

CURRENT TRENDS IN MEDICAL AND CLINICAL CASE REPORTS



Vaccine Dislike and Pandemic: A Primary Evaluation of Info and Bases Systematic Review

Shafti SS* | Department of Full Professor of Psychiatry, University of Social Welfare and Rehabilitation Sciences (USWR), Razi Psychiatric Hospital, Tehran-Iran

Article Information

Article Type:	Review Article	*Corresponding Author:	Citation:
Journal Type:	Open Access	Saeed Shoja Shafti,	Shafti SS (2021). Vaccine Dislike and Pandemic: A Primary Evaluation of Info and Bases Systematic Review. <i>Current Trends Med Clin Case Rep</i> , 2(4);1-6
Volume:	Issue: 4	Department of Full Professor of Psychiatry,	
Manuscript ID:	CTMCCR-2-1121	University of Social Welfare and Rehabilitation Sciences (USWR), Razi Psychiatric Hospital, Postal code: 18669-58891,	
Publisher:	Science World Publishing	Po Box: 18735-569, Tel: 0098-21-33401604,	
		Fax: 0098-21-33401603, Tehran-Iran,	
		E-mail: ssshafiti@gmail.com	
Received Date:	11 May 2021		
Accepted Date:	04 June 2021		
Published Date:	09 June 2021		

Copyright: © 2021, Shafti SS, *et al.*, This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 international License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

SUMMARY

Non-adherence to medical managements or non-compliance with standard shielding maneuvers is a familiar topic in the field of medicine. But now, after delivery of trustable vaccines, though in different brands, refusal of some people, due to personal alibis, to take part actively in vaccination programs against the dominant pandemic of SARS-CoV-2, and energetic encouragement of others to take the same antagonistic attitude, while immunization is the first-line strategy for controlling and preventing the aforementioned sickness, has augmented the said problem, especially when the delivered vaccines are not unreachable for them. Such an attitude, though not prevalent, may be considered as an intruding factor during implementing community vaccination, and if remains unanswered, may delay in some way the desired national outcomes. In the present article the said quandary, along with the plausible psychodynamic, psychopathologic, cultural or administrative causes, as well as available proofs and statistics, has been discussed, concisely.

KEY WORDS: COVID-19; SARS-CoV-2; Pandemic; Vaccine; Vaccination; Immunization; Antipathy

INTRODUCTION

While in another article, the problem of non-adherence to standard shielding maneuvers, whether individually or publicly, has been discussed [1], and in other paper the analogous non-compliance in proficient staffs [2], too, has been talked over, which are, principally, problems in the realm of primary prevention, now another similar confrontation is noticeable, which is over again in the said phase of prevention: that is, rejection of some people, due to personal alibis, to participate actively in immunization programs against the dominant pandemic of SARS-CoV-2 (COVID-19), and energetic encouragement of others to take the same antagonistic attitude, while it is the first-line strategy for controlling and preventing the said sickness. Such an attitude, though not prevalent, may be considered as an intruding factor during implementing community vaccination, and if remains unanswered, may delay in some way the desired national outcomes. In the present article the said dilemma, along with plausible conscious or unconscious reasons, besides current state of affairs and statistics, will be discussed, briefly.

BACKGROUND

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is primarily spread through saliva droplets, and lengthy physical nearness is considered the main risk factor for contagion. The germ may affect infected persons differently according to preconditions and age. Hence, there is an increased risk of hospitalization, admission to Intensive Care Units (ICU) and decease due to increased age and for those with certain underlying illnesses [3, 4]. It is estimated that up to one-third of the Europeans is either elderly or has one of the underlying disorders, such as chronic respiratory disease, diabetes, hypertension, cardiovascular disease, malignancies, liver disease, certain neurological diseases Down syndrome, and debilitated immune systems, which are associated with risk of severe infection from SARS-CoV-2 [4]. Other issues, such as smoking and obesity, have likewise been noticed to be related with risk of severe sickness from SARS-CoV-2 [5, 6]. Inoculation against SARS-CoV-2 is presently being executed worldwide to control the current pandemic. Nonetheless, there are yet queries about the precise nature of safety offered by the different vaccines presently in use and those still in progress. Two of those important inquiries are whether the vaccines A) prevent infection, and B) block transmission. Preventing contagion denotes to a vaccine preventing an inoculated person from getting septic even if they are exposed to the infection. Blocking spread mentions to the vaccine preventing an immunized person who gets infected with the virus from communicating it to other persons [7]. Without a healing treatment or a vaccine, Non-Pharmaceutical Interventions

