LETTER TO THE EDITOR

Variability in COVID-19 vaccination rates in pregnant women: Vaccine hesitancy or supply limitations?

Dear Dr Papageorghiou,

We thank Drs Sookaromdee and Wiwanitkit for their interest in our paper describing COVID-19 vaccine knowledge, attitude and practices among pregnant women in the eight sites of the Global Network for Women's and Children's Health, and especially for their focus on discrepancies in vaccination rates and vaccine hesitancy among pregnant women.\(^1\)\(^2\) Several health data systems track population vaccination rates by country.\(^3\) The discrepancy in vaccination rates between sub-Saharan Africa and the rest of the world is stark. In all the populated continents but Africa, more than half of the population has received at least one COVID-19 vaccine dose. In the countries of the Global Network sites in Asia, the reported rates of receiving at least one dose is 74% in India, 62% in Pakistan and 79% in Bangladesh. Guatemala’s reported rate was 50%. Most countries in sub-Saharan Africa have vaccination rates at 20% or less. In the DRC, only 2.2% of the population has been vaccinated to date.

In our paper, across eight Global Network sites including those from sub-Saharan Africa, overall, about one-third of the pregnant women said they would refuse COVID-19 vaccination, mostly due to concerns related to safety and effectiveness.\(^2\) However, the majority said they would accept COVID-19 vaccination if available. Thus, we agree that it is important to distinguish concerns regarding vaccine hesitancy where vaccine is available, often in the more developed countries, compared with the lack of vaccine, such as seen in many areas of sub-Saharan Africa. Acquiring a sufficient amount of vaccines and developing a system to administer them to all those eligible, including pregnant women as well as children, should be the first priority.

Sookaromdee and Wiwanitkit note that some vaccines may be more effective than others.\(^1\) While that may be so, the World Health Organization has stated that all approved COVID-19 vaccines offer substantial levels of protection against serious COVID-19 infections and deaths.\(^4\) They recommend that one should take whatever vaccine is first available and state that the current vaccines provide strong protection against serious illness and death. We hope that the possible variation in vaccine effectiveness will not be a factor that either delays vaccination or contributes to the number of those who decide not to vaccinate at all.

Sookaromdee and Wiwanitkit emphasize the importance of appropriate COVID-19 education as a method to increase vaccination rates. Our study found that in a number of countries, many pregnant women claimed to have little information related to vaccine effectiveness and safety.\(^3\) We should reiterate that the US CDC has concluded that for pregnant women, the vaccine is safe and effective and that, with few exceptions, all women should be vaccinated. Sookaromdee and Wiwanitkit also note that the COVID-19 vaccination story is still evolving. For that reason, ongoing collection and reporting of vaccination data by each country is crucial. An ongoing registry that collects vaccination rates and asks questions related to vaccine hesitancy, such as that maintained by the Global Network for Women’s and Children’s Health Research can provide this information for an important segment of the population.\(^5\)

In summary, the most important intervention to reduce serious morbidity and death related to COVID-19 infection is vaccination. Widespread education emphasizing the safety and effectiveness of COVID-19 vaccination is crucial. Women planning to become pregnant and those already pregnant should be vaccinated without delay. In-country government officials and those in national and international health organizations should do all in their power to ensure COVID-19 vaccines are available for all.

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CONFLICT OF INTERESTS
None declared. Completed disclosure of interest forms are available to view online as supporting information.

DATA AVAILABILITY STATEMENT
Not applicable; no data are shared in this letter.

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SUPPORTING INFORMATION
Additional supporting information can be found online in the Supporting Information section at the end of this article.