

Study examines COVID-19 vaccine hesitancy and uptake in autism community

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A new study examines factors associated with COVID-19 vaccine hesitancy and uptake in the autism community. Findings from the study will be presented during the Pediatric Academic Societies (PAS) 2022

Meeting, taking place April 21-25 in Denver.

Individuals with autism spectrum disorder are at increased risk of hospitalization from COVID-19. Vaccines reduce the likelihood of COVID-19 infection and severity of disease. Historically, parents of children with autism spectrum disorder are more likely to be vaccine hesitant, thus delaying or declining childhood vaccinations.

The study found early COVID-19 [vaccine hesitancy](#) waned over time and a majority of caregivers and dependents received the vaccine following FDA approval. Firmly held vaccine-hesitant beliefs, not specific to COVID-19, influenced vaccine uptake in a minority of [autism spectrum disorder](#) caregivers.

"We conducted this study to better understand how baseline vaccine hesitancy in the autism community, which is higher than the [general population](#), was impacting parent decision-making about COVID-19 vaccines," said J. Kiely Law, MD, MPH, director of research operations at SPARK, a Simons Foundation autism research initiative. "This was especially important to understand since other studies were finding that children with developmental disabilities, like autism, were at increased risk of hospitalization due to COVID-19. Getting children vaccinated was critical to reducing this risk."

Table 1. Participant Characteristics & COVID-19 Vaccine Hesitancy at Time 1 (pre-approval of vaccines)

	COVID-19 Vaccine Hesitancy at T1				p-value
	Total	Not Hesitant	Somewhat Hesitant	Very Hesitant	
Demographics	N	n (%)	n (%)	n (%)	
ALL,	1020	396 (38.8)	423 (41.5)	201 (19.7)	
Caregiver sex					
Female	949	355 (37.4)	423 (41.5)	193 (20.3)	.003
Male	71	41 (57.8)	22 (31.0)	8 (11.3)	
Caregiver age, mean (SD)					
Years	44.7	45.3 (9.1)	44.9 (8.6)	42.9 (9.0)	.007
Child/dependent sex					
Female	215	92 (42.8)	85 (39.5)	38 (17.7)	.383
Male	805	304 (37.8)	338 (42.0)	163 (20.3)	
Child/dependent age, mean (SD)					
Years	12.8	12.7 (7.4)	13.0 (7.0)	12.6 (7.3)	.752
Child/dependent race					
White	852	345 (40.5)	347 (40.7)	160 (18.8)	.036
Non-white	168	51 (30.4)	76 (45.2)	41 (24.4)	
Child/dependent ethnicity					
Hispanic/Latino	150	48 (32.0)	68 (45.3)	34 (22.7)	.172
Non-Hispanic/Latino	870	348 (40.0)	355 (40.8)	167 (19.20)	
Area Deprivation Index (National Rank)					
1st Quartile (least disadvantaged)	329	175 (53.2)	124 (37.7)	30 (9.1)	<.0005
2nd Quartile	334	129 (38.6)	143 (42.8)	62 (18.6)	
3rd Quartile	226	59 (26.1)	92 (40.7)	75 (33.2)	
4th Quartile (most disadvantaged)	131	33 (25.2)	64 (48.9)	34 (26.0)	
Other Characteristics					
 Suspected vaccines as cause of child's ASD					
Yes	124	16 (12.9)	54 (43.6)	54 (43.6)	<.0005
No	896	380 (42.4)	369 (41.2)	147 (16.4)	
General Vaccine Hesitancy (at T1)					
None	398	241 (60.6)	130 (32.7)	27 (6.8)	<.0005
Not too hesitant	279	101 (36.2)	131 (47.0)	47 (16.9)	
Not sure	46	15 (32.6)	27 (58.7)	4 (8.7)	
Somewhat hesitant	193	38 (19.7)	110 (57.0)	45 (23.3)	
Very hesitant	104	1 (1.0)	25 (24.0)	78 (75.0)	
Personally knows someone hospitalized/died from COVID-19 (at T1)					
Yes	365	140 (38.4)	162 (44.4)	63 (17.3)	.232
No	655	256 (39.1)	261 (39.9)	138 (21.1)	

Participant Characteristics & COVID-19 Vaccine Hesitancy at Time 1 (pre-approval of vaccines). Credit: Kennedy Krieger Institute

Dr. Law added that "early on, 60% of parents were hesitant about their child receiving the COVID-19 [vaccine](#). Ten months later, it was reassuring to see that the majority of parents in our study made the

decision for their child with autism to get vaccinated."

More information: Conference: www.pas-meeting.org/

Provided by American Pediatric Society

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