



Akademi Profesor Malaysia
Academy of Professors Malaysia

Medical and Health Cluster
Academy of Professors Malaysia (APM)
Media Statement
Urgent Issues on Vaccination
1 May 2021

The Medical and Health Cluster of the Academy of Professors Malaysia refers to the press release by Dato' Khairy Jamaluddin on 28 April stating that the government will not include the AstraZeneca vaccine under the National COVID-19 immunization programme instead the vaccine would be given through dedicated vaccination centres on a first-come-first served basis, to those above 60 who volunteer to take it. We understand that the decision to allow the AstraZeneca vaccine is because overall benefit outweigh the risk. However by asking our people to volunteer absolves the vaccine giver from any responsibility should adverse effects occur. Please be aware that even though at aged above 60 a person is usually retired, there are still many who are supporting their families at this age, this is our concern. For those who do succumb to the rare complications, perhaps some form of compensation could be made available along with transparency as to the cause of death.

An article in thevibes.com mentioned that the independent evolution of the virus in different countries will result in different variants emerging, as seen in the triple mutant COVID-19 infections in India that can be missed during diagnostic procedures. Numerous articles have emerged over the last year, as it became apparent that this unique virus has the capacity to evolve into 'immune escape variant' therefore previously raised antibodies (vaccination included) or drugs against a virus without this mutation may be less effective in inhibiting the virus from infecting and causing disease in humans. This means that it is not necessary for the triple strain to arrive in our country, it can evolve independently. To prevent this from happening there is a need to improve the effectiveness of the vaccination program by not delaying the vaccination and by allowing multiple organizations public and private to embark on this program. We need a proper and efficient Vaccine Adverse Event Reporting System in place with:

1. Proper risk profiling and risk stratification, not just based on age including stratification of different vaccine for different age groups.
2. There must be transparency of what is happening in terms of the unexpected side effects of vaccines. Four in a million as stated by the director general of health is but a figure but not the four who experienced it. Just how many have been brushed aside or re-categorized is another issue. We are fortunate that so far there are no recorded deaths due to the vaccine.
3. Proper pre and post vaccination advice and guidelines. There must be monitoring of vital signs before and after vaccination.

- a. For those with co-morbidities it is best to ask them to come for screening and assessment prior to vaccination so that they could be treated and stabilized before vaccination.

This includes the incidence of raised blood pressure in people not having hypertension before and in those who are hypertensive on medication. There are no studies published so far on pre and post vaccination blood pressure changes and the mechanism of why this raised blood pressure occurs in normotensive people.

Some hypertensive patients on medication have noted their blood pressure to be elevated post vaccination as such even hypertensives who take medication must be monitored closely. Better blood pressure control is needed to prevent long term risks of heart, kidney and brain damage.

High risk population with co-morbidities to take their vaccinations in hospitals with emergency facilities on stand by and close monitoring of blood pressure on site for at least 3 hours before allowed to go home and to continue at home or nearest clinic for 5 days post vaccination.

- b. Fatigue and sleepiness are side effects that warrant some warning to those who have taken the vaccine. It seems to be more prominent in the elderly and on the second dose, as such it is better to advise this age group to get someone to drive them to the vaccination centre for everyone else to stop somewhere to rest if they experience this while driving post vaccination.
 - c. In an article in Elemental on February 8, 2021, experts agreed that while it is not yet known if painkillers can interfere with the effectiveness of COVID-19 vaccines, the possibility is there, therefore it is best to skip painkillers. The recommended ones if a vaccinated person really needs to take are Acetaminophen (Panadol), Aspirin and Ibuprofen. Information on this should also be in the post-vaccine information given out to patients.
4. A study by Thomas Vogl et.al. in Cell Report Medicine found that serological testing of individuals with COVID-19 has yielded important insights into the adaptive immune responses elicited by SARS-CoV-2 (the prevalence of antibody in our community). Ongoing systematic comparisons of different commercially available immunoassays suggests that ELISAs/ CLIAs generally provide sufficient accuracy for population-scale testing at current prevalence. The Centers for Disease Control and Prevention (CDC) states that testing for total immunoglobulin may increase sensitivity for identifying people who have been recently infected. These assays play an important role throughout the patient care pathway but are vital for the management and surveillance of the virus. Therefore we suggest that since antigen screening is not available to all, perhaps antibody tests which are relatively cheaper can be encouraged at individual expense.
 5. Conduct block vaccination to factory workers and large organizations by having mobile vaccination teams, equipped with emergency resuscitation equipment and ambulance transportation (get medical NGOs, private hospitals to assist).
 6. The authorities have to come out of the “bubble of paranoia” as nothing can be gained by overt control of the vaccination program. It is time to allow private

hospital chains to directly negotiate with manufacturers to purchase vaccine within guidelines, to allow people who can afford the vaccine to be able to have it, after which the hospital can record and report the vaccination to national based data or via my sejahtera. This will definitely improve the vaccination coverage and allow people their choice of vaccine to take paving the way to faster attainment of herd immunity.

While awaiting vaccination there is a need for strict adherence to SOPs. The constant reminder of the need to follow the 3W's and 3C's has to be complemented with enforcement. There are Ramadhan Bazaar and Pasar Malam locations that do not follow strict SOPs, these foci or concern should be reported therefore provide a platform where people can report these occurrences and take action.

People are suffering from compliance fatigue, they are bringing their families along for shopping and dining in enclosed areas which is worrying, more needs to be done to motivate them to stay home and stay safe. It is best to encourage them to have outdoor family activities which is physically healthy rather than being indoors while adhering to the SOPs.

There is no emphasis on good nutrition encouraging the intake of food rich in antioxidants and vitamins, in the many brochures on COVID-19 prevention. Please add this and mark it as important.

It was announced on 29 April 2021 that university students are allowed to return home for Aidil Fitri except for Sarawak. These students should be told to strictly adhere to SOPs such as maintaining distance, wearing masks and no hugging especially in the company of their elderly parents as we do not know who can carry and transmit the disease.

It is crucial that the government continue to empower the community about the importance of vaccination in combating the disease and address the issues of vaccine hesitancy but it should also be transparent to address the presence of side effects and to communicate the method it adopts to prevent and treat adverse effects to the people.

We wish to express our heartfelt gratitude to our heroes, the front-liners from Ministry of Health, PDRM, ATM, Bomba, RELA, NGOs, and all supporting services. To fellow Malaysians who are suffering from this disease, we pray for your fast recovery. For others complying with the MCO, thank you for your patience and obedience.

Stay Home, Stay Safe and Avoid Non-Essential Outings.

Best Regards

Prof. Dr. Adlina Suleiman, Head of Health and Medical Cluster, Akademi Profesor Malaysia

Prof. Dr. Noor Azah Abd Aziz, Deputy Head of Health and Medical Cluster, Akademi Profesor Malaysia