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Perceptions of the COVID-19 Vaccine within the Sudanese American Community

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Introduction

- The WHO defines *Vaccine Hesitancy* as delay in acceptance or refusal of vaccination despite availability of vaccination services and recognized it as one of the top 10 global health threats in 2019.¹
- COVID-19 vaccination rates for the US and Sudanese populations were 78% and 15%, respectively, and studies from both countries have identified hesitancy toward behaviors to protect from COVID-19.^{2,3,4}
- Previous studies with Sudanese Americans have demonstrated low levels of health education.⁵
- This project aimed to characterize Sudanese American perspectives on the COVID-19 vaccine, an area that had not been studied before.

Methods

- An anonymous, online, cross-sectional survey was directed toward Sudanese Americans and distributed through community leaders in May 2022.
- The following data was collected in REDCap:
 Demographics; COVID-19 vaccination status; Motives
 for vaccination, hesitancy, and barriers to uptake;
 Likert scale measures of knowledge/attitudes toward
 COVID-19 vaccination; Sources of information on the
 COVID-19 vaccine
- Primary outcomes were self-reported COVID-19 vaccination rates.
- Secondary evaluation looked for significant differences between vaccinated and unvaccinated groups using Fisher's exact and chi-squared tests.

*The Sudanese American Public Affairs Association and the Omaha Sudanese American Community Organization

Results

Vaccine Uptake

- Our survey received 111 responses; 4 responses were excluded for failing to meet inclusion criteria.
- Of 107 respondents, our sample demonstrated **93% vaccine uptake**, with the primary motivation being to protect oneself from disease (64%).

Vaccine Hesitancy

- The most cited reason for hesitancy was a belief "it had not been studied enough," with 9/14 possible responses selected at least once.
- Motivations for vaccine hesitancy could not be analyzed due to sample size constraints.

Figures

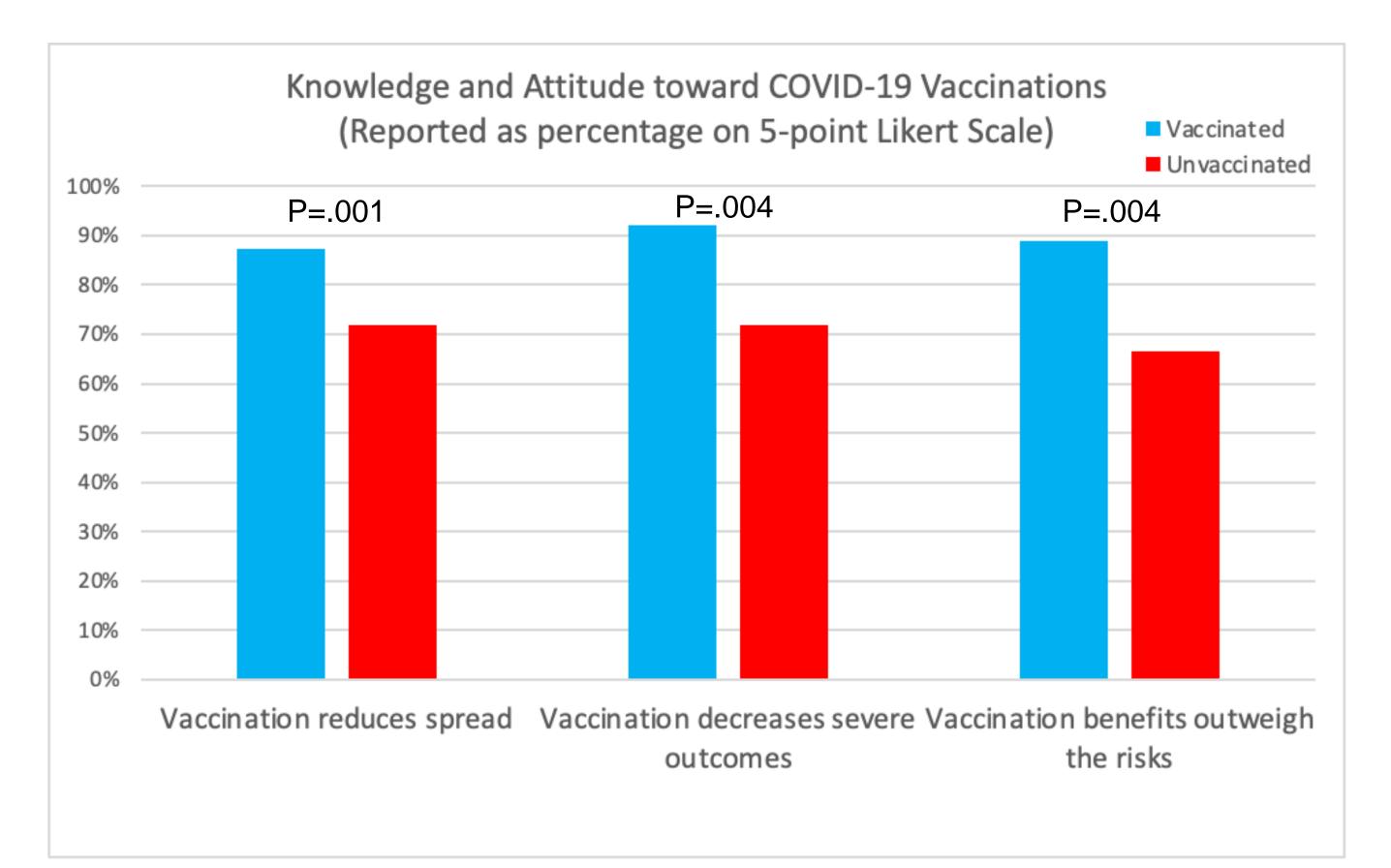
- Associations with vaccine uptake shown in Table 1 below.
- Figure 1 (right) demonstrates differences between vaccinated and unvaccinated groups responses to 3 Likert Scale questions

