Implementation and evaluation of a COVID-19 vaccine program in a rural setting

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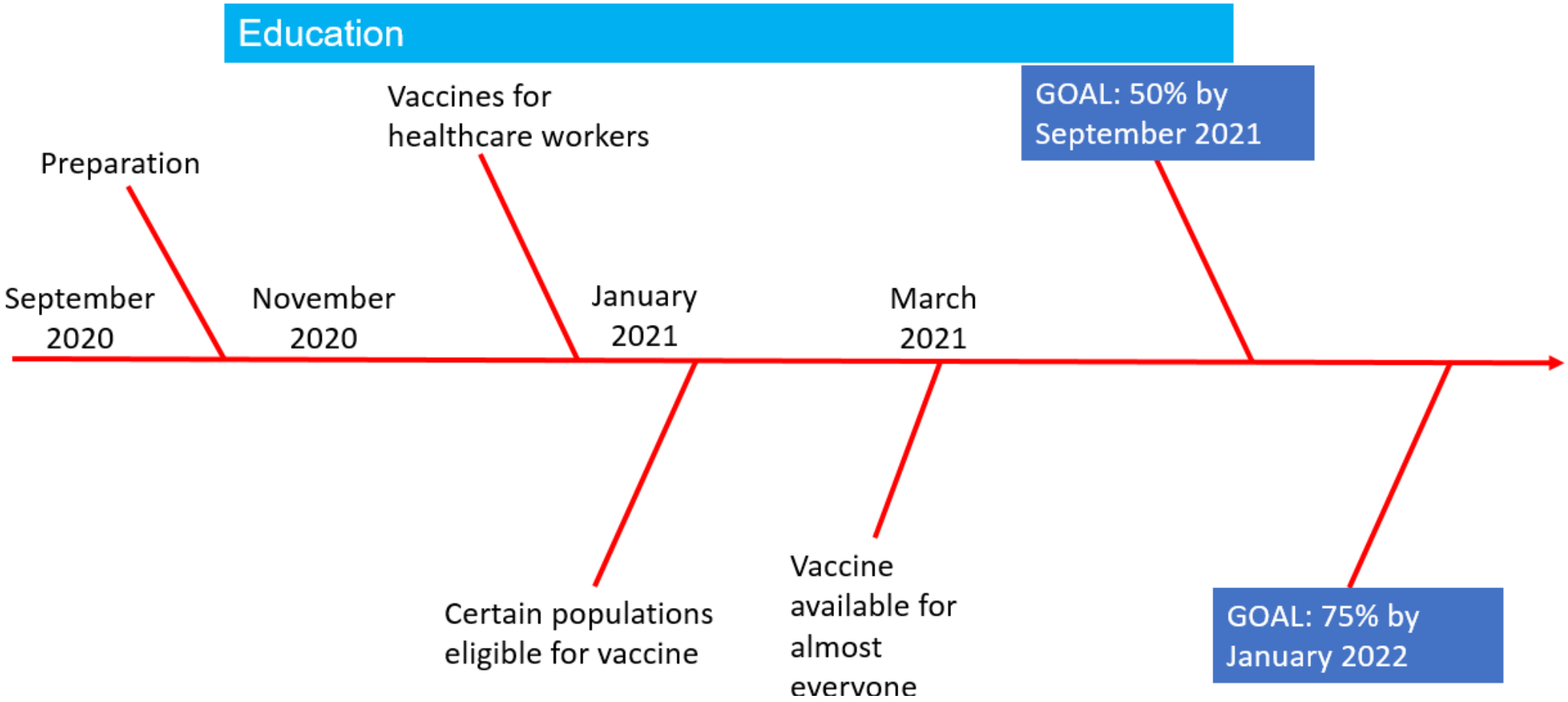
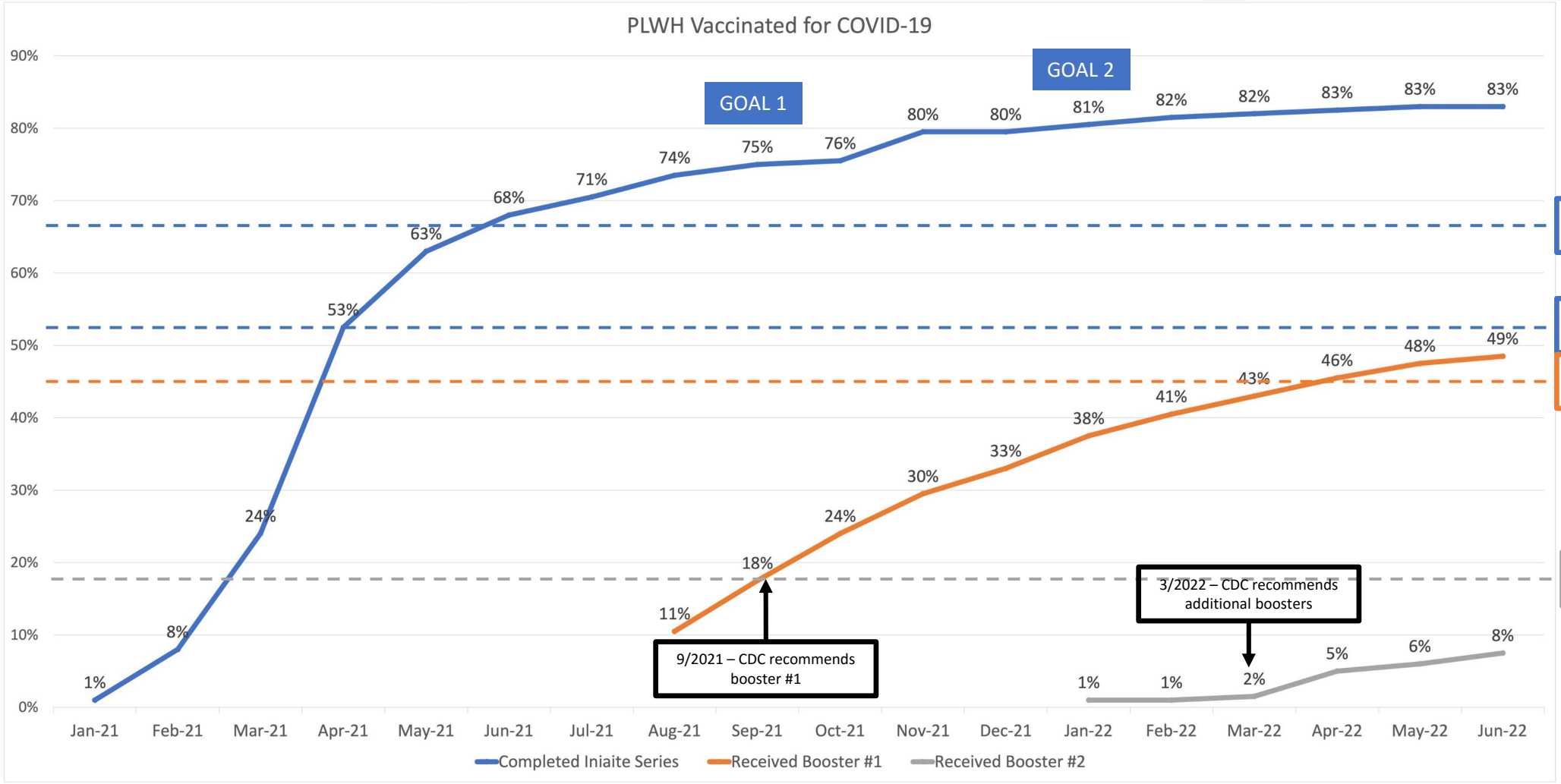
Background

