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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Urinary tract infection in under 16s: diagnosis and management (update)

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for 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? No

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.)

Not applicable

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?

- Age

Up to 50% of urinary tract infections (UTIs) in young children are missed in primary care. It can be difficult to recognise UTI in children because the

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presenting symptoms and signs are non-specific, particularly in infants and children younger than 3 years. Prompt diagnosis and treatment of UTI is important in order to prevent renal scarring, chronic kidney disease (CKD) and End-stage Renal Disease (ERD).

- Disability

In terms of identifying UTI signs and symptoms, specific consideration may need to be given to those:

- with learning disabilities.
- with physical or cognitive impairments that may affect development or communication.

- Girls who have undergone female genital mutilation

There is evidence that the prevalence of recurrent UTI's in women who underwent genital mutilation is between 10 and 30%.

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

- Age and Disability: Potential inequality issues will be noted in the review protocol and any relevant evidence will be extracted. In addition, these issues will be highlighted to and discussed by the committee during development of recommendations.
- The guideline excludes the following groups:
 - Children with urinary catheters in situ, this group is covered by [Urinary tract infection \(catheter-associated\): antimicrobial prescribing](#) NG113 (2018)
 - Children with neurogenic bladders, this group is covered by [Urinary incontinence in neurological disease: assessment and management](#), CG148 (2012)
 - Children already known to have significant pre-existing uropathies, this group is partially covered by [Renal and ureteric stones: assessment and](#)

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

[management](#), NG118 (2019)

- Children with underlying renal disease (for example, nephrotic syndrome), this group is covered by [Acute kidney injury: prevention, detection and management](#) NG148 (2019) and [Chronic kidney disease: assessment and management](#), NG203 (2021).
- It also excludes:
 - Immunosuppressed children
 - Infants and children in intensive care units

These groups require specific management and require separate guidance.

Completed by Developer Robby Richey/Clare Wohlgemuth

Date 22/12/2021

Approved by NICE quality assurance lead Simon Ellis

Date 21/01/22

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Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Age

The committee did not make a separate list of symptoms or signs suggesting a UTI in babies and children under 3 years old because included trials were mainly in children under 5 years and, in most cases, results were not reported by age. They discussed each symptom and sign individually as to whether they could be generalised across age groups and presented the symptoms and signs in a single table spanning age groups. However, they agreed that it would be necessary to take into account the child's age and ability to communicate as this would affect the usefulness of a particular symptom or sign. They therefore agreed that clinical judgement is needed when deciding which symptoms and signs are relevant for an individual baby, child, or young people. These points are made clear in the rationale that accompanies the recommendations. In addition, the presence of a parent or carer at the consultation is likely to help with communication and recall of symptoms.

The recommendations that specify particular age groups refer to babies over 3 months, children and young people as a single group because the committee agreed that the same actions that should be taken or considered applied across these age groups. However, for safety purposes and in line with [NICE guideline on fever in under 5s: assessment and initial management](#), the committee made a separate recommendation for babies under 3 months old to have a urine test if they have a fever. The committee also included cross references to the following guidelines for safety purposes: the [NICE guideline on sepsis: recognition, diagnosis and early management](#); the [NICE guideline on neonatal infection: antibiotics for prevention and treatment](#) (which covers the assessment and management of babies up to 28 days) and [NICE guideline on fever in under 5s: assessment and initial management](#).

Disability

The committee noted that no evidence for children with learning disabilities, physical or cognitive impairments that may affect development or communication was identified during the review process. They did not make separate recommendations for these groups but noted in the rationale that accompanies the symptoms and signs recommendations that the usefulness of a particular symptom or sign depended on a child's or young person's age or ability to communicate symptoms (or if their symptoms cannot be accurately assessed). They therefore agreed that clinical judgement is needed when deciding which symptoms and signs are relevant for an individual baby, child, or young people. In addition, the presence of a parent or carer

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

at the consultation is likely to help with communication and recall of symptoms.

The committee included children and young people with cognitive or learning disability or other groups with communication difficulties who may find it difficult to communicate or verbalise symptoms of UTI as a subgroup of interest in a research recommendation looking at the symptoms and signs of UTI in 5 to under 16 year olds.

Girls who have undergone female genital mutilation

Similarly, the committee noted that there was no evidence for babies, children or young people who have undergone female genital mutilation. The committee regarded these as important gaps in the evidence and wanted to try to address the issue about whether these people have different symptoms or signs to people who have not undergone FGM. They therefore included girls and young women who undergone FGM as a subgroup of interest in a research recommendation aimed identifying symptoms and signs for 5 to under 16 years olds.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Socioeconomic status

The committee noted that from the included studies there was a bias towards secondary care settings. The committee agreed that underserved primary care populations (for example in socio-economically deprived areas) may be more likely to use walk-in centres, emergency departments or other urgent care services would in fact be likely to be over-represented in the evidence rather than underrepresented. The committee did not make separate recommendations for babies, children and young people from lower socioeconomic groups because they agreed that the symptoms and signs in the table in the guideline would be relevant for this group and that the other recommendations would also apply equally to them as to babies, children and young people from higher socioeconomic groups.

Age

The committee also identified that there was a paucity of evidence for children and young people aged 5 to under 16 years. The committee, in their discussions, regarded this as an important gap in the evidence and have made a research

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recommendation to address this issue.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee's consideration of these issues is addressed in the evidence review under the quality of the evidence in relation to socio-economic factors (section 1.1.10.2), under the benefits and harms for consideration of individual symptoms and signs and how well these can be assessed if a child or young person is unable to effectively communicate or verbalise symptoms and signs (section 1.1.10.3) and in other factors that the committee took into consideration (section 1.1.10.5) which summarises the gaps in the evidence for the identified equality groups and how the committee have addressed the issues.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The recommendations should not have this effect because although being very young or disabled may affect a child or young person's ability to effectively communicate the presence or severity of symptoms associated with a UTI, the presence of a parent or carer at the consultation is likely to help with communication and recall of symptoms and clinicians are expected to use their judgement when applying and interpreting symptoms and signs.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The committee do not believe that the recommendations would be likely to have an adverse effect or to act as a barrier to service for these people.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

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No barriers identified in box 3.4.

Completed by Developer: Kate Kelley, Associate Director, Guideline Development

Date: 13/04/2022 _____

Approved by NICE quality assurance lead _____ Simon Ellis _____

Date _____ 24/01/22 _____