Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Commentary

COVID-19 vaccines inequity and hesitancy among African Americans

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ABSTRACT

COVID-19 is a threat to health systems worldwide, with a tremendous impact in many areas of human endeavors. The impact of the COVID-19 pandemic in the United States is far-reaching and the minority groups are disproportionately affected. The longstanding injustice and inequity fueled by systemic racial inequalities have been exacerbated by the pandemic in the United States especially among the minorities, including African Americans. It is clear that without high coverage of the COVID-19 vaccination among all groups, curbing the pandemic is a mirage. In this article, I commented on COVID-19 vaccine and hesitancy among African Americans and its implications for the pandemic response.

1. Commentary

The world was hit by the ravaging COVID-19 pandemic in December 2019, which briskly pulled global attention and has since then moved at a rather alarming and unprecedented rate causing disruptions to nearly every facet of life.[1] Given the current surge, its grave effect has left no stone unturned as the global community has faced major socio-economic alterations. According to reports from the World Health Organization (WHO), there has been a total of 184, 324, 026 confirmed cases as well as 3,992,680 deaths been reported globally as of 7 July 2, 021.[2] The first COVID-19 case in the United States was reported on 20 January 2020. Since its emergence in the United States, the number of confirmed cases four months after hiked to more than 1,571, 617 with about 94,150 deaths following a report from the Centers for Disease Control and Prevention (CDC).[3] By July 2021, the United States has recorded more than 30 million COVID-19 cases and over 600,000 deaths.[4] COVID-19 places a major burden of deaths and illnesses in the United States, but the health disparity is highest among African Americans and other people of color.[5]

African Americans in particular are experiencing COVID-19 death tolls exceeding 1 in 800 nationally, compared to white Americans who are experiencing a death toll of 1 in 3125 nationally. African Americans are 10% more likely than white Americans to get coronavirus, three times more likely to be hospitalized, and twice as likely to die from the condition. While diagnosable diseases were the immediate cause of COVID-19 deaths in both whites and African Americans, the more appropriate co-morbidity stands to be racial inequality.[6] Undoubtedly, this pandemic has made humanity observe moments of extreme uncertainty and an unprecedented global health crisis[1]

Racial and ethnic minorities are frequently engaged with chronic disease burden and poorer health outcomes, but the pandemic has disproportionately and tremendously affected these groups thereby increasing the risk of morbidity, greater number of hospitalizations and premature mortality in these populations.[7] While trying to flatten the epidemiological COVID-19 curve in the United States, certain factors among African Americans which could include those with comorbidities, low access to quality health care by been uninsured or underinsured, causes disruptions and increases COVID-19 incidence.[4] Other social determinants such as densely populated residency of Blacks, exposure to risk of the disease by being essential workers in industries, resources to lead a healthy lifestyle act as major contributors to the widespread of COVID-19 amidst African Americans.[4] This paper comments on COVID-19 vaccine and hesitancy among African Americans and its implications for the pandemic response.

2. COVID-19 and vaccine inequity among African Americans

The Centers for Disease Control and Prevention (CDC) has indicated that vaccine equity is an important goal and defined equity as preferential access and administration to those who have been most affected by COVID-19 and on the other side of the divide lies vaccine inequity[7] While COVID-19 cases climax, the scientific community through various clinical trials have proven their competency yet again in producing vaccines to minimize fatalities. As of 6 July 2021, a total of 2,989,925, 974 vaccine doses have been administered globally.[2]

The COVID-19 vaccines were approved for use by late 2020 and early 2021 in the general American public.[7] There were three vaccines approved by the US for use among its general population which includes, the Moderna vaccine, Pfizer-BioNTech vaccine and the Janssen vaccine. Both Pfizer and Moderna vaccines are to be administered as two doses while Janssen is a single dose vaccine.[8]

As of June 28, 2021, CDC reported that race/ethnicity was known for 57% of people who had received at least one dose of the vaccine. Among this group, nearly 60% were White, 9% were African American, 15% were Hispanic, 6% were Asian, 1% were American Indian or Alaska Native, and less than 1% were Native Hawaiian or Other Pacific Islander, while 8% reported multiple or other races.[9] This is a clear inequity in COVID-19 vaccine access and the lack of access to vaccinations among the vulnerable populations can be barriers to achieving equitable vaccination coverage and in all, ending the pandemic.[10] The reason for this constitutes a combination of socio-economic factors and what appears to be profound bias among medical experts.[11] There has

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also been long-held mistrust of medical systems, due to the experiences African American have had with the system through the years. The pandemic, on the other hand, has highlighted how serious the problem still is, especially when racial inequality affects every facet of the United States healthcare system.

Discriminatory practices barred the entry of black candidates into medical, nursing, dental, pharmacy and other professional healthcare programs. Segregated medical facilities and unjust treatment within medical facilities continue to plague black patients and as well posit the inequities of vaccination among this group.[6] Given the paucity of COVID-19 test and the disproportionately high incidence of COVID-19 related morbidity and mortality among African Americans, it is critical to understand that even among the minority populations are vulnerable groups who are most likely faced with double disadvantages. Many African American areas lack the appropriate safety gear and equipment to conduct COVID-19 testing and the inequitable provision of COVID-19 testing equipment is yet another violation of the CDC's guidelines.[12]

The issue of systemic racial equalities stands strong including been affected by poverty, mass incarceration, infant mortality, limited health care access as well as health-related conditions and COVID-19 inequities exacerbates these implications.[12]

3. COVID-19 vaccine hesitancy among African Americans

As soon as the scientific community began developing a COVID-19 vaccine, the notion of vaccine hesitancy has been of paramount importance, having been recognized to be a global health threat. The WHO defined vaccine hesitancy as the "delay in acceptance or refusal of vaccines despite availability of vaccine services"[13] Data from the US Centers for Disease Control and Prevention (CDC) show that while African Americans make up 13% of the United States population and account for over 24% of COVID-19 deaths, they constituted only 6% of those who had been vaccinated as of mid-February 20, 21.[12] Beyond COVID-19 vaccine inequities, hesitancy is also lurking behind.

