Unvaccinated healthcare workers were more likely to test positive for SARS-CoV-2 compared to partially and fully vaccinated healthcare workers.

Conclusion. COVID-19 vaccination protected HCWs by reducing risk for developing COVID-19. Vaccinating healthcare workers is a crucial infection prevention measure to reduce disease burden, avoid staffing shortages and create a safe environment in the healthcare facility to prevent transmission to other staff and at-risk patients.

Disclosures. **All Authors**: No reported disclosures

566. Impact of a Culturally Sensitive Multilingual Community Outreach Model on COVID-19 Vaccinations at an Urban Safety-net Community Hospital

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Session: P-25. COVID-19 Vaccines

Background. The United States (US) is one of the most affected countries by the COVID-19 pandemic. A disproportionate burden of COVID-19 deaths is seen in Black, Asian, and Latinx groups. COVID-19 vaccines are the primary mitigation strategy to reduce morbidity and mortality. However, vaccine hesitancy is high in these communities due to factors such as low health literacy, language barriers, and other health inequities. Our objective was to implement a culturally sensitive, multi-lingual, community outreach model to promote vaccine education and facilitate vaccine administration.

Methods. Community healthcare workers or "promotoras" were deployed to high traffic areas such as supermarkets, laundromats, churches, and commercial hubs from February-May 2021. The promotoras provided culturally sensitive vaccine counseling to individuals in their preferred language and facilitated vaccine appointments at our hospital. Our data was compared with publicly available data from other facilities organized by ZIP codes defined by the Department of Public Health as low, medium, or high-vulnerability to COVID-19.

Results. A total of 109 outreach workers were hired, of which 67% (73) were Latinx, 27% (29) Black and 6% (7) Asian. Overall, 8,806 individual encounters led to 6,149 scheduled appointments and 3,192 completed first doses (Figure 1). A total of 14,636 individuals were vaccinated. Average age was 45.5 (range 12-98). Preferred language was 54% Spanish, 38% English, and 8% Chinese. Ethnicity was mostly Hispanic (66%) with race mostly white (54%) (Figure 2). High and medium-risk ZIP codes represented 69.4% of vaccinations at our facility (Figure 3).

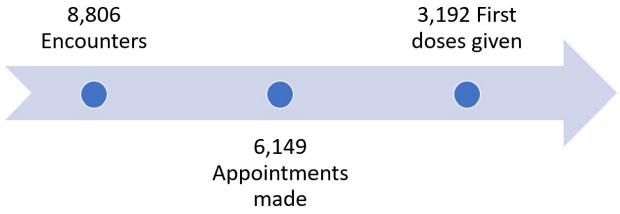

Figure 1. Education encounters and appointments made by community outreach workers and associated vaccinations.

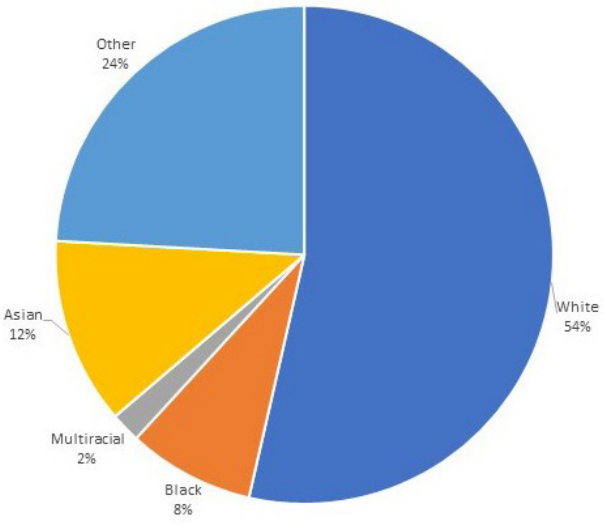

Figure 2. Racial distribution of vaccinated individuals at our facility

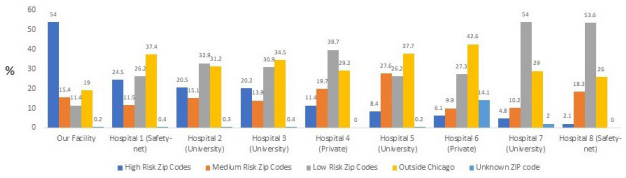

Figure 3. Comparative vaccinations by zip codes from hospitals in our area.

