

Correspondence

COVID-19: vaccination in a developing country

ABSTRACT

The common good and public service are important to gain public trust especially in the midst of a pandemic of misinformation about vaccines and miracle therapies being spread on social media. Controversies in the government of a developing country do not help to control the SARS-COV-2 pandemic. Is it only the government's responsibility or can doctors and medical students promote the truth with appropriate communication strategies to decrease COVID-19 vaccine hesitancy?

Keywords Public health, Social media, Ethics

How would COVID-19 vaccine hesitancy be affected if public officials take advantage of their position to secretly vaccinate themselves before healthcare workers? Gozum¹ emphasizes the importance of the common good and public service in gaining the trust of citizens. Cordero² suggests regaining public trust through house-to-house information campaigns and assumes that the death of vaccinated 'role models' worsens public hesitancy to vaccinate.

On 7 February 2021, the first batch of inactivated vaccines arrived in Peru and the main beneficiaries were frontline healthcare workers. This is a relief by reducing COVID-19 mortality, which as of 17 February 2021 had claimed the lives of 316 doctors and ranked Peru third in Ibero-America in terms of the number of doctors died.³ COVID-19 outbreak in the community and lack of resources are known to increase exposure of doctors. The death of healthcare workers leads to a reduction in the number of personnel, overloading the health system and reducing the quality of service available.⁴

Low educational and income levels make it difficult to comply with restriction and social distancing measures to control the pandemic in Peru.⁵ The spread of fake news, miracle treatments and conspiracy theories about the vaccine increase hesitancy to vaccinate. At the same time, we do not know what repercussions the recent controversy regarding the secret vaccination of mainly public officials outside clinical trials in Peru will have on public trust in government and vaccines.⁶

A survey conducted in Peru in January 2021 reveals that, since August 2020, people who do not intend to be vaccinated increased from 22% to 48% and their reasons include fear of side effects, distrust of the manufacturing countries and preference to be cured with ivermectin, etc.⁷ Worse still, if the government approves treatments without demonstrated effect for COVID-19, Peruvians assume a false sense of security and downplay the importance of social isolation measures.⁸

Misinformation has become a public health problem. The problem worsens when it reaches government policies and promotes eminence-based medicine. In a country with low resources and low levels of education, it is understandable that people do not know about science, but it is unacceptable that doctors do not apply evidence-based medicine. If the government does not curb the fake news proliferating in social media and other media, physicians must remember their oath of 'primum non nocere' and fight against the new pandemic of misinformation through communication strategies. If today's physicians are unable to acquire communication skills that match our times, medical students can also play an important role in promoting vaccination against COVID-19.⁹

Communication strategies have been proposed to address mistrust of COVID-19 vaccines in patients of color,¹⁰ but these can easily be extrapolated to developing countries such as Peru. It is not about giving lectures with graphs and statistics that support evidence-based medicine, it is about empathetic listening and absolving people's fears about vacci-

nation. Finally, this strategy can be achieved with a community approach and communication through social media.

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Conflicts of interest

The authors declare no conflict of interest.

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