Reclaiming vaccine hesitancy as mainstream

by Iris Gorfinkel MD CM; Aaron Perlow

Vaccine hesitancy (V.H.) is considered by many to sit on a continuum with the anti-vaxxer movement. Yet there's a critical difference between these two groups. The vaccine hesitant ask questions that expect a scientific response. Anti-vaxxers promote reductionist, simplistic, across-the-board declarations that largely ignore science[1].

For many years running, physician licensure examinations have asked which public health measure has saved the most lives (the answer is clean water)[2]. Future exams may instead ask why vaccines fail to be *perceived* as lifesaving, given that they prevent 2-3 million deaths each year, according to the World Health Organization[3].

In spite of the impressive number of lives saved, in 2019 the W.H.O. ranked V.H. as eighth in its top ten threats to global health. It had done so well before the emergence of COVID-19. What prompted this declaration was a 30% worldwide increase in cases of measles, a vaccine-preventable disease[4].

COVID-19 brought several new challenges to a pre-existing problem. Concerns cropped up about the newness of the vaccine, the technologies used, its speed of development and about its potential long-term side effects. Compounding these challenges were circulating reports about mRNA vaccines being able to change DNA, bad intentions of governments, pharmaceutical companies and international organizations. One popular conspiracy theory argued that Bill Gates intended to microchip and control people with a vaccine[5].

It came as no surprise when in November 2020 an Ipsos Canada poll found that seven in ten (71%) of those polled felt that "taking a vaccine for COVID-19 made them nervous [because it] had been created and approved so quickly." Nearly as many felt that potential long-term effects were a concern[6].

A month later a KPMG poll found that nearly half of the Canadians in the poll questioned the safety of a COVID-19 vaccine, even though 80% said that they would take it if it were available[7].

V.H. is not limited to patients alone. Physicians and other health care workers (H.C.W.s) have openly expressed similar concerns. A Kaiser Foundation survey found that 29% of H.C.W.s are vaccine hesitant[8].

A survey from the Centre for Disease Control found that only 63% of U.S. H.C.W.s in recent months said they would accept a vaccine for COVID-19 for themselves. Many expressed concerns identical to those mentioned by the general public[9].

What emerges is a clear message that V.H. is hardly exceptional. It is a thoughtful process shared by a significant number of would-be vaccine recipients who are asking logical questions in the face of an onslaught of new information.

Yet reasonable or not, there remains discomfort among H.C.W.s when fielding questions about the safety and efficacy of vaccines against COVID-19. This uneasiness has several roots.

The first is that physicians historically have been looked to as all-knowing. It's easy to become complacent in a world of information asymmetry. Yet widespread internet access combined with the fast-paced nature of the COVID-19 news cycle, has left healthcare providers unable to claim exclusive dominion over emerging medical information. Patients are equipped with information, misinformation, questions and doubts in an "infodemic" of various news sources and social media.

It is also important to recognize what features are common to those who are V.H.. According to Stats Canada, the V.H. are more likely to be younger than 64 years of age. They're likely to have completed a trade's

certificate, CEGEP or community college but not quite a Bachelor's degree. Finally, the V.H. are more likely to hail from the Atlantic provinces.

Yet most concerning is the widespread notion that V.H. sits on a continuum with an outright refusal to get vaccinated - a concept that the W.H.O. itself has inadvertently advanced.[3] When V.H. is viewed through this lens, it has the very real potential of inhibiting communication between patients and H.C.W.s out of fear of being thought of as an anti-vaxxer. Even more concerning, anti-vaxxers could claim that the prevalence of V.H. serves as a form of validation to its anti-scientific perspective.

It is therefore crucial that V.H. be viewed not on a continuum with the anti-vaxxer movement, but instead as a healthy form of patient engagement. Such reframing clearly demarcates V.H.as being fully separate from the anti-vaxxer movement.

There are further benefits to this division.

Many of the questions that V.H. raises are foundational to what clinical research seeks to answer, including a transparent understanding of the safety and efficacy of vaccines. Openly acknowledging what is known, and just as importantly, what is not, enables the agility to rapidly pivot in response to new knowledge. Ultimately V.H. drives the scientific method.

Reframing V.H. ensures mutual intellectual freedom while respecting and informing patients through a more open dialogue. This more enlightened definition takes what was previously viewed as a threat and transforms it into a form of patient engagement that helps to ensure a truly informed consent.

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Competing interests

Iris Gorfinkel has received funding from several major pharmaceutical companies, clinical research organizations and the National Institute of Health in her participation in over 65 clinical research trials. She has served as Co-Chair of the Advisory Board for GSK's Shingrix and has received educational grants from GSK, Merck and CME Outfitters. She is a medical analyst and frequent contributor to the Canadian Broadcast Corporation (CBC) and hosts a weekly medical column.

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