

A Commentary on Managing COVID-19 Vaccine Hesitancy

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Received: 02 July 2021

Published: 15 July 2021

Keywords: *COVID-19; Vaccine Hesitancy; Vaccine Safety*

Abstract

Ever since the world has seen the first case of COVID-19 in December 2019, the disease has spread rampantly and continued to mutate causing millions of illnesses and deaths. The mortality rates around the globe startled and overwhelmed the political, healthcare, science, and research sectors in handling the effects of the virus. Though initially the virus was thought to affect the susceptible population in terms of age, comorbidities, and immune status, it has proved the thought wrong by affecting populations across the globe without any parameters. The initial stages of mitigating the illness were geared towards limiting the spread of transmission through masks, social distancing, travel restrictions, and lockdowns while clinical trials were underway for a more permanent solution by developing vaccines. The development and approval of vaccines within a short period which would otherwise take longer developed a lack of confidence, trust, and vaccine hesitancy among the population. The influence of political sections across the globe has further led to division among the population about vaccines. Due to the enormous mortality and morbidity, economic hardships at state, national and international levels, the restrictions imposed on the normal lives due to the virus, the only hope of restoration is the vaccinations. To achieve the vaccination rate to establish normalcy, emphasis must be placed not only the vaccine development and approval but also on handling the vaccine hesitancy among the population positively. This vaccine hesitancy can be overcome by establishing trust and confidence among the population through educational

campaigns and transparent communication about the risk and benefits of vaccines along with the handling of the myths surrounding the vaccines themselves. The vaccine hesitancy also can be handled by informing the population promptly about the process of vaccination development and approval and handling of the side or adverse effects of the vaccine with a scientific basis.

Abbreviations

Corona Virus Disease 19 (COVID-19)
World Health Organization (WHO)
Food and Drug Administration (FDA)
Centers for Disease Control and Prevention (CDC)

Introduction

Since December 2019, the Corona Virus Disease 19 (COVID-19) has rampantly ravaged the entire globe turning into a pandemic causing concern among every segment of the population due to its morbidity and mortality. As of January 2021, the COVID-19 has caused a hundred million about two million deaths. Though mitigation strategies such as social distancing, masks, and other methods have been implemented, it has been observed that vaccines alone can combat this pandemic to bring back normalcy [1]. Though the efficacy of vaccines has been proved historically in the past with eradicating or eliminating communicable diseases such as smallpox, measles, polio, and others, there continues to be hesitancy among the population about vaccinations. Evidence shows that in 2019 nearly half the United States population did not receive the influenza vaccine showing the underuse of even free vaccination drives. The same vaccine hesitancy can pose a problem to combat the COVID -19 virus through vaccinations [2].

Background

During the month of December in 2019, the client with a typical illness resembling pneumonia was identified in China raising alarm. This disease was identified to be caused by SARS COV-2 and was called a COVID-19 by World Health Organization (WHO). My mid-April 2020, COVID-19 has spread globally affecting especially the vulnerable populations which included the elderly and immunocompromised client and clients with chronic conditions with co-morbidities. To mitigate the illness, measures which were used for SARS CoV during 2002-2003, such as hygiene, quarantine was implemented which were found to be of little effect in containing the illness. Additional tactile treatments such as Remdesiver etc and strategic treatments such as eliminating the triggers that lower immunity was implemented. While these methods were being implemented, trials to develop vaccines have been accelerated [3]. To control the pandemic, strategies to monitor the asymptomatic patients and patients who recovered from the illness and were discharged home were put in place. Emphasis was also placed on tracing the contacts who were exposed to the COVID 19 patients, identifying and screening client who were at high-risk for contracting the illness, and disinfections protocols were implemented. But these methods are only a supplement to a much viable strategy of vaccines as vaccines can render immunity to the infection. As of April 10, 2021, the United States, China, the European Union, the United Kingdom, and India were among the high performing countries in

vaccine research. To date, there are about 86 vaccines types undergoing clinical trials which include vaccines encompasses protein subunits, vaccines with inactivated virus, DNA-based or RNA-based vaccines, vaccines with viral vectors, and vaccines with live-attenuated viruses [4].

