

Editorial

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Malaysia's COVID-19 Saga: Dire Need for A Robust Vaccination Roll Out

Since Malaysia detected its first case in January 2020 from a China tourist entering via Singapore, the battle against COVID-19 has had many ups and downs. Initial success was followed by a second wave a month later, following a large religious gathering in Sri Petaling. The first two deaths due to the pandemic were reported on 17th March 2020. Malaysia decided to impose its first lockdown, known as Movement Control Order (MCO), on the following day. The second wave was successfully controlled by these strict measures within two months. Unfortunately, in July 2020, clusters of outbreaks occurred in Kedah, Sarawak and later in Sabah. In September 2020, despite mounting cases in Sabah, the 2020 State Elections went ahead. This led to COVID-19 cases being detected among the returnees from Sabah, causing the third wave in Malaysia. This was more than ten times larger and started to spread in the community.

The transmission dynamic

Transmission of COVID-19 is affected by the virus's biological properties and human's socio-behavioural factor. The first wave was mainly attributed to imported cases. The government believed that it was effectively contained, but are we really sure about that? Although it is widely accepted that the epicentre of the second wave was from the Sri Petaling mosque gathering, the death of the attendee at a church gathering in Sarawak during the same period was baffling? How were these cases related without the possibility of transmission within the community? Most likely, the cases had been spreading in the community undetected.

It is impossible for the country to contain the import of COVID-19 cases. In the era of globalisation with unrestricted travel worldwide, the source of infection is wide-ranging.

According to WHO, an outbreak has four phases (WHO, 2018); Emergence phase, Localised transmission phase, Amplification (or acceleration) phase and Reduced transmission phase. Unfortunately, in the current third wave, we are not able to move out from the acceleration phase.

On 12th January 2021, a national state of emergency was declared. During this period, outbreaks occurred mainly among the factory workers that was attributed to their crowded living quarters, similar to the situation in neighbouring Singapore. The outbreak was initially controlled when cases went down to about 1000 cases in mid-March 2021. During the second wave, people feared the new virus, and complied with the MCO and stayed at home. Unfortunately, people's behaviour changed during the third wave. Despite repeated warnings from the authorities, they refused to stay at home. They held gatherings, visited relatives, and even crossed borders to celebrate Eid with their families despite restrictions. This callous attitude is probably due to pandemic fatigue but may also be partly due to people's anger towards the government. The government was compelled to further tighten the regulations, and finally, on 1st June 2021, a full lockdown, akin to the first MCO, was announced.

How severe is COVID-19 in Malaysia?

The infection fatality rate varies among the countries, and it can be as high as 400 per 100,000 as seen in some central Asia's countries or as low as 0.1 per 100,000 in Vietnam (IHME, 2021). In Malaysia, the confirmed COVID-19 death was 21.5 per 100,000 people for the seven-day average as of 31st May 2021, which was the highest in Southeast Asia. However, the case fatality rate (CFR) was 0.49% which is among the lowest in the same region. This reflects a higher quality of healthcare capability of the country, ensuring a reduction in fatality rates.

The vaccine works

Unlike in the first and second wave, there is an option for a vaccine now to mitigate the transmission of COVID-19 (Sah et al., 2021). Not only is the pandemic unprecedented in the context of modern times, but the development the vaccines was achieved at a remarkable speed. The presence of a variety of platforms for vaccine development (Nagy & Alhatlani, 2021), from the common inactivated virus-like Sinovac, vector-based like AstraZeneca to mRNA like Comirnaty, contributed to this endeavour.

Vaccination serves as one of the primary preventive measures in controlling infectious disease like COVID. It has already been proven effective in few countries that had achieved at least 50% vaccination coverage of the first dose, like the United Kingdom, the United States and Israel.

