Friday, 4 December 2020

# TOP LINE

There is understandable excitement concerning the announcements that multiple COVID-19 vaccines appear to consistently demonstrate a placebo-controlled efficacy trial rate higher than the 50% needed for the U.S. Food and Drug Administration to authorize it for emergency use.

American pharmaceutical company Pfizer, partnered with German firm BioNTech, report findings in excess of 90% efficacy (without evidence of prior infection), and Moderna's has been reported as around 95% effective in trials involving high risk and elderly people. AstraZeneca/Oxford report fluctuating efficacy rates although, even at the lowest reported rate of 62%, it is still in excess of FDA requirements.

However, the excitement must be tempered by reality. While the creation of vaccines was the first step, the manufacture, distribution, and administration of the vaccine on a global scale, are truly enormous undertakings. It will likely take months to accomplish this in developed countries, and years in underdeveloped ones. This is before one addresses the difficulty governments will have in convincing enough of their populations the vaccines are genuinely safe to administer and that side-effects, if any, are relatively minor.

*Question to Consider:*

*How can local, national and international communities 'phase in' the changes in their operations as sections of the population are vaccinated while others are not? At what point should organizations declare their operations to be 'COVID-safe' following administration of vaccines? How will supply chain of a vaccine be secured from production to administration? How can we protect against or prevent the risk of fraudulent and 'grey-market' vaccines? What second and third order impacts are there on supply chains of supporting items, such as medicinal vials, super-cooled freezers, hypodermic syringes, and other essential, items associated with a vaccination program? How can vaccines and supplies be secured from those seeking to steal them at all points in the supply chain? How can vaccination centers be secured from 'anti-vaxers' and direct-action groups? How do we transition back to normality in terms of daily life and international travel? What sanctions might apply against non-vaccinated persons and how does the workplace limit liability while protecting the rights of its personnel to choose not to be vaccinated?*

*These are all **significant** challenges in any developed nation. How then, are these to be addressed in developing countries, where poverty is endemic, infrastructure is poor, utilities are unreliable, religious leaders are not supportive, governments are corrupt, and armed criminal groups or insurgents are rampant? How will this impact organizations with interests in developing countries?*

## COVID-19: THE HIGHLIGHTS

US COVID cases appear to be plateauing at around 160k new cases daily. This is a huge increase on the previous high in July of around 75k daily cases. There are numerous explanations for this rise, the most likely being it is linked to the colder weather and associated increase in indoor activities. Seasonal flu has itself always shown a similar trend. However, it is interesting to note that as cases are increasing exponentially, death 'rates' of those contracting COVID-19 appear to be stabilizing. This stabilization is most likely due to an increased understanding of the virus pathogenesis and the advancement of treatment protocols. The huge increase of hospitalizations, however, is reportedly placing significant strain on US medical facilities and personnel, which is set to worsen with another surge in cases expected over the coming weeks and months.

## BEYOND THE NOISE: THE NEW ABNORMAL

Tolerance and citizen consent for lockdowns is decreasing, with protests against them becoming increasingly violent across the globe. On the economic side, the damage is growing with each passing month, and governments are struggling to maintain the balance between health, economics, and social cohesion. As some populations are inoculated more quickly, this will not only create tensions between countries, but also internally, between citizens and their respective government. Although, populations may intellectually accept that their leaders cannot *force* companies to sell them vaccines first, as other countries are vaccinated and start to emerge from the shadow of the pandemic, such understanding is likely to give way to frustration.

It is an undoubted net positive that the world now appears to have viable vaccines, 2021 could see significantly more civil unrest and violence than 2020, as people lose patience with controls on their behavior and tensions increase over a desire to put the pandemic behind us as quickly as possible.

On a macro scale, we can expect 2021 to herald a period of 'vaccine weaponization', whereby nation states who have developed their own vaccines seek to strengthen their position over those suffering from vaccine shortages, by restricting or increasing vaccine distribution in areas of geopolitical interest.

### TRUSTED RESOURCES: for numbers & guidance

Johns Hopkins University – Coronavirus Resource Center
World Health Organization – COVID-19 Pandemic
Center for Disease Control – Coronavirus (COVID-19)

***Please contact Secure Source International at info@securesource.com to schedule a leadership roundtable with our intelligence and security experts to dive into these topics and discuss security and safety related best-practices.***