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CONCERNS ABOUT FERTILITY FOUND TO BE MAJOR CAUSE OF COVID-19 VACCINE HESITANCY IN THE UNITED STATES

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Introduction: As of July 2021, three vaccines have been issued Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration (FDA) to combat SARS-CoV-2 with over 65% of U.S. adults having received at least one vaccine dose. However, up to 35% of the population are hesitant or refuse to get vaccinated. As reproductive toxicity studies were not conducted prior to EUA, adults have expressed concern about potential adverse effects of the vaccines on fertility and reproductive health.

Objective: We evaluated the current reasons for COVID-19 vaccine hesitancy among the unvaccinated U.S. population and identified their demographic characteristics.

Methods: Amazon Mechanical Turk (MTurk) was used to survey the vaccine hesitancy reasons amongst unvaccinated U.S. adult population between June 30, 2021-July 1, 2021. The project title listed for survey participants during distribution was “Covid-19 Vaccine Hesitancy Survey”. The study was reviewed by the Institutional Review Board, and it was deemed an exemption. Users with addresses in the U.S., over the age of 18, and received no doses of any coronavirus vaccine at any time were invited to complete an anonymous 32-question survey with an estimated completion time of less than 10 minutes. The first part of the survey focused on identifying attitudes toward the COVID-19 vaccines while the latter queried demographic information such as age, race/ethnicity, and relationship status. Quantitative data was analyzed using by two-sample Z-test on Microsoft Excel (version 16.44) and MATLAB (version R2021a).

Results: A total of 914 unvaccinated adults completed our survey (response rate 91.4%) with 53% of respondents identifying as cis-male and 42% as cis-female. Of the participants, 58% indicated COVID-19 vaccine side effects or other potential unknown long-term effects as their reason for remaining unvaccinated and 39% of them believed that COVID-19 vaccines can negatively impact reproductive health and/or fertility. Among those participants that were concerned that COVID-19 vaccines could impact fertility, 42% (p = 0.010) lived in urban settings, 46% (p < 0.001) were married, and 38% (p = 0.020) of individuals were born outside of the U.S. About 1/2 of the participants stated that more information and research conducted on the COVID-19 vaccines would encourage them to get vaccinated.

Conclusions: A large portion of the U.S. population remain fearful of the potential side effects associated with the coronavirus vaccines and more specifically negative impacts to their future reproductive health. These results objectively evidence that fertility concerns are significantly contributing to vaccine hesitancy and may continue to be a barrier for years to come if no interventions are made. With almost half of the participants yearning for more information and research this highlights the need for intense investigation and publicly available data on the effect of coronavirus vaccines on fertility.

Disclosure: No

Images:

- Do you believe that COVID-19 vaccines can negatively impact reproductive health and/or fertility?
  - Yes, 38%
  - No, 32%
  - Unsure, 30%
Results: Prior to propensity score matching, men with COVID-19 had an average age of 47.1 ± 21.4 years, 13% had diabetes mellitus, and 27% had hypertension, while in men without COVID-19, average age was 42.4 ± 24.3 years, 7% had diabetes, and 22% had hypertension. After propensity score matching, we compared 230, 517 men with COVID-19 to 232,645 men without COVID-19 and found that COVID-19 diagnosis was significantly associated with ED (OR 1.120, 95% CI 1.004–1.248, p=0.0416). Strengths include large sample size and adjustment for confounding variables. Limitations include lack of data regarding ED (mild vs moderate vs severe) or COVID-19 infection severity.

Conclusions: Our study showed that there is an increased risk of developing ED post-COVID infection, suggesting possible long-term effects due underlying endothelial dysfunction. The exact mechanism of how COVID-19 virus leads to erectile dysfunction remains to be elucidated.

Disclosure: No

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THE EFFICACY OF WRITTEN SYMPTOM QUESTIONNAIRES FOR THE MANAGEMENT OF ERECTILE DYSFUNCTION
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Introduction: The use of written screening tools and symptom questionnaires within the field of urology is widespread. Urologists regularly utilize such tools to help navigate preoperative counseling, understand the severity of a patient’s symptoms, and guide clinical management. Self-administered screening questionnaires however require a baseline level of health literacy and comprehension in order for the results to be considered reliable. Prior work has shown that patient education and health literacy levels significantly impact the results of self-administered American Urological Association (AUA) symptom index questionnaire, which results in misclassification of voiding symptoms and potentially limits access to appropriate care. The International Index for Erectile Function (IIEF-5) is a previously validated self-administered questionnaire that is used to assess a patient’s current erectile function. We hypothesize that men with lower health literacy and lower education levels are more likely to demonstrate a decreased understanding of the IIEF-5 and increased rates of symptom misclassification.

Objective: The aim of our project is to assess the frequency of poor understanding of the IIEF-5 and to determine if patient education and health literacy impact self-administered versus verbally administered IIEF-5 questionnaires.

Methods: In this pilot study, we prospectively enrolled consecutive, literate, English-speaking patients seen in an academic urology clinic for various complaints. Patients completed a self-administered, written IIEF-5 questionnaire and then re-administered the same IIEF-5 questionnaire verbally by a single trained researcher. The researcher answered patient questions and clarified questionnaire items as needed, as well as obtained basic demographic information related to education, health literacy, and race. Responses were compared by calculating the change in overall IIEF-5 scores between written and verbally administered instruments. Health literacy was determined utilizing the Brief Health Literacy Screen (BHLS), a validated health literacy tool.

Results: A total of one hundred consecutive men were enrolled into this pilot study. The population was primarily Caucasian (83%) with 76% of men having some form of college education or higher level education. The median written IIEF-5 was 14 (IQR: 5, 23) while the median verbal IIEF-5 was 14 (IQR: 5, 23), p=1.00. The median delta IIEF-5 was 0 (IQR: -2, 0). The median BHLS was 14 (IQR: 12, 15). On multivariable modeling for the impact of BHLS and education level on delta IIEF-5 while adjusting for age, education level, and race, BHLS (p=0.09) and education level (p=0.23) were not significant.

Conclusions: In this pilot study, there was no significant variance in overall scores when comparing the written to verbally administered IIEF-5 questionnaire. In contrast to prior studies evaluating the efficacy of other urologic symptom questionnaires, BHLS and education level were not significantly associated with changes in overall IIEF-5 scores.

Disclosure: No

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USER CHARACTERISTICS OF UNIQUE MEN’S HEALTH WEBSITE
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Introduction: Covid-19 has helped drive all forms of medicine away from traditional brick and mortar medical interactions. Given the availability of