# The Crucial Role of Pneumococcal Vaccination in Hajj Pilgrimage: Advocating for Compulsory Policy Changes

## **Basel Ayoub, Osamah Barasheed**

#### **Corresponding author:**

Dr Basel Ayoub

MD, Post Grad Dip Hsc, FRACGP, Consultant Family Physician, PHCC, Qatar

Member of RACGP Board of Examiners and Accredited Supervisor, Director at AYA Medical Center, Chester

Hill NSW

21A Kawana Street Bass Hill NSW 2197 Tel: +61401532827

Email: basel\_2@hotmail.com

Received: August 2024. Accepted: September 2024; Published: October 1, 2024.

Citation: Basel Ayoub, Osamah Barasheed. The Crucial Role of Pneumococcal Vaccination in Hajj Pilgrimage: Advocating for

Compulsory Policy Changes. World Family Medicine. October 2024; 22(9): 6-10.

DOI: 10.5742/MEWFM.2024.95257816

## **Abstract**

The annual Hajj pilgrimage to Mecca brings together millions of individuals from diverse geographic presenting significant public challenges, particularly concerning the transmission of infectious diseases. This article highlights the critical importance of pneumococcal vaccination as a preventive measure during Hajj. Given the heightened risk of respiratory infections in such a densely populated and international gathering, the authors advocate for making pneumococcal vaccination compulsory for all pilgrims. The article discusses the public health benefits of widespread vaccination, including the reduction in cases of pneumonia, meningitis, and sepsis caused by Streptococcus pneumoniae. It also examines potential barriers to

implementing compulsory vaccination policies, such as logistical challenges, vaccine hesitancy, and the need for culturally sensitive approaches. The authors emphasize the necessity of collaboration among health authorities, religious leaders, and pilgrims to ensure successful policy implementation and enhance health outcomes during the pilgrimage.

Keywords: Hajj pilgrimage,

Pneumococcal Vaccination, policy changes

### Background

The annual Hajj pilgrimage, drawing millions to Mecca, poses a public health challenge. In the context of potential infectious disease spread, pneumococcal vaccination is crucial. This article stresses its importance, advocating for compulsory vaccination during Hajj. It explores public health benefits, potential barriers, and the necessity of collaboration among health authorities, religious leaders, and pilgrims(1).

The pneumococcal vaccine is a vaccine that provides protection against infections caused by the bacterium Streptococcus pneumoniae, commonly known as pneumococcus. This bacterium can cause a range of illnesses, including pneumonia, meningitis, and septicaemia (bloodstream infection)(1,2). Pneumococcal infections can be severe, especially in young children, older adults, and individuals with weakened immune systems.

There are two main types of pneumococcal vaccines:

# Pneumococcal Conjugate Vaccine (PCV): (Infants and young children)

It protects against the most common types of Streptococcus pneumoniae that cause severe diseases in children, such as pneumonia and meningitis.

Different formulations of PCV cover different sets of pneumococcal serotypes(3).

# Pneumococcal Polysaccharide Vaccine (PPSV): (Adults and older individuals)

It provides protection against a broader range of pneumococcal serotypes compared to PCV.

PPSV is often recommended for adults over the age of 65 and individuals with certain medical conditions that increase their risk of pneumococcal disease(3).

#### Discussion

46 journal articles have been reviewed using Pub Med and Google scholar search exploring review on the importance and intake of pneumococcal vaccine before Hajj. Some of the studies aimed to discuss the effectiveness of the vaccine for preventing pneumococcal disease during Hajj season, and the cost effectiveness of taking the vaccine, while other studies focused on the awareness and percentage of people taking the vaccine before Hajj(4,6,7).

Those studies were conducted in Europe, USA, Canada, Malaysia, Australia and Saudi Arabia.

The majority of the studies indicated that a large percentage of pilgrimages were in fact not immunized against pneumococcal disease and the intake of the vaccine is sub-optimal in the majority of cases(8,9). In addition, a large percentage of pilgrimages experienced symptoms or had to be hospitalized due to upper and lower respiratory tract infections during the Hajj season(10).

Compulsory pneumococcal vaccination not only protects individual pilgrims but also contributes to the concept of herd immunity. By increasing the proportion of immune individuals within the Hajj population, the overall transmission of pneumococcal bacteria is reduced, providing indirect protection to unvaccinated individuals, including local communities hosting returning pilgrims(11).

