



UK Health
Security
Agency

in partnership with

NHS



Confident COVID Vaccine Conversations: 'White-Other' population



Vaccinul împotriva COVID-19

**Ghidul dumneavoastră pentru
administrarea
dozei de rapel**



Persoanelor de 50 de ani și peste, asistenților medicali și sociali și persoanelor tinere cu risc ridicat li se oferă o doză de rapel din vaccinul împotriva coronavirusului (COVID-19). NHS va lua legătura cu dumneavoastră atunci când vă vine rândul pentru administrarea rapelului.

The term 'White-Other' does not comprise a single ethnic group, but is used to describe people who self-identify as white persons, who are not of the English, Welsh, Scottish, Romani or Irish ethnic groupings.

This includes people from Poland, Portugal, Romania, Russia, Italy, Spain, Turkey, Cyprus, Sweden, New Zealand, France, Australia, Germany, Greece, Bulgaria, Czech Republic, Holland...



Szczepionka przeciwko COVID-19

**Szczepienie przypominające
– informator**



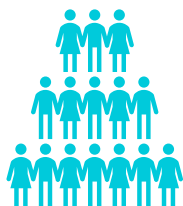
Osoby w wieku 18 lat i starsze oraz osoby w wieku 16 lat i starsze, które są w grupie ryzyka (w tym pracownicy służby zdrowia i opieki społecznej), otrzymają dawkę przypominającą szczepionki przeciwko koronawirusowi (COVID-19). Na wizytę w celu przyjęcia szczepienia przypominającego można umówić się online lub dzwoniąc pod numer 119.

For health, public health and social care professionals

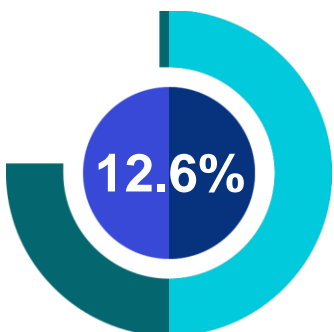
Last updated:
17 Feb 2022 FV

'White-Other' population – Living in London

White-Other population in London



1,033,981 people



of London's population



Eastern European people in London

(Belarus, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, Russia, Slovakia, Ukraine)

Over **9/10** **Polish and Lithuanian** born residents in London identified with White-Other

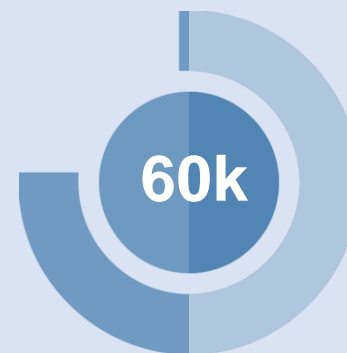


Highest proportion identifying as White-Other were born in **Poland, Romania and Lithuania**



Boroughs where the largest migration populations were from Poland: **Haringey, Wandsworth and Merton**

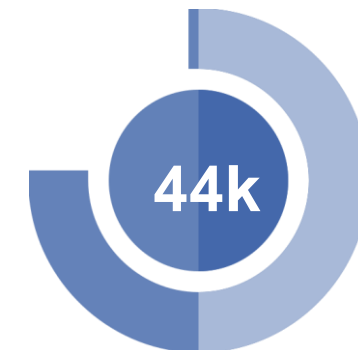
(Source: [London Borough Dashboard](#))



Turkish



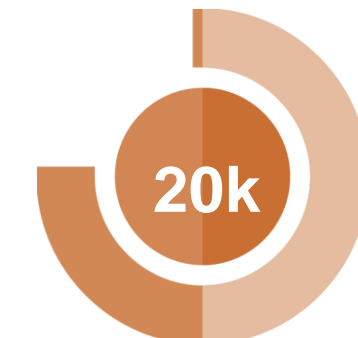
Boroughs with large Turkish population: **Enfield, Hackney, Haringey, Islington, Waltham Forest**



Filipinos



Brazilians



Columbians

'White-Other' population – COVID Vaccination insights

Bulgaria is the EU's least vaccinated nation with only 34% of adults 18+ years receiving the primary course of vaccination and only 11% taking up a booster or additional dose.



[COVID-19 Vaccine Tracker | European Centre for Disease Prevention and Control \(europa.eu\)](#) - [Country overview report: week 4 2022 \(europa.eu\)](#)

Romania's is the EU's second-least vaccinated nation and lowest uptake of booster or additional dose at under 10%.

