As the UK’s vaccine rollout programme continues, there are emerging concerns about the rates of vaccine uptake in some minority ethnic communities. A recent report by the Scientific Advisory Group for Emergencies (SAGE), suggests high rates of vaccine hesitancy in Black, Pakistani, and Bangladeshi groups. The Royal College of General Practitioners have called for the dissemination of a high-profile national campaign to increase COVID-19 vaccine uptake in ‘BAME’ groups following findings that White people are approximately twice as likely to be vaccinated than people from Black and Asian ethnic backgrounds.

Such figures have given rise to concern among healthcare professionals, policy makers, and the wider public. A surge in media attention has followed, and various reporting is exploring this issue. While open and honest dialogue should always be encouraged, the national conversation about vaccine hesitancy in minority ethnic groups must be undertaken cautiously and sensitively.

‘BAME’ IS NOT A HOMOGENEOUS GROUP

The reasons underlying a higher degree of vaccine hesitancy in some ‘BAME’ communities are varied, multi-faceted, and intersectional. Minority ethnic groups are not homogeneous, and neither are their concerns, experiences, or fears.

In a recent public discussion facilitated by Westminster City Council, participants expressed a significant breadth of concerns. These included the safety profile of the vaccine for minority groups, the range of ethnic representation in clinical trials, the uncertainty about longer-term side effects, worries about the speed of the COVID-19 vaccine production, ethical and religious queries about the contents of the vaccine, the UK government’s scheduling for first and second doses, mistrust in sociopolitical institutions, effects of historical disenfranchisement, structural racism, and more. While some doubts are undeniably linked to the rise in harmful conspiracy theories, most appear to be rooted in genuine concern and lay misinformation.

THE DUTY OF HEALTHCARE PROFESSIONALS AND THE GOVERNMENT

History has repeatedly shown the risk of marginalisation faced by minority ethnic communities. Constructing a narrative that places minority ethnic groups at the centre of blame for failures of the COVID-19 vaccination programme leaves these communities open to abuse and targeted racism.

Healthcare professionals have a particular duty to approach this topic sensitively and direct the conversation in a way that is supportive, encouraging, and empowering of groups where vaccine hesitancy is more prevalent.

In turn, the government has a continued duty to first acknowledge and then dismantle the consequences of structural disenfranchisement that have historically contributed to minority ethnic individuals feeling alienated and overlooked, and are therefore unsurprisingly tentative about the prospect that, on this occasion, the government truly has their best interests at heart.

Julia Darko, GP Specialty Trainee and Academic Clinical Fellow in General Practice, King’s College London.

Email: julia.darko@nhs.net
@DrJuliaDarko

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