Unnecessary hesitancy on human vaccine tests

In their Policy Forum “Ethics of controlled human infection to address COVID-19” (22 May, p. 832), S. K. Shah and colleagues provide an ethical framework to determine whether controlled human infection studies (CHIs) are justifiable for studying potential vaccines and treatments for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19). Some of the Policy Forum authors reportedly disagreed that “the social value of such CHIs is sufficient to justify the risks” at this time. Their reluctance is unfounded. The risks of a properly conducted CHI are low enough, and the social value of expedited SARS-CoV-2 vaccine development is high enough, that properly conducted CHIs with a fair chance at accelerating that development remain a legitimate strategy.

Shah et al. identify an ineliminable risk to participants: a 0.03% death rate among “healthy adults aged 20 to 29” infected with SARS-CoV-2. The source for this mortality rate (1) documents death among all infected 20- to 29-year-olds. In healthy people in this age range, death should be rarer. CHIs will only recruit healthy people. And, perhaps thanks to evolving COVID-19 treatment practices, the mortality rate is already lower in that age group than it was when the Policy Forum was published (2). Moreover, as shown in Shah et al’s table S1, live kidney donation, a broadly accepted

Referecnes and Notes