

Policy of the Booster Vaccination Program for Prospective Hajj Congregations Perspective on the Effectiveness of Delivery in Pandemic Times

Ivan Elisabeth Purba¹, Parlindungan Purba², Rahmat Alyakin Dakhi³

^{1,2,3}Universitas Sari Mutiara Indonesia

poerba.ivanelis@gmail.com, parlin_senat@yahoo.co.id, rahmat.alyakin@gmail.com

Abstract

The government's policy through the COVID-19 vaccination program in Indonesia which began to be implemented on January 13, 2021 can accelerate the occurrence of herd immunity which will have an impact on reducing the number of infected cases so that prospective pilgrims whose departure has been postponed since 2019 can leave. perform the pilgrimage. The World Health Organization (WHO) explained that vaccine performance can be seen from three measurements, namely through the efficacy, effectiveness, and impact of the vaccine. The booster vaccination program policy can be carried out effectively because it is a mandatory requirement for prospective Hajj pilgrims. However, the effectiveness of deferred departures does not work as well as the implementation of the vaccination program regulated by the government, so the government must continue to make educational efforts and encourage active community involvement to comply with the COVID-19 health protocol. The research was conducted using the literature study method by collecting related data throughout the pandemic period in Indonesia.

Keywords

booster vaccination program policy; effectiveness of departure; prospective hajj pilgrims



I. Introduction

In 2020, the government of Saudi Arabia has officially confirmed the suspension of hajj pilgrims. This effort was made to prevent the spread of the COVID-19 outbreak in Saudi Arabia and other countries. As a result of this policy, according to information on the official website of the Directorate General of Hajj and Umrah, there were 221,000 prospective Indonesian Hajj pilgrims in 2020 who failed to depart for the Holy Land. This number consists of 203,320 regular hajj quotas and 17,680 plus (special) hajj quotas. Continuing and responding to the Saudi Arabian government's decision, the Indonesian government through the Minister of Religion of the Republic of Indonesia has decided not to dispatch prospective Indonesian pilgrims during the 2020 Hajj season, taking into account the COVID-19 pandemic. This is based on the Decree of the Minister of Religion of the Republic of Indonesia No. 494 of 2020. In accordance with the mandate of the law, in addition to economic and physical requirements, health and safety, prospective Hajj pilgrims must be prioritized starting from embarkation, in the Holy Land until returning to the country. With this suspension, of course, it will have an impact on the schedule of the congregation, which has a scheduled departure time (Editorial, 2021). The Covid-19 pandemic caused everyone to behave beyond normal limits as usual. One of the behaviors that can change is deciding the decision to choose a college. The problem that occurs in private universities during covid 19 is the decrease in the number of prospective students who come to campus to get information or register directly to choose the department they want. (Sihombing, E and Nasib, 2020)

Over time, policies related to handling Covid-19 in Saudi Arabia and also other countries including Indonesia have changed due to the implementation of stage I-III vaccinations. A number of rules related to preventing the spread of Covid-19 which were imposed by the Government of Saudi Arabia during the pandemic have been revoked. These regulations include the policy of eliminating PCR and Quarantine obligations. Impact of policy changes. The world health agency (WHO) has also announced that the corona virus, also called COVID-19, is a global threat worldwide. The outbreak of this virus has an impact especially on the economy of a nation and globally. These unforeseen circumstances automatically revised a scenario that was arranged in predicting an increase in the global economy. (Ningrum, P. et al. 2020)

This will affect the technical implementation of Umrah and Hajj. The government of Saudi Arabia has decided that there will be no more implementation of the Health Protocol, no more social distancing in mosques, no more quarantine, no more PCR or Rapi Antigen if all the prospective Hajj pilgrims (JCH) have completed the complete dose of vaccine plus booster. complete vaccine is still a requirement for departure to Saudi Arabia.

The problems experienced by prospective pilgrims are doubts about information that is not in the same direction. This can also be based on the fact that the prospective Hajj pilgrims are not properly educated on the benefits of the vaccine plus booster and the harmful effects if the health conditions of the prospective Hajj pilgrims are not stable if the booster is applied. The safety of the Covid-19 vaccination has come a long way with various studies and trials. The complete and booster vaccination program is considered the key in ending the pandemic because it can be used to reduce the threat of the Covid-19 chain for prospective Hajj pilgrims. Vaccine safety for morbidity and mortality as well as forming group immunity against the COVID-19 virus (SatgasCOVID-19, 2020a). However, the journey of a complete and booster vaccine until it is well received and distributed to prospective Hajj pilgrims requires a longer process because there are still pros and cons to vaccination (Hakam, 2021)