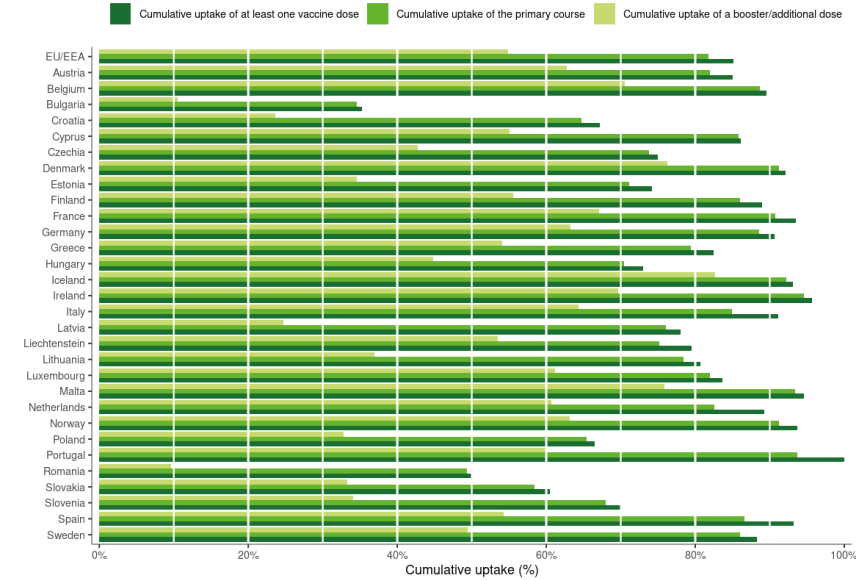


65% of the Polish population have received the primary course of vaccination with take up of the booster or additional dose at 35%.



Cumulative vaccine uptake among people aged 18+ years, week 4 2022

EU/EEA values based on pooled data from 30 countries reporting at least one dose administered and with available population data for the target group



[COVID-19 Vaccine Tracker | European Centre for Disease Prevention and Control \(europa.eu\)](#) - [Country overview report: week 4 2022 \(europa.eu\)](#)

No one listened to the concerns of our communities for years so what changed?

“My cousin works in hospital and he has decided not to have the vaccine.”

“How do we to get the facts to counter the misinformation in different languages?”

“I can't afford a taxi and I'm scared to go on buses and trains in case I catch it. I have heart problems and diabetes, I don't want to risk it.”

'White-Other' population – Barriers and strategies to overcome them

Language and cultural barriers

Eastern European patients often face language barriers and a lack of understanding from staff, which can result in them being reluctant to engage with the health system



Provide greater support to medical and healthcare professionals to overcome language and cultural barriers

Cultural awareness training for all patient facing staff would give staff the tools to better understand their communities; essential to develop trust in order to promote vaccination and reduce health inequalities more broadly.

Communication barriers

Issues arise when the primary source of information becomes leaflets, as this isolates those who are unable to read even their native language and there is also a lack of translated material available in native languages as reported by community members.



Improve the readability and accessibility of official vaccination information

Co-produce information with the communities, by working with trusted local community groups. This will ensure the resources are correctly translated, culturally relevant and resonate with the community. Include easy read versions and videos, to reduce the literacy barrier.

Lack of trust in healthcare services

Due to past experiences in the healthcare system of their native country and a lack of understanding of how the NHS works.



Build trust

Genuine relationship building and sustained community engagement is key to building that trust, in order to increase confidence in vaccination and reduce health inequalities more broadly. The focus should be based on **communities' voiced needs**, including the wider issues important to them, rather than focussing on the health system agenda.

Lack of trust in COVID vaccines

There is a view that vaccines do not prevent illness, as people can still go on to catch COVID-19 despite being vaccinated. While for others there are concerns regarding the side effects after receiving the COVID vaccine.



Share trusted facts

Healthcare providers should actively discuss people's concerns around vaccinations, share the benefits of vaccinations, reassure them about the potential side effects and remind them that the vaccines aim was to prevent serious illness and death from COVID-19, which it has done.

'White Other' population – Top tips for confident conversations

YOU are key

Evidence indicates that there is greater trust, and that **vaccine uptake is higher in campaigns conveyed by healthcare professionals.**

This is especially true for addressing those who have had less access to health services, and where the **healthcare professionals are representative of the communities** that they are talking to.

If you are yourself worried about the vaccine, do speak to your GP or colleagues for further information and reassurance.

Preparation is key

It may feel like a big responsibility to support people but reading all the trusted resources available to you will help you feel more confident about the topic.

Have information to hand: Create your own resource pack, with FAQs, model Q&As and key messages, so you feel prepared. The resources [here](#) can support your conversations.

