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# COVID-19 VACCINE ACCEPTANCE IN OLDER SYRIAN REFUGEES IN LEBANON: PRELIMINARY FINDINGS FROM A LONGITUDINAL SURVEY

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**Background** Understanding and overcoming barriers to vaccine acceptance is essential to achieve COVID-19 herd immunity worldwide. This is paramount for displaced populations who are disproportionately affected by underlying disease syndemics. Studies on COVID-19 vaccine acceptance among immigrants and refugees are limited. This study aimed to determine the prevalence and factors associated with COVID-19 vaccine refusal in older Syrian refugee beneficiaries of a humanitarian organization in Lebanon.

**Methods** The findings come from an ongoing rotating 4-wave panel study aiming to track older Syrian refugees' vulnerability to COVID-19. The sampling frame was a beneficiaries list of a humanitarian organization in Lebanon and included a probability sample of Syrian refugee households with at least one adult aged 50 years or older. 3,838 individuals agreed to participate in a phone survey. The present findings are limited to a sample of 1,037 from the first panel who were interviewed between January-February, 2021. Intention to vaccinate against COVID-19 was assessed through unadjusted logistic regression models to examine associations between COVID-19 vaccine refusal and socio-demographic factors, adherence practices, and vaccine and COVID-19 related perceptions using Stata/SE13.1.

**Results** Out 1,037 beneficiaries, 29% (95%CI:0.26–0.32) reported no intention to vaccinate and 5.2% didn't know. Among those not willing to vaccinate, the reasons were: newness of the vaccine (35%); preference to maintain precaution measures (21%); belief that COVID-19 vaccine is not essential (21%); and other reasons (23%). COVID-19 vaccine refusal was statistically significantly higher outside informal tented settlements (ITS) than inside ITS (Odds ratio (OR):1.36; 95% CI:1.03–1.81). The odds of vaccine refusal were six and seven times higher among older Syrian refugees who did not agree that vaccines are safe (OR:5.97; 95%CI:4.03–8.84) or effective (OR:6.80; 95%CI:4.44–10.42) than those who agreed. Refugees aged 70 years and older and those reporting chronic conditions did not significantly differ from younger participants or those without chronic conditions in their vaccine acceptance. Self-reported adherence to COVID-19 public health measures and perceptions of susceptibility to and severity of COVID-19 were not associated with vaccine acceptance.

**Conclusion** This study highlights important directions towards enhancing vaccine acceptance among Syrian refugees to reach herd immunity and ensure equitable vaccination. Practical approaches to increase vaccine acceptance include disseminating accurate, accessible, and culturally appropriate information about vaccine safety and effectiveness. Whilst this large study was representative of the beneficiaries of a humanitarian organization and not of all Syrian refugees in Lebanon, it is the first to present evidence on vaccine acceptance among refugees.

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# FACILITATORS AND BARRIERS TO COVID-19 VACCINE UPTAKE IN BAME GROUPS IN PRIMARY CARE: A QUALITATIVE STUDY

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**Background** Covid-19 vaccination is an effective strategy to reduce the spread of infection and achieve herd immunity. However, evidence suggests that both vaccine uptake and intention to vaccinate differ amongst population groups. Vaccine hesitancy is highest amongst specific ethnic minority groups. There is currently no qualitative study of the barriers and facilitators to covid-19 vaccine uptake in BAME groups in the UK primary care.

**Methods** We aim to conduct in-depth telephone interviews using semi-structured, open-ended questions about covid-19 vaccination in patients from South Asian (Bangladeshi/Pakistani) and Black African/African-Caribbean ethnicities in primary care in March 2021. Patients will be recruited using purposive sampling in 5 socially and ethnically diverse general practices in London. Interviews will be transcribed verbatim and subjected to thematic analysis. Data on age, sex, occupation, co-morbidities, previous vaccination status, geographical location, country of birth, education level will be also be obtained. Patients will be selected through EMIS search. All adults over 18 who are eligible for covid-19 vaccination regardless of priority status and can consent will be included in the study. Questions will relate to desire to take the vaccine, barriers and potential factors that would change their view and decision-making.

**Results** We hypothesise that covid-19 vaccine hesitancy will be associated with deprivation, lower educational attainment, residential segregation, previous negative healthcare experiences, and poor trust of healthcare services. Other barriers and potential solutions will be explored in depth during the interview.

**Conclusion** Covid-19 has had a disproportionate impact on ethnic minority groups with much higher mortality, and cases and hospitalisation rates compared to the White populations. Vaccination is an effective strategy in mitigating the risk. We need to understand the factors that cause vaccine reluctance, hesitancy and refusal, and how to facilitate engagement with vaccination programmes. This primary-care based study could help plan targeted public health campaigns to increase covid-19 vaccine uptake.

