

COVID-19 Vaccine Hesitancy in a Rural Primary Care Setting

Richard R. Terry, DO, Lake Erie College of Osteopathic Medicine, Elmira, NY

Aeman Asrar, MD, Arnot Ogden Medical Center, Elmira, NY

Samantha Lavertue, OMSII, Lake Erie College of Osteopathic Medicine, Elmira, NY



ABSTRACT

This paper seeks to examine the question of vaccine hesitancy in rural Chemung County, NY, whose vaccination rate stands stagnant at 53.30% (1) as of December 2021. In identifying various psychosocial barriers to patient vaccination, we seek to determine new routes of education and encouragement for vaccination.

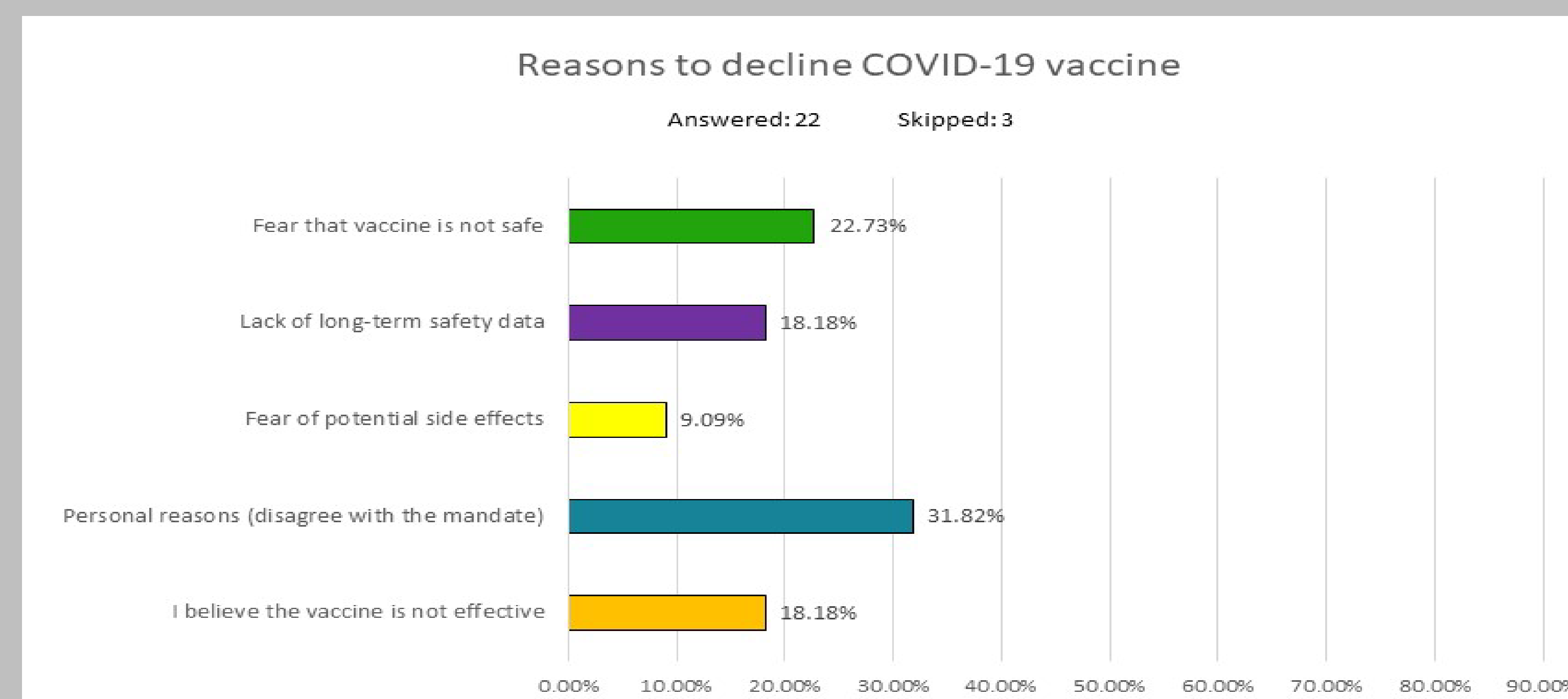
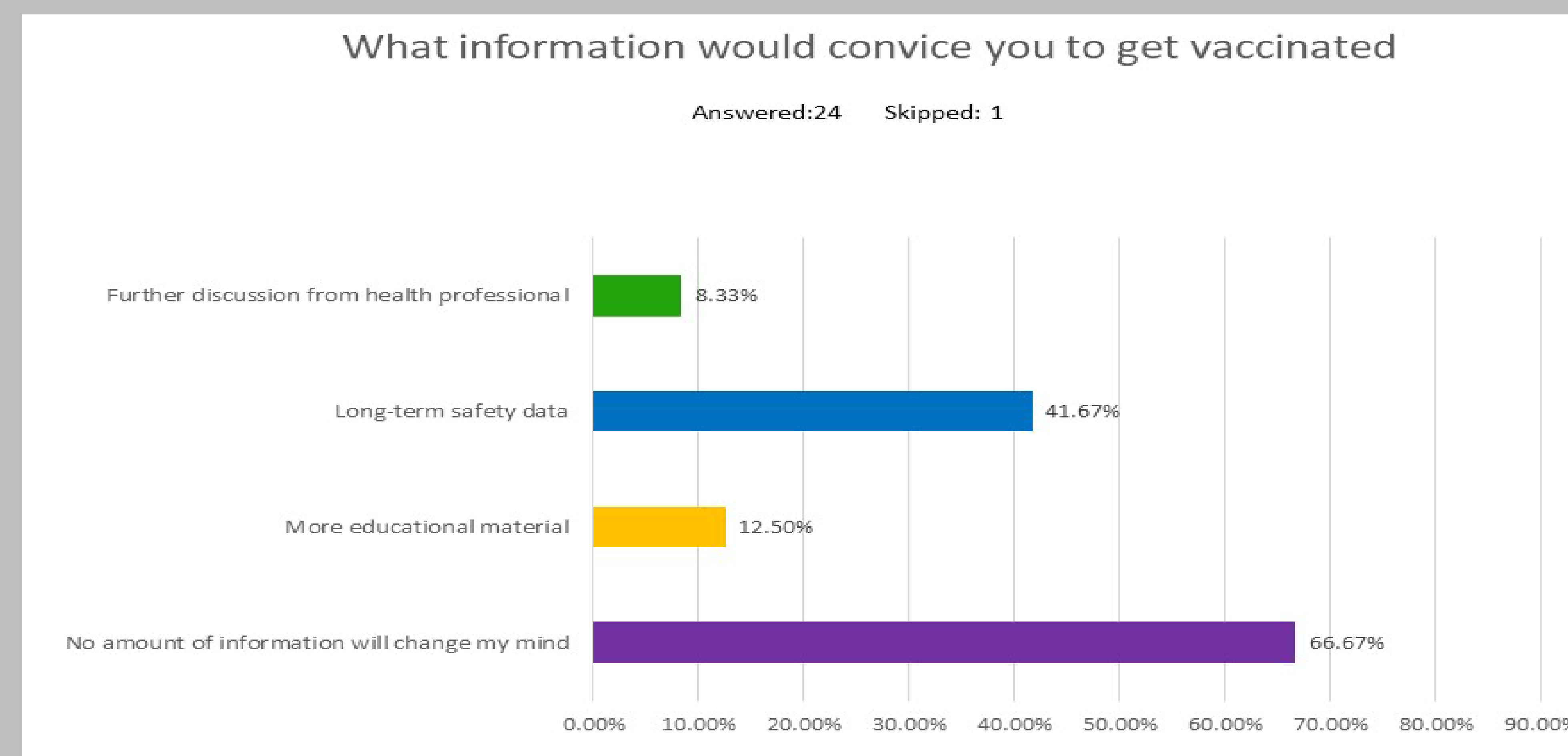
INTRODUCTION

