

# Australian COVID-19 vaccine roll-out still uncertain

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While COVID-19 vaccinations have begun in at least 47 countries, some two months ago, the first stage of Australia's inoculation roll-out will not start until the end of February. The first shipment of the Pfizer vaccine arrived in Australia today but according to Health Minister Greg Hunt, distribution and inoculations will take some further weeks.

Only the Pfizer vaccine has thus far been approved by the Therapeutic Goods Administration (TGA) for use in Australia. Even with the announcement early this month that the Australian government had ordered an additional 10 millions doses of the Pfizer product, at least one other vaccine will be required to cover the entire population.

Australia has also ordered 53.8 million doses of the AstraZeneca/Oxford vaccine, which is cheaper and easier to store than the Pfizer drug, but may be less effective, according to clinical trials. The TGA has not yet approved the AstraZeneca vaccine for use in Australia.

The country also has an agreement with Novavax to supply 51 million doses, but the company's vaccine is still in Phase 3 trials and has not yet been approved for use anywhere in the world.

Global COVID infections have reached almost 110 million with deaths almost 2.5 million as a result of the herd immunity policy adopted by capitalist governments worldwide. The rollout of the vaccine is yet another example of the inability of the capitalist system to address the global pandemic. In last year's race to secure lucrative vaccine contracts, these companies promised far more than they could deliver. In response to the resulting shortages, governments are engaging in nationalist squabbles as the global daily death toll continues to increase.

The reality is that no vaccination program will be successful unless it is carried out on a global scale and accompanied by serious measures to limit the spread and mutation of the coronavirus.

Already, variant strains of COVID-19 have emerged with some degree of resistance to the vaccines, and as long as the virus is allowed to flourish anywhere in the world, the globalised nature of modern production will allow it to spread, causing new outbreaks, even among vaccinated populations.

South Africa has temporarily halted rolling out the AstraZeneca vaccine over concerns it does little to prevent mild to moderate infection from the B.1.351 variant (also known as 501Y.V2) most common in that country.

A small study conducted by Wits University in Johannesburg appeared to show that the vaccine only prevented 10 percent of the 2,000 volunteers participating in the trial from developing at least one symptom of COVID-19.

Australian Health Minister Greg Hunt attempted to downplay these reports with a cautiously-worded statement that did not address the South African worries about mild infection and transmission among vaccinated people.

Hunt said: "There is currently no evidence to indicate a reduction in the effectiveness of either the AstraZeneca or Pfizer vaccines in preventing severe disease and death."

In fact, the South African study was only focussed on mild to moderate symptoms, and did not attempt to draw any conclusions about severe cases. In other words, there is no evidence relating to severe disease and death because it has not been investigated.

Prime Minister Scott Morrison recently told 2GB Radio: "Our vaccination program will not be completely hostage to the production schedules of countries overseas. That sovereign capability to produce the vaccine here, we made high priority."

Clearly it was not made such a high priority that any serious effort was made to scale up and modernise Australia's vaccine manufacturing capacity. CSL is the

only pharmaceutical company in the country able to manufacture vaccines on even the scale necessary for seasonal flu shots. It does not have the technology to produce messenger RNA vaccines, such as the Pfizer and Moderna products.

The Commonwealth Scientific and Industrial Research Organisation (CSIRO) is planning to open an Advance Biologics Manufacturing Facility at the end of this year, but this will not have the capacity to produce vaccines for Phase-III clinical trials, let alone on the scale necessary to inoculate the entire population.

A year ago, CSIRO was at the forefront of global research into COVID-19, as the first organisation outside of China to produce enough of the virus to begin pre-clinical studies, and the first in the world to establish that ferrets react to SARS-CoV-2 and could be used for animal testing.

The research organisation was hampered, though, by years of wage caps and funding cuts, including the removal of eight biosecurity research positions in 2014.

While Pfizer's trials show efficacy of 95 percent 12 days after patients receive their second dose, the AstraZeneca vaccine was found to be effective in only 62 percent of trial participants receiving the standard regimen of two full doses a month apart.

A more promising efficacy of 90 percent was found among a smaller number of patients who first received a half dose of the AstraZeneca vaccine, followed by a full dose a month later. Further analysis of the data has revealed that many of those who initially received the smaller dose also received their second dose later, suggesting that the time interval between doses may have a substantial impact on the efficacy of the vaccine.

Only limited conclusions can be drawn from this data, because the reduced doses and greater time interval were accidental and therefore not properly randomised.

The massive difference in efficacy between the two cohorts does imply that failing to administer the vaccine precisely and on schedule could result in lower levels of immunity than expected.

Doing so will present major challenges to Australia's underfunded health system, and the lack of detail released so far about the roll-out suggests that many questions about priority, distribution, and record-keeping are still unresolved.

The distribution of the Pfizer vaccine presents considerable logistic problems as it must be stored at ultra-cold conditions of minus 70 degrees Celsius with a rigid distribution regimen. Once the vaccine thaws it has to be

used within five days.

The federal government announced \$1.9 billion in funding for the vaccine rollout early last week, bringing the total expenditure on COVID-19 vaccines and treatments to \$6.3 billion. This pales in comparison to almost \$500 billion dollars handed over to major corporations during the pandemic, in the form of direct bailouts, tax cuts, and wage subsidies.

In order to fulfil the federal government's plan to complete the vaccine rollout by the end of October, around 200,000 doses will need to be administered each day, a similar rate to that currently being achieved in the UK, which has more than twice Australia's population distributed across 1/32 of the land mass.

While Australia and New Zealand have avoided the catastrophic infection rates and death tolls seen internationally, both countries have been repeatedly hit by outbreaks stemming from failures at quarantine hotels housing returned travellers and international passenger and cargo transport workers.

Widespread vaccination against COVID-19 will become increasingly critical as all other measures to limit transmission of the virus continue to be eased as part of the back-to-work drive of big business.

Sydney's short-lived mask mandate in shopping centres and supermarkets was lifted last month although the state's chief health officer conceded that it was "too premature to say" that community transmission had been eliminated.

Morrison remains adamant that the JobKeeper wage subsidy and the Coronavirus Supplement for welfare recipients will not be extended beyond the end of March, stepping up pressure on workers and small business owners to put aside their health concerns and return to work.



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