Table 1: Selected Associations with Vaccine Uptake

	Received Vaccination	Did not receive vaccination	Fisher's Exact (χ2)
Highest Education			.013*
Less than high school	0	1 (12.5)	
High school	12 (12.12)	2 (25)	
University/Bachelor's	37 (37.37)	4 (50)	
Post-graduate	50 (50.51)	1 (12.5)	
Previous State in Sudan**			.045*
Khartoum	70 (71.43)	4 (50)	
Non-khartoum district	22 (22.22)	4 (50)	
None	6 (6.12)	0	
Report knowing a relative			.038*
deceased due to COVID-19			
Yes	74 (74.75)	3 (37.5)	
No	25 (25.25)	5 (62.5)	
Plan to vaccinate their own			.038*
children			
Yes	62 (62.63)	2 (25)	
No	19 (19.19)	2 (25)	
I do not have children	18 (18.18)	4 (50)	
Primary source of information on			.005
the COVID-19 Vaccine			
Social Media	8 (66.67)	4 (33.33)	
Not Social Media	91 (95.79)	4 (4.21)	
Social Media Use			
Facebook	76 (76.76)	7 (87.5)	.68 (.49)
Twitter	46 (46.46)	3 (37.5)	.724 (.2396)
Instagram	33 (33.33)	5 (62.5)	.129 (2.75)
Whatsapp	92 (92.92)	8 (100)	1.00 (.61)
Other	8 (8.08)	1 (12.5)	.517 (.1876)

**Reported based on regions to condense the tables but recorded by individual states in the survey.





Conclusions

- This sample of Sudanese Americans reported high levels of vaccine uptake.
- Lack of trust and source of information could be primary factors in a multifactorial model contributing to COVID-19 vaccine hesitancy.
- Limitations include sample size and method, inability to evaluate vaccine hesitancy, and response bias.

References

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Social