According to the Centers for Disease Control and Prevention (CDC), vaccine effectiveness is defined as the difference between people who become sick after vaccination and those who get sick without receiving the vaccination. This is a measure identified during the third phase of a clinical trial in which researchers vaccinate some people and give a placebo to others. The test subjects were then monitored for several months to see if the vaccinated people were less infected than those who had not received the vaccine. For example, suppose a COVID 19 vaccine is said to be 80% effective, meaning that if 100 people have been vaccinated, on average 80 out of 100 people have not contracted COVID 19. On the same note, vaccine safety is defined as its ability not to cause complications. health, both now and in the future, in people who have been vaccinated (Prevention., 2021)

The World Health Organization (WHO) recommends several types of vaccines that have been evaluated and are safe to use, including the COVID 19 BNT162b2 mRNA (Pfizer), the 1273 mRNA vaccine (Moderna), the ChAdOx1 nCoV 19 / AZD1222 (AstraZeneca) vaccine, Ad26.COV2 .S (Jessen), Sinopharm and finally Sinovac vaccine (Organization., 2021) However, since the development of the first COVID19 booster vaccine, the public has not participated in vaccination because they are worried about the safety of the vaccine, its safety and effectiveness. Many people do not believe in the use of vaccines as a solution in ending the pandemic. Based on a survey on receipt of COVID-19 vaccines conducted by the Ministry of Health (Kemenkes) of the Republic of Indonesia, the Indonesian Technical Advisory Group on Immunization (ITAGI), United Nations

Children's Fund (UNICEF), and the World Health Organization (WHO) conducted in September 2020 and involving 115,000 respondents of prospective Hajj pilgrims, the results show that there are still many people who are hesitant and even refuse the COVID-19 booster vaccination, of which 7.6% refuse and 27% are hesitant. The reasons behind the refusal and doubts about the vaccine are very diverse, such as not sure about the safety of the vaccine, doubting the effectiveness of the vaccine, fearing the side effects of the vaccine, not believing in the usefulness of the vaccine, and because of religious beliefs (COVID-19, 2021). socialization was carried out to prospective pilgrims regarding the policy and effectiveness of the COVID 19 booster vaccination program, so as to increase the level of acceptance of the vaccine. Based on this background, the authors are interested in conducting a study on the effectiveness and safety of the COVID-19 vaccine. The purpose of this study is to determine the effectiveness and safety of the COVID-19 booster vaccine so that it can provide information and increase public confidence in the COVID-19 booster vaccine through a reference study approach.

II. Research Method

The research method used here is a reference study using an electronic database through international and national journals. Google Scholar, science direx, elsvier, Pubmed were used as the main Journal database for this reference study. Inclusion criteria were used to limit journals or journals published during the pandemic. Journals have titles and contents according to research objectives, full text, and related to nursing and health. Journal searches were carried out by searching for inclusion criteria keywords such as the policy and effectiveness of the COVID-19 vaccination program, especially the impact on the departure of prospective pilgrims.

III. Result and Discussion

3.1 Booster Vaccination Program Policy for Prospective Hajj Pilgrims

According to Titmuss, policies are principles that govern actions that are directed towards certain goals. Policies are also always problem and action oriented. Policies are always about government or state decisions. The purpose of the policy is to change the existing conditions towards better conditions ((Hamd, 2014) In line with the policy put forward by Titmuss, the government enforces the policy regulated in the Decree of the Minister of Religion of the Republic of Indonesia No. complete vaccination plus booster By participating in the booster vaccination program promoted by the government for prospective pilgrims from Indonesia, it has succeeded in reducing the number of active cases.

The decline in active cases from the vaccination program cannot yet be said to have reached a safe level, although in general cases continue to decline until the end of December 2021. Based on previous incident records, long holidays will trigger an increase in cases (Media Indonesia, 2021). At the time after the national holiday of Eid al-Fitr, which had an impact on the policy to postpone Hajj departures, the daily increase in positive cases was predicted to reach 15,740 per day (max), 8,485 per day (mean) and 1,497 per day (min) for the BAU scenario, while for the VACCINE scenario, 12,347 per day (max), 6,636 per day (mean) and 1,162 per day (min). The spike in cases could be due to the public's ignorance of health protocols, including not complying with the prohibition on reducing mobility (COVID-19 Handling Task Force, 2021c). In fact, a study conducted

by Nouvellet et al confirmed that reduced mobility would decrease the transmission of COVID-19 (Nouvellet, 2021).

The risk reduction and transmission of COVID-19 can be reduced if a booster is formed, which can be achieved through vaccination policies. If a person has immunity to COVID-19, he will indirectly protect other individuals who do not have immunity. The booster limit is highly dependent on how contagious the disease is. In the case of COVID-19, the recommended booster is 70% ((D'Souza, 2021)). To achieve 70% herd immunity is not easy, as long as this level is not met, the risk of being infected with COVID-19 remains high. Therefore, efforts are needed to accelerate the injection of vaccines per day by ensuring the availability of vaccines so that the target of 181.5 million Indonesians is vaccinated. Based on the modeling that has been made, the vaccination program is an effective way to reduce the number of cases. However, keep in mind that interventions to reduce COVID-19 cases are not enough with vaccines. There is no single vaccine that has an effectiveness up to 100% (Immunization Advisory Center, 2020).