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# HOW TO SUPPORT COVID-19 VACCINE UPTAKE IN THOSE THAT ARE EITHER UNDECIDED OR MORE RESISTANT TO RECEIVING A VACCINE IN ENGLAND? CONTENT ANALYSIS OF SURVEY OPEN TEXT RESPONSES

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**Background** As of 15 February 2021, over 20 million people in England have received their first dose of a COVID-19 vaccine. Population-level immunological protection requires the large majority to be vaccinated, though given the spread of misinformation and vaccine hesitancy concerns, this may be challenging. Therefore, this study aimed to elicit from those either undecided or more resistant to having a COVID-19 vaccine, what would make them more likely to have a vaccine when made available to them.

**Methods** In October/November 2020 we delivered an online population-wide survey of COVID-19 vaccine intention in England. Sampling was stratified by gender, geographical region, and deprivation, with additional purposive sampling of those from an ethnic minority background. An open question 'What might make it more likely that you, your family, or friends would have a coronavirus vaccine when one is ready?' was included. We used content analysis to identify and code emergent themes.

**Results** We recruited 1660 participants, who did not want (210), had yet to consider (407), or were not sure (1043) whether to be vaccinated. Of these: 946 (57%) were female, 363 (22%) were of an ethnic minority, and 453 (27%) lived in the lowest three Index of Multiple Deprivation (small area deprivation statistic) deciles. We received 922 (56%) open-text responses, with 733 (44%) detailing at least one factor that would increase their likelihood of receiving a vaccine. The most common concerns expressed was the safety and efficacy of a vaccine, particularly potential side-effects. Participants wanted to see the evidence that supported vaccine approval as many were worried about how quickly vaccines had been developed. Distrust in the Government, specific ministers, and the pharmaceutical companies was a consideration. Some stipulated that it would take mandating for them to have a vaccine. Others wanted it to be free and easy to access. The broader implications of an immunisation programme were of interest, participants wanted to know if the vulnerable would be prioritised and protected and that restrictive conditions would be removed enabling them to engage in a greater range of social activities.

**Conclusion** Promotional campaigns that focus on COVID-19 vaccine safety and effectiveness, should be prioritised. Provision of accessible comprehensible information that accurately and transparently reports the findings from COVID-19 vaccine trials through a trusted source will be required. Contextualising how vaccines will support the ending of the pandemic and increasing personal and population benefits will be of value.

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#### MITIGATING DIGITAL EXCLUSION IN A REMOTE RESEARCH WORLD: REFLECTIONS FROM CONDUCTING RESEARCH ON POPULATIONS EXPERIENCING HOMELESSNESS DURING THE PANDEMIC

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**Background** The global Covid-19 pandemic challenges researchers to adapt and adjust previous engagement and co-production strategies in order to continue research projects remotely. Transitioning to remote recruitment and data collection has led to concerns around digital exclusion and

further marginalisation of populations that already faced heightened disadvantage. Throughout the pandemic, individuals experiencing homelessness, sometimes perceived as 'harder-to-reach', have faced added challenges for participating in remote research. This study aims to outline critical reflections and observations related to conducting research among individuals experiencing homelessness during the pandemic.

**Methods** This reflective analysis provides insights from an early career researcher on their experience navigating methodological and logistical challenges that arose while conducting a qualitative study involving individuals experiencing homelessness in the North East of England. Lessons learned on mitigating concerns around digital exclusion were shaped through collaborations with 'Experts by Experience' and analyzing the researcher's reflective journal.

**Results** Reflections on lessons learned to reduce digital exclusion are centered around three overarching themes: i) meaningful and realistic co-production—ways the research was co-produced with individuals with lived experience; ii) appropriateness as the most important criteria for vouchers and remuneration—process taken to determine the best approaches; iii) inclusiveness and choice for recruitment and data collection – strategies to increase participation and reduce participation burden.

**Conclusion** The responsibility of researchers to find ways to engage homeless populations has become more urgent as the pandemic has created new barriers to access. Concerns about widening the digital divide are given special consideration and approaches used in the context of this study are reviewed and successes are highlighted. Being clear about time and resource expectations while respecting that any commitments are subject to change was helpful for co-production. Providing participants with physical vouchers required creativity when it came to distribution as gatekeepers were more effective than postal service. Worries about recruitment lag and data collection were overcome by leveraging existing networks and offering participants choice in the way they were contacted and engaged. Conducting research within remote contexts always requires innovation and creativity. However, not all approaches will work for everyone. Guidance on conducting research remotely or while practicing social distancing does not necessarily take into consideration populations facing the greatest marginalisation or digital exclusion. Collectively learning about experiences and approaches to date can ensure that current and future projects do not avoid populations that are likely to experience digital exclusion or other access issues.

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#### PERCEPTIONS AND PRACTICES OF COVID-19 PROTECTIVE BEHAVIORS AMONG THE GENERAL PUBLIC OF NORTH INDIA: FINDINGS OF A QUALITATIVE STUDY POST-LOCKDOWN

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**Background** India has a high COVID-19 burden. The Indian government responded to the pandemic by mandating its population to adhere to certain Protective Measures (PMs).