INTRODUCTION

The term vaccine hesitancy (VH) or vaccine refusal has been gaining increasing attention in recent years. The World Health Organization (WHO) defines VH as a delay in vaccination that leads to missed opportunities for protection of the individual and the population. The WHO has declared the issue a global health threat, highlighting the need for a coordinated international response.

VH is not a new phenomenon; it has been observed across different cultures and time periods. However, with the advent of social media and the rise of alternative health movements, the phenomenon has gained renewed attention. The discussion on VH has been enriched by a variety of research perspectives, including sociological, psychological, and cultural analyses.

THE AMBIGUITIES OF CURRENT DEFINITIONS OF VH.

Several ethical perspectives have been proposed to define VH. Some scholars propose a simple binary opposition between pro-vaccine and anti-vaccine positions, while others argue for a more nuanced approach. The term itself has been criticized for being too narrow, as vaccination is not the only aspect of health care that people have concerns about.

DISCUSSION

VH is not just a matter of personal choice. It is shaped by a variety of factors, including media influence, cultural norms, and personal experiences. In particular, VH is often linked to the idea of empowerment, which is defined as the capacity of individuals to take control of their own health decisions.

The decision-making process we are referring to may be easy or simple (without hesitancy) or practically equivalent to a process of doubt (with hesitancy). VH is not the only possible explanation for each of these different outcomes: acceptance might also be due to chance or habit, while doubt might also be due to lack of information or fear.

The decision to vaccinate is often complex. It involves balancing the perceived benefits of vaccination against potential risks and uncertainties. The trust issue plays a key role in promoting vaccination, and who also display some kinds of VH also study extensively VH among health professionals, and especially among general practitioners, who still do not have opinions about vaccination in general, nor that such opinions do not influence their behaviours toward health authorities and mainstream medicine (see Figure 1).

Finally, as even highly educated people may show VH, we should not focus only on lay people. We should consider VH to be a kind of decision-making process that depends on people's level of commitment to risk culture. Conversely, and rather remarkably, parents' reluctance to get their child vaccinated is not the only explanation for the patterns of vaccination uptake. The work carried out by the SAGE working group, we propose grounding the notion of vaccine hesitancy in an automatic amongst both pro-vaccine and anti-vaccine people because they have strong convictions about vaccines to come to an informed decision, rather than deferring to their child's doctor, the authors added the

Thus the indifference/commitment axis can also be relevant for describing VH. It is not fully satisfactory to define VH as a behaviour, as it is associated in the literature with various and non-specific attitudes and beliefs. The ambiguity of the term VH is a source of concern, as it can lead to misleading conclusions about the phenomenon.

Nevertheless, using this continuum to describe VH is not self-evident. First, from a statistical point of view, it is not clear how to define the boundaries of the two ends of the continuum. Second, from a conceptual point of view, it is not clear what the intermediate position between the two ends of the continuum represents.

COMPETING INTERESTS

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