(NPI), such as physical distancing, have been used to reduce the illness. Nevertheless, there are worries about the long-standing sustainability of compliance with such defensive rules in terms of population acceptance and obedience, in addition to the impending societal and financial disadvantages. Therefore, along with NPIs, the development and usage of innocuous and operative vaccines against SARS-CoV-2 is considered the most favorable alternative for controlling the contagion in the long-term. An extraordinary number of vaccine nominees against a single disease and with different physiognomies are presently under development. These vaccines are being settled using various high-tech stages, both those previously established and new ones, such as mRNA vaccines [8]. The SARS-CoV-2 epidemic highpoints, once more, the susceptibility of [human being to new contagions and immunization remains a conceivable scheme to return to ordinary life [9]. Also, with regard to surveillance objectives, generally the efficiency of SARS-CoV-2 vaccines will be examined against: virologically approved symptomatic illness using PCR, laboratory sanctioned infection (symptomatic or asymptomatic) using PCR, or by indicating seroconversion caused by infection, indications of infectiousness and transmissibility - viral load (CT value) and culturable virus, hospitalization, mortality, and straight on person to person spread [10].

EVIDENTIAL ANALYSIS OF VACCINATION

A number of studies have been published that give answers to queries about effectiveness of vaccination against COVID-19, which have been summarized in (Table 1).

Table 1: Available studies with optimistic outcomes re vaccination strategy

Studies	Year	Conclusion
Moghadas et al. ¹¹	2021	vaccination can have a substantial impact on mitigating COVID-19 outbreaks
Vilches et al. ¹²	2021	Vaccination can substantially mitigate ongoing COVID-19 outbreaks
Patel et al. ¹³	2021	high vaccination coverage, along with continued adherence to non-pharmaceutical interventions, can contribute to a large reduction in risk of SARS-CoV-2 infection
Moghadas et al. ¹⁴	2021	emphasizing the importance of quantifying the durability of vaccine-induced protection after the first dose as well as vaccine efficacy against infection in order to determine the optimal time interval between the two doses
Moghadas et al. ¹⁵	2020	While vaccination can have a substantial impact on reducing disease transmission, with uptake of 40% or less in the population, vaccination is unlikely to completely eliminate the need for non-pharmaceutical interventions
Roghani A ¹⁶	2021	Vaccination strategy can significantly influence the numbers of patients with COVID-19 in all age groups and lower hospitalization and death rates just in older age groups.
Vasileiou et al. ¹⁷	2021	Higher protection against hospitalization
Public Health England ¹⁸	2021	A greater than 50% reduction in symptomatic cases, even in older vaccines; any cases that do occur in older vaccinated people are around as half as likely to lead to hospitalization and/or death. This suggests that those that do develop symptomatic COVID-19 infection after vaccination have a less severe outcomes
Hall et al. ¹⁹	2021	Vaccine effectiveness against symptomatic and asymptomatic infection to be 70% (95% CI: 53%, 87%) 21 days after the first dose and 85% (95% CI: 74% - 96%) 7 days after the second dose. This study was conducted when the UK variant (B.1.1.7) predominated SARS-CoV-2 infections in the UK and provides evidence that the Pfizer/BioNTech vaccine protects against the UK variant
Amit et al. ²⁰	2021	A study of health care workers found that 1 dose of the Pfizer/BioNTech vaccine resulted in a reduction of the rate of SARS-CoV-2 infection by 75% 15-28 days after the first dose of vaccination.
European Centre for Diseases Prevention and Control (ECDC) ²¹	2020	The highest efficiency in terms of deaths averted is gained from vaccinating adults aged 80 years and over, but in terms of life years saved the most efficient strategy is to extend the program to include younger adults with preconditions; 50% efficacy against infection in all adults, 95% efficacy against clinical disease

