NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Vaccines uptake in the general population

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)
No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

• Age
  ○ Although not included in the population, babies who are not yet eligible for vaccines are susceptible to infectious diseases and would therefore be affected by this guideline.
• Disability
  ○ People with chronic health conditions are more likely to develop complications, including long-term illness, leading to hospitalisation, and even death, from certain vaccine-preventable diseases.
  ○ In addition, some people (for example those having chemotherapy or with

autoimmune diseases) may not be eligible for vaccines but are susceptible to infectious diseases, therefore would be affected by this guideline.

    - Children in hospital long term – there is some evidence that children who have been hospitalised for long periods of time may miss their routine vaccinations.

    - People with learning disabilities – there is some evidence that people with learning disabilities are under vaccinated. For example, some people with learning disabilities are anxious about needles and may get distressed at the thought of having an injection. Alternatives such as nasal sprays may not exist for all vaccines.

- Gender reassignment

    - The committee raised that gender reassignment may need specific consideration as they explained that there may be acceptability issues as the HPV vaccine may be perceived as a “female” vaccine until gender neutral uptake has normalised. Similarly, there may be access issues as well for those individuals who were born female but identify as male at age 12/13 when HPV is offered.

- Pregnancy and maternity

    - In terms of opportunistic catch-up vaccine campaigns, specific consideration may need to be given to women who are pregnant because if a vaccine involves the use of a live version of the virus, such as the MMR vaccine, pregnant women are usually advised to wait until after the baby is born before getting vaccinated. This is because there is a potential risk that live vaccines could cause the unborn baby to become infected.

- Race

    - There is some evidence from studies reporting lower vaccine uptake in ethnic minority groups, although in some cases this was mediated by lower health literacy levels.

- Religion or belief

    - Some people due to their religion or belief are under-vaccinated or un-vaccinated, therefore specific recommendations may need to consider these groups.

- Sex

    - None

- Sexual orientation

    - None

- Socio-economic factors

    - There is evidence that people from low socio-economic groups have lower vaccine uptake compared to the general population. However, this is often

linked to access issues and need to pay for vaccines. As vaccines are free in the UK, the reasons for low uptake are linked to the evidence that people from lower socio-economic groups tend to have a disproportionately higher prevalence of chronic conditions compared to the general population. Since those in clinical risk groups have lower overall uptake, then those who are socioeconomically disadvantaged may also have a disproportionately low uptake.

- In addition, there is evidence to show that these groups have low health literacy, which is linked to lower use of preventative health services.
- There is evidence that in the UK, for specific vaccines, such as measles, mumps and rubella, uptake is the lowest in the most affluent.

- Other definable characteristics:
  - Newly arrived migrants (including refugees, asylum seekers and unaccompanied asylum-seeking children, irregular migrants):
    - Some migrants including refugees, asylum seekers, unaccompanied asylum-seeking children and irregular migrants may be un-vaccinated or under-vaccinated compared to the UK vaccination schedule. Due to this, specific consideration will need to be given to this group throughout the guideline development process.
    - The 2017/2018 pan-European measles epidemic involved internal EU/EEA migrants moving between countries, so it is important to consider this group alongside migrants arriving from outside of the EU/EEA.
  - Gypsy, Roma and Travellers:
    - There is evidence from studies reporting that there is lower vaccine uptake in traveller children and adults. There is some evidence suggesting that engagement with primary care from this community is limited.
  - Health and social care professionals:
    - It is important for health and social care staff to be up to date with vaccines as they are in regular contact with groups that are vulnerable to communicable infections.
  - Carers:
    - Like frontline health and social care staff, carers are also in regular and close contact with groups that are vulnerable to communicable infections, including older people, people with a disability and people with chronic health conditions. They are also at increased risk of passing infections to or contracting infections from the person with care needs.
  - Homeless people

- Homeless people make up one of the most medically underserved populations with limited access to health care. Vaccination rates are not known but thought to be very low.

- Looked-after children
    - There is some evidence that looked-after children are at increased risk of not being fully immunised. At 31 March 2017, 84% of looked after children were reported as being up to date with their immunisations, compared to 87% in 2016 and 88% in 2015. Older children were less likely to be up to date, with 75% of those aged 16 years and over being up to date with immunisations, a slight fall from 78% in 2016 and 79% in 2015. The apparent decrease in immunisations up to date could be due to the increased numbers of unaccompanied asylum-seeking children.
- People with low levels of literacy/health literacy
    - Health literacy is linked to literacy and entails people's knowledge, motivation, and competence to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during the life course. People with low levels of literacy and/or health literacy are likely therefore to be under-vaccinated,.
- People with food allergies
    - There is some evidence to suggest that people with food allergies may be hesitant to take up vaccines as they believe food proteins in vaccines may contain enough allergens to cause anaphylaxis.
- People who use drugs
    - There is some evidence to suggest that people who use drugs may be under-vaccinated as they are most likely to be in a transient community or homeless, and therefore less likely to engage with healthcare services.
- People in prison or secure setting
    - The prison population is at a high risk for acquiring vaccine-preventable diseases. Vaccination programmes are therefore extremely important for this population. Vaccination rates are not known but thought to be lower than the general population.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

Pregnancy and maternity, people who have gone through or undergoing gender reassignment, newly arrived migrants, socio-economic factors, religion, culture and belief, people with chronic health conditions or complex medical needs, children in hospital long term, people with learning disabilities, Gypsy, Roma and Travellers, race and ethnicity, health and social care professionals and carers, homeless people, looked after children, people with food allergies, people with low levels of literacy or health literacy and people in a secure setting; specific recommendations may need to be made for these groups.

In addition, babies and those people who are not able to have vaccines are not directly covered but will be affected by this guideline.

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Approved by NICE quality assurance lead: Simon Ellis

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