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Letter to the Editor

Supporting Medical Providers to Combat Vaccine Hesitancy

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To the Editor:

COVID-19 vaccine hesitancy during the SARS-CoV-2 public health crisis has the potential to significantly increase disease burden throughout the world. Vaccinations currently available have an increasing amount of data to support both their safety and efficacy at preventing disease. However, serious efforts, both educational and logistical, must take place to maximize the public’s vaccination uptake.

Polls assessing vaccine hesitancy in the general population have shown hesitancy persisting despite vaccination campaigns being underway. National polling data as of February 2021 has demonstrated up to 44% of the general population is still displaying vaccine hesitancy. Specifically, 22% report they would want to wait and see how the vaccine is working before getting it, 7% would get the vaccine if required by school or work, and 15% would definitely not get the vaccine.

Despite Centers for Disease Control recommendations, health care workers are also displaying vaccine hesitancy. A study conducted in a large university health care system observed attitudes towards COVID-19 vaccination among health care personnel. The various personnel being surveyed ranged from physicians to non-clinical ancillary staff. Results from this survey showed 58% of respondents said they would get vaccinated, 26% were unsure, and 16% reported they would not get vaccinated. Additionally, 20% of physicians and 45% of master’s-level clinicians reported they were not sure or strongly disagreed to getting a COVID-19 vaccine if one were offered to them for free.

Among the most significant contributors to vaccine hesitancy is the misinformation projected on social media. Misinformation being spread to the public include assertions the vaccine trials were rushed, the vaccine technology is new, or that the vaccine alters one’s
While this information is false, clinicians must be ready to provide demonstrated facts and recommendations to combat the spread of misinformation. Health care providers have not only an opportunity, but an obligation, to dispel the myths about COVID—19 and its vaccines. They must anticipate, validate, and be prepared to address patients’ questions and concerns about the vaccine. To do so, health professionals must be able to demonstrate their own confidence in the benefits of the vaccine being greater than any possible difficulties. Moreover, health care providers’ ability to combat vaccine myths is especially important in underserved and minority communities. Patients tend to accept preventative medicine recommendations from providers with the same ethnicity and race as themselves, and providers of color are disproportionately likely to practice in communities of color.

Educational interventions for providers may be helpful to increase confidence in deflating vaccination myths and help them to promote vaccination in their patients. As an example, a small community health center with multiple locations serving underserved communities in Ohio used its pharmacy-led academic detailing approach to educate the medical and pharmacy providers about the COVID-19 vaccines. Before and during the educational presentation, questions were sought from the providers and free engagement was promoted to share insights. The academic detailing session also covered common misinformation as well as factual information refuting common erroneous claims. A survey of the medical providers was then circulated to assess comfort in recommending the COVID-19 vaccination to patients (item #1), addressing vaccine hesitancy (item #2), and addressing use of the vaccine in special populations (e.g., immune-deficient, previous COVID-19 exposure) (item #3). Results from the survey (n=12, 75% response rate) were analyzed using Cohen’s D to evaluate effect size.
analysis revealed the academic detailing session had a medium positive effect on item #1, a large positive effect on item #2, and a very large positive effect on item #3.

Education and the dissemination of factual data are pathways to reduce vaccine hesitancy. This education empowers providers to educate their patients regarding COVID-19 vaccines and dispel misinformation which could lead to greater public harm. Educational interventions as described above should be considered by clinics and health centers to aid in combatting the SARS-CoV-2 pandemic.

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