

Minority acceptance of combo flu-COVID vaccine higher than for COVID alone

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Acceptance of a combination influenza-COVID-19 vaccine among minority individuals is higher than for the COVID-19 vaccine alone, according to new research led by Penn State. The results suggest that

bundling COVID-19 vaccines or boosters with influenza vaccines may be a convenient option to increase future uptake of both vaccines among minorities.

"Millions of people in the United States remain unvaccinated to COVID-19 due to persistent vaccine hesitancy," said Robert Lennon, associate professor of family and community medicine, College of Medicine, Penn State. "As new variants continue to emerge, hospitalizations and deaths will continue to have a disproportionate impact on minority individuals given historic disparities in health care access and quality. It is critical to improve access to and education about vaccines for these individuals."

According to Lennon, some vaccine manufacturers have announced that they are pursuing the development of a combined COVID-19-influenza vaccine.

"This is important," he said, "because our research suggests that a [combination vaccine](#) may entice more [minority individuals](#) to get vaccinated than either the COVID-19 or influenza vaccine alone."

In their study, Lennon and his colleagues—including Ray Block, Brown-McCourtney Career Development Professor in the McCourtney Institute and associate professor of political science and African American studies, Penn State—collaborated with the African American Research Collaborative (AARC), an organization dedicated to bringing an accurate understanding of African American civic engagement to the public discourse. Together, the team developed a survey and conducted a national telephone and online poll of more than 12,887 U.S. minority adults—including Latino/a/X, Black/African American, Asian American or Pacific Islander, Native American/American Indian and White—from May 7 to June 7, 2021.

"Our goal was to determine the acceptability of a combination influenza-COVID-19 vaccine compared to influenza or COVID-19 vaccines alone in a nationally representative sample of U.S. adults," said Lennon. "This is the largest COVID-19 vaccine intention study that we know of; certainly, it's the largest for underserved minorities."

To assess acceptance of the seasonal flu vaccine alone, the team asked participants, "Do you plan to get the flu vaccine this year? (a) yes, (b) no or (c) don't know/unsure."

The team assessed acceptance of an annual COVID-19 vaccine by asking participants, "Some medical professionals think COVID-19 vaccines may need to be taken annually, similar to the seasonal flu vaccine. Would you say (a) I would definitely take an updated COVID-19 vaccine once per year, (b) I might take an updated COVID-19 vaccine each year or (c) I would not take an updated COVID-19 vaccine each year."

Acceptance of a combination COVID-19-flu vaccine was measured by asking participants, "Would you be willing to take a combination COVID-19-flu vaccine as one shot every year to protect yourself from both COVID-19 and influenza? (a) yes, (b) no or (c) don't know/unsure."

The team found that 45 percent of respondents said that they have, will certainly or will most likely get a COVID-19 vaccine, while 58 percent said they would get an influenza vaccine. For a combination influenza-COVID-19 vaccine, overall acceptance was 50 percent. The findings published on Dec. 7 in the journal *Vaccine*.

"It is interesting that acceptance was higher for the combination vaccine than for the COVID-19 vaccine," said Block. "This may be due to the convenience of getting two vaccines in one visit or even concern over increased exposure during two visits compared to one. I think we could

get some people who are hesitant to consider getting vaccinated if they know they can do them both at the same time."

Block noted that another explanation for the finding that more people would be willing to get a combination vaccine than a COVID-19 vaccine alone could be that the long history of [influenza vaccine](#) safety helped to reduce some participants' concerns over the newness of the COVID-19 booster.

"The fact that approximately half of the population we surveyed said they were willing to accept a combination vaccine suggests that bundling COVID-19 boosters with the highly accepted influenza vaccines may be a convenient option to increase uptake of vaccines among minorities," said Lennon. "An optimal approach may be to offer a combination [vaccine](#) first, and if refused, offer individual [influenza](#) or COVID-19 boosters to accommodate those who will accept only one."

More information: Robert P. Lennon et al, Underserved population acceptance of combination influenza-COVID-19 booster vaccines, *Vaccine* (2021). [DOI: 10.1016/j.vaccine.2021.11.097](https://doi.org/10.1016/j.vaccine.2021.11.097)

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