



PAVEE POINT
TRAVELLER AND ROMA CENTRE

Recommendations for Traveller Vaccination Roll-Out Plan

Context

In January 2021, Pavee Point published its briefing paper, *Approach and Recommendations for COVID-19: Vaccination Prioritisation & Roll Out for Travellers and Roma*, which highlighted the need for Travellers and Roma to be prioritised for access to COVID-19 vaccinations. We argued that there was clear and urgent need for vaccination prioritisation of Travellers and Roma given the level of health inequalities, including higher rates of chronic health diseases, severely overcrowded and unsafe living conditions and the disproportionate impact COVID-19 has already had on both Travellers and Roma as acknowledged by the Government, Department of Health, HSE and a range of international bodies.¹ We welcome the most recent recommendation from the National Immunisation Advisory Committee's (NIAC)² to prioritise Travellers and Roma aged 18-64 years for vaccination.

“Members of the Traveller and Roma communities and people who are homeless are the only specific groups identified as being at significantly increased risk of hospitalisation ICU admission or death compared to the general population and should be prioritised for vaccination.” (NIAC, 2021:10)

This also supports recommendations from the Health Information and Quality Authority (HIQA) which identifies Travellers and Roma aged 18-64 years to be at a higher risk of infection and hospitalisation³, thus requiring vaccination prioritisation.

“Travellers (all ages and those aged 18-64 years) were noted to be at an elevated risk of infection, and in those aged 18-64 years there was an increased risk of severe disease (in terms of hospitalisation when considered as a proportion of cases, and hospitalisation, ICU admission and death when considered as a proportion of the population). Notably, these results are considered to underestimate the true prevalence, given limitations with the use of ethnic identifiers and the hard to reach nature of this population. (HIQA, 2021:12)

Furthermore, given that more than 1 in 10 of all Travellers (13%), and those aged 18-64 years (15.8%) have been infected with COVID-19; compared with 4.4% and 5.4%, respectively, of the general population, there is a clear need to implement these recommendations urgently.

In order to do so, a comprehensive national Traveller vaccination plan is required to protect Traveller health and prevent any further unnecessary excess Traveller deaths. It should be recognised that not all Travellers have access to GP services, and many have mixed experiences of GP services, as

¹ See statements from the [Council of Europe](#); [OSCE](#); and [FRA](#)

² National Immunisation Advisory Committee (NIAC) (2021) Updated Recommendations: Priority Groups for COVID-19 Vaccination. Dublin: NIAC.

³ HIQA (2021) *Evidence synthesis for groups in vaccine allocation group nine – those aged 18-64 years living or working in crowded conditions*. Dublin: Health Information and Quality Authority

documented in the All Ireland Traveller Health Study. The Traveller vaccination roll-out must be informed by both a mainstreaming and targeted approach to ensure that all Travellers, particularly those who are most vulnerable, have equal opportunity to receive the vaccination. The approach to vaccinating Travellers needs to include proactively mitigating some of the challenges and barriers that could potentially impact on Traveller uptake in relation to the vaccination, including:

1. Vaccine registration

- This includes a level of requirement of literacy for the completion of registration forms
- Technology challenges for online registration, including lack of access to computers; lack of access to WIFI on sites; and digital skills deficit among Travellers, particularly older Travellers
- Lack of trust in giving PPSNs to strangers
- Registration through GP services as some Travellers do not have a GP and/or negative experiences with GPs. Also, we have received many reports nationally of Travellers unsuccessfully trying to contact GPs directly to be referred for testing throughout COVID-19.

2. Equality of access to vaccines and vaccination appointments

- While we agree with the NIAC that a single-dose vaccine (COVID-19 Vaccine Janssen®) may be ideal for many Travellers who could potentially find it difficult to return for a second vaccine dose, it should not be the only vaccine offered to Travellers and/or be the reason in delaying vaccine rollout.
- Access to transport to attend vaccine appointments, particularly for older Travellers or those who are more vulnerable
- Vaccine clinics for Travellers need to be easily accessible to them-the most vulnerable Travellers may be reliant on public transport which is not always located within easy distance of Traveller sites/group housing schemes

Vaccination hesitancy is a significant issue for the national COVID-19 vaccine rollout, and recent international evidence suggests this is much more prevalent amongst minority ethnic groups,⁴ including Travellers. Notwithstanding these challenges, Pavee Point has been working with Traveller and Roma communities to promote the uptake of the approved COVID-19 vaccinations and to build confidence in these processes. The following recommendations seek to support the HSE in the design and implementation of an effective national Traveller vaccination plan.

Recommendations

1. Ensure a consistent national approach

- The application of a consistent national approach across all CHOs in the rollout of the COVID-19 vaccination to Travellers
- The HSE to develop a Local Traveller Vaccination Standard Operating Procedure (in each CHO) in partnership with Traveller Health Units, to include:
 - Assignment and identification of roles and contact points for HSE and THU staff as related to vaccine rollout using the current model of mass-testing on Traveller sites
 - A list of potential vaccine recipients should be prepared by the local Traveller organisation/Primary Health Care Project and shared with HSE Public Health prior to pop-up vaccine clinics to reduce administrative burden and prevent vaccine wastage
 - Development and dissemination of culturally appropriate vaccine posters on site

⁴ See for example, in the U.S [here](#) and [here](#); and the [UK](#)

2. Harnessing the Traveller infrastructure to support effective rollout of vaccination plans

- THU coordinator should be responsible for overseeing the rollout of vaccination in their respective area (i.e.) coordinating, managing and linking in with the local Traveller organisation/Primary Health Care Projects and HSE
- Where local Traveller organisations/Primary Health Care Projects do not exist, THU co-ordinators to identify alternative trusted supports
- Local Traveller organisations/Primary Health Care Projects to undertake operational aspects of the vaccination plan, this includes:
 - Securing a list of potential vaccine recipients
 - Identifying and securing site for outreach/pop-up vaccination clinics where deemed appropriate
 - Overseeing and manage smooth and seamless running of bespoke pop-up/outreach vaccination clinics
 - Identifying and reporting emerging issues as related to vaccination rollout

3. Continue partnership and collaboration between HSE Public Health and local Traveller organisations/Primary Health Care Projects

- Ensure a collaborative approach and parity of esteem between Public Health and local Traveller organisations/Primary Health Care Projects through effective communication and sharing of information
- Continued partnership and engagement with the Local Authority to support bespoke pop-up/outreach vaccination clinics (i.e.) provision of portaloos, PPE, marquee, etc.

4. Clear vaccination pathways to maximise uptake amongst Travellers

- Ensure that Travellers who wish to avail of mainstream vaccination processes are able to do so (e.g.) through the GP, vaccination centres, etc.
- Where mainstream access is not possible, the following targeted measures are recommended:
 - The HSE to resource bespoke pop-up/outreach family vaccination clinics (given larger family sizes) in a central location (ideally within a local Traveller organisation) or on Traveller sites where there is a substantial Traveller population as identified by the local Traveller organisation/Primary Health Care Project
 - The HSE to ensure that adequate notice of pop-up/outreach vaccination clinics is given to local Traveller organisation/Primary Health Care Projects
 - The HSE to provide clear and accessible information on vaccine related information