

Study highlights

- Hesitancy increased from 3-6% in 2021 for monovalent to 21-24% in 2022 for bivalent vaccines
- Worry about side effects was the most common reason for hesitancy for either vaccine – but was a lower percentage for bivalent
- Hesitancy was associated with non-receipt of influenza vaccine, lower concern about becoming ill, and lower opinions of the safety and the effectiveness of COVID-19 vaccines
- Vaccine uptake was similar across cohorts: 99% for monovalent and 56% for bivalent vaccines

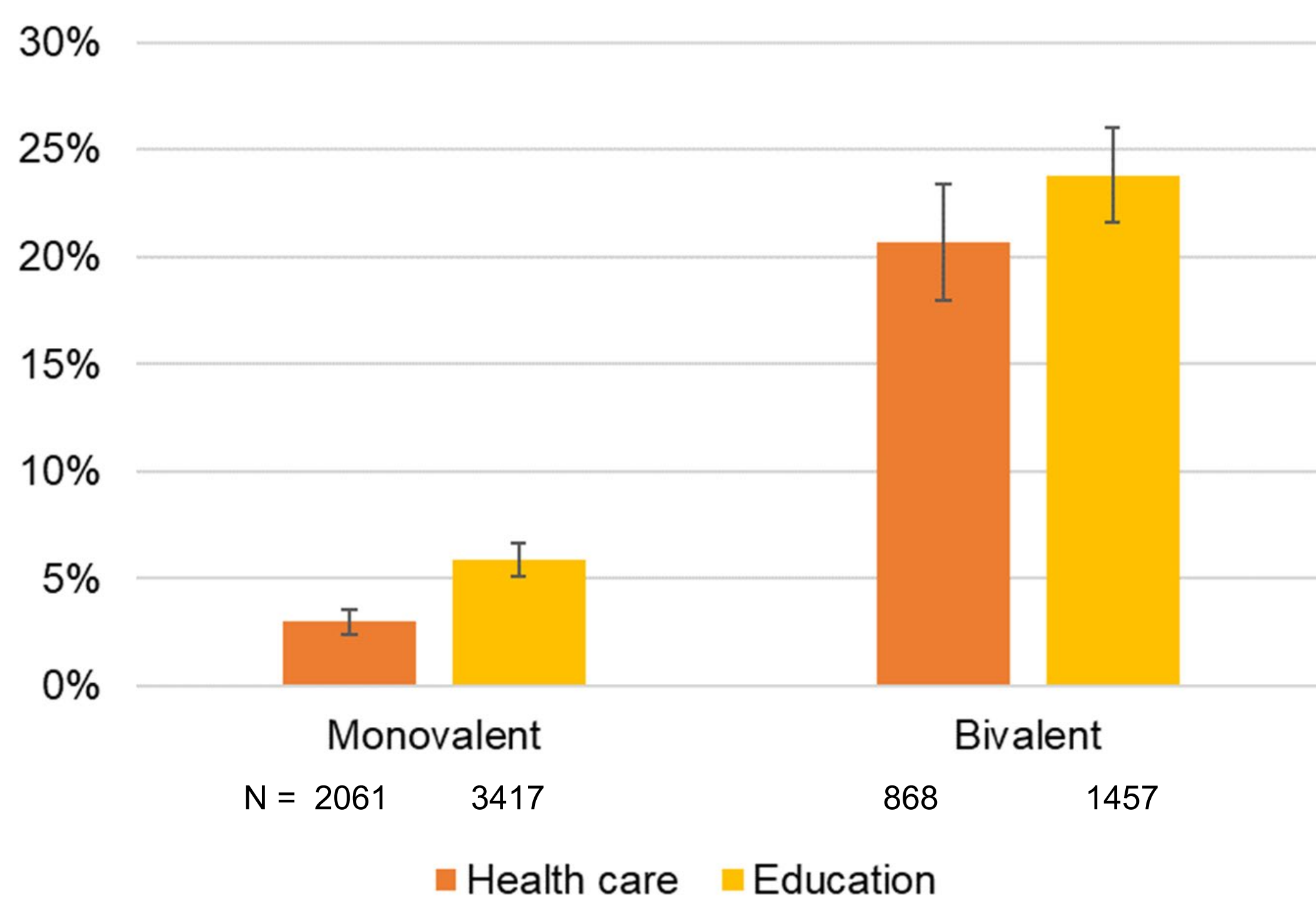


To determine the rate of, and reasons for, COVID-19 vaccine hesitancy

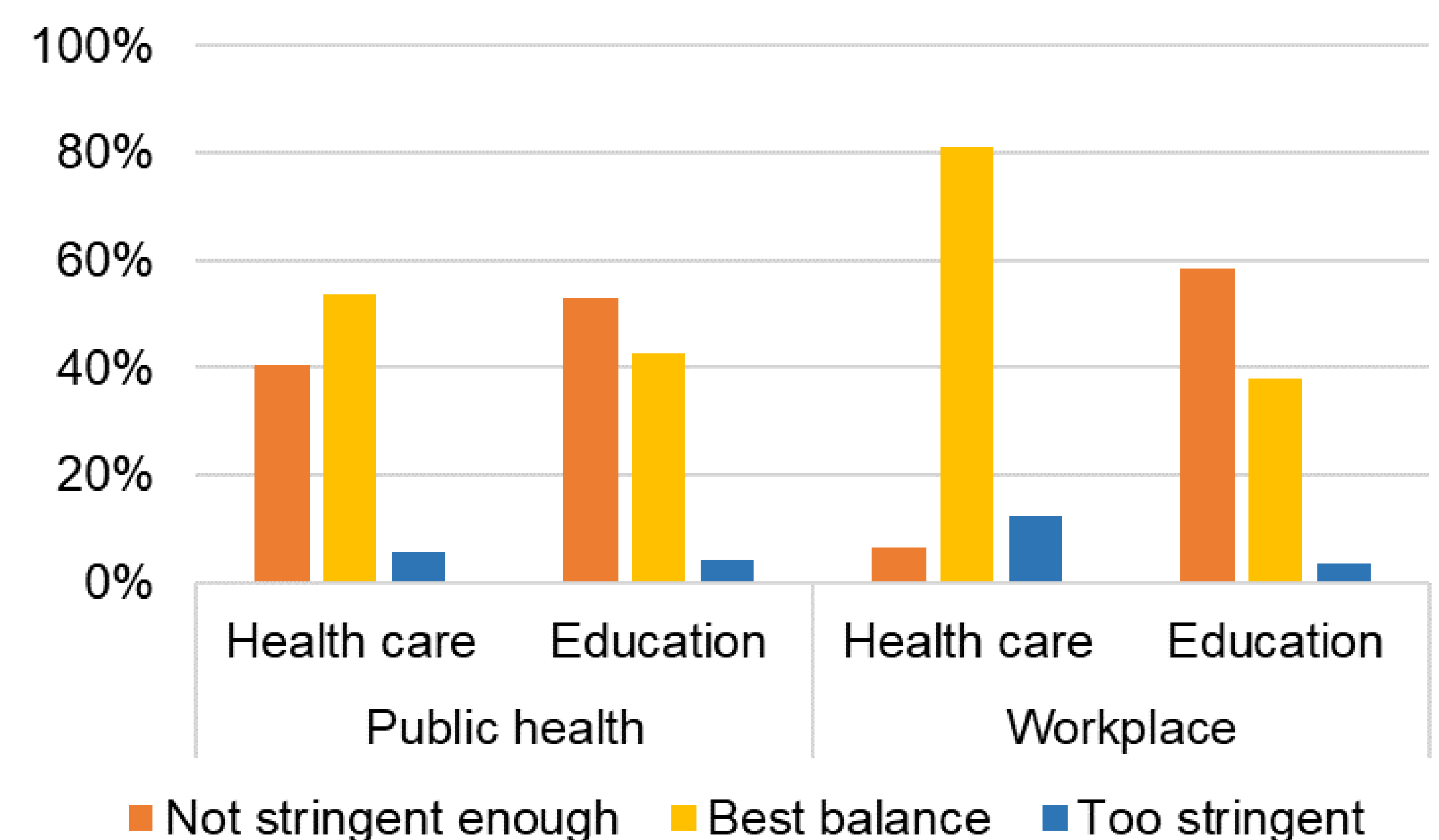
- Participants: 18-75 years old and working ≥8 hours/week from 2 cohorts: health care providers & education workers
- Statistics: robust multivariable Poisson regression
- Primary outcomes: hesitancy to receive a) monovalent vaccines or b) bivalent vaccines
- Secondary outcomes: a) reason for hesitancy; b) opinions about mitigation measures; and c) vaccine uptake

Results

Percent hesitant



Opinions of mitigation measures, 2022



Reasons for being hesitant (%)

	Monovalent (n=231)	Bivalent (n=376)
Worry about side effects	79.6	29.8
Illness won't be serious	4.3	19.1
Immune because previously infected	3.9	15.7

Vaccine uptake

Overall

Monovalent vs bivalent 98.9% vs 56.3%

Hesitant

