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COVID-19 vaccination uptake for half a million non-EU migrants and refugees in England: a linked retrospective population-based cohort study

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Abstract

Background COVID-19 has highlighted severe health inequities experienced by certain migrants. Despite evidence suggesting that migrants are at risk of under-immunisation, data are limited for migrants' COVID-19 vaccine uptake in England.

Methods We did a retrospective population-based cohort study on COVID-19 vaccination uptake in England. We linked the Million Migrant cohort (which includes non-EU migrants and resettled refugees) to the national COVID-19 vaccination dataset, using a stepwise deterministic matching procedure adapted from NHS Digital, and compared migrants with the general population. For migrants who linked to at least one vaccination record, we estimate temporal trends in first dose uptake and differences in second and third dose uptake and consequent delays between Dec 8, 2020, and April 20, 2022, by age, visa type, and ethnicity.

Findings Of the 465 470 migrants who linked to one or more vaccination record, 427 073 (91·8%) received a second dose and 238 721 (51·3%) received a third. Migrants (>30 years) reached 75% first-dose coverage between 1 and 2 weeks after the general population in England, with the gap widening to 6 weeks for younger migrants (16–29 years). Refugees specifically had a higher risk of a delayed second dose (odds ratio 1·75 [95 CI% 1·62–1·88]) and third dose (1·41 [1·31–1·53]). Older migrants (>65 years) were at least four times more likely to have not received their second or third dose compared with those of the same age in England.

Interpretation Uptake of the first dose was slower across all age groups for migrants compared with the general population. Refugees and older migrants were more likely to have delayed uptake of COVID-19 vaccines and to not have received their second or third dose. Policymakers, researchers, and practitioners should consider how to best drive uptake of COVID-19 and other routine vaccine doses and understand and address personal and structural barriers to vaccination systems for diverse migrant populations.

Funding Wellcome Trust and UK Research and Innovation.

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Contributors

RB, KH, IC-M, and RWA contributed to the conception of the work. RB, IC-M, and RWA were responsible for the acquisition of data. RB did the data analysis. All authors reviewed and interpreted the results, edited the Abstract, and agreed to be accountable to all aspects of the completed work.

Declaration of interests

RB and RWA are on the organising committee for The Lancet Public Health Science Conference. All other authors declare no competing interests.

Published Online
November 24, 2022

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