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Title

Assessing Influenza Vaccine Hesitancy at a Family Medicine Clinic in Downtown Reading, PA

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

CONTEXT: Influenza vaccination remains an important public health intervention to prevent morbidity and mortality. Several factors contribute to hesitancy, including misinformation, socioeconomic status, and cultural differences.

OBJECTIVE: To better understand patient barriers so healthcare providers can tailor their approach to meet the specific needs of their patients and improve vaccination rates.

STUDY DESIGN AND ANALYSIS: This was a cross-sectional survey study using questions from a validated influenza-COVID-19 survey combined with a modified questionnaire from the PRAPARE study designed to assess social determinants of health. Data was then analyzed qualitatively and quantitatively using Chi-Square.

SETTING OR DATASET: The survey, specific to the 2022-23 flu season, was collected anonymously by nurses and medical assistants at Penn State St. Joseph's Downtown Family Medicine Clinic from 4/17-4/28/23.

POPULATION STUDIED: Patients ages 18 or older voluntarily answered the survey.

INTERVENTION/INSTRUMENT: Responses were entered into Penn State's REDCap application.

OUTCOME MEASURES: Age, gender, highest education level, vaccine status, location of vaccine, safety confidence, vaccine necessity, stress, opinion on herd immunity, insecurities, language, and Hispanic/Non-Hispanic status.

RESULTS: The mean age was 51(n=53), 58.8% female. There was an even distribution of education levels, 28.9% having less than a high school (HS) degree and 26.7% having more than a HS degree. 39.6% were vaccinated(n=21), which was less than the US national rate of 45.3% in 2018 according to the CDC. 31.6% of those vaccinated received their shot at a doctor's office(n=6). Qualitatively, most respondents

were: confident that flu vaccines are safe, disagreed or stayed neutral that vaccination is unnecessary, not prevented from getting vaccinated due to stress, and either did not agree with or may not have understood herd immunity. Using the Spanish survey had a significant correlation with being vaccinated ($p=0.089$, for significance level <0.10 due to our small sample size) while being Hispanic did not ($p>0.2$). There was a significant relationship ($p=0.091$) with reporting any insecurity and not being vaccinated.

CONCLUSIONS: While most seemed to support the vaccine, most did not get vaccinated. This disconnect may be a product of cultural, environmental, or socioeconomic variables. How much of an impact social determinants have on vaccine hesitancy needs to be further explored.