

Barriers and facilitators to COVID-19 vaccination among Australians who inject drugs: how can we maximise uptake?

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Background

- Widespread uptake of COVID-19 vaccination is vital to mitigate morbidity and mortality during the ongoing COVID-19 pandemic.
- As an under-served population with high prevalence of comorbid conditions, people who inject drugs (PWID) are at high risk of adverse outcomes from COVID-19¹.
- PWID have low rates of vaccine uptake² and completion³ for other diseases and may face barriers to COVID-19 vaccine access due to economic and social disadvantage.
- Establishing acceptability, barriers and facilitators to COVID-19 vaccination is important to optimise uptake among PWID.

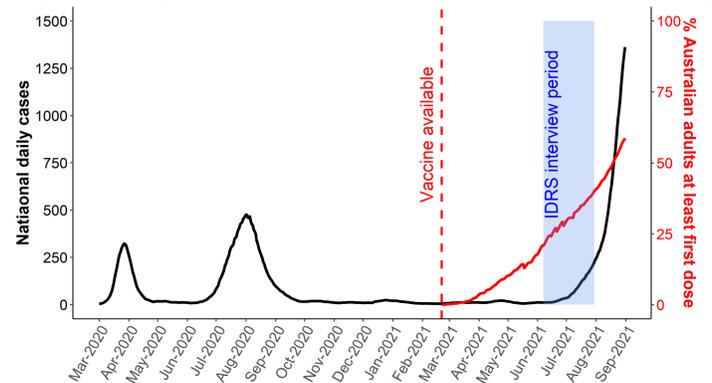
Methods

- The Illicit Drug Reporting System (IDRS) includes annual surveys with PWID in each Australian capital city.
- To be eligible, people must be at least 18 years of age, have injected drugs at least monthly in the past 6 months, and have resided in an Australian capital city for at least 10 of the last 12 months.
- Participants provide informed consent and are reimbursed AUD 40 for their time.
- In 2021, 888 PWID participated in the IDRS surveys that took place 7 June to 30 July.

One in ten (10%) participants had received at least one COVID-19 vaccine dose at time of interview

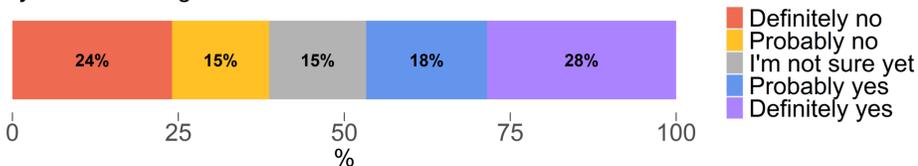


COVID-19 vaccine-related attitudes are likely influenced by pandemic phase and information available about the vaccine, both of which evolve rapidly. Thus, attitudes may be transient. IDRS interviews took place between June and July 2021, before the COVID-19 vaccine was available to the general public without restriction, after ATAGI revised its advice on recommended age groups for the AstraZeneca vaccine in light of safety concerns, and as Australia's 'third wave' was beginning.



Of the 786 unvaccinated participants, half (54%) were hesitant to receive the COVID-19 vaccine

Do you intend to get vaccinated for COVID-19?



Vaccine acceptant



In an adjusted logistic regression model, participants who had received a current season influenza vaccination or resided in ACT or NT (compared to NSW) were more likely to be COVID-19 vaccine acceptant

