



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

RESULTS: 89 completed surveys were included. 32.6% of women reported they would receive the COVID-19 vaccine during this pregnancy if it were to become available to them. There is a statistically significant relationship between pregnant women who wanted to receive the influenza vaccine and those who wanted to receive the COVID-19 vaccine ($p=.005$). 41.8% of women who wanted the influenza vaccine during this pregnancy also wanted the COVID-19 vaccine, whereas only 4.8% of women who did not want the influenza vaccine wanted the COVID-19 vaccine. Women who wanted the COVID-19 vaccine were more likely to be White, on Medicaid or with employer-sponsored insurance, and currently married ($p<.05$ for all). Women who did not want the COVID-19 vaccine were more likely to be Black or African American ($p<.05$) and single ($p<.05$). Medical mistrust in healthcare organizations ($a=.727$, 9 items, $M=2.31$, $SD=0.47$), perceived racism from healthcare providers and staff ($a=.878$, 4 items, $M=2.51$, $SD=0.74$), barriers to healthcare utilization ($a=.827$, 6 items, $M=2.16$, $SD=0.88$), salary, and education level were not found to be significant factors in COVID-19 vaccine hesitancy (Table).

CONCLUSIONS: Less than one-third of women in our cohort wanted to receive the COVID-19 vaccine during their pregnancy. Pregnant women who received the influenza vaccine were more likely to want the COVID-19 vaccine. Future studies should evaluate knowledge, attitudes, and beliefs of pregnant women towards the COVID-19 vaccine to understand the reasons for low uptake of the vaccine in this unique patient population.

Table: Mean Scores of Scale Variables for COVID-19 Vaccine Uptake

| | COVID-19 Vaccine Uptake | | |
|--|-------------------------|------|---------|
| | Yes | No | p-value |
| Medical Mistrust | 2.30 | 2.31 | .976 |
| Perceived Racism from Healthcare Providers/Staff | 2.63 | 2.45 | .299 |
| Barriers to Healthcare Utilization | 2.28 | 2.10 | .393 |

14 Evaluating Influenza and COVID-19 Vaccine Hesitancy Among Pregnant Women Using the Health Belief Model

Namita Kansal¹, Kristin Weaver¹, Lavanya Vasudevan², Brenna Hughes³

¹Duke University, ²Duke University School of Medicine, ³Duke Perinatal

OBJECTIVES: To assess influenza and COVID-19 vaccine hesitancy among pregnant women based on the core constructs of the Health Belief Model (HBM).

METHODS: Study participants were recruited between November 2020 and March 2021 at an outpatient high-risk obstetrics clinic in Durham, North Carolina. Participants voluntarily completed a brief survey assessing whether they wanted to receive the influenza vaccine and/or a COVID-19 vaccine if it were to become available to them during their pregnancy. They were also asked questions about the flu vaccine, specifically, to better assess attitudes and beliefs as outlined by the HBM. Incomplete surveys were discarded. The survey collected data on patient demographics and attitudes through true or false, multiple choice, short response, and Likert scale questions. Scales were created for four HBM constructs: perceived susceptibility (belief that she is at risk of acquiring the illness), perceived benefits (belief the vaccine will reduce the harm of associated illness), perceived barriers (feelings regarding the obstacles in receiving a vaccine), and perceived severity (feelings on the seriousness of

becoming ill). Continuous variables were analyzed using independent t tests. Mean scores of HBM construct scales were compared between those who did/did not want to receive the influenza vaccine, as well as those who did/did not want to receive a COVID-19 vaccine during this pregnancy.

RESULTS: 89 completed surveys were included. 75.4% of women reported they wanted the influenza vaccine and 32.6% reported they would receive the COVID-19 vaccine if it were to become available during their pregnancy. Perceived susceptibility ($a=.623$, 3 items, $M=2.72$, $SD=0.65$), perceived benefits ($a=.700$, 2 items, $M=3.04$, $SD=0.67$), perceived barriers ($a=.805$, 6 items, $M=1.75$, $SD=0.54$), and perceived severity ($a=.609$, 2 items, $M=3.28$, $SD=0.72$) were all found to be statistically significant indicators of both influenza and COVID-19 vaccine uptake ($p<.05$) (Table).

CONCLUSIONS: The four core HBM constructs (susceptibility, benefits, barriers, and severity) used in this study were significant factors in predicting influenza and COVID-19 vaccine hesitancy in pregnant women. Future educational interventions to increase vaccine uptake should use the HBM to increase patient perceived susceptibility, benefits, and severity, and decrease perceived barriers to receiving a vaccine.

Table: Mean Scores of HBM Constructs for Influenza and COVID-19 Vaccine Uptake

| | Influenza Vaccine Uptake | | | COVID-19 Vaccine Uptake | | |
|--------------------------|--------------------------|------|---------|-------------------------|------|---------|
| | Yes | No | p-value | Yes | No | p-value |
| Perceived Susceptibility | 2.85 | 2.28 | <.001 | 2.95 | 2.61 | .020 |
| Perceived Benefits | 3.23 | 2.39 | <.001 | 3.43 | 2.85 | .020 |
| Perceived Barriers | 1.58 | 2.30 | <.001 | 1.48 | 1.88 | .001 |
| Perceived Severity | 3.46 | 2.66 | <.001 | 3.63 | 3.10 | .001 |

15 Barriers and Facilitators for Prevention and Treatment of HIV and Sexually Transmitted Diseases Among Individuals Who Exchange Sex.

Yasaswi Kislovskiy¹, Elizabeth Miller, Sarah Erpenbeck², Jamie Martina, Courtney Judkins², Judy Chang

¹Magee-Women's Hospital, ²University of Pittsburgh School of Medicine

OBJECTIVES: Among individuals who exchange sex, describe healthcare perspectives and experiences that are barriers or facilitators to HIV/sexually-transmitted disease (STD) prevention and treatment.

METHODS: Through an iterative community-partnered participatory process, we recruited individuals with a history or current practice of having exchange sex, which was defined as sex in exchange for money, favors, goods or services. We conducted in-depth, semi-structured, one-on-one interviews with participants. We transcribed the interviews verbatim, coded them within Nvivo software, and performed inductive thematic analysis. We edited themes under community guidance.

RESULTS: Twenty-two individuals participated with median age 26.5 years, range from 20 to 66 years, and interquartile range 25-32.5 years. 15 participants identified as Black, 3 as multiracial, 3 as White, and one as Pacific Islander. 4 participants had non-binary gender identities that they described as non-binary transmasculine, human/female, female/nonbinary, and trans male. 9 participants were female and 9 were male. We noted thematic saturation after 18 interviews. Themes identified included, (1) Long-term relationships with non-judgmental providers are powerful facilitators