

## **COVID-19 vaccination for Inclusion Health Populations – Position Statement , 4<sup>th</sup> Dec 2020**

We welcome the recognition by JCVI of the health equity issues associated with Inclusion Health Populations (including people experiencing homelessness, drug users, gypsies & travellers, people in contact with the criminal justice system, vulnerable migrants and sex workers) and the need for flexible models of vaccine delivery, including outreach.

We agree that routine health records do not adequately capture Inclusion Health groups, their clinical vulnerabilities or their vaccination status. A high proportion are not registered with GPs, or are not registered near where they live. They experience poor access to healthcare leading to under-diagnosis of many conditions.

We welcome the JCVI's recognition of the need to minimise the impact of any potential inequalities arising from a prioritisation approach.

As clinicians and public health practitioners we recognise that elderly people in care homes should be given the highest priority due to the combination of clinical vulnerability and high risk of outbreaks. We were concerned that the public health principles that underpin this decision were not extended to other institutional and high-risk settings such as those accommodating people with learning disabilities, other high support needs, refuges for people fleeing domestic violence, homeless hostels, vulnerable migrant/refugee accommodation, gypsy and traveller roadside communities and informal settlements. Like care homes these settings combine high transmission risk and people with high levels of clinical vulnerability and these risks are compounded by poor access to health care including the national Test and Trace programme.

We advise that local vaccine delivery plans should include Inclusion Health populations living in high risk settings alongside delivery to care homes. This will mitigate the risk and impact of outbreaks, reduce Covid-19 related health inequities and ensure undiagnosed people in clinical risk groups have access to vaccination.

### **Key principles for improving vaccine access and uptake in Inclusion Health Groups**

- 1) Co-design – National and local engagement with organisations that work with and support Inclusion Health populations to co-design delivery plans. This includes identification of key venues to outreach vaccinations and optimising uptake of both doses.
- 2) Active community engagement to encourage vaccine uptake supported by funded representatives of affected communities (use of champions/peers).
- 3) Funding for inclusion health professionals to outreach vaccination supported by local champions and peers as active partners in delivery.
- 4) Maximising uptake, coverage of vulnerable groups and efficiency by adopting a universal vaccine offer during outreach sessions.
- 5) Recognising professionals supporting Inclusion Health Groups as Social Care workers eligible for vaccination provided alongside client groups.
- 6) Using agile and flexible data systems to capture and report vaccine coverage in target populations, reporting to vaccination co-ordinators.
- 7) Using the opportunity to promote engagement with primary care to improve health care access and access to annual COVID-19 and Influenza vaccinations.

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