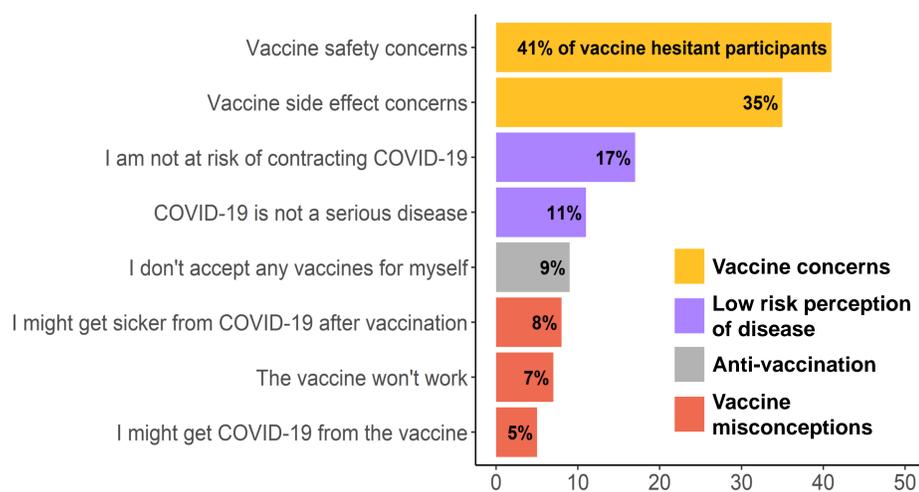
Vaccine hesitant



In the same model, female gender, younger age, unstable housing, and daily or more frequent drug injection in the month preceding interview were associated with COVID-19 vaccine hesitance

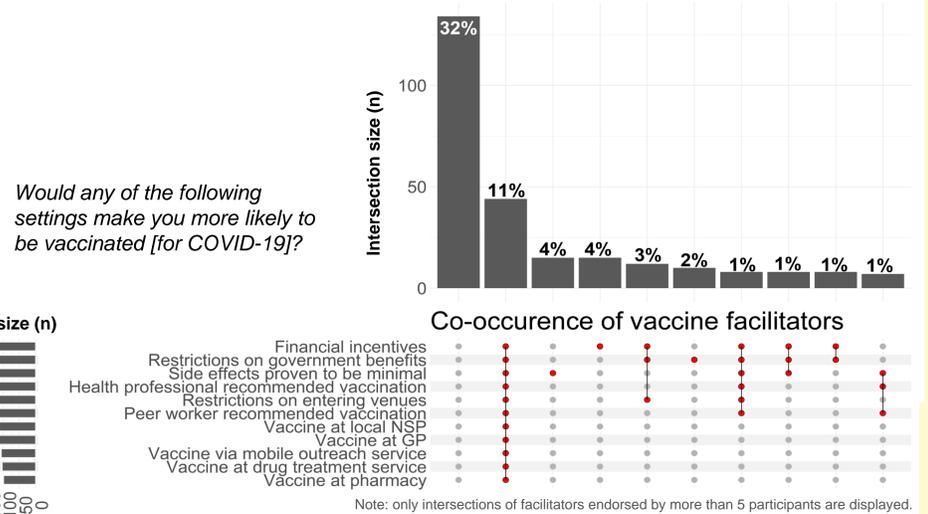
The main barriers to vaccination related to vaccine safety and vaccine side effects

- The next most common barriers cited related to low risk perception of contracting COVID-19 or experiencing serious disease after contracting COVID-19.



There was substantial heterogeneity in potential facilitators for vaccination

- The most commonly endorsed facilitators were financial incentives, restrictions placed on government benefits and side effects proven to be minimal.
- However, one-third of vaccine hesitant participants reported that none of the potential facilitators would increase their likelihood of receiving the vaccine.



Implications

- COVID-19 vaccine hesitancy among this sample of PWID (52%) is higher than that of the general population (range 22-32% in surveys during the IDRS interview period⁴).
- Unstable housing was associated with vaccine hesitancy, which was concerning given the attack rate of SARS-CoV-2 may be higher among people experiencing homelessness⁵. Deployment of a mobile outreach service to homeless shelters in Melbourne successfully increased influenza vaccine uptake among people experiencing homelessness⁶; this could be considered for COVID-19 vaccine rollout.
- The prevalent vaccine concerns and misconceptions, as well as low risk perception of disease among vaccine hesitant participants, suggest any intervention implemented to increase vaccine uptake among PWID should include education about the safety of the vaccine and its utility in preventing what can be a severe disease. Importantly, barriers relating to risk perception of disease may have changed as the pandemic situation in Australia worsened after the 2021 interview period.
- The heterogeneity of vaccination facilitators indicates there is no 'one-size-fits-all' intervention to increase uptake among the PWID population. However, it is possible that provision of financial incentives to be vaccinated could increase uptake (as has been successful for improving hepatitis B vaccine completion among PWID³).
- As the pandemic evolves in Australia, it is essential to monitor vaccine uptake among PWID to ensure they are not left behind and are protected against a disease they may be particularly vulnerable to.

References

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