VACCINATION FOR ADULTS



STRATEGY INTRO: Increase demand for, and access to flu, COVID-19, and other adult vaccinations via 40 pop-up community clinics at the places that cultural groups feel comfortable and connected, and increase regularity of vaccine promotion in priority communities; and increase the percentage of pan-Asian and pan-African seniors who are up-to-date with recommended adult vaccinations.

BLOG DISCUSSION #9

PERCEPTIONS OF COVID-19 VACCINE AMONG THE PREGNANT WOMEN

PREFACE: Since late last year, Asian Media Access has been actively interviewed BIPOC members for issues related to vaccination hesitancy, in order to better design our vaccination mobilization effort. Please follow us, we will have a new story every month.

And this time the Vaccine Hesitancy story is focused on the Pregnant Women community. We have also seen a surge of COVID this summer again, please consider update your 2024 – 2025 COVID Vaccine.



Pregnant women are often seen as one of the more vulnerable groups to disease. Their susceptibility to disease and more severe symptoms when contracted make them a high risk group during disease outbreaks like the COVID-19 pandemic. So why are many reluctant to receive vaccinations? Although many are determined to protect themselves and their babies from disease, some lack the knowledge or autonomy to make personal and informed decisions.

Oftentimes, pregnant women are influenced to make certain decisions from other people, such as family members. Entire families are often extremely protective of pregnant women and attempt to influence certain decisions. Older generations play an especially large role in family households and greatly impact communication between members. Sometimes, they feel entitled to influence the decisions of younger generations, resulting in some pregnant women feeling like they do not have complete autonomy and the ability to make their own choices. Pregnant women have to consider the input of their families and the impact on their babies when deciding whether or not to receive vaccinations of any kind. There are risks associated with both diseases and vaccines which need to be seriously considered. Since the COVID-19 vaccine is relatively new, there is not enough information to decide if there will be long-term effects on pregnant women or their babies, which may deter some from seeking out the vaccine. Misinformation and influence of family members plays a large role in the hesitancy of pregnant women to receive the COVID-19 vaccine.



Many methods exist to increase the rate of COVID-19 vaccinations among pregnant women. Firstly, seeking to truly understand and build trust with pregnant women and their families may help dispel fears about the vaccine. Allowing pregnant women to have and present their own opinions, then validating their questions, can help them realize that they do have the ability to make informed decisions for themselves. In addition, helping others in their families realize that the vaccine can be extremely

helpful in preventing severe symptoms of COVID-19 may result in more positive impacts as well. Some organizations that work with communities to build relationships have seen success when openly discussing the topic of vaccinations with pregnant women. Especially when vaccinated pregnant and breastfeeding women can pass the antibodies to their babies, and provide strong protection against symptomatic COVID-19. This can help protect them from serious illness caused by COVID-19 when they are too young to get vaccinated.

Shifting such knowledge about the pandemic and vaccine starts with honesty and answering questions without judgments. Public health policy may attempt to direct the population in a certain direction regarding the vaccine, but does try to truly understand the feelings of the public. This renders it somewhat ineffective. Instead, providing information in a clear and straightforward way after actually understanding the reasons relating to hesitancy may prove to be a more efficient way of raising

Vaccination rates. Authoritative statements only get so far when there isn't much established trust between 2 parties. Providing accommodations and incentives comes after understanding others' experiences with both the disease and vaccinations. An open and comfortable environment can help pregnant women feel more comfortable in discussing their hesitancy. After genuine conversations are held, reliable information can be shared to increase willingness to receive vaccines. For instance, COVID vaccines can actually provide immunity to babies out of the womb if mothers are vaccinated while pregnant. Information like this can influence pregnant women to receive vaccines. Some may also respond well to monetary or other types of incentives.



Overall, vaccination rates can go up, but only after a certain amount of trust and understanding has been established. Even though some pregnant women may still have doubts about the vaccine, it has been proven to be safe and effective of COVID vaccines. There are more cons to not receiving it than getting it, so let's raise vaccination rates by understanding others opinions and dispelling their fears, especially for women during pregnancy.



Educational Article

COVID-19 VACCINATION AND BOOSTING DURING PREGNANCY PROTECTS INFANTS FOR SIX MONTHS

Women who receive an mRNA-based COVID-19 vaccination or booster during pregnancy can provide their infants with strong protection against symptomatic COVID-19 infection for at least six months after birth, according to a study from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. These findings, <u>published in Pediatrics(link is external)</u>, reinforce the importance of receiving both a COVID-19 vaccine and booster during pregnancy to ensure that infants are born with robust protection that lasts until they are old enough to be vaccinated.

COVID-19 is especially dangerous for newborns and young infants, and even healthy infants are vulnerable to COVID-19 and are at risk for severe disease. No COVID-19 vaccines currently are available for infants under six months old. Earlier results from the Multisite Observational Maternal and Infant COVID-19 Vaccine (MOMIv-Vax) study revealed that when pregnant volunteers received both doses of an mRNA COVID-19 vaccine, antibodies induced by the vaccine could be found in their newborns' cord blood. This suggested that the infants likely had some protection against COVID-19 when they were still too young to receive a vaccine. However, researchers at the NIAID-funded Infectious Diseases Clinical Research Consortium (IDCRC), which conducted the study, did not know how long these antibody levels would last or how well the infants would actually be protected. The research team hoped to gather this information by following the infants through their first six months of life.

Check out the full article at: https://www.nih.gov/news-events/news-releases/covid-19-vaccination-boosting-during-pregnancy-protects-infants-six-months





