

Vaccination Equity Strategy for Wales



Mae Brechu yn achub bywydau
Vaccination saves lives

within communities and wider society in addition to structural issues such as access and convenience of vaccination service delivery.

The WHO (2014) describe vaccine hesitancy as resulting from one or combination of three factors:

- **Confidence** – the level of trust in the safety and effectiveness of the vaccine itself and the provider of the vaccination
- **Complacency** – indicates a perception that the vaccination is not needed or that the illness it prevents is not serious
- **Convenience** – delivery of the vaccine in a convenient setting that is easy for parents and children to access

Recent UK survey data provides insights into vaccine hesitancy in minority ethnic groups. YouGov (2021b) report that of people from Black, Asian and Minority Ethnic backgrounds who wouldn't take a vaccine 45% say it is because they don't know enough about the vaccine with 37% saying they think vaccines are unsafe.

In Wales there is emerging evidence that attitudes to vaccination are impacting on uptake of vaccination in some groups. A report from the Communicable Disease Surveillance Service, Public Health Wales (2021b) identified that there is an **inequity gap in uptake of vaccination** between people who live in the **most deprived communities** in Wales compared to those who live in the **least deprived communities**. In the over 80's, 75-79 years and 70-74 years the uptake gap is 5.7%, 4.4% and 5.2% respectively (PHW 2021c). The vaccination uptake gap is even starker when comparing uptake in **minority ethnic groups** compared to people of **white ethnicity**. In the over 80's there is a difference of 14.1% with those from Black, Asian, Mixed and Other ethnic groups having an average uptake of 71.5% compared to 85.6% in over 80's from a white ethnic background (PHW 2021b).

Inequity gaps exist in routine childhood vaccination programmes in Wales (PHW 2019) and routine adult vaccination programmes in the UK (UK Government 2020). Action is needed now to ensure that these emerging inequities do not become embedded within the COVID-19 vaccination programme.

Section 3: What have we done so far

Local health boards are aware of their responsibilities to undertake an **equality health impact assessment (EHIA)** and have put in place reasonable adjustments to enable people with protected characteristics, such as disabilities, to safely and easily access the service they provide. This will include access to BSL interpreters, disabled access, provision of toilets and suitable private spaces. EHIA require regular review as the vaccination programme model of delivery adapts with progression through the priority groups. This will ensure that consideration has been given to delivering the service in a culturally sensitive way that meets the needs of their local population including those in under-served groups.

Local health boards through their local public health teams and immunisation teams are experienced in adapting and tailoring vaccination programmes to address the needs within their communities using evidence based recommendations (NICE 2017).