



IMMUNISATION  
COALITION



# Australians & Vaccinations

Immunisation Coalition | April 2022



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# 1 Background



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# Questions Asked #1

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## Influenza

1. Did you have a flu shot in 2021?
2. Do you intend to get vaccinated (flu shot) in 2022?
3. Do you expect the flu to be worse this year, compared to the last two years?

## COVID-19

4. Are you “up to date” with your Covid vaccination? (3 doses)
5. Will you continue to get booster shots if recommended?
6. Did you know that COVID-19 and flu vaccines can be administered together?

## Pneumococcal Disease

7. Do you know what Pneumococcal disease is?
8. Do you know that Pneumococcal Disease can be life threatening?
9. Have you been vaccinated against it as an adult?
10. Did you know that people 70 years and over are entitled to a free vaccination for Pneumococcal disease?

## Pertussis (Whooping Cough)

11. Do you know what Pertussis (Whooping Cough) is?
12. Did you know that vaccination against Pertussis (Whooping Cough) is recommended for people 50 years and over?
13. Have you been vaccinated against it as an adult?
14. Would you pay to get vaccinated if your GP recommended it for you?

## Zoster (Shingles)

15. Have you heard of zoster (shingles) and it's potentially debilitating symptoms?
16. Were you aware that people aged 70-79 are entitled to free vaccination against shingles until October 2023?
17. Would you pay for this vaccine if your GP recommended it for you?

# Questions Asked #2

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## HPV

- 18. Do you know what Human Papillomavirus (HPV) is?
- 19. Did you know that the disease caused by HPV can be prevented with a vaccine?
- 20. Did you know that the vaccine is free for people under 20 years of age?

## Meningococcal Disease

- 21. Do you know that Meningococcal Disease is a life-threatening infection?
- 22. Were you aware that most meningococcal disease occurs in children aged less than 5 years of age as well as adolescents?
- 23. Did you know that there are vaccines for Meningococcal Disease?



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## Methodology & Sample



6



# Details of the Methodology

*The methodology utilised a very large nationwide sample size, representative of the Australian adult population, with 3 comprehensive stages of qualitative & quantitative research.*

## Stage 1: Focus Groups

- 15 focus groups were conducted, each comprising a representative sample of 10-12 Australians, each taking on average 92 minutes to complete.
- Detailed qualitative and specific quantitative information obtained from this stage.
- Groups were held in central locations (online in those under lockdown) in these cities:
  - Sydney (2)      - Brisbane (2)      - Adelaide      - Canberra      - Newcastle      - Bendigo
  - Melbourne (2)      - Hobart      - Perth      - Darwin      - Rockhampton      - Bunbury

## Stage 2: Telephone Survey

- 1,509 telephone interviews were conducted, predominately amongst:
  - Older Australians
  - Those with limited vision
  - Those who did not have Internet access
- Detailed quantitative information was obtained from this stage.
- Each interview took on average 26 minutes to complete.

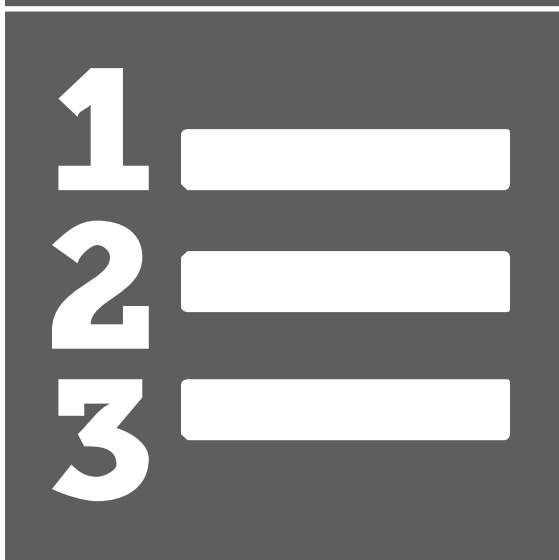
## Stage 3: Online Survey

- 23,533 interviews were conducted amongst a representative sample of Australians.
- Detailed quantitative information was obtained from this stage.
- The survey utilised the latest online technology, where images, audio and video were included for some questions, making the survey interactive and engaging.
- Smartphones, tablet computers and PC's were used to undertake the survey.
- The survey took on average 23 minutes to complete.



**Sample**

- Very large nationwide sample size, involving:
  - 173 focus group participants
  - 25,042 telephone and online survey participants
- Representative of the Australian adult population, across all States, Territories, metropolitan, regional & rural areas.



**Comprehensive**

- 3-stage methodology.
- Qualitative stage:
  - 15 focus groups, conducted across 12 cities
- Quantitative stage:
  - 1,509 telephone surveys
  - 23,533 online surveys



**Confidence**

- Very high level of statistical confidence across all findings.
- Between 95-97% statistical confidence for almost all questions.

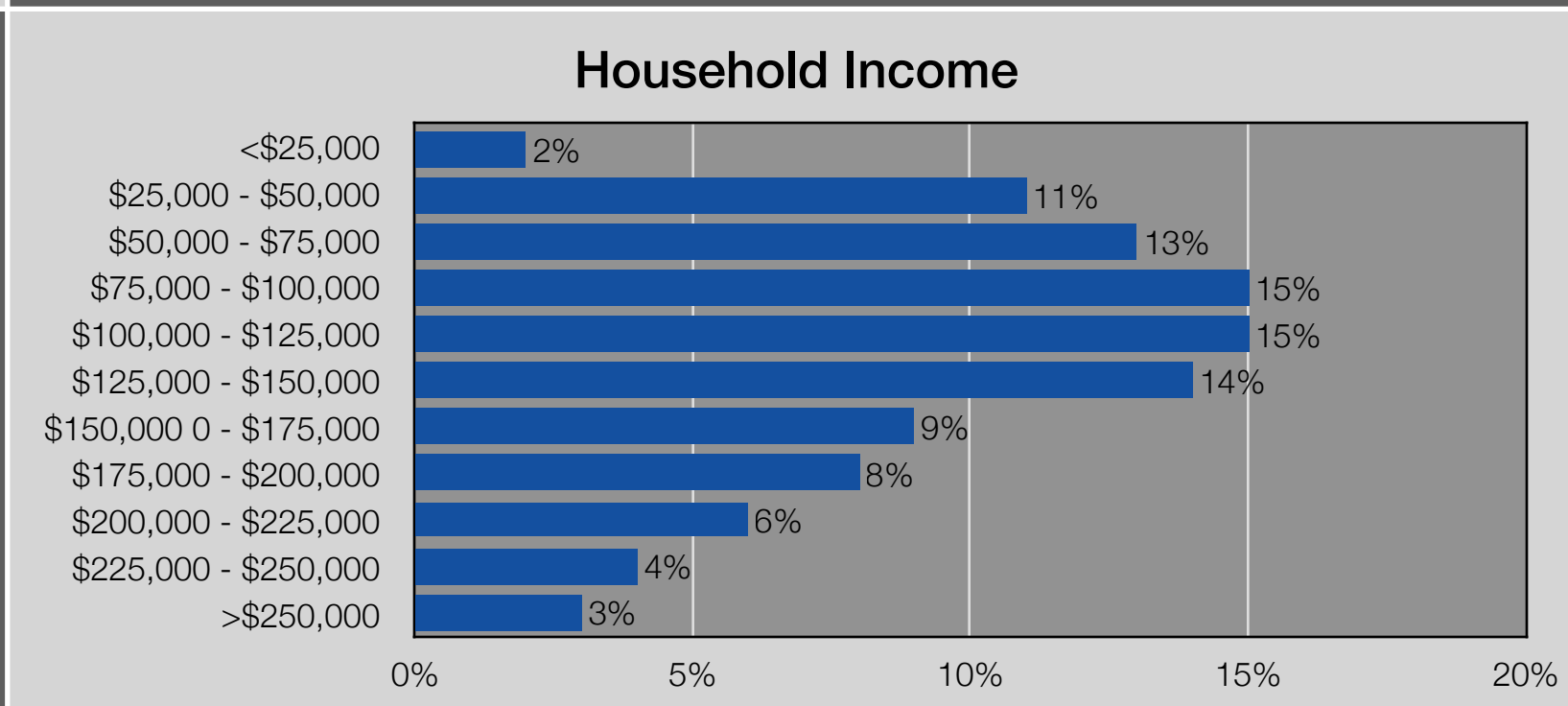
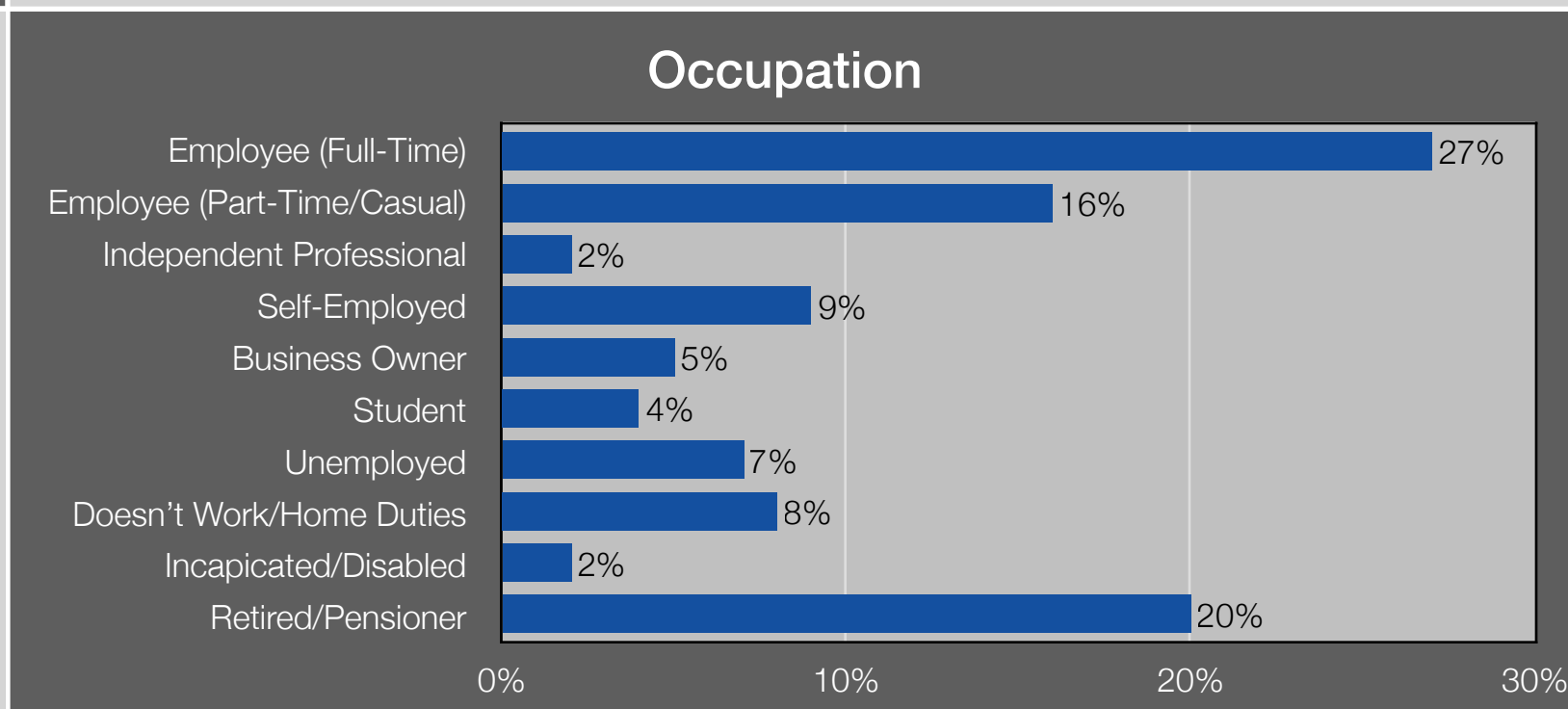
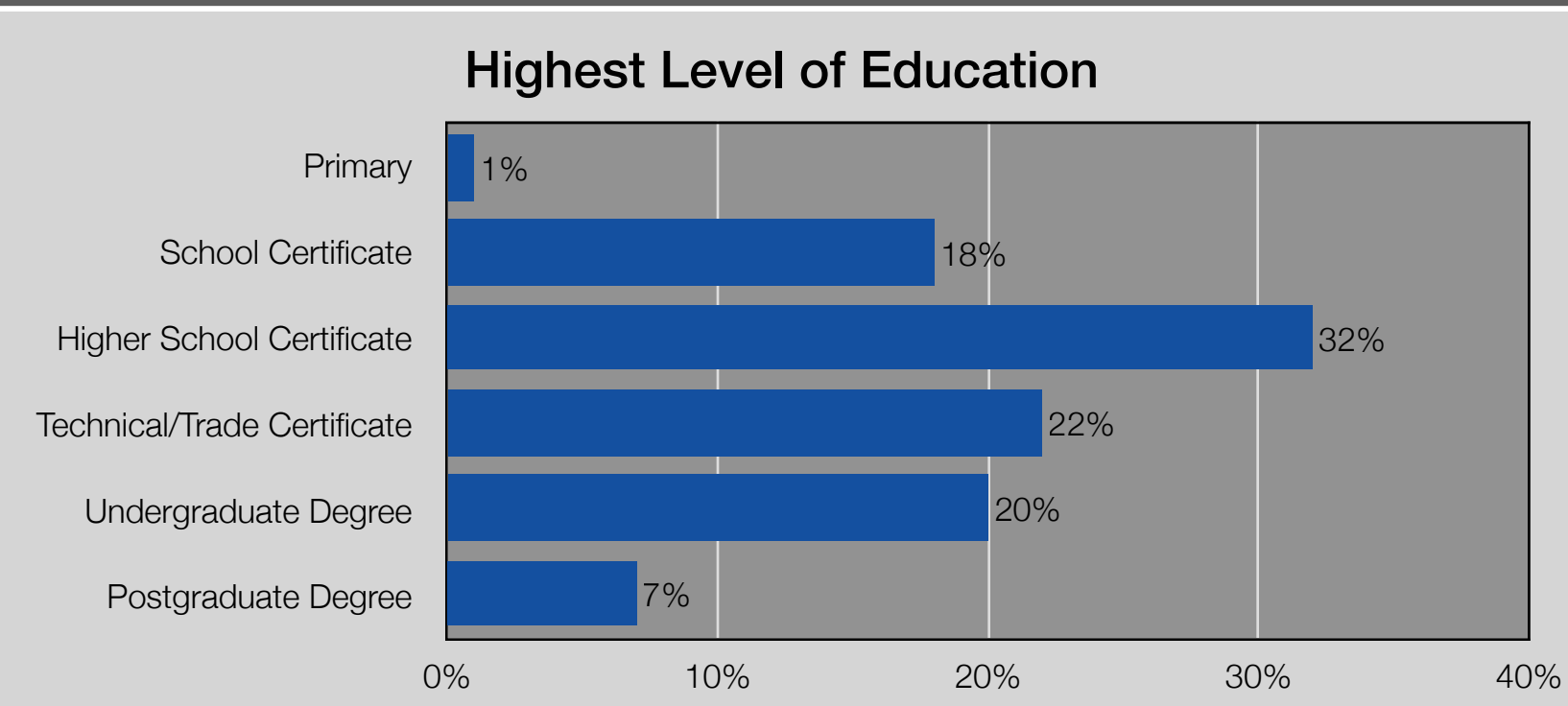
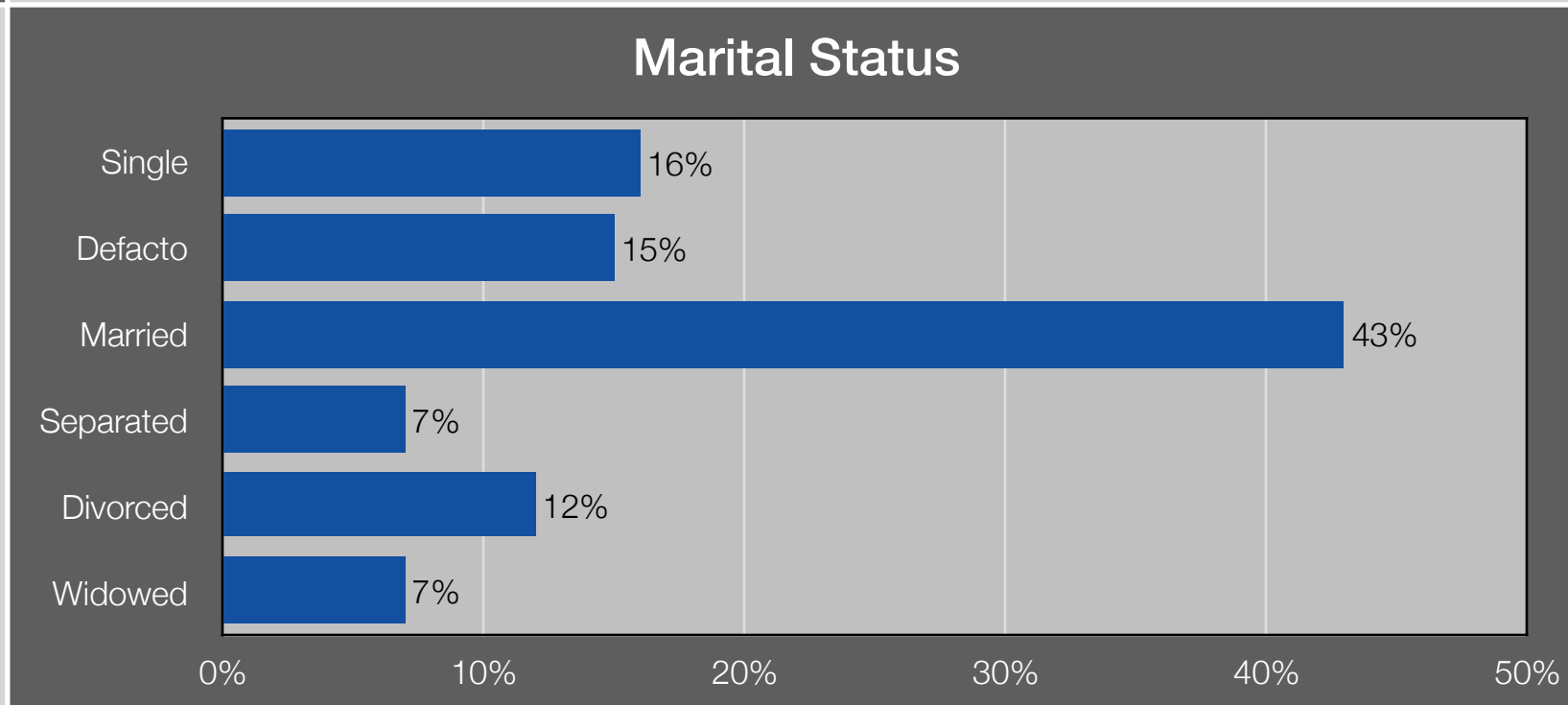
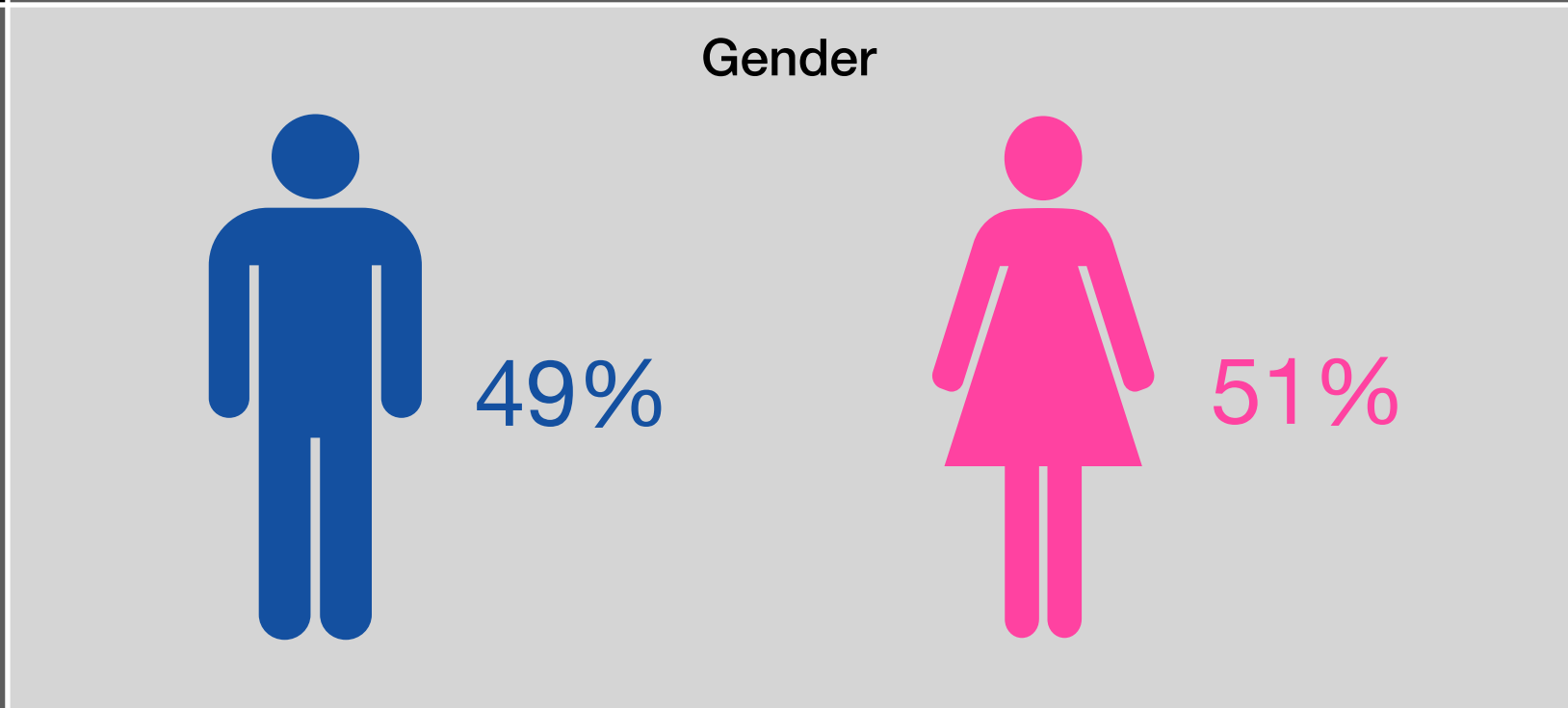
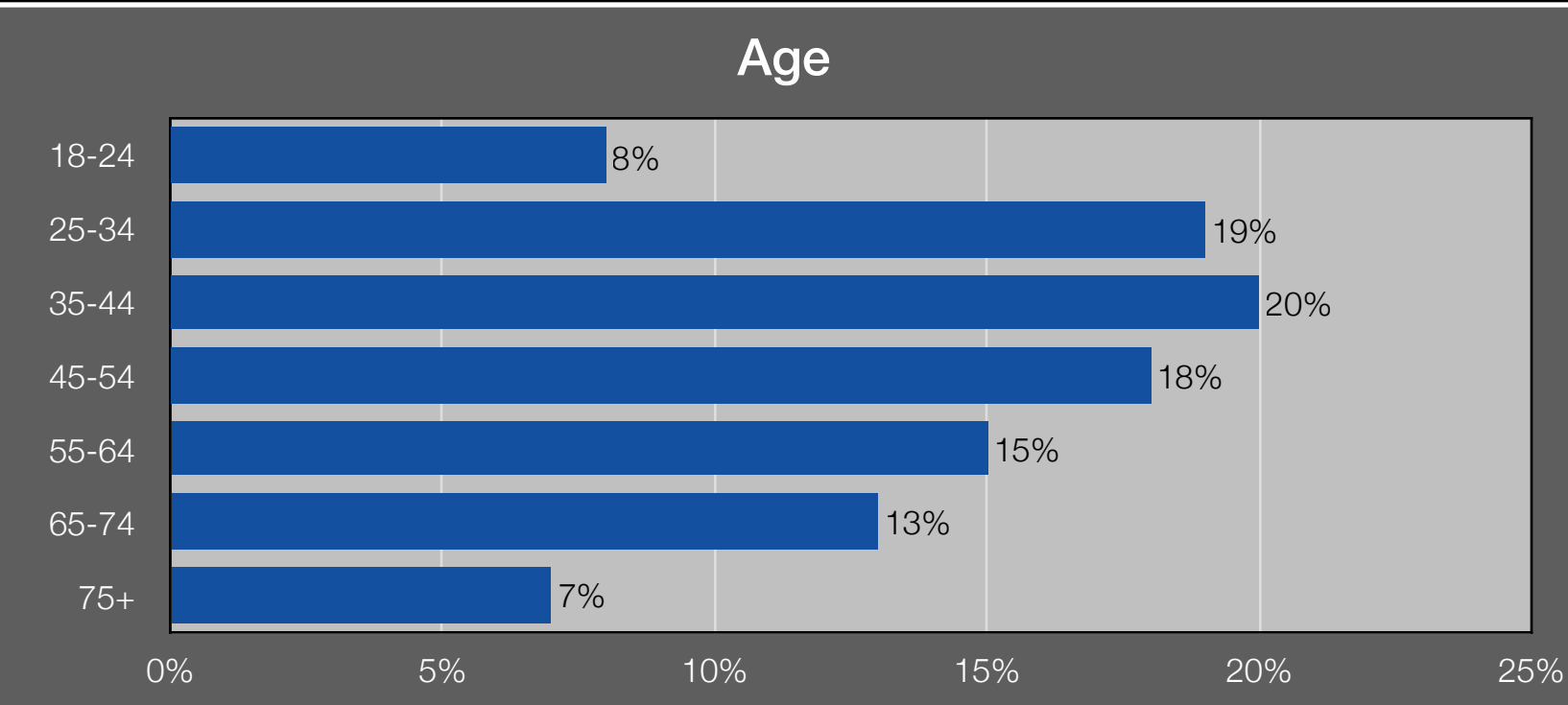
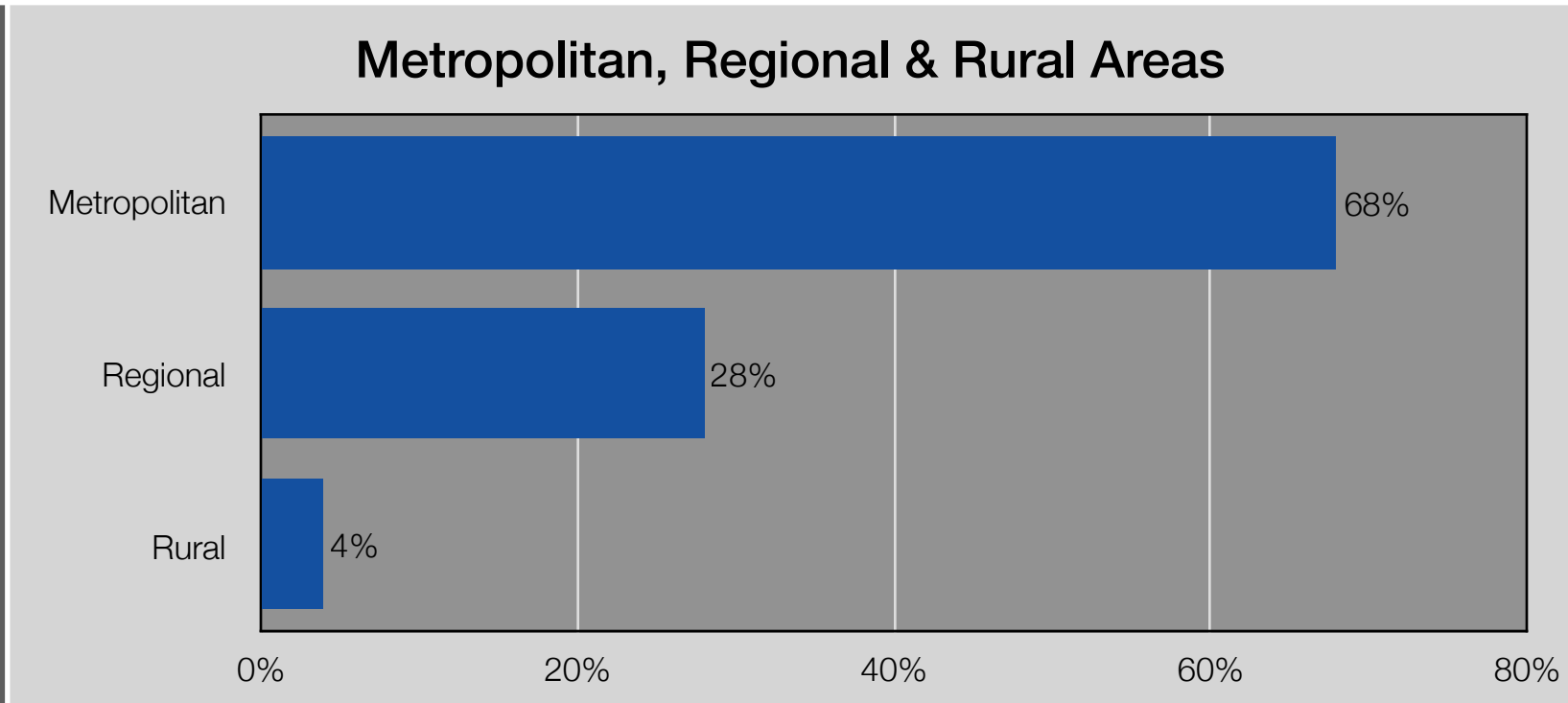
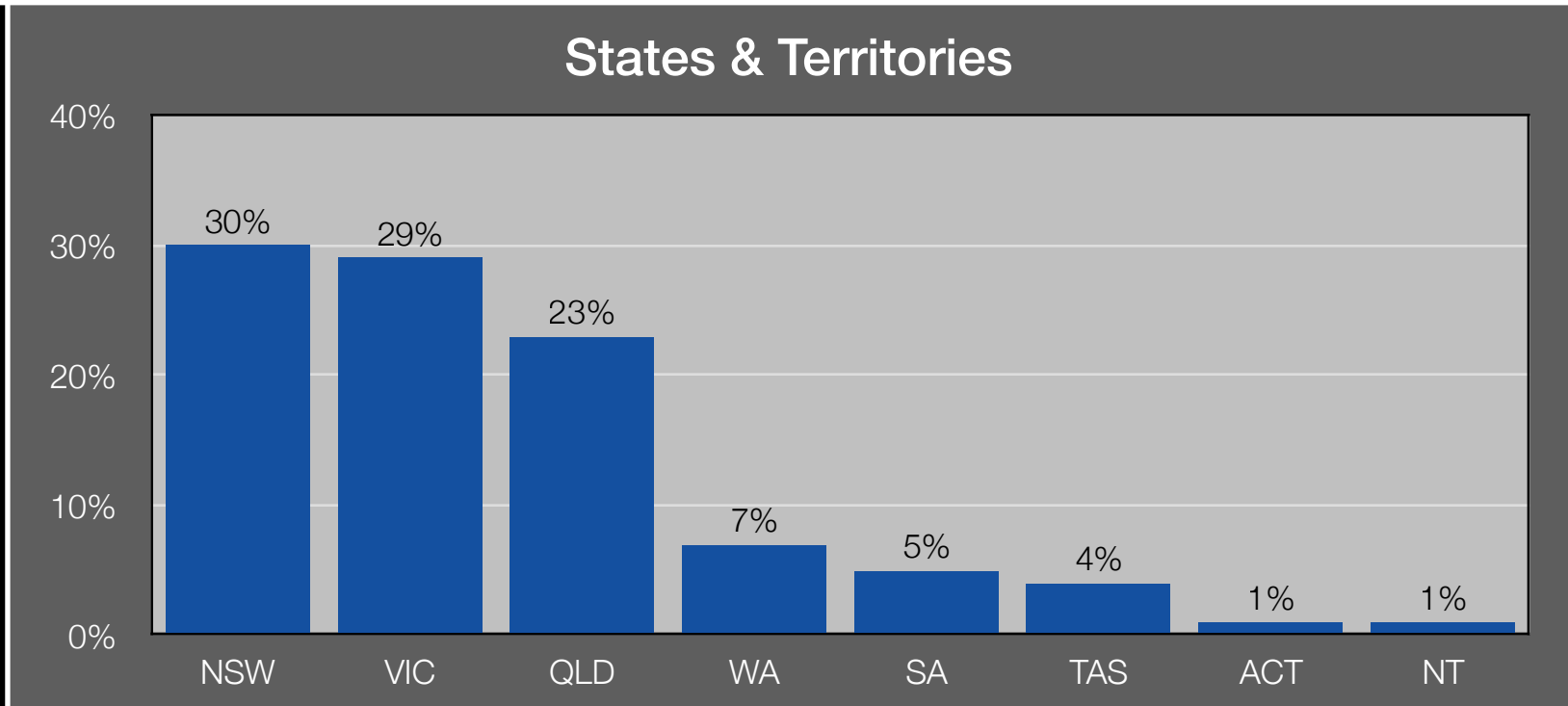


**Dates**

- Qualitative stage:
  - Focus groups: 8th to 17th March
- Quantitative stage:
  - Telephone survey: 18th to 31st March
  - Online survey: 18th March to 6th April

# Details of the Sample

*The sample was representative of the Australian adult population, across all major demographic, geographic & socio-economic factors.*





**3**

## **Findings**







Influenza

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# 36% of adult population said they had a flu shot last year

## 1. Did you have a flu shot in 2021?

### 36% received a flu shot last year

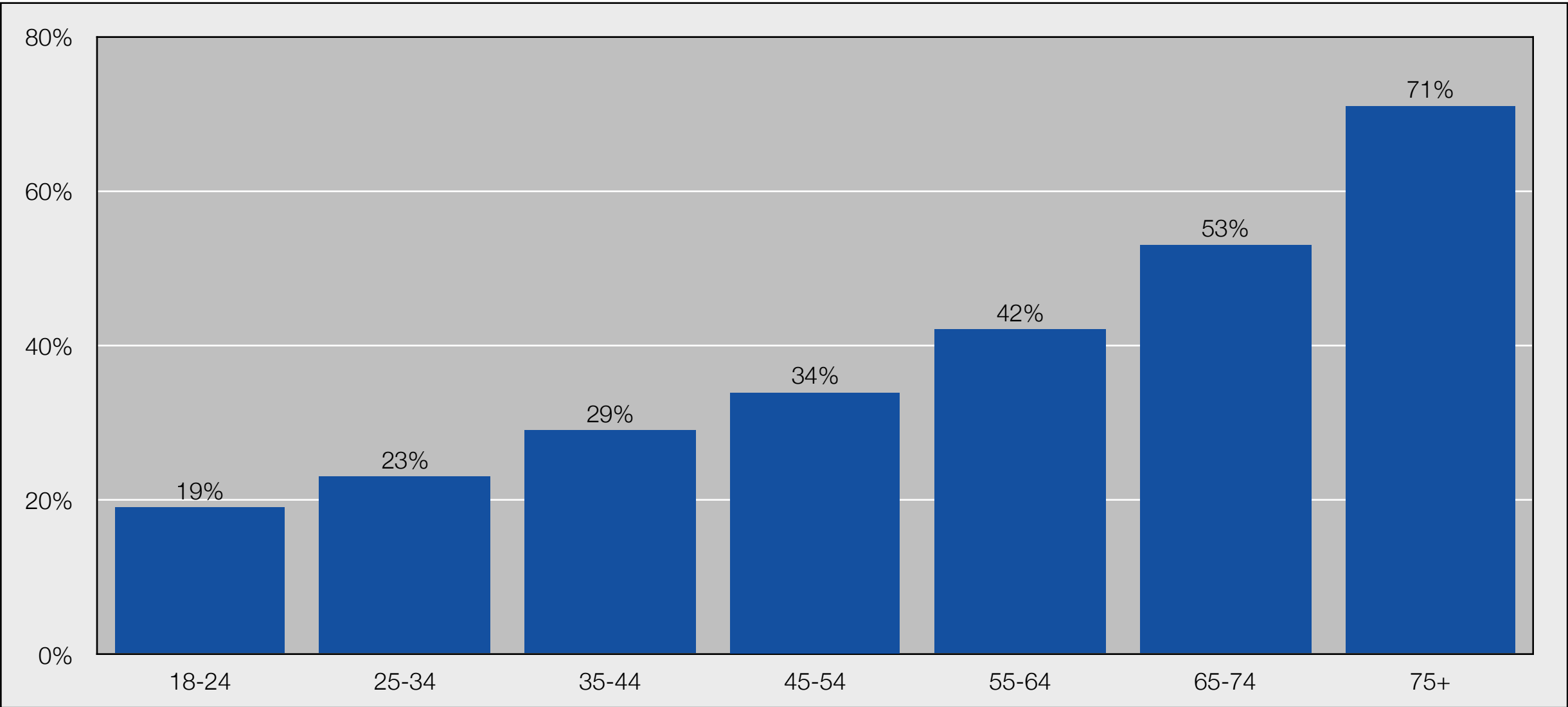
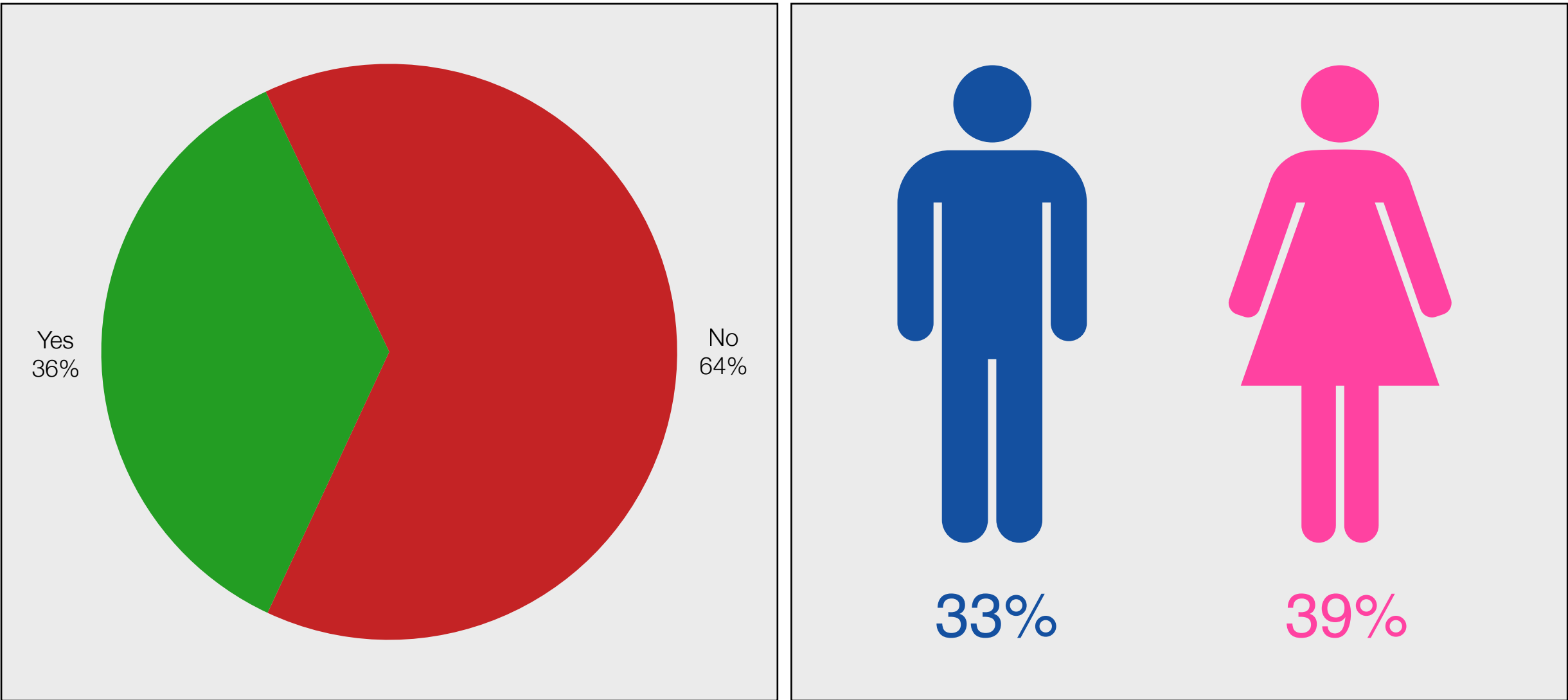
- For the question, illustrated in the opposite, top chart:
  - 36% answered “Yes”
  - 64% answered “No”

