# Evidence Search Service Results of your search request

## People from BAME communities refusing vaccines

**ID of request:** 27412  
**Date of request:** 3rd February, 2021  
**Date of completion:** 16th February, 2021

If you would like to request any articles or any further help, please contact:  Frankie Marcelline at [francesca.marcelline@nhs.net](mailto:francesca.marcelline@nhs.net)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: People from BAME communities refusing vaccines. Frankie Marcelline. (16th February, 2021). BRIGHTON, UK: Brighton and Sussex Library and Knowledge Service.

**Sources searched**  
EMBASE (12)  
Google (7)  
Gov.uk (1)  
Journal of Public Health (2)  
PubMed (1)  
Public Health England (PHE) (2)  
The Guardian (2)  
The Washington Post (2)  
World Health Organization (WHO) European Region (1)

**Date range used** (5 years, 10 years): None   
**Limits used** (gender, article/study type, etc.): None   
**Search terms and notes** (full search strategy for database searches below):

**Google search terms:**

BAME/ BME

vaccine/ vaccination

hesitancy

mistrust

medical racism

racism in healthcare

Tuskegee

For more information about the resources please go to: <https://www.bsuh.nhs.uk/library/>.

## Summary of Results

This evidence search report looks for research relating to people from Black, Asian and minority ethnic (BAME) communities who refuse vaccines. The search also touches on articles relating to the exploitation by the medical community on people from minority ethnic communities being used in experimentation medical trials (historical).

Key document from the Scientific Advisory Group for Emergencies (SAGE): Factors influencing COVID-19 vaccine uptake among minority ethnic groups, 17 December 2020.

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Fishawack Health

[Mistrust in medical research: a patient perspective.](#Research846140)

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[Fewer black and Filipino NHS staff vaccinated amid ‘hesitancy’ concern.](#Research846077)

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## A. National and International Guidance

#### World Health Organization (WHO)

**Vaccination and trust: How concerns arise and the role of communication in mitigating crises.** (2017)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=17136146e29cba25f507a6fa8f8b4c6a)

When situations occur in which unwanted events are rightly or wrongly connected with vaccination, they may erode confidence in vaccines and the authorities delivering them. This document presents the scientific evidence behind WHO’s recommendations on building and restoring confidence in vaccines and vaccination, both in ongoing work and during crises. The evidence draws on a vast reserve of laboratory research and fieldwork within psychology and communication. It examines how people make decisions about vaccination; why some people are hesitant about vaccination; and the factors that drive a crisis, covering how building trust, listening to and understanding people, building relations, communicating risk and shaping messages to the audiences may mitigate crises. This document provides a knowledge base for stakeholders who develop communication strategies or facilitate workshops on communication and trust-building activities in relation to vaccines and immunization, such as immunization programme units, ministries of health, public relations and health promotion units, vaccine safety communication trainers and immunization advisory bodies.

## B. Synopses or Summaries

#### BMJ Best Practice

**Ethnic disparities in maternal care.** (2020)

Anekwe L.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b67de8d3cfa4a8dd1f94adce7a318909)

Black and ethnic minority women are paying with their lives for the lack of action on racial bias. Maternal health—or lack of it—is one of the starkest examples of racial health inequalities in the United Kingdom and in the United States. Work in the UK by University of Oxford researchers found that between 2014 and 2016 the rate of maternal death in pregnancy was 8 in 100 000 white women, compared with 15 in 100 000 Asian women and 40 in 100 000 black women. It’s a similar picture in the US, where African-American, Native American, and Alaska native women die of pregnancy related causes at a rate three times that of white women, according to a May 2019 report by the Centers for Disease Control.

#### Health Communication

**Considering Emotion in COVID-19 Vaccine Communication: Addressing Vaccine Hesitancy and Fostering Vaccine Confidence.** (2020)

Wen-Ying Sylvia Chou & Alexandra Budenz

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=87ae09ffb721536e320c6942fa513795)

Long-term control of the COVID-19 pandemic hinges in part on the development and uptake of a preventive vaccine. In addition to a segment of population that refuses vaccines, the novelty of the disease and concerns over safety and efficacy of the vaccine have a sizable proportion of the U.S. indicating reluctance to getting vaccinated against COVID-19. Among various efforts to address vaccine hesitancy and foster vaccine confidence, evidence-based communication strategies are critical. There are opportunities to consider the role of emotion in communication efforts. In this commentary, we highlight several ways negative as well as positive emotions may be considered and leveraged. Examples include attending to negative emotions such as fear and anxiety, raising awareness of emotional manipulations by anti-vaccine disinformation efforts, and activating positive emotions such as altruism and hope as part of vaccine education endeavors.

