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Enhance rational use of vaccines to avoid risks



By [Dzul Kifli Abdul Razak](#) - April 13, 2021 @ 12:03am



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"Safety is paramount" as said by the coordinating minister for the vaccination programme is spot on, after announcing that Malaysia will proceed with the AstraZeneca vaccine. Clearly, AstraZeneca has a safety issue but not negating that, its benefits outweigh the risks.

Of course, there are others that have no such risk at all. Simply put, some vaccines are better (that is, safer) than others.

This is information that the public have been largely deprived of until today; the lack of transparency on vital information to make informed decisions, which is crucial in successful promotion of good health.

It ranges from the use of a routine class of medicines (for example, for cough and cold) to lifesaving ones, including vaccines. This has been the case from the days of Jonas Salk, who invented the first vaccine for polio in the 1950s.

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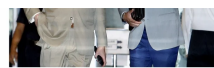
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Polio has now been officially eliminated. In the initial stages, the vaccine had only one type. New types were available only later. Similarly for other classes of medicines, a number of choices are available for the most appropriate use to meet one's health needs.

This is usually recognised as rational drug use. In contrast, irrational drug use will cause more avoidable harm than good, even though generally the same drug (and vaccine) is claimed to be "effective" and "efficacious".

The critical lesson is that the same medicine can bring more harm instead if the use (read: choice) is "irrational" and not tailored to the patient's needs and condition. We are approaching this crucial crossroads in deciding which vaccines need to be prioritised for rational use.

This is in view of the increasing list of "safer" vaccines available. In tandem with this is the growing repository of comparative information available on the negative or fatal effects following the application of various vaccines.

Most recent is the "unusual" blood clots found in the veins of recipients' brain after getting the AstraZeneca vaccine. This was initially set aside as unrelated to the vaccine by most experts.

Following the emergence of data and evidence linking the AstraZeneca vaccine to brain blood clotting, chair of Britain's Joint Committee on Vaccination and Immunisation, Wei Shen Lim, said it was preferable for adults under age 30 with no underlying conditions to be offered an alternative to the vaccine.

Meanwhile, Munir Pirmohamed, chair of the Commission on Human Medicines, said the link between brain blood clots, lower platelets and the AstraZeneca vaccine was "getting firmer", as reported by Reuters.

"Early evidence suggests that this constellation of symptoms is caused by an immune response against platelets which allows the platelets to then lead to clotting in different parts of the body," he told a news conference.

Professor Said Shakir, director of a drug safety research unit at Southampton, was quoted as saying that evidence accumulated in Europe and the United Kingdom on links between the AstraZeneca vaccine and the rare blood clots "is consistent with casualty".

Earlier, the European Medicines Agency investigation into the AstraZeneca vaccine concluded that "unusual blood clots with low blood platelets should be listed as very rare side effects".

In Hong Kong, two experts have urged the government to look into replacing AstraZeneca shots with the Covid-19 vaccine developed by Johnson & Johnson, found to be 72 per cent effective after just one dose based on the latest clinical trial data from the United States.

In addition, Professor David Hui Shu-cheong, a pandemic government adviser and respiratory medicine expert from Chinese University, suggested local authorities "dump their entire order of 7.5 million

AstraZeneca shots", saying the vaccine "would not be a good option" based on the links to blood clots and recent findings that the jabs had an efficacy rate of only about 10 per cent against the South African coronavirus variant.

Instead, he said, replace the jabs with second-generation vaccines which offer better protection against mutated Covid-19 strains. A government source confirmed that the manufacturer has been told not to deliver its doses.

These will further enhance rational vaccine use as a measure to reduce avoidable risks. Similar to Malaysia, Hong Kong expects to receive the AstraZeneca vaccine in mid-2021. It seems Hong Kong is single-minded on which direction to go, reaffirming that safety is indeed paramount.

The writer, an NST columnist for more than 20 years, is International Islamic University Malaysia rector

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