

Clear urban-rural disparity in booster shots

August 5, 2022 @ 12:16am



Across the country, urban centres lead booster vaccinations, and districts adjacent to them benefited as well. -- Pic: AFP FilePic

THE number of people taking Covid-19 booster shots is plateauing in many districts and vaccine inequality is emerging once again.

On Nov 13, 2020, the Orang Asli in Lojing, Kelantan, barred visitors from entering their community as a safeguard against Covid-19.

Today, virtually everyone in the district is vaccinated, which speaks volumes about the government's efforts in making vaccination accessible.

South of Lojing is Cameron Highlands.

The vaccination rate in Cameron Highlands is like Lojing but the similarity ends there when it comes to booster shots.

In June, only 34 people in Lojing had received their booster jabs, which is less than one per cent of the population, while 75 per cent of the Camerons population had three doses.

Despite Lojing's stellar record in implementing public health measures, it faltered at boosters.

This is a trend in many districts. In Kelantan, for example, the vaccination rate stands at 63.4 per cent.

Pahang and Terengganu's vaccination rates are at 74.2 per cent and 71.8 per cent respectively.

In terms of booster shots, Pahang's rate is nearing 40 per cent, Terengganu's rate is slightly above 30 per cent, while Kelantan's rate has not passed the 20 per cent mark.

Although full vaccination in the east coast states show differences, especially in Kelantan, the booster rates are starker.

The slow booster uptake is also prevalent in Penang and Kedah, where both have achieved the 70 per cent herd immunity threshold for full vaccination.

However, Penang has a 62 per cent booster uptake, one of the highest rates in the country, whereas Kedah's rate is half of Penang's.

In Sabah and Sarawak, the booster disparity between the two states is striking.

If we go down to district-level data, a troubling trend emerges.

In most states, boosters are agglomerated in urban centres and major cities.

In Pahang, for example, booster jabs are more prevalent in Kuantan, Cameron Highlands and Genting Highlands.

Across the country, urban centres lead booster vaccinations, and districts adjacent to them benefited as well. But boosters tend to drop as we move away from the cities.

Booster shots are important because of the waning immunity of the two initial shots.

Despite the decreasing efficacy in curbing infections of the BA.5 Omicron subvariant, booster shots help to reduce hospitalisation and risk of deaths.

Booster shots are especially important for those with comorbidities and health conditions.

In the face of new Covid waves, second boosters are necessary for high-risk individuals.

However, even those with comorbidities are not taking booster shots in the same numbers as the two initial doses nationally.

The problem is worse in rural areas. For example, in Kota Kinabalu, there are 20 per cent fewer people with comorbidities taking booster shots than the initial two-dose vaccination.

In Semporna, the rate is 75 per cent less.

We must prioritise booster shots for those with comorbidities in low-vaccination areas, which tend to be more rural, poorer and have less resources to deal with an outbreak.

On May 28, Health Minister Khairy Jamaluddin urged the use of behavioural science in policymaking.

He urged government bodies to develop incentives to encourage people to make healthy life decisions.

In urban districts where vaccines are readily available, that call is justified.

Falling booster rates are happening in rural and urban districts but rural districts face worse outcomes than urban ones. Changing behaviour through incentives is a great idea but the most effective nudge starts with having access to boosters and information.

Due to the voluntary nature of booster shots, one must ask if it is vaccine hesitancy or inaccessibility that is behind the low booster rates.

Whatever the reason, data won't tell us if individual decisions are to blame for people not getting vaccinated.

Data cannot explain the motivations or attitude of individuals. It only points to where we need to target vaccine deployment to prevent deaths and hospitalisations.

The data shows a clear urban-rural divide.

The government should pay attention to those who are the most vulnerable, and those with comorbidities and health conditions who have yet to receive the jab.

It needs to start delivering vaccines equitably.