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Commentary

Addressing the social issues around vaccination could be the pivotal strategy to achieve the 2022 COVID-19 vaccination coverage target

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ABSTRACT

The COVID-19 pandemic is a public health emergency on a global scale, and vaccination has been shown to be effective in containing the pandemic. Social issues surrounding COVID-19 vaccination contribute to the level of skepticism and opposition expressed by a sizable proportion of the global population. The need to address socio-cultural and religious standpoints on COVID-19 immunization and related discussions is becoming more pressing as the pandemic's socioeconomic implications become more concerning. Without a doubt, failing to address social issues jeopardizes countries' ability to achieve the WHO-recommended 70 percent coverage target for all countries, which would halt the pandemic by creating a global herd immunity. In this article, we discussed some of these social issues as well as emerging strategies for addressing these challenges and driving a rapid increase in COVID-19 vaccine uptake.

1. Commentary

COVID-19 pandemic is a global public health emergency and vaccination has been shown to be effective in curbing the pandemic [1]. The public's fear of vaccination has been an intractable problem for public health since the invention of vaccines. In the context of COVID-19 with the rising influence of social media and the internet, vaccine hesitancy and vaccine denial became more pronounced, and needed urgent attention [2,3]. Social issues around COVID-19 immunization contribute to the quantum of hesitancy and opposing standpoint expressed by a significant proportion of the population globally. The need to address socio-cultural and religious stances on COVID-19 immunization and related discussion is becoming increasingly pressing as the socio-economic implication of the pandemic is worrisome [4]. Undoubtedly, failing to address social issues puts countries' ability to reach the WHO-recommended 70% coverage goal for all countries, which would put a stop to the pandemic by creating a worldwide herd immunity, in jeopardy. In this article, we discussed some of these social issues and evolving strategies that could address these challenges and drive a swift increased uptake of COVID-19 vaccines.

It is not a subject of debate that the advent and introduction of vaccines into medical and public health has brought significant and dramatic changes and progress toward improving population health. A number of diseases that had hitherto claimed millions of lives across different countries of the world were successfully brought under control, with some eliminated and few others already eradicated as a result of vaccines developed and deployed [5]. The devastating effects of COVID-19, which are estimated to have resulted in more than 6 million deaths and economic losses, coupled with this knowledge and belief regarding the influence of vaccines on global health, would lead one to believe that the arrival of COVID-19 vaccines will be met with some degree of relatively positive excitement. This has not been so, as countries continue to face heaps of different social issues around the COVID-19 vaccination, including anti-vax mawkishness, false self-evaluation of risk to COVID-19, mistrust among population as seen with non-Hispanic Blacks, COVID-19 vaccine objection from different religious standpoints, questions of social responsibility and not only a personal choice and lastly, lack of confidence in COVID-19 vaccines' side effects, safety, efficacy, and the schedule itself [6]. Ditto, these issues in vaccine uptake, together with inadequate COVID-19 vaccination capacity, will mean a delayed recovery and prolonged pandemic in LMICs.

In addition, a variety of conspiracies have been promoted globally to counter its widespread usage and raise diverse levels of reluctance in different nations. Despite the fact that some of the COVID-19 vaccination opponents' claims seemed reasonable, others lacked support from reliable data. It is, therefore, important to address the common social issues around COVID-19 vaccination to help nations achieve their 2022 COVID-19 vaccination coverage target. Also, this article is a call to public health and social scientists to continue to evolve strategy and engage all shades of opinions for critical thinking and discussions to address the social issues around COVID-19 vaccination.

1.1. Addressing the social issues around COVID-19 vaccination

Since COVID-19 vaccinations have been available for more than a year, efforts to encourage and improve vaccine uptake are being impeded by the quick dissemination of misleading and inaccurate information by antivaxxers, which has resulted in a decline in COVID-19 vaccine acceptance rates. Recent research has revealed an association between the source of COVID-19 news and the willingness to be vaccinated [7]. Lack of trust remains a key social issue to be addressed to boost COVID-19 vaccination. Studies have shown that high mistrust lowers vaccine confidence [6,8].

Everyone needs a measure of confidence to survive. This is worsened by misinformation, and also aggravated by racial perception and belief

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around COVID-19 [9]. It is advisable to engage and encourage bloggers, and also donors to fund new user-friendly blogs that will raise more public awareness and create a platform for interaction in regard COVID-19 vaccination. Additionally, innovative strategies and improved social systems that support the process of strengthening evidence availability and use is much needed.

Some religious adherents have no objections to COVID-19 vaccination; however, others believe it should not be administered at a specific time or period, such as during a fasting period [10]. Additionally, some religious faithful believe the fasting period is the sacred time of the year to worship and tender heart desires/supplication requests to their creators, and reported scenarios of recent vaccinated individuals who self-forced to secretly eat and break their fasting as a result of serious adverse event following immunization (AEFI). This may be seen to have implications in religio-culturally intensed society.

