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Understanding COVID-19 vaccine confidence in People living with HIV in Canada: A pan-Canadian survey

CT Costiniuk¹, J Singer²⁻⁴, J Needham³⁻⁴, Y Yang⁵, C Chambers⁶, A Burchell^{6,7}, I Colmegna⁸, S del Canto⁹, GH Godin⁹, M Habanyama⁹, C Hui⁹, ¹⁰, A Kroch¹¹, E Mandarino⁹, S Margolese⁹, C Martin⁹, M Owino⁹, T Mohammadi³, S Pelaez¹², H Samji¹³, W Zhang³, CL Cooper¹⁴ and A Anis²⁻⁴

¹CVIS and Infectious Diseases and Immunity in Global Health Research Institute of McGill University Health Centre, Montreal, Quebec, Canada, ²School of Population and Public Health, University of British Columbia, ³Centre for Health Evaluation and Outcome Sciences, St. Paul's Hospital, Vancouver, British Columbia, ⁴Canadian HIV Trials Network, Vancouver, British Columbia, ⁵Faculty of Medicine, McGill University, Montreal, ⁶Dalla Lana School of Public Health, University of Toronto, ⁷Department of Family and Community Medicine, St Michael's Hospital, Unity Health Toronto, ⁸Division of Rheumatology, Department of Medicine, McGill University Health Centre, Montreal, ⁹Community Advisory Committee, Canadian HIV Trials Network, Vancouver, British Columbia, ¹⁰Yeates School of Graduate Studies, Ryerson University, ¹¹Ontario HIV Treatment Network, Toronto, Ontario, ¹²School of Kinesiology and Physical Activity Sciences, Faculty of Medicine, University of Montreal, ¹³British Columbia Centre for Disease Control and Faculty of Health Sciences, Simon Fraser University, ¹⁴The Ottawa Hospital and Ottawa Hospital Research Institute, Ottawa, Ontario on behalf of the *CTN COVAXHIV Investigators*

Contact information:

Dr Cecilia Costiniuk: cecilia.costiniuk@mcgill.ca

Conflict of interest: None

BACKGROUND

While the advent of safe and effective COVID-19 vaccines for the general population has led to mass vaccination roll-outs, certain populations may lack vaccine confidence.

Older individuals and those with multimorbidity may be at increased risk of poor outcomes if they acquire COVID-19 infection. People living with HIV (PLWH) may be at an especially increased risk of poor outcome due to COVID-19 infection, given the additive effect of immunosuppression.

Understanding reasons for vaccine confidence is essential to maximize rates of vaccine uptake in vulnerable populations.

OBJECTIVES

- 1-To compare Vaccine Hesitancy Scale (VHS) scores between participants who received >1 COVID-19 vaccines and those who did not receive any COVID-19 vaccine
- 2-To **identify factors** associated with COVID-19 vaccine uptake

METHODOLOGY

With community members, we developed a study questionnaire with items from the validated National Advisory Committee on Immunization Acceptability Matrix including:

- a) perception of vaccine safety and efficacy;
- b) perception of disease susceptibility and severity;
- c) access to vaccination; and
- d) knowledge, attitudes, and trust.

Participants were eligible to participate if they were of adult age, living in Canada and had HIV infection.

PLWH were recruited via social media and through community-based organizations from January-April 2022 (target recruitment n=250).

Participants included vulnerable populations and/or those at higher risk for COVID-19, e.g., men who have sex with men, people who inject drugs, women, persons of African, Caribbean or Black communities, persons from Indigenous communities and persons <u>></u>65 years old.