#### History.com

**Tuskegee Experiment: The Infamous Syphilis Study.** (2020)

Nix, E.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2c6db54f41d298263bbcd83ac7cea7ba)

The Tuskegee experiment began in 1932, at at a time when there was no known treatment for syphilis, a contagious venereal disease. After being recruited by the promise of free medical care, 600 African American men in Macon County, Alabama were enrolled in the project, which aimed to study the full progression of the disease.

#### Journal of Public Health

**Building public trust: a response to COVID-19 vaccine hesitancy predicament.** (2021)

Raymond John D. Vergara, Philip Joseph D. Sarmiento, James Darwin N. Lagman

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5dd7453a97a1b20533772bcf34bbc5e6)

With the rollout of vaccines against COVID-19, an optimistic and a negative attitude among people have arisen. Surprisingly, surveys among people reveal that there is a significant rate of distrust against the vaccines. In a recent short report published in this journal, vaccine hesitancy was found out among medical students. Hence, wide array of research has been springing, recommending various approaches in assisting authorities deal with vaccine hesitancy such as proper and effective strategic communication as a solution. This study suggests however that a more ‘localized’ public education and role-modelling from public officials and health authorities can help a lot in building public trust. The study aims to contribute to the further development of public health mechanisms in the rolling-out and distribution of vaccines against COVID-19. Keywords: COVID-19, public health, public trust, vaccine hesitancy

**The views of ethnic minority and vulnerable communities towards participation in COVID-19 vaccine trials.** (2020)

Winifred Ekezie, Barbara M. Czyznikowska, Sundeep Rohit, Julian Harrison, Nasima Miah, Pamela Campbell-Morris, Kamlesh Khunti

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c86fa36cac4dcd6c522ea2925e0d02fd)

The COVID-19 pandemic has disproportionately affected Black, Asian and minority ethnic populations and vulnerable groups. Ethnic minority communities have 10–50% higher mortality risk compared with those of white ethnicity in the UK and USA. Those with mental health conditions, homeless people and vulnerable migrants are also at high risk. If successful, vaccination will provide protection and management of COVID-19, and to ensure optimal uptake and efficacy of vaccination programmes, the involvement of high-risk groups in vaccine trials is crucial. Ethnic minority individuals are, however, generally underrepresented in medical research, and researchers are actively seeking approaches to include more ethnic minorities in COVID-19 vaccine trials. There is, therefore, a pressing need to explore perceptions towards participation in vaccine trials amongst ethnic minority and vulnerable communities towards achieving higher recruitment rates.

**The integration of emergency language services in COVID-19 response: a call for the linguistic turn in public health.** (2020)

Jeconiah Louis Dreisbach, Sharon Mendoza-Dreisbach

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f6c4497bc3230ac0fbf066821775643d)

Linguistic barriers in health services on a multilingual society could bring patients to a life-threatening situation as they might not be able to express their symptoms to a healthcare provider or a medical professional. Earlier studies published in this journal prove that overcoming linguistic barriers create trust and participation among patients belong to minority groups and reduces patient nonattendance in required medical treatments necessary for their illnesses’ remedy.

#### Pew Research Center

**Intent to Get a COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases.** (2020)

Funk C.,Tyson A.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=803562a023f97d527428100b6676bc57)

The toll of the pandemic is starkly illustrated by the 54% of Americans who say they know someone personally who has been hospitalized or died due to the coronavirus. Among Black Americans, 71% know someone who has been hospitalized or died because of COVID-19. This survey sheds light on the complex and interrelated factors that shape intent to get a vaccine for COVID-19.

#### Scientific Advisory Group for Emergencies (SAGE)

**Factors influencing COVID-19 vaccine uptake among minority ethnic groups, 17 December 2020.** (2021)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0a64d868853a5b8d799764cf81a11399)

Paper prepared by the ethnicity sub-group of the Scientific Advisory Group for Emergencies (SAGE). Paper by the ethnicity sub-group on factors influencing COVID-19 vaccine uptake among minority ethnic groups. It was considered at SAGE 73 on 17 December 2020. The paper is the assessment of the evidence at the time of writing. As new evidence or data emerges, SAGE updates its advice accordingly. These documents are released as pre-print publications that have provided the government with rapid evidence during an emergency. These documents have not been peer-reviewed and there is no restriction on authors submitting and publishing this evidence in peer-reviewed journals. Published 15 January 2021.

