

LETTER TO THE EDITOR

Vaccination: a question of social responsibility

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Keywords

Vaccines • Vaccination • Health • Hesitancy

Dear Sir,

Vaccines and vaccination have been on the media coverage for decades with credits and discredit. Polemics are jeopardizing some of the significant achievements in healthcare. Non-motivated vaccine hesitancy, delay, and vaccine refusal are dominating healthcare front news with a dramatic increase of exanthemata in the last few years across the globe. Vaccine hesitancy may be due to safety concerns, low confidence in vaccines, and adequacy of specific recommendations. Physicians, parents, and anti-vaxxers are not able to communicate correctly, and miscommunication has been amplified during the current COVID-19 pandemic. An increase of such preventable diseases in countries where these diseases seemed to be contained has characterized the headlines of both social media and professional platforms [1-3]. The argumentation that our immune system can fight preventable diseases is affected by the relatively weaker immune response of the current children compared with children of more than a hundred years ago. Family physicians have a responsibility to explain to parents that vaccines not only benefit their children but other children as well, particularly when traveling in developing countries.

COVID-19 disease, the infectious disease caused by SARS-CoV-2, is a pandemic that has reached all continents and caused numerous deaths worldwide, and the vaccine roll out is on progress [4]. With diverse vaccine candidates, the anti-vaxxers have populated many blogs and websites, raising the shield against potential vaccines and recruiting several political figures at their rallies. However, the misconception that vaccines are generally unsafe is growing and merges with anti-masks protests. The key is that several steps need to be reached before a vaccine can be distributed to the general population. There is collective amnesia that has allowed for the rise of the anti-vaccine movement, whose careless followers believe vaccines are to line the pockets of Big Pharma. The amnesia involves the ignorance that the smallpox vaccine was so prodigiously successful at eradicating the disease that it no longer is habitually given. Although fraudulent data are still populating West and East websites raising conspiracy theories, the efficacy of vaccines is consolidated in the scientific

literature. Yet, specific risk factors have been identified in University students with the tendency of believing in conspiracy theories in coping with stress [5, 6]. It has been estimated that the polio vaccine has saved 10 million people from paralysis only since 1988. It prevented 500,000 deaths, and a global vaccination campaign for measles that began in 2000 prevented an expected 23 million deaths by 2018.

In the United States and Canada, influenza season usually occurs in the winter, and numerous strategies are being explored to prevent the spread of influenza and minimize the risk of severe complications related to this infection. Influenza and COVID-19 infections may devastate our health care systems. If, during non-epidemic years, approximately 100,000 persons are admitted to the hospital as a result of influenza infection each year in the United States or Canada, the number of admissions to the hospital more than doubles during epidemic years [7]. Since the beginning of the COVID-19 pandemic, the notion that people wearing face masks may protect both themselves and others has been heavily politicized [8]. Anti-facemasks may become the forerunners of the anti-SARS-CoV-2 vaccine protesters in the nearest future. The emphasis on individual freedom and distrust for institutional authority share a comparison to vaccines. Some people may have medical, mental health, or even communication issues that are legitimate reasons to be exempt from wearing a mask. Still, most of the people should obey public health principles for the benefit of all community [8].

We want to emphasize that vaccination is not only a personal choice, but an issue of social responsibility, international development, and institutional commitment that need to be expressed with integrity. One of the ten risks to global public health is vaccine hesitancy, according to the World Health Organization (WHO) [9]. Social responsibility is an ethical context where either an organization or an individual must act for the benefit of society. In this context, social responsibility has a task to allow an individual or a governmental or nongovernmental organization to perform in the best interests of the community at large. In the setting of individual social responsibility, it is mandatory for advocating political or social issues that can help others, e.g., advocating for policies

targeting domestic and family violence in post-conflict communities. In this context, an egocentric view of parents choosing their children not to be vaccinated without consistent data should be considered irresponsible from a social point of view. In an international context, countries, and societies have different degrees of development related to their pre- and post-colonial history, culture, and interaction with neighbors. Several countries struggle in post-colonial history because they need fields of development that may engage their populations with international expansion. The recent rise of measles in Madagascar means bringing this country several years back to the colonial era with a dreadful increased rate of morbidity and mortality.

The International Covenant on Economic, Social, and Cultural Rights (ICESCR) provides that all individuals are entitled to the gratification of the highest attainable standard of physical and mental health [10]. In the framework of epidemics and the current pandemic, our social commitment will be crucial in the 21st century. There will not be any victory for healthcare if dialog and empathy are not strengthened.

Abbreviations

WHO: Health Organization.

ICESCR: International Covenant on Economic, Social, and Cultural Rights.

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Conflicts of interest statement

The authors declare no conflict of interest.

Authors' contributions

Both authors conceptualized the study, collected data, drafted the initial manuscript, and revised the final manuscript. Both authors performed the quality control check and are responsible for the content of this manuscript. Both authors meet the ICMJE requirements for authorship.

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