

ABSTRACT

Background: Globally, an estimated 2 billion persons are exposed to HBV infection and another 400 million of these individuals exposed are living with Chronic Hepatitis B infection, with 248 million chronic carriers particularly in the developing countries. The WHO estimates indicate that 90% of HBV related deaths are associated with chronic HBV infection while less than 10% are associated with acute infection. In Uganda 3.5 million (10%) of the exposed population are infected with HBV, 30% of those infected are chronically ill and requires treatment and 16 million are eligible for vaccination of which 9.24% have been screened to be positive across the country. Presently, by region HBV prevalence in Uganda is range as follows; north east 23.9%, North-Central 20.7%, West Nile 18.5%, Western 10%, Kampala 5.3%, Central 6.2% while South-West with 3.8% (MOH, 2013; Ocama, 2014). HBV infection is real and exists in Soroti Municipality, Soroti District though there is limited scientific evidence to support the claim. The government initiative to vaccinate eligible adults in the municipality against HBV is on-going but this has not significantly altered the trend of HBV infection rates.

Methods: This study set out to assess determinants of uptake of HBV Vaccine among adults in Soroti Municipality, Soroti district. A descriptive cross sectional study to assess uptake of HBV vaccine among adults in Soroti Municipality was adopted, only quantitative data was collected. Primary data was collected alongside review of literature. The study population were adults of age 18 years and above who had received at least one dose of the HBV vaccine during the HBV vaccination campaign in Soroti Municipality. A sample size of 382. Probability sampling was used to establish the sample size. The dependent variable was "Uptake of HBV vaccination, while the Independent Variables in the study were Individual Attributes, Community Systems and Health Services Factors. Structured questionnaires were used; data analysis was done at Univariate, Bivariate and Multivariate levels. Research committee clearance was sought.

Results: Only 57.43% of 249 respondents had vaccinated. Respondents who received four doses of the vaccine were 10 times most likely to go for HBV vaccination OR=10.181; 95% CI (1.78-58.218) (p=0.009). Respondents who got their next vaccine dose for more than six months were 44 times most likely to go for another vaccination compared to those whose got after some months OR=44.774; 95% CI (1.030-1947) (p=0.048). Respondents who revealed that they don't know when they got their next dose were 5 times more likely to get another compared to those who received their next dose after one month OR=5.187; 95% CI (1.254-21.448) (0.0235) and OR=4.727; 95% CI (1.063-21.023) (p=0.041). Respondents who spent more than five hours to be screened were 28 times most likely to quit HBV vaccination compared to those who take less than that time OR=28.981; 95% CI (2.327-360.897) (p=0.009). Respondents who reported unavailability of vaccine at the health facility were 0.011 times less likely to be vaccinated compared to those who faced other barriers OR=0.011; 95% CI (0.000-0.0639) while respondents who reported syringes out of stock had 0.046 times less odds of being vaccinated unlike those who were not hindered by factors OR=0.046; 95% CI (0.011-0.198) (p=0.000). Support from local leaders on HBV vaccination $\chi^2=11.697$ (0.001), the kind of support offered by local leaders $\chi^2=15.817$ (p=0.007), community members awareness about HBV $\chi^2=8.44$ (0.004). Vaccination awareness conducted was also found influential $\chi^2=6.905$ (p=0.009), and community perception in regards to HBV vaccination uptake $\chi^2=10.921$ (p=0.012). Respondents who completed their doses to HBV vaccination uptake $\chi^2=19.238$ (0.000); respondents who revealed it's important to vaccinate against HBV with $\chi^2=14.071$ (p=0.007); HBV vaccination uptake among adults was influenced by

number of doses the respondent had received $\chi^2=15.798(p=0.003)$ and period taken to get the next dose $\chi^2=49.756(p=0.000)$.

Conclusion: Only 57.43% of 249 respondents had vaccinated. Number of doses a respondent had received, support from local leaders on HBV vaccination and the kind of support, vaccination awareness, number of doses received, not knowing where to get the next dose, individuals who spent more than five hours to be screened, existing barriers to vaccination, unavailability of vaccine at the health and syringes out of stock were some associated with uptake of the HBV vaccine.