# Factors contributing to the increased risk of pneumonia transmission:

**Crowded Conditions:** Pilgrims from diverse geographical regions converge in Mecca, leading to overcrowded conditions in accommodation, transportation, and religious sites. The close proximity of individuals creates an environment conducive to the spread of respiratory pathogens, including those causing pneumonia. Pilgrims often share living quarters, such as tents or accommodation in close proximity, increasing the risk of exposure to respiratory droplets containing infectious agents (6,7,8).

**Viral and Bacterial Respiratory Infections:** Pneumonia can be caused by various pathogens, including viruses (such as influenza) and bacteria (including Streptococcus pneumoniae). The congregation of individuals facilitates the person-to-person transmission of these pathogens (3,5).

**Strenuous Activities and Fatigue:** Pilgrims may engage in physically demanding activities during the Hajj, leading to fatigue and potential compromise of the immune system. Fatigue can increase susceptibility to respiratory infections, including pneumonia(2,9).

**International Travel:** Pilgrims travel from different parts of the world, bringing with them various strains of respiratory pathogens. The mixing of diverse populations contributes to the potential for the introduction and spread of infectious diseases (1,2,3).

Preventive measures are implemented to minimize the spread of pneumonia and other respiratory infections during the Hajj season:

**Vaccination:** Health authorities often recommend vaccinations, including influenza and pneumococcal vaccines, to pilgrims before they embark on the Hajj journey. These vaccinations aim to reduce the risk of respiratory infections(7).

**Health Education:** Pilgrims receive health education on respiratory hygiene, the importance of handwashing, and other preventive measures. Awareness campaigns emphasize the early recognition of symptoms and prompt seeking of medical attention(2).

**Surveillance and Healthcare Facilities:** Surveillance systems are in place to monitor and respond to infectious disease outbreaks. Healthcare facilities are equipped to handle respiratory infections, and rapid response teams are deployed if needed(5).

**Crowd Management:** Efforts are made to manage crowds efficiently, with designated routes and measures in place to reduce congestion in key areas.

Despite these measures, the sheer scale of the Hajj pilgrimage poses ongoing challenges for public health officials. Continuous monitoring, preparedness, and international collaboration are essential to mitigate the risk of infectious disease transmission, including pneumonia, during the Hajj season(4).

# Barriers to Implementing compulsory vaccination and Possible Solutions:

Despite the evident benefits, implementing compulsory pneumococcal vaccination for Hajj pilgrims faces several challenges. These include logistical issues, vaccine hesitancy, and potential resistance from certain religious groups. Overcoming these barriers requires a multifaceted approach involving collaboration between public health authorities, religious leaders, and the Hajj organizing committee. Raising awareness about the public health benefits of pneumococcal vaccination and addressing misconceptions are crucial steps in fostering acceptance among pilgrims.

#### 1. Logistical Challenges:

Implementing a compulsory pneumococcal vaccination policy requires a well-organized infrastructure for vaccine procurement, distribution, and administration. Logistical challenges, such as ensuring an adequate vaccine supply, establishing vaccination centers, and coordinating with healthcare providers, can impede the smooth execution of policy changes(6).

#### 2. Vaccine Hesitancy:

Vaccine hesitancy, fueled by concerns about vaccine safety, efficacy, or religious beliefs, poses a significant barrier to policy change. Building trust in the safety and efficacy of pneumococcal vaccines is essential to overcome vaccine hesitancy and achieve high vaccination coverage(4,5).

#### 3. Cultural and Religious Sensitivities:

The Hajj pilgrimage is deeply rooted in cultural and religious traditions. Introducing compulsory vaccination policies may face resistance from religious leaders or communities with concerns about the compatibility of vaccination with religious beliefs. Engaging in open and respectful dialogue with religious leaders, incorporating religious perspectives into educational materials, and involving religious institutions in the vaccination campaign are crucial steps in navigating these sensitivities(3).

#### 4. Lack of Awareness:

Limited awareness about the importance of pneumococcal vaccination and its potential public health benefits may contribute to low acceptance rates among pilgrims. A comprehensive communication strategy that emphasizes the health advantages of vaccination, addresses misconceptions, and disseminates information

through multiple channels is essential to overcome this barrier(5,7).

#### 5. Ethical Considerations:

There are ethical considerations related to the autonomy of individuals and their right to make informed decisions about their health. Mandating vaccines involves balancing public health objectives with individual rights(2).

