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Abstract Title

COVID-19 Vaccine Initiation During Pregnancy by Immigration Status: A Population-Based Study in Manitoba, Canada

Authors

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Background

Vaccine uptake during pregnancy remains an important maternal and child health issue, with disparities reported across various sociodemographic groups. However, evidence on COVID-19 vaccine uptake during pregnancy by immigration status in Canada remains limited.

Objective

To examine temporal trends in COVID-19 vaccine initiation and identify associated factors, with a focus on immigration status.

Methods

We conducted a population-based retrospective cohort study using linked administrative health data to identify pregnancies in Manitoba between December 2020 and March 2024. Vaccine initiation was defined as receipt of a first COVID-19 vaccine dose during pregnancy among individuals who were vaccine-naïve at the start of pregnancy. Monthly initiation rates were calculated overall and by immigration status. Modified Poisson regression was used to estimate adjusted incidence rate ratios (aIRRs) and 95% confidence intervals (CIs) for factors associated with vaccine initiation.

Results

Among 33,819 pregnancies, 9,614 (28.4%) initiated COVID-19 vaccination during pregnancy. Monthly initiation increased from 0.04% in December 2020 to a peak of 23.9% in May 2021, followed by a decline. During the early vaccine rollout, initiation among immigrants was 1.8% vs. 4.2% among non-immigrants in March 2021 and 1.5% vs. 6.5% in April 2021. By May 2021, initiation was similar between immigrants and non-immigrants (23.6% vs. 24.0%). After adjustment for measured covariates, immigrants had a 27% lower rate of vaccine initiation than non-immigrants (aIRR 0.73, 95% CI 0.69–0.76).

Conclusion

This population-based study demonstrates differences in COVID-19 vaccine initiation during pregnancy by immigration status across the vaccine rollout. The findings contribute to the evidence on disparities in maternal vaccination and support further research into factors underlying these differences to inform equitable vaccination strategies.