, with which effective vaccines have emerged the world over, has left even the fiercest of critics stumped.

The United Kingdom (UK) took a major leap by becoming the first country in the world, to give emergency use authorization to a vaccine candidate, even before it got approval in the country where it was developed. The UK also delayed booster doses by a few weeks than as tested in the clinical trials, in order cover as much of its population as possible and providing some immunity until the vaccine production catches up.

India became the second country to think out of the box in planning its vaccination efforts. Introducing the vaccine Covaxin, though in trial mode, ensured that the availability of vaccines did not become a limiting factor in its rapid immunization drive. Covaxin or BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine adjuvanted with Algel-IMDG.^[6] The other vaccine approved in India, the Covishield (ChAdOx1 nCoV-19 vaccine (AZD1222)), consists of a replication-deficient chimpanzee adenoviral vector ChAdOx1, containing the SARS-CoV-2 structural surface glycoprotein antigen (spike protein; nCoV-19) gene. Many, including the medical fraternity, have expressed concern

regarding the safety and efficacy of Covaxin in the absence of enough data. They do have a point here which cannot be ignored. But the method of producing vaccines by inactivating the virus, though slower, is long tried and tested, and is generally considered safe. Also, Covaxin is has been seen to be more effective against mutant variants, as it sensitizes the immune system against the whole virus, and not just some part of it as is the case with Covishield. The two vaccines in India, however, should not be compared until robust scientific data becomes available. Although no vaccine developed till date has promised or claimed lasting immunity beyond 1 or 2 years, it is better to get the jab now to break the chain of transmission in the face of continual threat.

It is known how debilitating this disease can be, both physically and mentally. Many have lost their lives untimely, while others have lost their livelihood. Students have not been to school and colleges for a year, and the economy has suffered. In the absence of any serious side-effects reported so far, more and more fence-sitters are now showing confidence in vaccination. It is the duty of primary care physicians to allay any fears and encourage colleagues, and their communities, to support the vaccination drive. It is time that any vaccine-hesitancy is put to rest. It is time to go back to normal.

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Conflicts of interest

There are no conflicts of interest.

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