



Revue rapide : Qu'est-ce qui explique la confiance envers les vaccins et la participation à la vaccination chez les populations vivant des inégalités?

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Veillez noter : Cette revue a peut-être été mise à jour. Consultez la version la plus récente de cette revue en visitant le Service rapide de données probantes sur la COVID-19 du Centre de collaboration nationale des méthodes et outils, au lien ci-dessus.

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Les auteurs déclarent n'avoir aucun conflit d'intérêts à divulguer.

Résumé

Contexte

Maintenant que les vaccins sont de plus en plus accessibles, le secteur de la santé publique est chargé de faire en sorte que la couverture vaccinale soit non seulement suffisante pour favoriser l'immunité collective, mais surtout équitable dans l'ensemble des communautés. Les études publiées au sujet de campagnes de vaccination antérieures démontrent que certaines populations sont moins susceptibles d'être vaccinées. Afin de concevoir des stratégies de distribution des vaccins qui soient efficaces et équitables à l'échelle locale, il est essentiel de bien comprendre les raisons qui augmentent ou qui diminuent tant la confiance envers les vaccins (le désir d'être vacciné ou la décision de recevoir un vaccin) que la participation à la vaccination (le fait de recevoir un vaccin).

Cette revue rapide a été produite pour soutenir la réponse de l'Agence de la santé publique du Canada à la pandémie de coronavirus 2019 (COVID-19). Cette revue vise à recenser, évaluer et résumer les nouvelles données de recherche à l'appui de la prise de décision fondée sur des données probantes.

Cette revue rapide inclut les données probantes disponibles au 14 avril 2021 pour répondre à la question suivante : **Qu'est-ce qui explique la confiance envers les vaccins et la participation à la vaccination chez les populations vivant des inégalités?**

Points clés

Les détenteurs de droits, y compris les Premières Nations, les Inuits et les Métis au Canada et les peuples autochtones dans le monde

- Selon les études qui examinent les perceptions de différents vaccins, la sécurité est une préoccupation de premier plan agissant à la fois comme facteur incitant à se faire vacciner (c.-à-d. pour se protéger et protéger les autres contre une maladie) et comme raison de ne pas se faire vacciner (c.-à-d. à cause des effets secondaires possibles). Le degré de confiance à l'égard de ce résultat est faible (GRADE-CERQual). Toutefois, il est possible que ce résultat constitue une représentation raisonnable du phénomène à l'étude.
- Pour l'ensemble des populations et des vaccins se retrouvent des thèmes qui reflètent un désir de connaître et de comprendre les risques et les avantages pour accroître la confiance à l'égard des décisions concernant la vaccination. On note une préférence pour des informations reçues de sources dignes de confiance, étant donné les expériences de stigmatisation, de discrimination et de racisme. Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.
- Les approches visant à encourager la participation à la vaccination incluent collaborer avec des leaders et des groupes communautaires crédibles, offrir les vaccins dans des lieux pratiques et sûrs, et assurer la facilité d'accès. Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.

Les communautés noires, africaines, caribéennes en Amérique du Nord et en Europe

- Selon l'ensemble des études, le compromis entre la perception du risque de contracter la maladie concernée et/ou la perception de la sévérité de la maladie et le risque d'effets indésirables du vaccin joue un rôle important dans la participation à la vaccination. Le degré de confiance à l'égard de ce résultat est faible (GRADE-CERQual). Toutefois, il est possible que ce résultat constitue une représentation raisonnable du phénomène à l'étude.
- La méfiance, attribuable à des injustices historiques ainsi qu'au climat sociopolitique actuel, est uniformément considérée comme étant un facteur qui entraîne des niveaux plus faibles de confiance envers les vaccins et de participation à la vaccination. Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.
- Une communication efficace sur les risques et les avantages venant d'un messenger crédible, et visant à combattre la désinformation et à répondre aux craintes, a été jugée importante. Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.
- La facilité d'accès a été présentée comme étant essentielle pour favoriser la participation à la vaccination. Les vaccins devraient être offerts dans des lieux sûrs et accessibles, et leur distribution devrait intégrer des stratégies visant à améliorer l'accessibilité pour tous (p. ex., permettre la prise de rendez-vous sur support papier au lieu de n'accepter que la prise de rendez-vous en ligne). Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.

Les personnes sans abri ou qui se trouvent dans une situation précaire sur le plan du logement

- Selon l'ensemble des études, la facilité d'accès des programmes de vaccination est le principal facteur de participation à la vaccination tant chez les adultes que chez les jeunes. Cela signifie le coût, l'emplacement des cliniques de vaccination, la connaissance des heures d'ouverture et des emplacements des cliniques, et la possibilité de se présenter sans rendez-vous. Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.
- Bien que certaines préoccupations concernant l'efficacité ou la nécessité des vaccins aient été déclarées, selon l'ensemble des études, les participants étaient généralement disposés à suivre les recommandations des fournisseurs de soins de santé, particulièrement si le fournisseur était une source connue et crédible. Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.
- Selon l'ensemble des études, un obstacle à la participation à la vaccination était l'incertitude entourant l'état d'immunisation pour des vaccins spécifiques. L'absence de système de suivi ou de dossiers de vaccination facilement accessibles empêchait les fournisseurs de soins de santé de recommander la vaccination. Le degré de confiance à l'égard de ce résultat est modéré (GRADE-CERQual) et il est probable que ce résultat constitue une représentation raisonnable du phénomène à l'étude.

