

Ensuring High and Equitable COVID-19 Vaccine Uptake Among Patients With IBD

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The recent emergency use authorization of a third COVID-19 vaccine means that most patients with inflammatory bowel disease (IBD) will soon be eligible to be vaccinated. Gastroenterology clinicians should be prepared to address patients' concerns regarding safety and efficacy of vaccines. They should also strongly recommend that all their patients be vaccinated with a COVID-19 vaccine. Additionally, they should be prepared to educate patients about logistics that will result in successful vaccination completion. All these measures will be crucial to ensure high uptake among their patients with IBD.

Key Words: immunization, preventive care, vaccination, Crohn's disease, ulcerative colitis

Abbreviations: CDC, Centers for Disease Control and Prevention; EUA, emergency use authorization; FDA, Food and Drug Administration; IBD, inflammatory bowel disease

Introduction

SARS-CoV2, which causes Coronavirus disease 2019 (COVID-19), has resulted in a pandemic that continues to spread throughout the United States. In response to the pandemic, COVID-19 vaccine development has moved expeditiously with 3 vaccines recently receiving emergency use authorization (EUA) in the United States.¹ The speed of vaccine development, misinformation about COVID-19 vaccines circulating within the public and on social media, and an environment of political polarization have resulted in widespread mistrust and hesitancy surrounding the COVID-19 vaccine and vaccination programs in the general population.²

Subsets of patients with inflammatory bowel disease (IBD) with pre-existing comorbidities, of advanced age, or taking corticosteroids are at increased risk of severe COVID-19 disease.³ To decrease the risk of COVID-19 disease, it is recommended that all patients with IBD undergo vaccination against SARS-CoV-2 with a COVID-19 vaccine.⁴ Despite this recommendation, reservations persist among the public due to a complex set of factors. Health care providers and their staff specializing in the care of patients with IBD must be well-equipped to mitigate barriers impeding vaccine confidence, as multiple studies show the importance of a strong provider recommendation in improving vaccine uptake.⁵

Vaccine Intent and Confidence

A recent survey from the Centers for Disease Control and Prevention (CDC) showed that COVID-19 vaccination intent (defined as being “absolutely certain” or “very likely” to be vaccinated) increased overall to 49.1% among the general population and to 41.8% among adults 18 to 64 years of age with comorbid conditions.⁶ By continuing to promote vaccine confidence, we can achieve higher vaccine uptake and help prevent the spread of COVID-19. Vaccine confidence is influenced by trust in the safety and effectiveness of COVID-19 vaccines, in health care providers and systems, and in public health institutes such as the CDC.⁶ Inflammatory bowel disease providers are a known, trusted source of information for their patients and will need to play a crucial role in education to ensure high COVID-19 vaccine uptake among their patients.

COVID-19 Vaccine Intent Among Patients With IBD

A recent survey showed that the majority of patients with IBD would be willing to receive a COVID-19 vaccine.⁷ However, a limitation of the study was the lack of generalizability; most respondents had high educational attainment, and 93% iden-

tified as white race; less than 5% were black or of Hispanic ethnicity. Additionally, response bias may have overestimated vaccination intent among patients with IBD. The failure to capture non-Hispanic black and Hispanic/Latino populations and other minoritized groups is problematic, as these groups are well-known to have disproportionately higher rates of morbidity and mortality from COVID-19.⁸ A recent survey from the CDC showed that younger adults, black persons, adults with lower education attainment and lower income, and those without insurance were more likely to decline to receive a COVID-19 vaccine.⁶ The most commonly cited reasons to defer vaccination included concerns about the vaccine's safety and potential adverse effects, the desire to wait to see if the vaccine is safe with a consideration to receive it later, the lack of trust in the government, and concerns that vaccines were developed too quickly.⁶

