МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
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У рамках проєкту
Національного фармацевтичного університету
«ФАРМАЦЕВТИЧНІ НАУКОВІ ШКОЛИ СЛОБОЖАНЩИНИ»
до 15-річчя наукової школи професора *Алли КОТВІЦЬКОЇ*

«СОЦІАЛЬНА ФАРМАЦІЯ: СТАН, ПРОБЛЕМИ ТА ПЕРСПЕКТИВИ»

МАТЕРІАЛИ
X МІЖНАРОДНОЇ НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ

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випускаються у формі розчину для ін'єкцій у шприц-ручках, Ксеникал – у капсулах. Крім того, згідно з даними інтернет-ресурсу tabletki.ua станом на початок 2025 року в наявності в аптеках є присутніми Саксенда та Ксенікал, які рекомендовані в настанові та включені до Державного реєстру лікарських засобів. Слід зазначити, що на сьогодні в Україні немає жодного вітчизняного виробника, що випускає лікарські засоби для лікування ожиріння.

Висновки. На сучасному фармацевтичному ринку України представлено широкий спектр лікарських засобів для лікування ожиріння. Однак, існує певний розрив у включенні новітніх препаратів, таких як Оземпік та Вегові флекстач, до клінічних настанов і стандартів лікування. Результати наших досліджень також підкреслюють важливість удосконалення фармацевтичної опіки в аптеках, яка має сприяти покращенню взаємодії між фармацевтами та пацієнтами, оптимізуючи процес лікування ожиріння.

VACCINE INDECISION: MYTHS AND REFUTATIONS

Zhouri Rania, Nozdrina A.A.
National University of Pharmacy, Kharkiv, Ukraine
Almira.nozdrina@nuph.edu.ua

The modern healthcare system is facing challenges related to the spread of misinformation about vaccinations and the growing distrust of vaccination among the population. This phenomenon, known as "vaccine hesitancy," has been recognized by the World Health Organization as one of the main threats to global health. Declining immunization coverage leads to an increase in the incidence of vaccine-preventable infections and makes it difficult to achieve herd immunity. This problem is particularly acute in regions with high levels of social vulnerability and limited access to quality information and healthcare services.

The aim of the study – to analyze the main reasons for the spread of vaccine indecision, to identify typical myths about vaccination, and to present scientific arguments and data that refute them.

The study used an analytical method to review the current scientific literature on epidemiology and immunoprophylaxis, statistics from national and international health systems, as well as reviews of evidence-based clinical trials, meta-analyses, and reports from WHO, CDC, EMA, and FDA.

One of the main obstacles to high vaccination coverage is the so-called "vaccine hesitancy" – the growing distrust of some parents towards vaccinations, supported by myths, misinformation and negative media reports. The most common myths include the misconception that vaccines contain dangerous substances, such as mercury, that allegedly cause autism, although numerous studies have found no link between vaccines and autism and have proven the safety of the preservatives used in microdoses. Another common misconception is the fear of post-vaccination reactions, although these are usually mild and transient and not comparable in severity to complications from the diseases themselves. There is also a widespread myth about the "overload" of the immune system as a result of vaccination, while it has been scientifically proven that even multicomponent vaccines do not exceed the natural capabilities of the immune system and contribute to the formation of effective immune memory. Another myth concerns the alleged danger of administering several vaccines at the same time, but studies show that such combinations are safe and reduce the number of visits to medical facilities. Vulnerable groups, such as people with chronic diseases or allergies, also need to be vaccinated, as infectious diseases pose a greater threat to them. Flu vaccination is also distrusted, but it reduces the risk of severe complications, hospitalizations, and death. There is also a widespread belief that official medicine conceals complications from vaccines, although all cases of adverse reactions are carefully recorded and analyzed by pharmacovigilance agencies. Facts that refute these common myths are based on numerous sources: multicenter clinical trials, observations in real-world settings, meta-analyses published in leading

international medical journals, including The Lancet, JAMA, BMJ, Vaccine, Pediatrics, as well as official reports and recommendations from organizations such as WHO, CDC, EMA, and FDA. Additionally, data from national health systems are used, including statistics on vaccination coverage, efficacy, and incidence of side effects. Examples include the activities of the State Expert Center of the Ministry of Health of Ukraine, which deals with pharmacovigilance, and the analysis of infection outbreaks in different countries, which illustrates the consequences of insufficient immunization. The safety assessment of vaccines is constantly updated through surveillance systems such as VAERS in the US, EudraVigilance in the EU, and national registries, which show an extremely low incidence of serious reactions.

Vaccine indecision, fueled by widespread myths and inaccurate information, poses a serious threat to public health. Scientific facts, supported by large-scale research and statistics, refute misconceptions about vaccination and prove its safety and effectiveness. To overcome distrust, it is necessary to implement a comprehensive information policy, raise public awareness, engage healthcare professionals in educational activities, and ensure open access to verified scientific information. Vaccination remains one of the most effective ways to prevent infectious diseases and save lives.