



## Short Communication

## Booster Covid Vaccination- Luxury or Need?

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## ARTICLE INFO

## Keywords:

COVID-19

Health policy

Vaccine inequity

Booster vaccine

The coronavirus pandemic is a global one and thus needs global solution. Irony is that viruses don't differentiate between the rich and poor or the black and white, humans do. Many safe and effective vaccines have been made and people are getting vaccinated as well, but mostly in the richer nations. There is a substantial global disparity in vaccine availability and use. For instance, while 60% of total population in the UK is fully vaccinated, it is only 1% in Uganda [1]. Of about 4.5 billion doses administered globally, only about 13 million of those were administered in low income countries [1]. The 50 least wealthy nations, which harbour more than 20% of the world's total population, have received just over 2% of all vaccine dosages [2]. In this situation, how fair is it for the richer nations to initiate booster vaccination campaigns?

The concern of booster vaccine shots arose after it was found out that the delta variant was more infective and caused severe infection. While it is imperative for richer countries to think of their own first, it is neither scientific nor ethical for them to go for large scale booster vaccination campaigns. In this pandemic: "No one is safe until everyone is safe". With enough evidence that the existing vaccines are safe and effective against the virus variants, stockpiling of the available vaccines for booster dosages may be disastrous [3]. Countries like the UK, Israel, Germany, UAE, Sweden have already started such campaigns, and will consume supply that could have been sent to those with greater needs [4]. These countries have already stored so much of vaccines that some of them have had to destroy excess unused doses [5]. What a shame! The rich nations should appreciate the fact that aggravating the vaccination inequity will give the virus infinite chances to mutate leading to the emergence of more transmissible and deadly variants-variants that might even escape the "nth" dose of vaccine. This will have severe consequences, not only in the low income countries but globally.

The WHO recommends that to stop the pandemic, we must vaccinate 40% of the people in every country by the end of 2021 and at least 70% by the first half of 2022 [6]. To prevent vaccine hoarding and to ensure equitable access, a global vaccine sharing mechanism- COVAX was launched with an aim to vaccinate most of the people in poor countries [7]. This has failed miserably as the rich world is refusing to share the vaccines with those in need speedily or equitably. Free market, lack of political will and profit driven enterprise has led to unacceptable rates of vaccine preventable COVID-related morbidity and mortality [8]. There is no sense in adding a bucket of water to the sea, but it makes a lot of sense to provide the same amount of water to people stranded in barren desert. Vaccine coverage and rate of vaccine administration is now sufficient in high income countries to redirect the available vaccine to those who need them the most. The problem of vaccine hesitancy is ubiquitous. Paradoxically, it is the richer world which is more crippled by it. If we look at the data, more than 99% of COVID deaths in the US was among the unvaccinated cohort, despite surplus supply of vaccines [9]. It thus makes no sense in such condition to reserve the much needed stock for booster campaigns.

At present, it seems as if vaccines are a commodity owned by some big pharmaceutical companies, sold only to the rich. The booster campaign looks like an innovative way of profiteering from vaccine inequity. This will only prolong the pandemic leading to hundreds of thousands of premature deaths. They should instead help COVAX achieve its goal. To end this pandemic soon, it is necessary that we globalize vaccine manufacturing in low income countries by waiving intellectual property rights, building up proper setup for production and storage and initiating mass vaccination campaigns in deserving areas. SMS-V (Sanitation, masking, social distancing and vaccination) should be the

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Received 5 September 2021; Accepted 20 September 2021

Available online 22 September 2021

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mantra forward for tackling the pandemic.

Booster vaccination would be meaningful if the vaccines no longer worked for the newer variants, if COVID-19 was no longer a public health emergency or if the decision is backed up by enough scientific evidence (eg. in targeted groups like organ transplant recipients). Misusing the resources is not justifiable as is profiteering from suffering of the needy. Provided the contrary situation combined with the lack of enough scientific backup on benefits of deployment of boosters, mass booster campaigns is nonsensical. We urge the scientific community, global political leaders and everyone concerned to raise their voice for equitable and accessible vaccination campaigns before its too late.

#### Ethical approval

N/A.

#### Sources of funding

None.

#### Author contribution

Concept by MK and SY, Write-up by MK, SY, HA and SG, Final text seen and approved by MK, SY, SG and HA.

#### Registration of research studies

1. Name of the registry: N/A.
2. Unique Identifying number or registration ID:
3. Hyperlink to your specific registration (must be publicly accessible and will be checked):

#### Guarantor

Mitesh Karn.

#### Consent

N/A.

#### Declaration of competing interest

None.

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