Aperçu des données probantes et lacunes dans les connaissances

- À ce jour, la plupart des données probantes viennent d'études portant sur des vaccins autres que celui contre la COVID-19. Étant donné le caractère sans précédent de la pandémie de COVID-19, on ignore dans quelle mesure ces résultats s'appliquent au contexte actuel.
- Les préoccupations concernant la sécurité des vaccins sont peut-être plus importantes dans le contexte de la COVID-19, étant donné le caractère récent et la rapidité du développement des vaccins. Cependant, la perception du risque de contracter la COVID-19 et de ses effets négatifs connexes est peut-être aussi beaucoup plus élevée, particulièrement dans les communautés qui sont incluses dans cette revue.
- Le choix de messagers crédibles pour fournir l'information au sujet des vaccins et encourager l'accès aux vaccins a été mis en relief dans chacune des trois populations. Toutefois, les caractéristiques d'un messager crédible ne sont pas souvent décrites et elles varient probablement d'une communauté à l'autre.
- Les données probantes démontrent clairement qu'une approche unique ne sera probablement pas efficace et que des collaborations et des partenariats étroits avec des leaders et des membres des communautés à l'échelle locale sont essentielles, non seulement pour favoriser la confiance envers les vaccins, mais aussi pour faire en sorte que les vaccins soient accessibles à ceux et celles qui désirent les recevoir.

Méthodologie

Question de recherche :

Qu'est-ce qui explique la confiance envers les vaccins et la participation à la vaccination chez les populations vivant des inégalités?

Recherche

Les bases de données suivantes ont été fouillées les 15 mars et 14 avril 2021 en utilisant les termes clés :

- [MEDLINE](#) database
- [EMBASE](#) database
- [Sociological Abstracts](#)
- [CINAHL](#)
- [Trip Medical Database](#)
- World Health Organization's [Global literature on coronavirus disease](#)
- [COVID-19 Evidence Alerts](#) from McMaster PLUS™
- [COVID-19 Living Overview of the Evidence \(L·OVE\)](#)
- [McMaster Health Forum](#)
- [Cochrane Rapid Reviews](#)
- [Prospero Registry of Systematic Reviews](#)
- [MedRxiv preprint server](#)
- NCCMT [COVID-19 Rapid Evidence Reviews](#)
- [NCCDH](#)
- [NCCEH](#)
- [NCCID](#)
- [NCCIH](#)
- [NCCHPP](#)
- [Institute national d'excellence en santé et en services sociaux \(INESSS\)](#)
- [BC Centre for Disease Control \(BCCDC\)](#)
- [Public Health England](#)
- Divers groupes de pression canadiens

Une copie de la stratégie de recherche complète peut être consultée à [lien](#).

Critères de sélection des études

Les résultats de la recherche ont d'abord été examinés pour recenser les directives et les synthèses récentes. Lorsqu'ils sont disponibles, les conclusions des synthèses et les guides de pratique clinique sont présentés en premier, car ils tiennent compte de l'ensemble des preuves disponibles et peuvent donc être appliqués largement aux populations et aux milieux.

Les études uniques ont été incluses si aucune synthèse n'était disponible ou si des études uniques ont été publiées après que la recherche ait été effectuée à partir de la synthèse. Les sources de langue anglaise évaluées par les pairs et les sources publiées avant l'impression et avant l'évaluation par les pairs ont également été incluses. Des documents d'orientation, des politiques juridictionnelles et des avis d'experts puisqu'ils ont été jugés pertinents pour la question. Les sources de surveillance ont été exclues.

	Critères d'inclusion	Critères d'exclusion
Population	<ul style="list-style-type: none"> a) Les détenteurs de droits, y compris les Premières Nations, les Inuits et les Métis au Canada et les peuples autochtones dans le monde b) Les communautés noires, africaines, caribéennes en Amérique du Nord et Europe c) Les personnes sans abri ou qui se trouvent dans une situation précaire sur le plan du logement 	<p>Études qui rendent compte de données sur des « groupes minoritaires » mis ensemble, sans explorer séparément les perspectives spécifiques de populations uniques; études qui rendent compte d'obstacles ou de stratégies du point de vue d'autres personnes (p. ex., fournisseurs de soins de santé, administrateurs, etc.)</p>
Intérêt	<p>Études qui explorent ce qui explique la confiance envers les vaccins et la participation à la vaccination du point de vue de la population spécifique; elles peuvent inclure des descriptions de stratégies ayant réussi à renforcer la confiance envers les vaccins; elles peuvent inclure des études qualitatives ou qui emploient des méthodes mixtes, des études observationnelles quantitatives, des études quasi expérimentales, ou des textes et des opinions de sources dignes de confiance</p>	<p>Études décrivant des « facteurs de risque » non modifiables, comme les variables sociodémographiques recueillies grâce à des données administratives ou à des enquêtes transversales.</p> <p>Études décrivant des stratégies génériques visant à améliorer l'accès aux vaccins ou la participation à la vaccination, mais n'examinant pas les obstacles précis que la population cible mentionne.</p> <p>Les études spécifiques à la vaccination contre le VPH ont été exclues étant donné l'application unique de ces vaccins.</p>

Extraction et synthèse des données

Pour les synthèses, les données relatives à la conception de l'étude, au cadre, à l'emplacement, aux caractéristiques de la population, aux interventions ou à l'exposition et aux résultats ont été extraites lorsqu'elles étaient déclarées.

