

STRATEGIES BASED ON NUDGING TO REDUCE VACCINE HESITANCY IN PLWHA IN A NORTHERN ITALY CENTER

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Introduction

In our center many efforts have been made to implement vaccinations in PLWHA, as recommended by guidelines, especially after COVID-19 outbreak. **Our goal is to build a structured path that can be integrated into the outpatient routine, allowing us to easily identify hesitant patients, understand the reasons for their hesitation and address issues related to convenience (ease of access to vaccines) and confidence (trust in vaccines and healthcare system).**

Methods

We analyzed adherence to anti-SARS-CoV-2, PCV/PPV, anti-Meningococcus ACWY (MenACWY) and B (MenB), anti-Haemophilus Influenzae (HIB), HPV9, HZric vaccines in 1385 PLWHA. In our centre, we administer anti-Pneumococcus (PCV/PPV), anti-Papilloma Virus (HPV9), anti-HerpesZoster (HZric) vaccines and we have access to the SIRVA, the Piedmont Regional Informative System of Vaccination, to monitor adherence to vaccinations. **In 2023 we began implementing nudging, a multidisciplinary socio-economic approach**, developed within the behavioral sciences, to facilitate individuals' decisions towards options more aligned with their values, while preserving their freedom to choose. **During each outpatient visit, we remind them of the importance of vaccination and verify adherence to the vaccination schedule. Additionally, we decided to contact hesitant PLWHA by phone to administer the vaccine hesitancy questionnaire and conduct interviews about the reasons for their vaccine hesitancy and their beliefs about how to mitigate it.**

Results

At January 2023, **1283 PLWHA (93%) were adherent to the vaccination schedule, 73 (5%) were hesitant (received the anti-SARS-CoV-2 vaccination but did not undergo any of the other prescribed vaccinations), 29 (2%) refused any vaccinations.**

We focused on **73 hesitant PLWHA**: we reached out to 52 (71%) PLWHA by phone, 2 of them (3%) refused to discuss vaccinations; we were unable to reach 19 patients. At January 2024, **12 of the 73 selected PLWHA (16%) had received at least one of the prescribed vaccinations. Through the questionnaire and the interviews we gained insights that the main obstacles are primarily related to convenience.** We found that trust in our center is high and may positively influence vaccination behavior. Moreover, phone contact, which was well received by patients, allowed us to early detect non-adherence to antiretroviral therapy.

Conclusion

The integration of the nudging approach into the outpatient routine, along with individualized phone contact, has yielded promising feasibility results as a strategy to reduce vaccination hesitancy, although the numbers are small for now. Such an approach can be extended to other aspects of HIV infection treatment as a chronic condition.

