

COVID-19 vaccines – less obfuscation, more transparency and action

To the Editor: We considered a detailed rebuttal of Schoub's many scientific errors in his response^[1] to our editorial.^[2] However, it is enough to say that the original arguments remain unaddressed – including the scientific, economic and ethical issues (Fig. 1^[3] demonstrates how, as of 4 April, the variant has overwhelmed many African countries, despite his assertion to the contrary), and why South Africa (SA) is not following World Health Organization advice. This is alarming considering his position in leading the Ministerial Advisory Committee on Vaccines (MAC-Vac) and his misrepresenting our argument as 'give it a try'.

However, we take specific issue on one point.

Claiming that we are somehow damaging public trust and fuelling vaccine hesitancy is a remarkable assertion – given the lack of transparency ('regrettable', in his words) regarding the government's decision-making, the poor communication, the pharmaceutical deals behind closed doors, and the delayed vaccine roll-out, all of which are self-evident indictments of government leadership.

Schoub appeals for us to approach him directly rather than approaching the 'media'. The media in this instance refers to the *SAMJ*, SA's highest-impact medical journal. It is, however, entirely appropriate to question government conduct in public when decisions reached and implemented have significant implications for the public at large. Furthermore, the public is not presented with the rationale for decisions of substantial public interest, and the MAC-Vac advisories are still not public. On top of multiple public pleas for this, by ourselves and others, the Health Justice Initiative has written to him, the head of the main MAC and the Department of Health to release the advisories. No response was received from Schoub or the main MAC, and the advisories are still not in the public domain.^[4]

We acknowledge an error in reference 6, introduced during editing by the journal and now corrected, but stand firmly by our statement that there is extensive evidence of efficacy against variants, further references for which were in the original editorial. An exhaustive and updated review on the topic has also recently been produced.^[5]

Schoub's response remains a distraction from a bigger problem. The country's vaccine strategy is being decided without appropriate levels of transparency, by individuals with a track record of questionable decision-making. All this within the context of a vaccine strategy that is woefully behind schedule, even when measured against other African countries. By this point SA should have been in the midst of a government roll-out at scale instead of still waiting for the first dose to be administered.

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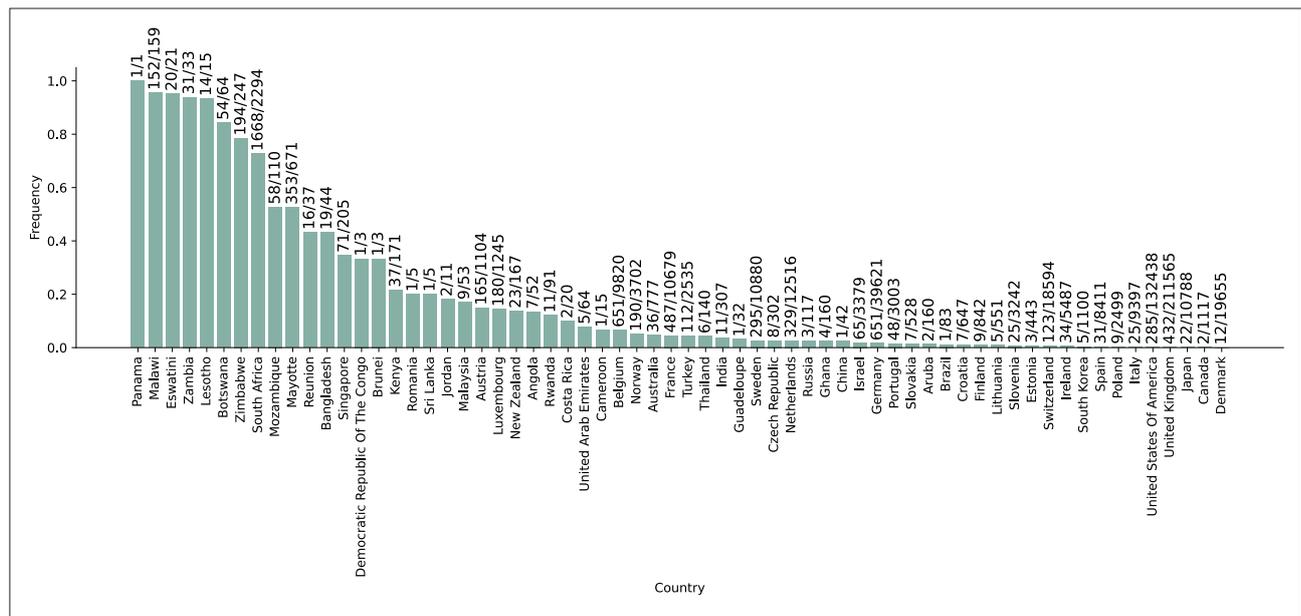


Fig. 1. Frequency of B.1.351 in sequences produced since first new variant reported, per country.^[3] The overall frequency of the lineage is defined as the number of sequences assigned the lineage divided by the total number of sequences from that country in the time since the variant was first sequenced in that country (as at 4 April 2021).

1. Schoub BD. Dial down the rhetoric over COVID-19 vaccines. *S Afr Med J* 2021 (epub 9 April 2021). <https://doi.org/10.7196/SAMJ.2021.v111i6.15740>
2. Venter WDF, Mahdi SA, Nel J, Mendelson M, van den Heever A, Moshabela M. South Africa should be using all the COVID-19 vaccines available to it – urgently. *S Afr Med J* 2021 (epub 25 March 2021). <https://doi.org/10.7196/SAMJ.2021.v111i5.1571>
3. Pango. Pango lineages: A dynamic nomenclature proposal for SARS-CoV-2 lineages to assist genomic epidemiology. 2021. https://cov-lineages.org/global_report_B.1.351.html (accessed 8 April 2021).
4. Health Justice Initiative. 2021. <https://healthjusticeinitiative.org.za/vaccine-equity-access-allocation/recent-work/> (accessed 8 April 2021).
5. Klasse PJ, Nixon DF, Moore JP. Immunogenicity of clinically relevant SARS-CoV-2 vaccines in nonhuman primates and humans. *Sci Adv* 2021;7(12):eabe8065. <https://doi.org/10.1126/sciadv.abe8065>

S Afr Med J 2021;111(6):515-516. <https://doi.org/10.7196/SAMJ.2021.v111i6.15752>