

GUARANÍ

VIDEO TITLE:Ñevakuna rire, mba'épa oikóta upéi | Pehẽngue 4

[00:00:10](00:00:23)

Maryn

McKenna Matei. Tapeẽguahẽ porãite ñande MOOC “Momaranduháruera oikuaava'erã COVID-19 Vakúna rehegua”. Che Maryn McKenna, omo'akáva ko mbo'esyry, Kóa ha'ema i rundyha pehẽ ha ipaháma. Vy'apavẽ peguahẽre ápeve. Aguyje peimere orendive ko jeguatape.

[00:00:31](00:00:49) **Maryn McKenna** – Umi pehẽ jahechava'ekuépe, ñañomongeta pandemia tembiásare, vakúna mba'éicha ikatu ohape joko, mba'éicha ñapañuãi vakúna jegueraha, politika rupi oñemoiva pono oñemosarambi vakúna yvy ape ári. Mba'éichaitépa heta oĩ pe momaranduỹ ha momarandu vai oñeha'áva pono oñevakuna tapichakuéra.

[00:00:54](00:01:06) **Maryn McKenna** – Ko pehẽ pahápe, ñañeha'áta ñaimo'ã umi porandu ikatúva jajapo oiko aja vakunasiòn COVID rehegua yvy ape ári, ko'ága ojehecha mba'éicha ohenonde'a mba'asy ha ñemanõ.

[00:01:10](00:01:43) **Maryn McKenna** – Ñane pehẽ 1ha oĩro guare en línea ñandutirogueasã rupi, oguahẽ marandu porã he'iva vakúna ojeguerohoryha. Umi Centro de Control y Prevención de Enfermedades, CDC Estados Unidos gua, oikuaayka jetypeka ojejapova'ekue tapichakuéra omba'apóva tasyópe oñevakuna rire mokõiva vakúna ARN, Pfizer ha Moderna, ohupyty 90 aña ponotei mba'asy o aho'ĩ chupekuéra.

[00:01:38](00:02:14) **Maryn McKenna** – Pene mandu'a umi vakúna oñemoiva ojehecha rire umi ensayo kliniko rupi ikatuha ohape joko mba'asy ha ñemanõ. Umi ensayo ndeiri pe vakúnapa ohenonde'a pamadura, iporãvaramo'a jaikuaa upéva. Ndaipóri ramo pamadura ndaiporimo'ãi virus ñembohasa ambue tapicháre. Ndaikatúiro oñembohasa opata pandemia.

[00:02:04](00:02:28) **Maryn McKenna** – Upeicharõ iporãiterei ko marandu, upévarã oñevakunava'erã hetave tetãgua arapyre, opa haguã ko virus, ani jaheja ojepyso ha ñambue.

[00:02:18](00:02:36) **Maryn McKenna** – ko pehẽme jahechata mba'épa ñande py'apyva'erã oñevakuna aja opavave yvy ape ári.

[00:02:27](00:04:01) **Maryn McKenna**- Hatapyña ñepyrũ jaguerokóva ha'e vakúna jehupyty. Upévare ñañe'ẽ pehẽ mokõime, ha katu ajapo guive ko pehẽ oiko mokõi mba'e. Petẽha, Estados Unidos oñemboja ambue tetã iviruvandi ha ome'ẽ vakúna tetã ambuepe. He'ĩ oguerahakataha 4 sua dosis vakúna Canadá ha México pe. Mokõiha, India okalkulava'ekue orahakataha vakúna ojejapova upépe 43 tetãme, ko'ága he'ĩ ndojapomo'ãi, ohape joko paita vakúna ojeguerahakatava'ekue tetã ambuepe. India ojoko jave oguerahaka jepe 60 sua dosis 70 tetãme. Ko'ága ojupi ohóvo, hetave hasýva India pe upévare ha'ekuéra oikotevẽ umi dosis oja'apóva. Ko'ága 100 sua opyta ógapype,

omohemby umi tetã imboryahúva oíva Asia pe, avei umi iviruvévape ijapytépe Gran Bretaña ha Arabia Saudita opyta sa'í vakúnare.