### Highest amongst women

- There was a higher incidence amongst women who had a flu shot last year:
  - 39% of women answered “Yes”; compared to 33% of men

### Age a major factor, increasing with age

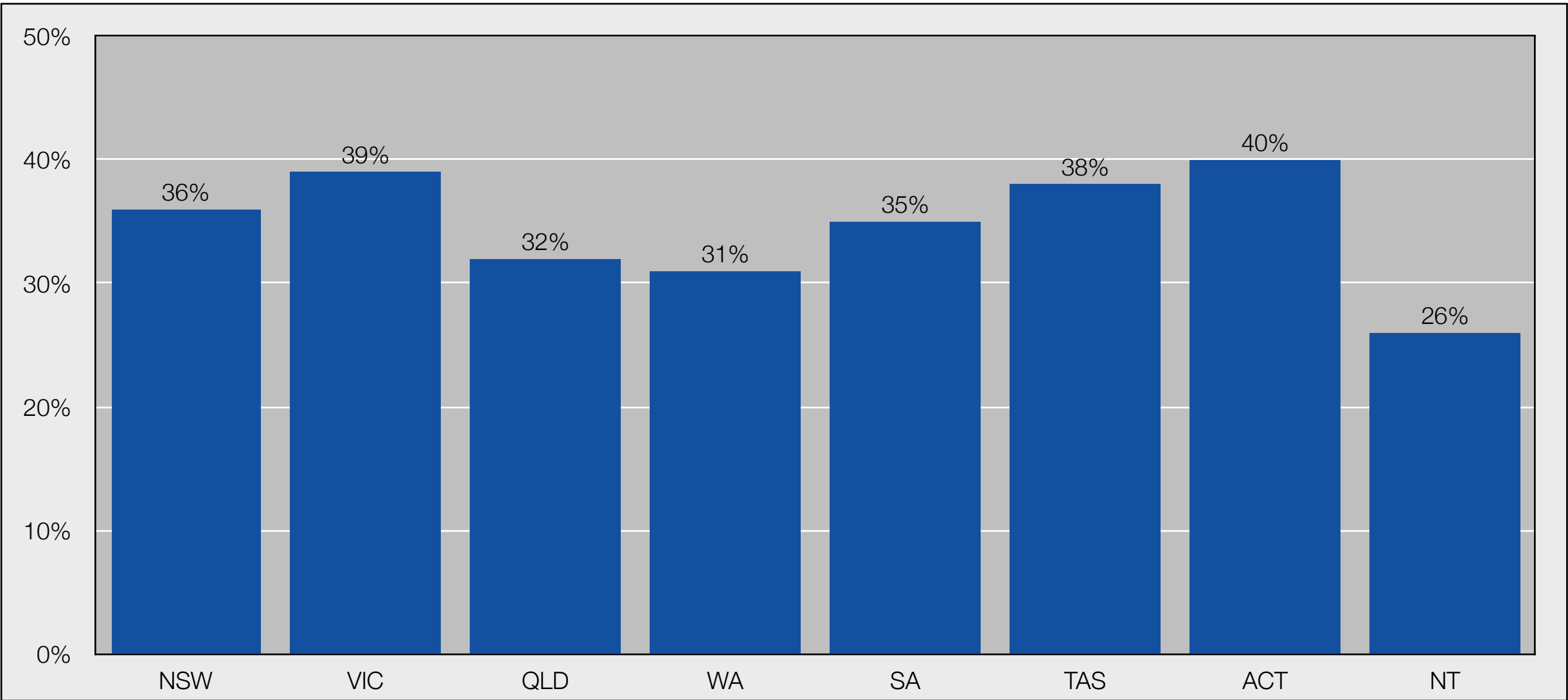
- As illustrated in the chart opposite, age was the major factor amongst those who had a flu shot last year, with the incidence of having one increasing with age:
  - 19% of those aged 18-24 years & 23% (25-34) answered “Yes”, increasing to:
  - 29% (35-44)
  - 33% (45-54)
  - 42% (55-64)
  - 53% (65-74)
  - 71% (75+)



# Variation across geographic & socio-economic criteria

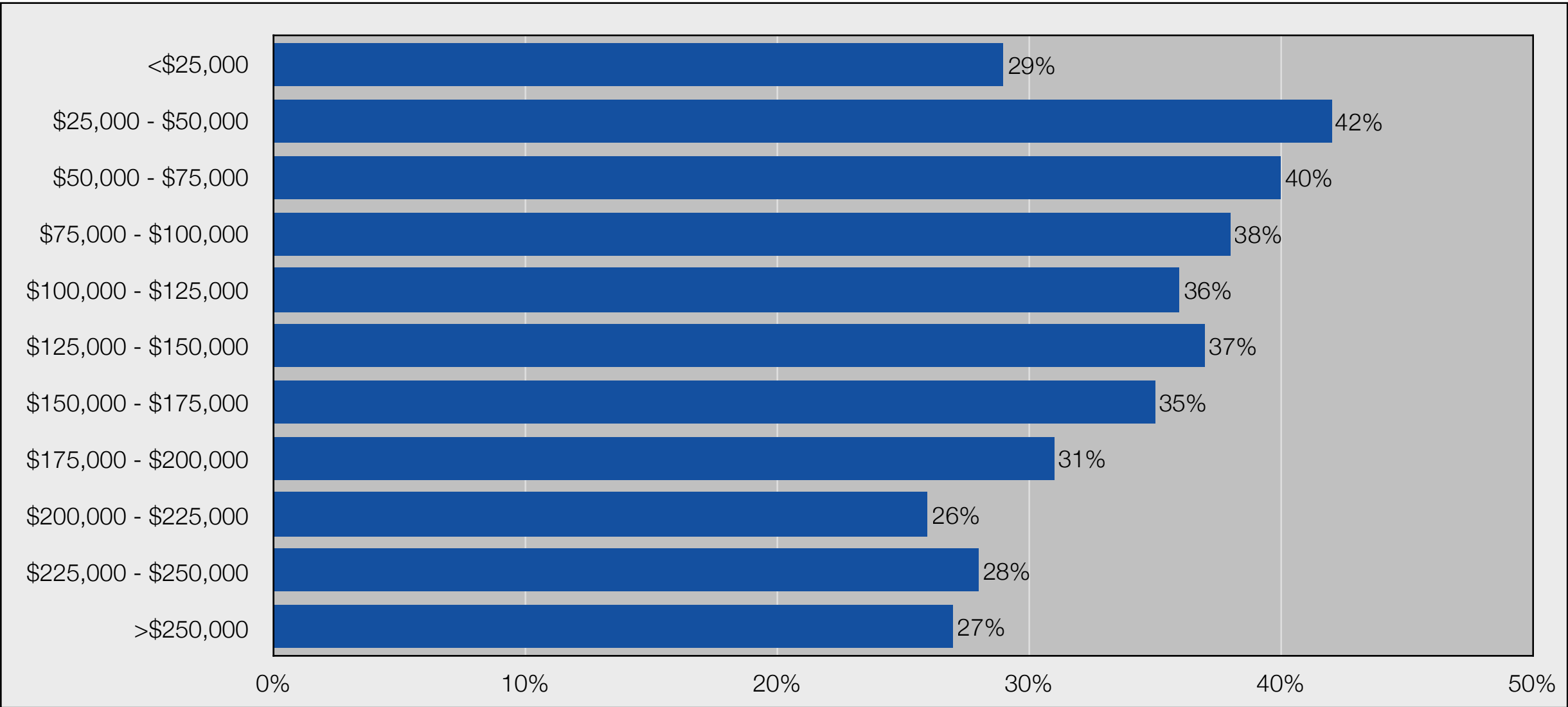
## Variation across the States & Territories

- Across the States and Territories there was variation in those who had a flu shot last year, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (40%), followed by VIC (39%)
  - TAS (38%)
  - NSW (36%)
  - SA (35%)
  - QLD (32%)
  - WA (31%)
  - NT (26%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (37%)
  - Regional (34%)
  - Rural (31%)



## Household income the main socio-economic criteria

- Across the socio-economic criteria, household income had the highest variation in responses amongst those who answered “Yes” that they had a flu shot last year, as illustrated in the chart below, showing:
  - The household income group of \$25,000 - \$50,000 had the highest incidence of those who answered “Yes” (42%), followed by (\$50,000 - \$75,000) where 40% answered “Yes”
    - ▶ These household income groups also had the highest proportion of those aged 65+ who based on age, had the highest incidence in having had a flu shot last year
  - Conversely, there was a decrease in those who had a flu shot last year, amongst those from higher income households, where 31% (\$150,000 - \$175,000); 31% (\$175,000 - \$200,000) & 26% ( \$200,0000 - \$225,000) answered “Yes”





# 42% of adult population say they will have a flu shot this year

## 2. Do you intend to get vaccinated (flu shot) in 2022?

### 42% say they will have a flu shot this year

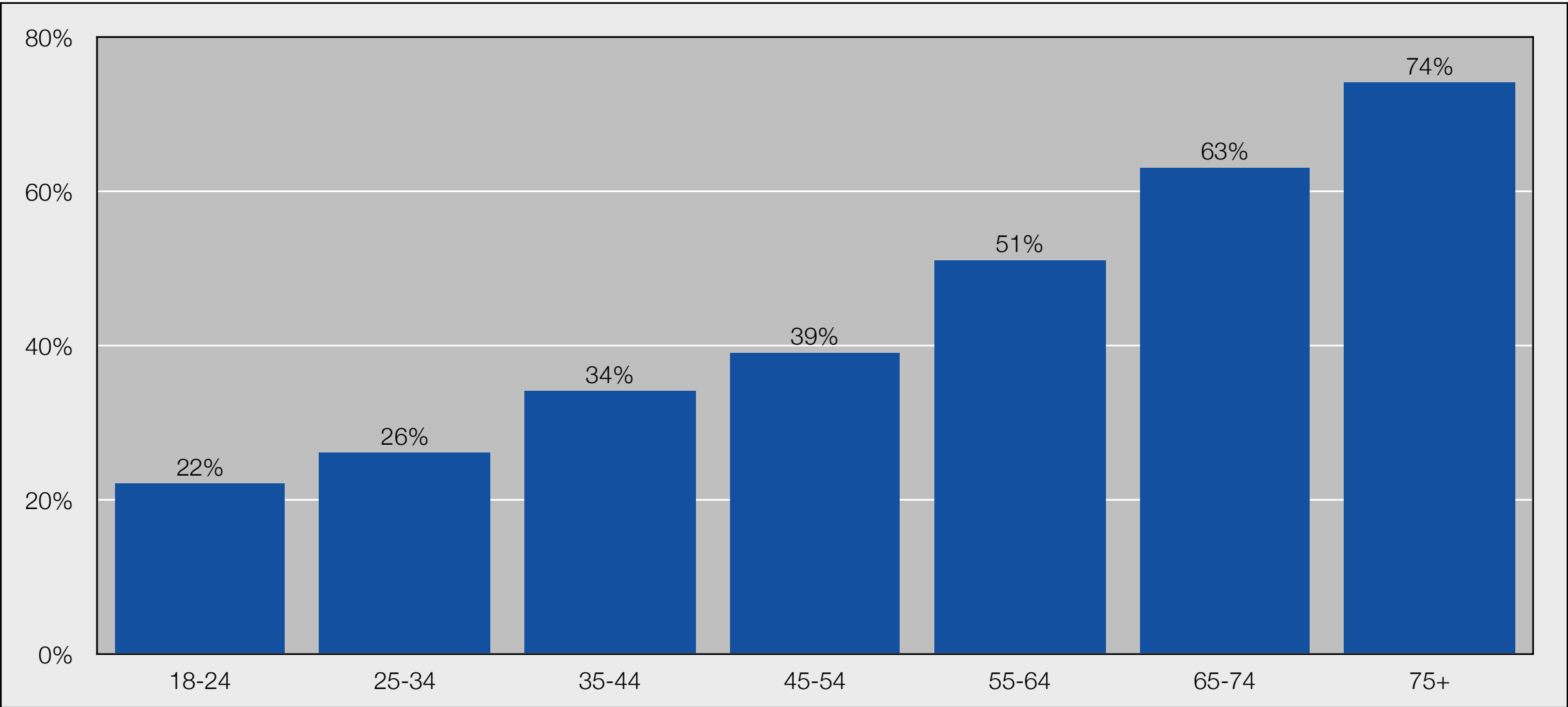
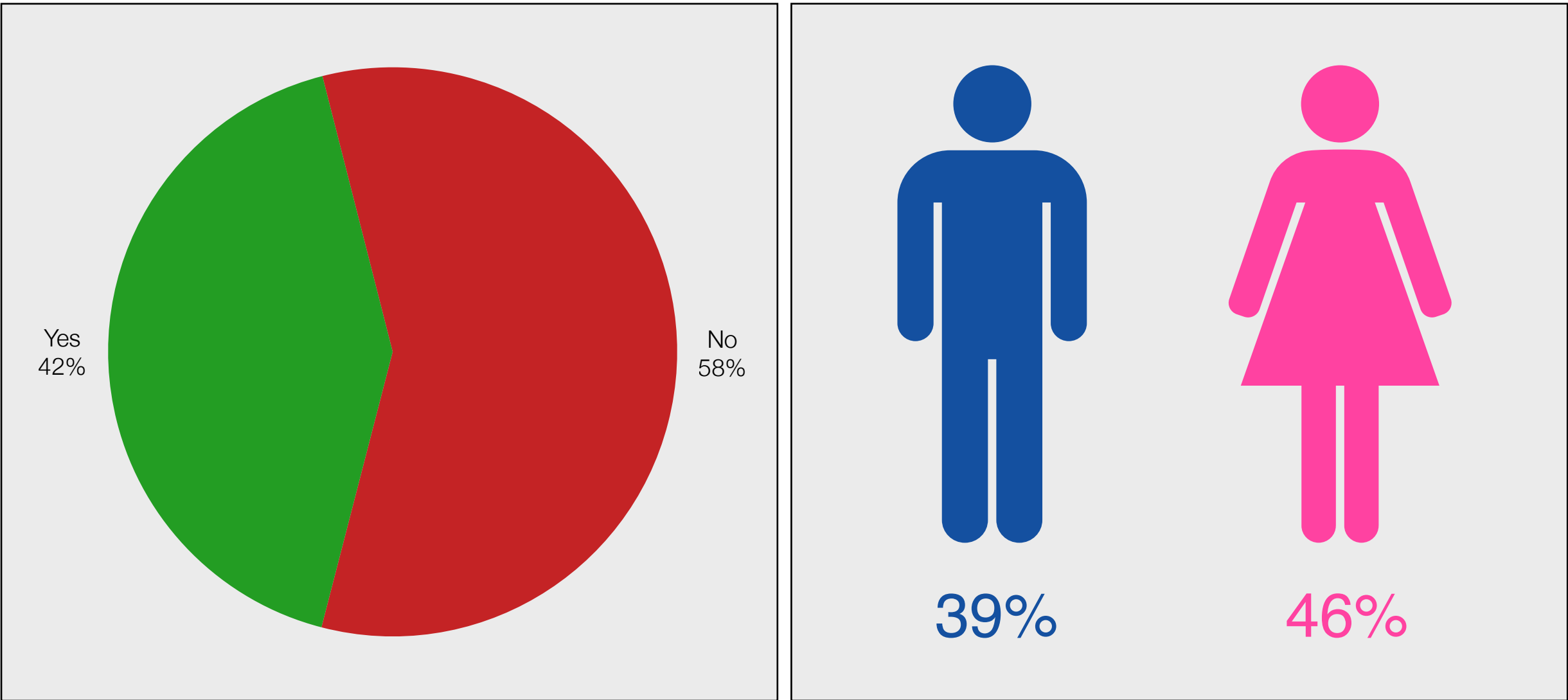
- For the question, illustrated in the opposite, top chart:
  - 42% answered “Yes”
  - 58% answered “No”

### Highest intention amongst women

- There was a higher intention amongst women to have a flu shot this year:
  - 46% of women answered “Yes”; compared to 39% of men

### Age a major factor, increasing with age

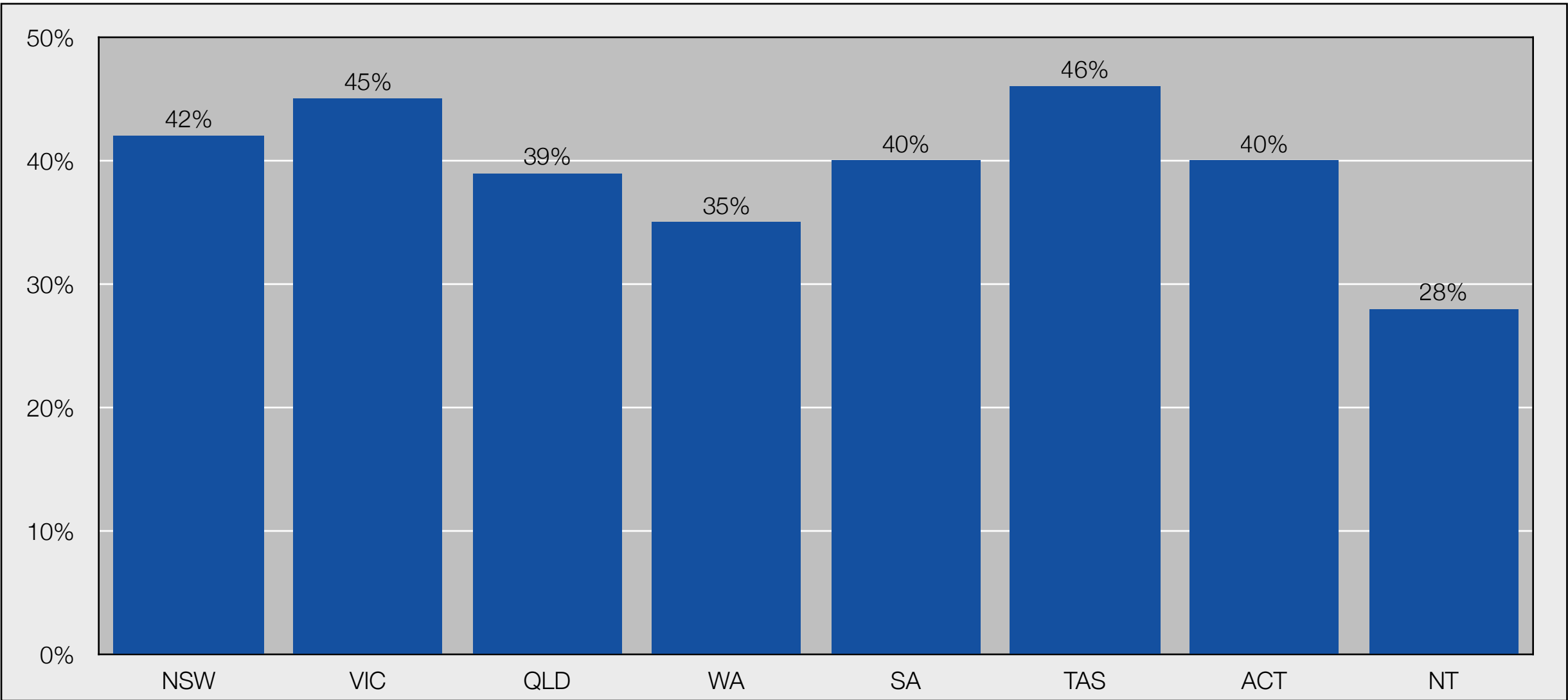
- As illustrated in the chart opposite, age was the major factor amongst those who said they intend to get a flu shot this year, with the incidence increasing with age:
  - 22% of those aged 18-24 years & 26% (25-34) answered “Yes”, increasing to:
  - 34% (35-44)
  - 39% (45-54)
  - 51% (55-64)
  - 63% (65-74)
  - 74% (75+)



# Variation across geographic areas & household income

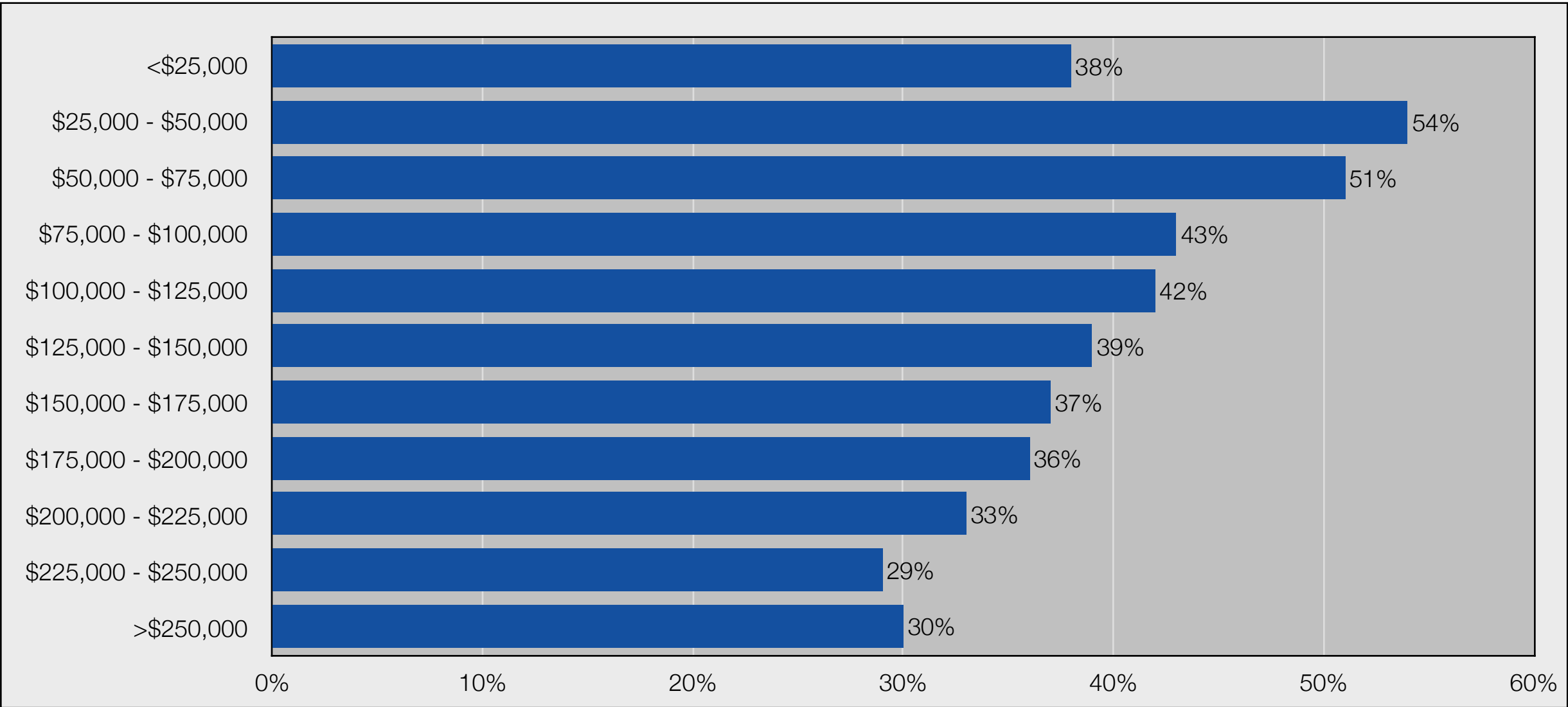
## Variation across the States & Territories

- Across the States and Territories there was variation in those who answered “Yes” indicating that they intend to have a flu shot this year, illustrated in the chart opposite:
  - TAS had the highest proportion who answered “Yes” (46%), followed by VIC (45%)
  - NSW (42%)
  - SA & ACT (40%)
  - QLD (39%)
  - WA (35%)
  - NT (28%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (44%)
  - Regional (38%)
  - Rural (35%)



## Household income the main socio-economic criteria

- Across the socio-economic criteria, household income had high variation in responses amongst those who answered “Yes” that they intend to have a flu shot this year, illustrated in the chart below, showing:
  - The household income group of \$25,000 - \$50,000 had the highest incidence of those who answered “Yes” (54%), followed by (\$50,000 - \$75,000) where 51% answered “Yes”
    - ▶ These household income groups also had the highest proportion of those who answered “Yes” to the previous question, they they had a flu shot last year
    - ▶ Additionally, these household income groups also had the highest proportion of those aged 65+ who based on age, had the highest incidence of intending to have a flu shot this year
  - Conversely, there was a decrease in those who intend to have a flu shot this year, amongst those from higher income households, where 37% (\$150,000 - \$175,000); 33% (\$200,000 - \$225,000) & 29% ( \$225,0000 - \$250,000) answered “Yes”





# Variation across other demographic & socio-economic criteria

## Variation based on marital status

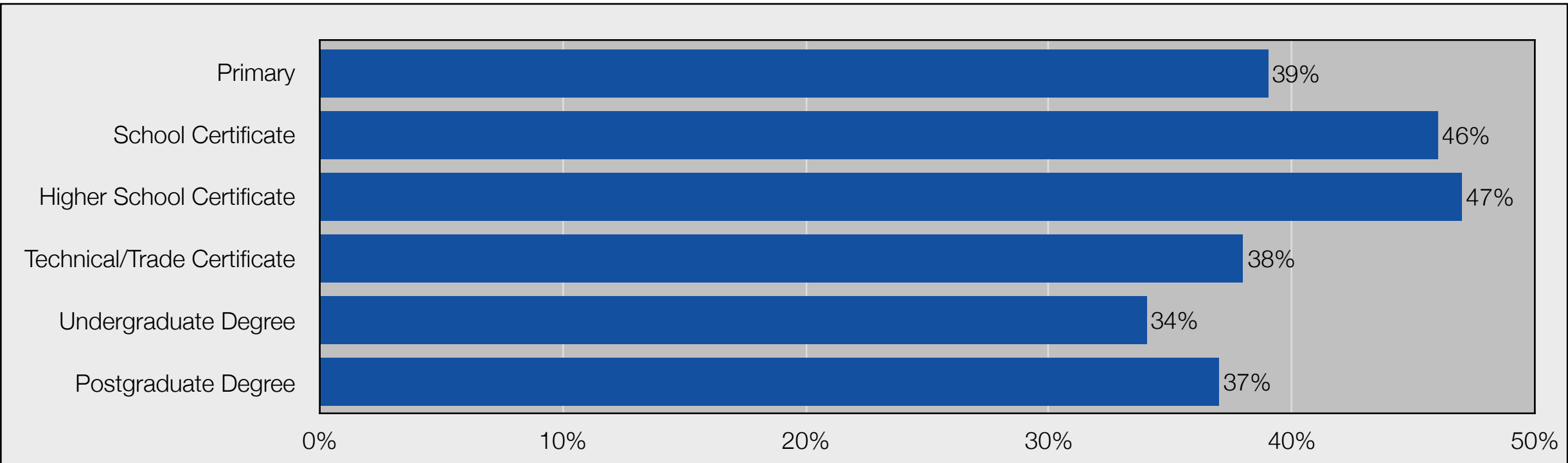
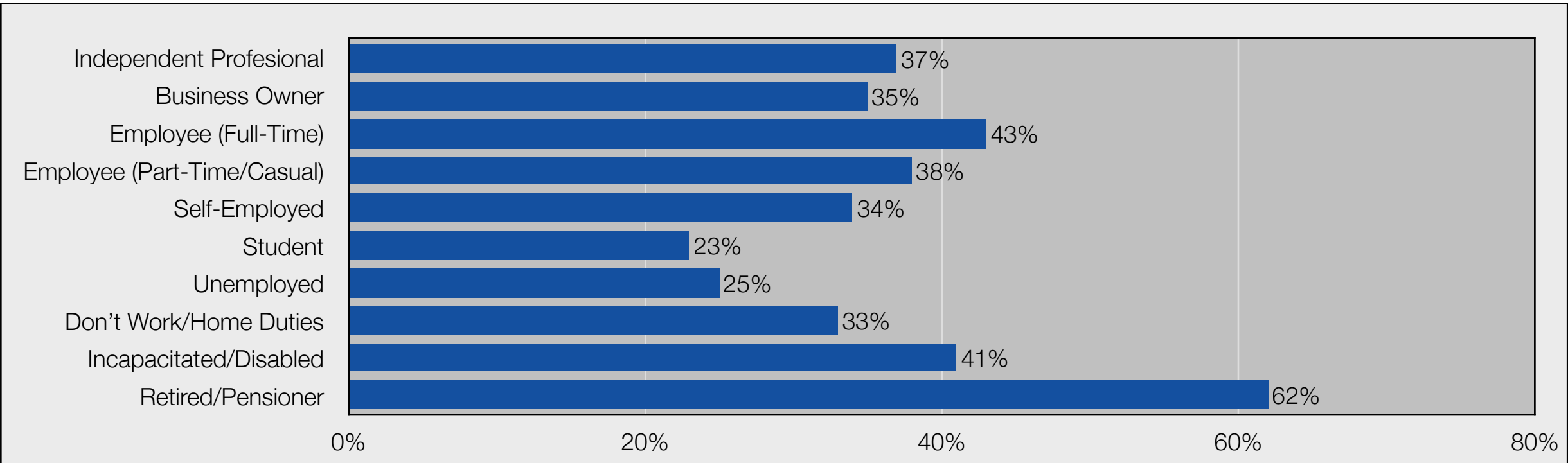
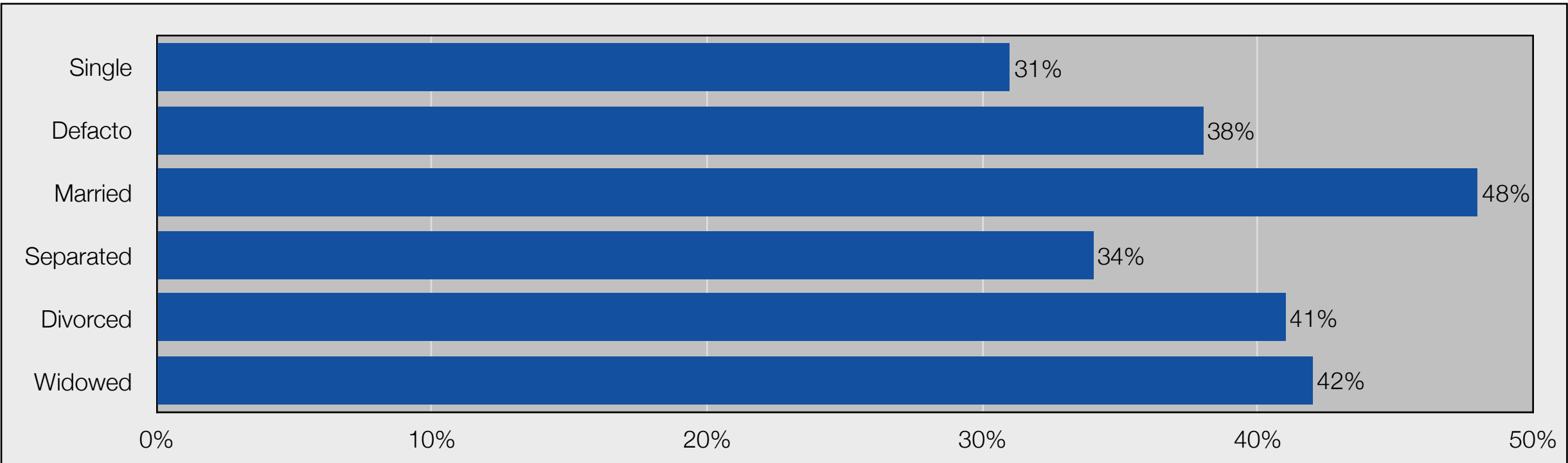
- There was noticeable variation amongst those who answered “Yes” that they intend to have a flu shot this year, based on their marital status, as shown in the opposite top chart, where:
  - Those who were “Married” (48%) or “Widowed” (42%) had the highest response to “Yes”
  - Conversely, those who were “Separated” (34%) or “Single” (31%) had the lowest responses to “Yes”

## Variation across occupation

- There was significant variation across occupations amongst those who answered “Yes” as shown in the opposite middle chart:
  - “Retired/Pensioner” had the highest response to “Yes” (62%), followed by “Employee (Full-Time)” (43%) & “Incapacitated/Disabled” (41%)
  - “Unemployed” (25%) & “Student” (23%) had the lowest responses to “Yes”

## Variation across education

- There was variation amongst those who answered “Yes” that they intend to have a flu shot this year, based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Higher School Certificate” (47%) & “School Certificate” (46%) had the highest responses to “Yes”
  - Conversely, those with “Postgraduate Degree” (37%) & “Undergraduate Degree” (34%) had the lowest responses to “Yes”



# Main reasons for getting flu shot this year

## The flu is widely expected to be bad this year

- The majority in each focus group believed that the flu will be worse this year than the previous two years since the outbreak of COVID-19, the main reasons being:
  - Lockdowns have ended, people are returning to pre-pandemic life and are mixing through everyday activities such as workplaces, schools and transportation
  - International travel is resuming and strains of the flu will be brought to Australia from the northern hemisphere in the coming months, plus increased domestic travel will spread it

## Decreased immunity

- In almost all focus groups, it was mentioned by a number of participants that there will exist decreased immunity to the flu this year, rationale being:
  - The population have not been exposed to the flu for the last two years due to lockdowns, in addition to being aware and prudent towards personal hygiene in avoiding exposure to COVID-19
  - A new strain of the flu is expected and anticipated to be severe as many recounted it was in 2017 and 2019
  - Many people did not have a flu shot last year and possibly that will occur this year as many have “vaccination fatigue” and increasing “vaccination scepticism” related to COVID-19 vaccination, in particular booster vaccinations

## “Flurona”

- In several focus groups, participants mentioned that they expect the flu and COVID-19 to be prevalent this winter and this combination was referred to as “Flurona” by a number of participants.
- Many participants stated that they were concerned that with transmissibility and the symptoms of this years flu and the Omicron variant of COVID-19 possibly being quite similar, if they caught the flu, they may actually think it was COVID-19.
- A number also believe that contracting both the flu and COVID-19 at the same time could be possible and could cause serious illness.

