



# Acceptance of Anti-Covid-19 Vaccination in Health Workers

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## Opinion

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## Abstract

The COVID-19 pandemic continues in the world despite advances in anti SARS-CoV-2 vaccination and in the development of therapies to treat the disease. In recent years, a global phenomenon of refusal to access doses of different factors described in different places around the world associated with the acceptance or not of being vaccinated with any anti-COVID-19 vaccine by health personnel. Among the factors described, insufficient knowledge about the safety and effectiveness of the different vaccines administered stands out. Ways to access information about the safety, efficacy and effectiveness of anti-COVID-19 vaccines other than medical undergraduate and graduate study programs and others health careers are also described. In our opinion, the reasons through which better acceptance rates of anti-COVID-19 vaccines could be achieved in this type of personnel would be: knowledge about the safety and effectiveness of the vaccines; confidence in the products of the biotechnology industry; vaccination is the only health intervention capable of protecting humans from suffering and infectious disease or at least from suffering a severe form and death; knowledge about the experience of the different pharmaceutical industries endorsed in terms of successful vaccination in different regions of the world.

**Keywords:** Vaccination; COVID-19; Immunization Programs; Health Workers

## Opinion

The COVID-19 pandemic continues in the world despite advances in anti-SARS-CoV-2 vaccination and in the development of therapies to treat the disease. It has even been possible in many latitudes to modify the severity of the disease, the symptoms and signs, as well as the incidence and prevalence rates, but even so the success of the anti-SARS-CoV-2 vaccination have not been total given the problems that still exist when accepting to be vaccinated with some

of the vaccines that are registered in the world against COVID-19 [1].

Vaccination against infectious diseases or immunization against vaccine-preventable diseases constitutes a milestone in the history of World Public Health; which has resulted in the sharp reduction of most infectious diseases preventable by vaccines and the elimination of some globally or in large areas of the world. Vaccination is the intervention in Public Health with the best cost-benefit ratio after the purification

of water for human consumption [2].

Faced with the COVID-19 pandemic, an unprecedented era opened in the field of vaccine production against infectious diseases. The vaccines against COVID-19 were eagerly awaited, they should be safe and effective vaccines that would allow all citizens of the world to resume their normal ways and lifestyles, far from the restrictions imposed by the pandemic [1-4].

In recent years, a global phenomenon of refusal to access doses of different types of vaccines has begun to be observed. This phenomenon of refusal to access vaccination has become more evident in the face of anti-COVID-19 vaccination [4]. In a study carried out on health workers from a tertiary care institutions in Nigeria, 347 subjects were studied, all of them responded to an online version of the questionnaire. All questionnaires were returned with 100 % of the questions answered correctly. Adherence to the anti-COVID-19 vaccination of the staff surveyed was 35,4 %. The factors for which a greater relationship with statistical significance was described regarding adherence to said vaccines were the religious denomination and the job category of the workers within the health sector. On the other hand, it was described that subjects included in the age group between 20 and 29 years old, male, married and holders of a higher educational level were those who showed higher rates of adherence to anti-COVID-19 vaccines. However, these observations were not statistically significant [2].

On the other hand, in the investigation work of Chinedu and collaborators, when evaluating the contextual perception factors related to adherence to anti-COVID-19 vaccination, in terms of belief in the information offered on the internet and other social media only 23,3 % of those surveyed who answered that they believed in the content of said information agreed to be vaccinated. When asked if they believed that vaccine producers made safe and effective vaccines; 68,9 % answered yes. However, only 25.1 % of those who answered yes to this question later agreed to be vaccinated. When asked if they felt distressed by the possibility of experiencing a reaction if the vaccine were administered; 69,7 % answered yes. However, of that group only 45,0 % agreed to be vaccinated [2].

Nour J and collaborators carried out a study between January and May 2021, selecting a sample of health workers to whom they administered an electronic questionnaire. Nine hospitals from different provinces of Lebanon participated, including doctors, resident doctors, medical students, nurses, pharmacists, nutritionists, dentists, optometrists, occupational therapists, social workers, epidemiologists, laboratory and radiology technicians, health care assistants, investigators and coordinators, as well as administrative

staff. The study sample was 592 subjects. 86,8 % of the subjects surveyed accepted the anti-COVID-19 vaccination; 53,4 % reported that the reason for rejection was that the anti-COVID-19 vaccines had not yet been sufficiently studied. 23,3 % reported lack of confidence in the production and distribution of vaccines. 20,7 % reported fear of potential adverse events, while 2,6 % did not respond about why they did not access the anti-COVID-19 vaccination [5].

Robert L R, et al studied adherence to anti-COVID-19 vaccination in Southern California in nurses. This study was conducted at two medical centers. Participating subjects completed an online questionnaire. 869 nurses participated. 78,6 % of these accessed the anti-COVID-19 vaccines, while 21,4 % did not access the vaccination. When carrying out comparison tests regarding different variables in the subjects who agreed to be vaccinated, no statistically significant differences were reported in terms of educational level, contact with patients sick with COVID-19, work environment, or have family and friends who have suffered the impact of COVID-19. A relationship was found with non-acceptance of anti-COVID-19. A relationship was found with non-acceptance of anti-COVID-19 vaccination in nurses with no recent history of having received anti-Influenza vaccination, in younger nurses and those who had already suffered from COVID-19. 17,3 % of the participants refused to recommend anti-COVID-19 vaccination to other people Roberts LR [6].

In our opinion, to achieve adequate acceptance rates of anti-COVID-19 vaccines in health workers, it is necessary that they know that the safety and effectiveness of the vaccines is good; that there is high confidence in the products of the biotechnology industry; that said personnel know that vaccination is the only health intervention capable of protecting them from suffering an infectious disease or at least from suffering a serious form and death; that there is high confidence in the certification of the personnel in charge of administering the vaccines as well as in the personnel trained to monitor adverse events; that the expected adverse events be site of vaccine administration and where they should go for their reporting and management; create knowledge among staff about the need to protect themselves from COVID-19 as they belong to health personnel who are exposed to contagion, as well as the need to protect the family from contagion and complications of COVID-19.

We believe that it is necessary to develop educational intervention programs about the benefits of prophylactic vaccination. Also the need for the introduction and improvement of content related to vaccination in undergraduate and graduate programs in the different careers and specialization programs that health professionals receive. Only by increasing the level of knowledge of these professionals is it possible to achieve greater acceptance of

prophylactic vaccines. We have experiences in this regard [7,8]. The social impact of these health workers are the mirror in terms of their behavior regarding vaccination for the rest of society and it is what they can offer in their interventions at different levels of health systems, knowledge that manages to change behaviors regarding the acceptance of anti-COVID-19 vaccines and other infectious diseases.

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