[00:03:36][00:04:28] **Maryn McKenna** – Mba'épa ahechaukase ha'évo pe'ême ã mokõi mba'é politiko, ndaha'ei ojeguerochíchi haguã Estados Unidos ha ojetaky haguã India re. Ja'é avei pe vakúna ñemoñuahẽ ikyre'ỹ, ha pe aponde'a oguerekóva oimera'e tetã ovakúna haguã hetãguame o depende mba'é ojejapo ambue tetã mombyrévape.

[00:03:59][00:05:17] **Maryn McKenna** – kóa hesakáva'erã, katuetei peicha oikórõ imbegue ñevakuna, umi tapicha oikotevëvéva opytáta virus po guýpe, pe virus ikatuta iñambue ha ojepokuaa vakúnare upéicha oikove pukúta. Umía mba'é romoheñói variante orekóva virus, oipy'apýva umi kuaaha'ãhára pe, ijapytépe ikatu oí ova pya'éva ha oporokáva. Ikatu avei oí umi virus ombotavýva vakúname ha ombohasy tapichápe. Variante oí yvy ape ári, oí tenda ivaiveha pandemia ambue tendagui.

[00:04:47][00:05:42] **Maryn McKenna**- Brasil pe. Manaos pe imbarete ohóvo ko Arapoty aja peteĩ variante ojukáva hetápe. Mokõiháma pe vrote. Virus omýi upérupi 2020 pe Arapoty aja. Ndaaha'ei inmúne ko mokõiha, ha'e rupi variante ambue, omboykéva pe ñangareko ome'ëva chupe oñepama rupi.

[00:05:15][00:06:19] **Maryn McKenna** – Ojapo mokõi arapokõindy ñañe'ẽ hague hatapyña ojeguerékóva ojojahaguã vakúna. Mba'éicha umi tetãnguera iviruvéva ojararapa vakúna ha omboyke imboryahúvape. He'ise avei pe variante ogueruha ndaijojáiva tekove. Jahejáramo, vakúna hasýpe oguahẽ tetãnguera yvy ape ári, jaheja upe arapy mba'asy po guýpe ikatu rupi umi sepa viral iñambue.

[00:05:42][00:07:21] **Maryn McKenna** – Avei jajehesarekóva'erã umi tenda ikatu hápe ojuhu hógara iñambue haguã. Ikatu oiko umi mymbáre. Jaikuaa ko'ãga pe virus oíva COVID, SARS-CoV-2, oñepyrũ mbopigui, isarambi mymba apytépe, Upégui ohasa yvy pórrare oporombohasy haguã. Agã hesakã SARS-CoV-2 ikatu ojevy mymbáre. Mymbakuéra apytépe ohechauka ombohasyha visón pe. Europa tuichakue ha Estados Unidos pe hetaiterei, sua rupi ,visón oñemongakuaava ipire ojehepyme'e haguã, ojejuka pono mba'asy ohupyty chupekuéra. Ojehecháma avei umi visón oikóva ka'aguýre ikatuha hasy.

[00:06:36][00:08:09] **Maryn McKenna** – ko'ãgaita ni peteĩ hendápe ndojehapykuere rekái genétika rupive ojekuaa haguã moõpa osëta variante ta ha'e yvy pórrare ýrõ mymbáre. Pe'a gui ikatúta ojejapo mombe'upy upéi. Mba'é oiko umi variante gui, ikatúta tetãnguera oñeha'ã ojuhu ha oikumby heñóivove oho umi variante. Ikatúnepa umi vakúna apoha ombojera umi vakúna refuerzorã, omombaretehaguã pono oporoagarravaiete umi variante pyahu, opa ã mba'é oiméramo ndo hape jokói upe vakúna oñemoíva'ekue ñepyrũme.

[00:07:15][00:08:28] **Maryn McKenna** – Opavave jajepy'a mongetava'erã, mba'é oiko vakúna naisarambi jojai aja yvy ape ári, oíma tetãnguera aimetéma ojevy pe heko jepiveguaicha ha oí avei tetãnguera oha'ãróva gueteri vakúna.

[00:07:29][00:08:44] **Maryn McKenna** – Heta tetã ha avei umi mbayru véve oñeha'ã ojapo pe pasaporte vakúna rehegua, péicha umi tapicha ohechaukáta oñevakunáma hague ha ikatúta oguata sãsóme.