*“The media says that it's going to be a bad year this year, I've heard that a few times in the last month on the radio and TV, I believe it because almost all of the restrictions we had for the Coronavirus have been removed, people are socialising again because everything is open and not many wear masks anymore, so it makes sense that this combined with winter will bring a bad dose of the flu this year.”*

Robert, 59, Business Development Manager, Beecroft (Sydney) NSW

*“I think that because the world has been in lockdown for just over two years, the flu hasn't been an issue, it has been suppressed. But with many countries and now Australia returning to normal the the flu has to come back and I think it will come back with a vengeance here this winter because people are out and about again.”*

Tara, 44, Stay-at-home parent, Wynn Vale (Adelaide) SA

*“My GP told me to get the flu shot in a few weeks when it is available because its predicted to be a nasty one this year because it hasn't been running around due to COVID and people have lost immunity to it because we have spent the last two years in hiding.”*

Libby, 37, Legal Secretary, Bendigo VIC

*“Yes, I think it will be a bad year for the flu also, my wife and I didn't get the flu shot last year because we had all the COVID vaccinations going on and we were in lockdown most of the winter last year so didn't think it was worth while, but we will have it in the coming months.”*

Matt, 42, IT Architect, West Pennant Hills (Sydney) NSW

*“I've heard “Flurona” being said about what will happen this winter where the flu and whatever variant of the Coronavirus is prevalent and you will likely get one or the other, maybe even both at the same time.”*

Georgina, 29, Photographer, Coorparoo (Brisbane) QLD



# Main reasons for not getting flu shot this year

## Had too many vaccinations recently

- The main reason given in all focus groups was that people are reluctant to have the flu shot this year because they believe they have had too many vaccinations recently, specifically both doses of a COVID-19 vaccine, plus for many also a COVID-19 booster.
- When probed why they thought this was too many vaccinations, the common answers were:
  - Concerns about effects on their health, with possible negative effects on the immune system and other effects in the medium-longer term that make develop
  - Citing themselves, people they know, or others they have heard about, having adverse reactions to the COVID-19 vaccinations which have made them sceptical and wary of having vaccinations, or minimising the number that they have

## Don't believe the flu will be too bad again this year

- Similar to the findings in the quantitative survey, around a quarter of participants across the focus groups said that they didn't believe the flu will be too bad again this year, when probed as to why they thought this, the consistent reasons given were:
  - The flu hasn't been bad in northern hemisphere over the recent winter
  - This year's strain of the flu probably will be mild because it has been suppressed for the last two years
  - Many people are still being cautious of COVID, such as wearing masks in public and keeping up personal hygiene habits adopted during the pandemic such as social distancing, avoiding large gatherings such as going to the cinema, wearing masks and the use of hand sanitiser, so transmission will be reduced

## Still being cautious because of COVID

- Participants in most focus groups made mention that many people are still being cautious to avoid contracting COVID and have changed their behaviour over the last two years to be more protective against COVID, which in turn protects against the flu.

*"I don't want to get onto this track of having one or two COVID boosters every year, plus the flu shot, I just think that's too many vaccinations and it can't be good for my body and I think a lot of people are starting to feel the same way."*

Minh, 36, Radiology Technician, Ashgrove (Brisbane) QLD

*"Someone a few minutes ago said that there are now too many vaccinations for us to get if we need one or two boosters for COVID-19 every year and then a yearly influenza one, I tend to agree, they may be fine, but I think I'll just choose one this year, the COVID seems more of a problem so I'll have that one because the flu isn't as dangerous."*

Brittany, 43, Standards & Compliance Manager, Granville (Sydney) NSW

*"I don't think our bodies can cope with all these vaccinations we are encouraged to have, people are on their third COVID vaccination now, by the middle of the year a fourth will be rolled out, that's already too much, it's gone beyond the two doses that we thought would do it a year ago, now its like a constant get-vaccinated-merry-go-round and I think it's causing harm to our bodies, almost everyone knows someone who had a very bad reaction or side effects to the COVID vaccinations so I think people are put off by having more of them and the flu vaccination is clouded now also, having it on top of COVID boosters seems too much."*

Beau, 39, Property Agent, Girrawheen (Perth) WA

*"Actually, I don't think this winter the flu will be as terrible as some are saying it will be, people are very protective about catching COVID still and I think that will remain for years, our behaviour has changed now and we are far more cautious of catching viruses, also there are still a lot of people not going out and about much and a lot of people are still working from home at least a few days a week, so I think it will be like last year and I don't think its worth getting vaccinated, I didn't last year and I won't this year either."*

Katrina, 51, Business Owner, Gateshead (Newcastle) NSW

# 73% expect the flu to be worse this year than the previous 2 years

## 3. Do you expect the flu to be worse this year, compared to the last two years?

### 73% received a flu shot last year

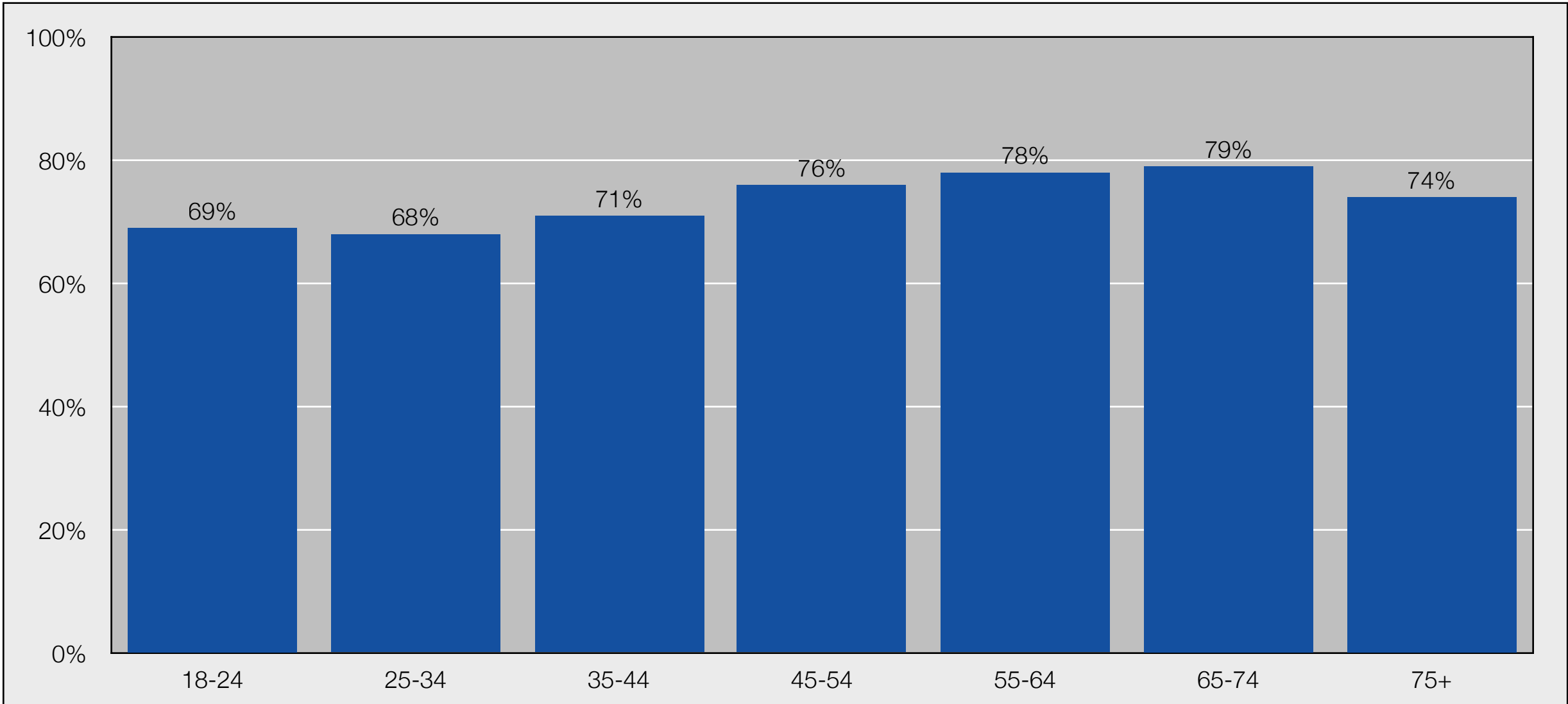
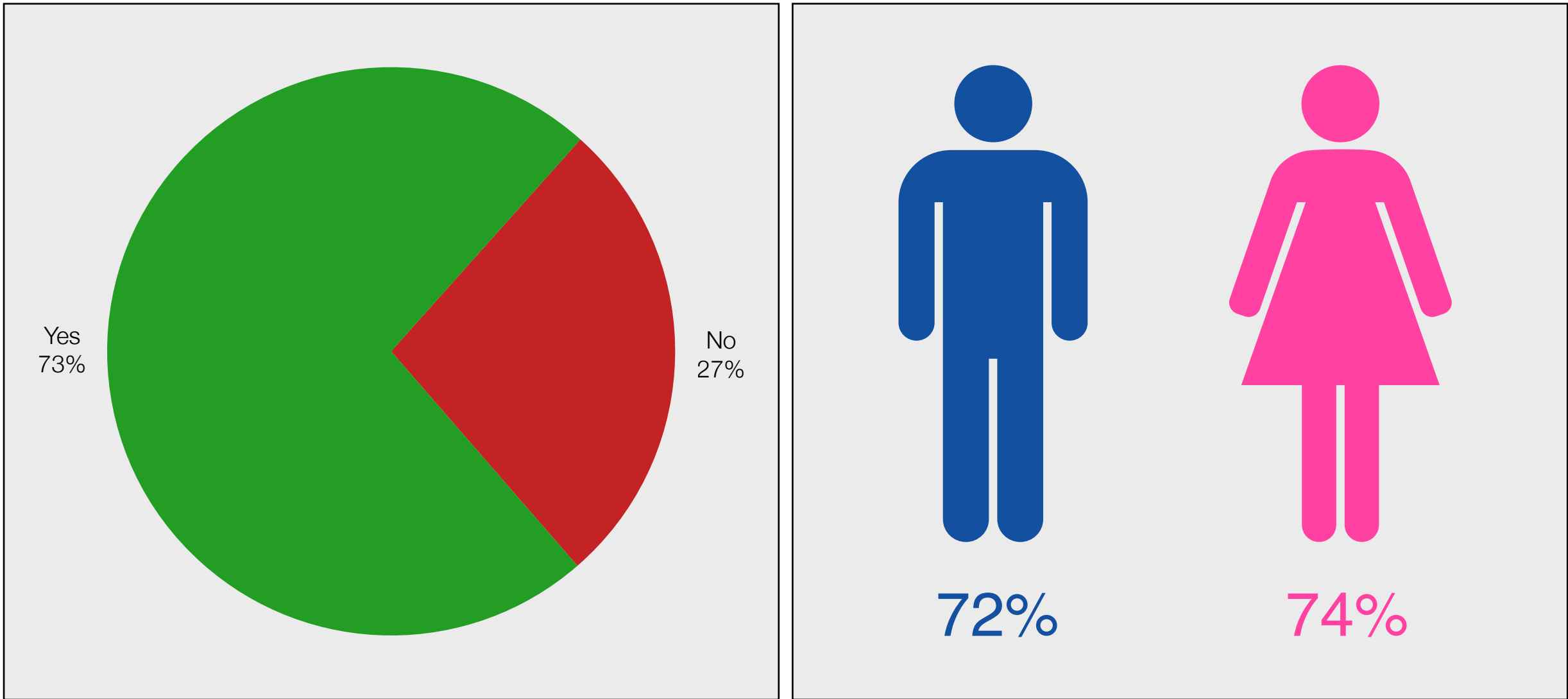
- For the question, illustrated in the opposite, top chart:
  - 73% answered “Yes”
  - 27% answered “No”

### Slightly higher amongst women

- There was a slightly higher incidence amongst women expecting the flu to be worse this year, compared to the last two years:
  - 74% of women answered “Yes”; compared to 72% of men

### Variation across age groups

- As illustrated in the chart opposite, there was variation across age groups in those who expect the flu to be worse this year, compared to the last two years, where:
  - 69% of those aged 18-24 years & 68% (25-34) answered “Yes”, increasing to:
  - 71% (35-44)
  - 76% (45-54)
  - 78% (55-64)
  - 79% (65-74)
  - 74% (75+)

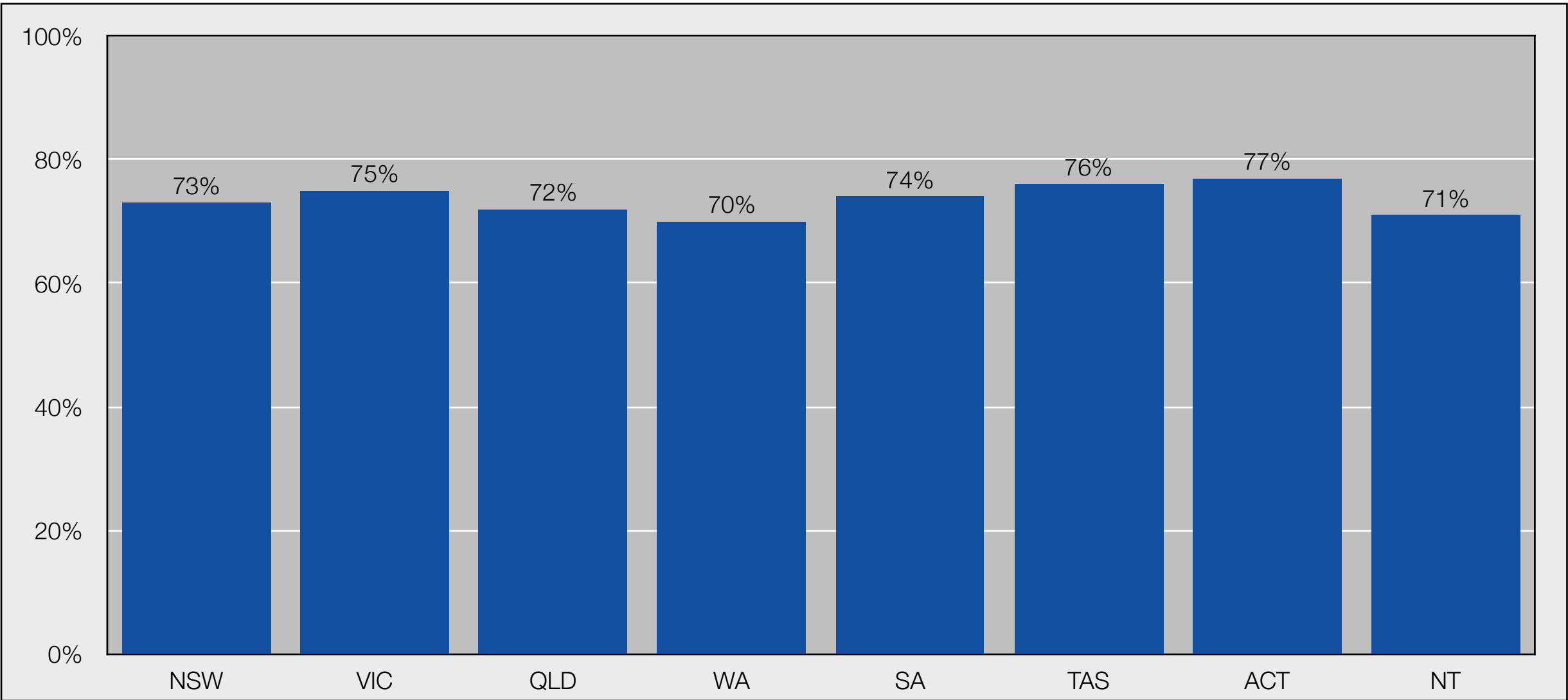




# Variation across geographic & socio-economic criteria

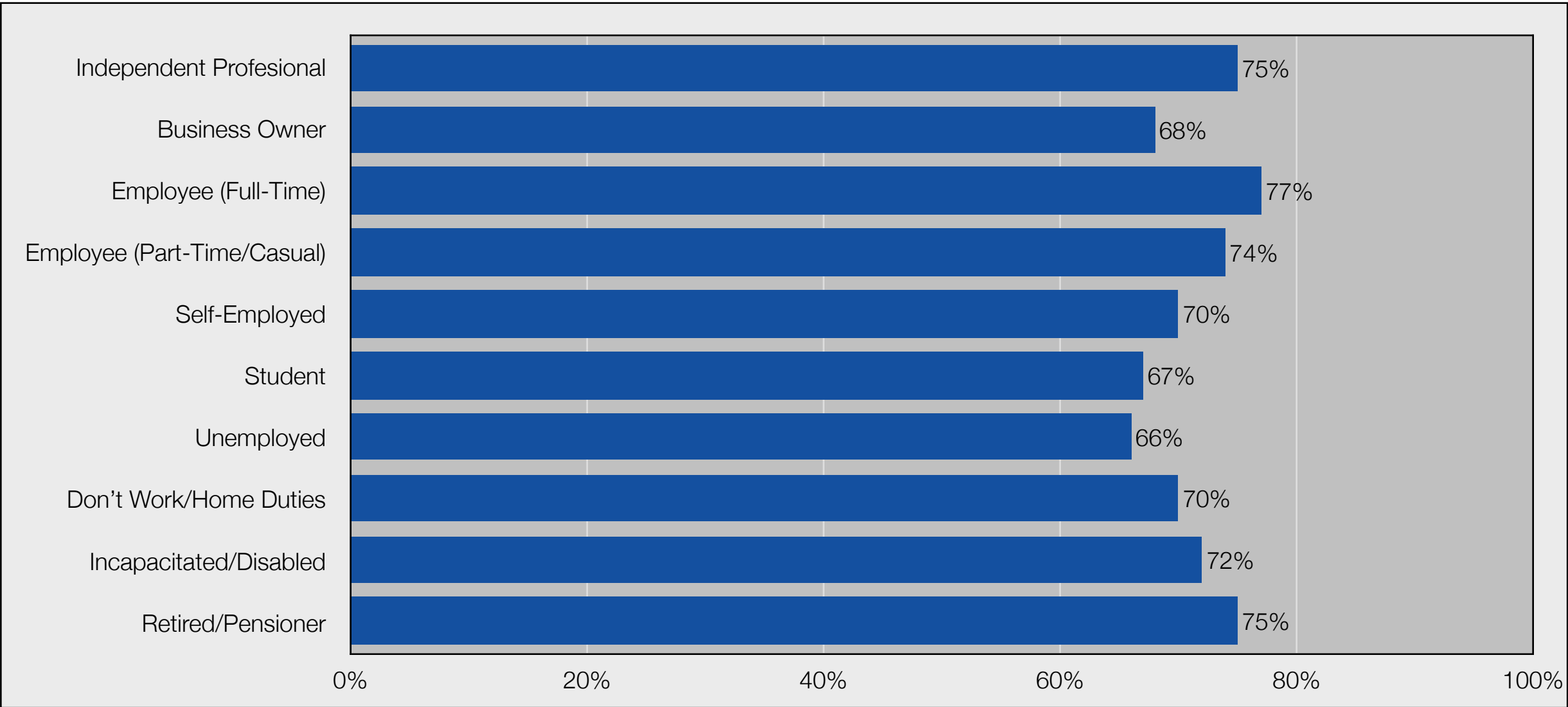
## Variation across the States & Territories

- Across the States and Territories there was variation in those who are expecting the flu to be worse this year, compared to the last two years, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (77%), followed by TAS (76%)
  - VIC (75%)
  - SA (74%)
  - NSW (73%)
  - QLD (72%)
  - NT (71%)
  - WA (70%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (74%)
  - Rural (71%)
  - Regional (70%)



## Variation across occupation & occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” that they are expecting the flu to be worse this year, compared to the last two years, illustrated in the chart opposite:
  - “Employee (Full-Time)” had the highest response to “Yes” (77%), followed by “Independent Professional” & “Retired/Pensioner” (75%)
  - “Business Owner” (68%), “Student” (67%) & “Unemployed” (66%) had the lowest responses to “Yes”
- There was also variation across household income, where:
  - “\$100,000 - \$125,000” had the highest response to “Yes” (76%), followed by “\$125,000 - \$150,000” (75%) & “\$25,000 - \$50,000” (74%)
  - The lowest response to “Yes” based on household income was from “\$175,000 - \$200,000 (72%); “\$225,000 - \$250,00” (71%) & “<25,000” (68%)



# Reasons why the flu is expected to be worse this year

## Recent media warnings or advised by GP or specialist

- In 13 out of the 15 focus groups, it was mentioned by one or more participants that they had heard in the media that the flu this year will be worse than the last two years.
- Similarly, in 11 out of the 15 focus groups, it was mentioned that GP's or specialist doctors had told them that the flu will be worse this year.
- Specifically, what they recall being told by the media and medical professionals as to why the flu will be worse was very similar to what was mentioned previously as reasons for getting the flu shot this year:
  - Lockdowns have ended, people are returning to pre-pandemic life and are mixing through everyday activities such as workplaces, schools and transportation
  - International travel is resuming and strains of the flu will be brought to Australia from the northern hemisphere in the coming months, plus increased domestic travel will spread it
  - Decreased immunity as a result of not being exposed to the flu virus for the last two years and many not getting a flu shot last year, in addition to likely new strains this year

## Returning to pre-pandemic life

- Similar to what was mentioned previously, the main reason overall for believing the flu will be worse this year than the last two, is related to the return to pre-pandemic life, coupled with the easing of restrictions and mandates such as the wearing of masks.

## New strains of the flu

- A new strain of the flu is expected and anticipated to be severe like many recounted 2017 and 2019 were like, as mentioned previously and reiterated again.

## Decreased immunity

- Many participants believe that they will have decreased immunity as a result of not being exposed to the flu, or other viruses, for the last two years.

*"Yes, it's been all over the media like it usually is this time of the year, it makes sense because just before COVID arrived we had a really bad variant of the flu and it's probably time for it to appear again."*

Deborah, 52, Learning Development Coordinator, Ballajura (Perth) WA

*"I saw my GP on Wednesday and she told me the flu will probably be a problem this winter and to book an appointment to have the vaccination for it in a few weeks when they have it."*

Yu, 35, Store Manager, Petersham (Sydney) NSW

*"It makes sense that the flu will be rough this year, everyone's been locked up for the last two winters so it hasn't been able to spread, but it definitely will this winter because there are no restrictions anymore, I don't see many people wearing masks when I go to the shops and they are back to being busy, so if tens of thousands are getting COVID every day, the same number are bound to get the flu come July and August."*

Max, 71, Retiree, West Ryde (Sydney) NSW

*"My wife works in St Andrews (hospital) and she had to get a flu shot because she's been told it's going to be worse this year and she told me I should get it too."*

Tei, 29, Excavator, Bellbird Park (Brisbane) QLD

*"A lot of people will have less immunity because of not socialising much since the lockdowns started in 2020, I haven't had as much as a sniffle since COVID, so even if the flu isn't a bad one this year, it will affect a lot of people even mildly, I also think people who have had COVID will be at risk of the flu, my brother got it in January and he has some of the long-COVID symptoms still and I heard it's common to have a weakened immune system so that's a large number of people now who should be extra careful about catching the flu this year and who should probably be told that they should get the flu vaccine this year."*

Caroline, 48, Stay-at-home parent, Waterman's Bay (Perth) WA





COVID-19

21



# 61% are “up to date” with COVID vaccination having received 3 doses

## 4. Are you “up to date” with your Covid vaccination? (3 doses)

### 61% are “up to date” having received 3 doses

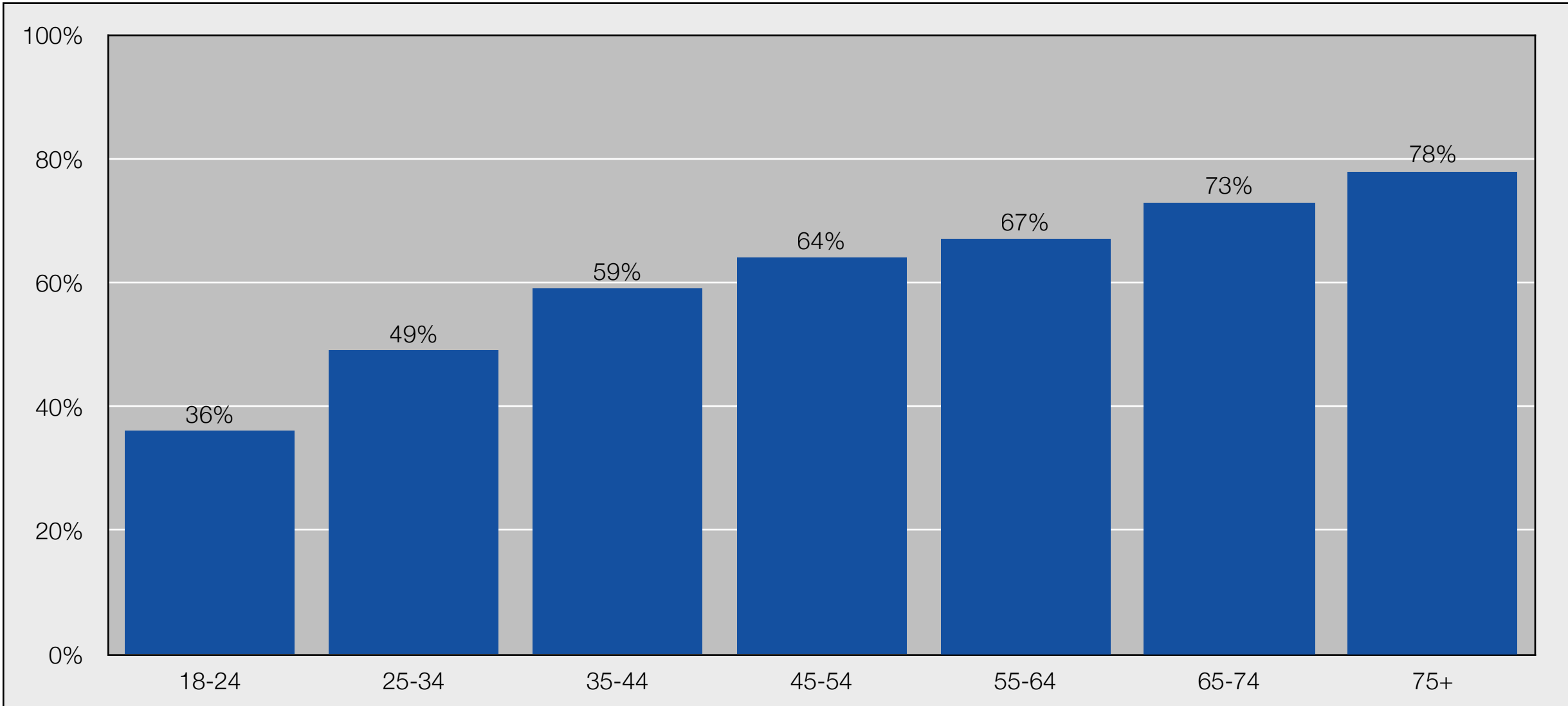
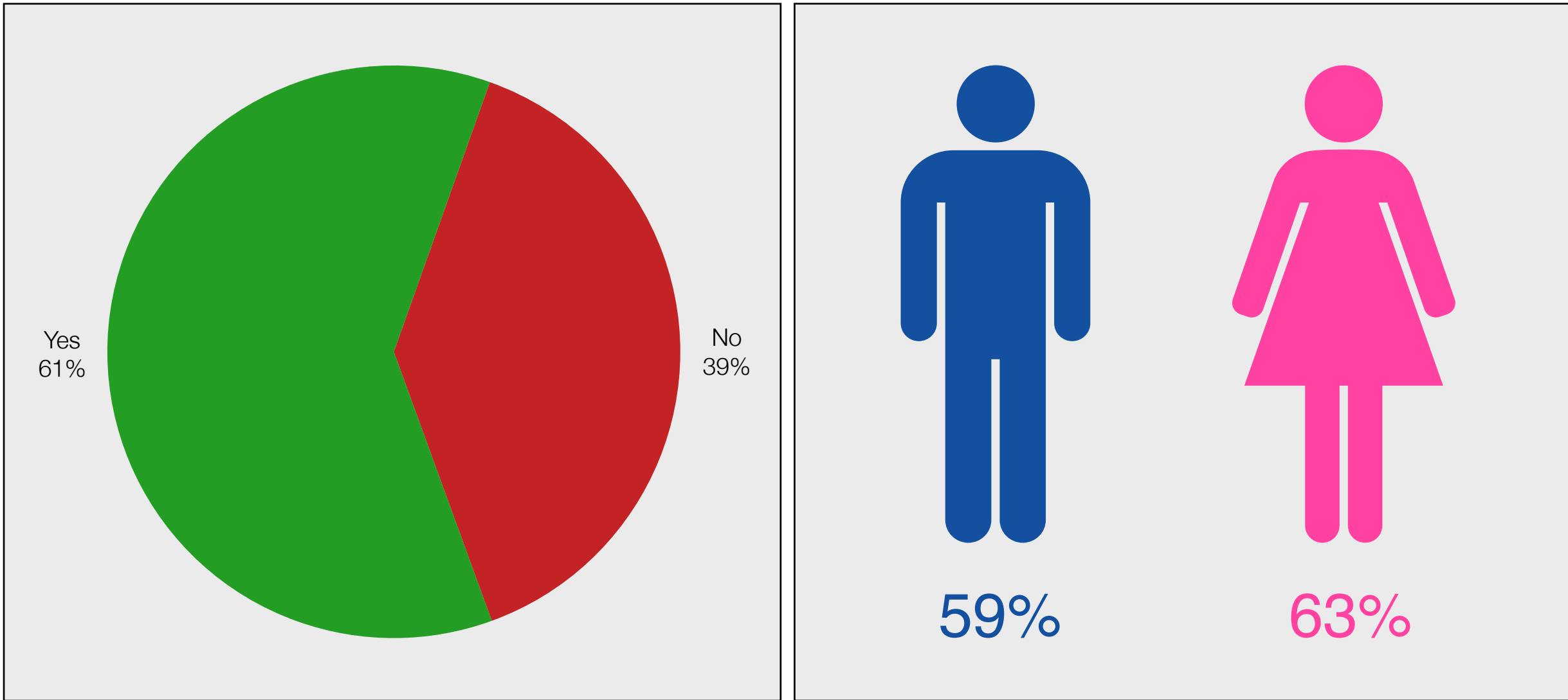
- For the question, illustrated in the opposite, top chart:
  - 61% answered “Yes”
  - 39% answered “No”

### Highest amongst women

- There was a higher incidence amongst women who are up to date:
  - 63% of women answered “Yes”; compared to 59% of men

### Age a major factor, increasing with age

- As illustrated in the chart opposite, age was the major factor amongst those who are up to date, with the incidence increasing with age:
  - 36% of those aged 18-24 years & 49% (25-34) answered “Yes”, increasing to:
  - 59% (35-44)
  - 64% (45-54)
  - 67% (55-64)
  - 73% (65-74)
  - 78% (75+)

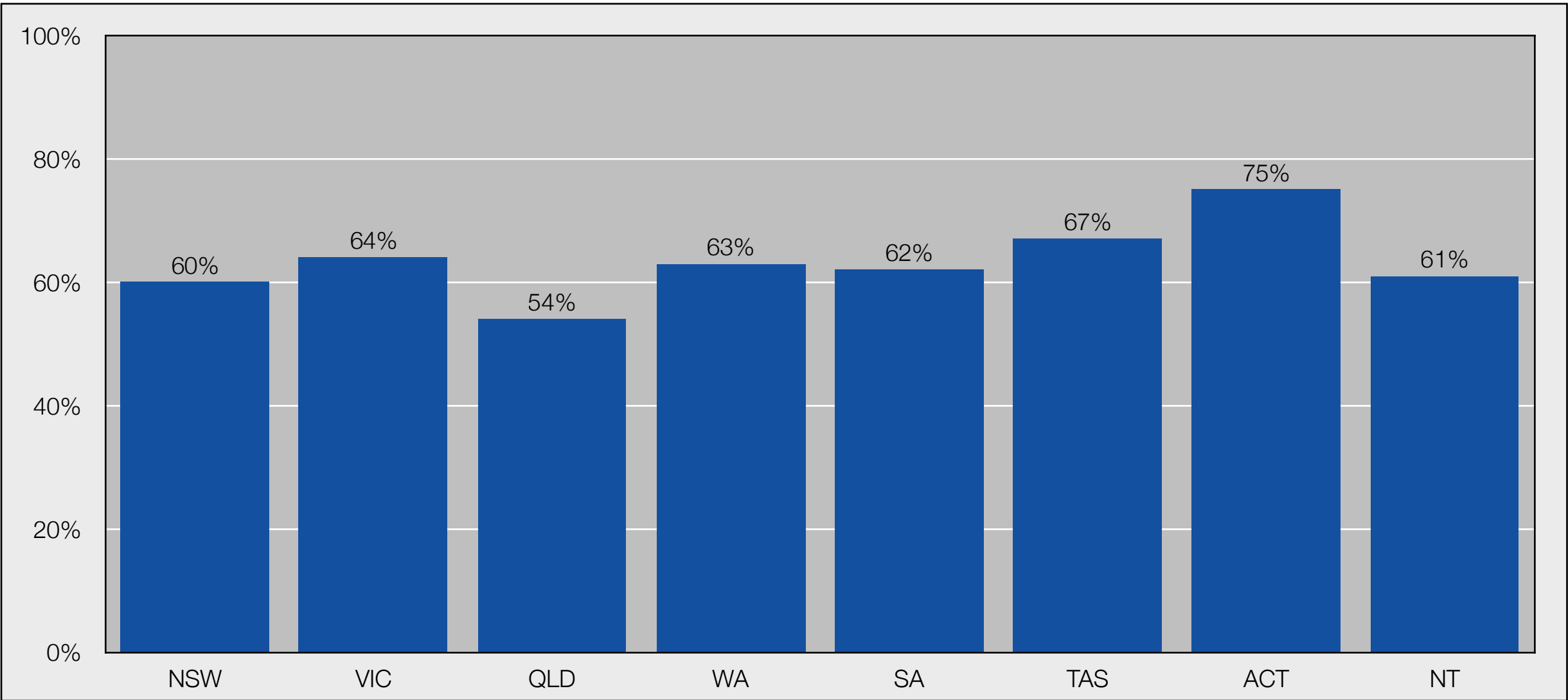




# Variation across geographic areas & socio-economic criteria

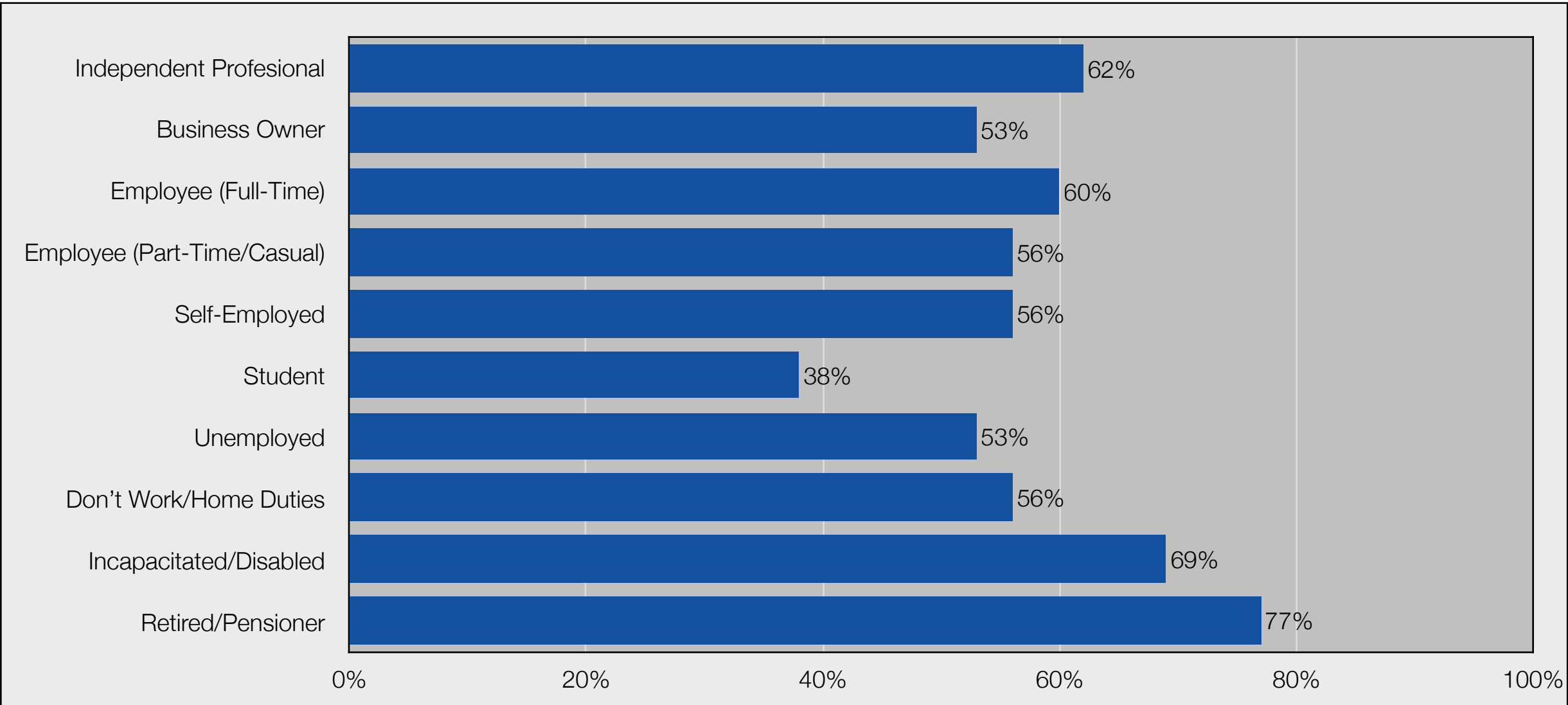
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (75%), followed by TAS (67%)
  - VIC (64%)
  - WA (63%)
  - SA (62%)
  - NT (61%)
  - NSW (60%)
  - QLD (54%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (62%)
  - Regional (58%)
  - Rural (57%)



