SJIF Impact Factor: 5.464

WORLD JOURNAL OF ADVANCE HEALTHCARE RESEARCH

ISSN: 2457-0400
Volume: 5.
Issue: 5.
Page N. 288-291
Year: 2021

Original Article www.wjahr.com

PERCEPTION AND ACCEPTANCE OF COMMUNITY HEALTH WORKER'S AMONG COVID VACCINE

Dr. Anu Gauba*

Professor, Amity College of Nursing, Amity University, Gurgaon.

Received date: 12 August 2021 **Revised date: 03** September 2021 **Accepted date: 24** September 2021

***Corresponding Author: Dr. Anu Gauba**

Professor, Amity College of Nursing, Amity University, Gurgaon.

ABSTRACT

Community Health Worker's are essential to engagement activities with community leaders and decision-makers, driving community-level change by working within social dynamics and institutional and social structures. Equitable access to safe and effective vaccines is critical to ending the COVID-19 pandemic, so it is hugely encouraging to see so many vaccines proving and going into development. WHO is working tirelessly with partners to develop, manufacture and deploy safe and effective vaccines. Safe and effective vaccines are a game-changing tool but for the foreseeable future we must continue wearing masks, cleaning our hands, ensuring good ventilation indoors, physically distancing and avoiding crowds. Being vaccinated does not mean that we can throw caution to the wind and put ourselves and others at risk, particularly because research is still ongoing into how much vaccines protect not only against disease but also against infection and transmission.

KEYWORDS: Community Health Worker's, Covid, vaccination.

INTRODUCTION

Corona virus disease (COVID-19) is a deadly disease which continues to affect many countries in the world. This is caused by the new corona virus strain SARS-CoV-2 which has become a serious public health concern worldwide.[1] The World Health Organization (WHO) declared the COVID-19 outbreak as a pandemic on 11 March 2020.[2] This pandemic has affected 223 countries, with over 104.37 million confirmed cases and 22.71 million deaths recorded globally.[3] The incidence is higher in the Americas (46313540 cases and 1072244 deaths) and Europe (35003091 cases and 767235 deaths) than in South East Asia (12982540 cases and 199668 deaths), Africa (2616892 cases and 64473 deaths) and the Western Pacific (1466248 cases and 25526 deaths).[4]

Vaccines are the most important public health measure and most effective strategy to protect the population from COVID-19, since SARS-CoV-2 is highly contagious virus and affects populations widely and globally. The competition for COVID-19 vaccine invention and development against the spread and catastrophic effects of the disease is ongoing[5] and new, more effective vaccines are likely to be developed as we move through the pandemic. With the distribution of vaccines underway, it is very important to examine community acceptance of COVID-19 vaccinations.[6]

COVID-19 pandemic has disrupted every sphere of human life. The disruption spans from local to international level, thus necessitating its declaration as a public health emergency of international concern by the World Health Organization. The virulence of the virus coupled with non-availability of highly efficacious antiviral drugs has further heightened the global concern about the disease. Efforts have been geared towards the primary prevention of the disease via health promotionCOVID-19 pandemic has disrupted every sphere of human life. The disruption spans from local to international level, thus necessitating its declaration as a public health emergency of international concern by the World Health Organization. The virulence of the virus coupled with non-availability of highly efficacious antiviral drugs has further heightened the global concern about the disease. Efforts have been geared towards the primary prevention of the disease via health promotion clinical trials, while some have been given emergency use approval by the World Health Organization amidst widespread misconceptions about the disease, and some countries have procured the vaccine while others are in the process of procurement of the vaccine. It is therefore imperative to assess possible COVID-19 vaccine hesitancy and commence necessary mitigation measures to enhance adequate vaccine coverage. This study consequently aimed to assess the perception of citizens about COVID-19 infection and factors that may influence their willingness to uptake the vaccine. The findings could form a basis for health promotion intervention to enhance wide vaccine coverage.

To achieve the necessary herd immunity to control viral transmission and stop the pandemic, vaccinating more than 82% of the population is crucial and requires strong acceptance and low hesitation levels throughout the population. Therefore, identifying factors associated with vaccine acceptance and hesitancy is needed to implement policy changes and help public health experts identify a conceptual framework and educational campaign aimed at increasing this awareness in the general population. Waning public confidence in vaccines due to rumors and conspiracy theories is a major challenge for public health experts and policymakers worldwide. Hesitation, spreading rumors, and fake news can affect public mentality and vaccine decisions.

Regarding the vaccine trust and safety, approximately a third of study participants either agreed (2779, 18.4%) or strongly agreed (3485, 23.1%) that receiving a safe and trusted vaccine was possible. On the other hand, most (10,803, 71.6%) believed there would be difficulties in equitable and proper vaccine distribution. Interestingly, almost a third of the participants either agreed (2452, 16.3%) or strongly agreed (3127, 20.7%) with concerns about serious vaccine complications. A total of 5861 (38.8%) reported their preferences for the Sputnik V vaccine over other candidates**.** Although effective and equitable distribution of COVID-19 vaccines is a key policy priority, ensuring acceptance is just as important. Trust in vaccines as well as the institutions that administer them is key determinants of the success of any vaccination campaign.[7] Several studies have investigated willingness to take a potential COVID-19 vaccine in high-income countries[8] and some studies have included middle-income countries.[9] Less is known, however, about vaccine acceptance in low-income countries where large-scale vaccination has yet to begin. Understanding the drivers of COVID-19 vaccine acceptance is of global concern, because a lag in vaccination in any country may result in the emergence and spread of new variants that can

overcome immunity conferred by vaccines and prior disease[10]

