

COVID-19 Vaccine Uptake, Acceptance, and Reasons for Vaccine Hesitancy: A Cross-Sectional Study among Pregnant Women in Trinidad, West Indies [Response To Letter]

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Dear editor

Firstly, we thank Rina Tampake et al for their interest and comments on our paper "COVID-19 Vaccine Uptake, Acceptance, and Reason for Vaccine Hesitancy: A Cross-Sectional Study Among Pregnant Women in Trinidad, West Indies." Discussion is always welcomed as it promotes learning and understanding.

Regarding the many types of Covid-19 vaccines in circulation, we fully agree that there will be doubts in pregnant women about the effectiveness and safety profile of each of the vaccines in pregnancy. This will indeed contribute to the reasons for vaccine hesitancy in the pregnant population. It should be noted that in our study the Pfizer BioNTech vaccine was the only one approved by our Ministry of Health for use in the second and third trimesters.¹ As such, the views of the pregnant women surveyed would have been based on their perception on the Pfizer vaccine. This perception, however, would apply to the other types of Covid-19 vaccines on a whole.

We also agree that trust in the health care providers, governments and drug companies play a major role in vaccine acceptance. As stated in the article by N Kuciel et al, dissemination of professional and reliable information by qualified health care personnel can significantly improve the acceptance and uptake rates of the Covid-19 vaccines in pregnancy.² In our study, 61.6% of the participants trusted health care professionals the most for information on the Covid-19 vaccine; however, only 47.3% said they were actually counselled on the Covid-19 vaccine by one. This lack of communication and dissemination of information by health care staff may have indeed played a role in our relatively low uptake and acceptance rate of the Covid-19 vaccine in pregnancy.

In our study, 24.8% of the participants had a pre-existing chronic disease and the majority of them were in the third trimester (mean gestational age 26.3 weeks). This data was analysed and correlated with vaccine uptake and acceptance; however, we did not find any statistical difference and as such we chose not to discuss in our paper. We acknowledge though, that pre-existing chronic disease and gestational age may influence a pregnant woman's decision on vaccine acceptance.

In conclusion, there were many factors which contributed to reasons for the Covid-19 vaccine hesitancy in pregnancy. The main reason in our setting was a lack of confidence in the vaccine mainly attributed to the lack of research of the vaccine in pregnancy. As highlighted by Rina Tampake et al, we agree that trust in health care professionals, pre-existing diseases and gestational age may influence vaccine hesitancy in pregnancy as well as the dissemination of reliable information by health care workers.

Disclosure

The authors report no conflict of interest in this communication.

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