- The COVID-19 pandemic created unprecedented strain for PLWH
  - Fragmented systems of care, marginalized groups of individuals, isolation, mis-trust and other factors increased challenges for PLWH to access vaccines
- PLWH were often excluded from early vaccine trials often leading to ‘extrapolation’ or ‘shared decision making’ to receive the vaccine
- When vaccines became widely available in 2021, PLWH who live in rural environments experience additional challenges accessing vaccines
  - Many clinics were operating ONLY for telehealth, limited vaccine distribution to pharmacies/health departments, far distances to travel, and complex systems to schedule appointments complicated the ability to get vaccinated

Methods


Education
Preparation
Vaccines for healthcare workers
GOAL: 50% by September 2021
September 2020
November 2020
January 2021
March 2021
Certain populations eligible for vaccine
Vaccine available for almost everyone
GOAL: 75% by January 2022

Results – Aggregate Vaccination Rates



67% of people vaccinated in US

52% of people vaccinated in Idaho

45% of people with one booster in Idaho (48% US)

18% of people with 2nd booster in Idaho

Discussion

Barriers and Challenges

- Despite high initial vaccine uptake, approximately 15% of patients still 'vaccine hesitant'
- Rates for booster doses have plateaued over time and we need to investigate why
- Rurality, isolation, vaccine access, and negative/mis-information led to many challenges for patients and providers

Lessons Learned

- Staff served as role models for patients calming initial fears
- Providing positive and accurate information supported patient decisions
- Addressing vaccine hesitancy by listening, validating, and providing options supported decisions
- Working with remote pharmacies and health departments supported scheduling patients for appointments

https://www.aidsmap.com/about-hiv/covid-19-vaccines-people-hiv