

Covid-19 vaccine hesitancy among people living with HIV in Ukraine

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Introduction

COVID-19 vaccines are considered the most promising approach for curbing the COVID-19 pandemic worldwide. However, COVID-19 vaccine hesitancy is increasing worldwide and remains a main concern among vulnerable populations including those who are immunocompromised. Studies indicate that people living with HIV, present poorer COVID-related outcomes compared to those without HIV.

This study focuses on understanding the reasons and beliefs for COVID-19 hesitancies in Ukrainian people living with HIV.

Methods

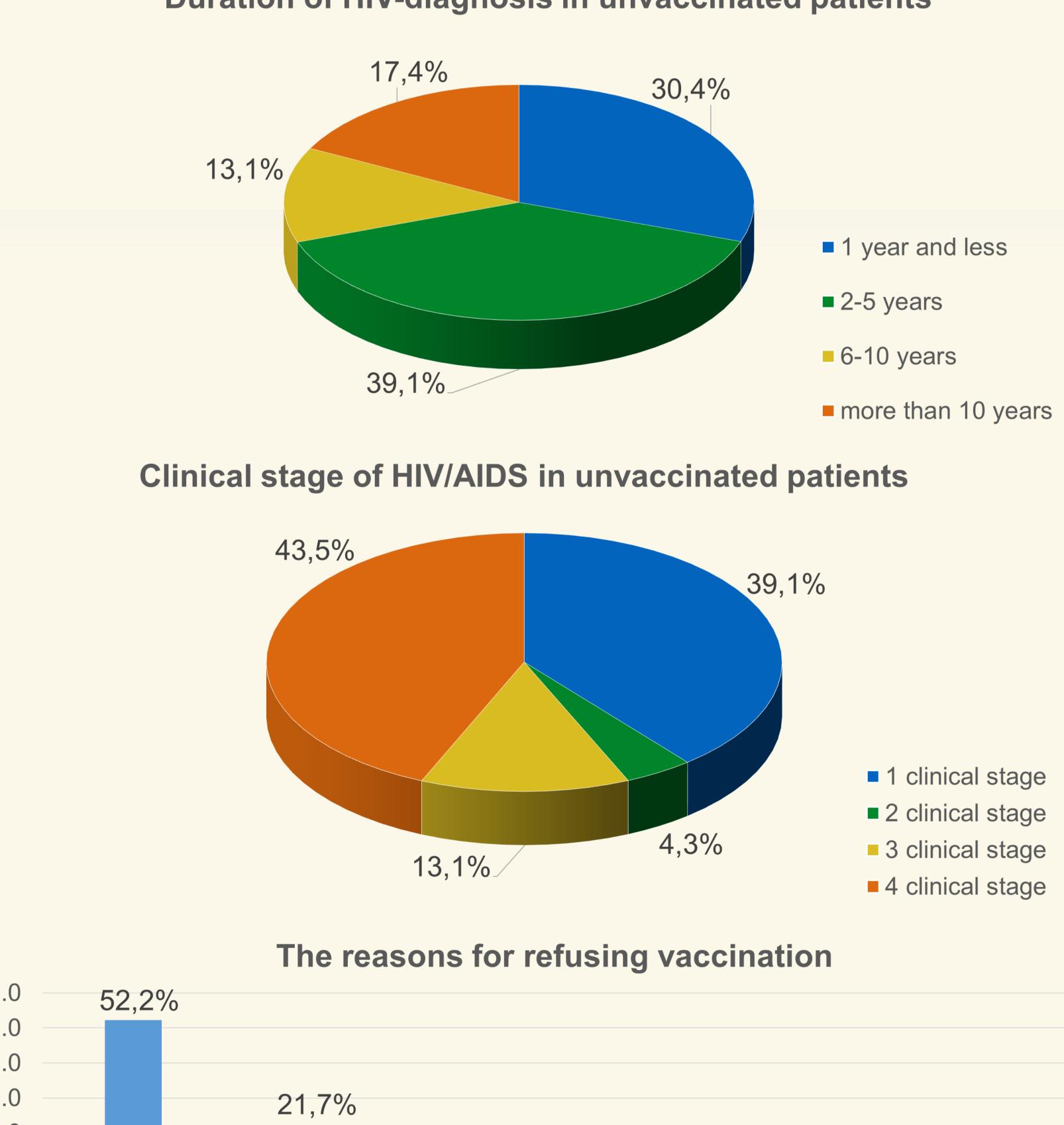
We conducted a COVID-19 vaccination survey among 70 HIV-positive patients treated at the HIV Unit in "Lviv Oblast Information and Analytical Center for Medical Statistics" (Ukraine) between December 2021 to April 2022. A questionnaire on COVID-19 vaccination coverage among HIV-positive patients included 21 questions related to the risk of infection with COVID-19 and attitudes toward vaccination.

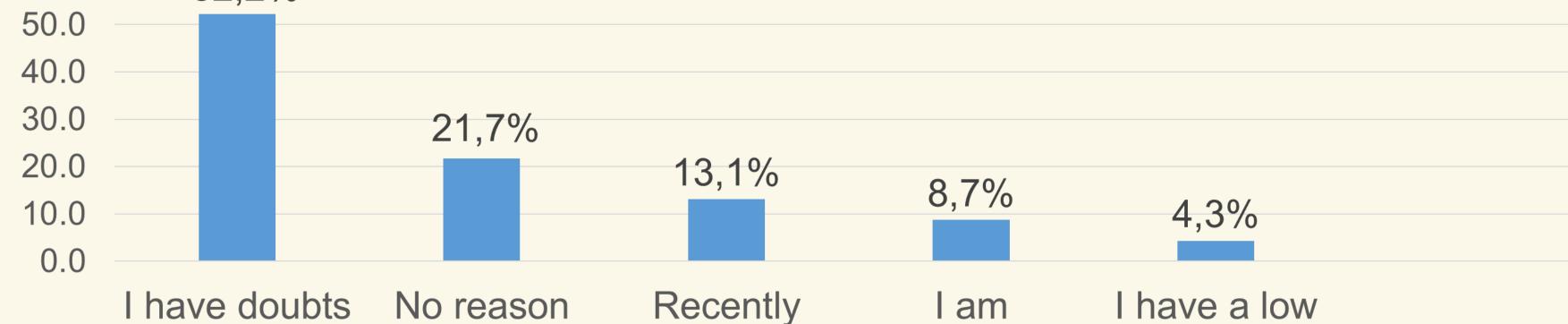
HIV Registry software was used for statistical processing of results.

Results

Among the surveyed patients, the majority were men (68.6%) and the age of the respondents ranged from 18 to 68 years. Overall, 32.9% of respondents refused to get SARS-CoV-2 vaccination. Among the patients refusing to get vaccinated, 30.4% knew about their HIV status for more than five years, and 43.5% were diagnosed with clinical Stage 4 HIV/AIDS. At the time of the survey, 62.5% of patients had a CD-4 cell count below 200 cells/ml.

Duration of HIV-diagnosis in unvaccinated patients





contracted

COVID-19

employed

unofficially

and do not

need to be

vaccinated

about the

vaccine

indicated

level of CD4

cells (less

than 100)

Conclusions

About 32.9% of HIV/AIDS patients surveyed, for whom vaccination was indicated and could protect against severe disease course and risk of death from COVID-19, did not receive specific prophylaxis. The most common reason for refusing vaccination was doubts about the quality of the vaccine (52.2%). This population may benefit from educational and informational activities on the reasoned safety of vaccination to address vaccine hesitancy among this high-risk group.

References

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