Vaccine hesitancy is defined as a motivational state of being conflicted about the effects or safety of a certain vaccine or being opposed to vaccination in general (2). Concerns of Americans include factors such as the speed of the vaccine's development, its efficacy, and its potential for causing long-term side effects. Many also struggle to understand the value of the vaccine, or they lack convenient access to it (3).

METHODS

This study is cross-sectional in nature and was conducted in November 2021. A self-administered electronic questionnaire was sent online through e-mail three times over the course of a two-week period to 1243 patients. We have used SurveyMonkey to administer the survey to patients ages 18 and above who visited Eastside Primary Care Clinic in Elmira, NY between 06/01/2021 to 10/01/2021.

RESULTS



The response rate was 9.5%. 78.8% patients were vaccinated, 21.1% patients non-vaccinated. 33.8% of the non-vaccinated had avoided vaccination because they disagreed with the mandate. 22.7% did not consider vaccines safe due to rapid development. 18% believed vaccines were not effective, and 18% expressed concern over possible long-term safety. 96% reported receiving their information about COVID-19 vaccines via the internet. 66.6% did not require any additional information that might change their disinclination to get vaccinated. 41.6% reported they needed additional information regarding long term safety.

DISCUSSION

There is a persistent mistrust of vaccine safety (4), which presents a significant barrier in vaccine acceptance (5). Other reasons for refusing vaccination included pushback against the existence of mandates and religious concerns. Patients left various comments about their choices to vaccinate, and the comments of those who chose not to vaccinate supported such barriers as political distrust and a supposed lack of efficacy versus natural immunity.

CONCLUSION

Disagreeing with mandates and the lack of long-term safety data are the main barriers to COVID-19 vaccination that can be addressed by the provision of evidence-based information on COVID-19 vaccines.

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