#### The Lancet

**The COVID-19 vaccines rush: participatory community engagement matters more than ever.** (2021)

Burgess, Rochelle Ann et al.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7a9dcb5023808e3f270c69e3dea32add)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0948cc707acf05cfba4ad572079255e7)

From the outset it is important to distinguish between people wholly opposed to vaccination (anti-vaxxers) and individuals with limited or inaccurate health information or who have genuine concerns and questions about any given vaccine, its safety, and the extent to which it is being deployed in their interests before accepting it (vaccine hesitancy). In conflating and problematising the spectrum of those who do not accept vaccination, authorities might further erode trust and confidence, thereby exacerbating rather than resolving the factors underlying vaccine hesitancy. COVID-19 vaccines arrive as the social contract between some governments and their populations is being eroded and when many people, especially those in vulnerable groups, have little confidence that their government will protect them. In the UK, for example, a parliamentary report highlighted that more than 60% of Black people do not believe that their health is protected by the National Health Service to the same extent as White people.

## C. Institutional Publications

#### BBC Health News

**Fake Covid videos 'will cost lives'.** (2021)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=935a1c02c45a2937ea69a5a8cf8ed0a0)

The Royal College of Physicians is urging people not to share and "copycat" "dangerous" videos claiming steam inhalation can prevent Covid-19. The BBC has found that alternative coronavirus treatments are being sent on chat apps like WhatsApp, as well as being widely available on social media. BBC reporter Sima Kotecha has tracked the origins of one of these false videos to the state of Gujarat in India.

#### Fishawack Health

**Mistrust in medical research: a patient perspective.** (2021)

Bharadia T.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a7c2f8a6465256d6351fef8636d1f5c5)

The recent development of several COVID-19 vaccines has placed medical research firmly in the spotlight, highlighting public confusion and misinformation about clinical trials. Patient advocate, Trishna Bharadia reveals what the life sciences industry can do to rebuild trust.

#### Health Service Journal (HSJ)

**Fewer black and Filipino NHS staff vaccinated amid ‘hesitancy’ concern.** (2021)

Clover B.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0edbe6800973b6adfa2428429dd60978)

Guy’s and St Thomas’ Foundation Trust has reported substantially lower covid vaccine uptake among its black African, black Caribbean and Filipino staff so far, citing ‘vaccine hesitancy’. The Trust’s board heard yesterday that while overall 80 per cent of its staff had been vaccinated, the rate was around a quarter among black-African and black-Caribbean staff, and lower still for Filipino staff. The trust confirmed that of Asian staff groups, Bangladeshi employees were least vaccinated so far. Other London trust directors have also reported to HSJ a disparity in the take-up of the vaccine between different ethnic groups.

#### The Conversation

**Black people have a long history of poor medical treatment – no wonder many are hesitant to take COVID vaccines.** (2020)

Witchalls C.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=785a176ed13b559183232d89fbac3197)

A significant portion of the population – in the UK and elsewhere – are hesitant about taking any of the new COVID-19 vaccines. This is particularly true of many Black people, despite being in the group most likely to die when infected with the virus in both the US and UK.

#### The Washington Post

**Years of medical abuse make Black Americans less likely to trust the coronavirus vaccine.** (2020)

Royles D.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b1d64f936fd0d39d54c08e3f935352b6)

Suspicion of the coronavirus vaccines among many segments of the Black population is tied to a widespread lack of trust in mainstream medicine. The root of the problem lies not in Black communities themselves, but in a medical system that has historically dehumanized them and continues to do so. The result is that the history of medical racism in the United States presents a significant barrier to anything approaching equitable care in the present and future.

#### Time

**Fueled by a History of Mistreatment, Black Americans Distrust the New COVID-19 Vaccines.** (2021)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=be8410fa001ae8e6b02f2c850c6519a2)

There is real concern that the distrust public health officials face with Black Americans could impact the country’s ability to reach that goal. According to a late-August/early-September poll by the Kaiser Family Foundation and The Undefeated, some 70% of Black Americans believe that people are treated unfairly based on race or ethnicity when they seek medical care. It’s a feeling born of unequal access to care and intensified by the pandemic, which is disproportionately ravaging Black lives both physically and economically.

## D. Original Research

1. **Association of demographic and occupational factors with SARS-CoV-2 vaccine uptake in a multi-ethnic UK healthcare workforce: a rapid real-world analysis.**  
   Christopher A. Martin medRxiv 2021;:1-19.

