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Rt Hon Caroline Noakes MP
Chair, Women and Equalities Select Committee
House of Commons
London
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Dear Caroline,

Thank you for getting in touch to request an update on the evidence to the Women and Equalities Select Committee provided by Nadhim Zahawi MP on 10 March, in his former capacity as Minister for COVID-19 Vaccine Deployment. I appreciate you taking the time to follow up on this discussion.

I understand that the Committee is interested in an update on our 'second chance campaign'. Continued from previous stages of the programme, the latest phase of the vaccine campaign involves using a diversified communications strategy to promote first and second dose uptake to those that remain unvaccinated. To achieve this, a wide range of communities and individuals must be targeted, including young people, ethnic and underserved communities.

To engage the younger cohorts, we have developed bespoke content via youth campaigns, which have achieved high rates of engagement. For example, recent Snapchat & TikTok takeovers reached over 17.5million users and delivered 38million impressions, with 850,000 swipe ups. Mainstream campaigns also achieve high levels of reach and frequency for good awareness with multicultural audiences.

We have forged new partnerships with media medics from diverse backgrounds such as unvaccinated cohorts, Black Caribbean and people under 30, to co-produce vaccine explainer film content published by NHS England and Improvement (NHSE/I) and the Department of Health and Social Care.

Case studies, such as a Dr Emeka-narrated film featuring interviews with unvaccinated young people who suffered long COVID, has had a very large audience reach and was featured on all major online broadcast news channels. Co-producing content with well-known media medics and online influencers maximises impact of messages and reaches communities and individuals where they are online. Vaccine content achieved 80% penetration across youth audiences, and 81% penetration with multicultural youth audiences.

We have diversified our media and channel mix to appeal to a range of audiences. A bespoke print and radio partnership with multicultural outlets achieved a reach of 20million across 500 titles, and over 300 outlets. This content has answered key questions on the vaccine, resolved misconceptions and built confidence and trust with key audiences. New partnerships with multicultural and community media on both radio (16 stations) and TV (44 stations), have also been formed to develop vaccine content and adverts using trusted presenters and personalities to deliver key messages in multiple languages. We have also partnered with medical charities and faith and community groups to co-produce media content and further the reach of campaign messaging by trusted spokespeople to hyper-local, hyper-specialist audiences.

We have been using behavioural insight techniques to measure the effectiveness of our communications approach and optimise our strategy. The impact of our communications activities is measured via internal and external polling and focus groups. Our approach and targeted resources are then flexed to align with the areas of most need. Qualitative feedback is also received from localised Street Teams, community champions, social media listening and forums, all of which highlight the reasons for lower vaccine uptake. The campaign is always looking for new ways to reach and engage target audiences with exciting voices and highly influential channels. Our first ever TikTok advert has now been produced, generating over 22million impressions and 100,000 likes.

In very positive news, YouGov polling indicates that overall vaccine hesitancy in all age groups has decreased from 40% in December 2020 to 6% in September 2021. Vaccine hesitancy within ethnic communities, has decreased from 22% in the January/February period to 9% in June/July, according to ONS research, and polling also shows a very high level of reach of vaccine campaign material.

I understand that the Committee is also interested in levels of vaccine uptake among young women who may have concerns around pregnancy and fertility issues. I would like to reassure you that we are working hard to drive uptake in pregnant women given recent evidence showing higher levels of hospitalisation and serious illness due to COVID-19, to ensure that as many pregnant women take up the offer of vaccination as soon as possible so that they are protected throughout their pregnancy. It is understood that pregnant women may prefer to wait to be vaccinated until after they have given birth, however, it is very important for pregnant women to discuss their offer of vaccination with a healthcare professional in relation to the risks and benefits of the vaccine.

Our vaccine toolkits for local services, stakeholders, partners, and employers cover information around common concerns to reduce vaccine hesitancy. NHSE/I is working with regional teams and providers to ensure that advice on vaccination in pregnancy, including the risks and benefits of vaccination to pregnant women, is being offered antenatally and that information materials are available across antenatal and primary care settings. In addition, the Royal College of Obstetricians and Gynaecologists have published some advice for pregnant women who are considering taking up the vaccine.

To ensure that healthcare professionals are having these discussions, NHSE/I have asked maternity and primary care services to support all GPs, practice nurses, midwives and obstetricians to give objective, evidence-based advice to women on vaccination in pregnancy at every antenatal contact. For healthcare professionals, there is also the following checklist to aid discussions on the potential benefits and risks of COVID-19 vaccination in pregnancy, and to gain informed consent. This is available on the following

link – C1293-COVID-19-vaccination-in-pregnancy-vaccinator-checklist-version-2-19-May-2021.pdf (england.nhs.uk)

Also, we have been sourcing and sharing case studies of women of childbearing age who have received the vaccine before, during or after pregnancy to reassure women who may still be concerned. At a local level we have also encouraged and supported webinars and engagement sessions which have been specifically focused on women's vaccines concerns and have also been tailored to specific demographic groups.

Once again, thank you for taking the time to get in touch, and I hope my response has been useful.

Kind regards,

MAGGIE THROUP