[00:07:43][00:09:11] **Maryn McKenna** – Israel oguereko peteĩ pasaporte hovy'ũ. China ha Japón oñeha'ã avei ojapo. Unión Europea ojeporeka avei peteĩ certificado ecológico digital re. Unión Africana upéicha avei ojapo, ha Estados Unidos pe katu politiko oñokarãi jahecha ohejåtapa oike pasaporte vakúna rehegua.

[00:08:06][00:09:40] **Maryn McKenna** – Vaicha vakúna pasaporte ojeguerekota, avei umi oikuaava Ética he'í ojejapo porãva'erã. Pende apytépe heta oĩ oikuaáva pe kuatia atã sayju ome'ëva Organización Mundial de la Salud, he'ihápe upe tapicha oñevakunáma Fiebre amarilla, che areko ha aiporu peteĩ aimete 20 ary.

[00:08:31][00:10:12] **Maryn McKenna** – Vakúna pasaporte ojehecháva ko'ãga ndaha'ei pe kuatia sayjúicha. Ha'eta digital, oje'évo upe'a oikóma py'apy, nda opavavei ohupytyta, ojekuaata nde rekove. Aimete opavave yvy ape ári oguereko pumbyry po pegua, katu nda opavavei oguereko pumbyry katupyry, pe'a ha'e pe pasaporte ojeguerekóva comunidad digital pe.

[00:08:59][00:10:50] **Maryn McKenna** – Na iporãi jajapo arapy gui tenda ndojeguerekóihápe teko joja, oĩtante ikatúva oguata, umi ivirúva, oreko rupi dispositivo ohechauka hápe oñevakunamaha. Ojeguerekoro vakúna pasaporte ramo opyta ñandeve ñaporandu haguã ára upéi guápe. Avei ojehechava'erã ikatuha ojejapo ha'éyva, vakúna pasaporte falso, oĩ rupi seguridad arapyre.

[00:09:32][00:11:34] **Maryn McKenna** – Ipahávo, tuícha mba'e ko ha'étava opa haguã pandemia oñevakúnava'erãpa mitãnguera. Opavave jaikuaa vakúna ndo jehechái mitãme guarã, Iñepyrũguive oĩ py'apy COVID ohupytyrõ chupekuéra tuícha jehasa asy orekota mitã rupi. Ko py'apy oguahẽ ambue ary, uperõ mitã aty oĩva Inglaterra pe oñepyrũ hasy, iñakãnundu, osẽ ipirekuérare roncha, ipy ha ipo kuéra iruru ã ha'e síntoma oñehenóiva Síndrome inflamatorio multisistema en niños — MISC.

[00:10:10][00:12:16] **Maryn McKenna**- Heta ã mitã apytépe hasy vai, peteĩ omanõ, ohasáma peteĩ ary ha neira hesakã mba'eicha ko mba'asy ojoajúva COVID rehe. Hesakã mitãnguera ikatuha ogueroja ha omosarambi virus tekove atýpe, opavave jajapohaicha, avei ndahasykatui ramo jepe, mitãnguera ikatu ome'ẽ tenda ova haguã ha iñambue pe virus. Ambue frontera ojehupytyva'erã ha'e mitãme ñevakuna, avei ha'eta ñomongeta politiko, ambue mba'e ojejapova'erã ko pandemia pe.

[00:10:48][00:12:36] **Maryn McKenna**- Péicha jahasa irundy arapokõindy ñomongetápe, jahecha vakúna mba'épa ojapo, avei vakunasiòn ikatu haguã opa ko pandemia COVID rehegua. Oĩ py'amongeta ahejaséva ahávo ñamohu'ávóma ñane mbo'esyry.

[00:11:01][00:13:12] **Maryn McKenna** – Penemandu'a, opavave teko aty nosẽmo'ãi mba'asygui vakúnarente. Arapyre jaikuaava'erã, ñambohováiha COVID-19, ikatu opyta oimeháicha ñande apytépe. Namba'apo mbaretevéva'erã ikatu haguã ñahenonde'a pya'e

mba'asy, péicha avei umi tratamiento virus oñhame ponotei ñande rasyvaiete. Jajaporõ péicha araka'eve jahecha jeyta umi te'õngueita jaguerekova'ekue.

