

New guidance: Approaches for tackling vaccine hesitancy

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A newly published paper has provided guidance for clinicians and policymakers on approaches to helping people make informed decisions about COVID-19 vaccination.

Led by researchers at St George's, University of London, Imperial College London and the University of Edinburgh, and published in the *BMJ*, the paper breaks down the causes of [vaccine hesitancy](#) and provides potential strategies for interventions.

The authors write that [vaccine](#) hesitancy is a global issue, with 50-60% of respondents to surveys in 2021 stating they would be willing to receive a COVID-19 vaccine, with wide variations across countries. In the UK, there has been high levels of hesitancy in people of ethnic minority background, with 72% of people of Black ethnicity, 42% of South Asians of Pakistani and Bangladeshi heritage and 32% of people of mixed ethnicity demonstrating hesitancy, compared to 18% in the overall population. This hesitancy has corresponded with lower vaccination rates among these groups.

These findings have been of particular concern in healthcare workers, where there have been lower rates of vaccination in certain ethnic minority groups.

The authors explain that there are multiple causes and drivers of low confidence in COVID-19 vaccines, which may lead to low uptake. These include:

- Socioeconomic and healthcare inequalities and inequities
- Structural racism and previously unethical research involving some ethnic minority groups
- Social disadvantages including lower levels of education and [poor access](#) to accurate information
- Misinformation, disinformation, rumours, and [conspiracy theories](#), in particular through social media
- Lack of effective public health messages or targeted campaigns
- Barriers to access, including vaccine delivery time, location, and cost related to socioeconomic inequalities and marginalisation

As such, they propose several interventions to tackle hesitancy, including: tailored communications for different communities, using different languages; flexible delivery models for vaccination clinics, making them more accessible; engaging [local communities](#) through local champions and community groups; and training and education at a local level in communications and engagement activities.

The authors also share resources from trusted institutions on the evidence behind vaccines, as well as top tips for healthcare workers when communicating with vaccine-hesitant patients. They suggest that [healthcare workers](#) should adjust their styles for differing education and language levels, as well as repeatedly checking understanding of the information given. They recommend that tailoring the approach based on each person's experiences and backgrounds will help to contextualise importance of vaccination, giving people the information they need to consider getting vaccinated.

Dr. Mohammad Razai, first author on the paper, from St George's, University of London, said: "The COVID-19 pandemic has disproportionately affected certain communities, exacerbating health inequalities in many countries, including the UK. This is particularly apparent when considering the vaccine rollout, with higher vaccine hesitancy and lower uptake in these groups.

"We need to do more to engage with these groups to enable informed decision-making, provide clear and accessible information from trusted professionals on vaccination as well as address access barriers, so everyone can benefit from vaccines which prevent severe disease and death from COVID-19."

More information: Mohammad S Razai et al, COVID-19 vaccination hesitancy, *BMJ* (2021). [DOI: 10.1136/bmj.n1138](https://doi.org/10.1136/bmj.n1138)

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