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The booster strategy makes little sense

We must strike a balance. It is not right that support for chronic conditions will be delayed by boosters for people in their 20s

CLIVE DIX

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The battle over Covid transmission was lost some time ago. The vaccines will not stop the spread of the virus in the short or medium term, but that is not a disaster. Indeed the vaccines were not designed to end transmission. It was evident to me at the time I helped with the procurement of doses, as interim chair of the Vaccine Taskforce, that the intention was to stop people from getting severely ill or dying.

It is clear that the omicron variant is more transmissible than delta. But what is not clear — indeed, what is utterly unlikely — is that it evades the vaccines' ability to prevent severe disease and death. Studies may suggest that the two jabs of AstraZeneca are not very good at preventing you from catching Covid, but I am absolutely certain that they would provide excellent protection against severe Covid.

I've been astonished to see the lack of clarity with which some public figures speak of vaccines. The terms "evade" and "resistance" are being used in a misleading way. When politicians talk of vaccine resistance, they should always make clear that it is very, very difficult for any variant to become "resistant" in the medium term to the full spectrum of immunity that these fantastic vaccines offer.

The booster campaign is still very important. It will be required for years to come. However, we must define its purpose. Boosters ought to be administered for the protection of the elderly and the immuno-compromised, who may struggle to maintain a decent immune response. Thus any campaign should, logically, discriminate. It should start with the elderly and most vulnerable and then work its way down.

Instead, we have the unseemly sight of 30-year-olds queuing around buildings for vaccines while not all the over-65s are boosted. In theory, a 65-year-old who has waited two weeks for their appointment might be asked to wait in the same line as a 30-year-old who booked a day or two ago. If the purpose is to prevent hospitalisations and deaths from rising, this makes very little sense.

Such a strategy would only be cogent if we wanted to eliminate transmission, but that is, at the moment at least, an impossible dream. And while it would of course be desirable if we could give a booster to anyone who wanted one, the real world means we face a very real trade-off between boosting the young and caring for the chronically ill.

Given that young and healthy people not only have a very low chance of suffering severe Covid in the first place, but also already have substantial immunity from severe disease thanks to the first two jabs, I cannot see how boosting them is more valuable for public health than doubling our focus on the most vulnerable and cracking down on the backlog of chronically sick patients, such as those with hypertension, diabetes or even cancer.

The cat is out of the bag, however. A virtually indiscriminate booster campaign is underway, and that inevitably means sacrificing the care of elderly diabetes for the very marginal benefit of boosting the antibody concentrations of the young and healthy. I fear that we be inadvertently causing a lot of human suffering.

Dr Clive Dix was Interim Chair of the UK Vaccine Taskforce

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