Évaluation de la qualité des données probantes

Nous avons évalué la qualité des données probantes incluses en utilisant des outils d'évaluation critique, comme nous le décrivons ci-dessous. L'évaluation de la qualité a été réalisée par un examinateur et vérifiée par un deuxième examinateur. Les conflits ont été résolus par la discussion. Pour certaines des données probantes incluses, aucun outil approprié n'a été trouvé, ou l'équipe de revue n'avait pas l'expertise nécessaire pour évaluer leur qualité méthodologique. Les études pour lesquelles aucune évaluation de la qualité n'a été effectuée sont indiquées dans les tableaux de données.

Méthodologie de l'étude	Outils d'évaluation critique
Synthèse	Assessing the Methodological Quality of Systematic Reviews (AMSTAR) AMSTAR 1 Tool
Rapport de cas	Joanna Briggs Institute (JBI) Checklist for Case Reports
Opinion d'expert	Joanna Briggs Institute (JBI) Checklist for Text and Opinion
Qualitative	Joanna Briggs Institute (JBI) Checklist for Qualitative Research
Méthode mixte	Mixed Methods Appraisal Tool (MMAT)

Les évaluations de la qualité effectuées pour chaque étude incluse sont disponibles sur demande.

L'approche [GRADE CERQual](#) (Lewin *et al.*, 2015) (The Grading of Recommendations, Assessment, Development and Evaluations - Confidence in Evidence from Reviews of Qualitative research) a été utilisée pour évaluer la certitude des résultats sur la base de quatre domaines clés.

- Limites méthodologiques
- Pertinence
- Cohérence
- Caractère approprié

Pour chaque résultat, la certitude globale des données probantes (élevée, modérée, faible, ou très faible) a été déterminée en tenant compte des caractéristiques des données probantes dont on dispose. Un jugement selon lequel « la certitude globale est très faible » signifie que les résultats risquent fort de changer à mesure que de nouvelles données probantes apparaissent.

Résultats

Synthèse de la qualité des données probantes

Ce document comprend une synthèse, une synthèse en cours, 27 études individuelles, et une étude individuelle en cours, pour un total de 30 publications. La qualité des données probantes incluses dans cette revue se décrit comme suit :

Population	Données probantes incluses		Certitude globale des données probantes
Les détenteurs de droits, y compris les Premières Nations, les Inuits et les Métis au Canada et les peuples autochtones dans le monde	Études individuelles	10	Faible-moderée
Les communautés noires, africaines, caribéennes en Amérique du Nord et Europe	Études individuelles Synthèses en cours Études individuelles en cours	14 1 1	Faible-moderée
Les personnes sans abri ou qui se trouvent dans une situation précaire sur le plan du logement	Synthèses terminées Études individuelles	1 3	Modérée

Attention

Comme il faut rendre rapidement disponibles les nouvelles données probantes sur la COVID-19, plusieurs études émergentes n'ont pas été révisées par des pairs. Pour cette raison, nous vous conseillons la prudence quand vous utilisez et interprétez les données probantes incluses dans cette revue rapide. Nous avons fourni une synthèse de la certitude globale des données probantes afin de soutenir le processus de prise de décision. Lorsque c'est possible, nous vous recommandons de fonder vos décisions sur les données probantes de la plus haute qualité possible.

Tableau 1 : Les détenteurs de droits, y compris les Premières Nations, les Inuits et les Métis au Canada et les peuples autochtones dans le monde : Études individuelles

Reference	Date Released	Study Design	Population	Summary of findings	Quality Rating:
COVID-19 Vaccine					
Mosby, I., & Swidrovich, J. (2021). Medical experimentation and the roots of COVID-19 vaccine hesitancy among Indigenous peoples in Canada. <i>Canadian Medical Association Journal</i> , 193(11), E381-E383.	Mar 15, 2021	Text and opinion	First Nations, Métis, and Inuit communities in Canada	<p>While some community leaders have expressed strong support for vaccination, the authors note concerns and fears by community members which need to be taken seriously and considered separately from the “anti-vax” movement.</p> <p>The authors cite well-documented examples of Indigenous Peoples being subject to medical experimentation and government mishandling of H1N1 (sending body bags to Manitoba First Nations communities instead of protective supplies) as contributing to hesitancy and mistrust of government and the healthcare system.</p> <p>The authors call for:</p> <ul style="list-style-type: none"> • Community-focused and community-driven education • Doctors and health professionals who are administering vaccine to self-educate on racially segregated healthcare and medical experimentation to understand the true nature of vaccine hesitancy • Public health messages that: <ul style="list-style-type: none"> ○ Speak to Indigenous Peoples’ historical and contemporary experiences ○ Are delivered by Indigenous Elders, leaders and health practitioners who have credibility in communities, ○ Focus on health and wellness of families, communities, land, and future generations 	Moderate

