EDITORIAL

COVID - 19 Vaccine Hesitancy among Health Care Workers

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According to the SAGE Working Group on Vaccine Hesitancy, "vaccine hesitancy refers to a delay in the acceptance of a vaccine or the refusal to be vaccinated despite the availability of vaccines"[1]. While the issue has been identified as an emerging concern prior to COVID - 19, its impact on vaccination roll outs during COVID - 19 have added to these concerns. The World Health Organization listed vaccine hesitancy as one of the ten global health threats of the century[2]. Three categories of issues related to complacency, confidence and convenience are often stated as reasons for vaccine hesitancy.

As one of the major factors for vaccine hesitancy, in the Western countries, the Antivaccination movements have played a significant role[3]. However, the issues in low-income countries tend to differ owing to a possible array of additional factors such as cultural and religious beliefs. There have been various forms of hesitancy to vaccines in low-income settings, including Ethiopia, even prior to the introduction of the COVID -19 vaccines which are rather widely reported. It appears that vaccine hesitancy has moved to a level of significant concern in relation to the COVID - 19 vaccine.

Since the availability of vaccines is one of the key determinants for vaccine coverage, the actual level of hesitancy in such settings is difficult to measure, due to a decreased availability of the COVID -19 vaccine. Based on the anecdotal evidences, even when there is a scarcity of the COVID -19 vaccines in Africa, the level of compliance to the already meagre COVID - 19 vaccine is quiet worrying. Reasons mentioned for delaying uptake include, a lack of trust in the scientific merits, a rapidly produced vaccine, doubts in its efficacy, concerns about its side effects – immediate side-effects related to the safety of obtaining the vaccine as well as long term effects such as infertility. However, those reasons lack firm scientific evidence and they are widely shared and listed as some of the concerns amongst the public. As mentioned earlier, the role of religious beliefs unlike most other vaccine preventable diseases seems to have played an exceptional role in vaccine hesitancy for the COVID – 19 pandemics.

Another surprising observation made regarding the COVID -19 vaccine is the hesitancy reported from health care workers. This is another relatively new feature witnessed in the current COVID – 19 pandemics. Research in Ethiopia around vaccine hesitancy among health care workers revealed very significant levels of hesitancy among health workers of different categories, owing to a range of issues such as a lack of clear evidence regarding the vaccine´s short and long-term safety, efficacy and quality profiles as well as cultural and religious beliefs [4 5 6]. What makes the issue more problematic is the moral dilemma of the decisions taken by health care professionals and the implications of those decisions which impact more than just the individual making them. Health care provides have a duty to protect themselves and their patients from any known risk of vaccine preventable diseases and the COVID - 19 pandemic is no exception. In addition, health professionals are considered to be role models when it comes to key public health interventions and they are also gate keepers for public health services.

This has led in some setting to the introduction of mandatory vaccines for COVID - 19. However, the introduction of mandatory vaccines without addressing the root cause comes with certain caveats such as infringements of personal rights and the underestimation of agency with the reversal of effects. The issue is compounded by a number of personal, social, policy and moral issues, a careful examination and framework is required to address these issues. This

[1]MacDonald NE; SAGE Working Group on Vaccine Hesitancy. Vaccine hesitancy: Definition, scope and determinants. Vaccine. 2015 Aug 14;33(34):4161-4. doi: 10.1016/j.vaccine.2015.04.036. Epub 2015 Apr 17. PMID: 25896383.

[2] https://sitn.hms.harvard.edu/flash/2021/vaccine-hesitancy-more-than-a-pandemic/

[3]Roberts HA, Clark DA, Kalina C, Sherman C, Brislin S, Heitzeg MM, et al. (2022) To vax or not to vax: Predictors of anti-vax attitudes and COVID-19 vaccine hesitancy prior to widespread vaccine availability. PLoS ONE 17(2): e0264019. https://doi.org/10.1371/journal.pone.0264019

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[6]*Fisseha Shiferie et al. Exploring reasons for COVID-19 vaccine hesitancy among healthcare providers in Ethiopia. Pan African Medical Journal. 2021;40:213. [**doi:** 10.11604/pamj.2021.40.213.30699]*

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calls for more contextualized and in-depth studies pertaining to the reasons and dynamics, in order to understand the underlying reasons and examine appropriate interventions to inform policy decisions and strategies aimed at improving vaccine coverage. It is only then that the issue can be addressed properly not only for the COVID -19 pandemic but also for other similar situations, when professional mandates and moral agency are intertwined in a complex fashion. Otherwise, despite increased levels of vaccine availability for COVID – 19 and wide-spread campaigns, the required compliance and coverage may not be easily attained.

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