COVID CHALLENGE TRIALS
(survey results from our own training program faculty and students)

In 2020, 1daysooner.org advocated for organizing vaccine trials based on intentional, controlled infection of healthy volunteers (see open letter to NIH Director here: https://www.1daysooner.org/us-open-letter). Others have argued against the ethics or efficacy of this approach in the specific case of the COVID pandemic (see for example Khan et al. in PNAS: https://www.pnas.org/content/117/46/28538).

Would you have been in favor of controlled infection trials with healthy consenting volunteers for COVID vaccine development in 2020?

20 responses

Would you have willing to volunteer for such a trial in 2020?

20 responses
Which factors have the biggest influence on your support or lack of support for 2020 COVID infection trials in healthy volunteers?

Comments from respondents voting “yes” in support of challenge trials:

• the lives lost due to the time delay outway the risks

• If individuals are willing to volunteer, then yes for increased vaccine knowledge

• Full transparency, facility support, mental health screening

• Utilitarian philosophy; at 3-4K deaths per day saving a couple of months seems like an easy decision given the substantially lower risk of the test population

• ability to get results on safety and efficacy of vaccine candidates sooner in order to save more lives

Comments from people voting “maybe” for challenge trials:

• For healthy young adults, the risk of severe or fatal COVID19 has been quantified and is very low. I can understand why some young healthy adults would be willingly infected by SARS-CoV-2 in a controlled environment to assess vaccine efficacy. However the population most at risk - i.e., elders and the immunocompromised - could not be ethically infected by SARS-CoV-2, and thus any vaccine challenge trial could not ethically include those whom need the vaccine the most, thus bringing into question the value of vaccine challenge trials.

• The uncertainty surrounding long term, or difficult to detect health consequences. I would only support given extremely strong controls on informed consent, with demonstrated thought to a study design that doesn’t unfairly incentivize or burden marginalized groups. I think it highly unlikely these conditions could have been met in 2020, but I do support in theory infection trials.

• I worry about the impacts of taking healthcare resources for more sick people. We would have to ensure that this wouldn’t compromise care for the general population. However, beyond that, as long as the people were informed of the risks and volunteering of their own free will, I think its a good idea.

• I don’t think it's right to resort to such dangerous methods when we're not adhering to basic quarantine procedures.

• The convalescent plasma treatment makes me more likely to accept such trials. The argument that other data gathering methodologies are available makes me less likely to accept it. My
main worry is that (assuming people would be compensated for participating) any money offered will overcome qualms people have with participating because there is such financial strain on the population right now. I worry it is exploitive of low-income populations to just pay them enough to shut them up.

Comments from respondents voting “no” on challenge trials:

• people dying

• risk of severe disease

• 1. how do you know that the exposure is representative of how it actually spreads or is applicable to other groups; 2. is there enough medical care to truly guarantee the best possible care for those participants when resources are limited and we don’t know what is best; 3. the pandemic is so out of control that it is not needed.

• lack of support due to: diversion of needed resources for the hcs trial instead and lack of diversity in volunteer base

• Too much risk, too many unknowns, even for young healthy patients

• The fact that the trial subjects may have told us little about the most vulnerable to the disease

Distribution of our survey respondents:

I am:

20 responses

- 60% a graduate student
- 35% a faculty member
- 5% other trainee or staff