#### 6. Evolving Public Health Strategies:

Public health strategies and recommendations can evolve based on the changing epidemiological landscape, the availability of vaccines, and scientific advancements. Decision-makers continually assess the need for compulsory vaccination based on these factors(8,11).

#### 7. Communication Gaps:

Inadequate communication strategies by health authorities and Hajj organizers may contribute to a lack of awareness or understanding of vaccination recommendations. Effective communication tailored to the cultural and linguistic diversity of pilgrims is essential (11).

#### 8. Vaccine Availability:

Limited availability of vaccines or challenges in procuring an adequate supply could affect the feasibility of widespread pneumococcal vaccination. Therefore, global collaboration is needed(6).

#### 9. Global Health Collaboration:

Decisions about vaccination policies for international events like Hajj often involve collaboration between health authorities of different countries, international health organizations, and religious leaders. Harmonizing recommendations ensures a unified approach to health measures(1,4).

# 10. Cost-Effectiveness Analysis and economic factors

Pneumococcal vaccination before Hajj offers individual protection against pneumonia, meningitis, and septicemia caused by S. pneumoniae. By preventing these illnesses, pilgrims are spared the financial burden of medical consultations, hospitalizations, and potential long-term complications. The cost of vaccinating an individual must be weighed against the substantial economic impact of treating pneumococcal infections, making pre-Hajj vaccination a prudent investment in personal health(7,8,10).

The societal savings accrued from preventing the spread of infectious diseases during and after Hajj underscore the cost-effectiveness of implementing a comprehensive vaccination strategy.

In addition to healthcare savings, pneumococcal vaccination positively influences productivity. A vaccinated population is less susceptible to illness-related absenteeism, enhancing workforce productivity. The economic impact extends to sectors beyond healthcare, reinforcing the cost-effectiveness of a proactive vaccination approach.

While the cost-effectiveness of pneumococcal vaccination is evident, challenges such as vaccine procurement, distribution logistics, and potential vaccine hesitancy must be addressed. Collaborative efforts between health authorities, vaccine manufacturers, and religious leaders are essential to overcome these barriers and ensure optimal cost-effectiveness(4.6.9).

### Conclusion

The annual Hajj pilgrimage presents a unique and challenging public health scenario, with the potential for the rapid spread of infectious diseases. Pneumococcal vaccination emerges as a key preventive measure to mitigate the impact of respiratory infections during and after the pilgrimage. We are advocating for compulsory policy changes to make pneumococcal vaccination a prerequisite for all pilgrims which is essential in ensuring optimal public health outcomes. More studies are needed to evaluate the importance of pneumococcal vaccine and policies need to be reviewed for possible compulsory vaccinations for Hajj in the future.

The collaboration between health authorities, religious leaders, and the pilgrim community is pivotal in addressing potential barriers to implementation. By prioritizing the health and well-being of pilgrims, as well as the broader communities they interact with, compulsory pneumococcal vaccination stands as a critical step towards enhancing the overall health security of the Hajj pilgrimage.

#### **Data Availability statement:**

Data sharing is not applicable as no new data were generated or analysed during this study

#### **Authors contribution:**

All Authors wrote the manuscript equally

## Funding:

Not applicable

#### **Conflict of interest:**

No conflicts of interests either real or perceived

#### References

- 1. Yezli S, van der Linden M, Booy R, AlOtaibi B. Pneumococcal disease during Hajj and Umrah: Research agenda for evidence-based vaccination policy for these events. Travel Med Infect Dis. 2019 May-Jun;29:8-15. doi: 10.1016/j.tmaid.2018.08.005. Epub 2018 Aug 23. PMID: 30144535.
- 2. Edouard S, Al-Tawfiq JA, Memish ZA, Yezli S, Gautret P. Impact of the Hajj on pneumococcal carriage and the effect of various pneumococcal vaccines. Vaccine. 2018 Nov 19;36(48):7415-7422. doi: 10.1016/j.vaccine.2018.09.017. Epub 2018 Sep 17. PMID: 30236632.
- 3. Alqahtani AS, Althimiri NA, BinDhim NF. Saudi Hajj pilgrims' preparation and uptake of health preventive measures during Hajj 2017. J Infect Public Health. 2019 Nov-Dec;12(6):772-776. doi: 10.1016/j.jiph.2019.04.007. Epub 2019 Apr 23. PMID: 31023600.
- 4. Zafer N, Dulong C, Rahman A, Tashani M, Alfelali M, Alqahtani AS, Barasheed O, Emamian MH, Rashid H. Acute respiratory tract infection symptoms and the uptake of dual influenza and pneumococcal vaccines among Hajj pilgrims. Int Marit Health. 2018;69(4):278-284. doi: 10.5603/IMH.2018.0044. PMID: 30589068.

