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Global vaccination IV

Global vaccine fatigue is talking hold — before vaccinations have even started. Dispatches from Hungary, Senegal and Japan

Also read Part I, II and III of our series 'Global vaccination'.

Hungary

In Hungary, a country with a population of almost ten million, there are currently just over 1,000 new cases per day. After the new infections decreased in January, attempts are now being made to prevent a third wave brought about by the British variant. This variant was already detected in Hungary at the end of December last year.

The official vaccination strategy is to vaccinate health workers first. The second priority is the over-80s and now also the over-70s. Initially, vaccinations were given in the regional hospital centres, but now also by family doctors. Access to health care remains limited apart from testing, vaccination and Covid-19 treatment.

The vaccines used in Hungary are currently still Pfizer, Moderna, Astra Zeneca (those over 60 are not vaccinated with AstraZeneca). There is an agreement with the EU for deliveries of the Pfizer vaccine. However, too little is coming too slowly. The Russian vaccine Sputnik V and the Chinese vaccine Sinopharm are also to be used in Hungary. According to a study in the journal 'The Lancet', Sputnik V has an efficacy of 91.6 per cent – even in older people. This is similar to the vaccines from Biontech/Pfizer (95 per cent) and Moderna (94.5 per cent). Unlike other member states, Hungary does not want to wait for the official approval of the drug by the European Medicines Agency (EMA).

The government communication emphasises very strongly that it takes far too long for the EU to procure the vaccines, so they are forced to take care of it themselves. They have already ordered 2 million vaccine doses of Sputnik V, which will be delivered over the next 3 months. Since 11 February, the first people under 75 without chronic disease have been

vaccinated with Sputnik V in four vaccination centres. In addition, a delivery of 5 million vaccine doses from Sinopharm is expected soon. This will make Hungary the first EU member state to use these vaccines. The aim is to reopen the country for tourism from May onwards.

Herd immunity should then be achieved by summer. Of the nearly 10 million inhabitants, about 7 million would have to be vaccinated. To what extent this is realistic depends on the acceptance, actual delivery and administration of the various vaccines. The exact procedure and the necessary vaccination structure are being developed. The aim is to vaccinate 600,000-800,000 people per week. A strategy is still being worked out on who will receive which vaccine and how the different vaccines can be combined.

The population's willingness to get vaccinated is slowly increasing. According to current surveys, about 40 per cent of the population would like to be vaccinated, 24 per cent are against it. Therefore, there are discussions to make vaccination compulsory, if necessary, in order to achieve herd immunity as soon as possible. So far, 2 million Hungarians have registered for the vaccination.

What's special about the Hungarian situation, however, is the opaque information situation. It is very difficult to obtain independent information and assessments, not least after the so-called 'Enabling Act' threatened heavy prison sentences for the dissemination of false information or information that casts doubt on the credibility of government measures.

This is one of the reasons why six opposition parties have jointly set up a parliamentary enquiry committee to comprehensively investigate the current situation of the health system and the economy, and to hold hearings with experts on the planning of vaccine importation and their licensing mechanisms. From the opposition's point of view, the government is not taking enough account of the precarious situation of workers and businesses. In addition, the national consultation of the population on the Covid-19 situation, the measures taken and their relaxation, planned for February, is seen as less of a priority than the development of an effective strategy of testing and vaccination. The first meeting of the enquiry committee is scheduled for 12 February.

Senegal

Senegal is in the starting blocks. The health minister expects almost 1.3 million vaccine doses by the end of March; then vaccination drive can get going. In a first phase, 3.5 million Senegalese (20 per cent of the

population) are to be vaccinated: Health workers, the elderly and people with previous illnesses. The aim is to prevent deaths and serious illnesses and to relieve the burden on intensive care units. In phase two, by the end of 2022, the rest of the population is to receive a vaccination offer, whereby under 16-year-olds are not included. Logistics are now being set up: With the support of international partners and COVAX, as well as our own funds, refrigerators, cold chambers and freezers have been purchased to be able to vaccinate in all regions of the country.

It is unclear exactly which substance will be used and when. AstraZeneca is in the lead, but Moderna is also being discussed. The Chinese want to provide 200,000 doses, probably from Sinopharma. They are 'open' to the Russian Sputnik; likewise to BioNTech/Pfizer but the cooling facilities are currently not in place. The African Union has ordered 3.6 million vaccine doses. In view of these figures, however, it's unclear whether anything beyond phase 1 is realistic at all. The rather mixed enthusiasm for vaccination among the population is probably the least of the problems.

The West African country, one of the poorest in the world, has received praise for its decisive action during the first wave. The death toll was low, the government communicated transparently and between August and September the first wave levelled off. By October, hardly any cases were recorded and there was talk of herd immunity. But at the end of November, the wheel turned and the disease came back with a vengeance. Today, a total of 30,000 infections and 800 deaths have been recorded, but with 2,000 to 3,000 tests a day (in a population of 16 million), the number of unreported cases is high.

The first lockdown caused massive damage: the economy crashed, inequality increased, early pregnancies rose. A new wave of migration towards the Canary Islands with several deaths at sea made many people aware of their lack of prospects. This path will not be taken again. Today, there are night-time curfews in the cities of Dakar and Thiès, where 90 per cent of the cases are said to be concentrated, and compulsory wearing of masks in public. But the government has used its political capital. Building health capacity and a vaccination programme is surely the most sensible strategy, especially as there are other health challenges. All this costs money. This also explains the louder call for international debt relief, which President Macky Sall supported at the recent African Union Summit.

Japan

A national state of emergency has been in effect in Tokyo and several neighbouring prefectures since the beginning of the year. Although the number of corona tests in Japan is only a fraction of those in European countries, almost 8,000 new infections were registered daily.

The state of emergency has since been extended until 7 March, although the number of infections has dropped significantly. Meanwhile, the government in Tokyo is still working on its vaccination strategy. Not a single vaccine has been approved so far. The BioNTech/Pfizer vaccine is not expected to be approved until mid-February although Japan has already ordered 144 million vaccine doses, enough for 72 of the country's 127 million inhabitants. However, the approval process for medical products in Japan is always lengthy. This is mainly due to the fact that Japanese pharmaceutical companies are to be protected from foreign competition.

In the case of the Covid-19 vaccine, this strategy proves to be largely pointless – there is no Japanese product. However, there are also reservations about vaccines among the population, as there have been problems with side effects in the past. In a survey conducted by the state television channel NHK in December 2020, 36 per cent of those questioned said they did not want to be vaccinated and only 30 per cent expressed confidence in vaccination. Not least for this reason, the Ministry of Health is insisting on the completion of a test series with Japanese test persons, which has been carried out with 200 participants since October 2020. But atavistic and unscientific notions of ‘race’ also play a role in this context, as was recently heard even in parliament. Prime Minister Suga stated on 8 February that the test series with Japanese subjects was essential because vaccines ‘show different effects in different races’.

If the first approval of the BioNTech/Pfizer vaccine goes ahead as planned in mid-February, vaccination of female doctors and healthcare workers is to begin in the second half of February. The over-65s are to follow from April, and the rest of the population from July. While the national government will organise the procurement of the vaccines, local health departments will be responsible for implementation, which in many cases will be a major logistical challenge.

Prime Minister Suga has put the Minister of Administrative Reform, Taro Kono, who is highly respected among the population, in charge of the vaccination campaign. If he can ensure an efficient and smooth implementation, this would immensely strengthen his position as a

potential successor in the Prime Minister's office.



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