Vaccine Hesitancy Prompts Healthcare Leaders to Take Action

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The year 2020 has felt like an endless series of bad news. Every day, we hear statistics about the unimaginable number of people dying at the hands of COVID-19. Surges in COVID-19 positivity rates and deaths reaching new peaks in the fall of 2020 have made it seem like the nightmare of this pandemic would never end. Then, on November 9, 2020, the world received its first hint of good news: The pharmaceutical company Pfizer and the biotechnology company BioNTech announced that a vaccine candidate was found to be more than 90% effective in preventing COVID-19 (Pfizer & BioNTech, 2020). A little more than a week later, we received more good news. Biotechnology company Moderna announced it had developed a vaccine candidate with an efficacy of 94.5% (Moderna, 2020). The world let out a collective sigh of relief. However, developing the vaccine is just the beginning. The vaccine must be administered quickly and safely to, quite literally, the entire world.

Vaccine Refusal and Hesitancy

History has shown us that administering a vaccination program on a broad level is not easy. The logistics of administering a vaccine are difficult, but it is increasingly difficult if the public does not widely trust the vaccine's safety.

Vaccine hesitancy is a phrase many of us may have heard for the first time during COVID-19, but the concept is not new. A common cycle has played out since the first vaccine (for smallpox) was administered. Initially, a vaccine is met with eagerness and acceptance. However, after the vaccine is administered successfully and no longer a visible threat to the public's daily life, enthusiasm in the vaccine wanes (Schwartz, 2012). At this point, many people have lived a life unaffected by the now almost eliminated disease. Because of this, the disease no longer appears as a real threat; instead, the vaccine itself appears to have the most visible "risks" (Schwartz, 2012).

Additionally, compulsory vaccinations—typically vaccines required to attend school—have long been contentious. According to an article on the history surrounding vaccine hesitancy, in the early 20th century, required school vaccinations were so contentious that a news article from York, Pennsylvania, with the headline "Vaccination Stirs Revolt" reported, "Threats to burn schoolhouses, whip teachers, and punish school directors have been the outcome of the enforcing of the compulsory vaccination law" (Schwartz, 2012).

Although we have not yet seen threats akin to whipping teachers or burning down schools, the main tenets of vaccine refusal have remained the same: distrust of the science of vaccines and the government's infringement on personal liberties (Schwartz, 2012). In modern history, this anti-vaccine movement has taken on a more powerful form due to easy access to information, both reliable and unreliable, on the internet and the spread of such information through social media (Schwartz, 2012).

With this in mind, healthcare leaders are tasked with trying to convince the public that the COVID-19 vaccine will have undergone a rigorous regulatory process and will be safe to use. According to a 2020 Gallup poll conducted between October 19 and November 1, 58% percent of Americans said they would get the COVID-19 vaccine, up from 50% in September (Reinhart, 2020). This poll was conducted before Pfizer and Moderna reported that their vaccines were over 90% effective, so it is possible that the percentage of Americans willing to get the vaccine is even higher since the poll was taken (Reinhart, 2020). However, this is still a large number of Americans distrustful and unwilling to get the COVID vaccine. Moreover, some experts estimate that a more than 70% inoculation rate in the United States is likely needed for immunity (Burger & Kelland, 2020).

Many healthcare organizations and public figures have issued statements on the dangers of vaccine hesitancy. The American Hospital Association, the American Medical Association (AMA), and the American Nurses Association issued an open letter on December 1, 2020, urging the American people to "trust in the process to develop, distribute, and administer a safe and effective vaccine and broad willingness to get vaccinated," explaining to the public that this is the only way to truly eradicate the virus (American Hospital Association et al., 2020).

The AMA also voted on a policy to combat misinformation regarding the COVID-19 virus. At a special meeting of AMA's House of Delegates, the AMA adopted a policy aimed at "educating physicians on speaking with patients about COVID-19 vaccination, bearing in mind the historical context of "experimentation" with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education material" (AMA, 2020). Many Black Americans have a deep-rooted distrust of the healthcare system and clinical research stemming back to the Tuskegee experiment in 1932, when researchers did not

treat syphilis in a group of black men in order to observe how the disease would progress (Warren et al., 2020). However, according to an article in the *New England Journal of Medicine*, the Tuskegee experiment was just one famous example out of centuries' worth of documented exploitation of Black Americans by physicians and researchers that has led to distrust (Warren et al., 2020).

Trust in the Vaccine Administration Process

The National Council of State Boards of Nursing (NCSBN) released a policy brief to provide guidance to states and federal agencies on the administration of the COVID-19 vaccine (National Council of State Boards of Nursing, 2020). Although trust in the vaccine is important to a successful vaccination program, trust in the provider administering the vaccine is an equally important part of the process, reports NCSBN. NCSBN argues that in addition to the nursing profession (registered nurses, licensed practical nurses, and advanced practice registered nurses) being competent to administer the COVID-19 vaccine, other healthcare professions are also capable of taking part in the vaccination program, including physicians, physician assistants, and pharmacists. According to NCSBN's brief, many healthcare professionals are qualified and are able to safely administer the vaccine; they should be tapped so that administration of the vaccine can be accessible to as many people as possible. Additionally, dependent on state law, expanding the vaccination workforce to include non-nurses may require waivers to authorize registered nurses or licensed practical nurses to delegate the vaccine administration to medical assistants, medication aides, and emergency medical personnel who have been trained in vaccine administration.

Some states have recognized the importance of expanding the workforce to administer the vaccine and have expanded scopes of pharmacists to increase that pool of providers. Although every state allows pharmacists to administer vaccines in some form, many states do not give pharmacists a broad power to administer any vaccine to any person. Instead, some states list out the vaccines that pharmacists are able to administer and to what population group (American Association of Colleges of Pharmacy et al., 2020). Because of this, a handful of states amended their vaccination laws in the 2020 session to specify that pharmacists may administer the COVID-19 vaccine. This is particularly important due to the prevalence of pharmacists in all communities, which allows for greater access to the vaccine in rural areas (Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act, 2020).

The world has asked much of our healthcare and essential workers in 2020, and they have responded bravely. Healthcare workers have saved countless lives by putting their own health at risk. Healthcare leaders across the world are now asking that the public does its part to end this awful pandemic and get vaccinated when it is available.

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