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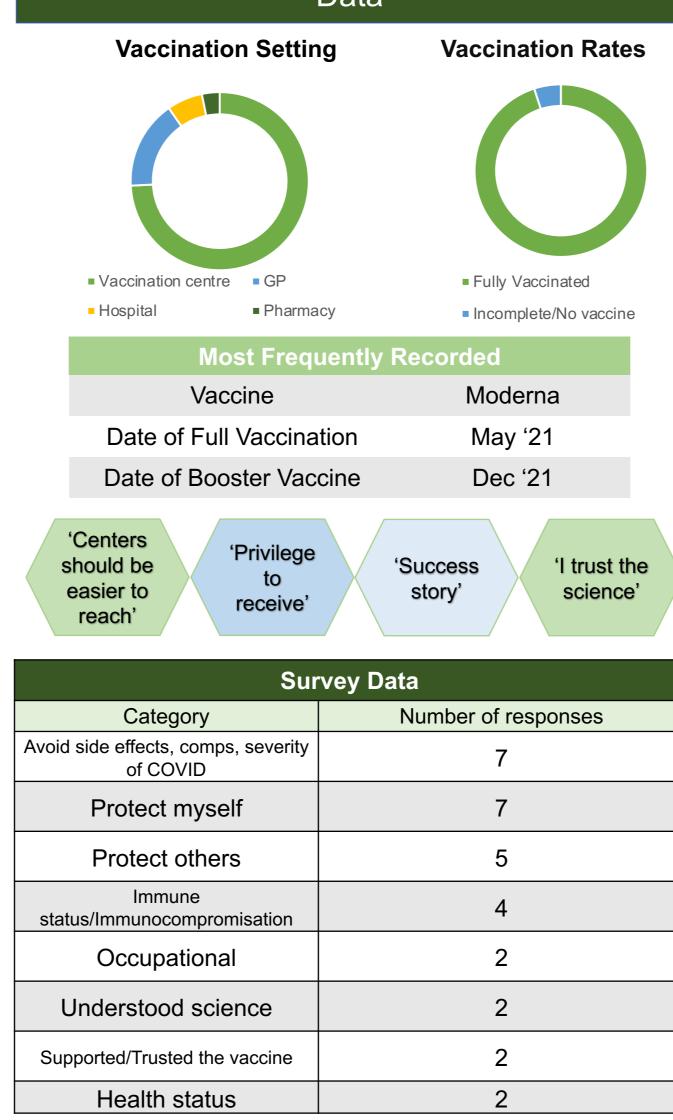
Background

There is sparse data surrounding SARS-CoV-2 vaccination rates amongst people living with HIV (PLWH)¹. While SARS-CoV-2 vaccination rates in Ireland were high, there remains a substantial degree of vaccine hesitancy among the Irish population². There is evidence that SARS-CoV-2 and vaccination mistrust may be more prevalent for PLWH as a result of pre-existing medical mistrust³. This aimed to establish SARS-CoV-2 vaccination rates, studv demographics of vaccination and to explore attitudes towards SARS-CoV-2 vaccination in PLWH in a tertiary care centre.

Methods

Participants were recruited on attendance to the HIV out-patient clinic in University Hospital Limerick, a large centre in South-West Ireland. Data collection was performed via paper survey. Demographic data was analysed using MicrosoftExcel. Patient freeform responses to open-ended questions regarding reasons to 'receive' or 'not receive' the vaccine were read, discussed between authors and thematic categories which emerged identified. Freeform responses were then assigned to a category if the response fitted the category criteria in language or theme. Each response in a category represented n=1.

B. Bogart LM, Ojikutu BO, Tyagi K, et al. COVID-19 Related Medical Mistrust, Health Impacts, and I







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Number of responses
7
7
5
4
2
2
2
2

Results

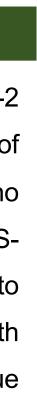
Thus far, the response rate was 30%. Twenty-two responses in total have been collected to date (n=22). Of responders, 21 (95%) were fully vaccinated. 1 patient (5%) was not fully vaccinated. Most patients were vaccinated in May 2021, with booster vaccines in December 2021. The most common vaccination setting was public vaccination centres. Of reasons listed for receiving the vaccine, the most prevalent responses were to 'protect myself' (n=7) and to 'avoid the side effects, complications or severity of COVID-19' (n=7). Four receiving the vaccine responders listed due their to 'immunocompromisation or immune status' (n=4). Within reasons to not be vaccinated, one response noted 'not wishing to receive the vaccine'. Other themes which emerged were support for vaccination, trust in science and trust in the vaccine.

Summary

While studies to date show higher prevalence of SARS-CoV-2 vaccination mistrust in PLWH, this study has shown high levels of uptake and trust. Limitations include possible reluctance of those who are not vaccinated to participate. As the pathophysiology of SARS-CoV-2 infection for PLWH remains undefined¹, interventions to mitigate risk in this population are an important public health measure. These interventions should include ongoing, open dialogue with PLWH to encourage vaccination and to explore their needs.

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