Influenza Vaccines					
O'Grady, K.-A. F., Dunbar, M., Medlin, L. G., Hall, K. K., Toombs, M., Meiklejohn, J., ... Andrews, R. M. (2015). Uptake of influenza vaccination in pregnancy amongst Australian Aboriginal and Torres Strait Islander women: A mixed-methods pilot study . <i>BMC Research Notes</i> , 8, 169.	Apr 29, 2015	Mixed methods	n=53 Aboriginal and Torres Strait Islander women from 28 weeks gestation to 16 weeks post-birth, attending two primary healthcare services, Australia	<p>This mixed-methods study included a cross-sectional survey (n=53) and yarning circles focus groups (n=7). From the survey, 43% reported they had been offered the vaccine in pregnancy and 17% had received it. 43% reported they would get a vaccine if they became pregnant again.</p> <p>Qualitative data suggests that perceived benefits to themselves and infants were important in the decision to be vaccinated. Questions about vaccine safety, particularly for the fetus, were raised. The need to take a prescription to a pharmacy, collect the vaccine, and return to a clinic for a second time to be vaccinated was a stated deterrent. Most participants were not aware that influenza vaccination was recommended and available free for pregnant women, and noted discussions were not had with their healthcare provider.</p>	High
Thomsen, R., Smyth, W., Gardner, A., & Ketchell, J. (2012). Centrelink: An innovative urban intervention for improving adult Aboriginal and Torres Strait Islander access to vaccination . <i>Healthcare infection</i> , 17(4), 136-141.	Dec 1, 2012	Case report	Aboriginal and Torres Strait Islander communities, Australia	<p>Centrelink is a government statutory agency, responsible for delivering payment and human services during times of hardship, unemployment, and disability. To extend vaccination access to Aboriginal and Torres Strait Islanders, clinics were launched at non-traditional, opportunistic locations (e.g., food shelters, shopping centers, mobile clinics). Aboriginal and Torres Strait Islander Health Workers provided client assessments and post-vaccination services.</p> <p>Attendance at Centrelink vaccine clinics increased from 159 in 2004 to 441 in 2009; the number of vaccines administered increased from 204 to 667 (compared with decreasing average attendance at all other opportunistic sites). By 2009, Centrelink clinic vaccinations delivered 79% of total vaccinations to this population.</p>	Moderate

H1N1 Vaccines					
Driedger, S. M., Maier, R., Furgal, C., & Jardine, C. (2015). Factors influencing H1N1 vaccine behavior among Manitoba Métis in Canada: A qualitative study . <i>BMC Public Health</i> , 15, 128.	Feb 12, 2015	Qualitative	n=128, Métis from urban, rural, and remote locations in Manitoba, Canada	<p>From 2010-2013, participants from 17 focus groups in 4 communities were asked about their decision-making related to the H1N1 vaccine; 56% had received the vaccine (64% in rural or remote communities vs. 46% in urban communities).</p> <p>Concerns about vaccine safety and lack of knowledge about the vaccine and the pandemic, in general, had the most negative influences on decision making.</p> <p>Perceived risk of contracting H1N1 positively influenced uptake, overriding concerns in many cases.</p> <p>Media reporting, the influence of peer groups, and government prioritization of Métis to receive the vaccine had dual influences (i.e., positively and negatively influenced different people).</p>	Moderate
Driedger, S. M., Cooper, E., Jardine, C., Furgal, C., & Bartlett, J. (2013). Communicating risk to Aboriginal peoples: First Nations and Métis responses to H1N1 risk messages . <i>PLoS One</i> , 8(8), e71106.	Aug 7, 2013	Qualitative	<p>n=193, First Nations, Métis, Manitoba, Canada</p> <p>n=23 key informant interviews (health decision makers)</p>	<p>From 2009-2010, participants from 23 focus groups were asked how they reacted to messaging about the H1N1 vaccine and the identification and establishment of First Nations and Métis people as high-risk priority groups.</p> <p>Participants reported a feeling of general stigmatization, discrimination, and vulnerability (resulting from government action, public health messaging), specifically around perceptions that: First Nations and Métis lives are less valued; being First Nations or Métis, in itself, is a risk factor; and a generalized First Nations and Métis identity perpetuates a racialized "other".</p>	High
Landsburg, S. R., McQuade, E., Birney, P., Nicholas, L., Caplin, J., & Robichaud, N. (2010). 2009 pandemic H1N1 mass immunization in New Brunswick First Nation communities . <i>Canadian Journal of Infectious Diseases and Medical Microbiology</i> , 21(4), 229-230.	2010	Case-report	First Nations, New Brunswick, Canada	<p>This report describes an H1N1 mass immunization program implemented in each First Nations community in the province.</p> <p>Provincial government and health authority leaders engaged First Nations leaders and community health teams in program planning, implementation, and evaluation. Successes noted by First Nations leaders and communities included: high coverage rates (82-100%); established partnerships and continual communication with health authorities; community members trusted local clinics; and high community involvement to incorporate cultural practices and tailor clinics to the community.</p> <p>Challenges included: records and data management (e.g., no access to immunization registry); and confusion related to eligibility, role, and navigating health authority staff networks.</p>	Moderate

