

The Impact of COVID-19 Vaccine on Chronic Disease Patients in Gastroenterology and Hepatology

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ABOUT THE STUDY

The US Food and Drug Administration granted its first emergency use licence for a messenger RNA vaccination for coronavirus illness 2019 on December 11, 2020 (COVID-19). The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices currently advises vaccination for persons who are at high risk of severe COVID-19 sickness due to underlying medical problems, such as those with liver disease or on immunosuppressive medicines. Gastroenterology and Hepatology (GI/HEP) practises offer continuity of care and may play a role in vaccination promotion and delivery to these groups. Vaccine hesitation varies in the general population, but nothing is known about patient perceptions of the COVID-19 vaccine in patients with chronic gastrointestinal and liver diseases. The views of patients with cirrhosis and Inflammatory Bowel Disease (IBD), as well as liver transplant recipients, about the COVID-19 vaccine's benefits and safety, as well as their intention to receive it.

A total of 89% of respondents believed that vaccines are safe, 92% agreed that vaccines are effective, and 87% said that the COVID-19 vaccine will help control the pandemic. More than 75% would follow their government or doctor's advice to get the COVID-19 vaccine (91% would follow their GI/liver specialist's advice), while 56% would follow their employers' advice. A total of 85% agreed strongly/somewhat that they would take the COVID-19 vaccine if it was available, 7% were neutral, and only 8% strongly/somewhat disagreed. Concerns about vaccination safety and effectiveness were expressed by 33% and 27% of respondents, respectively; 39% were anxious about being prioritized for the vaccine; and 20% or less were concerned

about vaccine costs or the inconvenience of receiving it.

Early data on patient beliefs and acceptability of COVID-19 immunization in a broad and heterogeneous population of patients with chronic gastrointestinal and liver disorders suggest that early vaccination efforts should be prioritized. First, consider the ease with which patient perceptions can be assessed using easily available EHR technologies, which can be used to quickly communicate reliable vaccine information, give outreach, assist with scheduling, and monitor for adverse effects. Second, patients trust their treating GI/HEP physicians, are more likely to follow their recommendations, and prefer to receive COVID-19 vaccination in a medical setting. As a result, GI/HEP specialists are responsible for providing proper messaging and counseling to their patients, as well as maybe guiding them to take the vaccine. Third, identify relevant criteria (e.g., female sex, Black race, lower income, and younger age) linked with lower vaccine willingness and higher levels of concern about effectiveness and side effects (female sex) that can direct targeted education and outreach initiatives.

CONCLUSION

Our poll was conducted prior to any health-system or individual clinician-led attempts to educate patients about the vaccine. Following targeted education and outreach activities, future research should re-evaluate patient attitudes. In summary, the study presented a substantial group of specialists who may be utilized to guide focused immunization efforts. The findings are relevant beyond the COVID-19 pandemic and underscore the critical role GI/HEP doctors play in general vaccination and preventative care advice for their chronic condition patients.

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