



## The Growing Global Problem of Vaccine Hesitancy: Time to Take Action

Saurabh RamBihariLal Shrivastava, Prateek Saurabh Shrivastava, Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Kancheepuram, Tamil Nadu, India

### Correspondence to:

Dr. Saurabh RamBihariLal Shrivastava, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, 3<sup>rd</sup> Floor, Ammapettai Village, Thiruporur, Guduvancherry Main Road, Sembakkam Post, Kancheepuram - 603 108, Tamil Nadu, India. E-mail: drshrishri2008@gmail.com

**How to cite this article:** Shrivastava SR, Shrivastava PS, Ramasamy J. The growing global problem of vaccine hesitancy: Time to take action. *Int J Prev Med* 2016;7:18.

### DEAR EDITOR,

Worldwide, immunization has been identified as one of the key interventions that can significantly reduce the incidence of illnesses, disability, and even mortality.<sup>[1]</sup> Even though vaccines are being acknowledged as one of the major milestones in the field of public health, but their acceptance among the general population is quite variable and is always under scrutiny for different reasons.<sup>[1,2]</sup> In fact, according to the recent estimates released by the World Health Organization, one in every five children worldwide fail to receive routine life-saving vaccines, and almost 1.5 children die every year because of those diseases which can be definitely prevented by the existing vaccines.<sup>[1,3]</sup>

Although multiple factors such as weaknesses in the public health system, poor infrastructure, and health care worker constraints have played a major role in reducing the uptake of vaccine; nevertheless, program managers are facing a growing challenge of vaccine hesitancy among a large number of people.<sup>[1,2,4]</sup> Vaccine hesitancy refers to either delay in acceptance or refusal of vaccines despite the existence of vaccination services.<sup>[2]</sup> The challenge of vaccine hesitancy does not restrict itself to developed nations alone but is quite a complex (involving subgroups of religious or philosophical objectors), rapidly changing, context specific (based on time, place—rural ethnic minorities or remote communities or urban residents, and vaccines) global problem that varies widely.<sup>[5,6]</sup>

The concern of vaccine hesitancy has been attributed to the confluence of a wide range of sociocultural, political, and personal factors.<sup>[2,7]</sup> The determinants of vaccine hesitancy include concerns about vaccine safety; myths prevalent in society (such as vaccination of women leads to infertility); lack of awareness about utility and advantages of vaccines; mistrust in the public health system or health care workers; influence

of the stakeholders including local leaders in shaping up perceptions among the general population; involved costs; geographic barriers; fear of needles; and personal attributes (viz., education status, etc.).<sup>[2,4,7,8]</sup>

However, in order to address the problem of vaccine hesitancy, there is a great need to have a precise estimate of the problem in a specified setting and information about the root causes, which are aggravating the problem, so that customized and evidence-based strategies can be formulated and implemented.<sup>[4,6]</sup> This is predominant because of the multidimensional nature of the problem, and thus, no single intervention can effectively deal with the problem universally.<sup>[6]</sup>

The strategies include the involvement of religious or other local stakeholders to improve the trends of vaccination in the community; implementing measures for social mobilization; encouraging use of different mass media techniques to not only increase the knowledge and awareness about vaccines, but also address the prevalent myths about vaccines; improving convenience and accessibility to the vaccines; employing reminder and follow-up services; organizing sensitization session for the health workers so that their communication skills can be enhanced; providing nonfinancial incentives to the immunized individuals; and conducting community-based research to assess the probable cause for vaccine hesitancy among the section of people who are reluctant to get immunized.<sup>[3,4,6-8]</sup>

Further, policy makers should be motivated to use the framework for tailoring of immunization program or even utilize the format for conducting vaccine hesitancy surveys, and subsequently share its findings on an international scale for the benefit of other nations.<sup>[3,6,7]</sup> In addition, nations should develop a mechanism to ensure continuous monitoring and evaluation so that the impact of the interventions can be successfully measured.<sup>[3]</sup>

To conclude, vaccines can bring about an improvement in the health indicators and prevent deaths only if they are used. Vaccine hesitancy represents a great challenge for the immunization program managers, and it is the need of the hour that they should realize its importance and work in an effective manner to achieve and sustain high vaccine uptake rates.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

**Received:** 19 Aug 15 **Accepted:** 29 Oct 15

**Published:** 13 Jan 16

### REFERENCES

1. World Health Organization. Immunization Coverage – Fact Sheet No. 378; 2015. Available from: <http://www.who.int/mediacentre/factsheets/fs378/en/>. [Last accessed on 2015 Apr 19].
2. Barrows MA, Coddington JA, Richards EA, Aaltonen PM. Parental vaccine hesitancy: Clinical implications for pediatric providers. *J Pediatr Health Care* 2015;29:385-94.
3. World Health Organization. Addressing Vaccine Hesitancy; 2015. Available from: [http://www.who.int/immunization/programmes\\_systems/vaccine\\_hesitancy/en/](http://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/). [Last accessed on 2015 Apr 19].
4. Larson HJ, Jarrett C, Eckersberger E, Smith DM, Paterson P. Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: A systematic review of published literature, 2007-2012. *Vaccine* 2014;32:2150-9.
5. Dubé E, Gagnon D, Nickels E, Jeram S, Schuster M. Mapping vaccine hesitancy – country-specific characteristics of a global phenomenon. *Vaccine* 2014;32:6649-54.
6. World Health Organization. Vaccine Hesitancy: A Growing Challenge for Immunization Programmes; 2015. Available from: <http://www.who.int/mediacentre/news/releases/2015/vaccine-hesitancy/en/>. [Last accessed on 2015 Apr 19].
7. Wittelman HO. Addressing vaccine hesitancy with values. *Pediatrics* 2015;136:215-7.
8. Kestenbaum LA, Feemster KA. Identifying and addressing vaccine hesitancy. *Pediatr Ann* 2015;44:e71-5.

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DOI:  
10.4103/2008-7802.173924

