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Background

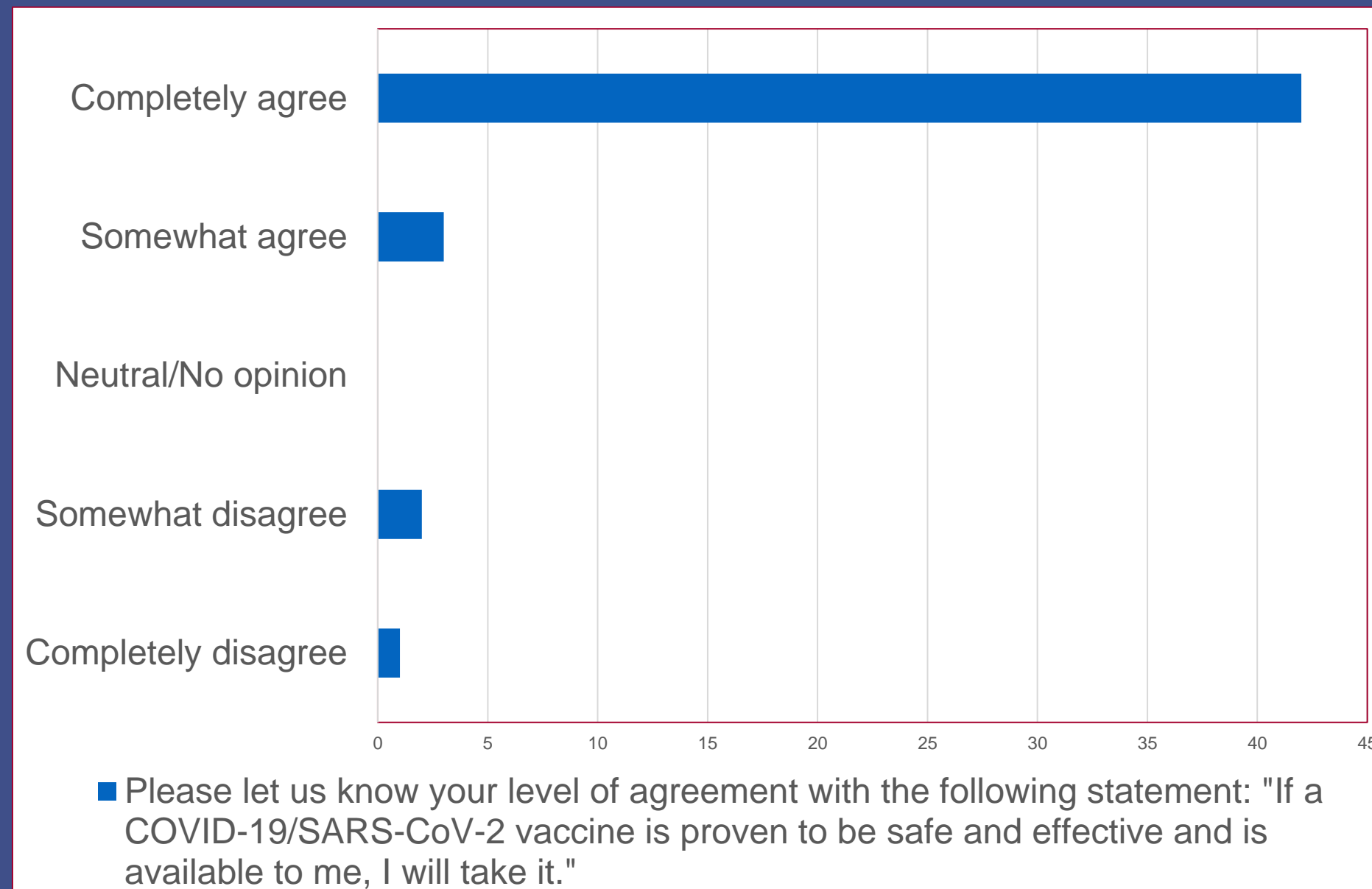
To date there have been over 250,000 cases of, and 4,900 deaths from COVID-19 in Ireland⁽¹⁾. Several SARS-CoV-2 vaccines have now been developed. A large international survey showed 71.5% of the general population would accept a COVID-19 vaccine⁽²⁾. Earlier studies had suggested that people living with HIV (PLWH) were not at increased risk of severe COVID-19 infection^(3, 4), but more recently larger cohort studies have suggested otherwise⁽⁵⁾. Given the potential for increased severity of infection in PLWH, achieving a high rate of vaccination in this group is important. Our survey aimed to assess the level of vaccine acceptability among PLWH.

Methods

An anonymous survey was carried out among PLWH from 10/12/2020 until 1/4/2021. The survey was available via a link to the SurveyMonkey platform advertised locally in our HIV clinic and on social media sites of organisations representing PLWH. A paper version was also available locally. The survey used multiple choice questions to assess sex, age, HIV control, comorbidities, years since diagnosis, annual influenza vaccination acceptance and if the patient or a family member had COVID-19 previously. A five-level Likert scale was used to assess participants' level of agreement with current government restrictions, and willingness to accept a SARS-CoV-2 vaccine. Chi-Square and Fisher's exact tests were used to assess for interactions between categorical variables.

Results

48 people responded to the survey. 45/48 (93.8%) indicated they were either completely or somewhat in agreement with receiving a SARS-CoV-2 vaccine, with the remaining 3/48 (6.2%) in some or complete disagreement. Similarly, 46/48 (95.8%) were in some or complete agreement with government restrictions. 45/48 (93.8%) also indicated that they accepted the annual influenza vaccine. Given the small numbers of participants who indicated they would not accept a SARS-CoV-2 vaccine there were no statistically significant associations between this view and the other measured characteristics. While not specifically recorded, we estimate approx. 200 patients attended the clinic during this time giving an approximate response rate of 24%.



Conclusion

This survey demonstrates an overwhelming level of acceptability of COVID vaccination among our cohort at 93.8%, which is considerably higher than that found in surveys examining the general population. A potential limitation of the study is the risk for sampling bias, and those people more likely to accept vaccination may have been more likely to respond to the survey. Nevertheless, the results are encouraging for the success of the vaccine rollout among this patient population.

References

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