[00:11:33] (00:13:45) **Maryn McKenna** – Mba'asy jepilla, ha oñepohãno ha'ete opytáva vakúna rapykuépe, ko'ãga oĩma vakúna jaguerekóma, tekoteve ñamombarete pe py'ara'ã ha ñepohãno, péicha ojeikóta yvy ape ári COVID 19 rire. Jahupyty jojáva'erã. Pe vakúnare jajapohaicha jajapota, ñaporandúta mbo'ýpa. Ojehupyty jojáva'erã.

[00:12:00] (00:14:22) **Maryn McKenna**- Ipahávo, ñaporanduva'erã teko aty ramo, mba'e jajapota ikatu haguã ojejapo porã tembiapo sapy'a ojevýro. COVID ohechauka pandemia ikatuha oiko. Ndaikatui ja'e ndo'uveimaha ambue pandemia. Ko pandemia avei oheja hatapyña tuicháva arapyre, kadena de suministroo, politika ñepytyvõ tesakãme. Ha'ete vaicha hesakáva, anichéne jajavy jey, ñaikotevẽ gobernansa pyahu arapyre.

[00:12:41] (00:15:14) **Maryn McKenna**- Jasyapy pahápe Organización Mundial de la Salud he'í tetãnguérape Ikatúnepa oñeñuahẽ peteĩ ñe'ẽme, oñembohováí haguã pandemia oĩ jave, taha'e upe tetãme, upe tetã jerére ha avei ár a pavẽre. Ko tratado oikórõ ome'ẽta OMS pe teko mbarete politiko oikotevẽva ko'ãga. Añe te ojeipota oiko ko tratado, upeicha rupi 20 tetãgua omboguapýma héra upe kuatiape ijapy tépe: Alemania, Francia ha Reino Unido, avei Kenia ha Ruanda, Corea, Indonesia, Ucrani a, Serbia ha Chile. Pehechaháicha ndaipori ape heta tetã ijapytépe China, Rusia ha Estados Unidos.

[00:13:42] (00:15:46) **Maryn McKenna** – Heta mba'e jaguereko jajehesareko haguã: mba'éicha heñóita umi variante. Mba'épa ikatu jajapo ñahenonde'a haguã. Moõpa ikatu okañy ko virus, ha mba'épa jajapota jajuhu haguã. Araka'épa ohupytyne vakúna opavavépe. Mba'éichatapa ñande rekove jahupytyvo vakúna opavave. Ñ ha'e porandu jajapova'erã jaha haguã tenonde gotyo.

[00:14:08] (00:15:56) **Maryn McKenna** – Hi'átépa rome'ẽ pe'ẽme peteĩ pa'ũ peje py'a mongeta haguã upekuévo tembiporu pene pytyvõtava pejapo hápe pe ne rembiapo

[00:14:20] (00:16:09) **Maryn McKenna** – Rohechasetereíma mba'épa pe haíta, oparire ko mbo'esyry roha'ãro peime oñondive pe ñemoirũ aty jaguerekóva Facebook rupive.

[00:14:30] (00:16:15) **Maryn McKenna** – Aguyje peimére orendive.

Ha'e háicha pe'ẽme jepivémi – Peñangarekóke pende jehe.

English

Module 4: After vaccination, what is the future?

[00:00:10] Hello, welcome back to our MOOC, Covering the COVID-19 Vaccines: What Journalists Need to Know. I'm Maryn McKenna, I'm your chief instructor and this is our fourth and final module. Congratulations on making it this far. Thank you for going on this journey with us.

[00:00:31] In our modules to date, we've talked about the history of the pandemic and the achievement of vaccines that may stop it, the logistical and political barriers to getting vaccines distributed around the globe, and the enormous problem of misinformation and disinformation aimed at discouraging people from being vaccinated.

[00:00:54] In this last module, we're going to try to imagine the questions we need to consider as COVID vaccination rolls out around the globe and begins to have a real impact on the occurrence of disease and death.