ANALYSIS:

Descriptive statistics were used to summarize results and compare responses between PLWH who have received vs those who have not received COVID-19 vaccine(s)

For each participant, scores on the 5-point Likert scale were added together (reversing for direction, as

Logistic regression models were used to identify factors associated with COVID-19 vaccine uptake such as age, sex, gender, and responses to the vaccine confidence questions

RESULTS

250 individuals completed survey, but only 205 indicated whether or not they accepted a COVID-19 vaccine

Table 1: Summary statistics for VHS total score

necessary)

| variable | Summary | COVID-19 vaccine uptake | | p-value |
|-----------|----------------|-------------------------|--------------|-----------------------|
| | statistics | No | Yes | |
| VHS TOTAL | N | 21 | 153 | <0.000 <mark>1</mark> |
| | Missing, n (%) | 0 (0.0) | 0 (0.0) | |
| | Mean (SD) | 33.0 (9.0) | 17.4 (5.9) | |
| | Median (IQR) | 34.0 (26.0, | 16.0 (13.0, | |
| | | 39.0) | 20.0) | |
| | Range | (16.0, 48.0) | (10.0, 43.0) | |

<u>Table 2:</u> Baseline characteristics of study participants who provided COVID-19 vaccine uptake information

| | Study cohort (N=205) |
|--|----------------------|
| Age | |
| Mean (SD) | 46.9 (14.2) |
| Median (IQR) | 48.0 (33.0, 57.0) |
| Range | (20.0, 82.0) |
| Persons>65 years of age, n (%) | 19 (9.3) |
| Sex, n (%) | |
| Male | 150 (73.2) |
| Female | 55 (26.8) |
| Highest degree or level of school completed, n (%) | |
| Less than high school | 2 (1) |
| Some high school/completed high school | 45 (22.1) |
| Some college/completed college | 119 (58.3) |
| Some graduate studies/completed graduate studies | 38 (18.6) |
| Missing/prefer not to answer | 1 |
| Annual household income, n (%) | |
| \$29,999 and under | 62 (32.3) |
| \$30,000-\$59,999 | 59 (30.7) |
| \$60,000-\$89,999 | 32 (16.7) |
| \$90,000 and up | 39 (20.3) |
| Missing/prefer not to answer | 13 |
| Born in Canada, n (%) | 145 (72.1) |
| Missing/prefer not to answer | 4 |
| Person who injects drugs, n (%) | 15 (7.3) |
| Person who uses non-prescription illicit drugs, n (%) | 21 (10.2) |
| Person from African, Black or Caribbean Community, n (%) | 17 (8.3) |
| Persons from indigenous community, n (%) | 12 (5.9) |
| Duration of HIV diagnosis, n (%) | |
| 4 years ago | 31 (15.4) |
| 5-9 years ago | 30 (14.9) |
| 10-14 years ago | 30 (14.9) |
| ≥15 years ago | 110 (54.7) |
| Missing/prefer not to answer | 4 |
| On Antiretroviral medications, n (%) | 198 (97.1) |
| Missing/prefer not to answer | 1 |

<u>Table 3A:</u> Summary table by COVID-19 vaccine uptake status -continuous variable

| Variable | Summary statistics | COVID-19 va | p-value | |
|----------|--------------------|-------------------|-------------------|---------|
| | | No | Yes | |
| Age | N | 30 (15%) | 175 (85%) | <0.0001 |
| | Missing, n (%) | 0 (0.0) | 0 (0.0) | |
| | Mean (SD) | 33.7 (7.5) | 49.2 (13.9) | |
| | Median (IQR) | 32.0 (29.0, 36.0) | 51.0 (40.0, 58.0) | |
| | Range | (23.0, 59.0) | (20.0, 82.0) | |

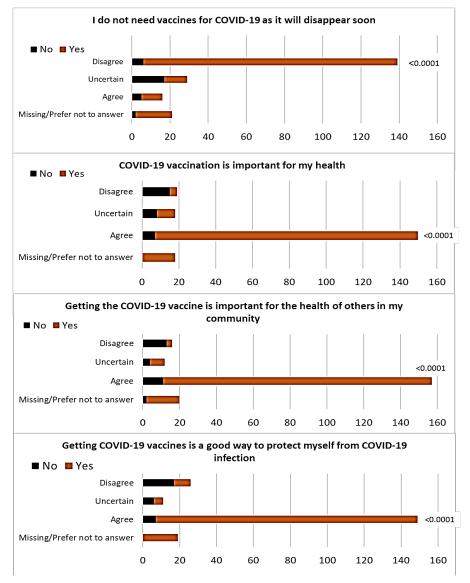
Table 3B: Summary table by COVID-19 vaccine uptake status categorical variable