National Institute for Public Health and the Environment (RIVM) [Netherlands] ²²	2021	While implementing a COVID-19 vaccination program results in fewer cumulative new infections, new cases, hospital admissions, IC admissions, new deaths, life years lost, and DALYs compared to no vaccination, the old to young vaccination program resulted in the smallest number of infections, cases, hospital admissions, IC admissions, deaths, life years lost and DALYs.
Chodick et al. ²³	2021	Pfizer/BioNTech vaccine had an effectiveness of 51% against infection 13-24 days after the first dose.
Hunter et al. ²⁴	2021	A re-analysis of the above data found that by 24 days after vaccination vaccine effectiveness reached 90%
Petter et al. ²⁵	2021	Vaccination by Pfizer/BioNTech vaccine reduced viral load by 1.6 to 20 times in vaccinated individuals who tested positive for SARS-CoV-2.
Levine-Tiefenbrun et al. ²⁶	2021	Infections occurring 12-28 days after vaccination had a 4-fold reduction in viral load. These results suggest that vaccination may reduce viral shedding and contagiousness, which may prevent onward transmission
Bernal et al. ²⁷	2021	A recent study from the UK estimated vaccine effectiveness against symptomatic COVID-19 to be approximately 60-70% in individuals aged 70 and older after the first dose. Vaccine effectiveness increased to approximately 85-90% after the second dose.

DISCUSSION

After the recent pandemic of SARS-CoV-2, along with its huge morbidity, mortalities, and worldwide socioeconomic complications, eventually, by the help of science and biotechnology a number of vaccines against COVID-19, although in different varieties, has been delivered, which like their earlier prototypes, wish to challenge and eradicate the present intrusive microorganism and return the existing state of affairs to the pre-pandemic situation. Vaccine, as a well-founded way out and biomedical armament against a germ, which along with its frequent readjustments challenges vulgarly the existing remedies and therapeutic maneuvers, is the solitary implement for performing miracle by the capability of human being; an armament which has been evolved continuously and inexhaustibly through methodical outlook and unbiased practicality. For example, eradication of smallpox in the last century, and substantial decline of incidence of poliomyelitis, mumps, measles, tetanus, diphtheria, varicella, pertussis, tuberculosis, hepatitis (type A and B), rabies, influenza, pneumococcal pneumonia, meningococcal meningitis, whether endemically or epidemically, by active immunizations, has changed radically the natural life of human being and so was a man-made phenomenon. For sure, such an upgrading in lifecycle could not be acquired by nagging or grousing; it demanded humanistic scientists, who could challenge the natural disasters open-mindedly and sturdily. But, in spite of general greeting, some people repel inoculation and encourage others to avoid active immunization because they are suspicious of efficacy or safety of available vaccines, and pronounce that maybe it will annihilate the rest of survivors. While watchfulness with respect to existent threats and real vulnerabilities is an understandable and indispensable code for assuring the safety of self and kinsfolk, excessive distress or irrational antipathy destroys the desired wellbeing. What determines the trustworthiness of a blueprint or instrument? At this time, every evidence-based approach that is established on scientific perspective and methodical assessment can be trustable, except when its detriment is clearly and statistically more than its profit. Who differentiates between disadvantage and advantage? Only the scientist can differentiate between disadvantage and advantage, while he or she ought to consider the ethical

issues, too. Who determines the moral code of studies? The ethical committee of associated administration can observe principled values, which are, in biomedical studies, in accordance with The 'Declaration of Helsinki and Ethical Principles for Medical Research Involving Human Subjects' [28]. Accordingly, all human procedures are followed in accordance with the fitting standards of the Institutional Ethics Committee (Human Studies) and with the Helsinki Declaration of 1975, as revised in 2013. Also, the written informed consent is obtained from the participants, who constitute the considered sample size of every study. Thus, particularly in technologically advanced countries, different aspects or dimensions of biomedical investigates are required to be measured systematically. At this instant and with respect to vaccination, the said protocols are typically observed in the best way. As like as the great wars, which demand skilled commanding officers, pandemics, also, demand knowledgeable specialists. Governing contagion demands specific armamentarium. In this regard, vaccine is one of the most vital armaments, which shapes the primary prevention, instead of secondary prevention, which consist of various therapeutic exercises for management or treatment of ailments, or tertiary prevention, which aims to offset the incapacitating aftermath of illnesses. Persons, who, in spite of available proofs and findings (Table 1), while deny actuality or jeopardy of epidemic, reject the significance and inevitability of immunization, and attempt to interrupt folks' trusts by their own awkward presumptions, may not be recognized as merely prejudiced, illiterate or oblivious people. They may be mentally sick, cerebrally debilitated, or civically devious persons, too; concerns which must be appraised knowledgeably and fairly (Tables 2, 3, and 4) [29, 33], because they seem like megalog-organisms that collaborate with microorganisms. So, they may be considered as mortal enemy of civilization and humanity. While everybody has right, such as, to eat adequately or waste with hunger, to walk or drive, to get married or prefer bachelorhood, to rent or be a renter, and to choose between different alternatives, nobody have right to do misconduct or persuade or enforce others to commit crime or attempt suicide. For the sake of safety and survival of society, autonomy and free will cannot be infinite. Though such attitudes may sometimes may populist allures, they are not

