

# Evidence Search Service

## Results of your search request

### Mandatory Covid Vaccines for NHS Staff update 5 231221

**ID of request:** 33257

**Date of request:** 20th December, 2021

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Please acknowledge this work in any resulting paper or presentation as: Evidence search: Mandatory Covid Vaccines for NHS Staff update 5 231221. June White. (23rd December, 2021). BASINGSTOKE, UK: Hampshire Healthcare Library Service.

#### Sources searched

Chartered Institute of Personnel and Development CIPD (1)

Department of Health and Social Care (DHSC) (2)

EMBASE (2)

Health Services Journal (1)

MEDLINE (2)

MIDIRS Midwifery Digest (1)

National Institute for Health Research (NIHR) (2)

The Conversation.com (1)

UKHSA (1)

**Date range used** (5 years, 10 years): 2021

**Limits used** (gender, article/study type, etc.): English

**Search terms and notes** (full search strategy for database searches below):

HDAS

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Various newsfeeds

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## **A. National and International Guidance**

*Department of Health and Social Care (DHSC)*

### **Coronavirus (COVID-19): advice for pregnant employees (2021)**

[Available online at this link](#)

Last updated 14 December 2021 This advice is for you if you are pregnant and working as an employee. This includes pregnant healthcare professionals. It will help you discuss with your line manager and occupational health team how best to ensure health and safety in the workplace.

### **Monitoring reports of the effectiveness of COVID-19 vaccination (2021)**

[Available online at this link](#)

The Health Security Agency (UKHSA) is monitoring the effectiveness of the coronavirus (COVID-19) vaccines in the real world as set out in the COVID-19 vaccine surveillance strategy and has published reports on the impact of the COVID-19 vaccines on: symptomatic disease hospitalisation death infection (symptomatic or asymptomatic)

*UK Health Security Agency (UKHSA)*

### **Information for healthcare professionals on Guillain-Barré Syndrome (GBS) following COVID-19 vaccination (2021)**

Guidance updated 17th December As of 8 December 2021, in the UK there have been 472 reports of GBS following AstraZeneca (AZ) vaccination and 27 reports of Miller Fisher syndrome, a variant of GBS which causes abnormal muscle coordination, paralysis of eye muscles and loss of tendon reflexes. There have been 69 reports of GBS and 2 of Miller Fisher syndrome following Pfizer/BioNTech vaccination and 7 reports of GBS following Moderna vaccination. Over this time period, 24.9 million first doses and 24.1 million second doses of the AZ vaccine have been administered, 24.8 million first doses and 21.2 second doses of the Pfizer/BioNTech vaccine have been administered, and 1.5 million first doses and 1.4 million second doses of the Moderna vaccine. The observed number of cases in the UK based on cases reported to the Medicines and Healthcare products Regulatory Agency (MHRA) by the COVID-19 yellow card scheme, have been compared with the number of expected GBS cases in the immunised population. The number of cases reported following vaccination with the Pfizer/BioNTech or Moderna vaccines are lower than the number expected to occur by chance. For the AZ vaccine, GBS has very rarely been reported within 6 weeks of the first dose, with the risk approximately 5.6 extra cases of GBS per million doses. Rates after the second dose are within background levels and there is no evidence of a higher rate of reporting in individuals who have had GBS previously

## **B. Institutional Publications**

*Chartered Institute of Personnel and Development (CIPD)*

### **COVID-19 vaccination: guide for employers (2021)**

[Available online at this link](#)

As the UK's COVID-19 vaccination rollout continues, employers should prepare for and manage its impact on the wider population and their workforce.

*HSJ Health Services Journal*

### **Trust calls for 'compassion' towards unvaccinated staff as they face dismissal (2021)**

A trust has warned that many of its unvaccinated staff remain unpersuaded despite the prospect of dismissal, and there are 'very limited' opportunities for redeployment. Homerton University Hospital Foundation Trust's board heard this week that leaders "remain worried" in informal conversations with workers who have not received a first dose "haven't made an impact yet". Tom Nettel, HUHFT's director of people, told the meeting that a webinar held with staff last week explained "the vast majority, if not everyone" fell within the scope of needing to be vaccinated. Patient-facing healthcare workers will need to have had a first jab by 3 February, with two doses by 1 April, as a condition of employment. The trust is encouraging its staff to get the first by 20 January, which is two weeks ahead of the government's deadline. As of 30 November, 87.8 per cent had received one dose, and 83.5 per cent had received two doses.

