



COVID 19 Vaccine Hesitancy

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COVID-19 is a contagious disease caused by the Severe Acute Respiratory Syndrome Corona Virus-2, a single-stranded RNA genome. After its initial occurrence in, in November, 2019, in Wuhan, China, it has resulted in a worldwide pandemic. In India since early 2020 over 1,05,42,000 have been infected and over 1,52,000 have succumbed to it. A year after the first recorded case in India, the immunisation exercise against the disease kicked off on 16th January, 2021, with two vaccines: Covishield and Covaxin. Serum Institute of India in Covidshield has grafted the COVID-19 antigen onto an adenovirus. On the other hand the ICMR-Bharat Biotech candidate called Covaxin, is based on inactivated virus and represents a tried and tested technology. Despite the last-stage trial still being in progress, Bharat Biotech has also been given emergency use authorization [1]. However, a disease like COVID-19, may entail with it a higher level of hesitancy, considering the remarkably short duration in which the vaccines were assembled. The public may fear that in the haste of the situation short cuts may have been taken, and the resultant hesitancy may impose a challenge to the vaccination strategies and as a result, the elimination efforts. Many people for various reasons be it religious, social, economic or misinformation are hesitant in getting vaccinated. This is a major challenge in disease eradication campaigns all over the world [2].

Vaccine hesitancy is explained most easily by the three determinants: complacency, convenience and confidence. Confidence depends on the belief in the efficacy and lack of serious side effects of vaccines, in the system which delivers it, and the motivations of the policy-makers who decide on the needed

vaccines [1]. Covishield, is in worldwide use and has no serious side-effects have been reported in the last 40-60 days, instilling confidence in public. The live-attenuated Covaxin, whose phase 3 trials are yet to be completed, awaits its confidence if the phase-3 results are sound. Unfortunately, instead of stressing the robust results of Phase 1 and Phase 2 trials and the lack of any serious adverse effects, some sections of media and activists are harping on incomplete data. This may increase vaccine hesitancy, which if not checked may have catastrophic consequences in a pandemic. Vaccination complacency happens when chances of vaccine-preventable diseases are low and vaccination is not considered as an essential preventive action [1]. Given the way the COVID-19 pandemic has brought the entire world to a standstill, and the large number of fatalities, a high complacency is unlikely. On the other hand vaccination convenience may be a significant factor when affordability, accessibility, availability, ability to understand and appeal of immunization services affect uptake [1]. Convenience as a barrier is being effectively being countered by India. In what is considered to be the world's largest immunisation exercise, India has successfully organised 3351 vaccination sessions on Day 1 itself in 11 states, and these are gradually to be increased. Over 6 lakh beneficiaries from the priority group of frontline workers have been given the first shot of the vaccine in 4 days and no severe or serious adverse effect occurred.

While the scientific progress which made the development of a vaccine for this novel virus possible, should be celebrated, Vaccine Hesitancy should not be taken for granted [3]. It is a phenomenon of concern, as it can undermine efforts to end the COVID-19

pandemic. It should be effectively countered by analysing effective strategies to foster vaccine uptake and by promoting evidence-based health literacy and discouraging the spread of doomsday scenarios.

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