

Abstract:

Pre-COVID Vaccine Hesitancy: A Secondary Data Analysis of a CERA Study

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Background

Over the last decade there has been growing public discourse around vaccination safety and efficacy. However, it is unclear how much this discussion has spread into primary care clinical encounters and whether certain factors such as community size affected rates of vaccine hesitancy.

Methods

Data were gathered and analyzed as part of the 2020 Council of Academic Family Medicine's (CAFM) Educational Research Alliance (CERA) survey of Family Medicine practicing physicians in the US and Canada. Participants were selected based on membership type of one of the Council of Academic Family Medicine (CAFM) organizations and current practice in the role of primary care physician (based on qualifying questions on the survey). Program directors, clerkship directors, and department chairs were excluded from the group. Qualifying participants received a letter and link to an online survey. Available data was analyzed using chi-squared testing.

Results

The survey was delivered to 3,665 family medicine physicians (3,541 U.S. and 124 Canada) between January 15, 2020, and March 2, 2020. The overall response rate for the survey was 32.52% (1192/3665). Respondents' practices were equally distributed between small (less than 75,000), medium (75,000-500,000), and large (greater than 500,000) communities. Overall between 93 and 94% of respondents noted an encounter that involved vaccine hesitancy within the last month regardless of community size ($p=0.61$). Increasing rates of vaccine hesitancy over the last 5 years were significantly correlated with community size with 49.3% of respondents reporting increased vaccine hesitancy compared to medium (41.8%) and large (38.1%) communities ($p=0.007$). Of those physicians who indicated increased vaccine hesitancy, 77.9% indicated being able to adequately address patients' concerns in a way that resulted in them obtaining the recommended vaccinations. This was lower than physicians in communities with decreased hesitancy (85%) and unchanged hesitancy levels (83%) but not statistically significant ($p=0.14$). Overall 78% of physicians elected to address patient concerns by discussing clinical evidence specific to patients' concerns. The most often cited barrier to address patient vaccination concerns was insufficient time with 47.8% of small, 53% of medium and 50% amongst large community physicians ($p=0.16$).

Conclusions

Family physicians regularly experience vaccine hesitancy in their clinics, and many have been experiencing increasing rates of vaccine hesitancy over the last 5 years. Those practicing in smaller communities were much more likely to encounter vaccine hesitancy in their clinical practice. Approaches to counseling were similar amongst physicians with the majority opting to elicit patients' concerns and providing directed information. Barriers to adequate and successful counseling were consistent amongst different communities with insufficient time cited as the biggest barrier. Further work is needed to determine true rates of vaccine hesitancy, examine patient perspectives leading to vaccine hesitancy, particularly in more rural regions, and strategies that most effectively allow for informed decision making.