Childhood Vaccinations					
Burghouts, J., Del Nogal, B., Uriepero, A., Hermans, P. W., de Waard, J. H., & Verhagen, L. M. (2017). Childhood vaccine acceptance and refusal among Warao Amerindian caregivers in Venezuela; A qualitative approach . <i>PLoS One</i> , 12(1), e0170227.	Jan 20, 2017	Qualitative	n=31 Warao Amerindians, Venezuela	<p>Parents' attitudes were explored through in-depth interviews with 20 vaccine-accepting and 11 vaccine-declining caregivers.</p> <p>Although Warao caregivers were generally in favor of vaccination, fear of side effects and the idea that young and sick children are too vulnerable to be vaccinated negatively affected vaccine acceptance.</p> <p>The importance assigned to side effects was related to the perception that these resembled symptoms/diseases of illness and could harm the child. Religious beliefs or traditional healers did not influence the decision-making process.</p>	High
Tarrant, M., & Gregory, D. (2003). Exploring childhood immunization uptake with First Nations mothers in north-western Ontario, Canada . <i>Journal of Advanced Nursing</i> , 41(1), 63-72. Tarrant, M., & Gregory, D. (2001). Mothers' perceptions of childhood immunizations in First Nations communities of the Sioux lookout zone . <i>Canadian Journal of Public Health</i> , 92(1), 42-45.	Jan 2003	Qualitative	n=28 mothers, 2 First Nations communities in the Sioux Lookout Zone, north-western Ontario, Canada	<p>Qualitative interviews were conducted with mothers to explore beliefs and perceptions of childhood immunizations and vaccine-preventable diseases.</p> <p>Participants were motivated to seek immunizations for their children by a fear of vaccine preventable diseases.</p> <p>A small proportion of mothers questioned the effectiveness of vaccines in preventing disease. Traumatic immunization experiences, vaccine side-effects and sequelae, negative interactions with health professionals, knowledge gaps related to vaccine effectiveness, the influence of others who are against vaccines, and barriers such as time constraints and not being able to vaccinate during a clinic visit when the child was ill all served as deterrents to immunization.</p>	High
General Vaccination					
Burnett, K., Sanders, C., Halperin, D., & Halperin, S. (2020). Indigenous Peoples, settler colonialism, and access to health care in rural and northern Ontario . <i>Health & Place</i> , 66, 102445.	Oct 5, 2020	Qualitative	n=72 Indigenous community members in 10 focus groups, 2 Northern Ontario urban centers, 4 road-access and 5 fly-in First Nation communities	<p>10 focus groups were conducted with Indigenous community members using a two-eyed seeing approach.</p> <p>Factors that informed vaccine decisions were rural space/location, access to healthcare, relationships with healthcare providers and the state more generally (contemporary and historical). Suspicion and distrust of the state and, by extension, healthcare providers, a lack of choice in healthcare, and negative relationships with providers had bearing on vaccine confidence.</p> <p>The authors conclude that trust and rapport are vital considerations when developing vaccination policy, especially given Indigenous people's experiences with racism and colonialism.</p>	High

Tableau 2 : Les communautés noires, africaines, caribéennes en Amérique du Nord et en Europe : Études individuelles

Reference	Date Released	Study Design	Population, Setting	Summary of findings	Quality Rating:
COVID-19 Vaccine					
Ferdinand, K. C. (2021). Overcoming barriers to COVID-19 vaccination in African Americans: The need for cultural humility. <i>American Journal of Public Health, 111(4)</i> , 586-588.	Apr 11, 2021	Text & Opinion	African Americans United States	<p>The authors note mistrust in healthcare, stemming from multi-generational structural and historical racism, as a critical barrier to COVID-19 vaccine acceptance. Authors call for specific, targeted public health programs, in the spirit of “cultural humility” (e.g., self-reflection, respectful partnerships), to overcome vaccine hesitancy.</p> <p>Risk-benefit communication should be culturally sensitive, literacy-level appropriate, evaluated, and involve mass media, public health, policymakers, and “trusted messengers”. For example, the Community Engagement Alliance Against COVID-19 Disparities and other state-level approaches aim to overcome misinformation and mistrust through community outreach, engagement, and culturally appropriate messaging.</p>	Moderate
Abdul-Mutakabbir, J. C., Casey, S., Jews, V., King, A., Simmons, K., Hogue, M. D., ... Veltman, J. (2021). A three-tiered approach to address barriers to covid-19 vaccine delivery in the Black community. <i>The Lancet Global Health</i> . Epub ahead of print.	Mar 10, 2021	Case report	Black community San Bernardino County, southern California, United States	<p>Loma Linda University is the largest vaccination site in the county; however, over the first 30 days the Black community was underrepresented in dose recipients.</p> <p>A proactive, three-tiered approach was developed to more effectively reach the Black community, including:</p> <ul style="list-style-type: none"> • Engagement of Black faith leaders; information sessions, pastors advertised mobile clinic, distributed registration paperwork, managed appointment lists • Delivery of COVID-19 vaccine education by Black pharmacists; provided webinars, managed transportation of vaccines to clinic and ensured vaccine was properly drawn • Establishment of a multidisciplinary mobile vaccination clinic in a church parking lot in a mostly Black community. Paper-based registration was used to eliminate need for internet/computer access <p>351/417 (84.2%) people vaccinated at the mobile clinic in 1 day were Black.</p>	Moderate

