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LETTER

A Response to "Predictors of Intention to Get a COVID-19 Vaccine of Health Science Students: A Cross-Sectional Study." [Letter]

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Dear editor

We read, with great interest, the paper by Nguyen et al, exploring the intention of health science students to get a COVID-19 vaccine.[1] There are many considerations to getting the vaccine and we thank the authors for providing a student focussed insight. As final year medical students, we have experienced the last two years of our training in the pandemic and therefore recognise the importance of the vaccine. Moreover, through our role as vaccinators, we understand the greatly varying attitudes of the population; thus, we would like to offer our perspectives on the Study.

It was insightful to read the perspectives of Vietnamese health students and understand some of the reasons for their vaccine hesitancy. However, we do not know whether the students had pre-existing health conditions which may have increased their risk of morbidity and mortality from COVID-19. This is crucial as it increases both the likelihood of them being offered the vaccine and the uptake. Perhaps, the authors could have asked the students to calculate a COVID risk score, thereby maintaining anonymity of their health information. Additionally, the authors define one of the reasons for vaccine hesitancy as "safety". As our knowledge about each of the vaccines increased, there were more side effects discovered, one of the more notable in the media being the AstraZeneca vaccine and thromboembolism risk. It may have been pertinent to ask the students to specify what they meant by "safety" and whether it was specific to a particular vaccine. Furthermore, a study by Nguyen et al has shown that there is a greater vaccine hesitancy among racial minorities.[3] This is an important factor to take into account as there will be demographic implications when studying such a population.

In our own experience, our University sent us email correspondence when we became eligible to get the vaccine. Getting reassurance from a trusted body such as a health-care provider has been shown to decrease vaccine hesitancy.[2] We would have liked to know whether the students were approached in a similar manner and whether this influenced their likelihood of getting the vaccine. As vaccinators, we observed that patients were often driven by incentive (ie, being able to travel) or due to mandates from employers and schools, if not by their health conditions. There is literature to suggest that these incentives are effective, particularly when monetary.[4] It may have been pertinent to assess whether these were at play in the students' case.

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The authors have asked the students which sources of information they use. Ministry of Health and Hospital websites are more likely to provide accurate and up-to-date information, whereas social media can be the source of misinformation.[5] Asking participants where they get the majority of their information and assessing whether there is a correlation between this and the vaccine intention may be more useful.

In conclusion, the authors provide a multitude of predictors for vaccine hesitancy but vaccine-specific perspectives which look at the students more holistically are required.

Disclosure

The authors report no conflicts of interest in this communication.

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