NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
NICE guidelines
Equality impact assessment
Suspected sepsis in people aged 16 or over: recognition, assessment and early management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

This EIA is an update of the EIAs undertaken for the initial update of NG51 and focuses on procalcitonin testing for suspected sepsis in people aged over 16. NG51 was split by population based on stakeholder comments regarding accessibility and readability, and renumbered:

- Suspected sepsis in people aged 16 or over: recognition, assessment and early management (NG253) – the focus of this EIA
- Suspected sepsis in under 16s: recognition, diagnosis and early management (NG254)
- Suspected sepsis in pregnant or recently pregnant people: recognition, diagnosis and early management (NG255)
- Procalcitonin testing is also being considered in the on-going updates of NG254 and NG255 where separate assessments of the potential impacts of equality and health inequalities will be undertaken.

1.0 Checking for updates and scope: before scope consultation
1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)
Procalcitonin update (2026) No scope consultation is planned for this update. This update focuses on people aged 16 or over and specifically the clinical and cost effectiveness of using serum procalcitonin measurement alongside standard clinical practice to support decision making about treatment for suspected sepsis in people aged 16 or over, compared to standard clinical practice alone.

This update is focused on people aged 16 and older but there are parallel updates which included the effectiveness and cost-effectiveness of procalcitonin for those under 16 (NG254) and pregnant and recently pregnant people (NG255).
This does not represent an equalities or inequalities issue

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

Procalcitonin update (2026)
No clear evidence of inequity specific to this update was identified. The EIA undertaken for HTG386 (Procalcitonin testing for diagnosing and monitoring sepsis [formally DG18]) highlighted that bacterial sepsis may be more difficult to identify in pregnant women, young children, older people and people with a mental health problem. The External Assessment Group (EAG) responsible for the development of this HTG did not identify any evidence of differential outcomes in these subgroups

The 2026 Procalcitonin update focuses on determining the clinical and cost effectiveness of using serum procalcitonin measurement to support decision making regarding the treatment of sepsis. NICE HTG386 (formerly, DG18) Procalcitonin (PCT) testing for diagnosing and monitoring sepsis found insufficient evidence in 2015 to recommend routine adoption in the NHS and recommended further research on the use of PCT to guide decisions on stopping antibiotic treatment in people with confirmed or highly suspected sepsis in intensive care units.

EIA for previous updates (2016, 2022, 2023, 2025)
This EIA document is an addendum to EIAs from two recent updates of NG51 Sepsis: recognition, diagnosis and early management (which both published in January 2024). It should be read in conjunction with the EIAs conducted for the previous updates which can be accessed here.

This EIA will only cover potential equality issues related to the scope of this further update of NG51 (2025) which is considering recommendations on the use of rapid antigen tests for diagnosing infection, indicators of organ hypoperfusion, intravenous (IV) fluids and vasopressors.

This document has been compiled based on the June 2022 EIA and the May 2023 EIA undertaken for the previous updates of NG51 and subsequent review of potential equalities issues by the committee responsible for this further update (2025) of NG51. This update focuses on addressing items raised by the Committee responsible for the current update of NG51 which focuses on the

recommendations pertaining to the use of rapid antigen tests for diagnosing infection, indicators or organ hypoperfusion, IV fluids and vasopressors:

- **Age**

  The population for this update is a NEWS2 population. NEWS2 is for people aged over 16 years, therefore the recommendations being considered in this update will not include people aged under 16 years.

  The original EIA for NG51 (2016) highlighted that diagnosis of sepsis may be delayed as symptoms such as confusion may not be considered as indicators of an acute problem in groups such as the elderly.

  At the committee meeting (on 13/07/23) it was highlighted that older age is risk factor for Sepsis. NICE CKS (2020) highlights that being over 75 years of age and being very frail are risk factors for sepsis (NICE CKS, 2020). NICE CKS (2020) highlights that age-specific mortality rates were higher at the extremes of age, with the rate in infants under one year being similar to that in people aged 60 years and over (NICE CKS, 2020).

  No additional equalities issues were identified for age within this EIA for this update of NG51. The Committee agreed that the additional prevalence and risk associated with sepsis in older people identified in previous updates should be considered in this update (2025).