Conclusion. We successfully implemented a culturally sensitive community outreach model which resulted in higher vaccination rates from at risk ZIP codes when compared to other hospitals. Promotoras encouraged vaccination in native languages, thereby increasing vaccine awareness and appointment faciliation. Barriers to vaccine access remain in these vulnerable communities. This model educated the community via its own members and may help reduce barriers, increase vaccine awareness and vaccination rates.

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567. Reasons for Deferral of COVID-19 Vaccines Among Arab American Healthcare Professionals Living in the United States

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Session: P-25. COVID-19 Vaccines

Background. The WHO identified the three most common reasons for worldwide vaccine hesitancy to be safety concerns, lack of knowledge and awareness, and religion and cultural issues. There is limited information on this topic among Arab Americans, a rapidly growing demographic in the US. We sought to determine the reasons for deferral of the coronavirus disease 2019 (COVID-19) vaccine amongst Arab American health professionals living in the US.

Methods. This was a cross-sectional study utilizing an anonymous online survey. The survey was distributed via e-mail to National Arab American Medical Association members and Arab-American Center for Economic and Social Services healthcare employees. Respondents were considered vaccine hesitant if they selected responses other than a willingness to receive the COVID-19 vaccine.

Results. A total of 4,000 surveys were sent via e-mail from December 28 2020 to January 31 2021. The highest group of respondents were between the ages of 18-29 years and physicians constituted 48% of the respondents. Among 515 respondents, 41.9% (n=216) would receive the vaccine within one month of it becoming available to them, and 30.2% (n=156) had already received a vaccine. Among those who would defer the vaccine, 9.3% (n=48) would receive it within 1-3 months, 5.6% (n=29) within 3-6 months and 6.6% (n=34) after over 6 months or longer. 6.2% (n=32) would not receive the vaccine. The three most commonly reported reasons for deferral of vaccine among 75 vaccine hesitant respondents were: "I am worried about the side effects" (65.3%), "I am worried the vaccine moved through clinical trials too fast (54.7%), and "There is no information about long term side effects of the vaccine" (52%). Data indicate that about a quarter of respondents also expressed distrust of the government and the pharmaceutical industry. The results are summarized in table 1.

Table 1. Reasons for Deferral of COVID-19 Vaccine

Reason for Deferral	All (N = 75) N (%)
I am worried about the side effects.	49 (65.3%)
I am worried the vaccine moved through clinical trials too fast.	41 (54.7%)
There is no information on long-term effects of the vaccine.	39 (52%)
I do not trust the pharmaceutical companies that produce the vaccines.	21 (28%)
I do not trust the government agencies that approve the vaccines.	17 (22.7%)
I don't think the vaccine will prevent COVID-19.	12 (16%)
I am pregnant or breastfeeding or planning to become pregnant.	11 (14.67)
I do not trust the health system that provides the vaccines.	10 (13.3%)
I am at low risk of getting COVID-19.	8 (10.7%)
I have had allergic reactions to vaccines in the past.	6 (8%)
I have already tested positive for COVID-19.	6 (8%)
I am going to let others get it and wait for herd immunity.	6 (8%)
I have heard bad things about the vaccines in the media/on social media.	4 (5.3%)
I am too busy to go to a vaccination site.	2 (2.67%)
I do not have health insurance or other coverage for health costs.	1 (1.33%)
I do not have transportation to go to a vaccine site.	1 (1.33%)
I am participating in one of the vaccine trials.	1 (1.33%)
COVID-19 is not a serious disease.	1 (1.33%)

Conclusion. Reasons cited by this sample of Arab Americans for deferring the COVID-19 vaccine mirror more general concerns about vaccine side effects and need for information. Concerns about clinical trial procedures and distrust have become more prevalent with COVID-19. This data can help inform COVID-19 vaccine advocacy efforts among health care providers, and thus could have substantial impact on vaccine attitudes of the general population.

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