Therefore, in the case of COVID-19, even though vaccinations have been carried out, health protocols must still be carried out such as wearing masks, maintaining distance, washing hands and avoiding crowds, and reducing mobility ((J, 2021); World Health Organization, 2021c) Dissemination in the form of press release issued by IAKMI on March 11, 2021 with the title: One Year of the Pandemic: Time for Grassroots Mobilization in Accelerating Vaccination and Tightening Health Protocols (left image) and publication in the newspaper, Koran Tempo, published on March 11, 2021 with the title: A year The COVID-19 pandemic, the output of the VACCINE COVID-19 Model is disseminated to the public to coincide with one year of the COVID-19 pandemic after WHO declared COVID-19 a pandemic (World Health Organization, 2020b).

3.2 The Effectiveness of Booster Vaccinations for Prospective Hajj Pilgrims

Local governments that have implemented improvements to their government methods are Ternate and Buru because they have not been maximized in public services.

The obstacles to increasing e-government reform are the lack of equipment, systems, human resources, leadership, and public participation. Then the obstacles in encouraging e-government are stakeholders, equipment, information systems, private, human resources, and the public.

Obstacles in improving e-government are weak leadership, systems, human resources, and lack of mastery of the digital world.

3.3 Stages of e-Government Innovation Development

The Director General of Disease Prevention and Control of the Ministry of Health explained the planning of the COVID-19 national vaccination program to the departure committee of prospective Hajj pilgrims to provide information or an overview of policies and steps that will be implemented in a real system that can later be translated by each regional health office. The vaccination program for the community continues to be carried out consistently from January 13, 2021 until the end of December 2021 with an average speed of 50,056 - 71,050 doses / day, there will be a decrease in positive cases so that the number of active cases of healing and death also decreases. shows that there is a cumulative positive case under the BAU scenario which is estimated to be in the range of 3.505 million (max), 3.442 million (mean) and 3.389 million (min) at the end of December 2021, including prospective Hajj pilgrims whose departures have been postponed since 2019.

Furthermore, under the VACCINE scenario, the decrease in positive cases between the types of vaccines used does not look much different when compared to the BAU scenario. The cumulative positive cases at the end of December 2021 when using the Sinovac vaccine is estimated to be at the mean: 2.846 million. When using the AstraZeneca, Moderna, Pfizer, and Sinopharm vaccines, the mean numbers are 2.848 million, 2.835 million, 2.834 million and 2.841 million, respectively. The results of the COVID-19 model output for cumulative active cases or prevalence are positive cases after deducting ongoing patients who recover and die. The comparison between the BAU and VACCINES scenarios shows a significant decrease in the number of active COVID-19 cases between the presence and absence of a vaccination program policy. By using a comparison of the mean numbers, at the end of December 2021, active cases decreased to 49.98% when using the Sinovac vaccine. Furthermore, if using the AstraZeneca, Moderna, Pfizer, and Sinopharm vaccines, the reductions were 49.87%, 50.99%, 51.02%, and 50.47%, respectively.

The socialization was carried out by explaining the test results at each stage of the vaccination to prospective pilgrims who had doubts about the effectiveness of the booster vaccination. The COVID-19 vaccines in clinical trials have all shown promising immunogenicity with varying degrees of protective effectiveness and acceptable safety profiles. The second dose of immunization gave a stronger immune response to all vaccines. Pfizer-BiONTEch vaccine is a vaccine that has a good level of effectiveness and safety with a value of 94.6% and does not cause serious side effects. The double dose vaccination further enhances the immune response in both younger and older adults especially in Hajj pilgrims.

IV. Conclusion

The vaccination policy has an impact in reducing the number of COVID-19 cases, which are still not under control in Indonesia, but provides a clear path for prospective Hajj pilgrims who have received boosters. The output of the model shows that the impact of vaccines at the level of prospective pilgrims is not too significant, the difference between types of vaccines with different efficacy. The strategic steps that must be taken by the government in addition to issuing regulations in the form of policies are ensuring the availability of vaccines of any type, accelerating the vaccination process for prospective pilgrims by improving the management of vaccination services so that the targets that have been set are achieved and encouraging the participation of prospective pilgrims for booster vaccinations in order to form a herd immunity. Furthermore, given that the impact of vaccines on prospective Hajj pilgrims is not only determined by its efficacy, the government must continue to make educational efforts and encourage the involvement of Umrah pilgrims who have already been able to actively travel to Saudi Arabia to comply with the COVID-19 health protocol. This policy regarding COVID-19 is still being developed and updated, analysis of the model up to the current development stage has been able to provide a new picture and understanding, especially regarding the study of the impact of vaccines on prospective Hajj pilgrims, which if carried out in a real system would be more difficult to carry out.

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