[00:01:10] On the day that our module one went live, we got some very good news about the impact of vaccination. The Centers for Disease Control and Prevention, the US CDC, announced that in a study of vaccinated health care workers, the two messenger RNA vaccines, by Pfizer and by Moderna, made it 90% less likely that recipients will become infected.

[00:01:38] Remember, the vaccines were authorized because clinical trials showed they prevented serious disease and death. Those trials did not say anything about whether the vaccines prevent infection, and that was important to know, because without infection you can't transmit the virus to other people. Without transmission, the pandemic will peter out.

[00:02:04] So this is very good news, provided we get enough of the population vaccinated all around the world to stamp out the virus and not let it continue to smolder and adapt. What we'll explore in this module is some of the things that we need to worry about as we move toward getting the whole world vaccinated. The first challenge is vaccine supply. We talked about this in module two, but since I recorded that segment, two things have happened.

[00:02:37] The first is that the United States has joined other rich nations in donating to other countries, announcing that it will send four million doses of vaccine to Canada and Mexico. The second is that India, which planned to distribute vaccines to 43 other countries, has changed its mind, suspending most of the shipments of vaccines made in that country that were going to other places in the world.

[00:03:05] At the point at which it stopped shipments, India has sent more than 60 million doses to more than 70 countries. But now, with a new wave of cases peaking, India needs all the doses it can get. As a result, potentially more than one hundred million doses will be kept at home, leaving both poor nations in Asia and also rich nations elsewhere, including Britain and Saudi Arabia, with short supplies.

[00:03:36] The point of calling out both these changes in policy is not to praise the United States nor to blame India. It is to point out that vaccine supply is going to be dynamic and that any country's plans to vaccinate its citizens may be dependent on actions taken by another country far away.

[00:03:59] This is important, of course, because slowing down vaccination and leaving people vulnerable to the virus gives the virus a chance to adapt to the presence of the vaccines and make evolutionary changes to preserve its existence.

[00:04:15] Making those mutations is what produces the virus variants that researchers are concerned about, some of which may make the virus more transmissible or more deadly and some of which allow the virus to cheat around the immunity conferred by vaccination

and make people sick. Variants have already emerged in countries around the globe, and in some places they are making the local experience of the pandemic worse than it would otherwise be.

[00:04:47] In Brazil, for instance, the city of Manaus has been experiencing a devastating outbreak this spring. That is its second outbreak. The virus moved through there in the spring 2020, a year ago, and the reason it was not immune the second time may be explained by a virus variant that is just different enough to evade the protection conferred by having been infected.

[00:05:15] We talked two weeks ago about the ethical challenge of vaccine equity, about how vaccines are becoming something the rich parts of the world are hoarding and not sharing with the rest. That makes virus variants an equity issue, also, when we allow vaccines to take longer to reach parts of the world. We put those parts of the world at risk for mutated viral strains.

[00:05:42] We should also remain aware of other places where the virus can find a home in which to mutate, that is in animals. It's taken for granted now that the virus behind COVID, SARS-coV-2, originated in bats and spilled over from the animal world into the human world to make us sick.

[00:06:07] But now it is clear that SARS-coV-2 can also spill back into the animal world. Among other animals, it has shown it can infect minks. All across Europe and in the United States, millions of minks on farms that grow the animals for fur have been killed to keep the virus from moving into the farms and infecting them. And now mink in the wild have shown they can pick up the infection too.

[00:06:36] At the moment, there is nowhere in the world that performs enough regularly scheduled genetic sequencing to be able to predict where variants will emerge in people or in animals. That is one of the topics that will be a possible story going forward. What is happening with variants, whether countries can deploy enough testing to spot them and understand them as they emerge, and crucially, whether vaccine manufacturers will be able to develop booster shots that are tuned to new variants, if those variants are not blocked by the first round of vaccines.

[00:07:15] We should also think about what happens as vaccines get deployed around the world at unequal rates, and some societies are able to return to almost normal, while others are still waiting for their shots.

[00:07:29] Several countries and also businesses such as airlines are now developing vaccine passports that will prove that someone has been vaccinated and thus is entitled to free movement.

[00:07:43] Israel already has what it calls a green passport. China and Japan are working on their own versions. The European Union is developing digital green certificates. The African Union is doing similar, and in the United States, political strife is rising over whether a vaccine passport will be acceptable.