Monovalent vs bivalent 53.0% vs 21.5%

Factors associated with hesitance

Monovalent vaccines

	Health care	Education
Unique factors	<ul style="list-style-type: none"> Province of work Regulated HCPs vs nurse/MD/non-clinical 	<ul style="list-style-type: none"> Early childhood educators vs others
Common factors	<ul style="list-style-type: none"> Vaccinated later or not at all Lower concern about COVID-19 illness No 2020-21 influenza vaccine Earlier survey completion 	

Bivalent vaccines

	Health care	Education
Unique factors	<ul style="list-style-type: none"> Province of work 	<ul style="list-style-type: none"> No 2020-21 influenza vaccine Younger
Common factors	<ul style="list-style-type: none"> Fewer previous COVID-19 vaccines More concerned about vaccine safety More concerned about lack of vaccine effectiveness 	

Limitations

Participants were self-selected

Not all participants completed both surveys

Conclusions

- Hesitancy about monovalent vaccines decreased over time (Feb to Dec 2021)
- Although a lower percentage of participants intended to receive a bivalent vaccine, it was less likely to be because of concerns about side effects
- In Dec 2022, COVID-19 mitigation measures in schools were considered too lax

Canadian health care and education workers' hesitancy to receive original and bivalent COVID-19 vaccines

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