- 5. Tashani M, Barasheed O, Azeem M, Alfelali M, Badahdah AM, Bokhary H, Almasri N, Alshehri J, Matbouly G, Kalantan N, Heron L, Ridda I, Haworth E, Asghar A, Rashid H, Booy R; Hajj Research Team. Pneumococcal Vaccine Uptake Among Australian Hajj Pilgrims in 2011-13. Infect Disord Drug Targets. 2014;14(2):117-24. doi: 10.2174/1871526514666140713154727. PMID: 25019237.
- 6. Rashid H, Abdul Muttalif AR, Mohamed Dahlan ZB, Djauzi S, Iqbal Z, Karim HM, Naeem SM, Tantawichien T, Zotomayor R, Patil S, Schmitt HJ. The potential for pneumococcal vaccination in Hajj pilgrims: expert opinion. Travel Med Infect Dis. 2013 Sep-Oct;11(5):288-94. doi: 10.1016/j.tmaid.2013.06.001. Epub 2013 Jun 28. PMID: 23810307.
- 7. Benkouiten S, Al-Tawfiq JA, Memish ZA, Albarrak A, Gautret P. Clinical respiratory infections and pneumonia during the Hajj pilgrimage: A systematic review. Travel Med Infect Dis. 2019 Mar-Apr;28:15-26. doi: 10.1016/j.tmaid.2018.12.002. Epub 2018 Dec 4. PMID: 30528743; PMCID: PMC7110718.
- 8. Alqahtani AS, Wiley KE, Tashani M, Willaby HW, Heywood AE, BinDhim NF, Booy R, Rashid H. Exploring barriers to and facilitators of preventive measures against infectious diseases among Australian Hajj pilgrims: cross-sectional studies before and after Hajj. Int J Infect Dis. 2016 Jun;47:53-9. doi: 10.1016/j.ijid.2016.02.005. Epub 2016 Feb 10. PMID: 26875699; PMCID: PMC7110465.
- 9. Al-Tawfiq JA, Memish ZA. Prevention of pneumococcal infections during mass gathering. Hum Vaccin Immunother. 2016;12(2):326-30. doi: 10.1080/21645515.2015.10 58456. Epub 2015 Jul 15. PMID: 26176306; PMCID: PMC5049738.
- 10. Gautret P, Angelo KM, Asgeirsson H, Duvignaud A, van Genderen PJJ, Bottieau E, Chen LH, Parker S, Connor BA, Barnett ED, Libman M, Hamer DH; GeoSentinel Network. International mass gatherings and travel-associated illness: A GeoSentinel cross-sectional, observational study. Travel Med Infect Dis. 2019 November/December;32:101504. doi: 10.1016/j.tmaid.2019.101504. Epub 2019 Nov 9. PMID: 31707112; PMCID: PMC7110217.
- 11. Tashani M, Alfelali M, Azeem MI, Fatema FN, Barasheed O, Alqahtani AS, Tekin H, Rashid H, Booy R. Barriers of vaccinations against serious bacterial infections among Australian Hajj pilgrims. Postgrad Med. 2016 Aug;128(6):541-7. doi: 10.1080/00325481.2016.1191956. Epub 2016 Jun 9. PMID: 27233684.

# What are the benefits of fasting and of Ramadan?

### Shamim Iqbal, Mariyah Iqbal

General Practitioner, UK

### **Corresponding author:**

Dr Shamim Iqbal

General Practitioner, UK

Email: shamimiqbal@doctors.org.uk

Received: August 2024. Accepted: September 2024; Published: October 1, 2024.

Citation: Shamim Iqbal, Mariyah Iqbal. What are the benefits of fasting and of Ramadan? World Family Medicine. October 2024;

22(9): 10-12. DOI: 10.5742/MEWFM.2024.95257817

\_\_\_\_\_\_

## **Abstract**

There has been increased popularity of fasting as a lifestyle choice and a way of losing weight. Overall, fasting results in significant health benefits. Fasting during Ramadan (i.e. religious fasting) leads to additional benefits.

Keywords: Fasting, Ramadan