This article is a preprint and has not been certified by peer review. Background: Healthcare workers (HCWs) and ethnic minority groups are at increased risk of COVID-19 infection and adverse outcome. Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) vaccination is now available for frontline UK HCWs; however, demographic/occupational associations with vaccine uptake in this cohort are unknown. We sought to establish these associations in a large UK hospital workforce. Methods: We conducted cross-sectional surveillance examining vaccine uptake amongst all staff at University Hospitals of Leicester NHS Trust. We examined proportions of vaccinated staff stratified by demographic factors, occupation and previous COVID-19 test results (serology/PCR) and used logistic regression to identify predictors of vaccination status after adjustment for confounders. Findings: We included 19,044 HCWs; 12,278 (64.5%) had received SARS-CoV-2 vaccination. Compared to White HCWs (70.9% vaccinated), a significantly smaller proportion of ethnic minority HCWs were vaccinated (South Asian 58.5%, Black 36.8% p<0.001 for both). After adjustment, factors found to be negatively associated with vaccine uptake were; younger age, female sex, increasing deprivation and belonging to any non-White ethnic group (Black: aOR0.30, 95%CI 0.26 - 0.34, South Asian:0.67, 0.62 - 0.72). Allied health professionals and administrative/executive staff were more likely to be vaccinated than doctors. Interpretation: Ethnic minority HCWs and those from more deprived areas as well as those from particular occupational groups are less likely to take up SARS-CoV-2 vaccination. These findings have major implications for the delivery of SARS-CoV-2 vaccination programmes, in HCWs and the wider population and should inform the national vaccination programme to prevent the disparities of the pandemic from widening. Funding NIHR, UKRI/MRC. [The second URL links to a related article in The Guardian: Vaccine hesitancy in some health workers in England 'may undermine rollout'.]

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b62e1406048ee7f02766ed3eaf140299)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=188b0858b126d0df154b03521d6ac0a7)

1. **Black US doctor is fired after complaint about talk on racism in medicine**  
   Lenzer J. BMJ (Clinical research ed.) 2021;372:No page numbers.

A doctor has been fired from her “dream job” as a small group facilitator at a medical school in California after she shared personal and historical incidents of racism during a talk with students.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d3ac395862c010d784badc2efe0aabf0)

1. **Predictors of COVID-19 vaccine hesitancy in the UK Household Longitudinal Study.**  
   Elaine Robertson medRxiv 2021;:1-26.

This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice. Background: Vaccination is crucial to address the COVID-19 pandemic but vaccine hesitancy could undermine control efforts. We aimed to investigate the prevalence of COVID-19 vaccine hesitancy in the UK population, identify which population subgroups are more likely to be vaccine hesitant, and report stated reasons for vaccine hesitancy. Methods: Nationally representative survey data from 12,035 participants were collected from 24th November to 1st December 2020 for wave 6 of the ‘Understanding Society’ COVID-19 web survey. Participants were asked how likely or unlikely they would be to have a vaccine if offered and their main reason for hesitancy. Cross-sectional analysis assessed prevalence of vaccine hesitancy and logistic regression models conducted. Findings: Overall intention to be vaccinated was high (82% likely/very likely). Vaccine hesitancy was higher in women (21.0% vs 14.7%), younger age groups (26.5% in 16-24 year olds vs 4.5% in 75+) and less educated (18.6% no qualifications vs 13.2% degree qualified). Vaccine hesitancy was particularly high in Black (71.8%), Pakistani/Bangladeshi (42.3%), Mixed (32.4%) and non-UK/Irish White (26.4%) ethnic groups. Fully adjusted models showed gender, education and ethnicity were independently associated with vaccine hesitancy. Odds ratios for vaccine hesitancy were 12.96 (95% CI:7.34, 22.89) in the Black/Black British and 2.31 (95% CI:1.55, 3.44) in Pakistani/Bangladeshi ethnic groups (compared to White British/Irish ethnicity) and 3.24 (95%CI:1.93, 5.45) for people with no qualifications compared to degree educated. The main reason for hesitancy was fears over unknown future effects. Interpretation: Older people at greatest COVID-19 mortality risk expressed the greatest willingness to be vaccinated but Black and Pakistani/Bangladeshi ethnic groups had greater vaccine hesitancy. Vaccine programmes should prioritise measures to improve uptake in specific minority ethnic groups. [The second URL links to a related article from The Guardian: Covid vaccine: 72% of black people unlikely to have jab, UK survey finds.]

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e0c7d200f71d4ac6c4527017ce79aa5b)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=bbf5db74d462be51b7f27d09bfee5d09)

1. **Time to dismantle systemic anti-Black racism in medicine in Canada**  
   Dryden O.S. CMAJ 2021;193(2):No page numbers.

