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Editorial

The Role of Healthcare Professionals Facing Vaccine Hesitancy in Social Media

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Editorial

The World Health Organization in 2019 declared vaccine hesitancy as one of the ten threats to public health [1]. Therefore, different strategies must be implemented to counteract and decrease the potential harm that rejecting vaccines represents. Vaccine hesitancy is defined as a delay in acceptance or rejection of vaccines despite the availability of vaccination services [2] and should be conceptualized as a continuum, from total rejection at one end to full acceptance at the other end, with the vast majority of individuals who have reasonable doubts, left in the middle-of-the-road.

Social networks have contributed to this hesitancy, by spreading false and erroneous information very quickly, hence the importance of the scientific knowledge of healthcare professionals, vaccine researchers, epidemiologists and other key opinion leaders encouraging about the confidence towards vaccines. There are two basic types of untruthful information: misinformation (by mistake) that is easy to counteract and misinformation requiring more sophisticated strategies to correct, since it is triggered from a clear intention to mislead, for different reasons, which can be ideological, religious or philosophical [3]. The form of communications changed radically during the last 20 years. Currently, 67% of the world population own cellular phones, 57% are internet users, and 48% use the different platforms seeking information about everyday topics ranging from cooking recipes to health issues [4]. The web and social media sites play an essential role in spreading information on vaccination [5,6], and can modify the vaccination decision-making process and the doctor-patient relationship. Unfortunately, in many scenarios information obtained from internet seems to be more reliable than a medical recommendation from experts or prestigious health organizations. The internet can fuel controversial vaccine-related issues and have a lasting impact on the public opinion, but it can also provide new tools to reduce vaccine hesitancy, but this requires implementing a large-scale digital plan addressing the main population concerns regarding immunizations. When the use of social media grows and false information or misbelieves about vaccines is spread, the higher the likelihood of perceiving doubts and concerns about vaccination. One study [7] found a link between the use of social media as the primary source of parental information and the reason for no vaccination of their children. A survey on 50 individuals analyzing which sources they were looking for vaccine information, 100% responded using Facebook, and 50% searched Instagram and Pinterest.

In a comparative analysis [8] of public websites and websites managed by experts, public sites appeared more controversial and had negative outlook towards vaccines, with inaccurate and misleading content, while those expertly managed sites had negligible incorrect information and more civilized tone. However, public websites were more attractive in terms of design, provocative messages and "information" presentation. Regarding Twitter [9,10], exposure to negative opinions about the safety and value of vaccines increases the likelihood of also tweeting contrary views. Fake news is transmitted faster and more broadly than the real story because they are fresher. In a survey [11] from the United Kingdom among 2,600 parents, 40% had been exposed to negative messages on social media. Facebook [11], a portal widely used by the anti-vaccine movement, recommends pages for their popularity and not because of their credibility; hence vaccine consultations are first directed to anti-vaccine sites rather than to reliable sources. Also, it groups people according to their interests, generating so-called "echo chambers" [12] that do not allow interaction between different thinking groups.

It is vital that both healthcare teams and professionals individually, have network leadership and take action against fake news. It is necessary to overcome the digital anti-vaccine gap, and for this, physicians must improve and update their communication skills to build trust in vaccines since messages that only provide information have not been sufficient. We must join ideas and efforts. Usually, posts that combine reason with emotion have more impact on readers and especially on social media users. The participation of physicians in social media is increasingly common, but it is still low to formulate content and participate in discussion forums. Pew Research Center in 2017, reports that >80% of doctors use social media, but only 1% generate content, 9% interact with others on social media commenting on publications and participating in group discussions or chats, and the vast majority (90%) are content consumers.

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Empowering experts and health officials to participate in discussions on social media on vaccination is essential to close the information gap on immunization. Healthcare professionals can intervene by generating search engines that guide and attract parents to websites with reliable information. These websites should be easy to navigate, engaging, interactive, and mix science and data with storytelling with emotional content or parents with testimonies about their children suffering a vaccine-preventable disease, sequelae or death. The most effective ways to interact on social media are not disqualifying, delivering information clearly with empathy and making it appealing, not remembering the myth, replacing incorrect information with the right one, and avoiding fear-infusing tactics [2]. Vaccine status poses a significant threat to global health, and since 2013, the World Economic Forum [13] has stated that misguided digital information is among the main threats to our society. Conspiracy theories have become endemic among anti-vaccination groups, fueled by erroneous or malicious statements. These feelings have been exacerbated in recent years by declining confidence in public health institutions and in the industry that manufactures or distributes vaccines.

Influencers in the anti-vaccine movement include physicians, celebrities, community leaders, and "mom-bloggers" who speak collectively with an audience of approximately 7 million followers on Facebook. For the pro-vaccine movement, there should be strategies for sharing information effectively. It requires interventions at the individual, provider, health, and national levels. There are ways to leverage social media to reinforce positive feelings about the value of vaccination: continuous social media monitoring of on vaccination views can complement surveys and other monitoring methods to improve the scope and response to public health communication strategies. To investigate ways to counteract anti-vaccination thinking, public health professionals should understand how anti-vaccination echo-chambers function through passive participation in these groups. Larson H. [14] conveys a vital message: "A century after the world's worst flu epidemic, the rapid spread of misinformation is undermining trust in vaccines crucial to public health". Today, social media is a digital tool shaping our modern lives. Most health-care workers have either witnessed a patient with or suffered themselves a vaccine-preventable infection at some point in their life. Because of their technical knowledge and daily exposure to patients, professional should help strengthen those tools to deliver accurate and reliable scientific information. This is an individual responsibility for all health care workers and history and future generations will judge us if we had the strength and capacity of facing this challenge.

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