

Consultation on draft guideline – deadline for comments 5:00pm on Thursday 13th January 2022 email: VaccineUptake@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 response from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- For copyright reasons, **do not include attachments** such as research articles, letters, or leaflets. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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	<p>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below.</p> <ol style="list-style-type: none"> 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).</p>	<p>[BRITISH HIV ASSOCIATION]</p>
<p>Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).</p>	<p>[None]</p>
<p>Name of person completing form</p>	<p>[Prof Anna Maria Geretti]</p>

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Comment number	Document [e.g. guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	Comments <ul style="list-style-type: none"> • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1	Guidelines	Section 1.1 Pages 4-5	General	BHIVA recognises the importance of coordinated, integrated care to improve vaccine coverage and therefore welcomes the emphasis placed on the need for named vaccination leads within i) each organisation that provides or organises vaccinations and ii) within secondary and tertiary care providers who do not provide vaccinations, and fully agrees with the outlined roles. We highlight that in current practice, provision of different vaccines may occur in different locations / organisations (e.g., for the population with HIV, some vaccines may be accessed with HIV care, others within sexual health services, others within primary care) with some regional diversity. The fragmentation and variability need highlighting in the context of defining the role of vaccination leads and the scope of regional and national commissioners
2	Guidelines	Section 1.1 Page 6	General	BHIVA recognises the existence of substantial barriers to ensuring optimal vaccine coverage among people with HIV and thus welcomes the recommendation to identify and address barriers to vaccine uptake and any underlying inequalities. In this respect, it is suggested that barriers to the offer (as well as the uptake) are also specifically mentioned in the guidance. Published evidence indicates that receiving knowledge about the benefits of vaccination and a clear, direct recommendation to undergo vaccination from healthcare providers are predictive of improved vaccine uptake among adults
3	Guidelines	Section 1.1 Page 6	General	BHIVA welcomes the recommendation to include community representatives when considering accessibility. We would encourage the recommendation to record experiences of seeking and receiving information on vaccination from healthcare providers. BHIVA produces guidance on the use of vaccines for adults with HIV and has integrated community representation in the formulation of the guidance, including the production with community representatives of material for patients' use
4	Guidelines	Section 1.1 Page 7	General	BHIVA welcomes the recommendation that "GP practices should ensure that contractual obligations and best practice on patient registration is followed (for example, not requiring

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				immigration status or proof of address)”. In this context, BHIVA would welcome the inclusion of specific language in relation to the need for vaccine providers (within and outside of GP services) to adopt sensitive language and attitude towards the disclosure of HIV status at the point of vaccine offer/uptake. Where for example a certain vaccine or vaccine schedule may be indicated or contraindicated because of a person’s HIV status, using inappropriate language or attitude will be detrimental to vaccine uptake. The adoption of sensitive forms of communication is recommended and BHIVA is available to provide any necessary guidance around specific vaccines and language
5	Guidelines	Section 1.1 Pages 8-9	General	Addressing the educational needs of healthcare providers is important to ensure unambiguous communication and to promote vaccine uptake. Anecdotally, BHIVA’s experience is that it is common for people with HIV to describe discrepant guidance about the need for / eligibility for certain vaccines. In addition to targeting education of healthcare providers, BHIVA recommends also identifying as an educational target the optimisation of communication between healthcare providers, particularly when dealing with populations that may have specific needs related to health status as well as potential socio-economic disadvantage and stigma
6	Guidelines	Section 1.1 Page 8	General	In section 1.1.18, BHIVA would welcome the inclusion of stigma (around own status or any status that may be perceived as implied by the offer of vaccination) as an important component of education of practitioners who are in contact with people eligible for vaccination
7	Guidelines	Section 1.2 Page 12	General	In relation to the provision of “reliable” verbal vaccine histories, BHIVA wishes to bring attention to published evidence from the UK indicating poor recalling of vaccine histories among adults with HIV. In a study from London by Molton et al. (Seroprevalence of common vaccine-preventable viral infections in HIV-positive adults. J Infect. 2010;61:73-80. doi: 10.1016/j.jinf.2010.04.004), up to 51% of adults with HIV were unsure of their vaccination history. Many confused one vaccine type with another, e.g., when describing vaccines against viral hepatitis. Thus, BHIVA would encourage being careful with verbal histories
8	Guidelines	Section 1.2 Pages 14-15	General	In relation to keeping vaccination records up to date, BHIVA wishes to draw attention to point 1 in Section 1.1 about the potential fragmentation of vaccine provision, which is a current barrier to maintaining fully accurate records. At present, the guidance places the onus largely on GPs, although other roles are described. It is not entirely clear from the guidance how the data will be optimally integrated. BHIVA welcomes the recommendation to give patients a printed record of the vaccination and would suggest indicating that the patient is asked specifically about submitting the record to the GP and educated about the importance of this. There is published evidence from the

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				UK on the potential benefits of using vaccine “passports” to document the vaccination history for people with HIV (Chadwick et al. Evaluation of a vaccine passport to improve vaccine coverage in people living with HIV. Int J STD AIDS 2018;29:1190-1193. doi: 10.1177/0956462418779472). The study indicated that whereas vaccine uptake was improved using passports, full coverage was not obtained, mostly thought to be a consequence of suboptimal effectiveness of communication between specialist and primary care
9	Guidelines	Section 1.3 General	General	When discussing links that provide information about vaccination, BHIVA would like to highlight the needs of people that may be indicated or contraindicated to receive a certain vaccine under conditions that differ from those of the general population and/or because of a specific underlying condition. Language should be sensitive to these situations and specialist input should be sought about appropriate language and links
10	Guidelines	Section 1.3 Page 19	General	For making direct contact (e.g., via a telephone call) with people who do not respond to vaccination invites, BHIVA would recommend appropriate training is given to callers about being sensitive to confidentiality issues such as those that may be pertinent to a person’s underlying condition including HIV. The same sensitivity would apply to the recommended recording of the reasons for declining vaccination
11	Guidelines	Section Recommendation for research	General	BHIVA would encourage the inclusion of i) stigma, ii) healthcare provider’s communication style, and iii) direct involvement of patients into own vaccine care as the potential subjects of research into improving vaccine coverage

Insert extra rows as needed

Data protection

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

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