KEY POINTS Anti-Black racism is a specific form of racism, rooted in the history and experience of enslavement, that is targeted against Black people. Disparities between Black people and other groups with respect to medical conditions and risk factors are not explained by biological differences between “races.” The field of medicine can no longer deny or overlook the existence of systemic anti-Black racism in Canada and how it affects the health of Black people and communities. We can address, confront and interrupt anti-Black racism in medicine by taking direction from leading experts both within and outside our profession. An easy step is to pay attention to the conversations Black people are having in our communities, including patients and health care professionals.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1fb96f71f9164486e58f93bbb8af610e)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=dd308d2af2b55253434f2c334b1189e8)

1. **Trends, regional variation, and clinical characteristics of COVID-19 vaccine recipients: a retrospective cohort study in 23.4 million patients using OpenSAFELY.**  
   The OpenSAFELY Collaborative medRxiv 2021;:1-23.

This article is a preprint and has not been peer-reviewed. Background On December 8th 2020, NHS England administered the first COVID-19 vaccination as part of an ambitious vaccination programme during a global health emergency. Aims To develop a framework for detailed near-real-time monitoring of COVID-19 vaccine roll-out; to describe trends and variation in coverage by geographic area, and between key clinical and demographic patient groups. Methods Working on behalf of NHS England we used routine clinical data from 23.4 million patients to conduct a retrospective cohort study of comprehensive electronic health record data in NHS England, using the OpenSAFELY-TPP platform which covers approximately 40% of the general population in England with weekly data updates. We developed algorithms to identify key demographic and clinical sub-groups within this population and generated descriptive statistics on proportion of eligible patients receiving the vaccine among key Joint Committee on Vaccination and Immunisation (JCVI) target groups. Results Between December 8th and January 13th 961,580 people out of 23.4m in our dataset received a COVID-19 vaccine. Of 1,160,062 patients aged 80 or over and not living in a care home (currently targeted by JCVI) 476,375 had been vaccinated in total (41.1%). We observed a substantial divergence in vaccination by ethnicity within this group (White 42.5% vaccinated, Black 20.5%) and across rankings of deprivation (least deprived 44.7%, most deprived 37.9%). Patients with pre-existing medical conditions were equally likely, or more likely, to have received a vaccine across most co-morbidity groups with two exceptions: severe mental illness (30.3% vaccinated) and learning disability (28.1%). We identify substantial variation in vaccination among the over-80s between Sustainability and Transformation Partnerships (STPs; Range 12%-74%); lower vaccination rates among ethnic minority and deprived groups was observed in most but not all STPs. In the 70-79 age cohort 74,108 people (3.6%) had been vaccinated. 378,921 vaccine recipients under 70 and not identifiably resident in a care home were presumed to be health or social care workers; 32,174 recipients were identified as older aged care home residents (33.2% coverage). Of all those vaccinated, 169,472 had received a second dose (17.6%). Conclusions The NHS in England has rapidly delivered mass vaccination. We were able to deploy a data monitoring framework across small clinical subgroups using linked patient-level NHS data on 23.4 million people with very short delays from vaccine administration to completed analysis. Targeted activity may be needed to address lower vaccination rates observed among certain key groups: ethnic minorities, people living in areas of higher deprivation, and those with severe mental illness or learning disabilities. However we note that this data is only from the first preliminary weeks of the vaccination programme. Variation in vaccination coverage between groups and regions will have many complex drivers, the figures presented in this manuscript require thoughtful interpretation to support a rapidly evolving NHS vaccination campaign; we are sharing local level data with national and regional NHS teams on request. [The second URL links to a related article from The Guardian: Black over-80s in England half as likely as white people to have had Covid jab.]

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5e8369c22c7e05c20b1cf75bf400c20a)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7f18ada9f2ec6ab0eb9df231a4297748)

1. **Decolonising medical education and exploring White fragility**  
   Hartland J. BJGP Open 2020;4(5):1-3.

