

SARS-CoV2 vaccination acceptance in people with HIV

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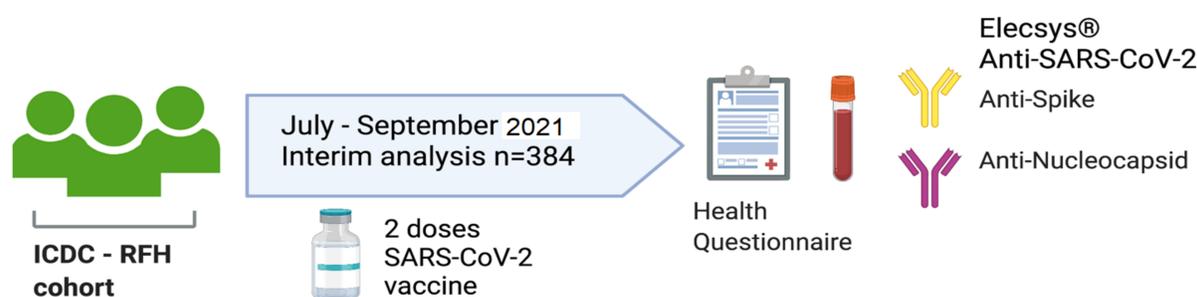
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BACKGROUND

- The high prevalence of comorbidities and social inequity experienced by people with HIV (PWH) coupled with regular contact with health care services, is likely to influence vaccine uptake as well the risk of SARS-CoV2 infection and severity
- We looked at participants in the SCAPE-HIV study to determine factors associated with SARS-CoV2 vaccine uptake

METHODS

- The SCAPE-HIV study (SARS-CoV2 Antibody Prevalence in a London HIV cohort) is an ongoing cross-sectional study within a London HIV clinic outpatient adult cohort
- Interim analysis on n=515 patients recruited between July-September 2021 is presented
- Participants completed questionnaires about their sociodemographic and clinical factors, and SARS-CoV2 vaccination status



RESULTS

- 493/515 (89.6%) reported being offered a SARS-CoV2 vaccine
- Median age offered vaccination was 53y, 18.1% self-identified as female, 72.4% white, 17.3% black (compares to clinic demographics overall 28% female, 36% white)
- 57% had a university degree, 62.5% were in employment (24.6% as keyworkers), but 95/483 (19.7%) reported they did not always have enough money to cover basic needs
- All were on antiretroviral therapy (ART), median CD4 627 (IQR 471, 802; range 20-1969); median nadir CD4 237 (IQR 111, 372; range 2-1048); 96.4% had an undetectable HIV viral load (<50 copies/ml) (total clinic viral suppression = 95%)
- 472/493 (95.7%) who were offered accepted vaccination
- Acceptance of SARS-CoV-2 vaccination among PWH was not associated with age, education, employment status, numbers living in household or any HIV related factors
- PWH more likely to refuse SARS-CoV2 vaccination include those who did not identify as white or black ethnicity (OR 3.12 (95%CI 1.05-9.25)), those did not always have enough money to cover basic needs (OR 2.65 (95%CI 1.07-6.60)), and those who do not get influenza vaccinations (OR 4.32 (1.77-10.51))
- A past history of COVID19 was also associated with vaccine refusal (OR 3.46 (1.43-8.38))

CONCLUSIONS

- SARS-CoV2 vaccine acceptance in this cohort of PWH was extremely high
- Although participation in the study may be more likely in those accepting vaccination, the study recruited a substantial proportion of people with social disadvantage
- These findings suggest a history of declining influenza vaccination may be a marker of SARS-CoV2 vaccine hesitancy
- Better understanding of the psychosocial factors influencing vaccination uptake can support future messaging and acceptability

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