

# AstraZeneca's damaged vaccine confidence: Government must urgently restore it

April 12 2021, by Jane E Frawley

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The federal government's [recommendation](#) last week that the Pfizer COVID-19 vaccine is now the preferred vaccine for adults under 50 has shaken public confidence in the COVID-19 vaccine rollout.

The Australian Technical Advisory Group on Immunization (ATAGI) advised the AstraZeneca vaccine, previously planned as Australia's main vaccine, will no longer be the preferred vaccine for adults [under 50](#). It came after an extensive review of data from the United Kingdom and Europe which [found an association](#) between a very rare type of blood clot and the AstraZeneca vaccine.

Public confusion has already resulted in [mass cancelations](#) of vaccine appointments at GP clinics, by adults both over and under 50.

It's important to remember the Australian government can afford to choose a safer path because we are not in the midst of a large COVID-19 outbreak.

Doctors have been inundated by patients canceling their appointments for AstraZeneca shots, with some GPs opting to pull out of national immunization program. | [@MeljCunningham](#)  
[#Astrazeneca](#) [#pfizer](#) <https://t.co/EsvcjAFiFj>

— The Age (@theage) [April 9, 2021](#)

But a decrease in vaccine confidence may be an unintended consequence of this path.

Now, the federal government must urgently restore [public confidence](#) in the vaccine rollout. It needs to quickly reassure adults aged over 50 the AstraZeneca vaccine is safe.

It's essential the government gets this right. Concerns about one vaccine can damage [public trust](#) in other vaccines.

**Why has a safer approach decreased confidence?**

Vaccine confidence can be fickle. There are many recent examples of established vaccine programs that have been undermined by unrelated [events](#) or [errors](#). This has led to mass disease outbreak and preventable death. For example, in the Philippines, a new measles outbreak that infected [47,871](#) people in 2019 and killed 632, mostly children, was fuelled by a drop in measles vaccination spurred by concerns about a dengue fever vaccine.

Vaccine program resilience is an even bigger ask during a new vaccine rollout where rare effects are expected once the vaccine is given to hundreds of millions of people.

Research from the Australian National University published last week [found young women](#) are the most likely to avoid vaccination. Women who did not approve of the government's handling of recent sexual harassment scandals were less likely to accept a COVID vaccine. This demonstrates the importance of trust, and shows a lack of trust in one area of the government's remit can spill into other areas.

Because the risk of catching COVID-19 is currently so low in Australia, many people are feeling less interested in being vaccinated.

[One Australian study](#), published in September last year, found fewer people were willing to accept a COVID-19 vaccine compared to a [similar study](#) done two months earlier. This decrease was evident following a decreased number of new COVID-19 cases in Australia in the time between these two studies. People can change their intention to be vaccinated when they fear the effects from the vaccine more than the disease.

On top of all of this, some members of the community are still concerned COVID-19 vaccines were developed too quickly and without appropriate checks and balances—even though this isn't true.

Changing recommendations during a vaccine program rollout can compound these concerns.

## **How can confidence be restored?**

While the federal government was quick to accept the recommendation from ATAGI, the confusion has added to the rollout chaos. Public confidence has been damaged, and further [vaccine delays are imminent](#) across the board, including for younger health and aged-care workers.

Vaccine program resilience is essential to survive the bumps along the way and the government has not invested enough in understanding public sentiment and developing plain language information resources.

The challenge for public health and the federal government now is to address the understandable concerns and prevent them from contaminating the broader public dialog on COVID-19 vaccination.

With high numbers of Australians needing to be vaccinated to prevent further COVID-19 outbreaks, there's very little room for vaccine rejection.

The government urgently needs to use clear messaging for all communities and health professionals. This includes communities with diverse cultural and language requirements

These efforts will greatly benefit from multidisciplinary teams of infectious disease, vaccine, social science and communication experts.

## **We need a compensation scheme**

During Australia's COVID-19 [vaccine rollout](#), so far one man in his 40s

has [developed blood clots](#) following vaccination with the AstraZeneca vaccine. There's a [25% death rate](#) following a vaccine-related clot according to ATAGI. Four to six clots [are expected](#) per million doses of AstraZeneca vaccine (first dose) and while this reaction is exceedingly rare, it is severe.

This also highlights the importance of a no-fault [vaccine](#) injury compensation scheme.

Such a scheme recognizes that if the [government](#) promotes whole of community vaccination for collective good, then it also accepts the ethical and financial burden for the few people who will sustain a serious injury. The [federal government](#) should implement one as a matter of priority.

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