<p>Momplaisir, F., Haynes, N., Nkwihoreze, H., Nelson, M., Werner, R. M., & Jemmott, J. (2021). Understanding drivers of COVID-19 vaccine hesitancy among Blacks. <i>Clinical Infectious Diseases</i>. Epub ahead of print.</p>	<p>Feb 9, 2021</p>	<p>Qualitative</p>	<p>n=24 Black barbershop and salon owners, living in areas of elevated COVID-19 prevalence</p> <p>West Philadelphia, United States</p>	<p>From Jul-Aug 2020, four focus groups were conducted to understand COVID-19 vaccine attitudes, beliefs, and norms; results were analyzed using a modified grounded theory approach.</p> <p>COVID-19 vaccine confidence was decreased due to: mistrust in the medical establishment and vaccines, in general; skepticism of COVID-19 vaccines, specifically, due to perceptions of their rushed development and limited data on side effects; and historical racial injustice, further fostered by the current political environment.</p> <p>Participants feared becoming infected from the vaccine or suffering side effects due to co-morbid conditions; many thought COVID-19 prevention should focus instead on alternative therapies to improve baseline physical health.</p> <p>While most opposed vaccines, many would reconsider with more information (e.g., evidence showing vaccine safety and effectiveness) and if recommended by a trusted healthcare provider. Others had firm convictions (for or against); they would not be persuaded to change.</p>	<p>Moderate</p>
<p>Ferdinand, K. C., Nedunchezian, S., & Reddy, T. K. (2020). The COVID-19 and influenza "twindemic": Barriers to influenza vaccination and potential acceptance of SARS-CoV2 vaccination in African Americans. <i>Journal of the National Medical Association</i>, 112(6), 681-687.</p>	<p>Dec 1, 2020</p>	<p>Text & Opinion</p>	<p>African Americans</p>	<p>Decreased vaccine acceptance, uptake, and adherence is thought to be a result of medical mistrust, vaccine safety and efficacy concerns, and environmental barriers to vaccine access. The authors recommend public health, scientific organizations, and government work with communities to gain their acceptance, specifically through:</p> <ul style="list-style-type: none"> • Educational campaigns providing COVID-19 evidence (e.g., culturally appropriate, mass media and communication) • Vaccine policy initiatives that build trust (e.g., using trusted messengers and community leaders) • Equitable, barrier-free vaccine allocation (e.g., mobile clinics, partnerships with diverse healthcare providers). 	<p>Moderate</p>

Influenza Vaccine					
Henderson, V., Madrigal, J. M., & Handler, A. (2020). A mixed methods study: Midlife African American women's knowledge, beliefs, and barriers to well-woman visit, flu vaccine, and mammogram use . <i>Journal of Women & Aging</i> , 32(3), 292-313.	May 1, 2020	Mixed methods	African American women aged 40-64 years, n=124 online survey and n=19 in-depth interviews	<p>This study examined relationships between knowledge of, beliefs about, and barriers to well-woman visits, flu vaccines, and mammograms.</p> <p>Beliefs or misperceptions about influenza vaccination (e.g., skeptical or distrustful of them, feelings that their immune systems were strong enough to fight off potential infections, beliefs that the flu shot caused illness rather than prevented it, or feelings they were not at high risk for illness) led to decisions not to be vaccinated.</p> <p>Women who did obtain annual flu shots did so to protect themselves from illness due to the nature of their work or because of current chronic medical conditions (e.g., asthma).</p> <p>Providers may be able to provide information and address incongruent beliefs through patient interaction.</p>	High
Jamison, A. M., Quinn, S. C., & Freimuth, V. S. (2019). "You don't trust a government vaccine": Narratives of institutional trust and influenza vaccination among African American and white adults . <i>Social Science & Medicine</i> , 221, 87-94.	Jan 1, 2020	Mixed methods	n=119 White and African American adults, Maryland and Washington, DC; semi-structured interviews (n=12), 9 focus groups (n = 91), in-depth interviews (n=16)	<p>This mixed-methods investigation of racial disparities in influenza vaccination was guided by grounded theory.</p> <p>Most participants distrusted government and pharmaceutical companies, which were viewed to be motivated by profit.</p> <p>Regardless of background knowledge, concerns about vaccines were related to trust in the sources of information and the healthcare system.</p>	Moderate
Marsh, H. A., Malik, F., Shapiro, E., Omer, S. B., & Frew, P. M. (2014). Message framing strategies to increase influenza immunization uptake among pregnant African American women . <i>Maternal and Child Health Journal</i> , 18(7), 1639-1647.	Dec 12, 2013	Qualitative	n=21 pregnant African American women at urban OB/GYN clinics who had not received an influenza vaccine	<p>Semi-structured interviews were conducted to explore attitudes, opinions, and concerns of African American women regarding influenza vaccination during pregnancy.</p> <p>Most women indicated that positively framed messages focusing on infant's health, such as protection against preterm birth and low birth weight outcomes, would encourage them to receive an influenza vaccine.</p>	Low

				Messages via interpersonal networks and social media strongly influenced motivation to vaccinate.	
Cameron, K. A., Rintamaki, L. S., Kamanda-Kosseh, M., Noskin, G. A., Baker, D. W., & Makoul, G. (2009). Using theoretical constructs to identify key issues for targeted message design: African American seniors' perceptions about influenza and influenza vaccination. <i>Health Communication, 24</i> (4), 316-326.	Jun 3, 2009	Qualitative	n=48 African American seniors aged 65 and older	<p>6 focus groups were conducted to identify perceptions about influenza and influenza vaccination. The extended parallel process model, which suggests that effective messaging needs to include elements of both threat (susceptibility and severity) and efficacy (self-efficacy and response efficacy), was used.</p> <p>Perceived susceptibility varied based on perceptions of individual health status, background knowledge, and age-related risk. Some saw influenza as a minor nuisance; others viewed it as threatening and potentially deadly. Self-efficacy was related to vaccine accessibility and affordability. Some participants had confidence in the vaccine, some questioned its preventive ability or believed that the vaccine caused influenza, and others noted expected side effects.</p> <p>Given the correct and incorrect beliefs held by participants, effective messages to promote vaccination must provide sufficient information to induce both high levels of threat and belief in efficacy.</p>	Moderate
Wray, R. J., Jupka, K., Ross, W., Dotson, D., Whitworth, A. R., & Jacobsen, H. (2007). How can you improve vaccination rates among older African Americans? <i>The Journal of Family Practice, 56</i> (11), 925-929.	Nov 2007	Qualitative	Four focus groups (n=35) and 8 in-depth interviews with African Americans 50 years of age and older	<p>Focus groups and interviews were used to explore older African Americans' concerns about the flu vaccine.</p> <p>Fear of getting the flu from vaccination was widespread, as were concerns about interactions with medications and allergic reactions. Participants doubted vaccine effectiveness and distrusted both the vaccine and the healthcare system.</p> <p>The authors recommend that healthcare providers address vaccine efficacy, safety, side effects, and drug interactions.</p>	Low
Harris, L. M., Chin, N. P., Fiscella, K., & Humiston, S. (2006). Barrier to pneumococcal and influenza vaccinations in Black elderly communities: Mistrust. <i>Journal of the National Medical Association, 98</i> (10), 1678-1684.	Oct 2006	Qualitative	n=20 African Americans aged 65 years and older	<p>Semi-structured interviews were conducted to explore perspectives on influenza vaccination among vaccinated and unvaccinated individuals.</p> <p>Most vaccinated participants viewed vaccines as a preventive measure, while the unvaccinated group viewed vaccines as irrelevant to their health and believed vaccines caused illness.</p>	Moderate