COVID -19 Vaccine Hesitancy

According to MacDonald and SAGE Working Group on Vaccine Hesitancy, 2015:4163,

“Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite the availability of vaccination services” [5]. To identify the vaccine hesitancy, there were systematic reviews and meta-analyses studies were conducted. These studies included a survey question to assess if the people were willing, confident and had an intention of getting vaccinated when it is available. The receptivity rate of the vaccine deferred between countries, states, gender, race, and age group. The common reasons cited for hesitancy and refusal of vaccine were fear of side effects, uncertainty of the safety and efficacy of the vaccine, having inadequate information about the vaccine, uncertainty about the duration of the immunity the vaccine renders, believing that vaccines are not required, and a general anti-vaccine mindset. COVID-19 vaccine hesitancy was also reported due to the expedited vaccine development, emergency authorization for use, distrust of the emergency approval process and perceptions of political interference in the vaccine development and approval, conspiracy theories, and anti-vaccination drives [6]. The speed at which the vaccines were developed also caused skepticism and hesitancy among the population that important steps may have been skipped [7].

Managing COVID-19 Vaccine Hesitancy

The challenge the COVID-19 hesitancy is posing for vaccinations, is increasing the need for education and COVID -19 Vaccine awareness. Supporting the healthcare workers to be equipped to communicate the evidence-based practice guidelines of COVID -19 safety with confidence may help prepare them to be reliable sources about vaccinations. To handle vaccine hesitancy, it is important to establish trust and confidence among the population. It has been observed that the health disparities due to socioeconomic and race are evident in perceptions and acceptance of the vaccine. It is important to address these disparities which are the root cause of skepticism and distrust towards health authorities. Vaccine distribution should be aimed towards addressing this disparity improve the equity of vaccination. The false news about the vaccines should be addressed along with being transparent about the scientific standards in the vaccine process from development, approval process, and distribution to restore vaccine confidence among the population. The Food and Drug Administration (FDA) advisory committee and Centers for Disease Control and Prevention (CDC) should take a stand to be the communicators along with the doctors as they are the most trusted and can promote vaccine acceptance. Educational campaigns focusing on clarifying the false news and myths, establishing the safety and efficacy of the vaccines should be taken up either in person or through social media since social media is a powerful tool for disseminating the information [7]. For the vaccine programs to be successful transparency must be followed in the process of monitoring and communicating the safety of vaccine, decision-making process, and communicating the risks and benefits of COVID-19 vaccines [8].

Discussion

As the world is moving towards establishing normalcy across the globe through vaccinations, it is important that the barriers for attaining the desired vaccination rates are identified and addressed. Vaccine hesitancy is not specific to COVID-19 but has existed since the past [6]. Since it is established that vaccine hesitancy exists across the globe, it is important that campaigns and educational informational be held to address any myths, false perceptions and other barriers in vaccine administration. Since false information has been spread tremendously through social media, it is important that the same media be utilized to negate the false information and spread the scientific facts about the vaccine [7].

Conclusion

Vaccine hesitancy is a global concern and should be addressed to effectively mitigate COVID-19 and restore normalcy. Though there are barriers to vaccines due to perceptions, beliefs, political influences, skepticism, and mistrust, the vaccination program can be successful by transparent and timely communication about the safety and efficacy of the vaccine and the management of the side effects. Emphasis should be placed on establishing trust among the population about the vaccine development and approval process which is free of any bias. By consistent and constant campaigns, the anticipated vaccination rates can be achieved which will be a step closer to normalcy.

Acknowledgments

The content of this paper is the sole review of the author based on the random study of articles of interest and it should not be taken for generalizing any information presented.

Funding

No funds were received from any party or agency in sending this article for publication. No other authors other than the primary author RP were involved in this commentary.

Conflicts of Interests

There is no conflicting interest in terms of personnel, resources, or any other bias which could have interfered in this work.

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