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Vacc on Track: Facilitating the delivery of catch-up vaccination in adolescent and adult migrants and Black, Asian and Minority Ethnic (BAME) communities through UK general practice

Submission date
28/05/2021

Recruitment status
No longer recruiting

Registration date
17/06/2021

Overall study status
Completed

Last Edited
31/07/2024

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Evidence suggests that in the UK, migrants who were born overseas may be less likely to have had all of their recommended vaccinations. This may also be the case for people of non-White ethnicities, but evidence is currently limited. Improving vaccine coverage for routine vaccines in under-immunised groups in the UK is a key priority, and the core focus of this project, alongside understanding risk-factors for under immunisation in migrants and wider BAME communities.

We are conducting this study to test whether, by prompting the primary care team to check a patient's vaccination status, we can help identify individuals who have not received all of their recommended vaccinations and refer them to routine care appointments to catch-up on the missing vaccinations to bring them in line with the UK vaccine schedule. Patients don't have to participate or receive vaccinations if they don't want to. This project is co-designed with migrants on our Project Advisory Board, who help us design, deliver and disseminate the research, and is being done in collaboration with Public Health England.

Who can participate?
Adolescent and adult (16+ years) migrants (defined as being born outside of the UK, but not including Western Europe, North America, Australia, or New Zealand) and BAME individuals (defined as non-White-British ethnicities) currently residing in the UK.

What does the study involve?
Participants are asked a small number of standardised questions about their ethnicity, country of origin, vaccination history, and any history of vaccine-preventable diseases they may have had. Depending on their answers, they may be offered catch-up vaccination(s) to align them with the UK schedule. Participants choose whether to accept the catch-up vaccination(s). We will collect follow-up data relating to whether participants went on to receive the vaccine(s), and how many doses, for up to 18 months after participants joined the study.

What are the possible benefits and risks of participating?
We do not anticipate any major disadvantages or risks of taking part. Discussing personal history or experiences might be uncomfortable for some participants, but all participants are told that the interview can stop at any point to take a break, or that they can leave if they feel they can't continue. There are possible benefits. Participants may be referred for routine vaccination on the NHS which is free and will help to bring them in line with the UK immunisation schedule and reduce their risk of contracting vaccine-preventable diseases. They may find it fulfilling to take part in research aimed at improving access to vaccination on the NHS for migrant and BAME populations in the UK. Participants will be able to take an active part in improving your own and your community's health.

Where is the study run from?
St George's, University of London (UK)

When is the study starting and how long is it expected to run for?
January 2020 to October 2022

Who is funding the study?
National Institute for Health Research (NIHR) (UK).

Who is the main contact?
Dr Sally Hargreaves, s.hargreaves@sgul.ac.uk

Contact information

Type(s)
Scientific

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Additional identifiers

Integrated Research Application System (IRAS)
286347

Study information

Scientific Title
Facilitating the delivery of catch-up vaccination in adolescent and adult migrants and Black, Asian and Minority Ethnic (BAME) communities through UK general practice: a pilot study

Acronym
Vacc on Track

Study objectives
This research seeks to understand whether innovative engagement strategies in UK general practice can facilitate catch-up vaccination in adolescent and adult migrants and Black, Asian and Minority Ethnic (BAME) groups. This is important because these population groups have been shown to be underimmunised, and there are currently no systems in place in many GP practices to offer catch-up vaccination to adult migrants and BAME to align them with the UK vaccine schedule. The reasons why and which groups in particular are affected are currently poorly understood. In general practice, the new patient health check (NPHC) and other existing approaches offer untapped opportunities to gather vaccination history of new migrant/BAME patients and refer them for catch-up vaccination through existing care pathways in primary care. This study seeks to develop and test pathways to ensure these groups are offered catch-up vaccination to align them to the UK vaccine schedule with the aim of improving vaccine coverage in these groups.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 18/12/2020, Yorkshire and the Humber - South Yorkshire Research Ethics Committee (NHSBT Newcastle Blood Donor Centre, Holland Drive, Newcastle upon Tyne, NE2 4NQ, UK; +44 (0)207 104 8079; southyorks.rec@hra.nhs.uk), ref: 20/YH/0342

Primary study design
Observational

Study design
Observational prospective cohort pilot study with a quantitative database analysis

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Underimmunisation in adolescent and adult migrants and Black, Asian and Minority Ethnic (BAME) groups

Interventions
Migrant and BAME participants aged 16+ years will be offered catch-up vaccinations to fully align them with the UK vaccination schedule.

Participants are asked standardised questions about their ethnicity, country of origin, vaccination history, and history of vaccine-preventable diseases. Catch-up vaccination(s) will be

offered where required according to UK guidelines. Participants may accept or refuse any combination of these vaccinations. Follow-up data will be collected for up to 18 months and will include whether which vaccine(s), and how many doses were received.

Intervention Type
Biological/Vaccine

Phase
Not Applicable

Drug/device/biological/vaccine name(s)
MMR vaccine

Primary outcome(s)
Rates of underimmunisation and uptake/delivery of MMR vaccine measured through a review of the notes of consenting patients at the end of the study

Key secondary outcome(s)
Delivery of other required vaccinations, previous vaccine-preventable disease, predictors of under-immunisation measured through a review of the notes of consenting patients at the end of the study

Completion date
01/10/2022

Eligibility

Key inclusion criteria
1. Phase 1: Adolescent and adult (16+ years) migrants (defined as being born outside of the UK, but not including Western Europe, North America, Australia or New Zealand)
2. Phase 2: BAME individuals (defined as non-White-British ethnicities)
3. Currently residing in the UK

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
16 Years

Sex
All

Total final enrolment
59

Key exclusion criteria
Age under 16 years

Date of first enrolment
18/05/2021

Date of final enrolment
01/10/2022

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Barnet Federated GPs
Barnet Research Network
c/o Barnet Federated GPs Ltd
311 Ballards Lane
North Finchley
London
United Kingdom
N12 8LY

Sponsor information

Organisation
St George's, University of London

ROR
https://ror.org/040f08y74

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are not expected to be made available due to the non-disclosure policies of the GP practices providing the data.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		03/05/2024	31/07/2024	Yes	No
HRA research summary			28/06/2023	No	No