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LETTER TO THE EDITOR

General correspondence

Suboptimal COVID-19 vaccine uptake among hospitalised patients

We would like to share ideas on the publication 'Suboptimal COVID-19 vaccine uptake among hospitalised patients: an opportunity to improve vulnerable, hard-to-reach population vaccine rates'. Roberts *et al*. noted that 'Vaccine uptake in our cohort is sub-optimal. Existing public health programmes have failed to reach this high-risk vulnerable population, … (use of) hospital encounters and target(ing) culturally and linguistically diverse individuals may improve uptake among this high-risk, hard to reach group of patients'.[1] We agree that the suboptimal COVID-19 vaccine uptake is a common problem and it exists worldwide.

There are numerous elements that can influence one's attitude towards COVID-19 immunisation. The basic aspect that can alter the ultimate COVID-19 vaccination hesitation behaviour is knowledge,[2,3] according to the knowledge–attitude–practice model. According to certain studies, a lack of understanding is a significant factor in reluctance.

It is fascinating to learn about the subjects' understanding of COVID-19 and immunisation in this study. The key confounding element that must be managed is subject knowledge, which may have a direct impact on the present report's observations. In our setting, poor knowledge of the local people is also common and ongoing health education to the local people is a basic response to this.[4] Continuous monitoring of this knowledge is important and useful for adjustment of vaccination plans as the local COVID-19 outbreak situation and vaccination response change.[4]

Last, vaccine availability is also an issue that should be discussed, including the situation of availability of the vaccine in the study setting of Roberts *et al*. In our settings, in developing areas, vaccine is sometimes in insufficient supply and it is a factor that is associated with suboptimal uptake of COVID-19 vaccine among the local population.

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