				Willingness to be vaccinated was largely influenced by prior positive or negative experiences with healthcare systems.	
Sengupta, S., Corbie-Smith, G., Thrasher, A., & Strauss, R. P. (2004). African American elders' perceptions of the influenza vaccine in Durham, North Carolina . <i>North Carolina Medical Journal</i> , 65(4), 194-199.	Jul 2004	Qualitative	n=28 African Americans aged 65 years or older in North Carolina	<p>In-person interviews were used to explore community vaccination perceptions amongst older African Americans.</p> <p>Physician reminders increased vaccine uptake, as did positive beliefs that the vaccine prevents influenza.</p> <p>Community influences to not get vaccinated and fear of getting the flu from the vaccination decreased confidence.</p> <p>Primary care settings are important, as they are the most likely settings for influenza vaccinations.</p>	Moderate
Pneumococcal Vaccine					
Brown, T., Goldman, S. N., Acosta, F., Garrett, A. M., Lee, J. Y., Persell, S. D., & Cameron, K. A. (2017). Understanding Black patients' refusal of pneumococcal vaccination . <i>Journal of Racial and Ethnic Health Disparities</i> , 4(1), 1-8.	Dec 22, 2015	Mixed methods	n=40 African American primary care aged 65 years or over; 95 % female.	<p>In this mixed-method study, older adults surveyed reported that while most participants recognized pneumonia could be deadly, they also reported low perception of personal susceptibility. Participants perceived childhood vaccines to be safer than adult vaccines.</p> <p>In follow-up qualitative interviews, reasons for not accepting vaccination included low perceptions of personal susceptibility, fear of side effects, and mistrust.</p> <p>Strategies to increase vaccination uptake may need to emphasize individual susceptibility. Further, given the discrepancies in perceptions toward childhood versus adult vaccinations, focusing on vaccination across the lifespan may be a promising vaccine promotion strategy.</p>	High
Childhood Vaccines					
Shui, I., Kennedy, A., Wooten, K., Schwartz, B., & Gust, D. (2005). Factors influencing African-American mothers' concerns about immunization safety: A summary of focus group findings . <i>Journal of the National Medical Association</i> , 97(5), 657-666.	May 2005	Qualitative	n=53 African American mothers in 6 focus groups in Atlanta	<p>Focus groups were conducted to examine vaccine safety concerns of African American mothers who, despite concerns, have had their children vaccinated.</p> <p>Lack of information and mistrust of the medical community and government were reasons for low vaccine confidence.</p> <p>Reasons for vaccine uptake despite low confidence included social norms and/or laws requiring vaccination, and fear of consequences of not vaccinating.</p>	Moderate

				Suggestions given to improve vaccine confidence included improved provider communication and additional tailored information about the necessity and safety of vaccines.	
General Vaccination					
Privor-Dumm, L., & King, T. (2020). Community-based strategies to engage pastors can help address vaccine hesitancy and health disparities in Black communities . <i>Journal of Health Communication</i> , 25(10), 827-830.	Oct 2, 2020	Text & Opinion	African Americans	<p>The authors propose a community engagement framework for building vaccine trust and acceptance – leveraging the role of faith leaders and customizing messages to the specific issues that communities face.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Understanding the history and current context • Listening and having empathy • Engaging faith leaders as trusted messengers • Creating partnerships with shared responsibility and power • Co-creating solutions with faith leaders, communities, governments, and institutions to create sustainable, long-term change. <p>The authors believe faith leaders have an opportunity to facilitate discussion and information exchange, build trust, and develop measurable improvements.</p>	High

Tableau 3 : Les communautés noires, africaines, caribéennes en Amérique du Nord et en Europe : Études en cours

Reference	Anticipated Completion	Study Design	Participants	Summary
COVID-19 Vaccine				
Basharat Hussain, Asam Latif, Stephen Timmons, Kennedy Nkhoma. (2021). COVID-19 vaccine hesitancy in Black, Asian and minority ethnic groups in the UK: a rapid systematic review. PROSPERO 2021 CRD42021243083.	Apr 15, 2021	Systematic review	Black, Asian, and minority ethnic groups, United Kingdom	This rapid review will synthesize evidence from primary studies related to COVID-19 vaccine hesitancy, including strategies and interventions to improve uptake.
Meharry Medical College. (2021). COVID-19 vaccine hesitancy among African Americans. ClinicalTrials.gov, NCT04801030.	2021	Quasi-experimental	African Americans, Nashville / Davidson County, Tennessee, United States	This study will test the feasibility and impact of a multi-layered, culturally appropriate, social marketing intervention to increase vaccine confidence, uptake, and completion of multi-dose vaccine series among COVID-19 vaccine-hesitant individuals.