## Variation across occupation

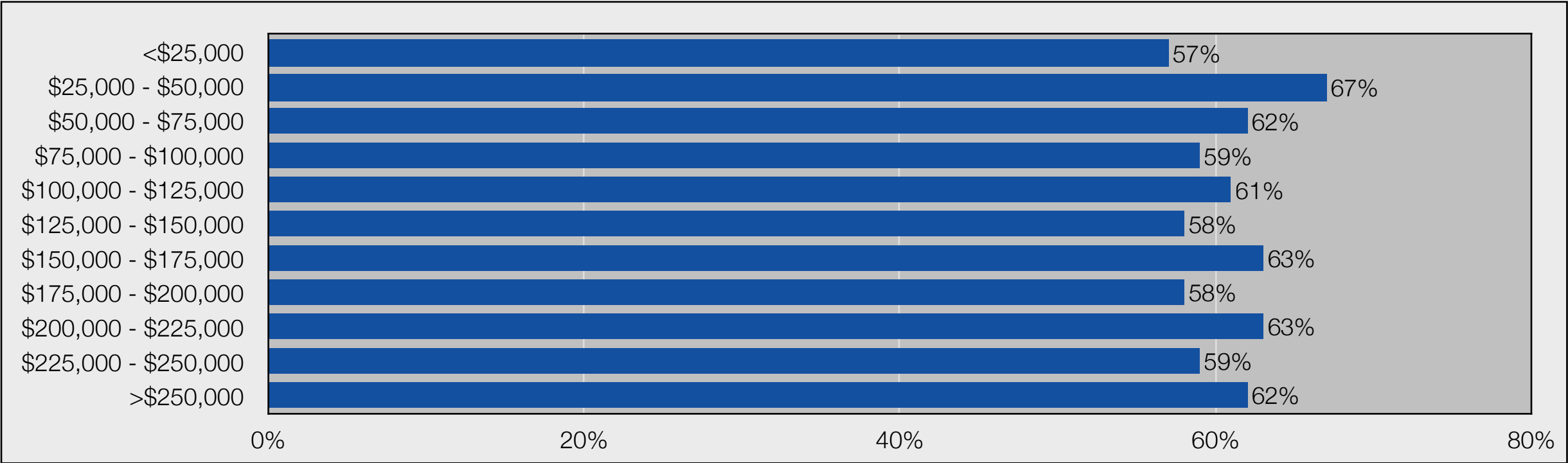
- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” that they are up to date with their COVID vaccination, illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (77%), followed by “Incapacitated/Disabled” (69%) & “Independent Professional” (62%)
  - “Student” (38%), “Business Owner” (53%) & “Unemployed” (53%) had the lowest responses to “Yes”



# Variation across other demographic & socio-economic criteria

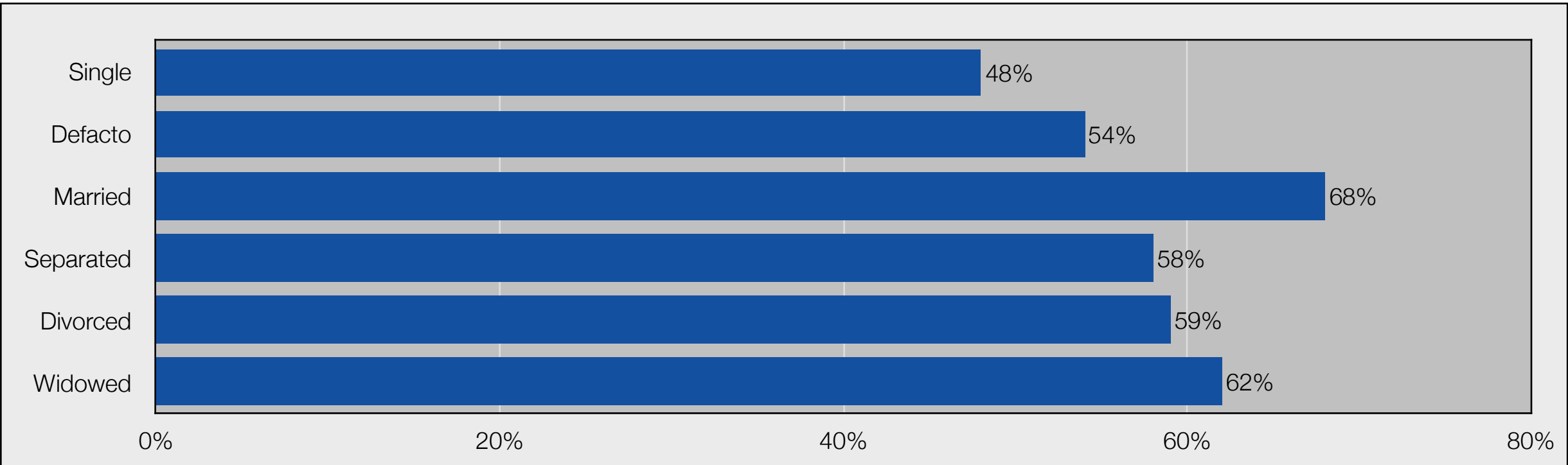
## Variation based on household income

- There was variation across household income, amongst those who answered “Yes” as shown in the opposite top chart:
  - “\$25,000 - \$50,000” had the highest response to “Yes” (67%), followed by “\$150,000 - \$175,000” (63%) & “\$200,000 - \$225,000” (63%)
  - The lowest response to “Yes” based on household income was from “<\$25,000” (57%); “\$125,000 - \$150,000” (58%) & “\$175,000 - \$200,000” (58%)



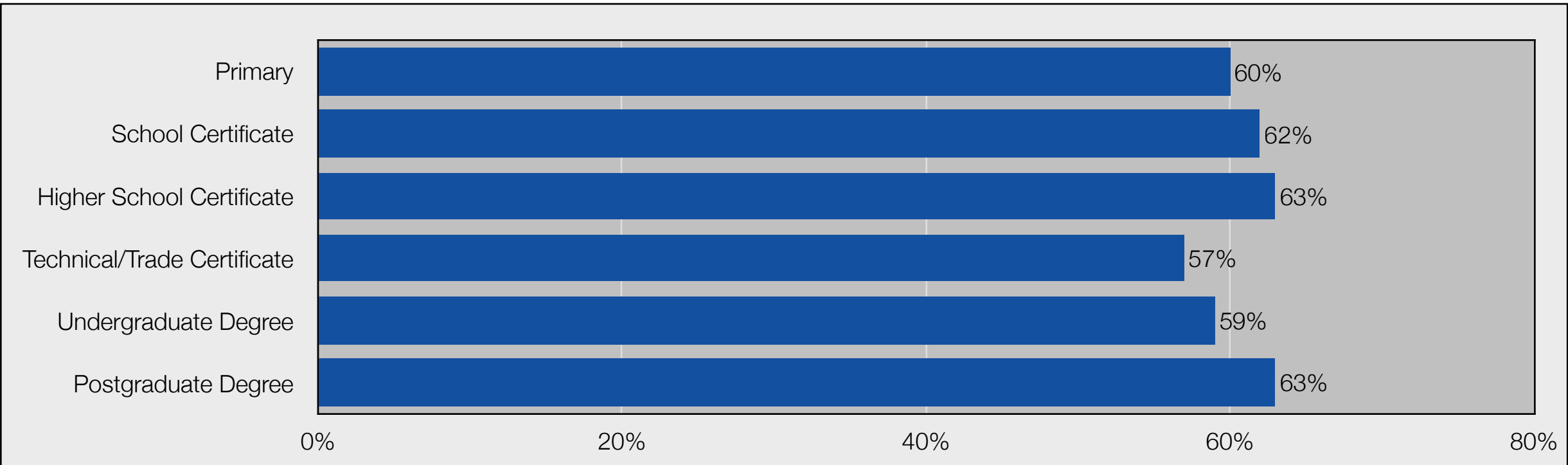
## Variation across marital status

- There was noticeable variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart:
  - Those who were “Married” (68%) or “Widowed” (62%) had the highest response to “Yes”
  - Conversely, those who were “Single” (48%) or “Defacto” (54%) had the lowest responses to “Yes”



## Variation across education

- There was minor variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Higher School Certificate” (63%) & “School Certificate” (62%) had the highest responses to “Yes”
  - Conversely, those with “Technical/Trade Certificate” (57%) & “Undergraduate Degree” (59%) had the lowest responses to “Yes”





# 44% will continue to get booster shots if recommended

## 5. Will you continue to get booster shots if recommended?

### 44% will continue to get booster shots if recommended

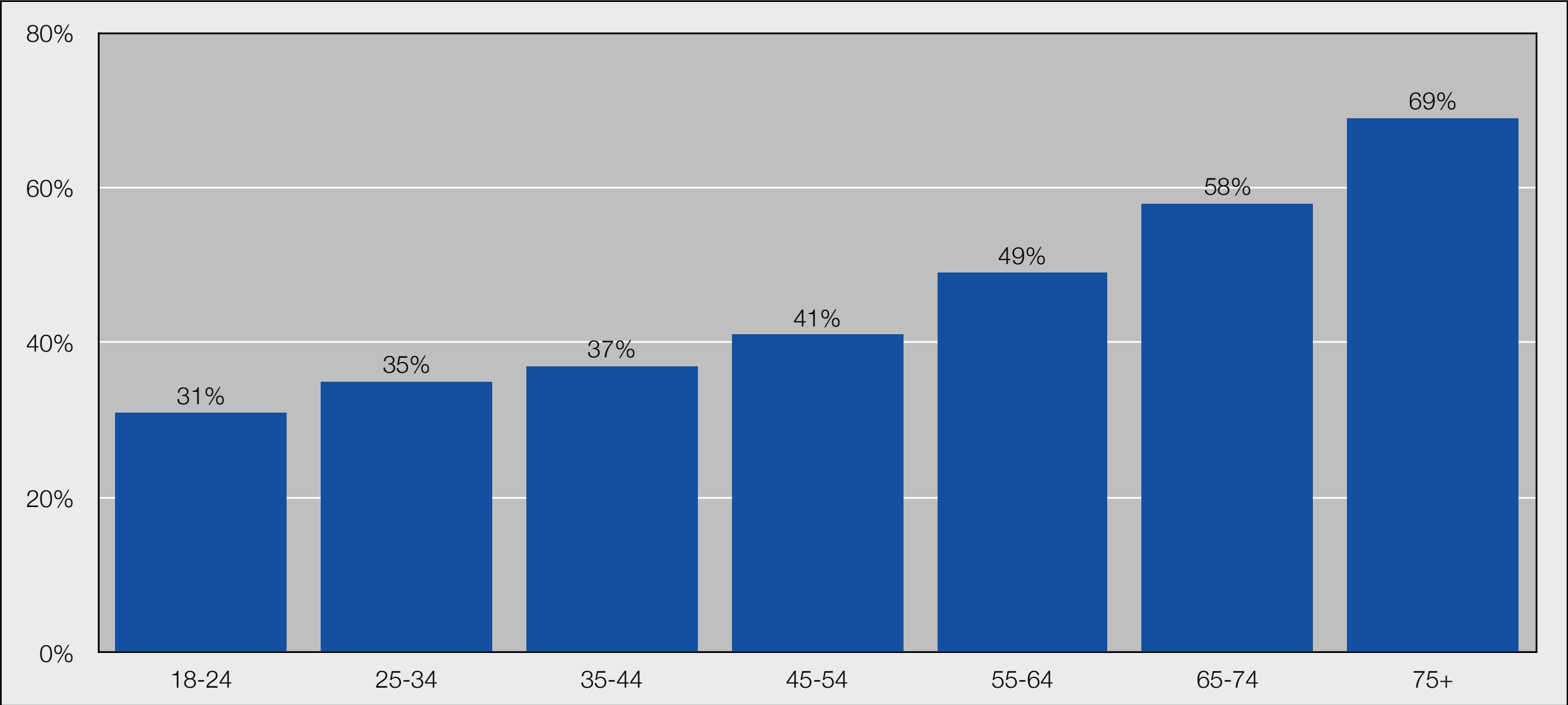
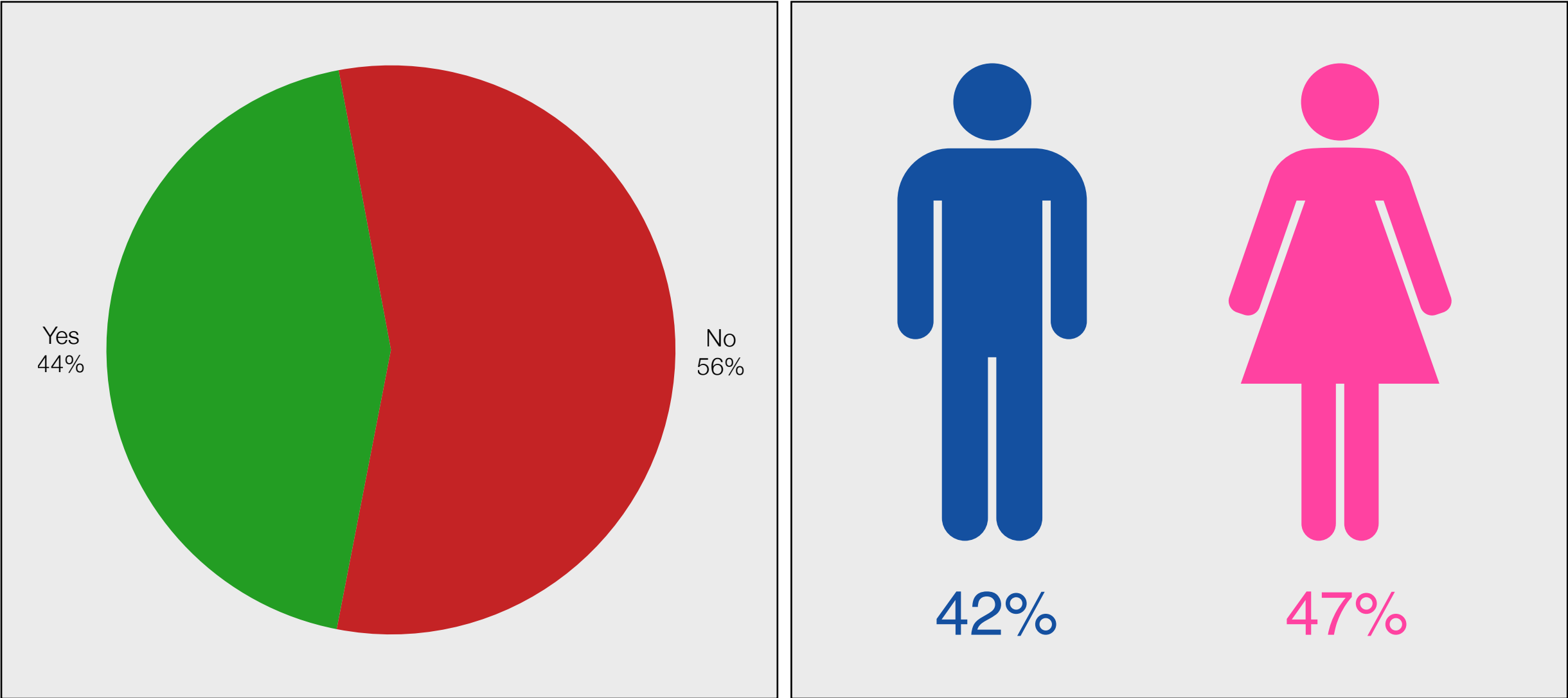
- For the question, illustrated in the opposite, top chart:
  - 44% answered “Yes”
  - 56% answered “No”

### Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 47% of women answered “Yes”; compared to 42% of men

### Age a major factor, increasing with age

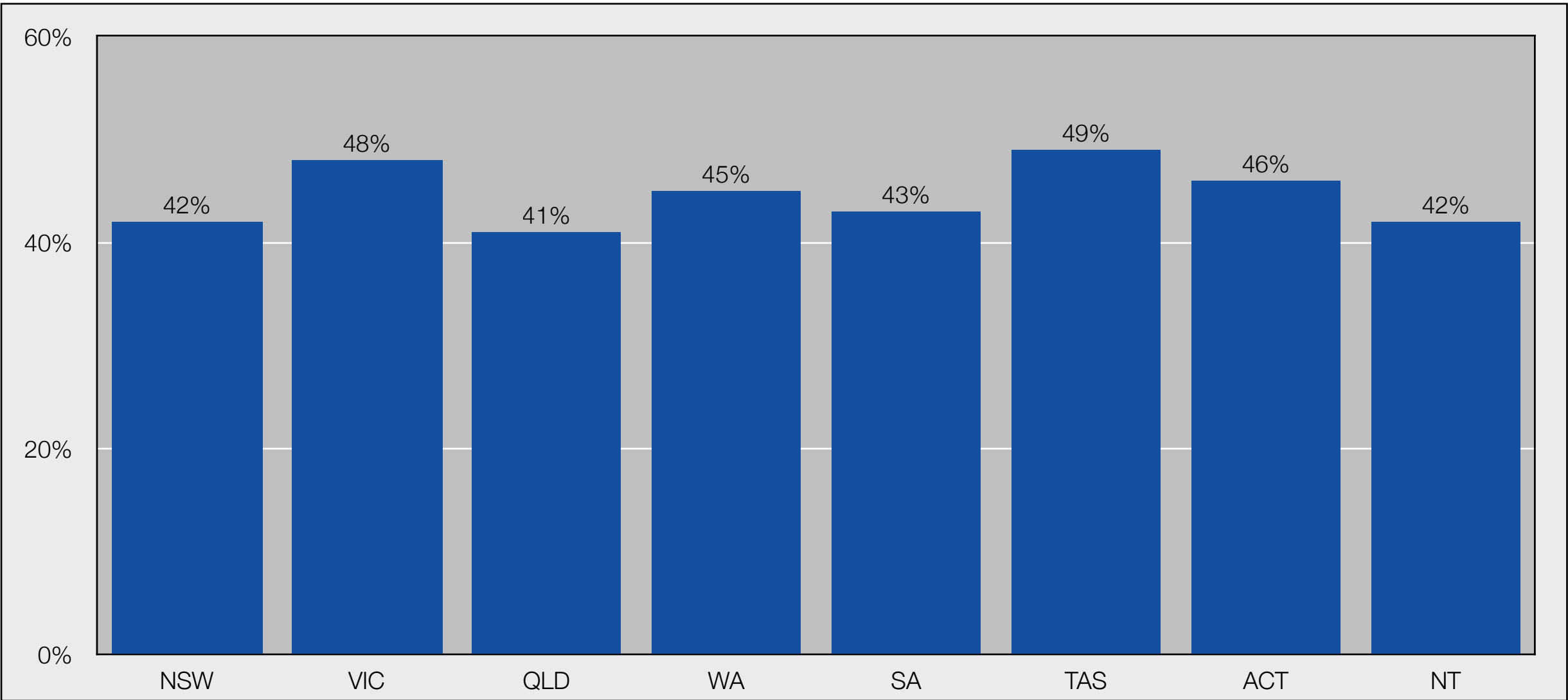
- As illustrated in the chart opposite, age was the major factor amongst those who answered “Yes” that they will continue to get boosters if recommended, with the incidence increasing with age:
  - 31% of those aged 18-24 years & 35% (25-34) answered “Yes”, increasing to:
  - 37% (35-44)
  - 41% (45-54)
  - 49% (55-64)
  - 58% (65-74)
  - 69% (75+)



# Variation across geographic & socio-economic criteria

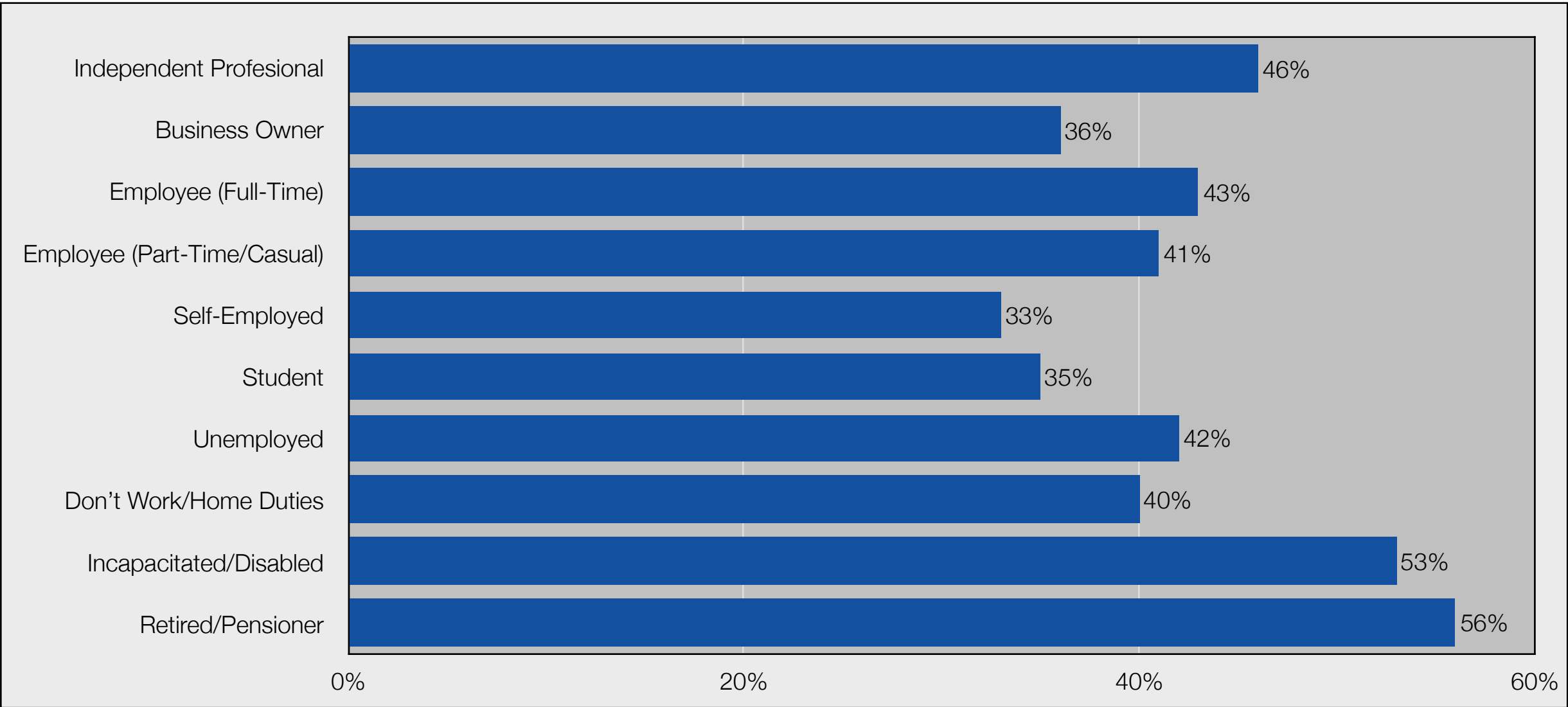
## Variation across the States & Territories

- Across the States and Territories there was variation in those who answered “Yes” that they will continue to get boosters if recommended, illustrated in the chart opposite:
  - TAS had the highest proportion who answered “Yes” (49%), followed by VIC (48%)
  - ACT (46%)
  - WA (45%)
  - SA (43%)
  - NSW & NT (42%)
  - QLD (41%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (45%)
  - Regional (41%)
  - Rural (40%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” that they will continue to get boosters if recommended, illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (56%), followed by “Incapacitated/Disabled” (53%) & “Independent Professional” (46%)
  - “Self-Employed” (33%), “Student” (35%) & “Business Owner” (36%) had the lowest responses to “Yes”

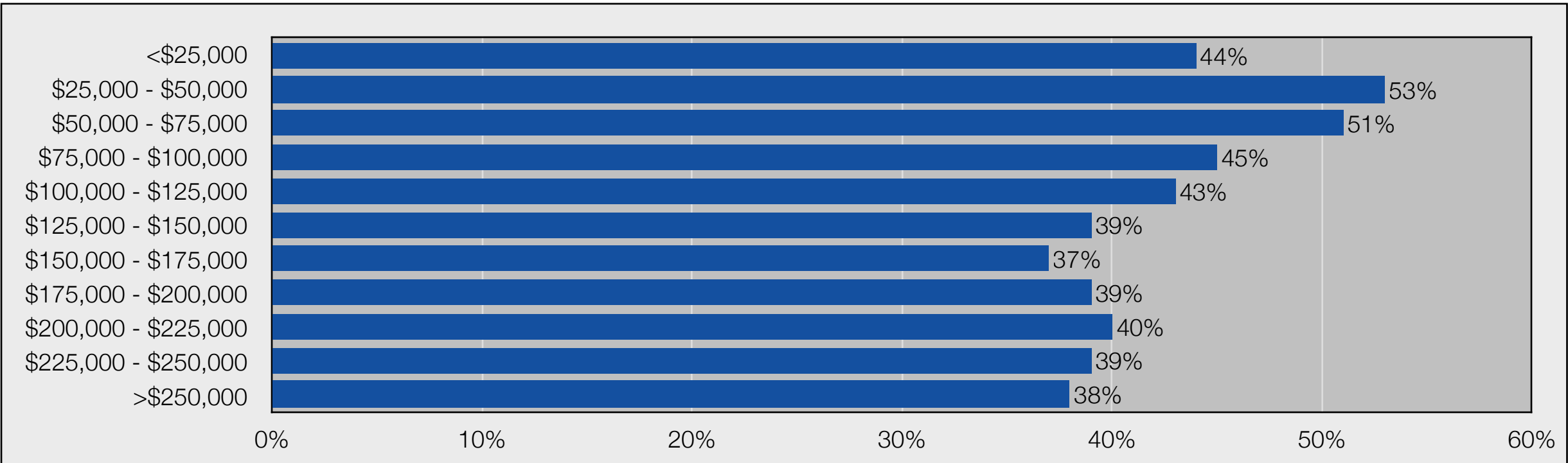




# Variation across other demographic & socio-economic criteria

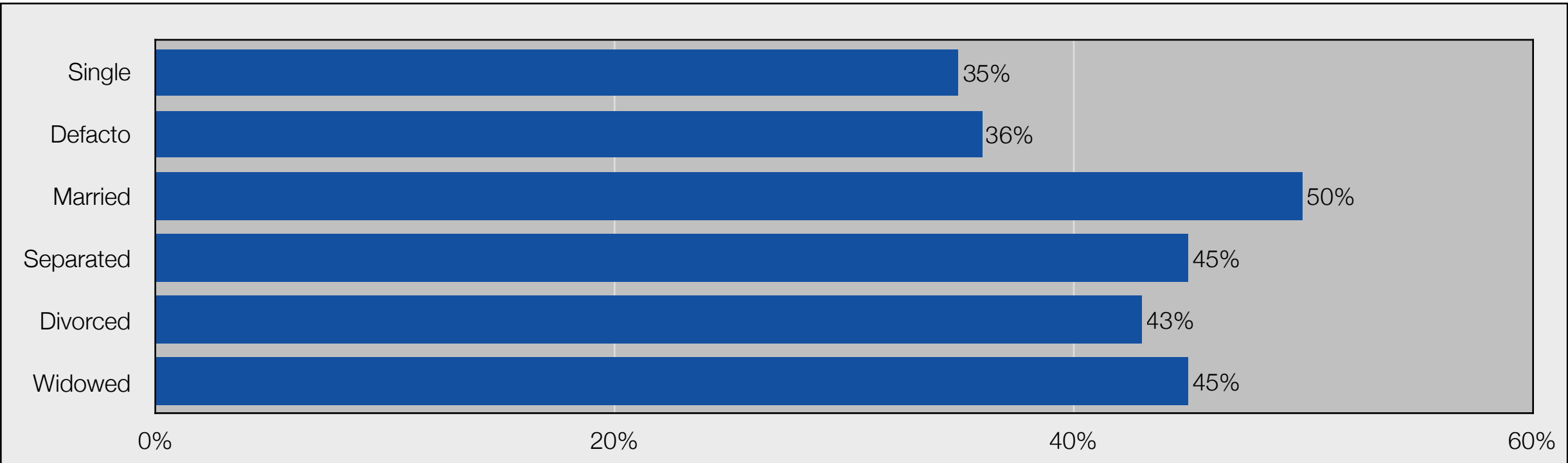
## Variation based on household income

- There was variation across household income, amongst those who answered “Yes” shown in the opposite top chart:
  - “\$25,000 - \$50,000” had the highest response to “Yes” (53%), followed by “\$50,000 - \$75,000” (51%) & “\$75,000 - \$100,000” (45%)
  - The lowest response to “Yes” based on household income were from “\$150,000 - \$175,000” (37%); “>\$250,000” (38%) & “\$125,000 - \$150,000” (39%) & “\$225,000 - \$250,000” (39%)



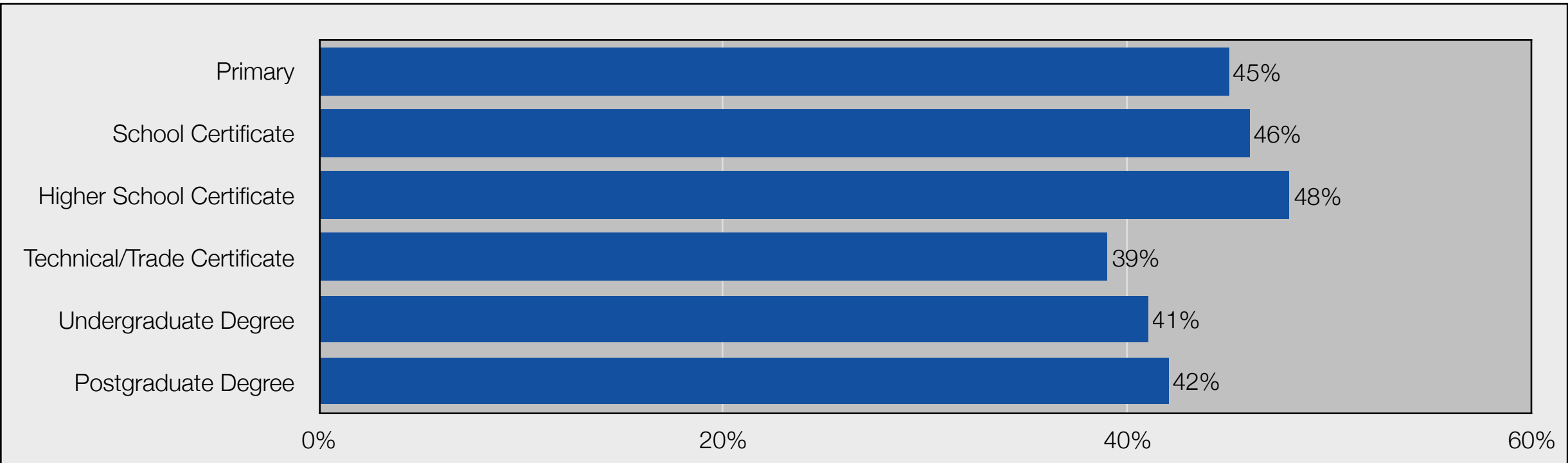
## Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Married” (50%); “Separated” and “Widowed” (45%) had the highest response to “Yes”
  - Conversely, those who were “Single” (35%); “Defacto” (36%) and “Divorced” (43%) had the lowest responses to “Yes”



## Variation across education

- There was minor variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Higher School Certificate (48%) & “School Certificate” (46%) had the highest responses to “Yes”
  - Conversely, those with “Technical/Trade Certificate” (39%) & “Undergraduate Degree” (41%) had the lowest responses to “Yes”



# Main reasons for getting booster shots if recommended

## New variants

- Across all focus groups, the main reason given for continuing to get booster shots if recommended, was to be protected against new variants:
  - Around half of the participants in every focus group who answered that they will continue to get booster shots if recommended, stated this was what they saw as the main reason for requiring boosters and for getting them

## Immunity wanes after 6-9 months

- In 12 out of the 15 focus groups, it was mentioned by participants that they were aware immunity wanes quite quickly after having the initial double vaccination, or the third booster and this is why they will have booster shots if recommended.
- When probed as to how long it is believed until immunity wanes after the initial double dose or the first booster, to warrant the need for a booster:
  - 6-9 months was the most common response by around 70%
  - 9-12 months was generally agreed by the remaining 30%

## Generally follow health advice

- Many participants who answered that they will continue to get booster shots if recommended, said that following health advice was also a main reason for doing so.
- When probed as to what health advice they would follow about getting boost shots, the main responses were:
  - Following what the government (Federal or State/Territory) recommends, such as if a fourth booster is required later this year to protect against new variants that have emerged, or to increase immunity, then that is what they would follow, similar to the recent third shot (first booster)
  - Following what their doctor recommends them to do, such as if a future booster is recommended by their doctor, then they would follow that advice and have it

*"I think the booster shots are designed to give protection against new variants that come along, so yes, I will continue to have them for that reason, like with the flu shot we spoke about earlier, I get that every year to protect against the new variants that come along with the flu each year."*

Kavita, 38, Coordination & Planning Officer, Oran Park (Sydney) NSW

*"I want to have some protection against whatever new strains of COVID come into existence, so that's why I think the boosters are important and why I will have them."*

Warren, 55, Mechanical Engineer, Bayview (Darwin) NT

*"Because immunity doesn't last long, I think 6-9 months is about all that immunity lasts after a booster, that's why I will continue to have them (booster shots), just to make sure I'm as immune as possible against it (COVID-19), especially because I am starting to travel a bit for work again now and on planes and going in and out of hotels and offices, that all puts me at risk."*

Cathy, 48, Training Facilitator, Woolloowin (Brisbane) QLD

*"For me, I follow what my doctor (GP) says I should do, plus I also ask him if he's had the same vaccination because we are a similar age, so because he had both doses of the Astra Zeneca last year and the Pfizer booster, then I went along and had them also."*

Stephen, 63, Retired, Unley (Adelaide) SA

*"I also don't really want to get them (booster shots) at all, this time last year we were going to have two vaccinations and that was going to take care of everything, but I understand the new incarnations (variants) of the virus develop and these boosters are needed to combat them, but I hope they can be combined with the flu vaccine we discussed before this, so then you only need to have one vaccination a year, most people would go along with that."*

Alan, 51, Territory Manager, Kareela (Sydney) NSW



# Main reasons for not getting booster shots if recommended

## Had enough COVID-10 vaccinations

- Across all focus groups, those who answered that they will not continue to have booster shots, said it was because they have had enough COVID-19 vaccinations.
- When probed as to why they had this view, the main reasons given were consistent across all groups:
  - It seems too early to require a booster, just a few months after having the initial double dose
  - The requirement of two or more boosters per year believed to be too many and turns people off having them, when probed having one per year is considered acceptable, but no more
  - Many had bad experiences, namely side effects from previous COVID vaccinations and they do not want to go through this again

## Causes harm to the body

- In every focus groups there were several participants who stated that they believe the COVID-19 vaccinations cause harm to the body.
- To substantiate these views, first hand experiences and speculation of some events were given, the main being:
  - Side effects following COVID-19 vaccination, which were considered too much and have made people sceptical about this vaccination and other vaccinations such as influenza
  - There is concern over mRNA vaccines, being developed too quickly and not tested enough
  - A number of participants in around half of the focus groups cited a range of health problems having occurred to people they know in weeks and months after being vaccinated
  - Many participants drew analogies towards the death of well-known people in recent months, namely Shane Warne, who were quite young and appeared healthy, yet suffered fatal heart attacks or other serious conditions and believe the COVID-19 vaccinations were somehow linked

## Omicron isn't severe, won't have unless a severe variant emerges

- Across all focus groups, there was a common belief that the Omicron variant is not severe and if future variants are similar to Omicron, they do not believe it is necessary to have a boosters for what is considered something like a mild case of the flu.

