



COVID-19



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In late August this year, I decided to volunteer for a COVID-19 vaccine trial. At the time, I made the decision on a whim. Perhaps I was driven by journalistic curiosity. I was eager to understand the process behind a clinical trial that will be part of a historic effort to contain a pandemic that has astounded the world.

I did some research on a trial being conducted near me. It was for the Oxford vaccine candidate Covishield. This vaccine candidate has been created by embedding a spike protein from the SARS-CoV-2 virus in an adenovirus—a type of virus that causes the common cold—derived from chimpanzees. The adenovirus vector for the vaccine is synthesised in a way that it cannot replicate once injected into the body, and so, cannot cause any substantial illness. The hope is that the injected spike proteins will stimulate an immune response in a

vaccinated person and prevent the person from developing the COVID-19 disease when exposed to SARS-CoV2.

Before making my decision to enrol, I spoke with a doctor involved in the trial, who confirmed my apprehension that my asthma might make me unfit for the trial and that I would not pass the screening. I was partly relieved to hear this. If I was unlikely to be allowed to volunteer, I did not have to seriously consider the risks involved. That was the argument I used to placate my parents over a particularly tense dinner-table conversation. “What’s the harm in registering when I am unlikely to get selected anyway?” I asked my mother nonchalantly.

I sent an email to the hospital conducting the trial, expressing my interest in volunteering for the trial. That was the end of the matter for me until mid October, when I received a call asking me to come for a formal screening to one of the hospitals conducting the trial. The next day, I found myself anxiously pacing the lobby outside the communicable-diseases ward of the hospital, waiting for someone to call me in. Three other volunteers—a young woman, a middle-aged man and an older man with grey hair—sat outside the screening room, patiently waiting their turn to be screened. I was too nervous to sit and passed a few minutes perched on the edge of my bench before jumping up to resume pacing. It did not help that a room at the other end of the ward was being used to collect samples from suspected COVID-19 patients. “But those patients have been asked to come in during a different time slot,” a staff member on duty assured me.

As it turned out, my asthma, and the medication I take for it, did not exclude me from taking part in the trial. The young doctor inside the screening room patiently explained to me that the quantity of steroids I take would not interfere with the action of the vaccine candidate or put me at greater risk than other participants. “Don’t worry, you are fit enough to go ahead!” she said with a reassuring smile. I mustered a weak smile in return. Somewhere at the back of my mind, my paranoia had kicked in: Were they just saying I was eligible because they need volunteers? Was I actually healthy enough to participate? Were they doing a shoddy job of screening candidates like me? Maybe these were

legitimate queries, or maybe I was more skeptical than the situation called for. I cannot say for sure.

I signed the consent form. I tried not to flinch as I filled in my mother's name as the nominee eligible for compensation in case I died during the trial. I knew there were risks involved in volunteering, but seeing the worst-case scenario in print right in front of me was jarring. The doctors who were guiding me through the consent form nudged me to move on to other sections. I remembered the number of volunteers waiting outside and told myself they did not have time to cater to my incessant questions.

An hour later, I was back home with a copy of my signed consent form for the trial. I spent a restless day waiting for the results of a COVID-19 test I took as part of the screening—the last check before I was cleared for the trial. I was being screened to take part in the immunogenicity group of the trial. Every participant in this group would receive one of two vaccines that are based on the same technology developed by Oxford University, but produced by two different pharmaceutical companies. There is no control group that will get only a placebo. Hence, I had a 100-percent chance of receiving a COVID-19 vaccine candidate. I would get two shots of the vaccine candidate 23 days apart. The staff involved with the trial would also take blood samples from volunteers during each of five visits scheduled across a span of four months. The blood samples would be used to assess the level of immune response produced in the volunteers following vaccination.

My anxiety was not helped by the fact that my family members, who until this point believed that I was just going through the screening process as part of journalistic research, realised that I intended to be a trial subject. One cousin sent me a news report of a 28-year-old man in Brazil who had been a subject in the AstraZeneca trial and died due to “COVID-19-related complications.” I looked more into what had been written about the incident. Since the trial had continued despite the incident, some reports speculated that the man had been a part of the control arm of the trial and not received the vaccine. Oxford

University reportedly carried out a careful assessment of the case and stated that it did not raise any concerns regarding the safety of trial participants. I took some comfort in the fact that I did not have to concern myself with a potentially dangerous placebo. I told myself I had faith in the scientific process, but fear was gnawing at me. I pushed it aside, knowing that sharing my fear with friends and family would only make them even more anxious.

Two days later, a hospital staff member informed me I had tested negative for COVID-19. On the following Monday, I was back at the communicable-diseases ward. This time, I sat stiffly on the bench outside the screening room, afraid to rest my back against the hospital wall. I had spent the previous evening speaking on the phone to the young doctor who had screened me. She had reassured me that I was at no greater risk than any other participant and made it clear that I was free to opt out of the process at any time. “Will it not be a bother, looking for another healthy volunteer at the last minute?” I asked her. The doctor sounded amused when she told me they had more than enough volunteers. Many people were eager to participate in the immunogenicity trial because they were guaranteed to get a vaccine candidate. “No one wants to go through the whole process just to find out they received a placebo,” the doctor said. I realised that the fear of the disease greatly outweighed the health risks involved in a medical trial.

While I waited for my first shot, I struck up a conversation with a young medical student sitting next to me. “The risks are so abstract, you know, so far off,” she said. “But the risk of contracting COVID is so immediate.” She told me of her friend who was also supposed to volunteer, but had to back out because she contracted COVID-19. “She is fine. She barely has any symptoms, but she is devastated that she cannot be a part of the trial anymore,” the medical student said. Our conversation was interrupted by a nurse announcing that they were ready for me.

The nurse led me through a maze of sterilised wards and flickering white lights until we reached a small intensive-care unit tucked beneath the staircase at the ground floor of the hospital. I sat on one of the four beds inside the small room while we waited for the vaccine candidate, which had been in cold storage, to thaw. Fifteen minutes later, the nurse injected the formulation into my left arm. “The pain might come in the way of daily work if I inject the right arm,” she explained to me.

On the third day after the first shot, I experienced a slight fever, a dull headache and some persistent fatigue. These were all expected side effects of the vaccine. I was otherwise healthy and not too concerned about these symptoms. Still, there are moments when I am acutely aware of the presence of these viral components inside of me—including a part of the microorganism which has held our world captive for ten months now. At these moments, the worry returns. I tell myself that my fear is unreasonable. I remind myself that I have never before worried about the contents of any other vaccine I have taken.

I will get my second dose of the vaccine candidate three weeks after the first. I do not think I will be much calmer, but maybe I will let myself sit on the cushioned bench outside the ward with less apprehension. I might even lean against the hospital wall. After that comes a five-month wait until the results of the trial will be released. At the beginning of this exercise, I was not sure why I volunteered. Even now, I do not think that I was driven by some altruistic purpose. All I can say is that I, like the rest of the world, am rooting for a safe and successful vaccine as soon as possible.

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