[00:08:06] Vaccine passports seem inevitable, and yet many ethicists are saying they must be worked out very carefully. Many of you who live in the global south or travel there will be familiar with the international yellow card issued by the World Health Organization,

which attests to vaccination against yellow fever. I myself have had one for almost 20 years.

[00:08:31] But the vaccine passports being discussed now for COVID are not paper cards like the yellow card. They are digital, and that immediately raises privacy concerns and also concerns about equity and access. Almost everyone in the world now has some kind of mobile phone, but not everyone has a smartphone, yet those are the basis of the digital community passports being developed now.

[00:08:59] We should not want to create a world in which the right to movement is restricted to affluent people who can afford both the shots and the devices to prove the existence of the shots. Whether and how a vaccine passport gets developed is an important question for our coverage going forward. And then, of course, we'll also need to deal with whether vaccine passports are being counterfeited and what the existence of counterfeits means for global security.

[00:09:32] Finally, an important question to talk about with regard to ending the pandemic is whether children will be vaccinated. You all know that the vaccines were not developed for children, but right from the start, there have been concerns that COVID poses some unique dangers to children. That realization began with a small group of kids who fell ill last year in England with fevers, rashes and swollen hands and feet, a cluster of symptoms that came to be called multi-system inflammatory syndrome in children -- MIS-C.

[00:10:10] Several of those children went into shock, one died, and a year later, it's still not clear how common this COVID-related illness is. But it is clear that children play a role in circulating the virus in society, as we all do, and it is becoming clear that even if they do not get very sick, children could provide a space for the virus to mutate.

[00:10:34] So vaccinating children is likely to be the next frontier and one of the last big policy questions to be decided and as we move into the next stages of the pandemic. So, we've spent the past four weeks talking and thinking about the role of vaccines and vaccination in ending the COVID pandemic, but there are some thoughts I want to leave you with as we wrap up.

[00:11:01] The first is that all of our societies will have to confront that vaccination alone won't get us out of this crisis. Globally, we're going to have to confront that COVID-19 will probably stay around in some form. And thus we're going to have to work harder on diagnostics to detect the virus quickly and cheaply, and treatment to handle the virus' most severe cases. So we never again face the kind of death toll we have already endured.

[00:11:33] Diagnostics and treatments kind of fell behind the vaccine and priority, but now that we have the vaccine, we're going to have to turn to tests and treatments as important components of living life in the world. After COVID, they will have to be not just achieved, but affordable. We'll have to ask the same questions about pricing and hoarding and global equity that we asked for the vaccine.

[00:12:00] Finally, we're going to have to ask as a global community what we're going to do to make sure this goes better next time. COVID showed us the pandemics can happen. We have no reason not to believe another one will come down the road. This pandemic poses a severe challenge to the international community, supply chains, to political cooperation, to transparency. It seems pretty clear that if we're not going to make the

same mistakes the next time, some new or additional form of global governance or agreement is necessary.

[00:12:41] In the last days of March, the World Health Organization put forward a possible solution and proposed a new international treaty for pandemic preparedness and response that would commit world nations to working against pandemics nationally, regionally and globally.

[00:13:02] Such a treaty would give the WHO the kind of enforcement, power and political muscle it has lacked thus far. In a sign that countries are thinking seriously about this, the leaders of 20 nations cosigned the proposal, including not only Germany, France and the United Kingdom, but Kenya and Rwanda, Korea and Indonesia, Ukraine and Serbia and Chile. Notably, several nations were missing from that initial list. They included China, Russia and the United States.

[00:13:42] So that's a lot to look forward to. How will variants emerge? What new measures can we put in place to stop further spread? What hiding places will this virus find and what systems can we create to detect it there? Will we ever be done vaccinating? And what will our lives look like on the far side of the vaccination campaign? These are the questions that will be important moving forward, we hope we've given you some space to think about them and some tools and resources to help you develop the stories you are going to do.

[00:14:19] We can't wait to see what you come up with, and after this course is over, we hope you'll stay in touch and keep supporting each other through our Facebook group. Thanks for joining us. And as I always tell you, stay safe.