NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
Not applicable: this update did not include a scoping process.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
Age There was evidence that some of the principal features of Kawasaki disease were less common in children under the age of 1, and this was consistent with the committee's experiences that 'incomplete' Kawasaki disease is more common in this group. This might mean that children under 1 are more likely to be diagnosed with Kawasaki disease late in the course of their disease. The committee addressed this by recommending that clinicians should be aware that children under 1 may present with fewer clinical features in addition to fever but may be at higher risk of coronary artery abnormalities. By being aware of this information, clinicians will be more likely to think about Kawasaki disease in children under the age of 1, even when few principal features are present. **Race** The committee were aware of evidence to suggest that Kawasaki disease is more common in people of some ethnicities (for example people of Asian family origin). The committee considered making a specific recommendation that clinicians should be aware that Kawasaki disease is more common in people of certain ethnicities. However, such a recommendation would be outside the scope of the evidence review, which was about signs and symptoms of Kawasaki disease rather than risk factors, so evidence about the relation between ethnicity and Kawasaki disease was not reviewed. The recommendation to think about Kawasaki disease in children with fever lasting 5 days or more is applicable to children from all ethnic groups.

3.3 Have the Committee’s considerations of equality issues been described in the guideline for consultation, and, if so, where?
Yes – in the ‘benefits and harms’ and “other factors the committee took into account” sections of the committee’s discussion of the evidence. The impact of age on the incidence of incomplete Kawasaki disease is discussed and a recommendation was made that clinicians should be aware that children under 1 may present with fewer clinical features in addition to fever but may be at higher risk of coronary artery abnormalities. The impact of ethnicity on the incidence of Kawasaki disease is also discussed, and the reasons that the committee did not make a recommendation specifically about ethnicity are explained.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No, the preliminary recommendations should not make it more difficult for particular groups to access services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No, the committee do not anticipate this to be the case.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE’s obligation to advance equality?
The issues identified by the committee have already been addressed.

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Approved by NICE quality assurance lead: Nichole Taske

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