bearable because they are intrinsically chaotic. Persuading others to avoid participation in immunization is equal to endurance of pollution, morbidity and mortality. It is not, for example, similar to antipsychiatry attitudes, which involves a cadenced frolicking with metaphors and suppositions, by unauthorized guys for uninformed laypeople, who have never understood the real meaning of stigma and severe mental illness, and have never gotten the technical hitches of psychiatric rehabilitation [34]. Twisting folks' thoughts in the direction of refusal of vaccination is per se a criminality because it exposes them to risky situation. Anyhow, though inoculation is the foremost tactic for control and prevention of COVID-19, specific shielding methods, such as wearing facemasks, hand cleanliness, social separation, and suitable ventilation are in the same way significant defensive maneuvers to decrease the risk of becoming septic with viral contagion during a pandemic [35, 36, and 37], up until delivery of enough vaccination in the community and permission by authorized supervisors. According to some studies, while vaccination can have a real impact

on reducing disease transmission and adverse clinical outcomes, with uptake of 40% or less in the population, vaccination is unlikely to eliminate the need for non-pharmaceutical interventions [15]. Undoubtedly, apposite interventions for targeting public misunderstandings about recommended shielding and preventative maneuvers can reduce preventable infection rates during pandemic. No society can stay alive without collective care and concern. Thoughtless demeanor of an inhabitant, thanks to private considerations, is not allowed, since prejudice is endless, while fairness has clear boundaries and clues. Converting group favoritism to joint fairness is a stipulation if civic success is a mutual hope. Every citizen must be bright enough to comply with methodical guidelines, scientific discoveries, and logical recommendations, for the sake of public safety; otherwise, nasty microorganisms may find lots of free and undisclosed organic reservoirs for hiding, reproduction, and bullying human civilization; each time more devastating, infective, and lethal than before.

Table 2: Psychodynamic factors that may, unintentionally, prompt antagonism with regard to immunization. [29, 30]

Image of illness and weakness
Negative experience of others in spite of usage
Unknown side effects
Unconscious illness tendencies
Unconscious wish of death
Countertransference to governs, supervisors or health staff
Unconscious sense of guilt

Table 3: Psychopathologic factors that may induce skepticism about vaccination. [31, 32]

Paranoid personality traits or disorders
Schizotypal personality traits or disorders
Antisocial personality traits or disorders
Passive - aggressive personality traits or disorders
Sadistic -aggressive personality traits or disorders
Sadistic - masochistic personality disorder
Depressive personality disorder
Intellectual disability
Borderline intellectual functioning
Oppositional defiant disorder
Conduct disorder
Depression
Phobia
Bipolar disorder
Delusional disorder

Table 4: Cultural issues that may decline active participation in vaccination programs. [33, 34]

Obeying cult's rubrics
Inadequacy of robust proof in support of effectiveness of available vaccines
Worried about free will and independence
Relying on strange healers, like shamans, faith healers, naturopaths, and witchdoctors, which seem godlike and free from mistakes or limitations of conventional medicine.
Inaccessibility to favored brand among available preparations
Disbelieve in managerial system of manufacturing and distribution
Political or social antagonism
Shortage of an all-encompassing nationwide platform

CONCLUSION

Providing public safety is not possible without active participation and mutual group effort of all citizens, particularly through catastrophes and pandemics. So, while personal guardedness or skepticism is in the frame of citizens' rights, propagation of societal cynicism, based on subjective uncertainties and philosophies, does not have anything to do with civil liberties, since it may ruin public confidence and well-being seriously and irremediably. Moving from subjective deduction to objective verification could be acknowledged as one of the most important outcomes of cultural - historical evolution of human being. At present, Evidence - Based Medicine (EBM) and systematic biomedical studies can be accepted as trustworthy screens for escaping unsoundness and partiality, and final choice of favored method among some choices, especially with regard to civic protection. In nationwide misfortunes, individualism cannot be acknowledged as a respectable philosophy if it is devoid of problem - solving, assistant, or alleviating role. According to the available data, community participation in national vaccination programs is the best way for guaranteeing healthier environments and existence.

