ABSTRACT EXAMPLE

Global Trends in Vaccine Hesitancy and the Impact of Digital Public Health Campaigns: A Multinational Comparative Study

ALEXANDER R. BENNETT, PhD[1]; Sofia Martinez, MD, MPH[2]; Daniel K. Okafor, PhD[3]; Emilia Laurent, MSc[4]; Hiroshi Tanaka, MD, DrPH[5]

[1] Department of Global Health Policy, London Institute of Public Health, London, United Kingdom

[2] Center for Epidemiology and Population Health, Universidad Autónoma de Madrid, Madrid, Spain

[3] School of Public Health, University of Lagos, Lagos, Nigeria

[4] European Centre for Health Communication Research, Paris, France

[5] Department of Preventive Medicine, Kyoto International University, Kyoto, Japan

Abstract

Background: Vaccine hesitancy remains a major global public health challenge, contributing to declining immunization coverage and resurgence of preventable diseases. Digital communication strategies have emerged as a key tool to address misinformation and improve public trust.
Objective: To assess the effectiveness of structured digital public health campaigns in reducing vaccine hesitancy across diverse socio-cultural settings.
Methods: A multinational comparative study was conducted in five countries between 2021 and 2024. A total of 4,500 participants were surveyed before and after exposure to standardized digital health campaigns delivered via social media platforms and government portals. Vaccine confidence was measured using the Global Vaccine Confidence Index. Multivariate regression analysis was performed to evaluate changes in hesitancy scores.
Results: Baseline moderate-to-high vaccine hesitancy ranged from 18% to 37% across countries. Following campaign implementation, overall hesitancy decreased by 12.4% ($p < 0.001$). The strongest effect was observed among individuals aged 18–35 years. Exposure to evidence-based video content and interactive Q&A sessions was independently associated with increased vaccine confidence ($\beta = 0.42$, 95% CI 0.31–0.53). Cultural tailoring of messages significantly enhanced effectiveness in all regions.
Conclusion: Structured, culturally adapted digital campaigns can significantly reduce vaccine hesitancy and improve public trust in immunization programs. Integration of digital communication strategies into national public health frameworks is essential for strengthening global vaccination efforts.
Keywords: vaccine hesitancy; digital health communication; public health campaigns; immunization coverage; health misinformation; global health; preventive medicine

*This abstract is a fictive example created solely for illustrative and educational purposes to demonstrate proper abstract structure and formatting, and does not represent real research, data, or authors.

Abstract Guidelines

The abstract must not exceed 300 words and should be written in Calibri or Arial, font size 12, single-spaced. It should provide a clear, concise, and structured summary of the study. The abstract must be self-contained and understandable without reading the full manuscript.

Title

Provide a clear and specific title that reflects the main topic and objective of the study. Avoid unnecessary words and uncommon abbreviations.

Author Information

List the full name(s) of the author(s) followed by institutional affiliation(s), including department (if applicable), institution name, city, and country. Academic titles should be included only if required.

Structure of the Abstract

Background

Briefly describe the context and significance of the problem. State why the topic is important and identify the gap in knowledge the study addresses.

Objective

Clearly state the primary aim of the study in one sentence.

Methods

Specify the study design, setting, sample size, and study population. Describe the main variables, interventions (if applicable), and statistical analysis used. Include only essential methodological information.

Results

Present the most important findings with relevant numerical data (e.g., percentages, means, p-values, confidence intervals). Report only key outcomes without interpretation.

Conclusion

Summarize the main implication of the findings. State the relevance for clinical practice, public health, or future research. Do not introduce new data in this section.

General Requirements

The abstract must not contain charts, tables, figures, references, citations, or footnotes. Abbreviations should be avoided unless widely recognized, and all abbreviations must be defined at first mention. The text should be written clearly, objectively, and in past tense for completed studies.

BYDA