Introduction On 17 August 2020, the BBC journalist Smitha Mundasad<sup>1</sup> published a carefully researched article exploring the actions of the University of Bristol Medical School (BRMS) as it seeks to decolonise its curriculum and challenge structural forms of racism. In the subsequent days, this story was adapted and reproduced online by multiple news outlets<sup>2,3</sup> who chose to preserve quotes from the only White male member of staff interviewed, exposing an important bias within the media. This article explores the subsequent abuse BRMS members experienced following these publications, why we believe this occurred, and why - despite this - we firmly stand by our commitment to confronting racism in medical education. Key concepts The work taking place at BRMS focuses on two key concepts that we believe are integral to achieving a curriculum that is fair to our students and staff, and serves the needs of a modern and diverse NHS. The first of these is 'decolonisation', first appearing in academic discourse in 2011 and stemming from the 1990s drive to create more inclusive curricula.<sup>4</sup> Championed by students organising the 'Why is my curriculum so white' protest,<sup>5</sup> it was predominantly driven by the humanities, and has only more recently been applied to the field of medical education. Decolonisation seeks to examine and restructure curriculums that were designed within a colonial mindset, which centralises the White, eurocentric male's narrative above all others.<sup>6</sup> A decolonisation approach to medical curriculums asks us to reflect on the ways we discuss and present race within our teaching, and how to achieve authentic representation; for example, the absence of darker skin in the teaching of clinical signs and dermatology. The second key concept is that of 'anti-racism'. Anti-racism asks us to acknowledge that racism occurs all around us and takes various forms in our everyday life, from interactions between individuals to societal forms of structural racism that govern the opportunities a person has access to. Being antiracist is a choice that we make every moment of every day, to challenge ourselves and the systems in which we work and teach. Within education, this may manifest as counteracting stereotypes in learning material, challenging students to consider racial bias in their clinical thinking, or reflecting on the attitudes and behaviours that students will pick up via the 'hidden curriculum'.<sup>7</sup> This is especially relevant following the events of the summer of 2020. With increased attention to the Black Lives Matter movement, and the concept of racism as a public health issue entering mainstream medical academic discussions,<sup>8</sup> it is more important than ever that all medical schools make a conscious choice to challenge racism inherent in their curriculums and organisations. The controversy A lot of the controversy following the news articles stemmed from this belief that medical curricula have racism inherently built into them. Numerous readers agreed with the importance of teaching clinical signs in darker skin, but highlighting this structural racism was where we 'lost' them in our argument to decolonise our teaching. Subsequently this was used as a justification to misrepresent the work, and even used to excuse online racism and aggression against the authors. Racist abuse was aimed at the Black student interviewed for the news article, and both the White lecturer and Black<br/>Copyright &#xa9; 2020. The Authors. All Rights Reserved.

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1. **O3 A qualitative exploration of the impact of racism on the reproductive health of US Black women**  
   Treder K. Contraception 2020;102(4):274.

Objectives: To characterize how institutionalized, interpersonal, and internalized racism interact to impact the reproductive health of Black women in the US. <br/>Method(s): We recruited participants through social media and community outreach. We conducted semi-structured qualitative interviews focusing on Black women's lived experiences of racism and their impact on reproductive health. We coded and analyzed interview transcripts using grounded theory methodology. <br/>Result(s): Participants (n = 21) were 21-45 years old and from Boston and Chicago. Experiences of institutionalized racism include barriers to accessing a reproductive health care provider who could meet the needs of a woman of color. Experiences of interpersonal racism in reproductive health care centered around lack of control and dehumanization. Participants reported stereotyping by providers, perceptions of experimentation or coercion around contraception decisions, and invalidation of pain and symptomatology. Participants internalized racism in various ways including disengagement from the reproductive health care system, vocal self-protection, and difficulty making reproductive health decisions in the context of societal stereotypes and judgment. Additional themes include the early and inappropriate sexualization of Black women, mistrust of the health care system due to contemporary and historical reproductive health injustices, and anxiety around high rates of Black maternal mortality. <br/>Conclusion(s): Experiences of institutionalized and interpersonal racism within and outside of the health care setting lead to internalization of racism, which subsequently impacts the reproductive health behaviors and outcomes of Black women. Clinical practice and structural changes that elevate patient control and autonomy in reproductive health care may help to dismantle the effects of racism and eliminate inequities in reproductive health.<br/>Copyright &#xa9; 2020

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1. **Race Based Medicine, Colorblind Disease: How Racism in Medicine Harms Us All**  
   Yearby R. The American journal of bioethics : AJOB 2020;:1-14.

The genome between socially constructed racial groups is 99.5%-99.9% identical; the 0.1%-0.5% variation between any two unrelated individuals is greatest between individuals in the same racial group; and there are no identifiable racial genomic clusters. Nevertheless, race continues to be used as a biological reality in health disparities research, medical guidelines, and standards of care reinforcing the notion that racial and ethnic minorities are inferior, while ignoring the health problems of Whites. This article discusses how the continued misuse of race in medicine and the identification of Whites as the control group, which reinforces this racial hierarchy, are examples of racism in medicine that harm all us. To address this problem, race should only be used as a factor in medicine when explicitly connected to racism or to fulfill diversity and inclusion efforts.

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1. **Race Correction and Spirometry: Why History Matters**  
   Braun L. Chest 2020;:No page numbers.