Lower COVID-19 vaccine intent and administration among Hispanic/Latino and black patients with IBD are complex and multifactorial and likely mirror, at least in part, the same factors seen in non-IBD patients that self-identify with these groups. Historically, racial and ethnic disparities in adult vaccinations exist for each of 7 adult vaccines (pneumococcal, tetanus and diphtheria [Td] and tetanus and diphtheria with acellular pertussis [Tdap], hepatitis A, hepatitis B, herpes zoster, and human papillomavirus [HPV] vaccination).⁹ Racial and ethnic disparities in adult vaccination are due to patient-centered, provider-centered, and system-based factors rooted in social determinants of health. Examples include patient attitudes toward vaccines and preventive care, concerns about vaccine safety, providers' failure to recommend vaccinations to patients, access to preventive care resources, and medical insurance coverage, as lack of medical insurance is an important predictor of low adult vaccination uptake.^{5,10} For certain black adults, lower vaccine intent compared with other racial and ethnic groups may be due to mistrust in the health care system due to their experiences with racism in health care.¹¹ However, it is critical to acknowledge that, as seen with acceptance of other vaccines in the United States, lower COVID-19 vaccination uptake is not solely due to hesitancy among medically underserved populations with IBD. Inequitable distribution of vaccines secondary to factors such as age parameters, digital technology disparities that hinder vaccine access, and other social determinants of health exemplify how policies and practices may inad-

vertently further widen racial and ethnic disparities around COVID-19 outcomes.¹² Publicly available data from the Kaiser Family Foundation on statewide COVID-19 vaccination rates by race and ethnicity demonstrate the disparity in resource distribution well: vaccine administration is 1.8 times higher among white adults compared with black adults living in the United States—despite mortality rates from COVID-19 being 1.9 times higher in black people.^{13,14}

Achieving High COVID-19 Vaccine Intent Among all Patients With IBD

Ensuring access and equitable vaccine coverage in all populations would be the best way to achieve high vaccine uptake among all patients with IBD. Inflammatory bowel disease providers may not be able to overcome all barriers that may result in lower vaccine uptake among their patients, but they should be prepared to educate patients and help dispel common myths and misconceptions about COVID-19 vaccines. They should also consider implementing and sharing educational tools such as the CDC COVID-19 vaccination toolkits to build confidence among their health care team in their clinics or health care systems.¹⁵ Additionally, IBD providers, pharmacists, and nurses should feel confident discussing safety, reactogenicity, and COVID-19 vaccine development with their patients. Finally, providers and their health care teams should be familiar with where and how patients can get vaccinated within their region, state, and/or health system. One way to get a vaccine appointment is using online tools such as vaccinefinder.org, an online service where users can search for locations that offer COVID-19 vaccines. However, this method may leave those who are most vulnerable behind, such as patients lacking digital literacy, elderly patients, those working irregular hours, patients with limited English proficiency, or undocumented immigrants who have concerns about their names potentially being shared with local, regional, or federal governments. Therefore, providers should contact their county or state health department for locations that may offer scheduling hotlines or walk-in locations as COVID-19 vaccine availability increases.

How to Recommend a Covid-19 Vaccine

Inflammatory bowel disease providers play a key role in ensuring high vaccine uptake among all their patients. Importantly,

Table 1. Strategies and Language to Use When Recommending a COVID-19 Vaccine

Strategy	Example
Legitimize concerns, empathize with fears, and normalize hesitancy.	"Many people have expressed concerns to me about COVID-19 vaccines. They worry about the speed of vaccine development, the new technology, and/or safety of the vaccines. I'm sure you may have some questions. What questions can I answer for you?"
Presume patients are open to vaccine administration but lack information on where to get it.	"Do you know how to sign up to get your COVID-19 vaccine?" Provide information about https://vaccinefinder.org
Employ positive framing techniques when discussing the benefits of vaccination.	"Getting the COVID-19 vaccine will protect you and your family."
Discuss the risk of disease and benefits of immunization.	"Both this disease and the vaccine are new. We don't know how long protection lasts for those who get infected or those who are vaccinated. What we do know is that COVID-19 has caused very serious illness and death for a lot of people. We now have evidence that vaccination significantly reduces the risk of becoming infected and needing hospitalization for COVID-19."
Strongly recommend a vaccine	"I strongly recommend you get a COVID-19 vaccine as soon as you can."

they can help mitigate mistrust of COVID-19 vaccines among patients with IBD who are hesitant to receive the vaccine. We recommend using the following strategies when recommending a vaccine: first, legitimize concerns and normalize hesitancy; second, presume patients are open to receiving a vaccine and discuss the risk of disease and benefits of vaccination; third, employ positive framing techniques when discussing the benefits of vaccination; fourth, discuss the risk of disease and benefits of immunization; and finally, strongly recommend getting immunized (see Table 1 for sample language).

Conclusion

The COVID-19 pandemic has required IBD providers to take on new professional roles and be adaptable in the many ways they provide care. We strongly suggest they accept the additional task of becoming a COVID-19 vaccine advocate and educator to ensure high uptake of COVID-19 vaccination among all their patients.

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