*"So I had the second vaccine of the original two doses to be fully vaccinated in December and now I need a booster, that doest seem right to me, plus there is talk of a fourth one coming out in the second half of this year, it's too much and I had shocking side effects from the first two, worse than any cold or flu I've had for years, so I've become a bit of an anti-vaxer, well against how many are being forced upon us."*

Sabine, 45, Stay-at-home-parent, Willagee (Perth) WA

*"I don't want to be involved in this endless cycle of needing a booster to be up-to-date, it was okay to get fully vaccinated like over 90% of us did last year and we all thought, job done, but now to be told we need boosters a couple of times a year to be up-to-date, no way I think the drug companies are behind pushing all these boosters because governments will pay for them."*

Elyse, 31, Post Production Manager, Stanmore (Sydney) NSW

*"The problem with these vaccines is that they have been made too quickly, there was a pandemic and everyone was panicking and we put our arms out to get these new mRNA vaccines put into us, because if we didn't we couldn't go to work or shopping, and now its starting to become obvious they cause problems, look at how many people like Shane Warne in their 50's have died of heart attacks recently."*

Mike, 62, Grazier, Bunbury WA

*"Omicron isn't very severe by all accounts, I know about 20 people who have had it now, I think all were double-vaccinated and maybe around 25% also had the booster, but none of them were very sick, id say the average experience was like a mildish type of flu for a few days, so unless there is a really deadly variant that comes, my wife and I decided that we're not going to get the booster."*

James, 47, Electrical Engineer, Killara (Sydney) NSW

# 24% aware COVID-19 and flu vaccines can be administered together

## 6. Did you know that COVID-19 and flu vaccines can be administered together?

### 24% aware COVID-19 and flu vaccines can be administered together

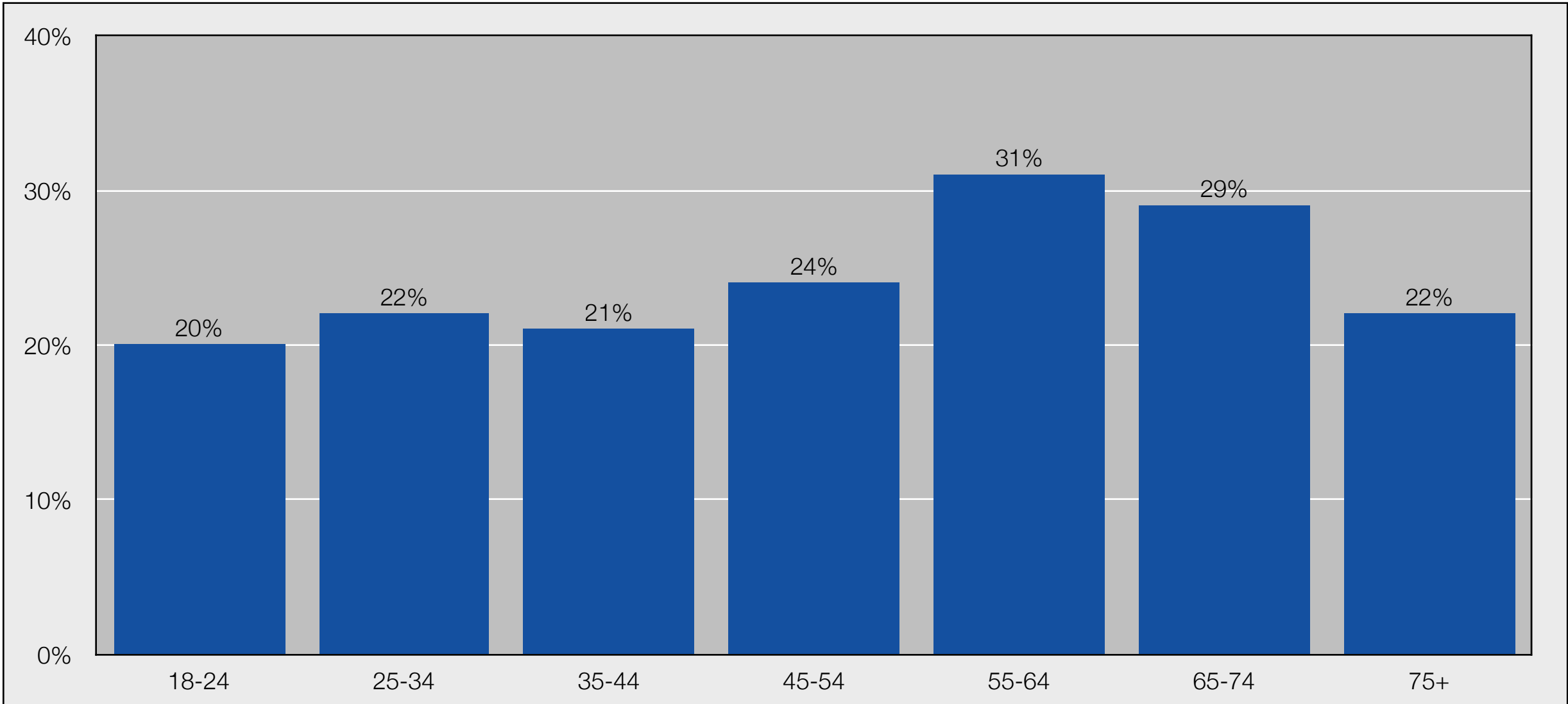
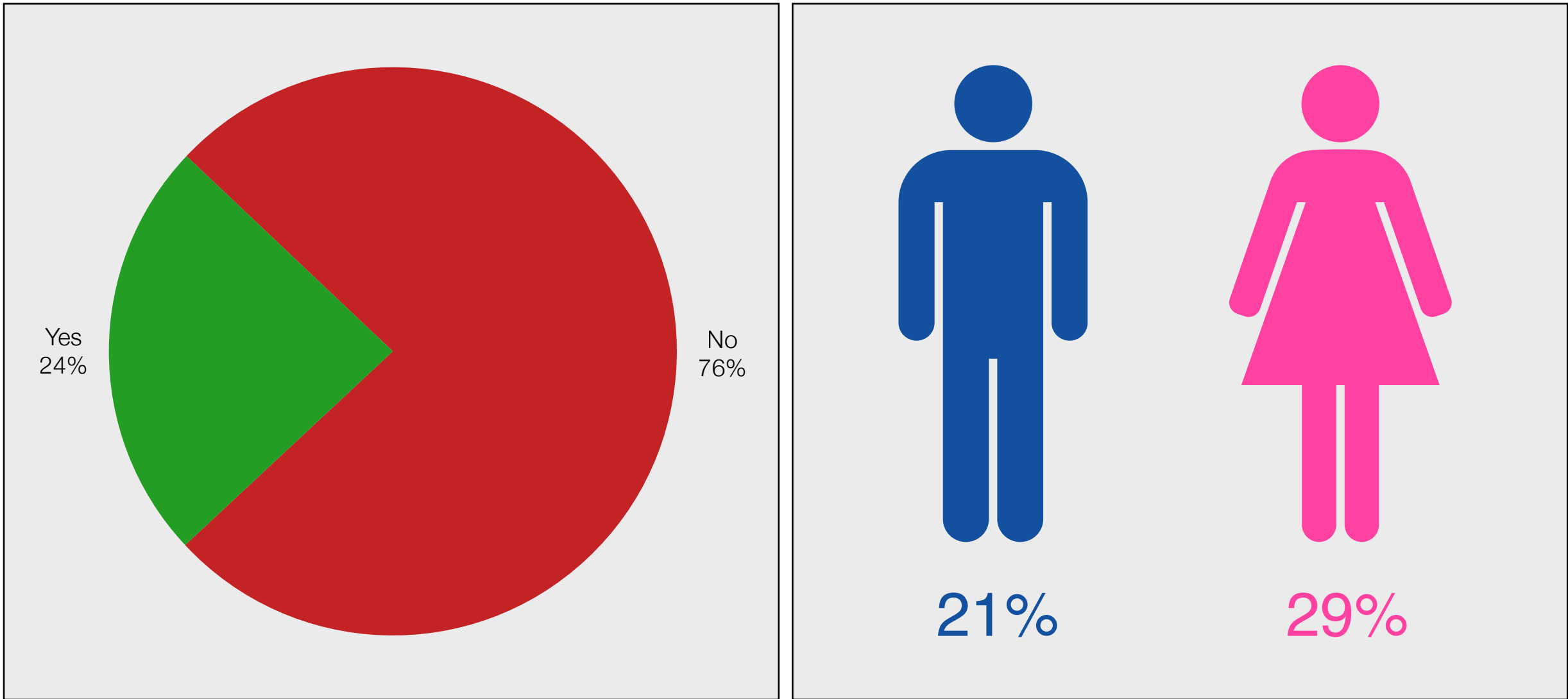
- For the question, illustrated in the opposite, top chart:
  - 24% answered “Yes”
  - 76% answered “No”

### Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 29% of women answered “Yes”; compared to 21% of men

### Variation across age groups

- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” that they know the COVID-19 and flu vaccines can be administer together:
  - 20% of those aged 18-24 years answered “Yes”
  - 22% (25-34)
  - 21% (35-44)
  - 24% (45-54)
  - 31% (55-64)
  - 29% (65-74)
  - 22% (75+)





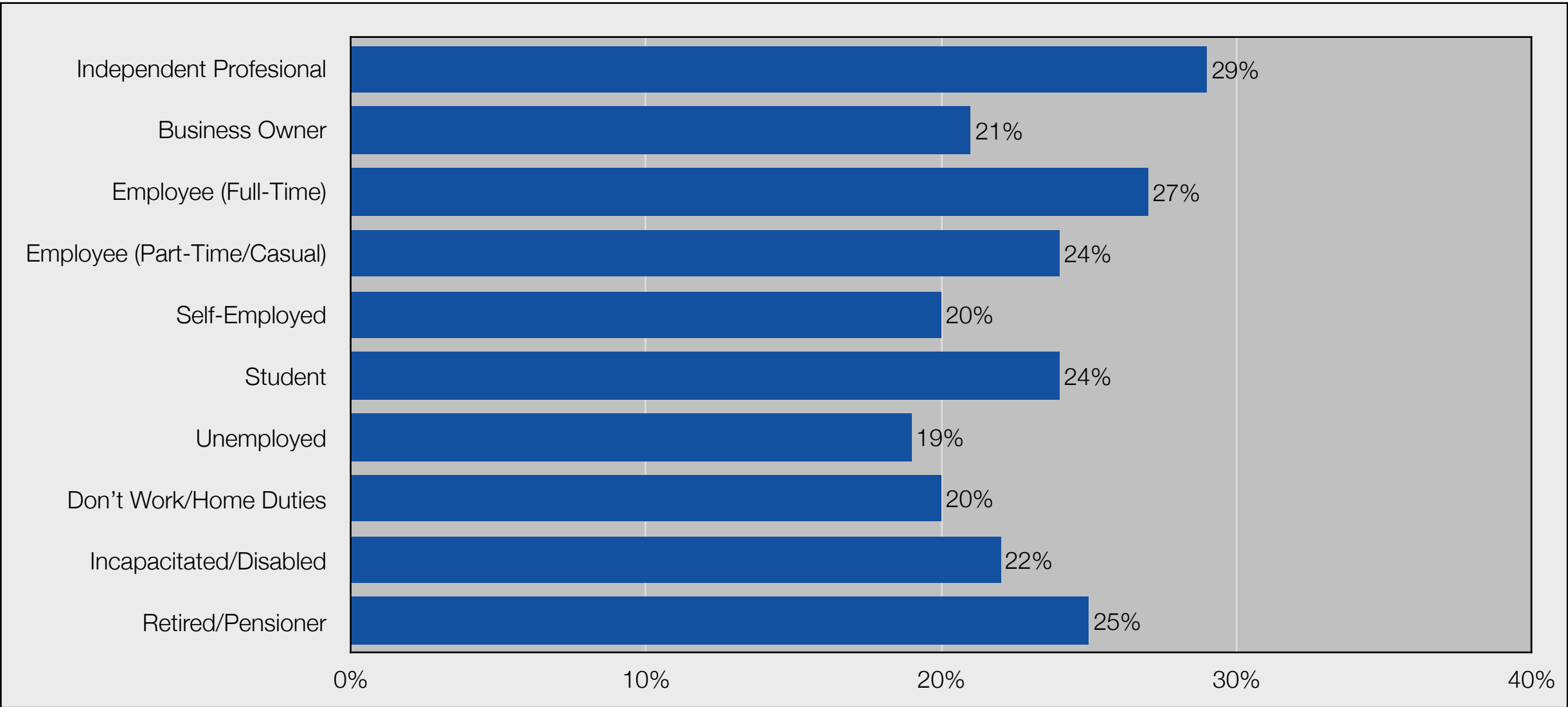
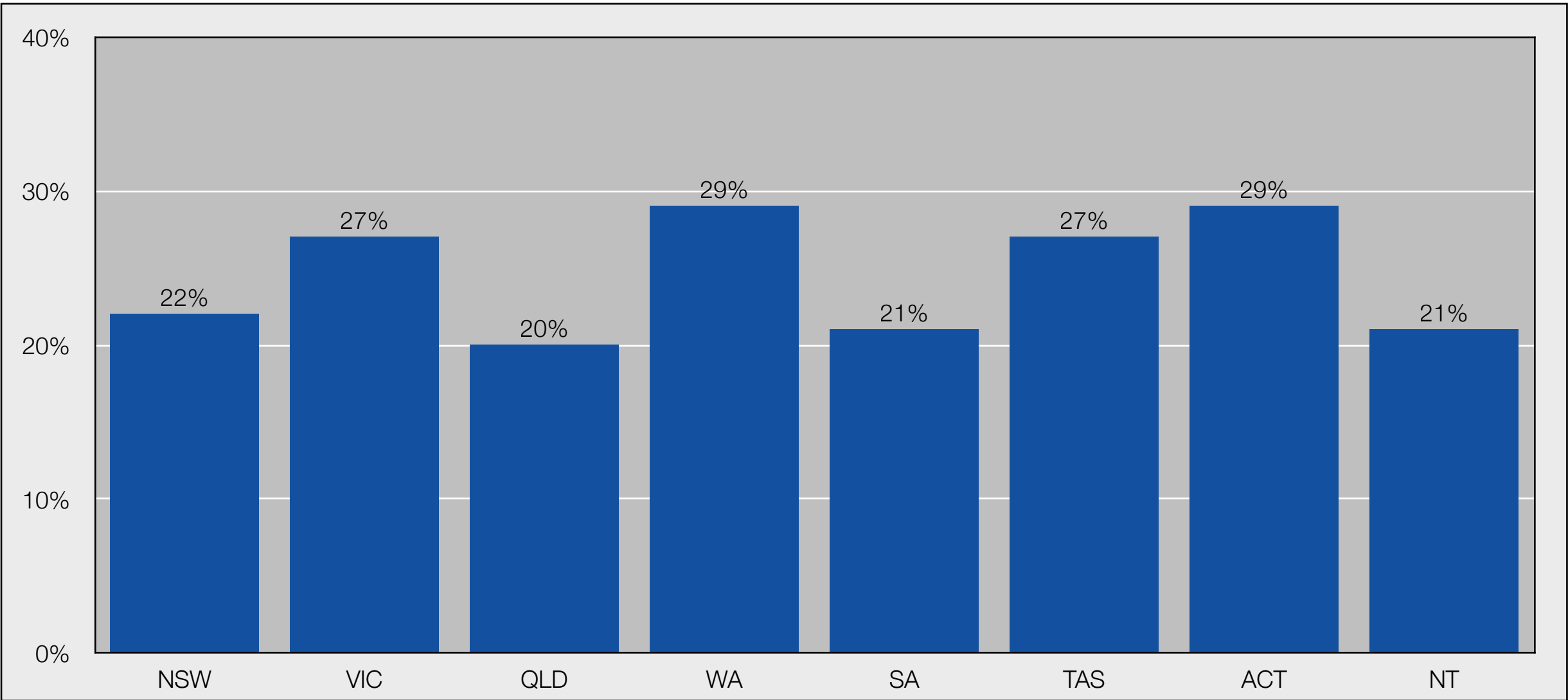
# Variation across geographic & socio-economic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - WA & ACT had the highest proportion who answered “Yes” (29%), followed by:
  - VIC & TAS (27%)
  - NSW (22%)
  - SA & NT (21%)
  - QLD (20%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (25%)
  - Regional (22%)
  - Rural (20%)

## Variation across occupation

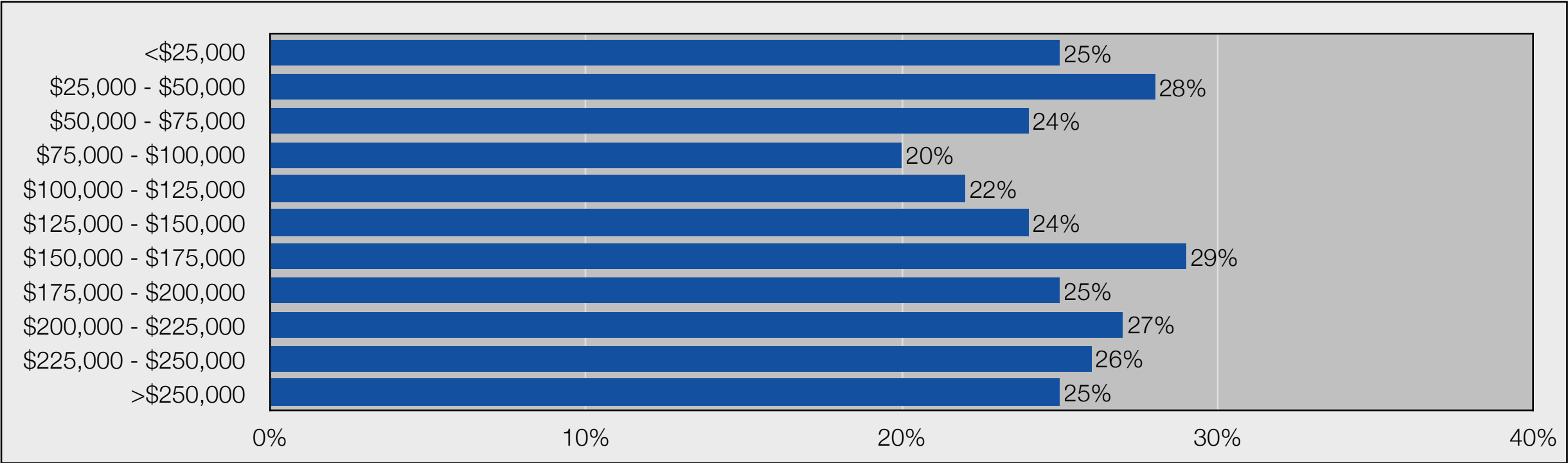
- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” that they are aware that COVID-19 and flu vaccines can be administered together, as illustrated in the chart opposite:
  - “Independent Professional” had the highest response to “Yes” (29%), followed by “Employee (Full-Time)” (27%) & “Retired/Pensioner” (25%)
  - “Unemployed” (19%), “Self-Employed” (20%) & “Don’t Work/Home Duties” (20%) had the lowest responses to “Yes”



# Variation across other demographic & socio-economic criteria

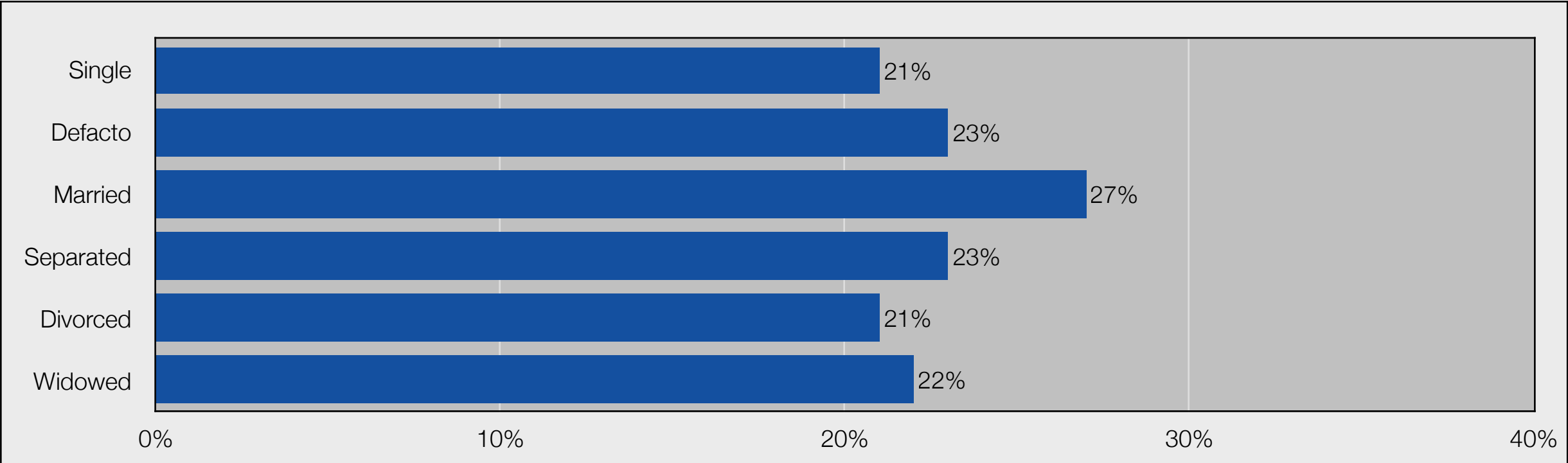
## Variation based on household income

- There was variation across household income, amongst those who answered “Yes” shown in the opposite top chart:
  - “\$150,000 - \$175,000” had the highest responses to “Yes” (29%), followed by “\$25,000 - \$50,000” (28%) & “\$200,000 - \$225,000” (27%)
  - The lowest responses to “Yes” based on household income were from “\$75,000 - \$100,000” (20%); “\$100,000 - \$125,000” (22%); “\$50,000 - \$75,000” (24%) & “\$125,000 - \$150,000” (24%)



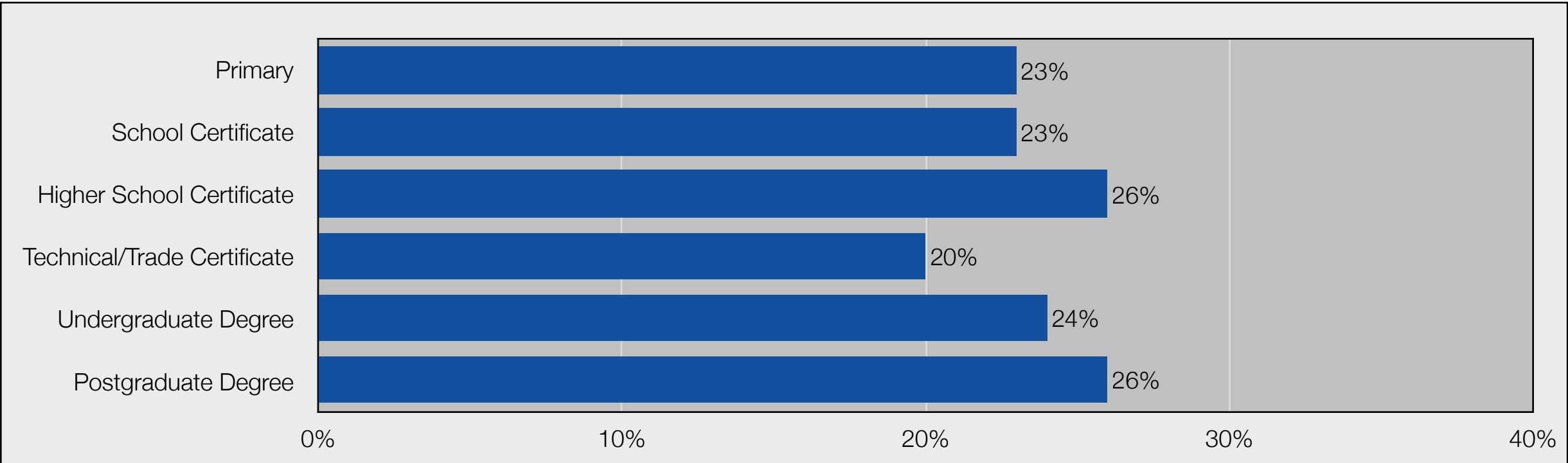
## Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Married” (27%); “Defacto” (23%) and “Separated” (23%) had the highest responses to “Yes”
  - Conversely, those who were “Single” (21%); “Divorced” (21%) and “Widowed” (22%) had the lowest responses to “Yes”



## Variation across education

- There was variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Higher School Certificate” (26%); “Postgraduate Degree” (26%) and “Undergraduate Degree” (24%) had the highest responses to “Yes”
  - Conversely, those with “Technical/Trade Certificate” (20%); “Primary” (23%) & “School Certificate” (23%) had the lowest responses to “Yes”







# Pneumococcal Disease

33



# 19% aware of Pneumococcal disease

## 7. Do you know what Pneumococcal disease is?

### 19% aware of Pneumococcal disease

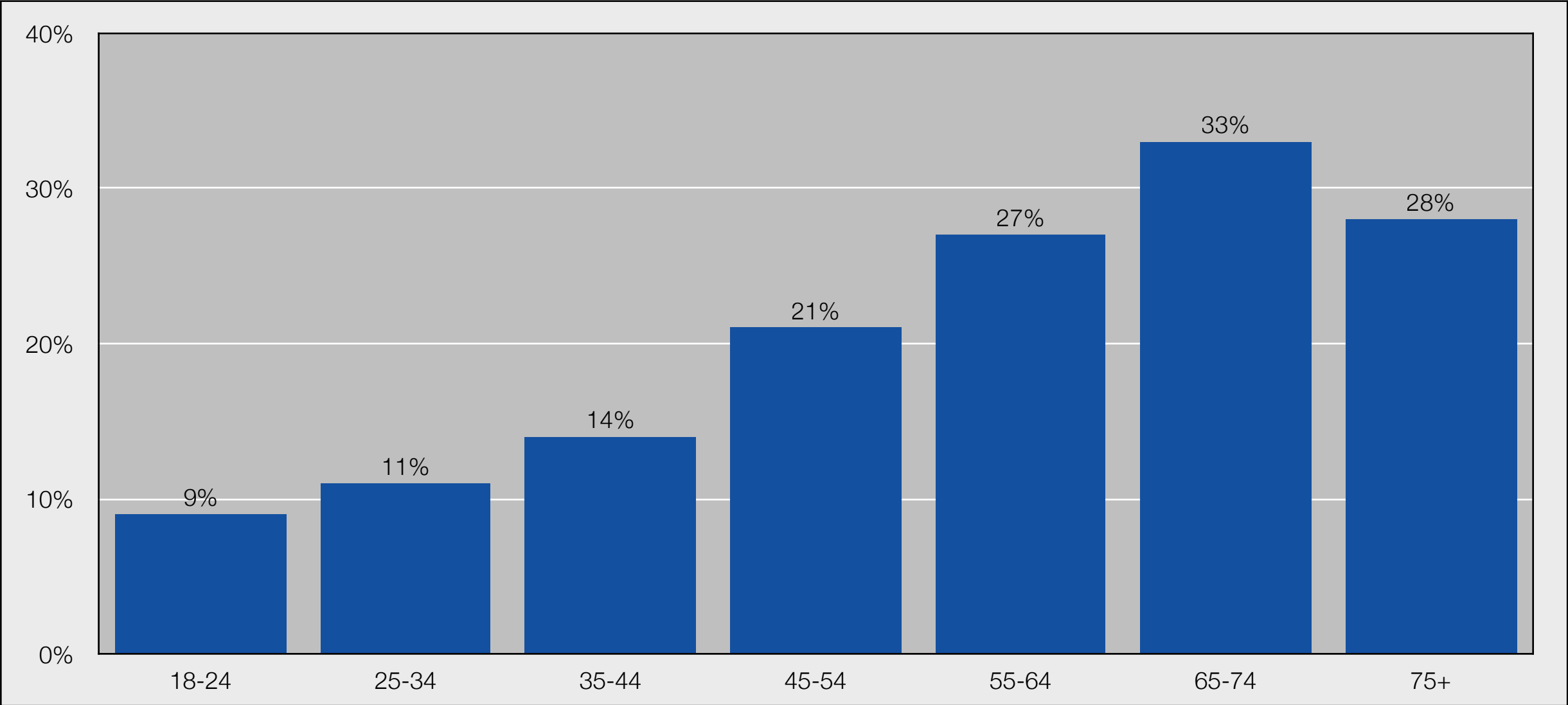
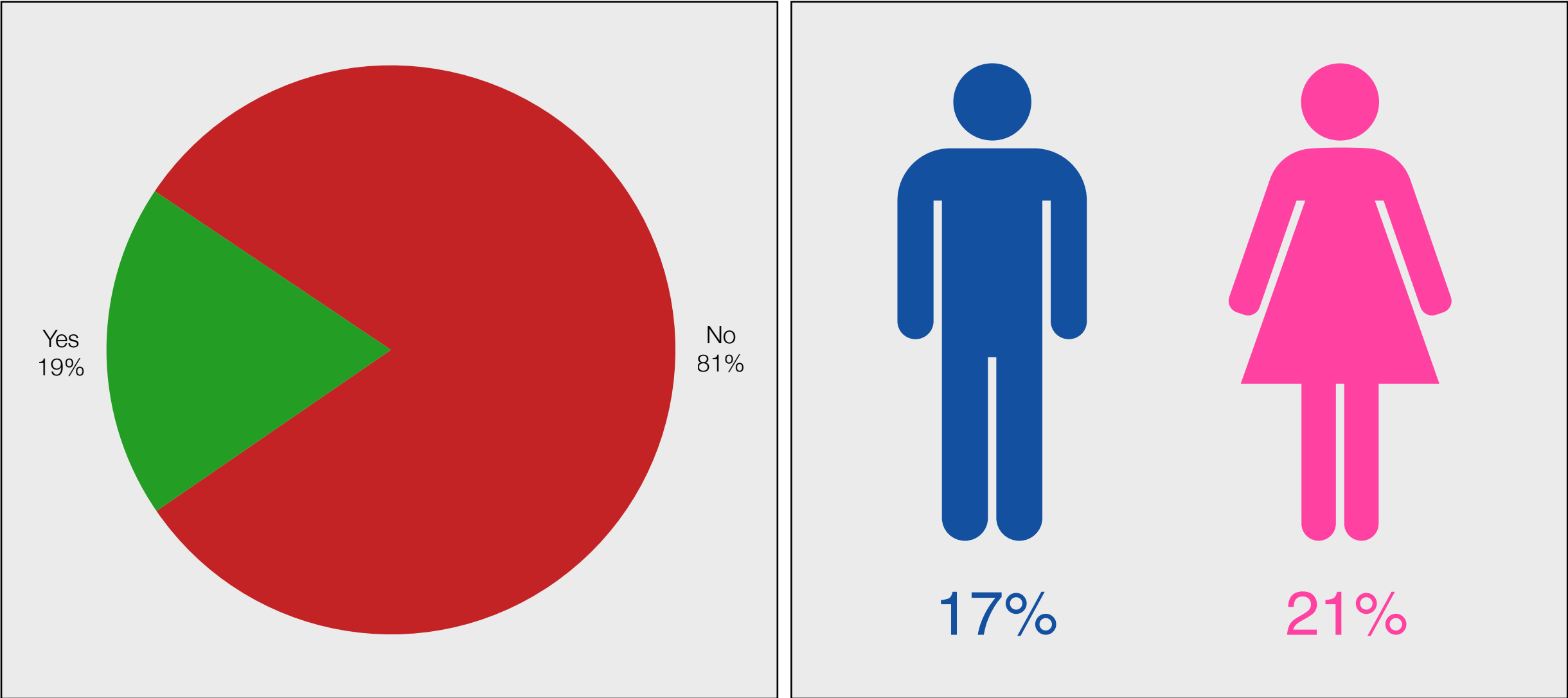
- For the question, illustrated in the opposite, top chart:
  - 19% answered “Yes”
  - 81% answered “No”

### Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 21% of women answered “Yes”; compared to 17% of men

### Variation across age groups

- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” that they know what Pneumococcal disease is:
  - 9% of those aged 18-24 years answered “Yes”
  - 11% (25-34)
  - 14% (35-44)
  - 21% (45-54)
  - 27% (55-64)
  - 33% (65-74)
  - 28% (75+)





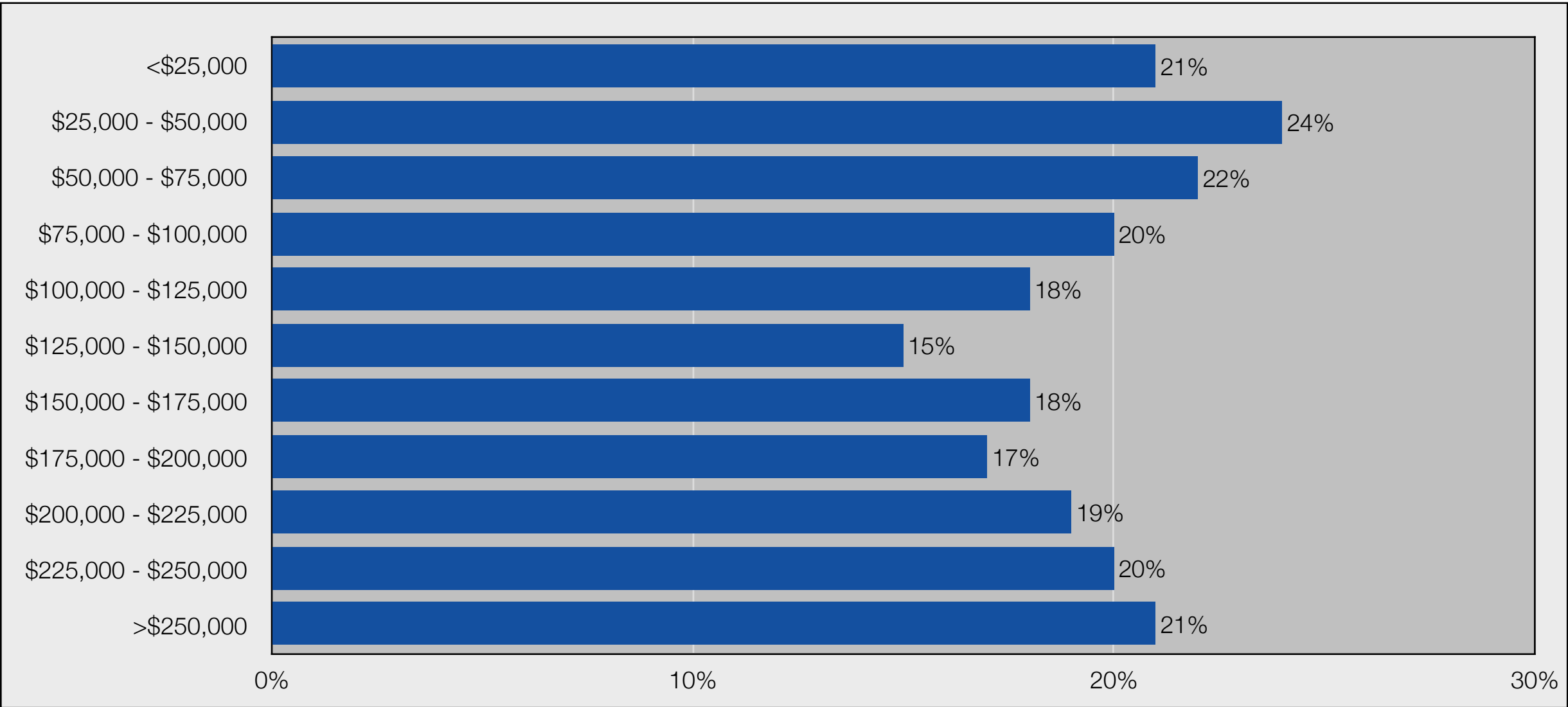
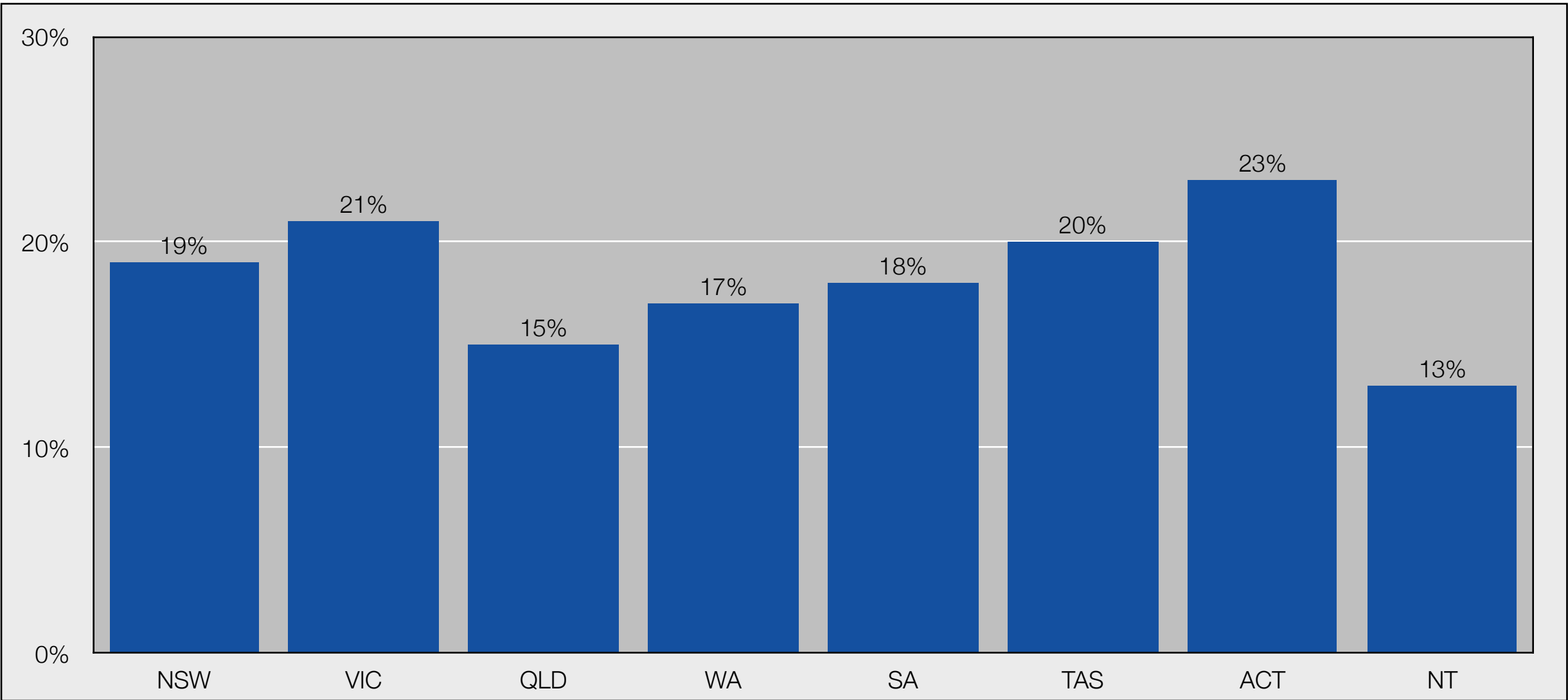
# Variation across geographic areas & socio-economic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (23%), followed by VIC (21%)
  - TAS (20%)
  - NSW (19%)
  - SA (18%)
  - WA (17%)
  - QLD (15%) & NT (13%)
- Across metropolitan, regional and rural areas there was minor variation:
  - Regional areas had the highest proportion who answered “Yes” (20%)
  - Metropolitan & Rural (19%)

