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Letter to the Editor

COVID-19 vaccine uptake in the US is hampered by mistrust from Black and Latinx communities



As of November 7, 2021, the Centers for Disease Control and Prevention (CDC) has gathered racial/ethnic data on 65% of the COVID-19 cases and 85% of the COVID-19 deaths in the United States. Consistent with previous findings, these data confirm that Black and Latinx individuals have been disproportionately affected by the COVID-19 pandemic. When comparing the proportion of cases to the proportion of the population, data indicate that Latinx individuals, who comprise 18.5% of the population, have 27.6% of the nation's COVID-19 cases. Using the same method, we see that Black individuals, who comprise 12.5% of the population, have 13.5% of the nation's COVID-19 deaths.¹

These disparities are mirrored in COVID-19 vaccine uptake. One study, based on data from the American Community Survey, found relative uptake rates through March 31, 2021, 1.3 times higher for White adults compared with Black adults (IQR, 1.1–1.6 times) and 1.3 times higher for White adults compared to Latinx adults (IQR, 1.1–1.6).^{2,3} These findings suggested that the estimated vaccine uptake among Black and Latinx adults (29%) was one-third lower than among White adults (43%). In light of these disparities, campaigns must be designed to promote vaccine uptake among these two racial/ethnic groups.^{4,5}

Vaccine messaging for the Black and Latinx communities presents a challenge. Not only do these groups have suspicions about the vaccine (safety, side effects), but they mistrust the messengers delivering pro-vaccine messages (e.g., Dr. Fauci, CDC, World Health Organization). Black individuals, in particular, question experts' claims about the virus, and the reasons driving COVID-19 policies.⁶ This mistrust is understandable in light of the Tuskegee experiments, which were perpetrated by educated, White, health professionals.⁷

To increase vaccine uptake in the Black and Latinx communities, we must earn the trust of these communities.⁸ We must remember that these groups were egregiously mistreated in the years of Donald Trump.⁹ We must address vaccine concerns and encourage vaccination, using evidence-based, clear communication. We must select appropriate spokespersons for our vaccine uptake mission, as receptivity is higher when using same-race messengers.¹⁰ We must assist community leaders in debunking fake news about the virus and create helplines and apps for the communities.¹¹ We must approach these two

communities as heterogeneous entities, and design vaccine messaging accordingly.

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Conflicts of interest

The author declares no conflicts of interest.

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C. Fradkin
*Institute of Psychology, Rio de Janeiro State University, Rio de Janeiro,
Brazil*
E-mail address: chrisfradkin@gmail.com.