Tableau 4 : Les personnes sans abri ou qui se trouvent dans une situation précaire sur le plan du logement : Synthèses

Reference	Date Released	Participants, Setting	Summary of findings	Quality Rating:
General Vaccination				
Babando, J., Quesnel, D. A., Woodmass, K., Lomness, A., & Graham, J. R. (2021). Responding to pandemics and other disease outbreaks in homeless populations: A review of the literature and content analysis. <i>Health & Social Care in the Community</i> . Epub ahead of print.	Apr 6, 2021	Individuals experiencing homelessness	<p>This review conducted content analysis on 223 studies examining pandemic or outbreak response and planning for rapid-spread illnesses with contact spread in homeless populations. 11 studies were specific to vaccination strategies/</p> <p>The authors highlight the unique challenges for planning, implementing, and communicating pandemic-associated public health measures.</p> <p>The authors conclude that vaccines should be free; cost is one of the biggest barriers to uptake and may be facilitated by improved access to care, drop-in clinics in shelters, and good case management.</p> <p>Establishing incentives and education programs for service providers and recipients, strategies such as “blitzing” (e.g., offering influenza vaccines to a large cohort), and partnerships to administer vaccines (e.g., with faith-based organizations, local government, academic institutions) have also been shown to be successful.</p>	Moderate

Tableau 5 : Les personnes sans abri ou qui se trouvent dans une situation précaire sur le plan du logement : Études individuelles

Reference	Date Released	Study Design	Participants, Setting	Summary of findings	Quality Rating:
COVID-19 Vaccination					
Knight, K. R., Duke, M. R., Carey, C. A., Pruss, G., Garcia, C. M., Lightfoot, M., ... Kushel, M. (2021). "This is about the coolest thing I've ever seen is that you just showed right up." COVID-19 testing and vaccine acceptability among homeless-experienced adults: Qualitative data from two samples. Preprint.	Mar 20, 2021	Qualitative	n=94 adults who were currently or recently experience homelessness Oakland and San Francisco, California, United States	From Jul-Oct 2020, interviews were conducted with participants from an ongoing cohort study (n=37) and a convenience sample from a mobile outreach COVID-19 testing event (n=57). The authors used participant observation to document interview interactions and content analysis to identify major themes. Many participants indicated a willingness to be vaccinated. They were motivated by wanting to reunite with family or return to everyday activities (such as work), and/or by a sense of civic responsibility. Low vaccine confidence was due to a lack of vaccine trial data, negative experiences with other vaccines (e.g., concerns that vaccines make people sick), wanting others (e.g., public figures, trusted community members) to be vaccinated first, and/or government mistrust (including experiences of racism).	Moderate PREPRINT
Pneumococcal Vaccination					
Washington-Brown, L., & Cirilo, R. W. (2020). Advancing the health of homeless populations through vaccinations. <i>Journal of the American Association of Nurse Practitioners</i> . Epub ahead of print.	Oct 7, 2020	Case report	n=209 sheltered and unsheltered homeless adults, Miami-Dade County, United States	This case report describes the implementation of a successful five-step vaccination project delivered in shelters: 1. Train volunteer faculty/nurse practitioners, weekly 1-hour education sessions 2. Engage students to help with educational sessions 3. Enroll program into state health tracking system 4. Train nursing volunteers on vaccine storage, handling, and administration 5. Conduct post-vaccination survey to evaluate vaccine knowledge, adverse reactions >200 vaccines were administered in the first 3 months, and the project has since expanded to include influenza, tetanus, diphtheria and pertussis, and hepatitis A vaccinations.	High

General Vaccinations					
<p>Doroshenko, A., Hatchette, J., Halperin, S. A., MacDonald, N. E., & Graham, J. E. (2012). Challenges to immunization: The experiences of homeless youth. <i>BMC Public Health</i>, 12, 338.</p>	<p>May 8, 2012</p>	<p>Qualitative</p>	<p>n=29 youth experiencing homelessness</p>	<p>This study explored knowledge, attitudes, beliefs, and experiences related to vaccination among youth experiencing homelessness.</p> <p>Youth acknowledged the protective mechanisms of vaccines. Most reported getting vaccinations despite being unsure as to their effectiveness. They often complied with health professional advice to be vaccinated.</p> <p>Immunizations are not a priority for youth because other personal challenges take precedence (e.g., food, finding a place to sleep).</p> <p>Barriers to vaccination uptake:</p> <ul style="list-style-type: none"> • Lack of information from healthcare providers • Uncertainty among providers about youth qualifying for free vaccines • Cost • Lack of access to immunization services <p>Strategies to improve immunization:</p> <ul style="list-style-type: none"> • Outreach via media: better advertisement of time and location of free clinics via public/commercial locations (e.g., buses, grocery store pamphlets); ensure messaging is framed positively • Youth friendly healthcare systems: thinking outside the box to accommodate their unique needs • Improved access: using shelters as access point for vaccinations 	<p>Moderate</p>

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