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FEATURE ARTICLE

VACCINE TRUST AS A PUBLIC TRUST

In September 2019, the Department of Health declared a polio outbreak after two cases of the paralyzing disease were confirmed in the country. After outbreaks of measles and dengue in the same year, another outbreak of a vaccine-preventable disease has once again put into sharp focus the declining vaccination rates in the Philippines. Declining rates of vaccination have already been a problem in the country, but this has been exacerbated by the Dengvaxia controversy that further pushed the vaccination rates down. The re-emergence of polio, after being a polio-free country for 19 years, presents another opportunity to address issues in vaccine trust.

The Philippines was already deemed at-risk of having a polio outbreak due to persistently low polio vaccination rates, sub-optimal performance of acute flaccid paralysis surveillance and poor hygiene conditions. The current outbreak – now with 8 cases – is the result of the above risks factors, especially chronic under-vaccination that allowed the emergence of mutated vaccine-derived polio virus (VDPV) strains that caused the confirmed cases of disease. In response, the DOH has implemented a massive program of supplemental immunization activities (SIA) in affected regions. Other government agencies and private organizations have given their support to the SIA as well. But beyond the outbreak response, the root causes of low vaccination rates should be addressed by all stakeholders.

Vaccine hesitancy has been described by the World Health Organization as a 2019 top global health threat. Addressing vaccine hesitancy and restoring trust in vaccines are thus paramount goals in obtaining health for all. Improving health communication skills is a key step in tackling this. In the report mentioned above, the WHO also states that *“health workers, especially those in*

communities, remain the most trusted advisor and influencer of vaccination decisions, and they must be supported to provide trusted, credible information on vaccines.” Communicating to parents and patients the value of vaccination and addressing their concerns without belittling them should be a skill of every healthcare worker – from midwives and nurses in rural health units, pediatricians in private clinics, to government officials who are the faces of public health in the media. In the age of fake news, countering misinformation is another necessary skill to provide parents with the correct information and empower them to make the right decision to vaccinate their children. There are prominent social media champions for vaccination, Dr. Edsel Salvana on Facebook and Dr. Peter Hotez on Twitter to name two, and they provide excellent examples on communicating about vaccines and vaccination – and as more doctors and other healthcare workers use social media to advocate for vaccination, equipping them with the right and effective social media communication tools becomes vital.

But how about healthcare workers' own vaccine confidence? Given their important frontline role in vaccination, what is the state of vaccine hesitancy among their ranks? There are data from developed countries showing that vaccine hesitancy is also present among HCWs; this needs to be measured and evaluated locally, too. When new vaccines are introduced, how should frontline workers be consulted by policymakers? What do HCWs know about side effects and how should pharmaceutical companies communicate this to them so they can communicate it to patients? How does the information, wrong or right, found in the internet and social media affect the vaccine confidence of HCWs? These questions need answers rooted in research and consultative measures to enable a robust vaccine trust among healthcare workers.

Studies show that people who trust doctors and nurses are likely to consider that vaccines are safe. Trust in the health system was also shown to

translate to parents vaccinating their children. It is therefore important to enforce this trust with transparency and accountability. Addressing the concerns of transparency and accountability brought about by the Dengvaxia controversy can be a start to this. The licensing and procurement process of vaccines for the national immunization program should be above politics, and the DOH should be open to scrutiny of its processes. The Philippine constitution states that “Public office is a public trust,” thus public officials both of, and outside, the Health Department should be aware of and accountable for the effect their words and actions have on public health. In addition to public officials, the Dengvaxia controversy demands a thorough introspection in the medical community on what lessons need to be learned. Trust in the health system has to be rebuilt by all stakeholders.

Lastly, vaccine trust must be regained by ensuring that the health system is functional - that when a mother, say, goes to a rural health unit as scheduled, there will be vaccines available there, otherwise, communication and trust-building will be for naught. The re-emergence of polio in the Philippines has added another challenge on an already over-burdened but under-resourced public service sector. Both resources and reform have to be at hand in the Department of Health. Human resource shortages, supply chain issues, and the challenges inherent in a decentralized system all need to be addressed. The creation of a National Immunization Technical Advisory Group (NITAG) should be legislated. Ad hoc responses to outbreaks should be replaced by policies that prioritize prevention, has a sustained communication effort, with an integrated role for research, and with an all-hands-on-deck approach that involves both public and private health delivery sectors.

The return of polio should prompt a response of “Never Again” from every Filipino. Restoring trust in vaccines and the vaccine program presents the first step in restoring the health of the public.