



VACCINE HESITANCY: A CHALLENGE TO PUBLIC HEALTH

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ABSTRACT

Vaccine hesitancy has increased world-wide with a subsequent decreasing of vaccination rates and outbreaks of vaccine preventable diseases. Studies have shown that vaccination coverage rates ranged widely between good percentage for some vaccination (MMR, DPT) and very low coverage rates for others especially for “new” vaccinations (HPV, meningococcal, pneumococcal) considering these vaccines as unnecessary. The argument of vaccine hesitancy is particularly important for public health. This refusal is because of unjustified fear about potential side effects of vaccines. Education of the public is the corner stone on which the public health should build the fight to the vaccine hesitancy and improve the vaccination coverage.

Keywords: vaccine, hesitancy, complacency

INTRODUCTION

Vaccine acceptance across the lifespan is of global public health importance, yet millions of children remain under or unvaccinated and vulnerable to vaccine-preventable diseases. Immunization is widely considered to be one of the greatest achievements of public health. Vaccines have contributed to the major decline in mortality and morbidity of selected infectious diseases, and are responsible for the worldwide eradication of smallpox and elimination of poliomyelitis. To be successful in reducing the prevalence and incidence of Vaccine Preventable Diseases (VPD), immunization programs rely on high vaccine uptake.

DEFINITION OF VACCINE HESITANCY

WHO defines vaccine hesitancy as “a state of being conflicted about, or opposed to getting vaccinated resulting in a delay in acceptance or refusal of vaccines despite availability of vaccination services.

In other words, WHO defines it as “a behaviour, influenced by a number of factors including issues of confidence (do not trust a vaccine or provider), complacency (do not perceive a need for vaccine or do not value the vaccine), and convenience (access)

INCIDENCE & PREVALENCE

Globally 2.3 crore children below 1 year old are left unvaccinated even with basic vaccines. India ranks first with most un/partially vaccinated children.

A national survey conducted in 2010 among the parents of children under 2 year old were found that

3% of them refused all vaccines and 19.4% had refused or delayed at least 1 recommended vaccine.

ACRONYM OF ACDV IN VACCINATION

Acceptance: Agreeing to receive a vaccine

Confidence: The belief that vaccine work, are safe and are part of a trustworthy medical system

Desire: Motivation of individuals and communities to seek, support and advocate for vaccination

Vaccination status: Un-vaccinated (individual not received any of the recommended vaccine for age) & Under-vaccinated (individual received some, but not all recommended vaccines of schedule milestone)

FACTORS CONTRIBUTING VACCINE HESITANCY

- Vaccines may be unsafe
- may not be tested
- has side effects
- not sure if it acts as protection
- can damage the genetic makeup
- can cause fever or soreness at the injection site, allergic reactions
- can lead to infertility
- can cause death

Other reasons:

- lack of trust on the health team members
- religious reasons
- personal or philosophical reasons

WAYS TO OVERCOME VACCINE HESITANCY

Information

Misinformation and intentionally incorrect information can increase vaccine hesitancy. Information may be more effective when quoted in stories and examples that statistics with motivation. Acceptance will be high when the population has trusting relationship with the health providers. Information can be conveyed based on the 3 principles Ask, Acknowledge and Advise.

Education

Various sessions on importance of vaccine can yield better results. Different studies have found 30-40% of vaccine hesitant parents agreed to vaccinate if they were engaged in discussion with their providers. Mandatory vaccines for school with only medical exemption is another way to overcome the barrier.

Communication

The vaccine providers need to explain the opposing population that vaccines are safe & they protect

from diseases. The groups concerns need to be acknowledged and addressed. Conversations should be nonconfrontational.

Supportive listening

Providers initiates contact and introduce themselves paying attention by actively listening to their concerns. Accepting the reactions and feelings and helping them find solutions to their needs and problems.

Building trust

Building trust of the vaccine hesitant is one of the major practical tip in primary care for addressing them as default approach by being honest about side effects, providing reassurance on a robust vaccine safety system focusing on the protection of community.

Community participation

Community involvement and the use of vaccine champions (health care providers, community, faith and industry leaders) are valuable strategies to address vaccine hesitancy. Vaccine champions can deliver training and advocacy tailored for their own communities and workplaces, and they can positively impact social norms. Vaccine information campaigns can influence vaccine attitudes in the community.

Corrective techniques

Positive reinforcement by rewarding an individual (tax benefits, additional payments, cash prizes, holidays) for receiving recommended vaccines. Mandatory has gained attention recently due to their use during the COVID-19 pandemic. Mandates should be made legal and developed democratically; the burden of disease should be sufficiently high to justify a mandate.

Bridging the gaps

There is no apt answer to the question: “Why should I get vaccinated?” But we can build a culture of trust if we start at the grassroot level, listening to people’s concerns and understanding the origins of their hesitation.

Role of health personnel

70% parents look for information about immunization on the internet. This is concerning, as information about vaccination on websites and social networks is predominantly inaccurate and negative. Many antivaccine websites exist that propagate a range a antivaccine messages. More than two-thirds of the parents consider health care providers to be the most trusted information source about vaccination. Health personnels play an important role in counselling vaccine- hesitant population and establishing vaccine confidence.

CONCLUSION

People who delay or refuse vaccines for themselves or their children are presenting a growing challenge for countries seeking to close the immunization gap. According to WHO, 1 in 5 children still do not receive basic immunizations and an estimated 1.5 million children still die each year of diseases that could be prevented by vaccines that already exist. Vaccine hesitancy can be caused by many factors but is a complex rapidly changing global problem that varies widely.

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