

Editorial

Vaccine Trust – What critical role can healthcare professionals play?

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Received on: 19-Oct-2020

Accepted for Publication: 28- Nov-2020

Vaccines save over five lives every minute, have eradicated smallpox, are close to ending polio, and have decreased measles deaths by 80%. Although in spite of substantial progress in vaccine development, immunization delivery systems, and public health interventions worldwide, in 2019, an estimated 19.4 million infants worldwide did not receive recommended vaccines¹. The reason people delay or refuse vaccine is due to lack of trust in vaccine benefits, vaccine safety, or effectiveness of a vaccine, including lack of access to quality healthcare or routine immunization services, damaged health infrastructure and depleted human resource in conflict settings, vaccine misinformation, or lack of knowledge about the need to vaccinate.

Public health officials attribute recent outbreaks of the old vaccine-preventable diseases such as measles, pertussis, diphtheria, and polio in developed countries to Vaccine Hesitancy, a phenomenon as old as vaccines themselves. In 2019, Vaccine Hesitancy was also listed as one of the ten main threats to global health by the World Health Organization (WHO), alongside air pollution and climate change².

The impact of the COVID-19 pandemic on routine immunization and demand for vaccination also has resulted in more reduction in immunization coverage as compared to the time before the pandemic. As coronavirus continued to spread, so did the misinformation along with fake news and rumors via social media. The infodemic of misinformation compromises the outbreak management and response system, increase confusion among the public over trust in information sources; and generates fear and panic due to unverified rumors and false claims. A recent global vaccine confidence study, the largest such study to date, published in the Lancet mapped global trends in vaccine confidence through 2015-2019 across 149 countries and found that the “viral spread of misinformation” significantly contributed to the fall of confidence in vaccines in several parts of the globe.³

In February 2020, WHO (World Health Organization) director Tedros Adhanom Ghebreyesus asserted that “We're not just fighting an epidemic; we're fighting an infodemic. Fake news spreads faster and more easily than the virus, and it is just as dangerous.”⁴ WHO hosted the first infodemiology conference, aimed to review the relevant research and effective practices and define public health research need to advance the discipline of infodemic management.⁵ Experts during the infodemiology conference, analyzing the pandemic situation, claimed that opposition to vaccines might dominate the network of anti-vaccination views on social media on the vaccine-related subject within ten years.⁶ Experts expressed concerns that misinformation and scaremongering from the anti-vaxxer community might make it challenging to minimize the burden of COVID-19 once a vaccine is available. In addition, it may also have an adverse impact on the control of the other vaccine-preventable diseases.⁷

Critical Role of Pediatricians and Other Health Workers

Consistent with a large body of research, the WHO confirmed the vital role of healthcare professionals (HCPs) as the cornerstone of public acceptance of vaccination⁸. Perhaps most importantly, the foundation of vaccination acceptance is a public trust, trust in vaccines, vaccine producers in the healthcare professionals, and the health authorities and government⁹.

A study conducted in 2018 claimed that 80 percent of U.S. internet users have searched for health information online, and 60 percent of social media users trust social media posts by healthcare professionals (HCPs) over any other group¹⁰. But HCPs underestimate their influence, have low perceived/actual self-efficacy to influence a decision, and use prescriptive, factual language to address misinformation and inquiries, which may have limited effectiveness in changing behaviour¹¹⁻¹². To date, HCPs have owned very little space on social media countering such infodemic. But to counter the spread of misinformation on social media, it is important for HCPs to start owning the narrative, countering the fake news with factual, science-based, peer-reviewed evidence from credible sources.

Recently, WHO highlighted the importance of effective communication as a priority component in WHO's COVID-19 roadmap to enhance trust and enable the public to make informed choices based on recommendations. Thus, it reinforces the need for positive and meaningful interpersonal communication (IPC) skills in healthcare professionals along with social media engagement to build trusted relationships and increase the likelihood that children will receive the recommended vaccines on time.

In need of the current situation, International Pediatric Association (IPA) plans to create a cadre of health care professionals (HCPs) across the globe who can raise resilient public trust in vaccination and address misinformation that leads to hesitancy in accepting vaccination in a scientifically proven way.

IPA will be launching the Vaccine Trust Course Level 1 (English) for providing online training to HCPs, focusing on understanding the social psychological and cultural influences behind vaccine behaviors, development of effective communication skills, skills for active social media & mainstream media engagement, advocacy and messaging for building vaccine value and infodemic management.

Further, IPA plans to create a platform for surveillance and response for misinformation trends, to monitor the level of misinformation and mobilising the cadre of the trained HCPs to mitigate potential hesitancy issues through evidence-based messaging with a coordinated response.

References:

1. World Health Organization. Progress and Challenges with Achieving Universal Immunization Coverage. Available: https://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf [Accessed 12 November 2020].
2. World Health Organization. Ten threats to global health in 2019. Available: <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019> [Accessed 12 November 2020]
3. de Figueiredo A, Simas C, Karafillakis E, Paterson P, Larson HJ. Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study. *The Lancet*. 2020 Sep 26;396(10255):898-908.
4. World Health Organization. Munich Security Conference. Available: <https://www.who.int/dg/speeches/detail/munich-security-conference> [Accessed 12 November 2020]
5. World Health Organization. 1st WHO Infodemiology Conference. Available : <https://www.who.int/news-room/events/detail/2020/06/30/default-calendar/1st-who-infodemiology-conference> [Accessed 12 November 2020]
6. Johnson NF, Velásquez N, Restrepo NJ, Leahy R, Gabriel N, El Oud S, Zheng M, Manrique P, Wuchty S, Lupu Y. The online competition between pro-and anti-vaccination views. *Nature*. 2020 May 13:1-4.
7. Scientists are racing to create a COVID-19 Vaccine. Anti-vaxxers may soon complicate their efforts. Available: <https://www.poynter.org/reporting-editing/2020/scientists-are-racing-to-create-a-covid-19-vaccine-anti-vaxxers-may-soon-complicate-their-efforts/> [Accessed 12 November 2020]
8. World Health Organization. Report of the SAGE working group on vaccine hesitancy, October,2014. Available:https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf [Accessed 12 November 2020]
9. Thomson A, Watson M. Vaccine hesitancy: a vade mecum v1. 0. *Vaccine*. 2016 Apr 12;34(17):1989-92.
10. Chen YY, Li CM, Liang JC, Tsai CC. Health information obtained from the internet and changes in medical decision making: questionnaire development and cross-sectional survey. *Journal of medical Internet research*. 2018;20(2):e47.
11. Gellin BG, Maibach EW, Marcuse EK. Do parents understand immunizations? A national telephone survey. *Pediatrics*. 2000 Nov 1;106(5):1097-102.
12. Nyhan B, Reifler J, Richey S, Freed GL. Effective messages in vaccine promotion: a randomized trial. *Pediatrics*. 2014 Apr 1;133(4):e835-42.