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# COVID-19 vaccine: Hold your horses, let us play safe!

Wednesday 30 December 2020, by [DEVARAJ \(Dr\) Michael Jeyakumar](#) (Date first published: 24 December 2020).

**THERE is a lot of discussion about our access to the COVID-19 vaccine and the cost of the vaccination programme for the country. However, the issue of the safety of the different vaccines on offer hasn't been addressed adequately.**

The COVID-19 vaccines on offer now can be divided into two main groups.

The first group is the vaccines that use inactivated COVID-19 viruses or laboratory manufactured COVID-19 protein to stimulate the body's immune response.

The second group of vaccines use a new technology that makes the subject's own body produce the COVID-19 protein that then stimulates the subject's immune system.

The first group of COVID-19 vaccine relies on old and tested vaccine technology and the medical community is familiar with the potential downsides. For example, side effects of the various adjuvants used to enhance the body's reaction to the viral protein.

The second group of COVID-19 vaccines comprise RNA or DNA which - when injected into the subject's body - instructs the subject's ribosomes to produce thousands of copies of the COVID-19 spike protein.

In the Pfizer and Moderna vaccines, the messenger RNA (mRNA) that codes for the COVID-19 spike protein is put in minute phospholipid capsules and injected into the subject. These capsules circulate in the blood and slip into certain cells in the body where the mRNA instructs the ribosomes of these cells to manufacture the COVID-19 spike protein.

Some of these spike protein molecules extrude from the cells into the blood stream and catch the attention of the immune system which then produces antibodies against these spike proteins. In addition, the spike proteins sticking out of the "infected" cells induce killer lymphocytes to attack and kill these cells.

This is one major difference with the traditional vaccines - these modernistic vaccines induce more killer lymphocytes, and cause the destruction of some of subject's cells. Do the developers of these vaccine know for sure that their phospholipid capsules do not slip into nerve cells or into kidney cells? These are tissues that are not particularly capable of regenerating themselves if they are damaged.

We also do not know the longer term consequences of exciting the body's immune system and then exposing that system to cellular antigens released by the destruction of these cells. Might this, in the longer term, induce auto-immune disease in a portion of the people so exposed?

Auto-immune diseases are conditions in which the body's immune system starts attacking some component of the body. Rheumatoid arthritis is one example of an auto-immune disease and we still do not understand why it affects certain people or what sets it off.

Would the modernistic COVID-19 vaccines induce auto-immune disease in those so predisposed? The fact is, we do not know. It may not happen, but shouldn't we be surer that it does not before we inject this vaccine into millions of people?

The Oxford-AstraZeneca and Sputnik V vaccines use a different strategy to deliver the COVID 19 genetic code for the spike protein to the subject's cells. They convert the COVID-19 code to DNA, which is more stable and does not require ultra-cold storage, and put this DNA into modified Adeno viruses (which are incapable of replicating in the subject's body) and inject these adenoviruses into the subject.

These modified viruses will deliver the DNA to certain cells in the subject. This DNA will go into the nucleus of the subject's cell to produce the mRNA that instructs the subject's ribosomes to produce the spike protein.

Willfully putting foreign DNA into the nucleus of human cells is something we should not take lightly. We know that in certain viral infections, viral DNA becomes incorporated into the human chromosomes. This occurs in Hepatitis B and in HIV infections.

Do we know for sure that it will not occur, in perhaps a small percentage of cases, with the COVID-19 vaccines that use DNA? Would this viral gene interact with any other gene in our genome and cause a health problem? Maybe not, but should we take that risk and on such a large scale?

Vaccines have played a huge role in the control of infectious diseases in the past 50 years and they certainly have a big role to play in the future. The crucial question is do we need desperate measures such as deploying the new untested RNA and DNA vaccines on a global scale?

After all, there are effective alternatives. Several COVID-19 vaccines have been produced using traditional vaccine technology. These "old tech" vaccines comprise of COVID-19 virus proteins. They include CoronaVac, the Zhifei vaccine and Novavax.

There are several more. Why not use these old tech vaccines to control the pandemic? Why go for modern technology that has not been properly assessed? The insistence of many vaccine manufacturers on indemnity clauses in the agreements with Governments itself should set off alarm bells!

We would be extremely naive if we do not take note of the profit motive when evaluating our national vaccine strategy. Vaccine manufacturers stand to make humongous profits if their vaccine is utilised on a worldwide scale.

And with the indemnity clause in place, they are shielded from litigation if anything goes wrong. We have to be world-wise and also factor in the tremendous influence that the large pharmaceutical companies have over the Governments and regulatory institutions in the West.

Based on the above considerations, my friends and I would like to suggest the following:

- Malaysia should rely on old tech vaccines comprise of viral proteins. Let us not experiment on our population with the "sophisticated" vaccines that use RNA and DNA technology.
- Offer the old tech COVID-19 vaccines to the high risk groups initially, and then later to the entire population. But do not make it mandatory for any particular group. Let people make an

informed choice.

- Provide clear information to the public. We should be honest with our people. The authorities should also tell the people that at present we do not have data regarding long term safety of the RNA and DNA vaccines.
  - Provide the old tech COVID-19 vaccine free to the population.
  - Conduct post COVID-19 vaccination surveillance to obtain an accurate estimate of side effects arising from the vaccines.
  - It is high time for civil society groups and concerned individuals to voice up and urge for a cautious and measured approach to the mass vaccination of the Malaysian public.
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**P.S.**

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