References

1. SS.S. A Systematic Review of Dynamic Forces as Regards Mask Non-Adherence in Healthcare and Community Settings. *Mental Health & Human Resilience International Journal*. 2021; 5: 000141.
2. SS.S. Necessity of Educational Reconsideration with Reference to Shielding Responsibilities. *Scholarly Journal of Psychology and Behavioral Sciences*. 2020; 4: 410-1.
3. Chiappetta S, Sharma AM, Bottino V, Stier C. COVID-19 and the role of chronic inflammation in patients with obesity. *Int J Obes (Lond)*. 2020; 44:1790-2.
4. Costa FF, Rosario WR, Ribeiro Farias AC, de Souza RG, Duarte Gondim RS, Barroso WA. Metabolic syndrome and COVID-19: An update on the associated comorbidities and proposed therapies. *Diabetes Metab Syndr*. 2020; 14: 809-14.
5. European Centre for Disease Prevention and Control (ECDC). High-risk groups for COVID-19. Stockholm: ECDC; 2020. Available from: <https://www.ecdc.europa.eu/en/covid-19/high-risk-groups>
6. World Health Organisation Europe. Health workers at risk, older adults and residents of long-term care facilities to be prioritized for COVID-19 vaccination. Copenhagen: WHO Euro; 2020. Available from: <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/11/health-workers-at-risk,-older-adults-and-residents-of-long-term-care-facilities-to-be-prioritized-for-covid-19-vaccination>
7. National Institute for Public Health and the Environment (RIVM). The expected outcome of COVID-19 vaccination strategies: version 1.0, March 24th, 2021: 1-75.
8. Callaway E. The race for coronavirus vaccines: a graphical guide. *Nature* 2020; 580: 576-7.
9. Roghani A. The Influence of Covid-19 Vaccine on Daily Cases, Hospitalization, and Death Rate in Tennessee: A Case Study in the United States. medRxiv.
10. Public Health England (PHE). PHE monitoring of the early impact and effectiveness of COVID-19 vaccination in England. 2021; 1-17.
11. Moghadas SM, Vilches TN, Zhang K, Wells CR, Shoukat A, et al. The impact of vaccination on COVID-19 outbreaks in the United States. *Clin Infect Dis*. 2021; ciab079.
12. Vilches TN, Zhang K, Exan RV, Langley JM, Moghadas SM. Projecting the impact of a two-dose COVID-19 vaccination campaign in Ontario. *Canada Vaccine*. 2021; 39: 2360-2365.
13. Patel MD, Rosenstrom E, Ivy JS, Mayorga ME, Boyce RM, Smith RL, et al. The Joint Impact of COVID-19 Vaccination and Non-Pharmaceutical Interventions on Infections, Hospitalizations, and Mortality: An Agent-Based Simulation. medRxiv. 2021; 2020.12.30.20248888.
14. Moghadas SM, Vilches TN, Zhang K, Sah P, Galvani AP, Fitzpatrick MC, et al. Evaluation of COVID-19 vaccination strategies with a delayed second dose. medRxiv. 2021; 2021.01.27.21250619.
15. Moghadas SM, Vilches TN, Zhang K, Wells CR, Neuzil KM, Singer BH, et al. The impact of vaccination on COVID-19 outbreaks in the United States. medRxiv. 2020.
16. Roghani A. The Influence of Covid-19 Vaccine on Daily Cases, Hospitalization, and Death Rate in Tennessee: A Case Study in the United States. medRxiv. 2021.
17. Vasileiou E, Bradley D, Chuter A, Ford D, Beggs J, Akbari A, et al. Effectiveness of First Dose of COVID-19 Vaccines Against Hospital Admissions in Scotland: National Prospective Cohort Study of 5.4 Million People. (THELANCET-D-21-01335). Social Science Research Network (SSRN). 2021.
18. Public Health England (PHE). PHE monitoring of the early impact and effectiveness of COVID-19 vaccination in England. 2021: 1-17.
19. Hall VJ, Saei S, Andrews A, Saei A, Stowe J, Atti A, et al. Effectiveness of BNT162b2 mRNA Vaccine Against Infection and COVID-19 Vaccine Coverage in Healthcare Workers in England, Multicentre Prospective Cohort Study (the SIREN Study). SSRN. 2021.
20. Amit S, Regev-Yochay G, Afek A, Kreiss Y, Leshem E. Early rate reductions of SARS-CoV-2 infection and COVID-19 in BNT162b2 vaccine recipients. *The Lancet*. 2021; 397: 875-877.
21. European Centre for Disease Prevention and Control. COVID-19 vaccination and prioritisation strategies in the EU/EEA. 22 December 2020. ECDC: Stockholm; 2020: 1-20.
22. National Institute for Public Health and the Environment (RIVM). The expected outcome of COVID-19 vaccination strategies: version 1.0, March 24th, 2021: 1-75.