Use trusted community or cultural spaces, if you can, such as schools, community centres, ethnic food stores, food banks, Saturday schools, places of worship or take an opportunistic moment with your patients and allot enough time to have the conversation. Choose somewhere where you are both comfortable.

Work closely with local influencers such as community and faith leaders, utilising them as facilitators to bridge the gap and build trust by using their networks to reach their communities.

Active listening and open questions are key

Making Every Contact Count – it takes people **at least three instances of communications** before they begin to process information.

Start the conversation with open questions such as “How do you feel about the vaccination?” or “Are you happy to have a chat about the vaccine?” and remember that people have the right to refuse your advice.

Make time to listen, understand real concerns and focus on **providing evidence-based information** and answers to questions for people to make an informed decision, rather than ‘pushing’ the vaccine.

Help find solutions to barriers: Ask if there is a practical reason stopping them from attending an appointment to have the vaccine and support them to find solutions.

Planting the seed: If people continue to be hesitant, provide information and resources to help them make their own decision.

Don't know: Never be afraid to say “I don't know.” Tell them you will find the information out and get back to them.



Key COVID vaccine information and useful resources



What are the benefits of COVID vaccinations?

Vaccination allows you to develop immunity in a safe and controlled way, without being ill with COVID-19 and passing it onto others.

COVID vaccines:

- protect against serious illness, **hospitalisation and death** - people who are [unvaccinated are up to eight times more likely to be hospitalised](#) with COVID-19
- reduce **the likelihood of you getting COVID-19**
- reduce the risk of **spreading COVID-19** to others, including people who are more vulnerable
- **strongly recommended in pregnancy** as this is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby
- reduce the risk of **developing Long COVID** – a [UK study](#) of double-vaccinated adults showed a 41% lower likelihood of reporting Long COVID than unvaccinated people

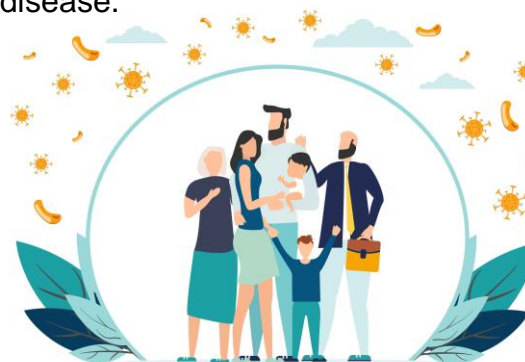
Even if you have already had COVID-19, getting the **COVID vaccine will give you extra protection, stimulating a stronger and longer lasting immune response** than natural infection, which will help against any future new variants.

For those who have yet to take up their first or second dose, it is never too late to come forward – every dose counts.



Are the COVID vaccines safe?

- **Billions of people have been safely vaccinated** against COVID-19 around the world .
- Like all medicines and vaccines, the COVID vaccines underwent **extensive and rigorous multi-stage testing** through clinical trials.
- The COVID vaccines are **continually monitored** for safety and effectiveness. In the UK this is done by the Medicines and Healthcare products Regulatory Agency (MHRA).
- Serious adverse reactions and **side effects** are [extremely rare](#) and are investigated. Remember that COVID-19 disease itself can cause serious complications in the short term and Long COVID.
- **COVID vaccines were tested** on tens of thousands of men and women from different ethnic backgrounds and there **is no evidence** any of the vaccines **will work differently in different ethnic groups.**
- COVID vaccines do not contain the live virus that causes COVID-19 and can be **used by everybody**, including immunocompromised individuals or people with autoimmune disease.



How to book a COVID-19 vaccination appointment

Anyone aged 16 or over can book their first, second and booster (or third dose)



[appointment online on the NHS website](#)

Or by calling 119

119

You need to be [registered with a GP](#) to book an appointment online

If you are not registered with a GP you can get a COVID vaccination at a [walk-in or pop-up centre](#), where there are no ID checks and your immigration status is not relevant.

More information and support

- [Coronavirus \(COVID-19\) vaccine – NHS](#)
- [COVID-19 vaccination guides – UKHSA – translations and easyread available](#)
- [Safety of COVID-19 Vaccines - WHO](#)
- [COVID-19 vaccine questions - British Society for Immunology](#)
- [COVID-19 vaccine resource links – MECC](#)
- [MECC – Short COVID vaccine conversations](#)
- [COVID-19 fertility and pregnancy - public – RCOG](#)
- [COVID-19 vaccination and pregnancy – for professionals – RCOG](#)