*National Institute for Health Research (NIHR)*

## **Demographic and household factors drive difference in COVID-19 infection risk for healthcare workers from ethnic minority groups (2021)**

[Available online at this link](#)

The differences in COVID-19 infection risk between ethnic minority healthcare workers and their white colleagues is likely due to home and work factors rather than biology, according to the largest and most detailed study on the subject. When other risk factors are taken into account, there is no significant difference in the likelihood of COVID-19 infection between ethnic minority and white healthcare workers, find the results published on MedRxiv as a pre-print. Researchers analysed data from 10,772 healthcare workers who worked during the pandemic to identify demographic and household factors that contributed to infection risk. Previous research has shown that healthcare workers from ethnic minority groups are at a higher risk of COVID-19 infection compared with their white colleagues. This new study supports those findings but suggests that demographic and lifestyle factors - including job role, age and religious belief - accounted for the difference in risk.

## **World's first plant-based COVID-19 vaccine trialled in the UK shares positive results (2021)**

[Available online at this link](#)

The world's first plant-based COVID-19 vaccine from Medicago and GSK is 75.3% effective against preventing COVID-19 of any severity (from the Delta variant), finds a study which ran in the UK. Nearly 300 participants across the UK at 11 sites, including seven National Institute for Health Research supported-sites, took part in the study. A total of 24,000 volunteers across six countries were involved and no related serious adverse events were reported, with reactogenicity (expected vaccine reactions) generally mild to moderate. The Omicron variant was not circulating during the study. The Phase 3 placebo-controlled efficacy study assessed Medicago's plant-based COVID-19 vaccine candidate in combination with GSK's pandemic adjuvant (a vaccine ingredient used to create a stronger immune response), in adults 18 years old and above. The 293 participants recruited in the UK were vaccinated between April and June 2021, while the UK deployed vaccine rollout was taking place, which impacted on the final number of volunteers. The first participant in Europe was recruited at the Swansea Bay University Local Health Board site. Yosuke Kimura, Chief Scientific Officer at Medicago, said: "I am pleased to see our vaccine candidate moving forward and bringing to the world the first plant-based vaccine against COVID-19, diversifying the pool of vaccines available to help improve public health and protect more people." Dr Chrissie Jones, Associate Professor in Paediatric Infectious Diseases at University of Southampton, and Chief Investigator for the study said: "We are very grateful for the contributions of participants on the Medicago study, which have helped to identify another effective vaccine to help fight coronavirus. "The fact the vaccine candidate from Medicago and GSK is shown to produce a robust immune response, is exciting news as this plant-based platform can produce new vaccines. This could help support countries around the world which are yet to vaccinate their population, as it may be easier to manufacture and scale up, aiding low- middle-income countries."

*The Conversation.com*

## **Head to Head: the ethics of vaccine passports and COVID passes (2021)**

[Available online at this link](#)

COVID passes for England were given the green light in parliament in December, with 369 MPs voting in favour and 128 against. From now on, people attending large events will be required to show proof of vaccination – two doses, to become three after a "reasonable" amount of time – or a recent negative lateral flow test. The schemes were already being used in other parts of the UK,

with slight differences. First mandated in Israel, COVID passports consist of a paper or digital document that provides proof you have been fully vaccinated against COVID, have recovered from the virus, or have recently tested negative. The vaccination certificates were adopted widely around Europe, for sole domestic use in some countries and as travel passes in others. But some critics have questioned the need of enforcing a passport, on the basis that while vaccines have been proven to reduce the chance of falling seriously ill, they do not fully stop the spread of the disease. And an increasing number of commentators have leveraged ethical arguments, comparing vaccine passports to a form of state coercion. We asked digital society professor Helen Kennedy and ethics researcher Alberto Giubilini for their views.

## C. Original Research

### 1. **Multilevel determinants of COVID-19 vaccination hesitancy in the United States: A rapid systematic review**

Wang Y. Preventive Medicine Reports 2022;25:No page numbers.

Vaccine hesitancy is a challenge for the success and optimal implementation of COVID-19 immunization programs in the US. The objective of this study was to summarize multilevel determinants of COVID-19 vaccination intention in the US to inform future intervention opportunities. To this end, we conducted a rapid systematic review by searching published articles via PubMed published by October 5, 2021, following the PRISMA guidelines. One hundred and six articles were included. According to nationally representative studies, the overall COVID-19 acceptance rate ranges from 53.6% to 84.4%. Individual (demographics, health history, behaviors and health beliefs), interpersonal (having a close friend/family member impacted by COVID-19), healthcare and societal level factors (healthcare provider recommendations, source/credential of COVID-19 related information, and COVID-19 related conspiracy theories) all contributed to COVID-19 vaccine hesitancy in the US. This study demonstrates that the acceptance to COVID-19 vaccines is influenced by various factors, particularly the role of healthcare providers in enhancing public intent to vaccination. Potential interventions to mitigate people's concerns over the vaccines and address vaccine-related conspiracy/misinformation from social media are also critical to encourage vaccine uptake in the US. Copyright © 2021

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### 2. **Acceptance of COVID-19 Vaccination among Healthcare and Non-Healthcare Workers of Hospitals and Outpatient Clinics in the Northern Region of Slovakia.**

Ulbrichtova Romana International journal of environmental research and public health 2021;18(23):No page numbers.