| Variable | Level | COVID-19 vaccine at least one dose | | |
|--------------------------------|----------------|------------------------------------|------------|----------|
| Variable | | No | Yes | p- value |
| SEX | Female (55) | 12 (22%) | 43 (78%) | 0.08 |
| | Male (150) | 18 (12%) | 132 (88%) | |
| Person ≥65 years | No (186) | 29 (16%) | 157 (84%) | 0.23 |
| | Yes (19) | 1 (5%) | 18 (95%) | |
| Highest degree - at | Missing/Prefer | 0 (.) | 1 (.) | 0.08 |
| least completed | not to answer | | | |
| university | No (92) | 18 (20%) | 74 (80%) | |
| | Yes (112) | 12 (11%) | 100 (89%) | |
| Person who injects | No (190) | 26 (14%) | 164 (86%) | 0.17 |
| drugs | Yes (15) | 4 (27%) | 11 (73%) | |
| Person who uses | No (184) | 30 (16%) | 154 (84%)) | 0.05 |
| non-prescription illicit drugs | Yes (21) | 0 (0.0) | 21 (100%) | |
| Person from the ACB | No (188) | 29 (15%) | 159 (85%) | 0.29 |
| community | Yes (17) | 1 (6%) | 16 (94%) | |
| Person from the | No (193) | 28 (15%) | 165 (85%) | 0.84 |
| Indigenous | Yes (12) | 2 (17%) | 10 (83%) | |
| community | | | | |
| Man who has sex | No (14) | 1 (7%) | 13 (93%) | 0.56 |
| with men (MSM)* | Yes (136) | 17 (12%) | 119 (88%) | |

p-value - from Chi-square test or Fisher's exact test

ABC = African Caribbean Black, (*for male participants only)

Figure 1: Summary of COVID-19 vaccine uptake status – Select VHS items



Answers to the first 7 questions (Q) highly concordant <0.0001 (p- value) - from Chi-square test or Fisher's exact test Regression of vaccine use done using 3 different models (Age + different combinations of Q)

<u>Table 4</u>: results of univariate analysis – logistic regression model for each factor

| Factor | Odds ratio of receiving at least one dose vaccine | 95% Confidence interval | p-value |
|---|---|-------------------------------|---------|
| Sex (Male vs. Female) | 2.05 | [0.91, 4.59] | 0.08 |
| Age /per 10-year | 2.80 | [1.91, 4.41] | <.0001 |
| Person ≥65 years of age (Yes vs. No) | 2.31 | [0.40, 13.32] | 0.35 |
| Education- at least with comp university (Yes vs. No) | 2.03 | [0.92, 4.47] | 0.08 |
| Person who injects drugs (Yes vs. No) | 0.44 | [0.13, 1.47] | 0.18 |
| Person who uses non-prescription illicit drugs (Yes vs. No) | NA | | |
| Persons of African, Caribbean or Black communities (Yes vs. No) | 2.03 | [0.35, 11.88] | 0.43 |
| Person from the Indigenous community (Yes vs. No) | 0.72 | [0.16, 3.20] | 0.67 |
| Man who has sex with men (MSM) (Yes vs. No) –Male participants only | 0.76 | [0.12, 4.67] | 0.77 |

- For each increase of 10 years, the odds of taking the vaccine are increased (multiplied by 2.80)
- No effect of sex or education
- No effect based on sub-group membership, but numbers of participants are small

CONCLUSIONS (PRELIMINARY)

- Increased odds of accepting COVID-19 vaccines with increased age, but not with sex or education
- Individuals appear to accept vaccine more for altruistic reasons (i.e., protection of community) than individual reasons (i.e., protection of self)
- Individuals who felt that the pandemic would linger on longer were more likely to accept the vaccine than those who did not feel the pandemic would last that long
- Need more participants to study findings in more depth, and more from ACB and Indigenous communities to better elucidate differences driving vaccine confidence in various sub-groups of PLWH

ACKNOWLEDGEMENTS

Participants and Community Groups
CTN Community Advisory Committee
Hong Qian (Biostatistician)



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