

## **Transcript COVID-19 Update with Adele Baleta**

*Good day I'm Sonny Krishnan from Internews. In this podcast today, we have Adele Baleta, who is a pandemic health journalism mentor with Internews. At Internews, Adele specializes on vaccine reporting and promoting vaccine uptake. Welcome to this podcast. Adele.*

### **Adele Baleta**

Thank you, Sonny. It's really a pleasure to be with you today and to discuss the whole issue around vaccines

### **Sonny Krishnan**

Adele, two COVID-19 vaccines have been developed with stunning speed and showing remarkable initial efficacy. Britain became the first country in the world to issue approval for emergency use of one of the vaccines. And the British people are getting their first shots this week. So Adele, what can you say about these developments and other vaccines expected to follow?

### **Adele**

Thanks Sonny. And you know, it's a truly remarkable scientific achievement. The Pfizer vaccine, which is being rolled out in the UK has been developed in just eight months. And yes, more vaccines are to follow soon.

You know, in the past, it took an average of about 10 years to develop a vaccine. When you think about it, we are still waiting for an HIV vaccine. Of course, billions of dollars have been invested into finding a COVID-19 vaccine, which helps enormously. As you mentioned, the Moderna and Pfizer vaccines are expected to be approved for emergency use in the United States next week. The UK based AstraZeneca vaccine manufacturer has started seeking regulatory approval for its vaccine, but has not as yet disclosed where although it is likely to be approved in the UK or Europe first, Johnson and Johnson vaccine is in phase three clinical trials.

And then moving to Asia, China and Russia controversially began rolling up their vaccines before phase three of clinical trials were completed. So Russia's Sputnik5 vaccine rollout is scheduled for March next year. And China's SinoVac and SinoPharm vaccines have been approved for emergency use already.

### **Sonny**

Can you explain these two terms – vaccine efficacy and vaccine effectiveness? We keep seeing these two terms in the media all the time now.

### **Adele**

Yes, we do. And they are related, but there are different. Efficacy is a measure of how well a vaccine works under the controlled conditions of clinical trials. Let me give you an example. Let's say trial reports 90% efficacy for a candidate vaccine. This means nine in 10 people who got the vaccine in a trial, were protected from the disease compared to those who never got the vaccine, but got a placebo or a dummy vaccine instead.

So I would say 90% efficacy is an extremely good outcome in a controlled setting. Now, effectiveness, on the other hand, is a measure of how well the vaccine works in the real world, with issues including access to the vaccine, the level of training of help with health workers to get the shots, the ability to maintain optimal cold storage of the vaccine. All of these have an effect on the ability of the vaccine to do its job. It is only when a vaccine has been rolled out on a large scale among the public that we will know how it performs outside the ideal clinical trial setting.

### **Sonny**

The commonly asked question, is: These vaccines have been rushed? So are they safe? What can you tell us about this

### **Adele**

Well as I mentioned earlier, the first pace of vaccine development is unprecedented. But the speed of trials has set off alarm bells for some people who now fear getting a vaccine. I think this is unwarranted.

To measure safety is an essential part of vaccine trials right from preclinical trials when a vaccine candidate is tested in animals to human trials from Phase 1 to 3, but it does not stop there. Safety is monitored when the vaccine is rolled out to high risk groups first, and then in the general population.

So to speed up trials, scientists overlap phases of the trials but that doesn't mean that they compromise safety. So some trials were paused when there were safety concerns, but they were quickly resumed once it was found out that the medical problems were not related to the vaccine candidate. So to reassure: safety is a primary primary concern of researchers and they will continue to monitor it.

### **Sonny**

Once we have a vaccine, the population will be immune to herd immunity COVID-19 will be eliminated and everything will return to normal. Is that the right assumption at all?

### **Adele**

No, not at all! Firstly, I just want to mention there is a difference between eradication and elimination of a disease. So eradication is when you don't see any new cases of a disease globally due to vaccine efforts. So you won't see any more smallpox and rinderpest anywhere in the world. Because both of those have been eradicated.

But we're not going to get an eradication of COVID-19 anytime soon. So elimination, is when there are no new cases or a very low defined target rate of new cases in a specific geographical area. So polio, for example, has been eliminated in the United States and in South Africa. But it is still present in other countries like Afghanistan, for example.

But now, getting back to your point we cannot assume things will return to normal, which is why I cannot stress this often enough: We still have to wear masks, maintain physical distance and avoid super-spreader events. This needs to happen even if you get the vaccine.

So why do I say this?

Initially, the vaccine will only be rolled out to high risk groups and not to everyone so we have to continue to protect ourselves while waiting. Then depending on the country and access to a vaccine, it will only be by the end of next year 2021 before most of the public is vaccinated.

That is of course, if people accept the vaccine, if the vaccines get approval soon, if state and local governments can organize distribution, and if the vaccine manufacturers can make the vaccines at the speed everybody hopes they can.

So even when a vaccine is available, it is likely to be a two dose vaccine, meaning there will be a waiting period of about a month or let's say three weeks between the two doses. So this implies that there is a need for continued protection. You know, it'll only become clear how long immunity will last once the vaccine is rolled out on a large scale. So you will still have to wear masks and physically distance even if you get vaccinated.

### **Sonny**

Poll after poll has suggested that in a sizable portion of the public, there is a degree of reluctance for the uptake of COVID vaccines. How can journalists help in the acceptance and uptake of COVID-19 vaccines among communities?

### **Adele**

Vaccine hesitancy which is really the delay in accepting or the downright refusal of an available vaccine is a very real concern. I think journalists can play a crucial role in giving the audience factual information based on scientific evidence that will help communities make informed decisions about their health.

Reporters themselves may not be clear about where they stand on the issue. So I think reading and informing themselves about how vaccines work is a great start, and it will help to ensure that audiences get the facts.

Arming yourself with reliable information is also a great confidence booster for journalists. There are also many resources available and I can only just refer people to the Internews website, where we have [a glossary](#), for example, that explains medical terms related to vaccines in very, very easy accessible terms. There are other resources available as well.

You know, rumors, disinformation and misinformation have been rife during this pandemic. And journalists really need to guard against repeating anti-vaccine sentiments in their reports and articles.

Instead they should be doing the communities, I think, a service by using credible sources to help them debunk or squash the rumors. Always think about the saying: The pen is mightier than the sword. Journalists have the power to give a voice to their communities, and to make sure that the information they broadcast or write can lead to improving people's lives.

Rumors can stop people from getting the very vaccines that can prevent these terrible diseases and even death. I often think of the positive impact credible journalists have really made during the Ebola and HIV epidemics. And I believe that they are doing so and will continue to do so during this pandemic as long as they are armed with the right information.

**Sonny**

Thank you Adele. This podcast is supported by USAID's Bureau for Humanitarian Assistance.