SARS CoV-2 Vaccines, Remdesivir, Favipiravir and Dexamethasone Might Have Led to SARS CoV-2 B.1.617 Variants: India First but We Can Intervene.

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To The Editor,

In a recent issue of Nature Medicine, Happi et al. have presented an African perspective which highlighted that some SARS CoV-2 variants might cause a higher number of infections, worse clinical outcomes, escape of the immune system and vaccines as well as diagnostic hardships[1] and we wish to explore the potential causes that might trigger the evolution of these virulent variants using India as an example.

We have witnessed the emergence of the SARS CoV-2 B.1.617 variants first in India and later in other countries [https://www.france24.com/en/europe/20210512-indian-covid-19-variant-found-in-44-countries-around-world-says-who] in which these variants are suggested to be the dominant ones over time [https://www.reuters.com/world/uk/indian-variant-will-become-dominant-uk-top-medic-says-2021-05-14/] and currently the WHO has suggested a preliminary evidence of their more rapid spread, more severe disease or evasion of previously acquired immunity [https://www.nature.com/articles/d41586-021-01274-7].

Many authors have claimed, mostly via the western media, that these variants have mainly evolved first in India because of lack of control on crowd-gatherings and we suggest this is a least likely possibility as many developing countries have minimal control on crowd-gatherings and their report of SARS CoV-2 variants and more importantly surge of COVID-19 infections and/or mortalities are much better than that of India though some share similar genetic profile.

We suggest that an unfortunate enthusiasm in India for SARS CoV-2 vaccines[2] which they are proud to be one of the biggest global manufacturers as well as their abundant use of the notorious antiviral remdesivir and favipriavir[3] as well as the immunosuppressive dexamethasone[4] are the main causes of evolution of these SARS CoV-2 variants causing this potentially man-made hades represented in the unprecedented surge of COVID-19 induced mortality that has been witnessed first in India and unfortunately might be repeated with more potent variants and surge of mortalities in other countries that follow the same path unless, as we suggest, a prompt decision to discontinue remdesivir and favipiravir use in COVID-19 management is being made together with a re-evaluation of the long-term efficacy/hazards of the current SARS CoV-2 vaccines[5].

Moreover, the need of a proper COVID-19 management protocol has been shown of paramount importance to reduce the probability of resistant strain establishment[6] and we suggest that our immunomodulatory safe, simple, inexpensive and successful one that has been unfortunately ignored, on purpose, for more than one year might prove the best suitable alternative to save lives and to minimized the evolutionary risk to develop more virulent and lethal variants [7].

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None

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