While continued engagement with religious leaders, and groups within a religious fold provides opportunity to appreciate the fears and beliefs, often times could be influenced in a short time if a top-bottom approach is adopted. The impact religion has on vaccination varied by a number of factors, and the understanding of this variability could potentially boost vaccination. In that sense, could COVID-19 vaccination be addressed to be considered as a social responsibility, and not only a personal choice? The lack of confidence in COVID-19 vaccine in LMICs due to its perceived side effects, safety, efficacy and schedule concerns could be addressed through siting production plants/centers in those countries and engaging experts from the region in the process.

The World Health Organization (WHO) strategic advisory group of experts (SAGE) defines vaccine hesitancy as "a delay in acceptance or refusal of vaccination despite availability of vaccination services" [11]. This invariably caters to a wider audience and not just people who refuse to be vaccinated. The importance of having knowledge, and understanding types and magnitude of AEFI could not be overemphasized. This is not peculiar to COVID-19 vaccines alone but to every consumption product, especially medicals. The WHO and partners continue to set norms and standards which every product follows before they are approved for use, including conditions for emergency use listing (EUL). One of the major variables that is monitored is the adverse effect following the use of the product. This is monitored before a product is approved (under clinical trials) and even after it is approved for use.

Available evidence before WHO and other approving bodies suggested COVID-19 vaccines are substantially effective and safe for use. This has taken into consideration the number of AEFI observed at all stages of the clinical trials and the ongoing data gathered across various countries. Substantial premium was given to surveillance of AEFI monitoring following COVID-19 vaccines introduction [12]. This perhaps remains one of the vaccine rollouts with the largest vaccine AEFI surveillance plan. A critical question at this point to ask is whether there is sufficient data around the globe to ascertain whether the number and severity of adverse effects seen or reported is significant enough to stop the use of the vaccines or not. Another germane question is whether the numbers and severity of COVID-19 vaccines substantially outweighs the numbers and severity for other vaccines that have been used and adjudged globally impactful in the past.

Experts have been consistent in analyzing the various variables around COVID-19 and interventions deployed to control it [13]. A good number of cases reported were mostly mild to moderate and normalized within a short period of time; although, monitoring and reviews are ongoing [14]. Researchers may need to explore further to address the challenge of hesitancy around COVID-19 vaccines, one of which would be to review and compare whether adverse effects from COVID-19 are worse in severity (in terms of number, duration, morbidity and mortality) than what was comparatively seen with other vaccines impactfully used in the past, starting with evidence from the various clinical trials. Evidence on this could provide good answers to some of the concerns fueling hesitancy. However, while not pre-empting the outcome of these kinds of studies, it is important to note that most of the vaccines used in the past with great successes were tried with children and administered on children, most of whom could not really express their feelings and observations verbally. Most of them completed their routine immunization even before they started walking or talking. What parents/caregivers and clinicians could report and/or record were what they felt or noticed of those vaccinated children, the most common being fever. An example was the introduction of pentavalent vaccines which was met with hesitancy following the repeated complaint of adverse effects and that was substantially responsible for the initial low coverage and stoppage seen in some countries. These situations were, however, well managed with the use of appropriate public health and social approach including evidence from in depth and transparent investigations to establish causality or otherwise, strategic introduction/reintroduction and stakeholders/community engagements [15,16]. These led to progress with gradual improvement in the coverage. Adopting the lessons learned from the pentavalent vaccine in these years could be of use in the context of COVID-19 vaccine hesitancy.

The trials and use of COVID-19 vaccines on adults and not children this time around created a twist and increased voices on the safety concern about the vaccines. This perhaps should be expected, considering the fact that adults could easily observe and express their feelings and observations and make decisions unlike children. Adults are equally in a hurry to get rid of those unpleasant feelings and experiences. All these contribute to escalated social issues and persistent hesitancy, which needs to be addressed to solve current and future social challenges around vaccine development and use. More so that the world has continued to witness a changing pattern of infectious diseases. The threat from emerging and re-emerging diseases have been on the increase in recent years and the need for quicker and collective responses have correspondingly increased. This requires providing rational responses to all shades of opinions, as this will naturally continue to exist, perhaps as a sort of check and balance on the systems.

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Author contribution

GOA and IOI conceptualized the study. GOA, YAA and IOI wrote the manuscript. GOA, YAA and IOI revised the manuscript. The authors read and approved the final manuscript.

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Consent

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Declaration of competing interest

We declare no competing interests. Views expressed in this article are those of the authors and do not necessarily represent the views of the

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