The purpose of this study was to analyse attitudes, motivation, and reasons for hesitancy toward COVID-19 vaccination among healthcare workers (HCWs) in northern Slovakia. A cross-sectional study was conducted between 30 August 2021 and 30 September 2021. An anonymous questionnaire was administered. The study was completed by 1277 employees. Multivariate logistic regression was used to identify predictors of COVID-19 vaccination status. A total of 1076 (84.3%) were vaccinated, and 201 (15.7%) were unvaccinated. Physician job type (OR = 1.77; CI95 1.13-2.78), history of COVID-19 (OR = 0.37; CI95 0.26-0.37), influenza vaccination at any time (OR = 1.97; CI95 1.12-3.46), compulsory vaccination for HCWs (OR = 9.15; CI95 2.92-28.62), and compulsory vaccination for selected groups (OR = 9.71; CI95 2.75-34.31) were the predictors significantly associated with COVID-19 vaccination acceptance. Non-physician HCWs, employees in hospitals, and employees without a history of COVID-19 significantly more distrusted the efficacy of vaccines against COVID-19. Results of our study confirmed that physicians have higher vaccination rates and lower hesitance to get vaccinated than non-

physician HCWs. HCWs play an important role in influencing vaccination decisions and can be helpful in vaccine advocacy to the general public.

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3. **Examining the relationship between pregnant women more likely to be affected by severe COVID-19 and uptake of vaccination in pregnancy in the United Kingdom**  
MIDIRS Midwifery Digest 2021;31(4):443-453..

4. **Mandatory covid-19 vaccination for healthcare workers: Vaccinated and unvaccinated people seem as likely to infect others**

Porter S. BMJ 2021;375:No page numbers.

A response to the article by Sokol D. Covid-19 vaccination should be mandatory for healthcare workers. BMJ2021 Sokol's main argument for mandatory covid-19 vaccination of healthcare workers is that vaccination of patient facing healthcare workers protects patients.<sup>1</sup> The author makes this claim based on a health department study from Australia. A recent study in Lancet Infectious Diseases suggests, however, that those vaccinated who subsequently become infected are just as likely to infect those around them as unvaccinated people who develop covid.<sup>3</sup> This does somewhat weaken the argument for mandatory vaccination of healthcare workers as a means of protecting patients. The best way to protect patients is for all patient facing healthcare workers to have mandatory weekly testing. Demonstrating a lack of infection will surely provide better patient protection than a passport that indicates vaccination at some point in the past.

[Available online at this link](#)

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5. **The Nature and Extent of COVID-19 Vaccination Hesitancy in Healthcare Workers.**  
Biswas Nirbachita Journal of community health 2021;46(6):1244-1251.

COVID-19 vaccines were approved in late 2020 and early 2021 for public use in countries across the world. Several studies have now highlighted COVID-19 vaccination hesitancy in the general public. However, little is known about the nature and extent of COVID-19 vaccination hesitancy in healthcare workers worldwide. Thus, the purpose of this study was to conduct a comprehensive worldwide assessment of published evidence on COVID-19 vaccine hesitancy among healthcare workers. A scoping review method was adopted to include a final pool of 35 studies in this review with study sample size ranges from n = 123 to 16,158 (average = 2185 participants per study). The prevalence of COVID-19 vaccination hesitancy worldwide in healthcare workers ranged from 4.3 to 72% (average = 22.51% across all studies with 76,471 participants). The majority of the studies found concerns about vaccine safety, efficacy, and potential side effects as top reasons for COVID-19 vaccination hesitancy in healthcare workers. The majority of the studies also found that individuals who were males, of older age, and doctoral degree holders (i.e., physicians) were more likely to accept COVID-19 vaccines. Factors such as the higher perceived risk of getting infected with COVID-19, direct care for patients, and history of influenza vaccination were also found to increase COVID-19 vaccination uptake probability. Given the high prevalence of COVID-19 vaccine hesitancy in healthcare workers, communication and education strategies along with mandates for clinical workers should be considered to

increase COVID-19 vaccination uptake in these individuals. Healthcare workers have a key role in reducing the burden of the pandemic, role modeling for preventive behaviors, and also, helping vaccinate others.

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