- **Disability**

  At the committee meeting (on 13/07/23) it was noted that people with a learning disability, people with cognitive impairment (for example dementia) and people with communication difficulties may face additional challenges when describing symptoms, this could lead to further difficulties in ascertaining a diagnosis of suspected sepsis. Specific consideration may need to be given to people with a learning disability, people with cognitive impairment (for example dementia) and people with communication difficulties when developing recommendations.

  No new equalities issues were identified for disability within this EIA for this update (2025) of NG51.

- **Gender reassignment**

  None

- **Pregnancy and maternity**

The NEWS2 should not be used for women who are or have recently been pregnant. The 2024 update of NG51 did not consider this population and this update (2025) will not consider this population. However, these populations are included in current recommendations, and these recommendations will remain in the guideline when this update is completed.

No new equalities were identified for pregnancy and maternity within this update (2025) of NG51.

- **Race**

  No issues were identified during the June 2022 update. At the committee meeting for the May 2023 update (on 13/07/23) it was outlined that people from minority ethnic groups may be at greater risk of sepsis. There is limited UK data that highlights this trend for sepsis specifically, but in terms of broader infectious diseases there is evidence from the USA which suggests that ethnic minorities experience infectious diseases at higher rates (Ayorinde et al 2023). Further evidence from the USA highlights a persistent variability in clinical outcomes across racial groups, with higher rates of morbidity and mortality in sepsis in minority ethnic groups linked to healthcare disparity (DiMeglio et al 2018). This disparity could be linked to a lack of awareness of the need to adjust test results to consider differences between racial groups, leading to poorer care for these groups. For example, some pulse oximetry devices have been reported to overestimate oxygen saturation levels in people with darker skin, which may lead to them not being treated when treatment is needed unless an adjustment is made in interpreting the test results; or difficulties in seeing a rash associated with sepsis or in estimating perfusion from skin colour in people with darker skin.

  No new equalities issues were identified for race within this EIA for this update (2025) of NG51 and the committee have outlined that the issues raised associated with sepsis regarding race outlined from previous EIAs should be considered in this update (2024).

- **Religion or belief**

  None

- **Sex**

  None

- **Sexual orientation**

  None

- **Socio-economic factors**

  No issues were identified in the June 2022 update. At the committee meeting for the May 2023 update (on 13/07/23) it was outlined that socio-economic factors may have an impact on the recognition, diagnosis, and early management of sepsis. Evidence suggests that lower socio-economic status (as well as gender, old age and frailty) can contribute to an increase in mortality and intensive care unit admission in patients with sepsis (Sheikh et al 2022). More generally, people living in lower socioeconomic areas have a lower life expectancy than the general population but there is limited UK data that highlights this trend for sepsis specifically although in terms of broader infectious diseases, antimicrobial resistance, and incomplete/delayed vaccination there is evidence which suggests that people in inclusion health groups and with lower socioeconomic status are consistently at higher risk (Ayorinde et al 2023). There is non-UK (USA) evidence that suggests that the incidence of sepsis disproportionately affects individuals with low socioeconomic status and increases the risk of poorer outcomes (Minejima et al 2021). Evidence suggests that there are increased barriers to care access for people with low socioeconomic status which include cost, transportation, poor health literacy and lack of social network which potentially contributes to the identified disproportionate impacts felt by this group. The committee agreed that socio-economic factors should be considered in this update.

  No new equalities issues were identified for socio-economic factors within this EIA for this update (2025) of NG51 and the committee have outlined that the issues raised associated with sepsis regarding socio-economic factors outlined from previous EIAs should be considered in this update (2025).

- **Other definable characteristics**:

  No new equalities issues were identified for other definable characteristics within this EIA for this update (2025) of NG51.

  The EIA for NG51 (2016) highlighted that ‘history taking’ is very important in the process of identifying sepsis, and that people with communication difficulties or those who do not speak English may not be able to give a history. This was raised again during the June 2022 update, and the need to have specific consideration for people who do not speak English or whose first language is not English was raised. This was also included in the EIA for the May 2023

update and applies to this update (2025) which focuses on updating recommendations on the use of rapid antigen tests for diagnosing infection. At committee (on 13/07/23) 3 further populations were identified which are also relevant to this 2025 update:

- **Newly arrived migrants (including refugees, asylum seekers and unaccompanied asylum-seeking children, irregular migrants)**. There is limited UK evidence that highlights a trend for these populations regarding additional sepsis risks. Non-UK evidence (Danish) highlights that vulnerability towards blood stream infections varies based on migrant status, but overall refugees had a higher risk of bloodstream infections (Nielsen et al 2021). These populations will often embark on arduous journeys and combined with often precarious living and housing circumstances may impact their nutrition and their immune system contributing to increased risk of developing sepsis and making infection source identification and control challenging. This risk may be further increased if they have poor access to healthcare services (Rudd et al 2018). This trend is likely to vary between countries due to differences in immigration patterns, vaccine status, variations in rates of antimicrobial resistance, as well as the impact of previous childhood disease. The committee agreed that these populations should be considered in this update.
- **People experiencing homelessness**. People experiencing homelessness are more likely to delay seeking care and there is non-UK evidence (USA) to suggest that they are more likely to die following an admission for severe sepsis which is linked to the increased likelihood of delayed presentation (Shahryar et al 2014). More generally those experiencing homelessness are more likely to have poor physical and mental health, be more vulnerable to issues associated with alcohol and drug use and can experience significant barriers to accessing health services which given the need for timely management if sepsis is suspected can result in greater adverse outcomes. The committee agreed that people experiencing homelessness should be considered in this update.
- **People with low levels of health literacy:** Health literacy entails people's knowledge, motivation, and competence to access, understand, appraise, and apply health information to make judgments and take decisions in everyday life concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during their life course. PHE/UCL Institute of Health Equity (2015) highlight that anyone could have low health literacy. However, it is central to health inequalities as disadvantaged or vulnerable groups are most at risk for example those from more disadvantaged socioeconomic groups, migrants and people from ethnic minorities, older people, people with

long term health condition, disabled people (including those who have long-term physical, mental, intellectual or sensory impairment). People with low levels of health literacy are potentially more likely to have not engaged in vaccination programmes and thus may be more vulnerable to developing sepsis and potentially delay seeking care if sepsis is suspected. Low health literacy was associated with a decreased likelihood of using preventative health measures, and in one review this was associated with those aged 65 years and over (older age has been identified as a risk factor for sepsis). People with low literacy levels may face challenges in understanding information leaflets relating to their care or recognise the signs and symptoms of sepsis if they develop. The committee agreed that people with low levels of health literacy should be considered in this update.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

Procalcitonin update (2026)
No clear evidence of inequity specific to this update was identified

EIA for previous updates (2016, 2022, 2023, 2025)
The following potential equality issues will be considered for the key questions included in this update of NG51. The following issues were identified in the June 2022 update but also apply to this update which focuses on making new recommendations or updating existing recommendations on rapid antigen testing, indicators of organ hypoperfusion, intravenous fluid therapy and vasopressors:

- Disability (including people with a learning disability, people with cognitive impairment and people with communication difficulties) and people who do not speak English or whose first language is not English: specific recommendations may need to be made for these groups.

- Age and pregnancy and maternity: The recommendations being updated in this guideline will not consider people under 16 years, pregnant women or women who were recently pregnant. These population groups are included in current recommendations within NG51 and that will remain unchanged in the guideline.

- Age (older age and frailty), race, socio-economic factors, newly arrived migrants (including refugees, asylum seekers and unaccompanied asylum-seeking children, irregular migrants), people experiencing homelessness and

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?
people with low levels of health literacy: specific recommendations or references within recommendations may need to be made for these groups. The Committee were invited to make any additional comments on the EIA prior to scope consultation (October 2023). No additional equalities issues were raised beyond those outlined in section 1.2 and 1.3. A committee member did raise that the reference to those at ‘high’ and ‘moderate’ risk of severe illness or death from sepsis in review questions on organ hypoperfusion, and vasopressors was not accurate and whilst not an equalities issue per se had the potential to miss populations at ‘low’ risk of severe illness and death from sepsis who would potentially benefit from these interventions. The review questions were amended to address this observation.

Completed by Developer: James Jagroo

Date: 10/02/2026

Approved by NICE CFG topic hub senior topic adviser: Sara Buckner

Date 11/06/2026

2.0 Checking for updates and scope: after consultation

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
Procalcitonin update (2026) No consultation was undertaken

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
Procalcitonin update (2026) No consultation was undertaken

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration? If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to Committee processes, additional forms of consultation)
Procalcitonin update (2026) No consultation was undertaken

Completed by topic team: James Jagroo
Date: 10/02/26

Approved by committee chair
Date:

Approved by NICE CFG topic hub senior topic adviser: Sara Buckner
Date:11/06/26