Vaccine acceptance and uptake

The effectiveness of immunization programmes, including COVID-19 vaccines delivery, relies on population uptake and acceptance of vaccines, achieved through a range of strategies. It also requires trust, which many Community Health Worker's have built in their communities. Global evidence shows that Community Health Worker's play an important role in vaccine promotion and acceptance: whether through community dialogue and engagement, education, trust-building, myth-busting, on- and offline social listening, or facilitating community entry. There are concerted global efforts to spread misinformation (incorrect information unintentionally spread) and disinformation (incorrect information created and shared with the intent to cause harm) about potential COVID-19 vaccines. The infodemic and mistrust in the COVID-19 vaccination effort are global phenomena that affect countries to varying degrees (25–30), requiring a multi-layered infodemic management, risk, social and behaviour change communications and community engagement efforts. This includes stakeholder coordination and alignment with journalists and media, along with social listening to inform contextually appropriate information dissemination strategies and messages. Multi-tiered dissemination and two-way dialogue strategies may comprise a variety of media contextualized by audience, monitored and adapted over time to identify concerns, reasons for mistrust and misinformation so these can be effectively targeted and addressed. Community engagement and social mobilization will be instrumental to address contextually specific community needs around the world. A comprehensive approach to vaccine education, engagement and informed consent requires skilled interpersonal communications by trusted sources of health information. Trained and appropriately supported, CHWs can uncover and understand individual and community perceptions, beliefs and barriers and address these with evidence-based and contextually appropriate solutions ("myth-busting").[11]

Community mobilization for service delivery given cost, the possibility of receiving ultra-cold chain vaccines and other logistical considerations, countries may opt to use fixed site settings for vaccine rollout. In countries with limited health care. The role of community health workers in COVID-19 vaccination: implementation support guide and infrastructure, without refrigeration, and significant rural/remote settings, maintaining effective cold chain may not be feasible. CHWs can mobilize target populations and accompany them to immunization centres. If vaccine outreach does happen, CHWs also may arrange transport, lodging and nourishment for vaccinators and identify outreach locations that are likely to reach populations while allowing for appropriate distancing and IPC measures. As members of communities, CHWs are well placed to conduct identity verification and scheduling.

CONCLUSION

Availability and efficacy of the COVID-19 vaccine are vital to successfully control the pandemic. Policymakers and health authorities must ensure acceptance and trust from both the community and healthcare workers because hesitation and delay may result in vaccination refusal. This could lead to devastating effects in public health and hinder the healthcare system's ability to accommodate the challenges of the pandemic. Acceptance of the COVID-19 vaccine is an essential determinant of vaccine uptake and the likelihood of controlling the COVID-19 pandemic. Developing strategies to decrease public hesitation and increase trust is vital for implementing vaccination programs.

REFERENCES

1. Pal M, Berhanu G, Desalegn C, Kandi V. Severe Acute Respiratory Syndrome Coronavirus-2: An Update. Cureus, 2020; 2. doi:10.7759/cureus.7423
2. Cucinotta D, Vanelli M. WHO declares COVID-19 a pandemic. Acta bio-medica Atenei Parm., 2020; 91: 157–160. doi:10.23750/abm.v91i1.9397
3. World Health Organization. *WHO Coronavirus Disease (COVID-19) Dashboard*. 2021 [cited 10 Feb 2021]. Available: https://covid19.who.int/table
4. Chan EY-Y, Cheng CK-Y, Tam GC-H, Huang Z, Lee PY. Willingness of future A/H7N9 influenza vaccine uptake: A cross-sectional study of Hong Kong community. Vaccine, 2015; 33: 4737–4740. doi:10.1016/j.vaccine.2015.07.046

5. Wibawa T. COVID-19 vaccine research and development: ethical issues. Trop Med Int Heal, 2021; 26: 14–19. doi:10.1111/tmi.13503
6. Reiter PL, Pennell ML, Katz ML. Acceptability of a COVID-19 vaccine among adults in the United States: How many people would get vaccinated? Vaccine, 2020; 38: 6500–6507. doi:10.1016/j.vaccine.2020.08.043
7. Figueiredo, A., Simas, C., Karafillakis, E., Paterson, P. & Larson, H. J. Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study. *Lancet*, 2020; 396: 898–908.
8. Shekhar, R. et al. COVID-19 vaccine acceptance among health care workers in the United States. *Vaccines*, 2021; 9: 119.
9. Lazarus, J. V. et al. A global survey of potential acceptance of a COVID-19 vaccine. *Nat. Med.*, 2021; 27: 225–228.
10. Ong, S. W. X., Young, B. E. & Lye, D. C. Lack of detail in population-level data impedes analysis of SARS-CoV-2 variants of concern and clinical outcomes. *Lancet Infect. Dis.*, 2021. https://doi.org/10.1016/S1473-3099(21)00201-2.
11. Conducting community engagement for COVID-19 vaccines: interim guidance. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccination-community-engagement-2021.1, accessed 8 March 20