

Vaccine ageism: the exclusion of older people from Indonesia's national COVID-19 vaccination programme.

Dear Editor

Concern about vaccine nationalism is important and well-founded, but it has overshadowed another key form of injustice: vaccine ageism.

In many low and middle-income countries (LMICs), SINOVAC is the main form of currently available COVID19 vaccine. Initial SINOVAC trials in China were only conducted on adults aged under 60 [1]. Due to the lack of published evidence, the government of Indonesia has decided to exclude people aged 60 and over from its vaccine roll-out [2].

Further trials of SINOVAC for people at older ages have since begun in countries such as Brazil [3]. Yet ongoing SINOVAC trials in Indonesia continue to exclude older people. According to clinical trial research team leader, Kusnandi Rusmil, "Why do we target people of a productive age? These people can work hard, so the country will not have a deficit" [4]. This justification follows an established tradition of using sweeping and inaccurate generalisations about older people's "public value" to justify ageist discrimination [5]. Indonesia's unusual vaccination policy will lead to reservoirs of Covid-19 older people, resulting in continuing viral transmission, more hospital admissions and avoidable deaths.

Not all candidate COVID-19 vaccine trials have excluded older people. Nevertheless, there is a long and problematic history of excluding older people from trials of vaccines or treatments for conditions that affect them greatly [6]. Media reports suggest that SINOVAC may be effective for older people, but at a lower level than for other ages [7]. However, related findings are yet to be published. It remains to be seen whether countries like Indonesia will respond when new SINOVAC data are published or new vaccines become available.

For now, nationalist self-interest means most LMICs are at the back of the global vaccine queue; and vaccine ageism will mean that older people will be at the back of the queue in many LMICs.

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