1 Smits FJ, Henry AC, Besselink MG, et al. Algorithm-based care versus usual care for the early recognition and management of complications after pancreatic resection in the Netherlands: an open-label, nationwide, stepped-wedge cluster-randomised trial. *Lancet* 2022; **399:** 1867–75.
2 Smits FJ, Henry AC, van Eijck CH, et al. Care after pancreatic resection according to an algorithm for early detection and minimally invasive management of pancreatic fistula versus current practice (PORSCH-trial): design and rationale of a nationwide stepped-wedge cluster-randomized trial. *Trials* 2020; **21:** 389.

Reconsidering the COVID-19 vaccine strategy in West and Central Africa

Seroprevalence studies have now clearly established that the SARS-CoV-2 virus has spread widely in Africa, with a low severity that is probably under-reported in West and Central Africa.[1–3]

For the **WHO COVID-19 dashboard** see https://covid19.who.int/

In September, 2022, data on WHO's COVID-19 dashboard suggested that 62% of the world's population had received at least two doses of the COVID-19 vaccine. Only 22% of the population in Africa have received two doses. Coverage falls far from the announced global target of 70% by the end of 2022.

There are many reasons for this gap.[4] Despite implementation of the COVAX initiative, it was difficult to roll out the SARS-CoV-2 vaccine in Africa because of supply and access problems and a short shelf life. Vaccine demand was low because the pandemic had little effect on the general population. Thus, health authorities provided little incentive after the first waves because COVID-19 vaccination campaigns are costly and pose logistical problems. Additionally, acceptance has been low due to people's reluctance to get a new vaccine for a discrete disease, echoing reluctance from other continents.

Consequently, we consider the application of so-called universal vaccination as currently inappropriate for our region in the present context, given the demographic and epidemiological specificities of the population (median age is <20 years in West and Central Africa), the cost of vaccination for health systems (even though the vaccine is provided for free), the low level of risk compared with other disease burdens, and the poor effectiveness of vaccines to contribute to herd immunity.

We also believe that the vaccination strategy should: target priority populations (older people [ie, people aged >60 years], health workers, and people with identified comorbidities) rather than focus on campaigns for the general population—these target populations need to be identified and linked to health services and their vaccination status must be known to ensure they return for future boosters; establish an effective mechanism to launch a rapid vaccination campaign in the event of severe variants, on the basis of comprehensive and accessible databases; redefine research priorities and funding to quantify the current rate of COVID-19-related mortality and better investigate immunity in Africa; coordinate with vaccination and treatment efforts for other diseases to overcome the low numbers of COVID-19 vaccination and reduce costs; and support capacity building for vaccine production in Africa.

In conclusion, there is an urgent need to reconsider COVID-19 immunisation strategies in West and Central Africa on the basis of discussions and collaborations between researchers and stakeholders that take into consideration multiple disciplines of vaccinology including the social sciences, information sciences, and public health.

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1 Soumah AA, Diallo MSK, Guichet E, et al. High and rapid increase in seroprevalence for SARS-CoV-2 in Conakry, Guinea: results from 3 successive cross-sectional surveys (ANRS COV16-ARIACOV). *Open Forum Infect Dis* 2022; **9:** ofac152.
2 Sagara I, Woodford J, Kone M, et al. Rapidly increasing SARS-CoV-2 seroprevalence and limited clinical disease in three Malian communities: a prospective cohort study. *medRxiv* 2022; published online April 29. https://doi.org/10.1101/2021.04.26.21256016 (preprint).
3 Bobrovitz N, Arora RK, Cao C, et al. Global seroprevalence of SARS-CoV-2 antibodies: a systematic review and meta-analysis. *PLoS One* 2021; **16:** e0252617.
4 Maxmen A. The radical plan for vaccine equity. July 13, 2022.https://www.nature.com/immersive/d41586-022-01898-3/index.html (accessed Sept 9, 2022).

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Sabatine MS, Bergmark BA, Murphy SA, et al. Percutaneous coronary intervention with drug-eluting stents versus coronary artery bypass grafting in left main coronary artery disease: an individual patient data meta-analysis. Lancet *2021;* **398:** *2247–57*—In this Article, in table 1, data for the "ACS at presentation" row have been updated. In figure 3, data for "Acute coronary syndrome" have been updated. The appendix and corresponding appendix page numbers in the Article have been updated. In the Results section, the last sentence in paragraph 9 has been deleted, and the beginning of the second sentence in paragraph 9 has been reworded to say "No statistically significant heterogeneity was evident for 5-year all-cause deaths across key subgroups, …". These corrections have been made to the online version as of Oct 13, 2022.