Vaccine Hesitancy in the Current Landscape of the COVID-19 Pandemic

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For a procedure so commonplace in a doctor's office, so critical to the prevention of disease, and so marred by controversy, it seemed odd that in my third year of medical school, I had yet to perform a vaccination. For that reason, I was very excited for my first rotation in family medicine. One could even say I was a little overzealous to learn about vaccines. To my credit, as someone who studied healthcare economics, there is a lot to love about the social return on investment of vaccines. Two weeks into my rotation I came across my first case of vaccine hesitancy. They were parents who had immigrated to Canada and were skeptical of vaccines. They wanted to pick and choose which vaccines their child would receive. These people are called the 'vaccine hesitant' and, unlike the devout 'vaccine deniers', they are the crucial swing states in a political battle for the health of our country. [1]

According to the WHO, vaccine hesitancy stems from three different sources: Confidence, Complacency, and Convenience.[2] Confidence refers to people's mistrust in either their government, of pharmaceutical companies or even their doctors. Complacency refers to patients who don't see the necessity for vaccines because they either do not fear the disease it prevents or they prefer to be "free riders" piggybacking on herd immunity afforded to them. Convenience refers to accessibility and is affected by the usual suspects of social determinants of health. The WHO draws a distinction between three groups of people. Vocal vaccine deniers, non-vocal but stout vaccine refusers, and the vaccine hesitant who are most likely to listen to scientific arguments and change their mind to vaccine acceptance.[1]

In the current landscape of the COVID-19 pandemic, vaccine hesitancy can have large and detrimental effects. One recent study by researchers out of Imperial College London, not surprisingly, suggests that "the mortality over a 2-year period could be up to 8 times higher in countries with high vaccine hesitancy compared to an ideal vaccination uptake if non pharmaceutical interventions (NPIs) are relaxed. Alternatively, high vaccine hesitancy could prolong the need for NPIs to remain in place".[3] The COVID-19 vaccines stand apart from the routine child vaccinations for a few reasons. First, COVID-19 is

everywhere in contrast to many of the diseases prevented by other vaccines. While still terrifying, the diseases of other vaccines, are no longer hogging headlines and are not constantly reminding people why we need protection. This would presumably increase interest in COVID-19 vaccines. However, many people cite the pace of vaccine development and lack of sufficient safety testing as a cause for concern. Public Health Ontario estimates that 56% to 89% of Ontarians need to be vaccinated in order to reach herd immunity.[5] Initially, the rate of Canadians who said they would rather take a "wait and see" approach towards a COVID-19 vaccine was as high as 38% in September, 2020. That figure was only 1% less than those who said they would not hesitate.[4] Fortunately, the tide is shifting in Canada and, most recently, that number has fallen to 16%. This 16% of Canadians who are still unsure or opting to wait and see, and not the roughly 12% who are still refusing to get the vaccine, should be the focus of our collective efforts to increase vaccination rates.

Changing vaccine hesitance into vaccine acceptance in the Canadian population should be approached from many different perspectives. The first is outreach. How to promote vaccination to the public? People who are skeptical of the vaccines need to hear/see trusted members of their social network and leaders endorse vaccination. All Canadians should be encouraged to share their vaccination experiences with friends and family. Religious leaders and local celebrities are trusted and endeared members of our society. They too should be encouraged to publicize their own vaccinations. Many First Nations leaders are already proving this strategy to be effective.[6] Second, a decentralized approach to vaccine distribution needs to be adopted.[7] Large vaccination centers in hospitals and pharmacies are great for efficiently vaccinating those people who are motivated and capable. However, as our country progresses with the vaccine rollout, health officials need to find a method of reaching people who are affected by the barriers of either convenience or complacency. Vaccines need to be brought to people in other creative ways such as setting up pop-up vaccination tents in community centers, in apartment building lobbies, or outside grocery stores. For some people, even this will not be enough to convince them to be vaccinated and that is where the roll of their physician becomes paramount. The 'vaccine hesitant', the 'on-the-fencers', the 'wait-and-see' regard their physicians as trusted sources of information. It is important for doctors to build on that trust with patients by being both confident and knowledgeable which is proven to be one of the most powerful tools of vaccine persuasion.[8] However, doctors must also be empathetic and not dismissive of their concerns. Patients' concerns are always complex and multifactorial and cannot be solved by simply reiterating the facts of vaccine efficacy and safety.[9] Like many other balancing acts in medicine, it is a fine line to toe. This past year has been filled with overwhelming fear and confusion. These are no doubt contributing factors to hesitancy surrounding the COVID-19 vaccines. It will only be through collaborative efforts, persistence and empathy for one another that Canadians overcome both the fight against misinformation and COVID-19.

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