



## Combating Covid-19 Vaccine Hesitancy

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Vaccination can be regarded as one of the safest modes of medical management, owing to the fact that it's constructed for administration to perfectly healthy individuals [1]. Due to the historical evidence to strengthen its claim, and the eradication of certain diseases following universal vaccination, vaccines have been accepted all over the globe. However, there do remain individuals or groups and sects, who harbour aversion to vaccines; who either completely refuse the administration of vaccines or who practice considerably delayed administration, owing to their scepticism. Studies have often reflected bleak confidence of the general population in the procedure and outcome of vaccination, even in those compliant with the prevalent norms of vaccination [2].

Vaccine hesitancy implies complete refusal of vaccines or significant delay in acceptance of vaccines [3]. Vaccine hesitancy becomes detrimental not only to the individual, but also to the community at large; as it impedes the acquisition of herd immunity, which provides protection to those with contraindications to vaccines or those unable to develop immunity post-vaccination. The concept of vaccine hesitancy is not new; it can be traced back to the 18<sup>th</sup> century, when the first vaccine against small pox developed by Edward Jenner, was met with opposition, hostility and protests. Since then, history has been inundated with public outcries and movements against vaccines and vaccination - the most recent one being that against COVID-19 [4].

The rationales behind the hesitancy remain largely similar, even across varying demography. The foremost reason can be the heuristic conclusions drawn by the general population. Due to ignorance about the pathogenesis of various infections and excessive fear about rare side effects, some people erroneously believe that vaccine is an obsolete intervention. Furthermore, the concept of administration of disease producing the pathogen itself has often aroused conflicting sentiments with regards to its safety. There

is the also the complacency of individuals to blame, in which they wish to acquire safety via herd immunity and not active vaccination. As the disease prevalence reduces due to ongoing vaccination campaigns, some grow to believe that the disease no longer mandates vaccination. There are also those who believe that immunity is only best acquired through the illness itself, in pursuit of which they voluntarily expose themselves to infectious diseases. The adverse effects following vaccination, particularly in immunocompromised individuals, becomes a major deterring factor. In more recent times, easy access to information and an unparalleled speed of spread, not only grants autocracy to the individual in becoming their own decision-makers in matters of healthcare, but also cause spread of absurd theories with no scientific evidence [4].

The conflict lying at the core of vaccine hesitancy is that between the risks and the benefits. Despite unparalleled advances in the field of healthcare, this has undergone little change since its emergence, over two hundred years ago, and has become increasingly relevant now with the COVID-19 pandemic [1].

Due to the rapid spread of the pandemic and the lack of effective treatment, vaccination was considered the most efficient way to combat it. The urgency of the situation demanded vaccines having minimal adverse-effect profiles and a fast-paced speed of manufacturing [5]. While the extraordinarily short timeline of development of the vaccines was a necessity, the secrecy shrouding the process and the general scepticism for official news, resulted in greater hesitancy of the general population in accepting the vaccines [6]. Vaccine hesitancy was observed in 65% of the populations who were assessed for their openness to accepting vaccines against COVID-19. Out of this 65%: 56% wished to delay their vaccination and weren't in blunt denial of it, and 9% refused to get the vaccine administered at all [7].

The successful attainment of high rates of immunity against COVID-19 in populations necessitates the widespread acceptance of vaccines against it [8]. For community-based immunity to be established, over 70% of the community in question needs to be vaccinated fully [7]. A lot of variables are responsible for the hesitancy displayed, some of them being the public's understanding of the entailing threat; the credibility of the health-care system and providers; and excessive media hype on the adverse-effects of the vaccine. An alarming observation is the increase in hesitancy which was noticed in populations after the second wave of the pandemic, as compared to the first wave [8]. Considering the indispensability of vaccines in the alleviation of the COVID-19 pandemic, the reasons behind vaccine hesitancy require urgent negotiation.

Health-workers should be equipped with enough knowledge about the relevant vaccines, in order to instil confidence in their patients, and successfully alleviate the legitimate doubts, as per the psychosocial and cultural believes of the community. They should also be made aware of triage in allocation of the vaccines in their concerned communities [1].

In the age of "Fake news" scepticism abounds and this includes the data and results of clinical trials. The present system of studies conducted by pharmaceutical companies being lucrative is prone to being influenced by extraneous factors. There is a need to have a mechanism where funding is done by the pharmaceutical firms but an independent body conducts the same. The idea is utopian but is there a credible alternative?

Governmental organisations across the globe should be transparent in the reporting of numbers and figures of the vaccine-response programmes, in terms of both benefits and adverse effects. Any censorship will jeopardise the belief of the population on official figures. They should strive to sustain adequate vaccine supplies and should distribute it equally amongst their populations. Legality of the vaccines must be ensured. Media houses should endeavour to provide unprejudiced and impartial information, throwing light on the issues which may help negate vaccine hesitancy, without obviating the precautionary measures [7,9]. People having access to the internet and social media should responsibly consume and share information meted out to them. Various public health campaigns should be judiciously utilised. Doubts and concerns should be cleared by the correct authorities, and assumptions and hearsays should be better let go of [4,9].

Notwithstanding the laudable progress in science which made availability of vaccines against COVID-19 so prompt, despite the encumbrances; vaccine hesitancy should not be overlooked, especially in the face of the Omicron variant. Vaccine hesitancy constitutes a global threat in the ways it can inflict damage upon a community [6,10]. It is imperative for each and every one of us to take up the role and responsibility required of us, as only unanimous efforts can overcome a catastrophe of this magnitude.

## Bibliography

1. Schwartz JL. "New media, old messages: themes in the history of vaccine hesitancy and refusal". *AMA Journal of Ethics* 14.1 (2012): 50-55.
2. MacDonald NE. "Vaccine hesitancy: Definition, scope and determinants". *Vaccine* 33.34 (2015): 4161-4164.
3. Dubé E. "Addressing vaccine hesitancy: the crucial role of healthcare providers". *Clinical Microbiology and Infection* 23.5 (2017): 279-280.
4. Jacobson RM, et al. "Vaccine hesitancy". In *Mayo Clinic Proceedings* 90.11 (2015): 1562-1568. Elsevier.
5. Ali T, et al. "Dangers of mRNA vaccines". *Industrial Psychiatry Journal* 30.3 (2021): 291.
6. Chaudhury S, et al. "COVID 19 Vaccine Hesitancy". *Acta Scientific Neurology* 4.3 (2021): 01-02.
7. Soares P, et al. "Factors associated with COVID-19 vaccine hesitancy". *Vaccines* 9.3 (2021): 300.
8. Mohammed AM, et al. "Socio-demographics correlate of COVID-19 vaccine hesitancy during the second wave of COVID-19 pandemic: a cross-sectional web-based survey in Saudi Arabia". *Frontiers in Public Health* (2021): 9.
9. Machingaidze S and Wiysonge CS. "Understanding COVID-19 vaccine hesitancy". *Nature Medicine* 27.8 (2021): 1338-1339.
10. McAteer J, et al. "The VACCINES Act: deciphering vaccine hesitancy in the time of COVID-19". *Clinical Infectious Diseases* 71.15 (2020): 703-705.