The supply is a problem

What these countries have in common is the ability to secure vaccine. Failure to do so is a major hindrance to vaccine rollout in our country. To date, more than 13 million Malaysian already registered for the vaccination, and almost 3.5 million, or about 10% of our population, already received at least their first dose of the vaccine. The main reason, according to the health authorities, is the limited supply of the vaccine. The target is to vaccinate 80% of the 32 million population by the end of 2021.

So far, National Pharmaceutical Regulatory Agency (NPRA) already approved five vaccines to be used in Malaysia, which are Comirnaty (Pfizer-BioNTech), AstraZeneca, Sinovac, CanSino and Johnson & Johnson.

The rollout is slow

The next challenge is to improve the vaccination rollout? It took us more than three months to cover 10% of the population compared to a developed nation like the UK that managed to vaccinate more than 40% or Singapore that can achieve 20% of their population within the same duration.

Almost 400 Vaccine Administrative Centres (VAC) have been established nationwide. They are the Public VAC, Mega VAC, Industry VAC (or now known as PIKAS, *Program Immunisasi Industri Covid-19 Kerjasama Awam Swasta*) and of late the VAC Higher Learning Institutes. International Islamic University of Malaysia (IIUM) at both its campuses in Gombak and Kuantan have been chosen as VAC. With Sultan Ahmad Shah Medical Centre (SASMEC@IIUM) experience as VAC since the inception of the vaccination programme in the country, IIUM Kuantan hopes to be able to vaccinate 1000 doses per day soon.

Other issues about vaccination rollout include the registration process, which was initially limited to the online method. Currently, the public needs to register online to be vaccinated that has resulted in some technical and logistic issues. Maybe we can emulate our neighbour Singapore who has already allowed its senior citizen to walk into the vaccination centres to be vaccinated, which is a good move to hasten the vaccine rollout.

Vaccine acceptance among Malaysians has improved from 60% to 80% (Statistica, 2021), but it varies between states. More developed states like Selangor, Kuala Lumpur, Penang and Johor show good vaccine registration rates while the Malay majority states are lagging behind. There is a serious awareness issue in these states among the Malays, who are mostly Muslims. Vaccine hesitancy is noted among some professionals too. Conspiracy theories, religious concern, as well as political agenda have always been linked to this issue. This needs to be addressed urgently. University and professional organisations can play an important role to complement the government's effort to disseminate facts to the people.

The dire hope

In the current situation, the only hope to control the pandemic is the vaccine. Few countries which had good vaccination coverage are showing encouraging progress exiting out from the pandemic. The United States already announced that wearing a face mask is no longer needed for those already vaccinated. The United Kingdom just announced a zero daily COVID-19 death

within the last 28 days and increased the permissible number of people in one gathering. Data shows that vaccines can restore some form of normalcy in these trying times. We are very hopeful that once we receive an adequate supply of vaccines, we too will be able to roll out the vaccination programme more efficiently and therefore be able to reduce mortality as well as reduce transmission. All of these are possible with Allah SWT permission, “Allāh created all of you and all of your doings” [As Saffat, 96], so let us also pray that He would lift this pandemic and lead us to a better life in this world.

REFERENCES

1. IHME. (2021). Estimation of total mortality due to COVID-19.
2. Nagy, A., & Alhatlani, B. (2021). An overview of current COVID-19 vaccine platforms. *Comput Struct Biotechnol J*, 19, 2508-2517. doi:10.1016/j.csbj.2021.04.061
3. Sah, P., Vilches, T. N., Moghadas, S. M., Fitzpatrick, M. C., Singer, B. H., Hotez, P. J., & Galvani, A. P. (2021). Accelerated vaccine rollout is imperative to mitigate highly transmissible COVID-19 variants. *EClinicalMedicine*, 35, 100865. doi:10.1016/j.eclinm.2021.100865
4. Statistica. (2021). Share of people willing to be vaccinated against COVID-19 in Malaysia from December 2020 to May 2021.
5. WHO. (2018). *Managing epidemics: Key facts about major deadly diseases*. World Health Organization.

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