African Americans who make up one of the largest minority group in the United States,[7] the doubt of whether to be vaccinated is not a fear of the new. Rather, what is of concern is if they can trust that their government has their best interests at heart due to persistent racial equalities, historical inequities, and longstanding socioeconomic injustice. This distrust calls for immense responsiveness in respect to COVID-19 inequities as injustice exacerbates health inequities. It may prove difficult to say with certitude whether earlier research on the reasons for vaccine hesitancy may extend to the COVID-19 vaccine due to the unclear nature of the virus coupled with the unprecedented stride at which vaccines are being developed. Persuading African Americans that vaccines are safe may prove futile. In this case, it is crucial to develop tailored strategies to ensure high vaccination coverage.[5] The skepticism about COVID-19 vaccination as well as COVID-19 vaccine hesitancy in racial and ethnic minority populations can be seen in relation to historical exploitation, subjugation, and unethical conduct.[7,8] While the benefits of vaccination far outweigh the minimal risks being a panacea that induces immunity, vaccine hesitancy among African Americans remains, perpetuating health disparities and affecting attainment of herd immunity.[11]

A main source of doubt among African Americans stems from a distrust of vaccines due to medical racial equalities and historical inequities.[11] For many African Americans, the most common reason for delayed vaccination was efficacy and safety concerns. This pretext appeared worrisome as they made reflections back to the influenza vaccine analyzing its 50% effectiveness and 5% fever risk which can facilitate hesitancy.[13] In addition, sociopolitical pressures have led to a hasty authorization of COVID-19 vaccine raising eyebrows on the efficacy and safety of the vaccine.[14]

Contributing also to vaccine hesitancy amongst the numerous factors is decreased trust and interaction with health care providers due to limited black people in health systems policy making. Black physicians represent just 5% of doctors in the United States and increasing black doctors' visibility in the healthcare profession, however, will not and cannot solve racial equalities.[14] Low income and low education categories express complex associations with vaccine hesitancy which can be explained by pervasive health illiteracy.[11,14]

Vaccine hesitancy poses significant threats not only for the hesitant individual, but also to the broader community.[14,15] Delays and refusals of vaccination make communities unable to reach thresholds of vaccine uptake that confer herd immunity, hence negatively impacting public health responses. One of the fueling cause of vaccine hesitancy in black Americans is also misinformation. Social media misinformation or what may be referred to as an infodemic alongside generational variations has been strongly related with vaccine hesitancy among African Americans. This is succinctly evident in the differential impact of COVID-19.[13,16] Increased risk perception is common among the older generations known to be the millennials thereby leading to a higher vaccine uptake. In contrast, the younger adults exposed to more social media contents and information tend to be misinformed which is yielding lower uptake of vaccines among this group.[11]

Vaccine hesitancy among African Americans can also result from fears that a family member's immigration status will be under scrutiny, or that the cost of receiving the vaccine will be expensive.[11] The portent of herd immunity is only achievable if total equity is involved in vaccine access and distribution. The equity must as well be served at every other healthcare service available. While diagnosable diseases were the immediate cause of death among white and black Americans, the more appropriate co-morbidity in both cases is racial equalities.

4. Recommendations and conclusion

Truth is the foundation of trust. If a person finds that another person or institution has been untruthful, whether deliberately or not, they lose trust in the other person or institution. In order to reduce vaccine hesitancy among black Americans and other minority groups in the United States, there is need for the government to lay a foundation of truth. Government and concerned health bodies should give the state relevant, honest, and reliable reports on the efficacy of vaccines.

One of the proposed solutions to inequity is color-blindness, believing that if we take race out of the equation it solves racial equalities. Though equitable vaccine allocation cannot adopt a race-neutral tactic. It must reflect our knowledge of where communities of color live, and their exclusive challenges in accessing traditional health and social services. That means implementing programs to increase education and establish trust, providing comprehensive outreach and registration that is varied (online, socially distanced in-person and phone registration systems), and identifying and eliminating barriers to reaching vaccine appointments.

Community mobilization should be used to discredit false rumors around COVID-19 vaccines and tailored strategies to educate the public on the importance of taking vaccines should be leveraged. The strength of faith-based organization as an authority and influencers among the black community should be collaboratively tapped to drive awareness around vaccines.

Also, there is a need to build capacity of people of color to take up medical roles so as to address the disparity of medical professions among White Americans and Black Americans. Maintaining commitments to equity solidarity and access through initiatives such as COVAX is a viable structure to achieve vaccine equity, resulting in herd immunity in America. Special attention needs to be given to issues of racial equalities to encourage inter-personal relationships among white doctors and patients of color and vice versa.

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Declaration of competing interest

None.

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