In recent months, medical institutions across the United States redoubled their efforts to examine the history of race and racism in medicine, in classrooms, in research, and in clinical practice. In this essay, I explore the history of racialization of the spirometer, a widely used instrument in pulmonary medicine to diagnose respiratory diseases and to assess eligibility for compensation. Beginning with Thomas Jefferson, who first noted racial difference in what he referred to as "pulmonary dysfunction," to the current moment in clinical medicine, I interrogate the history of the idea of "correcting" for race and how researchers explained difference. To explore how race correction became normative, initially just for people labeled "black," I examine visible and invisible racialized processes in scientific practice. Over more than two centuries, as ideas of innate difference hardened, few questioned the conceptual underpinnings of race correction in medicine. At a moment when "race norming" is under investigation throughout medicine, it is essential to rethink race correction of spirometric measurements, whether enacted through the use of a correction factor or through the use of population-specific standards. Historical analysis is central to these efforts.<br/>Copyright &#xa9; 2020 American College of Chest Physicians. Published by Elsevier Inc. All rights reserved.

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1. **Reckoning with histories of medical racism and violence in the USA**  
   Nuriddin A. The Lancet 2020;396(10256):949-951.

Like the history of US policing, the history of medicine and health care in the USA is marked by racial injustice and myriad forms of violence: unequal access to health care, the segregation of medical facilities, and the exclusion of African Americans from medical education are some of the most obvious examples. These, together with inequalities in housing, employment opportunities, wealth, and social service provision, produce disproportionate health disparities by race. The health community needs to confront these painful histories of structural violence to develop more effective anti-racist and benevolent public health responses to entrenched health inequalities, the COVID-19 pandemic, and future pandemics.

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1. **Truth in Tension: Reflections on Racism in Medicine**  
   Unaka N.I. Journal of Hospital Medicine 2020;15(9):572-573.

Racism in healthcare, laid bare by the well-documented exploitation of Black people by the medical community, adds to the not-so-subtle ways we are told our lives don’t matter.1 This mistreatment has resulted in a deep mistrust of healthcare providers that is legitimate and real. The 40-year Tuskegee Syphilis Study is in-famous for breaking trust via the deception of hundreds of Black men. The study participants with syphilis were denied treatment despite a known and available cure; an act both unconscionable and inhumane.

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1. **Vaccine Hesitancy and Attributions for Autism among Racially and Ethnically Diverse Groups of Parents of Children with Autism Spectrum Disorder: A Pilot Study**  
   Chang J. Autism Research 2020;13(10):1790-1796.

Little is known about how racial/ethnic differences may influence attributions for autism spectrum disorder (ASD) and subsequent vaccine hesitancy, the latter of which refers to a continuum of concerns about vaccine safety that may lead to vaccine delays and/or refusals. Two hundred and twenty-five parents of children with ASD who were enrolled in the SPARK cohort (Simons Foundation Powering Autism Research for Knowledge) completed the Parent Attitudes about Childhood Vaccines survey and the Revised Illness Perception Questionnaire. 28.9% of respondents (n = 65) were vaccine hesitant (PACV score &gt;= 50). Significant differences were observed between proportions of vaccine-hesitant parents (VHP) in the White sample and combined samples of color (Asian, Black, Latinx, Multiracial, and Other): 22.8% of the White sample (n = 39) versus 48.1% of the samples of color (n = 26). White, non-hesitant parents more often agreed with the child's brain structure as a cause of their child's ASD, while White, VHP more often agreed with the deterioration of the child's immunity as a cause. All VHP (regardless of race) agreed more often with diet, their own decisions, and vaccines as causes. VHP of color more often agreed with accident or injury, environmental pollution, their own general stress, and their own emotional state as causes. Future work should examine this phenomenon in larger, diverse samples to further understand differences across specific racial/ethnic groups. Lay Summary: Some parents of children with autism spectrum disorder (ASD) are vaccine hesitant, meaning they have concerns about vaccine safety and may delay/refuse vaccines. We examined possible racial/ethnic differences related to how common vaccine hesitancy is and which causes of ASD were typically endorsed among a sample of caregivers in the SPARK cohort (Simons Foundation Powering Autism Research for Knowledge). Higher proportions of parents of color were vaccine hesitant, and all vaccine-hesitant parents agreed that "toxins in vaccines" were a cause of their child's ASD. Autism Res 2020, 13: 1790-1796. &#xa9; 2020 International Society for Autism Research and Wiley Periodicals LLC.<br/>Copyright &#xa9; 2020 International Society for Autism Research, Wiley Periodicals, LLC.

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1. **Will they, or Won't they? Examining patients' vaccine intention for flu and COVID-19 using the Health Belief Model**  
   Mercadante A.R. Research in social & administrative pharmacy : RSAP 2020;:No page numbers.

