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

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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 on 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 unholy trinity and unfortunate enthusiasm in India for SARS CoV-2 vaccines[1] as well as their abundant use of the very notorious antiviral remdesivir and favipriavir[2] are the main causes of evolution of these SARS CoV-2 variants causing this potentially man-made surge of 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 walk on 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[3].

Moreover, the need of a proper COVID-19 management protocol has been shown of paramount importance to reduce the probability of resistant strain establishment[4] and we suggest that our immunomodulatory safe, simple, inexpensive and successful one that has been ignored, on purpose, for more than one year might prove the best suitable alternative when eventually tested in sufficiently powered randomized clinical trials [5].

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