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ACCEPTANCE OF COVID 19 VACCINE IN VALLEY OF KASHMIR

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ABSTRACT

COVID 19 has devastated lives and livelihoods and only hope to bring the situation to near normal is high rate of vaccination. Government of Jammu and Kashmir under the supervision of Union government of India has launched an aggressive program of vaccination. This backed by the excellent IEC activity has lead to the high acceptance of COVID 19 in general population of valley of Kashmir. In this cross sectional survey, majority of respondents were positive about vaccination and see it as a lead way to come out of this pandemic.

KEYWORDS: COVID 19, Vaccination, Acceptance.

INTRODUCTION

The COVID-19 pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected more than 108 million people in over 150 countries. In Malaysia, as of February 15, 2021, more than 261,805 confirmed cases with 958 deaths had been reported,^[1,2] The pandemic continues to threaten the healthcare system with catastrophic economic, education, and social consequences worldwide.^[3,4] Currently, no curative treatment exists for COVID-19 infection.^[5-7] Therefore, a safe and effective prophylactic vaccine is urgently needed to contain the pandemic, which has had medical. devastating economic, and social repercussions.^[8] To date, several vaccines have been developed and approved for emergency immunization.^{[9-} ^{11]} This has given a glimpse of hope for preventing the spread of COVID-19 infection.

This study sought to assess the acceptance of the COVID-19 vaccine among the general population of Kashmir.

OBJECTIVE

The acceptance of the COVID-19 vaccine among the general population of Kashmir

METHODS

This cross-sectional study was conducted from May 15–30, 2021.

A door to door survey in conducted in two areas (one rural and one urban) following all standard operating procedures.

The data was collected according to a predesigned checklist and entered in Excel sheets. Data was analyzed by SPSS 20 software.

Inclusion Criteria: The target participants were adults aged 18 years and above.

Exclusion criteria: Those who did not gave informed consent and resufed to participate in the survey.

RESULTS

A total of 1200 completed responses were collected.

Most respondents acquired information regarding COVID-19 through social media (85.0%), mass media (90%), friends and family (70.3%) and HCWs (79.0%). COVID-19 vaccine acceptance (95.8%) was substantially higher than hesitance (4.2%).

Response to COVID 19 vaccination	Frequency(n=1200)	Percentage
Acceptance	1150	95.8%
Hesistancy	50	4.2%

Hesitant respondents reported they were concerned about the side effects (40%), safety and lack of information regarding the vaccine(20%). Some were not willing to accept vaccination due to religious (8.8%) and cultural (4.8%) reasons, belief in traditional remedies (3%) and fear of injection (16.1%).

DISCUSSION

Herd immunity is also known as 'population immunity'. For herd immunity to occur, the population coverage required through vaccination varies across diseases and is dependent on the basic reproduction number (R0), vaccine efficacy and duration of immunity. The proportion of the population that must be vaccinated against COVID-19 to begin inducing herd immunity is unknown. Thus, the challenge to determine the sufficient proportion of the population to create such immunity by mass vaccinated individuals, the better the immune coverage.

Vaccination is recognised as an effective way to reduce and eliminate the burden of COVID-19. However, the success of a vaccination programme depends on the willingness of the population to be vaccinated. Out of 1200 respondents, the acceptance rate of the COVID-19 vaccine was 95.8%, much higher than the hesitance rate (4.2%). This acceptance rate corresponds to studies conducted among the general population in Indonesia, China, Europe and Saudi Arabia.^[13,16]

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Conflict of interest: None.

Ethical Clearance: Yes.

CONCLUSION

The acceptance rate of the COVID-19 vaccine among the Kashmiri population who participated in this study was high.

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