BACKGROUND: The twindemic of influenza and COVID-19 places pharmacists in a position of high-impact to inform and manage vaccination uptake. Given prior vaccine hesitancy in the US and the current high impact of COVID-19 on the population, it is imperative to understand and address factors that drive perceptions and intention to get vaccinated. <br/>OBJECTIVE(S): The objectives of the study were to 1) determine impact of the COVID-19 pandemic on influenza vaccine uptake, on patient perceptions of vaccinations, vaccine intention, and health behaviors and 2) determine vaccine intention through the Health Belief Model. <br/>METHOD(S): An IRB-approved prospective Qualtrics-based survey was administered online to eligible respondents: non-pregnant panel respondents 18 years or older within the United States who could independently complete the entire questionnaire in English. Data analyses included descriptive statistics, psychometric analyses of the 5C and CoBQ tools, one-way ANOVA to compare demographic groups and vaccine intention items with survey scores, and mapping and path analysis of the HBM with one added domain (Decision Making Determinant, DMD). <br/>RESULT(S): 525 respondents completed the survey from October 23-29, 2020. Respondents aged 18-49, making less than $20,000 or an undisclosed income, and not having anyone close to them directly affected by COVID-19 showed a significant, negative impact of COVID-19 on health behavior and a significantly lower vaccine acceptance. The 5C and CoBQ showed moderately strong reliability. Mapping for the HBM revealed significant correlations between all modifying factors with Individual Perceptions except for Race/Ethnicity. Of the Individual Perceptions, Perceived Benefits (-.114) and Perceived Barriers (.307) significantly predicted DMD and directly impacted Vaccine Intention. DMD was not a significant mediator of Vaccination Intention. <br/>CONCLUSION(S): Vaccination messaging should focus on a simple yet balanced view of benefits and risks, targeting those under age 50 and living in low-income households, to motivate uptake of influenza and COVID-19 vaccines.<br/>Copyright &#xa9; 2020 Elsevier Inc. All rights reserved.

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1. **Exploring human papillomavirus vaccination refusal among ethnic minorities in England: A comparative qualitative study**  
   Forster A.S. Psycho-Oncology 2017;26(9):1278-1284.

Objectives: In England, uptake of human papillomavirus (HPV) vaccination to prevent HPV-related cancer is lower among girls from ethnic minority backgrounds. We aimed to explore the factors that prevented ethnic minority parents from vaccinating, compared to White British nonvaccinating parents and vaccinating ethnic minority parents. <br/>Method(s): Interviews with 33 parents (n = 14 ethnic minority non-vaccinating, n = 10 White British nonvaccinating, and n = 9 ethnic minority vaccinating) explored parents' reasons for giving or withholding consent for HPV vaccination. Data were analysed using Framework Analysis. <br/>Result(s): Concerns about the vaccine were raised by all nonvaccinating ethnic minority parents, and they wanted information to address these concerns. External and internal influences affected parents' decisions, as well as parents' perceptions that HPV could be prevented using means other than vaccination. Reasons were not always exclusive to nonvaccinating ethnic minority parents, although some were, including a preference for abstinence from sex before marriage. Only ethnic minority parents wanted information provided via workshops. <br/>Conclusion(s): Ethnic differences in HPV vaccination uptake may be partly explained by concerns that were only reported by parents from some ethnic groups. Interventions to improve uptake may need to tackle difficult topics like abstinence from sex before marriage, and use a targeted format.<br/>Copyright &#xa9; 2017 The Authors. Psycho-Oncology Published by John Wiley & Sons Ltd.

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| 1. | AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed | (vaccine hesitancy).ti | 1467 |
| 2. | EMBASE | (BAME).ti,ab | 261 |
| 3. | EMBASE | (BME).ti,ab | 2185 |
| 4. | EMBASE | (ethnic\*).ti,ab | 207153 |
| 5. | EMBASE | (black ADJ5 people).ti,ab | 1527 |
| 6. | EMBASE | (Asian\*).ti,ab | 138182 |
| 7. | EMBASE | exp \*ASIAN/ | 70152 |
| 8. | EMBASE | exp \*"CARIBBEAN (PERSON)"/ OR exp \*AFRICAN/ | 7235 |
| 9. | EMBASE | (2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8) | 384951 |
| 10. | EMBASE | (vaccin\*).ti,ab | 374065 |
| 11. | EMBASE | exp \*VACCINE/ | 199051 |
| 12. | EMBASE | (10 OR 11) | 409853 |
| 13. | EMBASE | exp \*"VACCINATION REFUSAL"/ | 175 |
| 14. | EMBASE | (vaccin\* ADJ2 refus\*).ti,ab | 971 |
| 15. | EMBASE | (vaccin\* ADJ hesitan\*).ti,ab | 1022 |
| 16. | EMBASE | (13 OR 14 OR 15) | 1918 |
| 17. | EMBASE | (medical ADJ2 racism).ti,ab | 42 |
| 18. | EMBASE | (racism ADJ3 medicine).ti,ab | 62 |
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