23. Chodick G, Tene L, Patalon T, Tov AB, Gazit S, Cohen D, et al. The effectiveness of the first dose of BNT162b2 vaccine in reducing SARS-CoV-2 infection 13-24 days after immunization: real-world evidence. medRxiv. 2021.
24. Hunter PR, Brainard J, Estimating the effectiveness of the Pfizer COVID-19 BNT162b2 vaccine after a single dose. A reanalysis of a study of 'real-world' vaccination outcomes from Israel. medRxiv. 2021.
25. Petter E, Mor O, Zuckerman N, Erlich Y, Aran D, Oz-Levi D, et al. Initial real world evidence for lower viral load of individuals who have been vaccinated by BNT162b2. MedRxiv. 2021.
26. Levine-Tiefenbrun M, Yelin I, Katz R, Kishony R, Patalon T, Kuint J, et al. Decreased SARS-CoV-2 viral load following vaccination. medRxiv. 2021.
27. Bernal JL, Andrews N, Gower C, Ramsay M, Brown K, Cameron C, et al. Early effectiveness of COVID-19 vaccination with BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on symptomatic disease, hospitalisations and mortality in older adults in England. medRxiv. 2021.
28. Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA 2013; 310: 2191-4.
29. Bush F, Auchincloss EL (1995) The Psychology of Prescribing and Taking Medication in: Schwartz HJ, Bleiberg E, Weissman SH (Eds.), Psychodynamic
30. Concepts in General Psychiatry. American psychiatric press, Inc. Washington DC, 1995: 401-416.
31. Shoja Shafti S (2020) Psychoanalytic Analysis of Psychopathology. 2nd edition, Tehran, Jami Publishing Company, 2020.
32. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. 5th edition. Washington, DC: American Psychiatric Association, 2013: 31-708.
33. Harrison P, Geddes J, Sharpe M. Psychiatry. 10th edition. John Wiley & Sons Ltd. 2011.
34. Shoja Shafti S. Narcissism: Groundwork for Sectarian Misdemeanors. Int J Psychiatr Ment Health. 2020; 2: 8-16.
35. Sadock BJ, Sadock VA, Ruiz P. Other Conditions that May be a Focus of Clinical Attention: Cults. KAPLAN & SADOCK'S Synopsis of Psychiatry. 11th edition, Wolters Kluwer, Philadelphia, 2015: 812-823.
36. Shoja Shafti S. Psychiatric Stigma in Developing Societies. Biomedical Research and Clinical Reviews. 2021; 3: 1-5.
37. Zhang C-Q, Chung P-K, Liu J-D, Chan DKC, Hagger MS. Health Beliefs of Wearing Facemasks for Influenza A/H1N1 Prevention: A Qualitative Investigation of Hong Kong Older Adults. Asia Pac J Public Health. 2019; 31: 246-256.
38. Ma QX, Shan H, Zhang HL, Li GM, Yang RM, Chen JM. Potential utilities of mask-wearing and instant hand hygiene for fighting SARS-CoV-2external icon. J Med Virol. 2020; 92: 1567-1571.
39. Shafti SS. Non-compliance with Wearing Facemasks thru Pandemics: Reappraisal of Interconnected Dynamics. Applied Medical Research. 2021; 8: 1- 5.