



Covid-19 Vaccine Current Awareness Bulletin

April 2021

Guidelines, Policies and Reports

NICE Shared Learning Database

[COVID-19 vaccine hesitancy - debunking the myths using a community engagement approach underpinned by NICE guidance](#) (2021)

This example describes how GPs from Black Women in Health (BWIH) reduced COVID-19 vaccine hesitancy amongst the BAME population by debunking the myths about COVID-19 vaccines by organising webinars, virtual group talks, podcasts, videos in other languages and dialects.

Public Health England

[Safety of COVID-19 vaccines when given in pregnancy](#) (2021)

[Monitoring of the effectiveness of COVID-19 vaccination](#) (2021)

PHE has been monitoring the effectiveness of the vaccines and has now published its first analysis of the impact of the Pfizer/BioNTech vaccine.

Royal College of General Practitioners

[Health Inequalities Hub: Increasing uptake of vaccinations for vulnerable groups of patients](#) (2021)

These documents from the RCGP's Health Inequalities Standing Group summarises examples from RCGP members and stakeholders of how they engaged in the COVID vaccination programme, approached issues in their local area and the impact these approaches have had to date.

Published research

Predictors of COVID-19 vaccine hesitancy in the UK Household Longitudinal Study

Source: Journal of Public Health, Mar 2021

Abstract: Vaccine hesitancy could undermine efforts to control COVID-19. We investigated the prevalence of COVID-19 vaccine hesitancy in the UK and identified vaccine hesitant subgroups. 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 those with lower education levels (18.6% no qualifications vs 13.2% degree qualified). Vaccine hesitancy was high in Black (71.8%) and Pakistani/Bangladeshi (42.3%) ethnic groups. Odds ratios for vaccine hesitancy were 13.42 (95% CI:6.86, 26.24) in Black and 2.54 (95% CI:1.19, 5.44) in Pakistani/Bangladeshi groups (compared to White British/Irish) and 3.54 (95%CI:2.06, 6.09) for people with no qualifications versus degree. Urgent action to address hesitancy is needed for some but not all ethnic minority groups.

Available from [Journal of Public Health](#)



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BMJ Best Practice is available to all NHS staff. This clinical decision support tool provides step-by-step guidance on diagnosis, prognosis, treatment and prevention of a wide variety of conditions.

<https://bestpractice.bmj.com/oafed>

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