## Household income the main socio-economic criteria

- Across the socio-economic criteria, household income had the highest variation in responses answering “Yes” as illustrated in the chart below, showing:
  - The highest responses were from 24% of those from a household income of \$25,000 - \$50,000 & 22% (\$50,000 - \$75,000)
  - Conversely, 15% (\$125,000 - \$150,000) & 17% (\$175,000 - \$200,000) were the lowest



# Variation across other demographic & socio-economic criteria

## Variation based on occupation

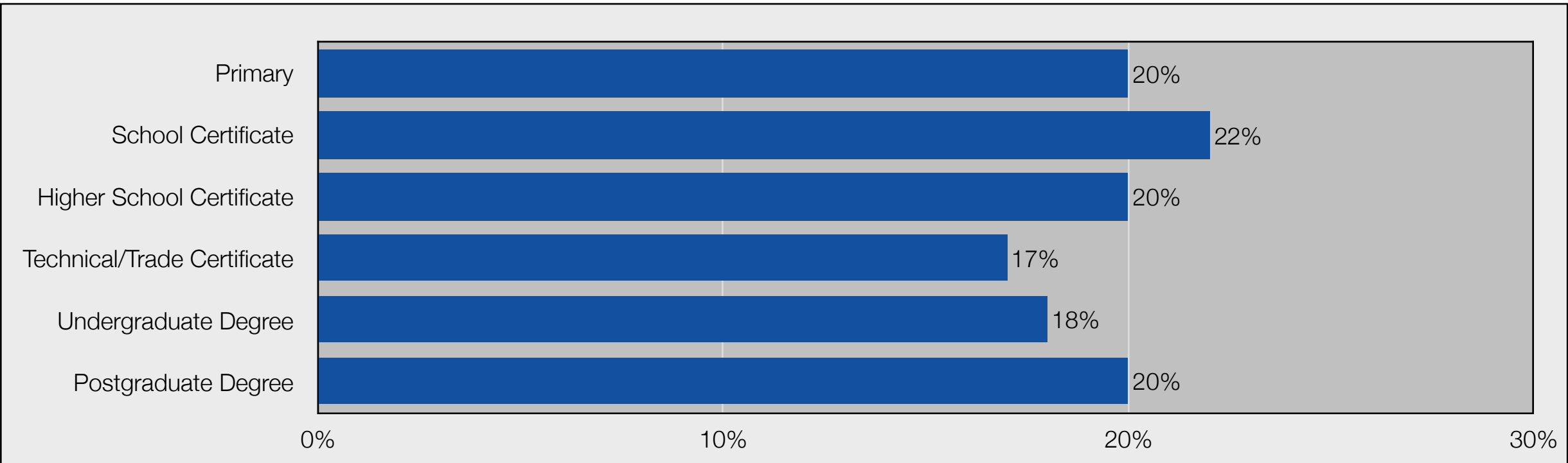
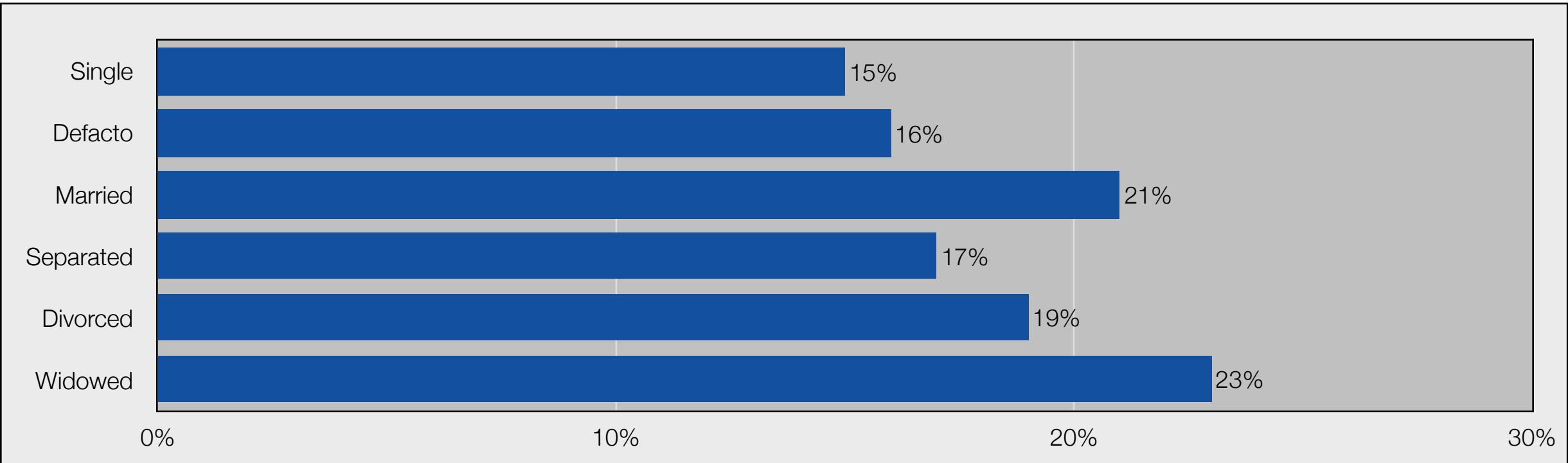
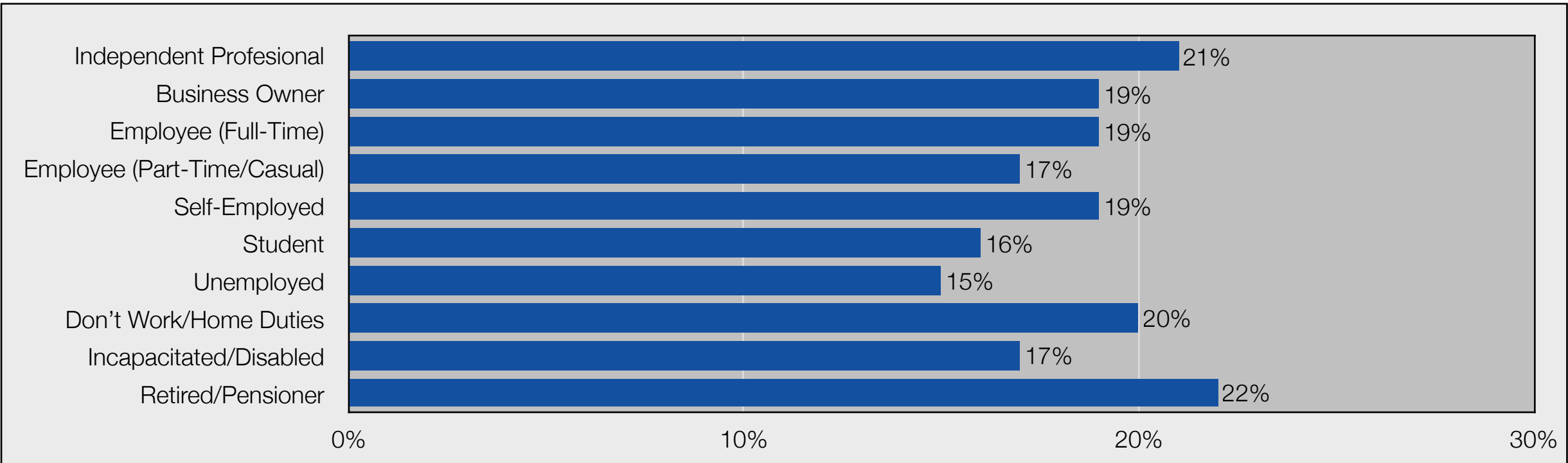
- There was variation across occupations amongst those who answered “Yes” as shown in the opposite top chart:
  - “Retired/Pensioner” had the highest response to “Yes” (22%), followed by “Independent Professional” (21%)
  - “Unemployed” (15%) & “Student” (16%) had the lowest responses to “Yes”

## Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Widowed” (23%) & “Married” (21%) had the highest responses to “Yes”
  - Conversely, those who were “Single” (15%) & “Defacto” (16%) had the lowest responses to “Yes”

## Variation across education

- There was minor variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “School Certificate” (22%) had the highest response to “Yes”
  - Conversely, those with “Technical/Trade Certificate” (17%) had the lowest response to “Yes”





# Substantial confusion about what is Pneumococcal disease

## Majority do not know what Pneumococcal disease is

- Across all focus groups, the overwhelming majority did not know what Pneumococcal disease was when initially asked.
- Overall, around 75% of participants could not answer what Pneumococcal disease was, similar to the findings in the quantitative survey.

## Majority do not know what Pneumococcal disease is

- When prompted to state what they thought Pneumococcal disease could be, the most common responses were:
  - A respiratory disease, in particular that affects the lungs
  - A type of Pneumonia or related to it in some way
  - A condition affecting the lungs, similar to tuberculosis, caught from bacteria or person to person transmission
  - A virus similar to Hepatitis with similar symptoms
  - A degenerative brain disease

*"No, I've never heard of it before."*

Mark, 41, Service Centre Manager, Ardeer (Melbourne) VIC

*"Yes, I have heard of it, but I honestly can't say what it is exactly, some type of respiratory disease is what I think it is, but that's part guess work."*

Isabella, 22, Student, Royston Park (Adelaide) SA

*"I thought it was some type of Pneumonia when you first asked but I also don't know what it is, I think I've heard of it before, but I'm the same, I don't know."*

Leigh, 39, Director of Environmental Services, Lytton (Brisbane) QLD

## Those aware of Pneumococcal disease, predominately due to experience

- Almost all who were aware of Pneumococcal disease, stated that this was due having had experience with it.
- When probed about what experiences they had to make them aware of what Pneumococcal disease is, there were two common responses:
  - Someone they knew had it previously
  - Having been vaccinated for it, or knowing someone who was vaccinated for it

*"I know what it is only because I got a vaccine for it two or three years ago, it's a lung infection you can get because of a common type of bacteria that's everywhere and oldies like me are more susceptible to it."*

Annette, 75, Retired, Bunbury WA

*"My father-in-law had it about seven years ago, that's how I know what it is."*

Nicole, 43, Contractor, Pascoe Vale (Melbourne) VIC

*"I learnt about it a few years ago because my parents were vaccinated for it, I think that's the only time I have come across it."*

Sandra, 58, Stay-at-home-parent, Mount Stuart (Hobart) TAS

*"I read about it sitting in a waiting room at my GP's clinic a few weeks ago, so that's how I know, I had probably heard about it before then but it is one of those diseases you have heard the name of but don't really know what it is."*

Rosheen, 34, Recruitment Consultant, Liverpool (Sydney) NSW

# 26% aware that Pneumococcal disease can be life threatening

## 8. Do you know that Pneumococcal disease can be life threatening?

### 26% aware that Pneumococcal disease can be life threatening

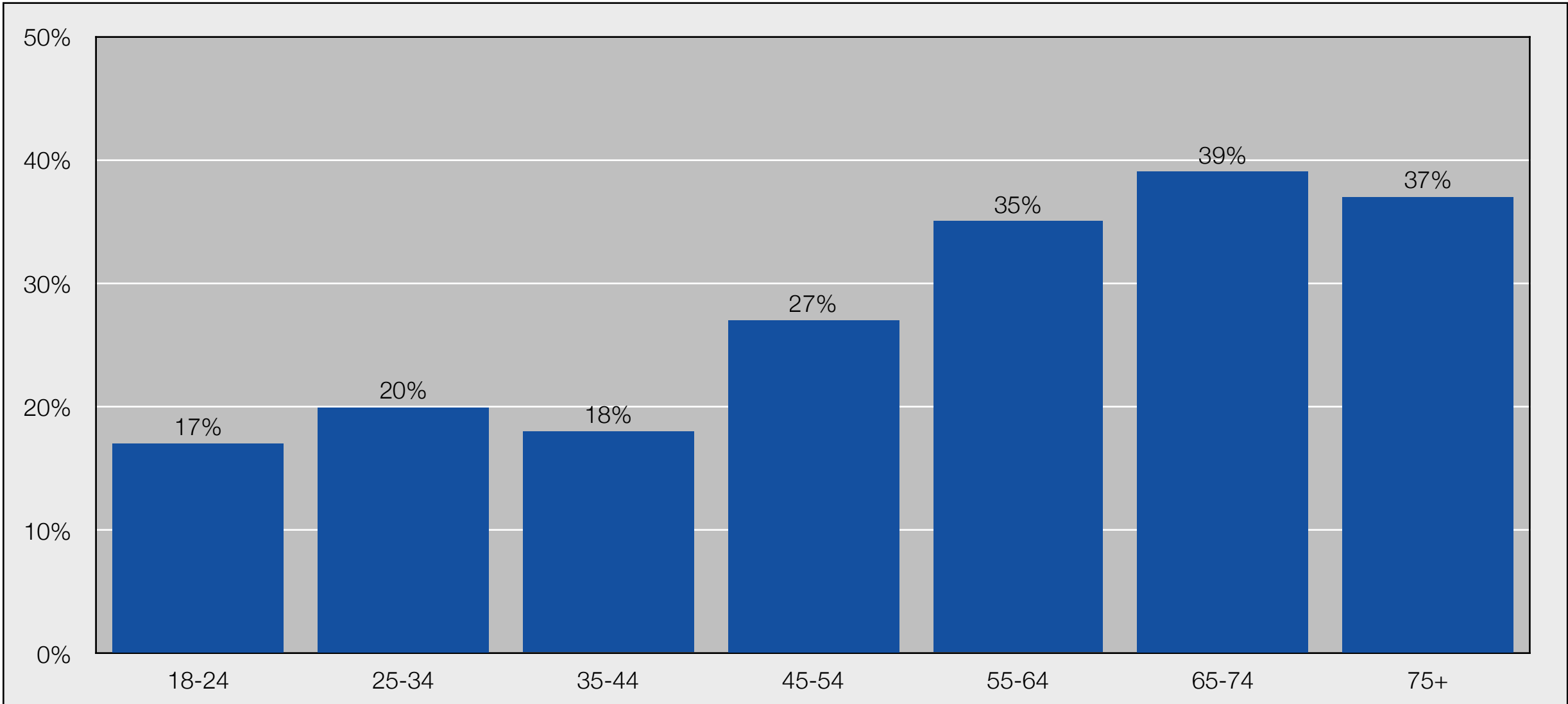
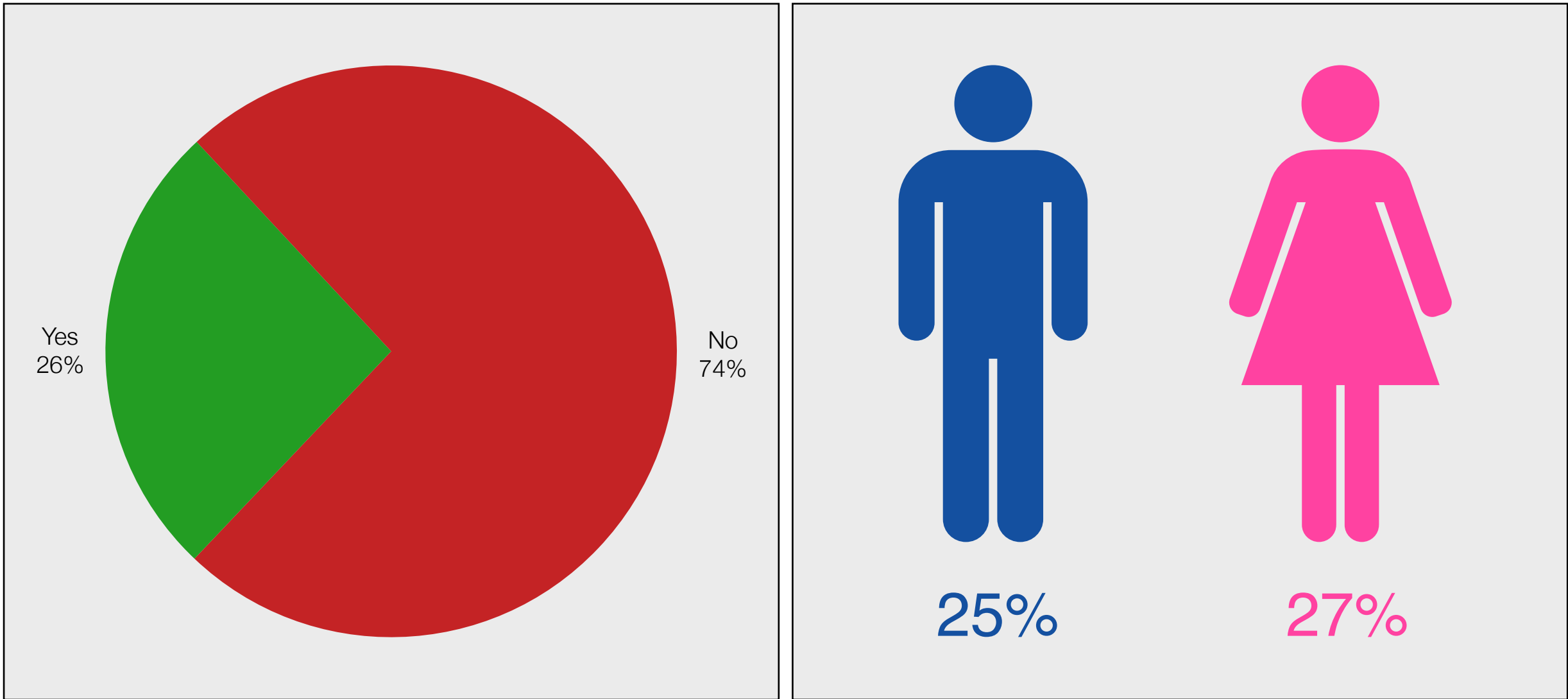
- For the question, illustrated in the opposite, top chart:
  - 26% answered “Yes”
  - 74% answered “No”

### Higher amongst women

- There was a slightly higher incidence amongst women who answered “Yes”:
  - 27% of women answered “Yes”; compared to 25% of men

### Awareness increases with age

- As illustrated in the chart opposite, the awareness that Pneumococcal disease can be life threatening, increased with age:
  - 17% of those aged 18-24 years; 20% (25-34) & 18% (35-44) answered “Yes”, increasing to:
  - 27% (45-54)
  - 35% (55-64)
  - 39% (65-74)
  - 37% (75+)

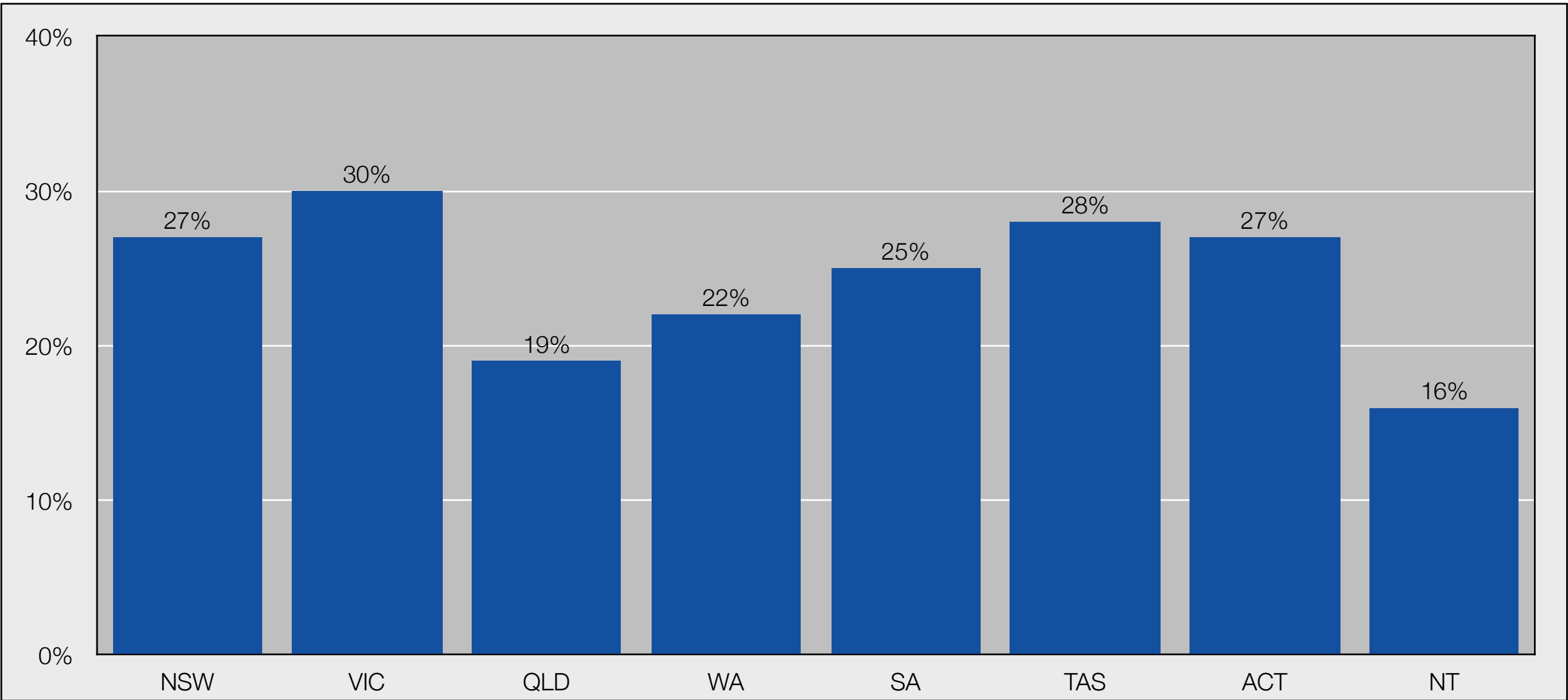




# Variation across geographic areas & socio-economic criteria

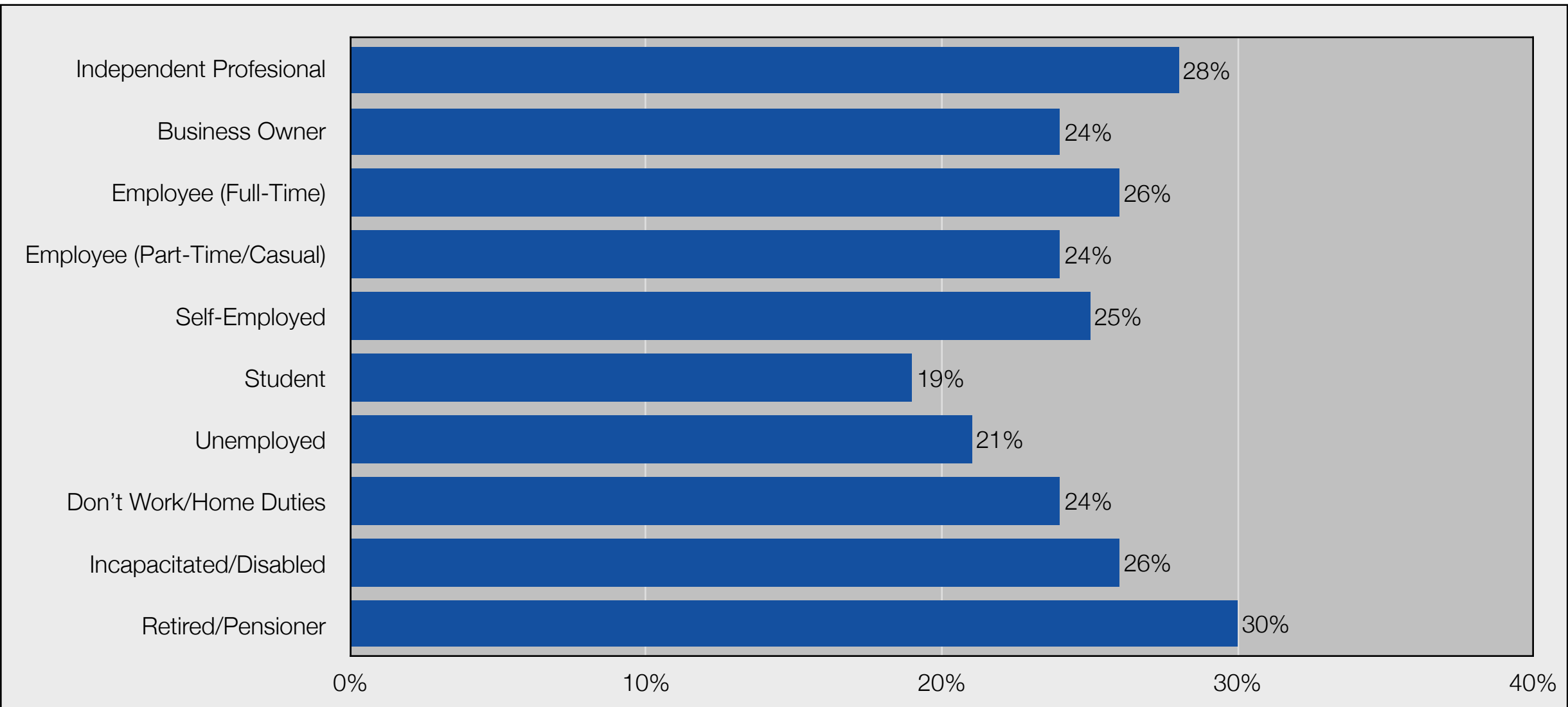
## Variation across the States & Territories

- Across the States and Territories there was noticeable variation, illustrated in the chart opposite:
  - VIC had the highest proportion who answered “Yes” (30%), followed by TAS (28%)
  - NSW & ACT (27%)
  - SA (25%)
  - WA (22%)
  - QLD (19%) & NT (16%)
- Across metropolitan, regional and rural areas there was also variation:
  - Regional areas had the highest proportion who answered “Yes” (28%)
  - Metropolitan (25%)
  - Rural (22%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (30%), followed by “Independent Professional” (28%)
  - “Student” (19%) & “Unemployed” (21%) had the lowest responses to “Yes”



# 15% have been vaccinated against Pneumococcal disease as an adult

## 9. Have you been vaccinated against it as an adult?

### 15% have been vaccinated against Pneumococcal disease as an adult

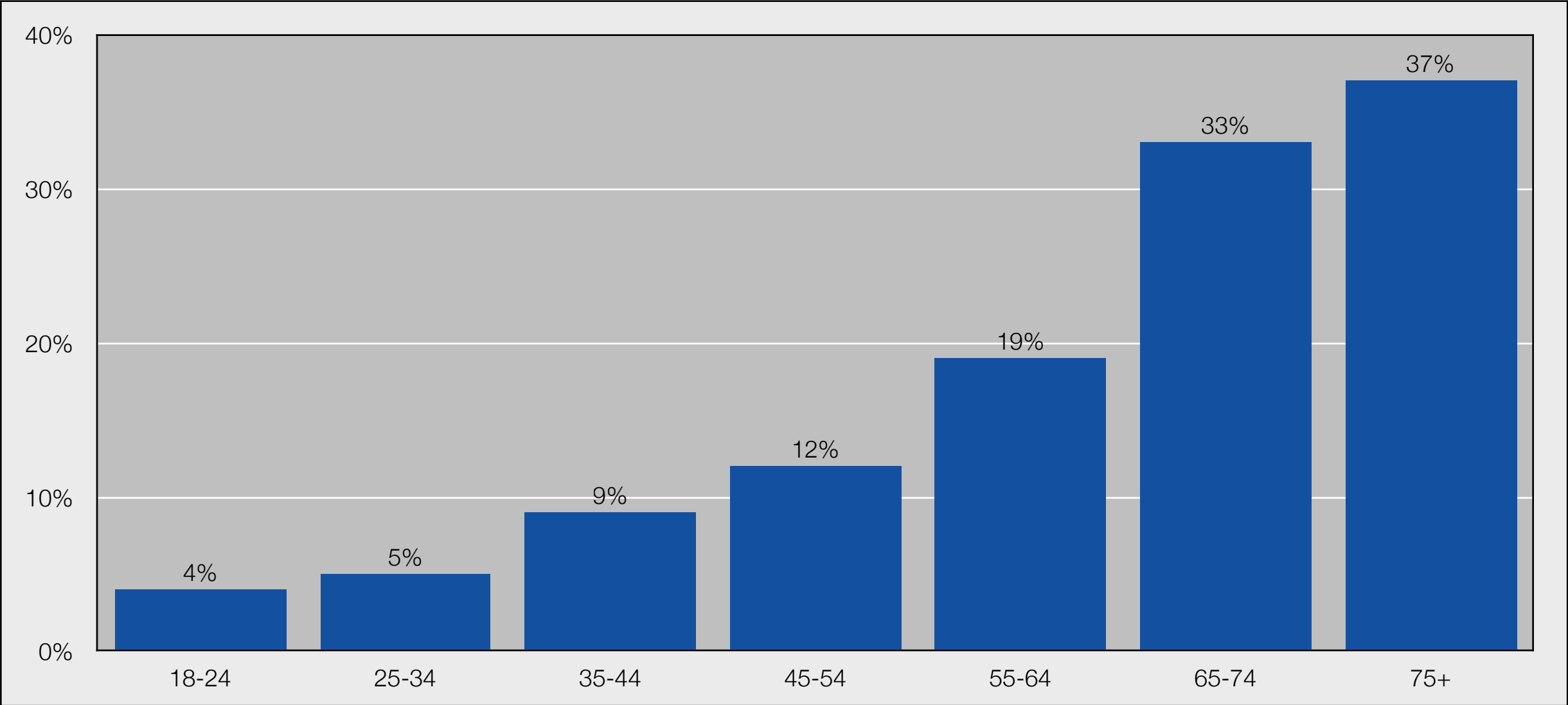
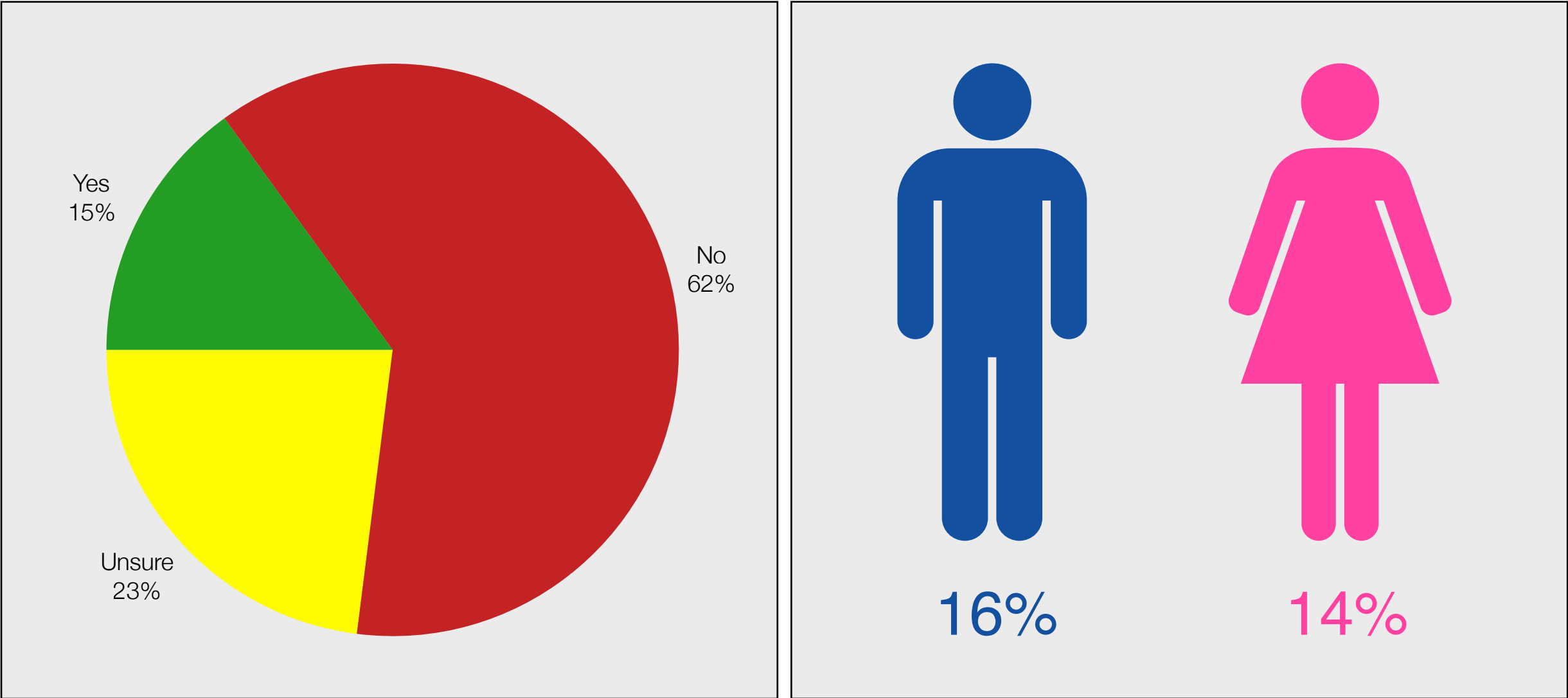
- For the question, illustrated in the opposite, top chart:
  - 15% answered “Yes”
  - 62% answered “No”
  - 23% answered “Unsure”

### Slightly higher amongst men

- There was a slightly higher incidence amongst men who answered “Yes”:
  - 16% of men answered “Yes”; compared to 14% of women

### Strong incidence amongst older age groups

- As illustrated in the chart opposite, there was a strong skew towards older age groups answering “Yes” that they have been vaccinated against Pneumococcal disease as an adult:
  - 4% of those aged 18-24 years; 5% (25-34) & 9% (35-44) answered “Yes”, increasing to:
  - 12% (45-54)
  - 19% (55-64)
  - 33% (65-74)
  - 37% (75+)





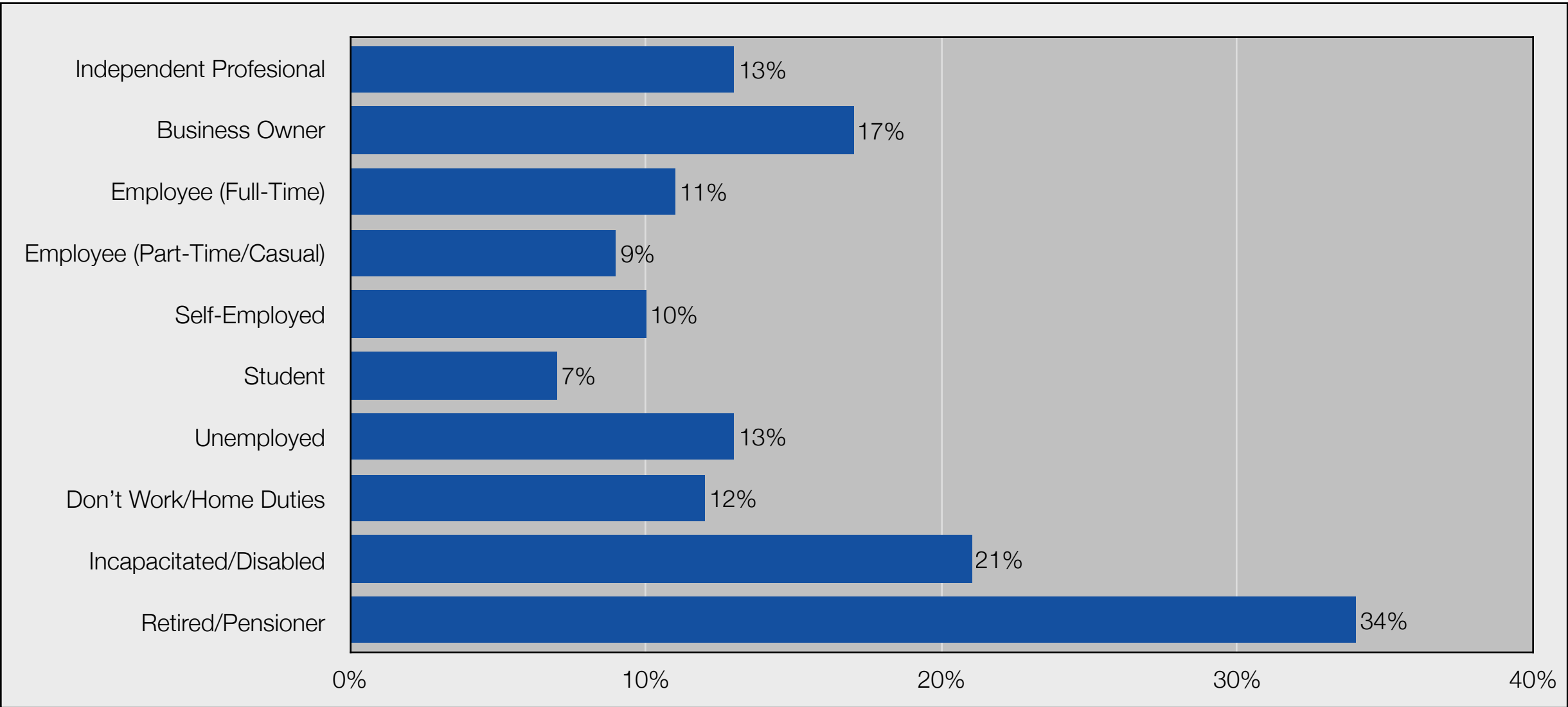
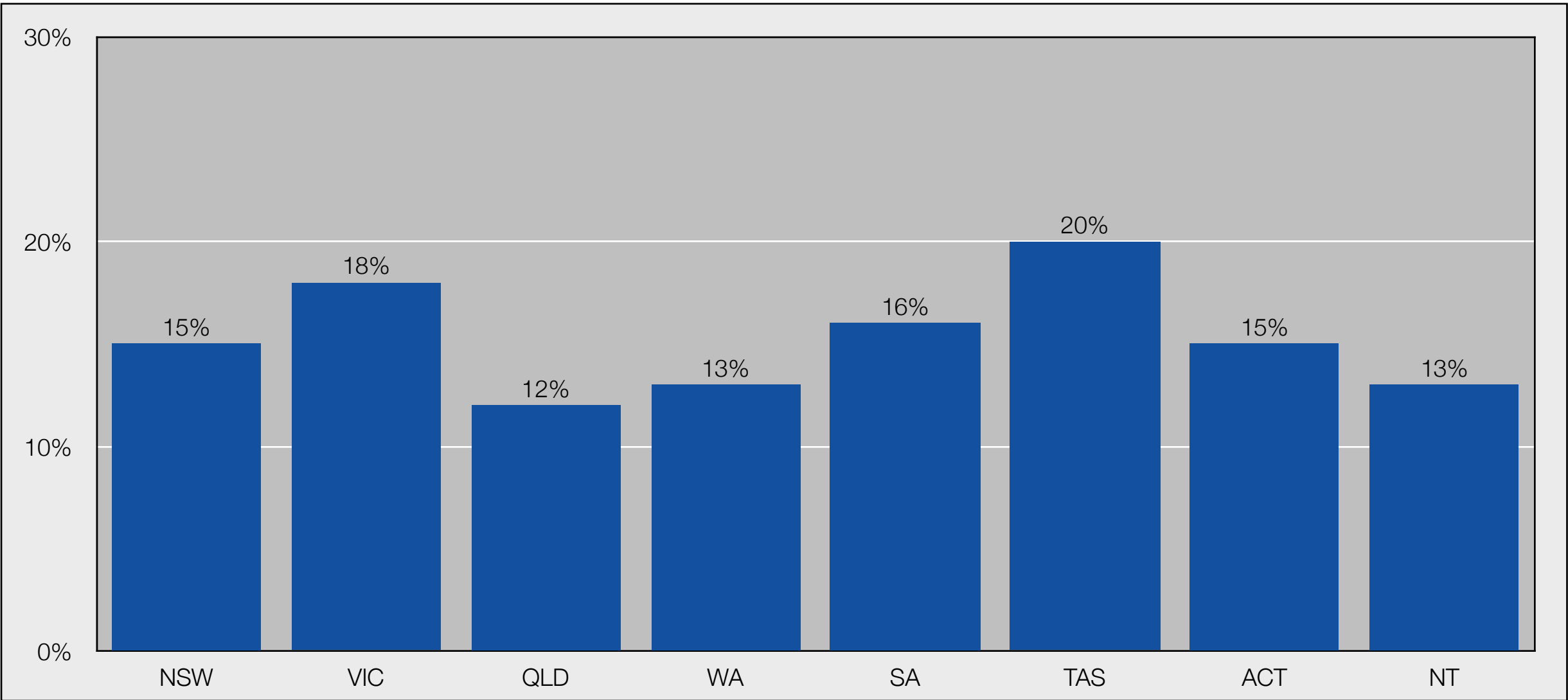
# Variation across geographic areas & socio-economic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - TAS had the highest proportion who answered “Yes” (20%), followed by VIC (18%)
  - SA (16%)
  - NSW & ACT (15%)
  - WA & NT (13%)
  - QLD (12%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (16%)
  - Metropolitan (15%)
  - Rural (14%)

## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (34%), followed by “Incapacitated/Disabled” (21%)
  - “Student” (7%) & “Employee (Part-Time/Casual)” (9%) had the lowest responses to “Yes”



# 27% aware 70+ entitled to free vaccination for Pneumococcal disease

10. Did you know that people 70 years and over are entitled to a free vaccination for Pneumococcal disease?

## 27% aware 70+ entitled to free vaccination for Pneumococcal disease

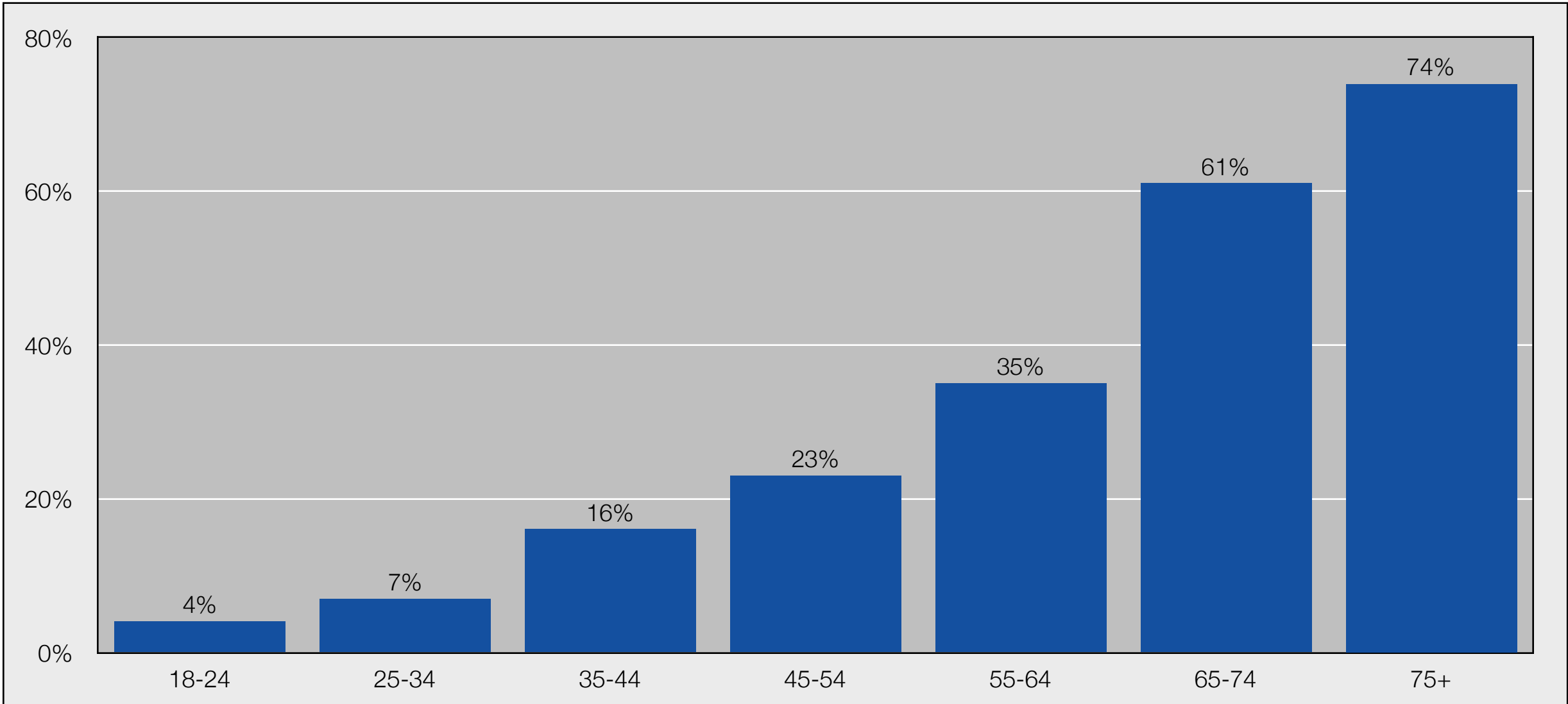
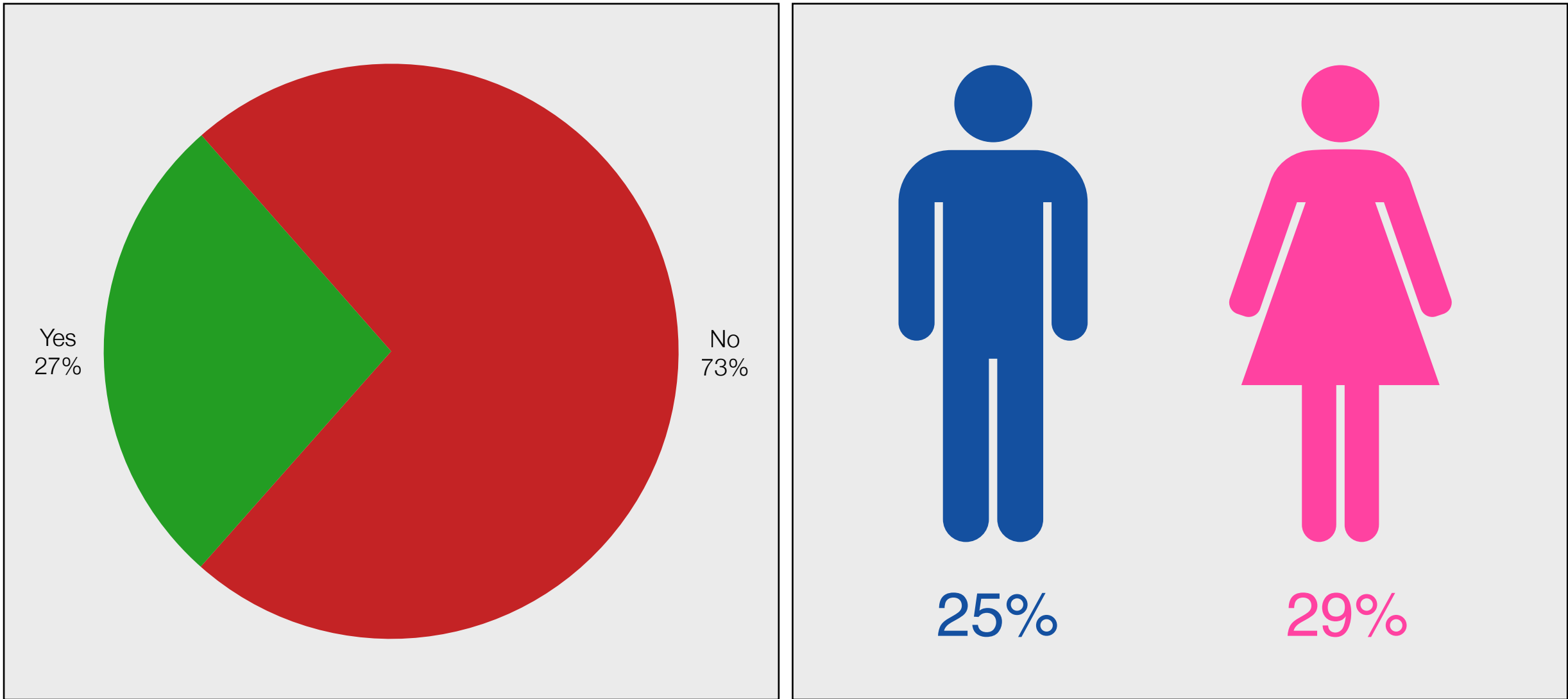
- For the question, illustrated in the opposite, top chart:
  - 27% answered “Yes”
  - 73% answered “No”

## Higher amongst women

- There was a slightly higher incidence amongst women who answered “Yes”:
  - 29% of women answered “Yes”; compared to 25% of men

## Strong incidence amongst older age groups

- As illustrated in the chart opposite, there was a very strong skew towards older age groups answering “Yes” that they are aware that those aged 70 years and over are entitled to a free vaccination for Pneumococcal disease:
  - 4% of those aged 18-24 years; 7% (25-34) & 16% (35-44) answered “Yes”, increasing to:
  - 23% (45-54)
  - 35% (55-64)
  - 61% (65-74)
  - 74% (75+)

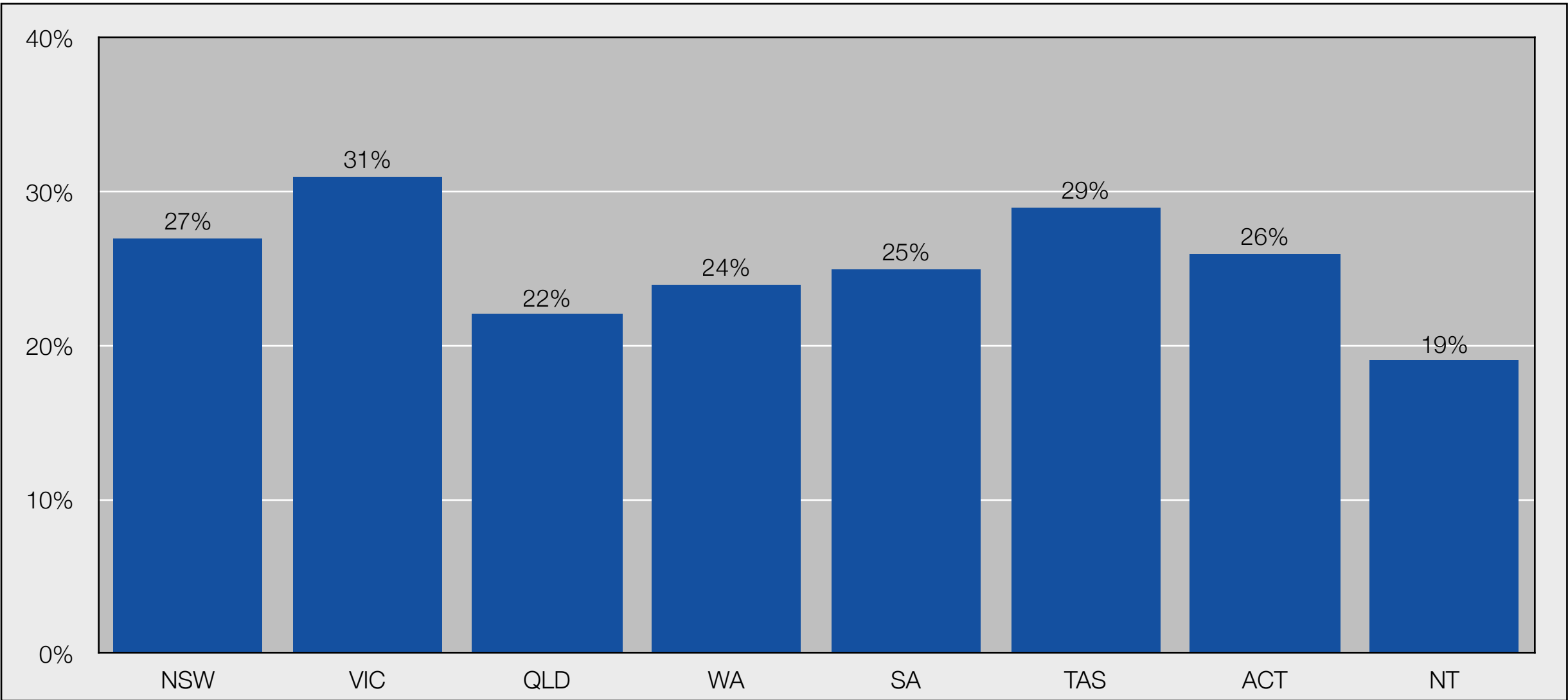




# Variation across geographic areas & socio-economic criteria

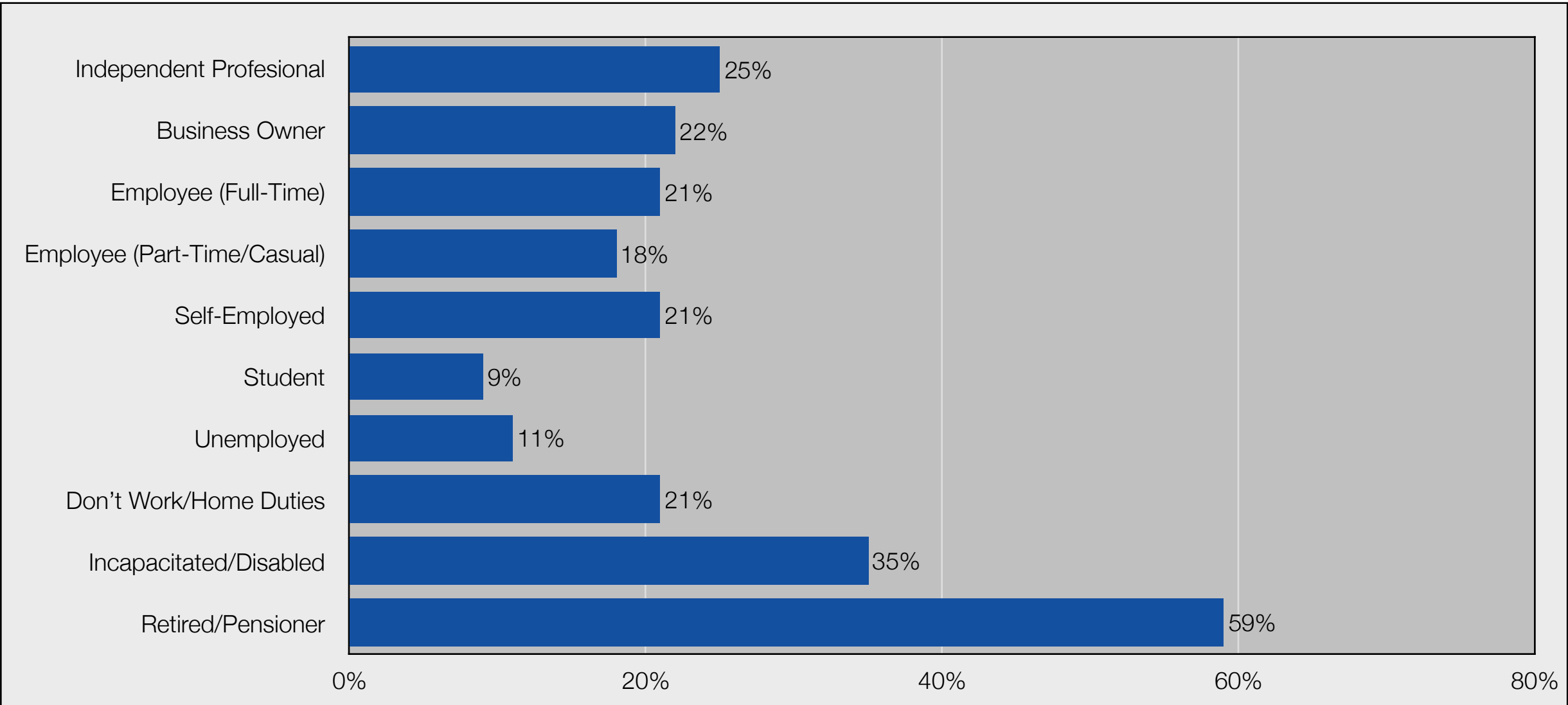
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - VIC had the highest proportion who answered “Yes” (31%), followed by TAS (29%)
  - NSW (27%)
  - ACT (26%)
  - SA (25%)
  - WA (24%)
  - QLD (22%) & NT (19%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (30%)
  - Rural (28%)
  - Metropolitan (26%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (59%), followed by “Incapacitated/Disabled” (35%)
  - “Student” (9%) & “Unemployed” (11%) had the lowest responses to “Yes”





Pertussis (Whooping Cough)

44



# 34% aware of Pertussis (Whooping Cough)

## 11. Do you know what Pertussis (Whooping Cough) is?

### 34% aware of Pertussis (Whooping Cough)

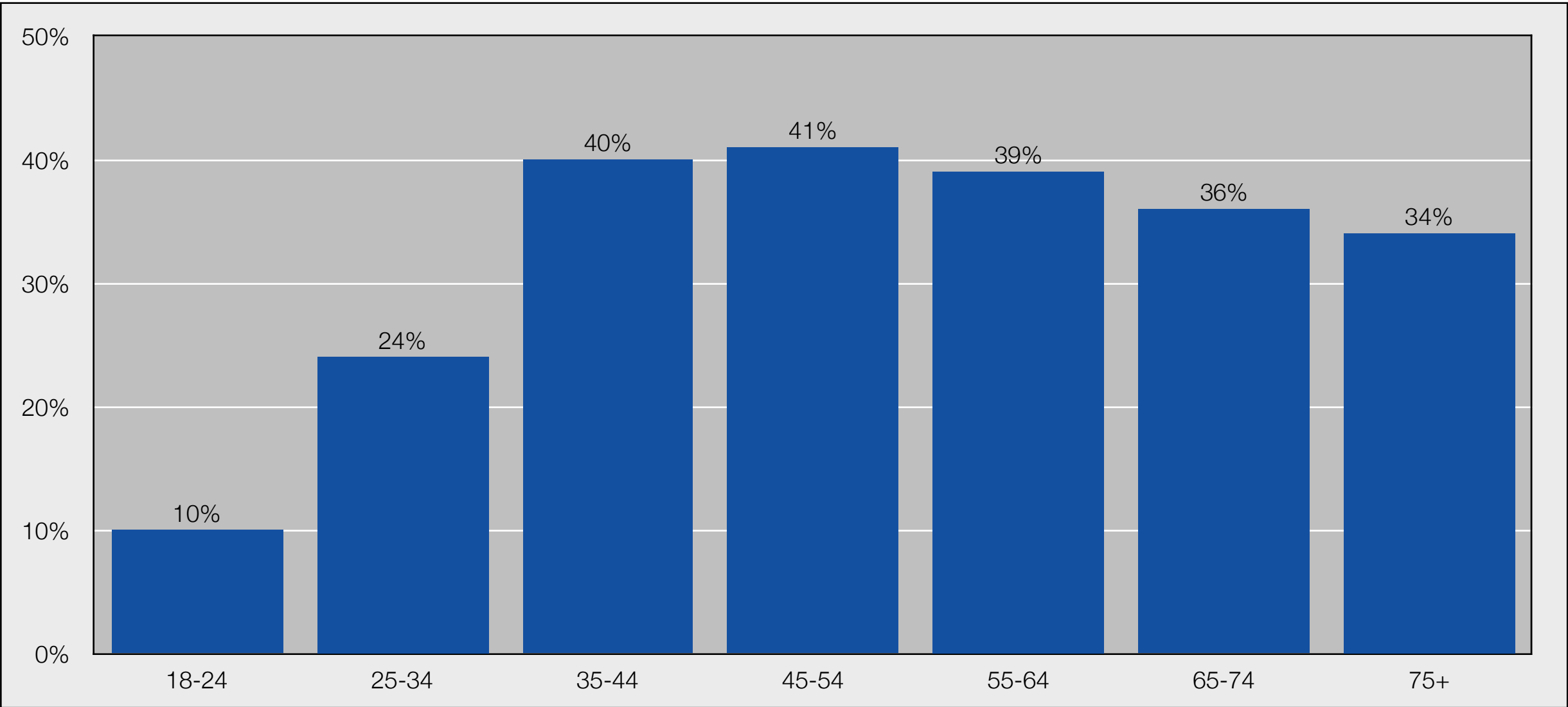
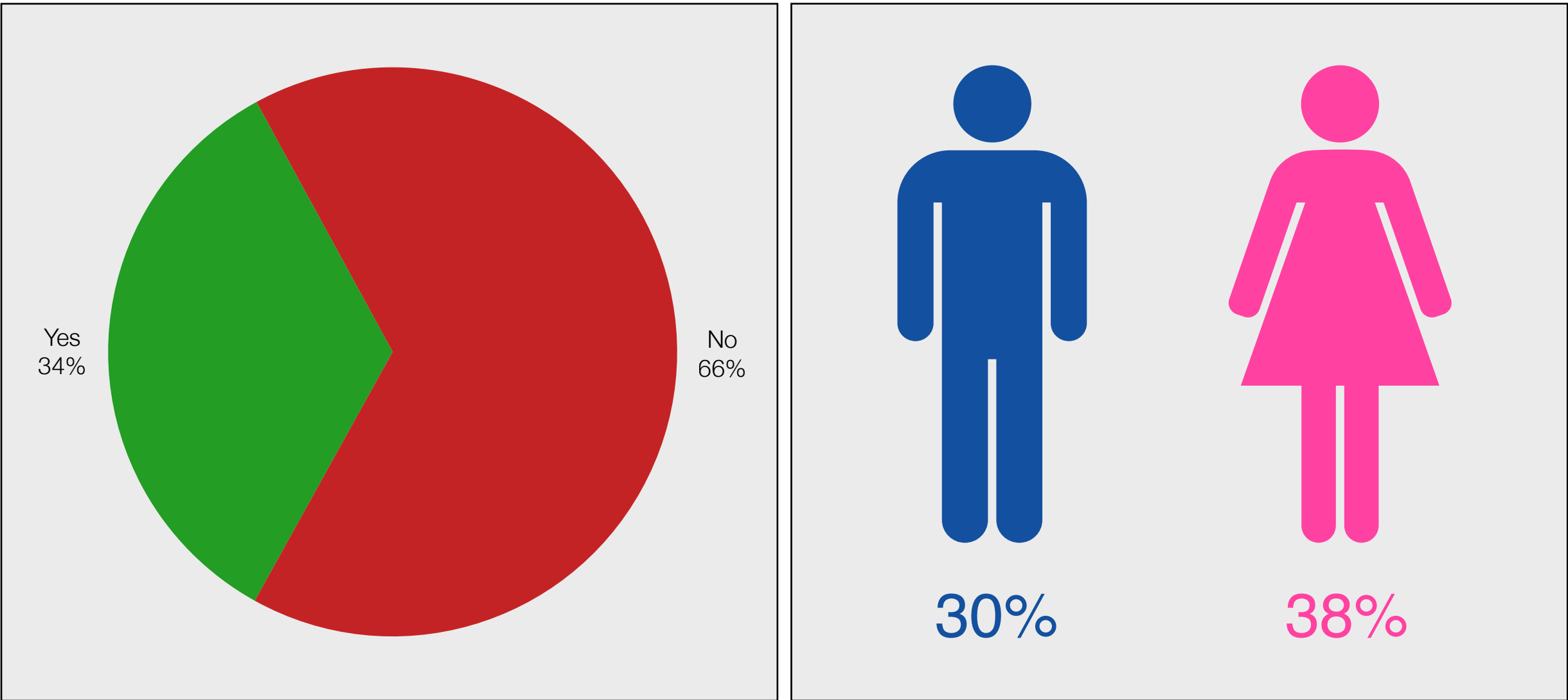
- For the question, illustrated in the opposite, top chart:
  - 34% answered “Yes”
  - 66% answered “No”

### Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 38% of women answered “Yes”; compared to 30% of men

### Variation across age groups

- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” that they know what Pertussis (Whooping Cough) is:
  - 10% of those aged 18-24 years answered “Yes”
  - 24% (25-34)
  - 40% (35-44)
  - 41% (45-54)
  - 39% (55-64)
  - 36% (65-74)
  - 34% (75+)



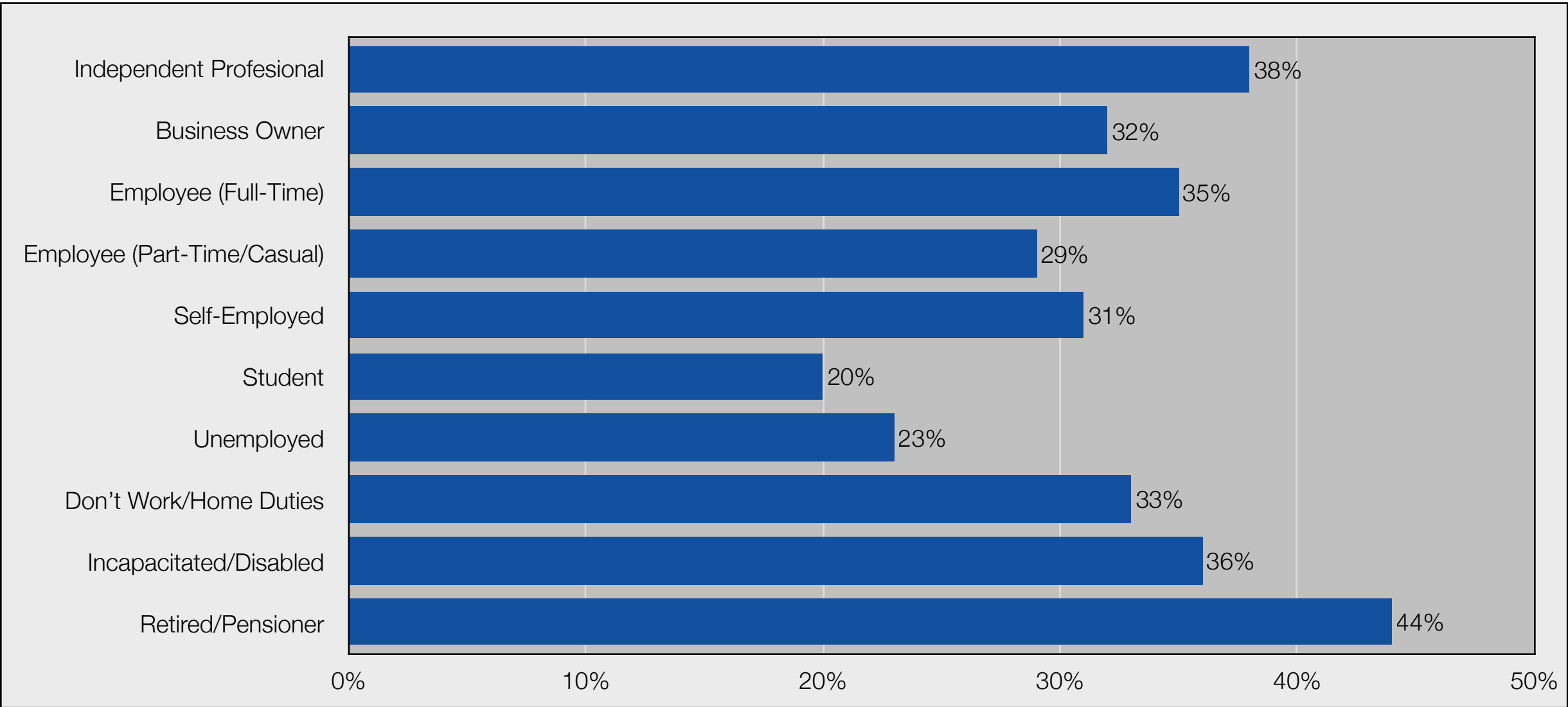
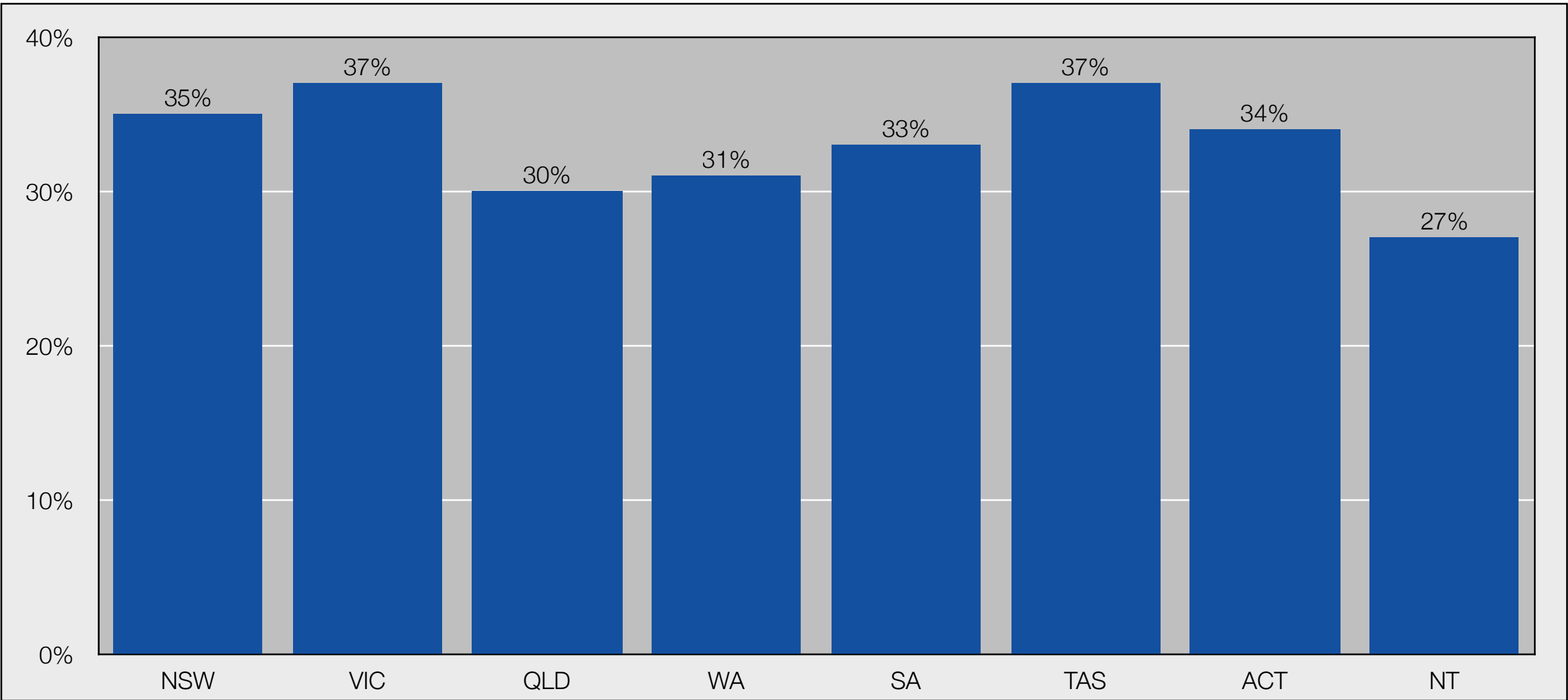
# Variation across geographic areas & socio-economic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - VIC & TAS had the highest proportion who answered “Yes” (37%), followed by NSW (35%)
  - ACT (34%)
  - SA (33%)
  - WA (31%)
  - QLD (30%)
  - NT (27%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (36%)
  - Metropolitan & Rural (33%)

## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (44%), followed by “Independent Professional” (38%)
  - “Student” (20%) & “Unemployed” (23%) had the lowest responses to “Yes”





# Variation across other demographic & socio-economic criteria

## Variation based on household income

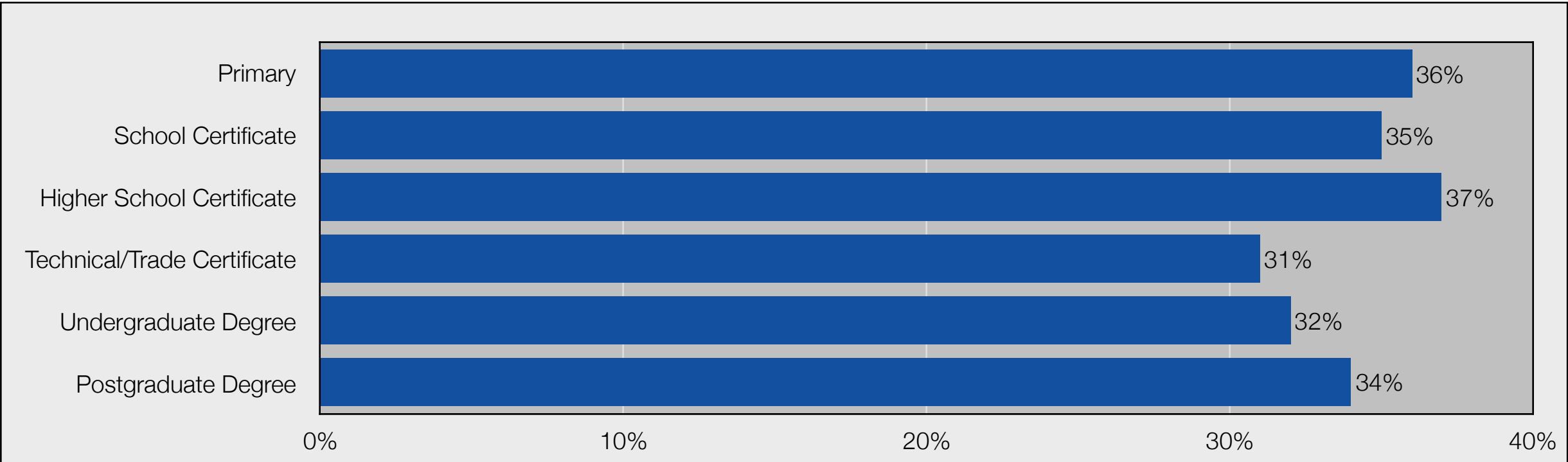
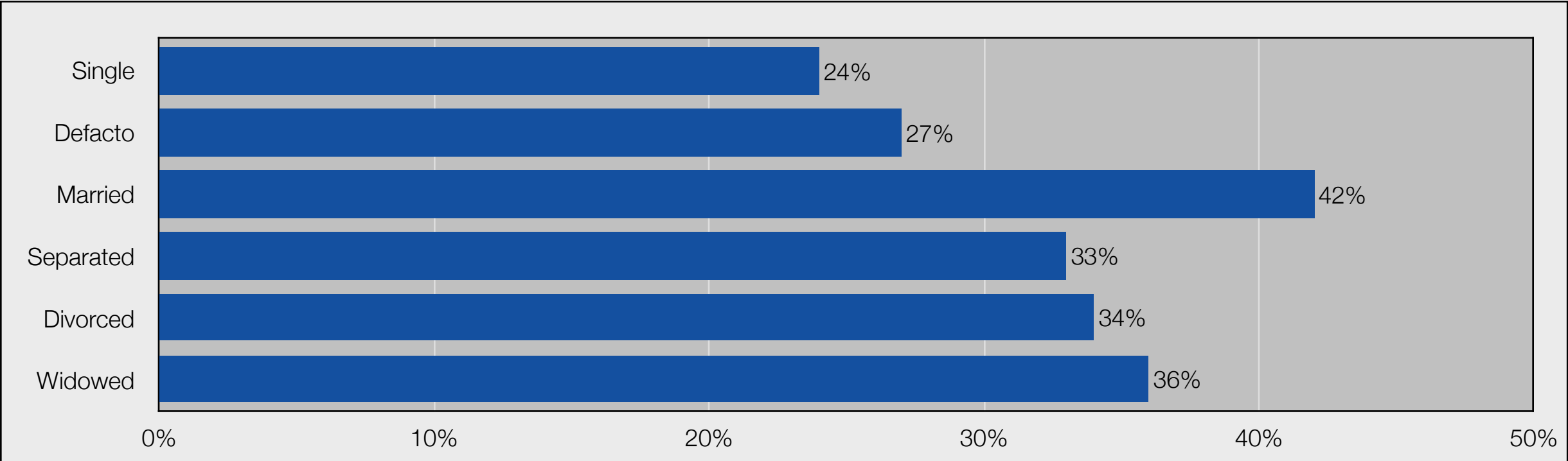
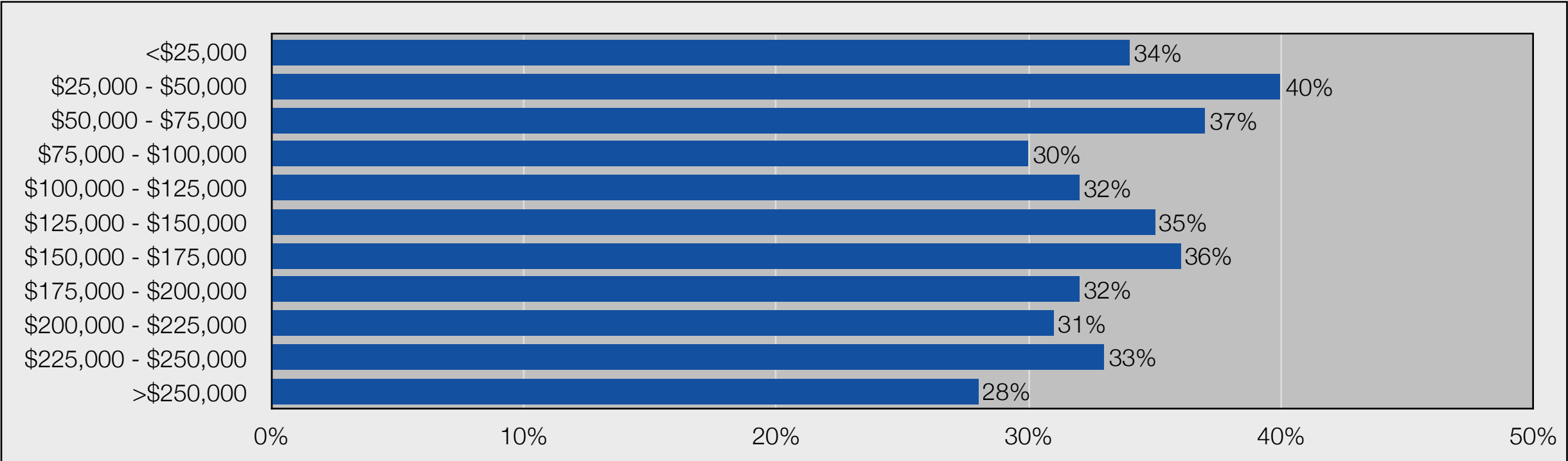
- There was variation across household income, amongst those who answered “Yes” as shown in the opposite top chart:
  - “\$25,000 - \$50,000” had the highest responses to “Yes” (40%), followed by “\$50,000 - \$75,000” (37%) & “\$150,000 - \$175,000” (36%)
  - The lowest responses to “Yes” based on household income were “>\$250,000” (28%) & “\$75,000 - \$100,000” (30%)

## Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Married” (42%); “Widowed” (36%) and “Divorced” (34%) had the highest responses to “Yes”
  - Conversely, those who were “Single” (24%); “Defacto” (27%) and “Separated” (33%) had the lowest responses to “Yes”

## Variation across education

- There was minor variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Higher School Certificate” (37%); “Primary” (36%) and “School Certificate” (35%) had the highest responses to “Yes”
  - Conversely, those with “Technical/Trade Certificate” (31%) & “Undergraduate Degree” (32%) had the lowest responses to “Yes”



# 31% aware Pertussis vaccination recommended for people 50+

12. Did you know that vaccination against Pertussis (Whooping Cough) is recommended for people 50 years and over?

## 31% aware Pertussis vaccination recommended for people 50+

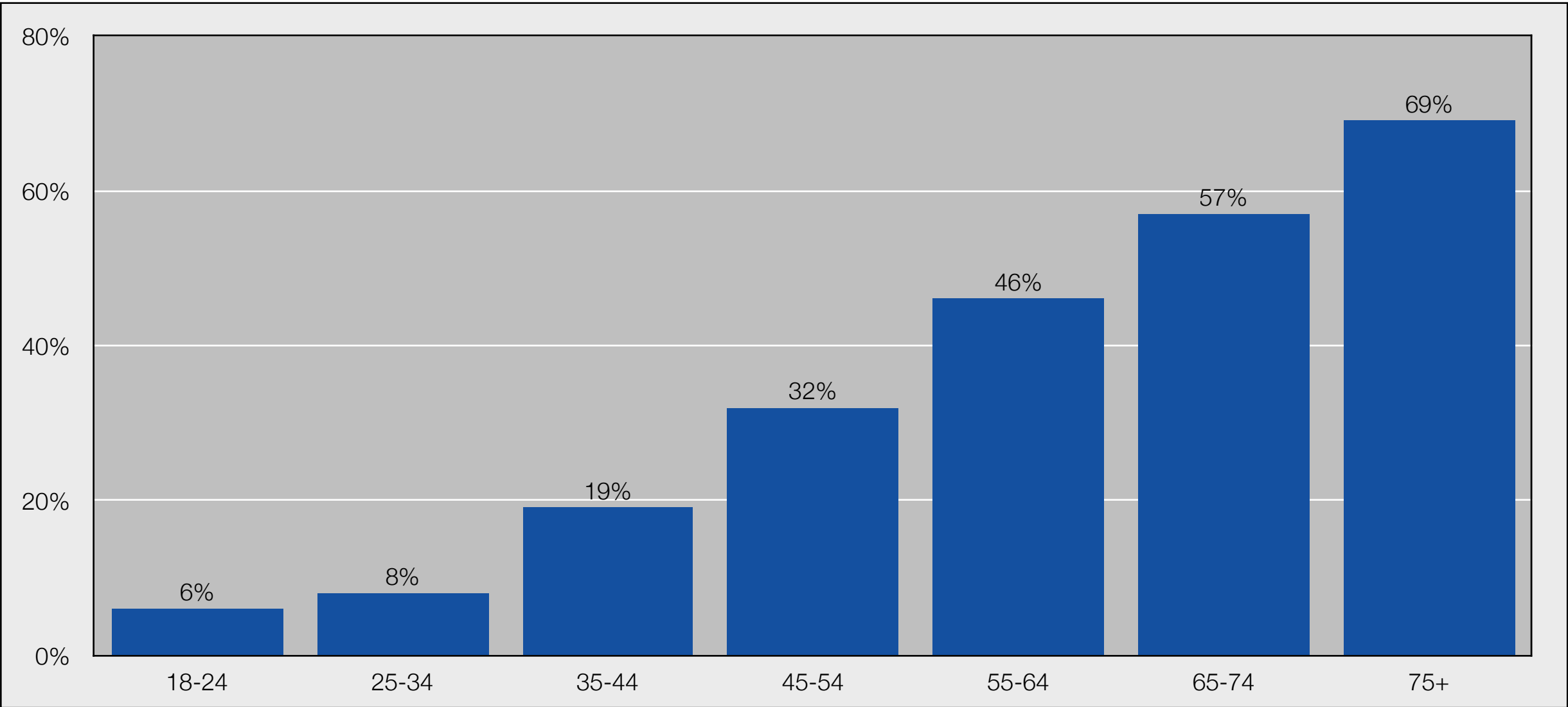
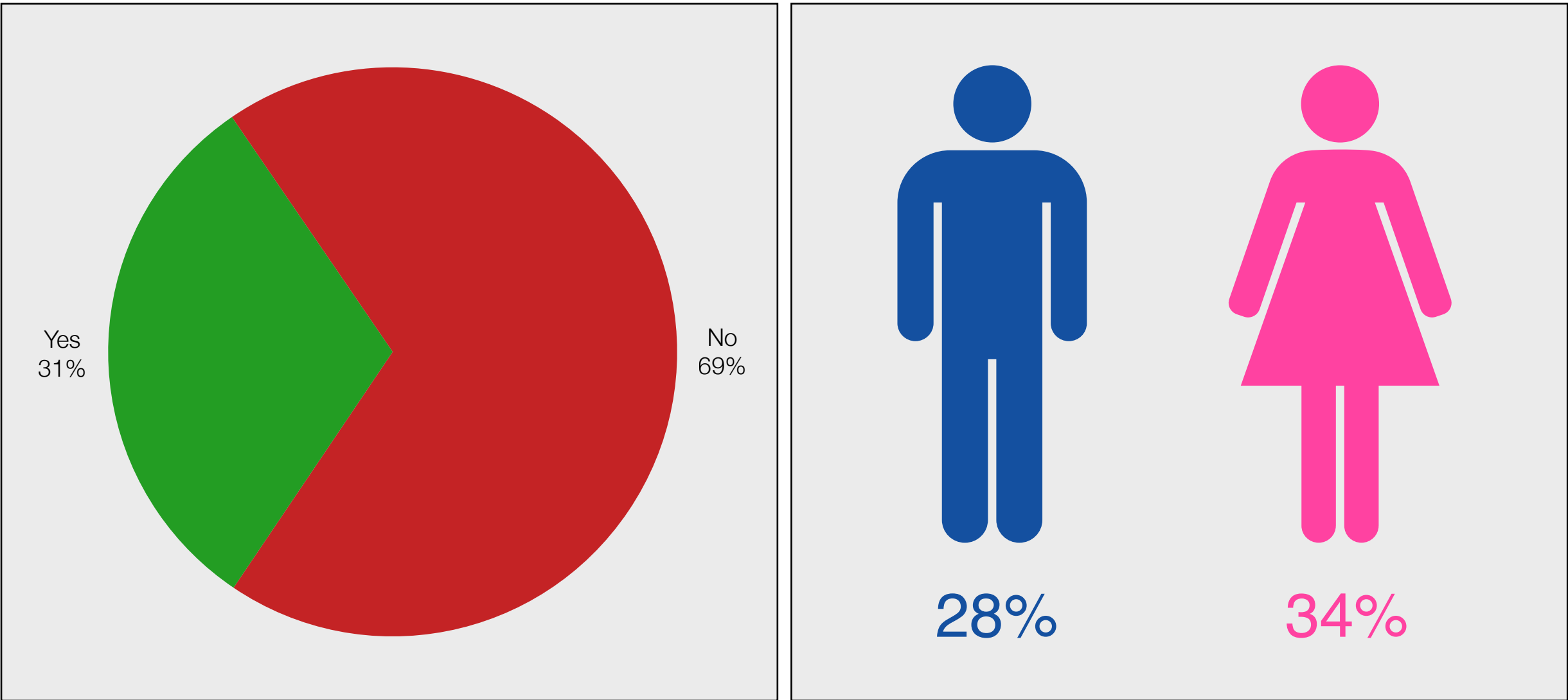
- For the question, illustrated in the opposite, top chart:
  - 31% answered “Yes”
  - 69% answered “No”

## Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 34% of women answered “Yes”; compared to 28% of men

## Very strong skew based on age

- As illustrated in the chart opposite, there was a very strong skew towards older age groups answering “Yes” that they are aware that vaccination against Pertussis (Whooping Cough) is recommended for people 50 years and over:
  - 6% of those aged 18-24 years; 8% (25-34) & 19% (35-44) answered “Yes”, increasing to:
  - 32% (45-54)
  - 46% (55-64)
  - 57% (65-74)
  - 69% (75+)

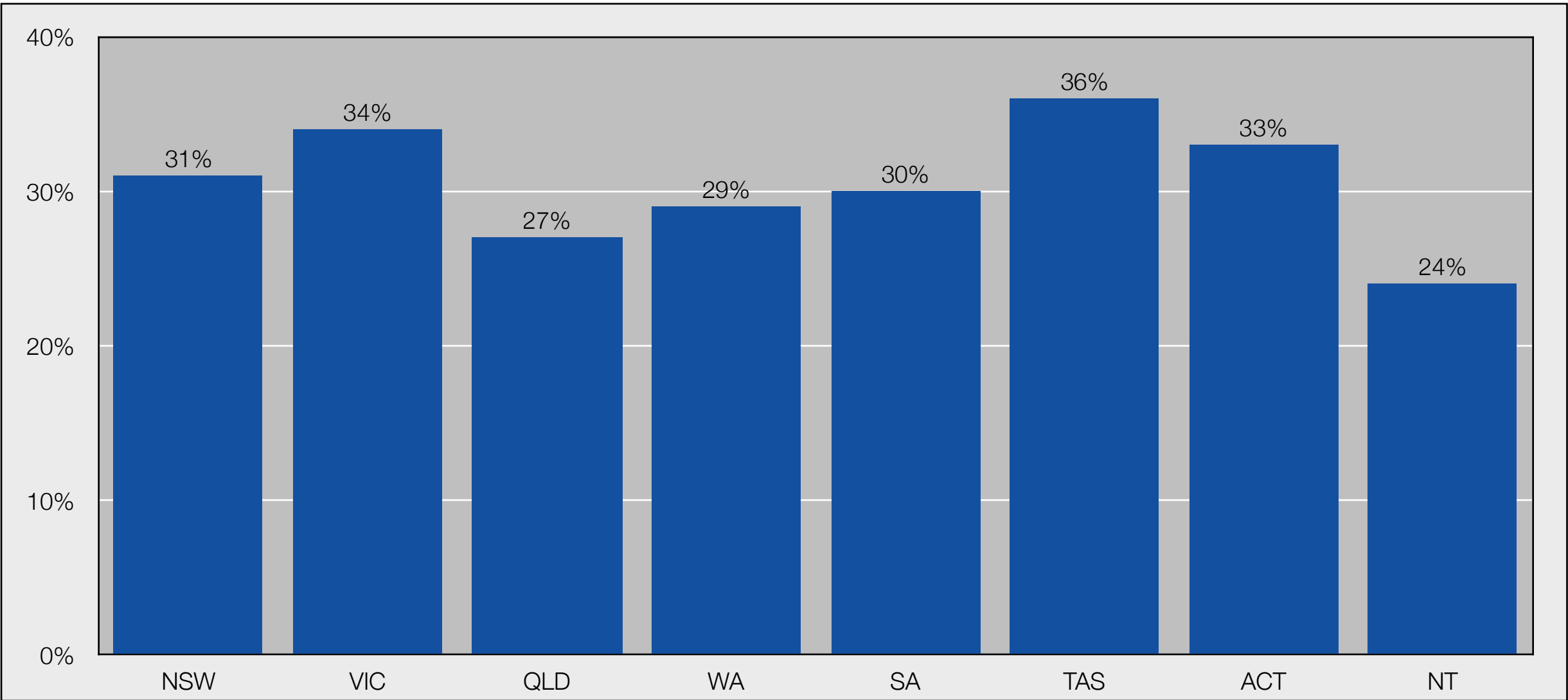




# Variation across geographic areas & socio-economic criteria

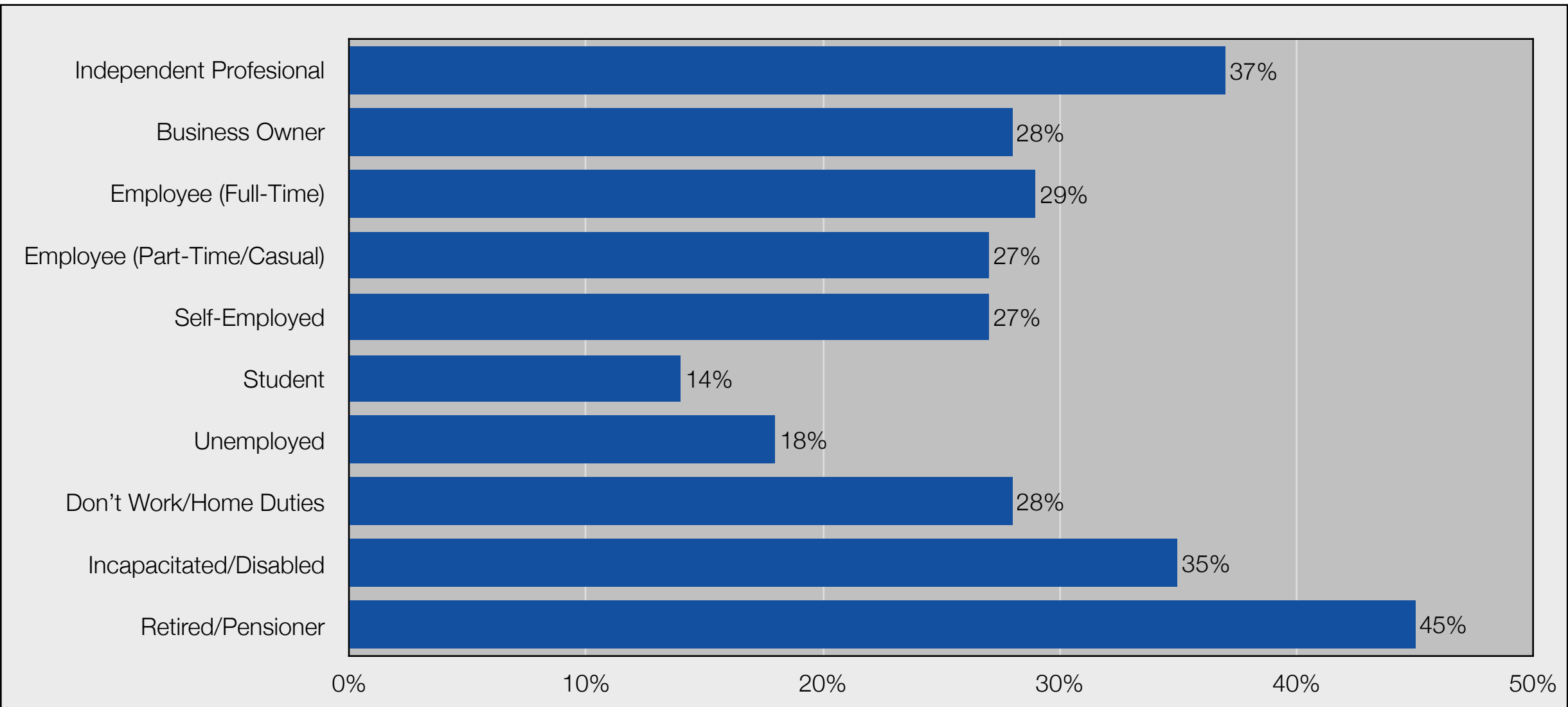
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - TAS had the highest proportion who answered “Yes” (36%), followed by VIC (34%)
  - ACT (33%)
  - NSW (31%)
  - SA (30%)
  - WA (29%)
  - QLD (27%) & NT (24%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (34%)
  - Metropolitan (30%)
  - Rural (29%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (45%), followed by “Independent Professional” (37%)
  - “Student” (14%) & “Unemployed” (18%) had the lowest responses to “Yes”



# 29% have been vaccinated against Pertussis as an adult

## 13. Have you been vaccinated against it as an adult?

### 29% have been vaccinated against Pertussis as an adult

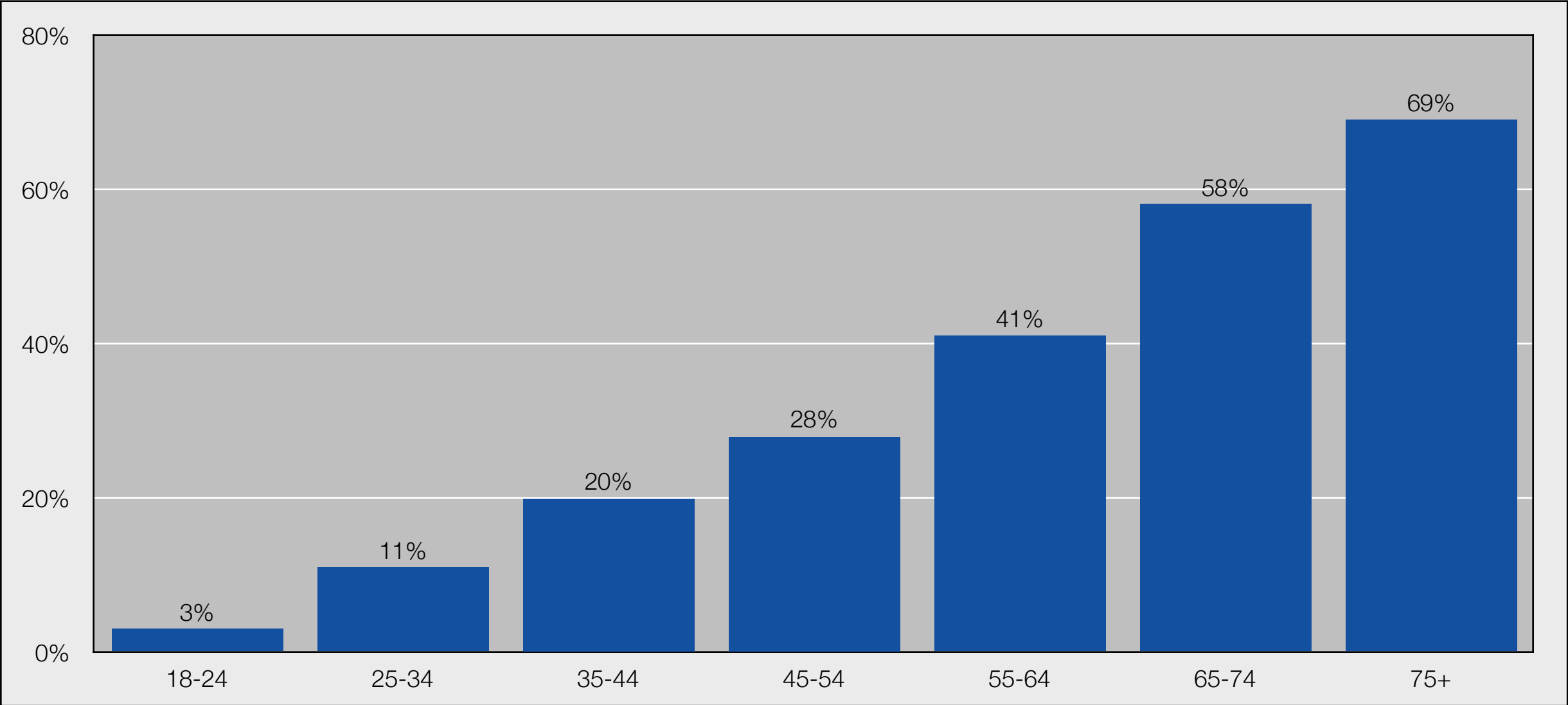
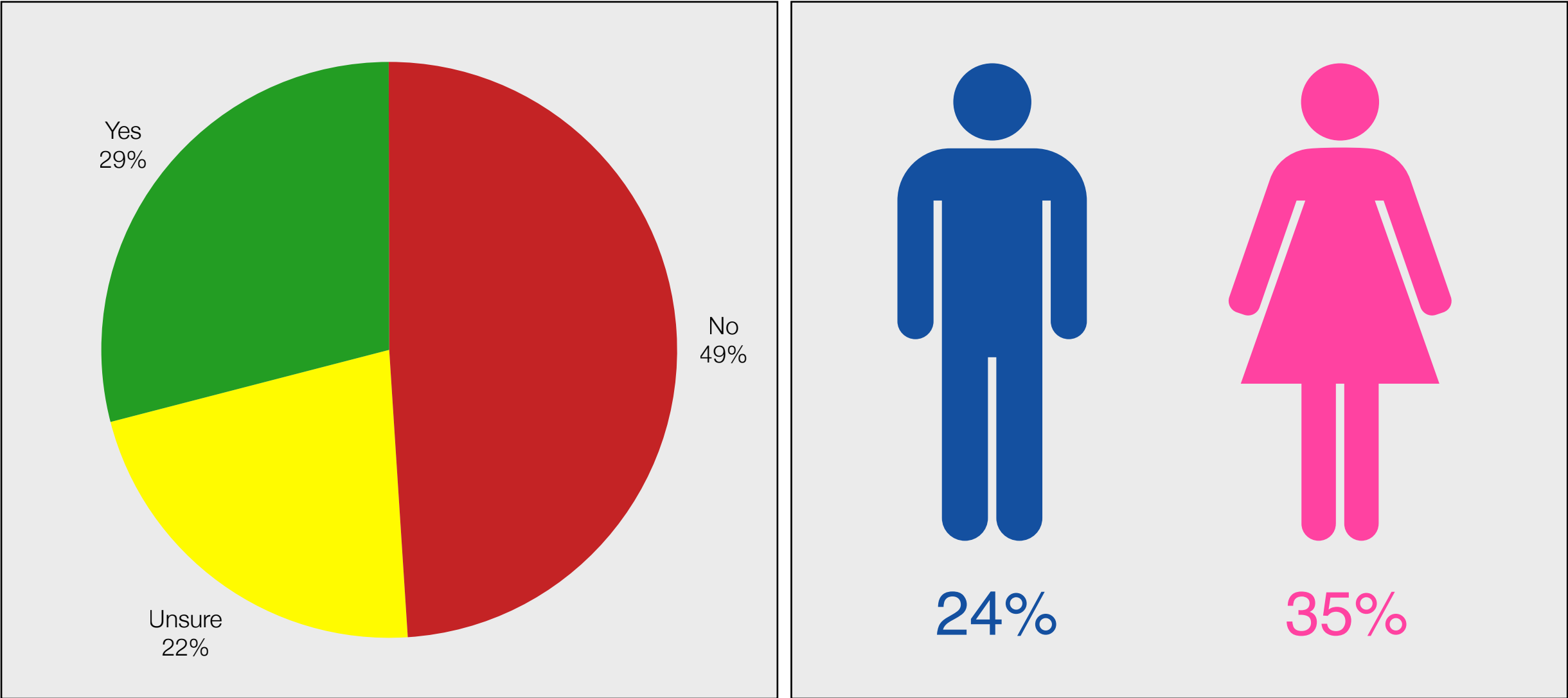
- For the question, illustrated in the opposite, top chart:
  - 29% answered “Yes”
  - 49% answered “No”
  - 22% answered “Unsure”

### Higher amongst women

- There was a slightly higher incidence amongst women who answered “Yes”:
  - 35% of women answered “Yes”; compared to 24% of men

### Strong incidence amongst older age groups

- As illustrated in the chart opposite, there was a strong skew towards older age groups answering “Yes” that they have been vaccinated against Pertussis as an adult:
  - 3% of those aged 18-24 years & 11% (25-34) answered “Yes”, increasing to:
  - 20% (35-44)
  - 28% (45-54)
  - 41% (55-64)
  - 58% (65-74)
  - 69% (75+)

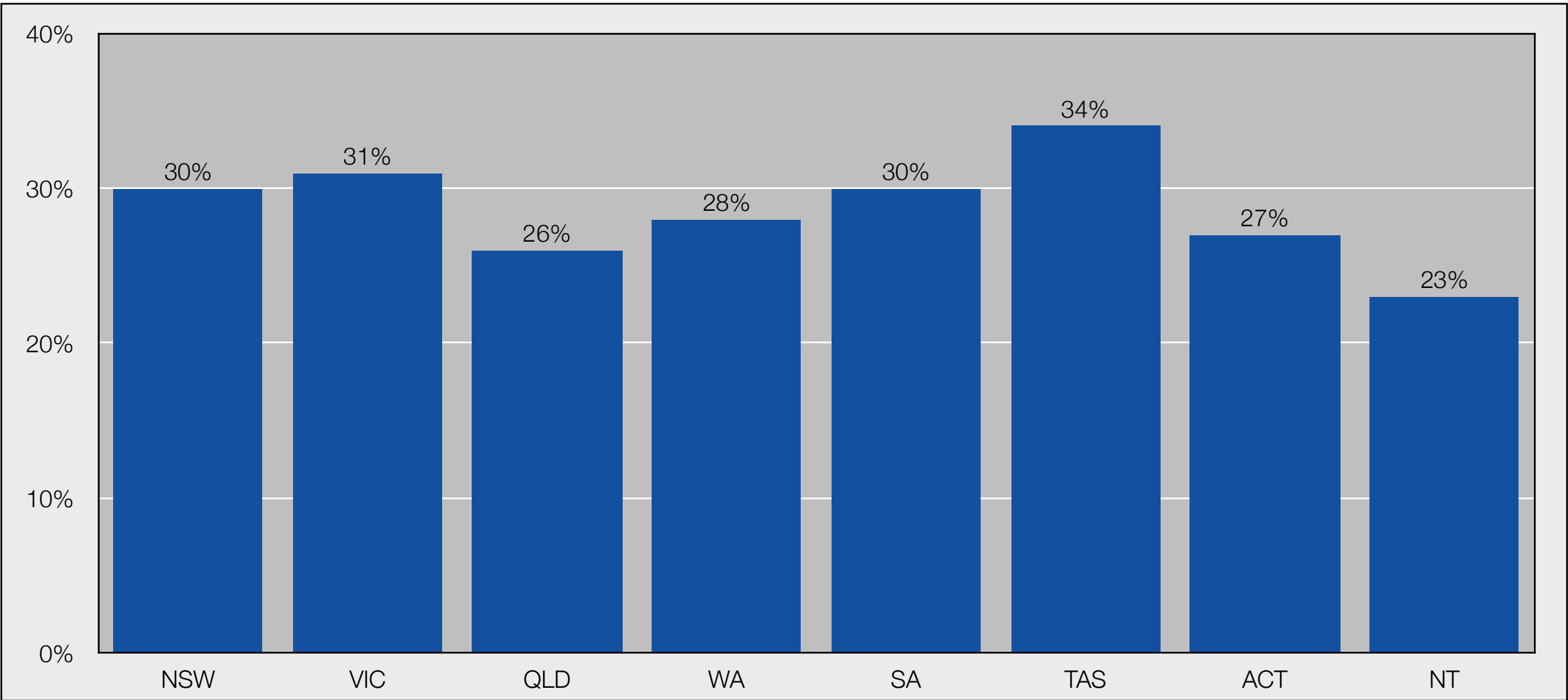




# Variation across geographic areas & socio-economic criteria

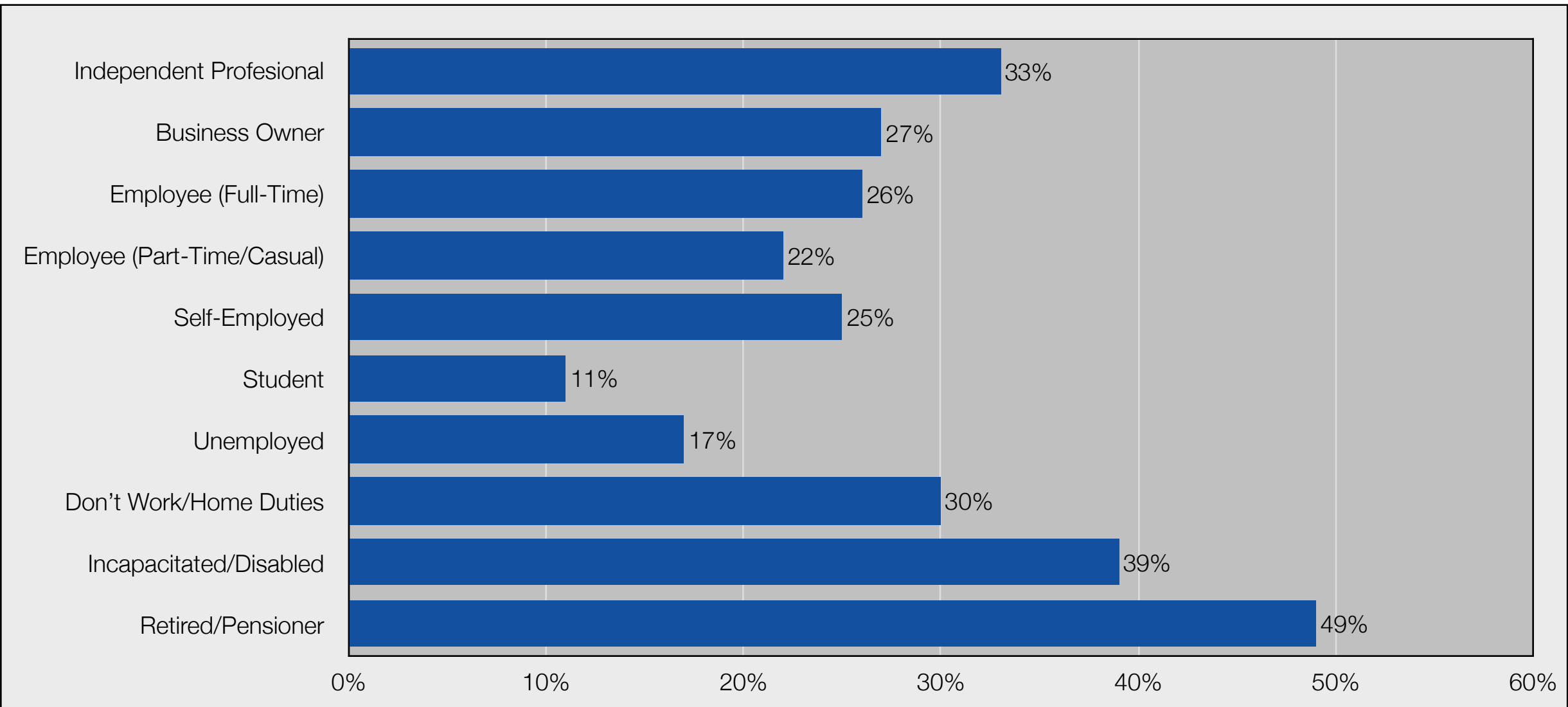
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - TAS had the highest proportion who answered “Yes” (34%), followed by NSW (33%)
  - VIC (31%)
  - NSW & SA (30%)
  - WA (28%)
  - ACT (27%)
  - QLD (26%) & NT (23%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (33%)
  - Rural (32%)
  - Metropolitan (27%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (49%), followed by “Incapacitated/Disabled” (39%)
  - “Student” (11%) & “Unemployed” (17%) had the lowest responses to “Yes”



# 23% would you pay to get vaccinated if their GP recommended it

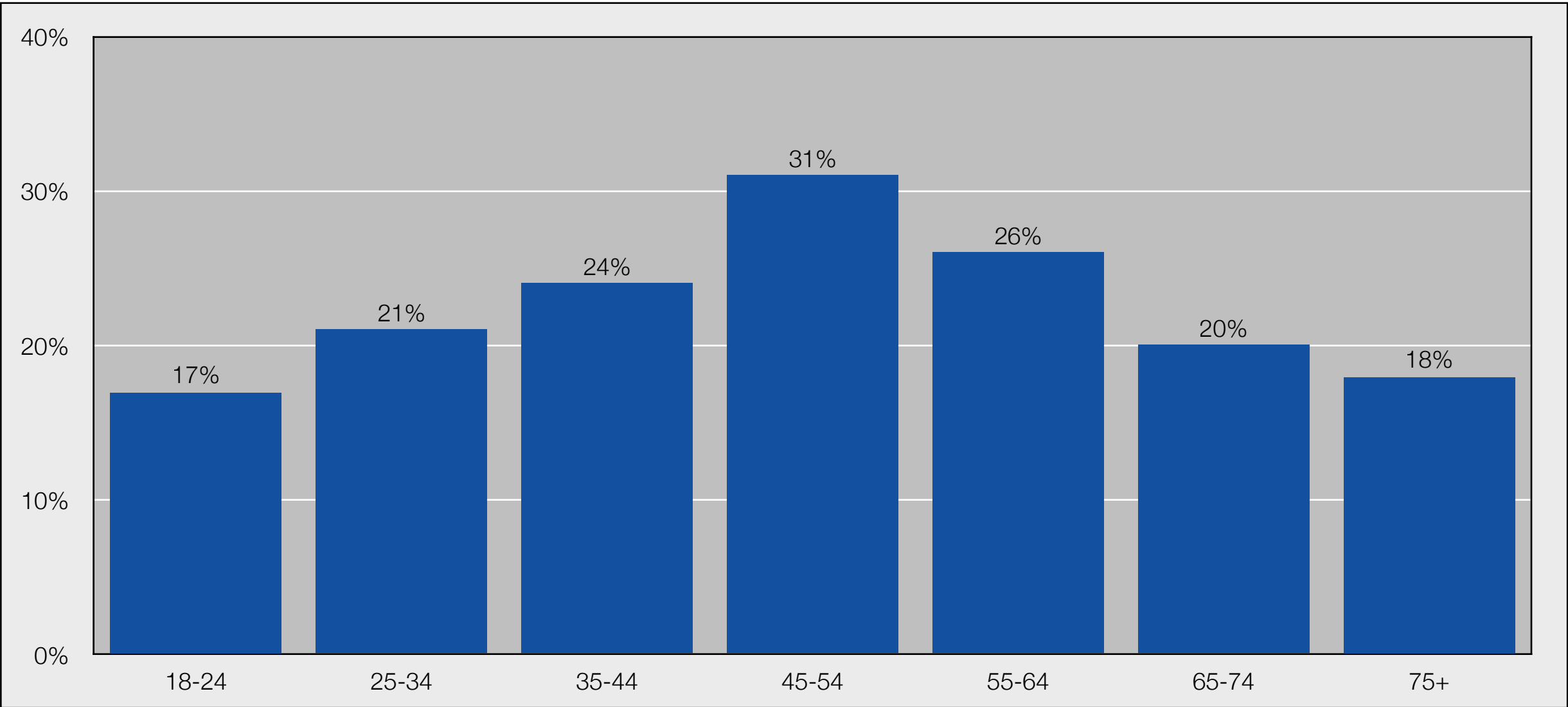
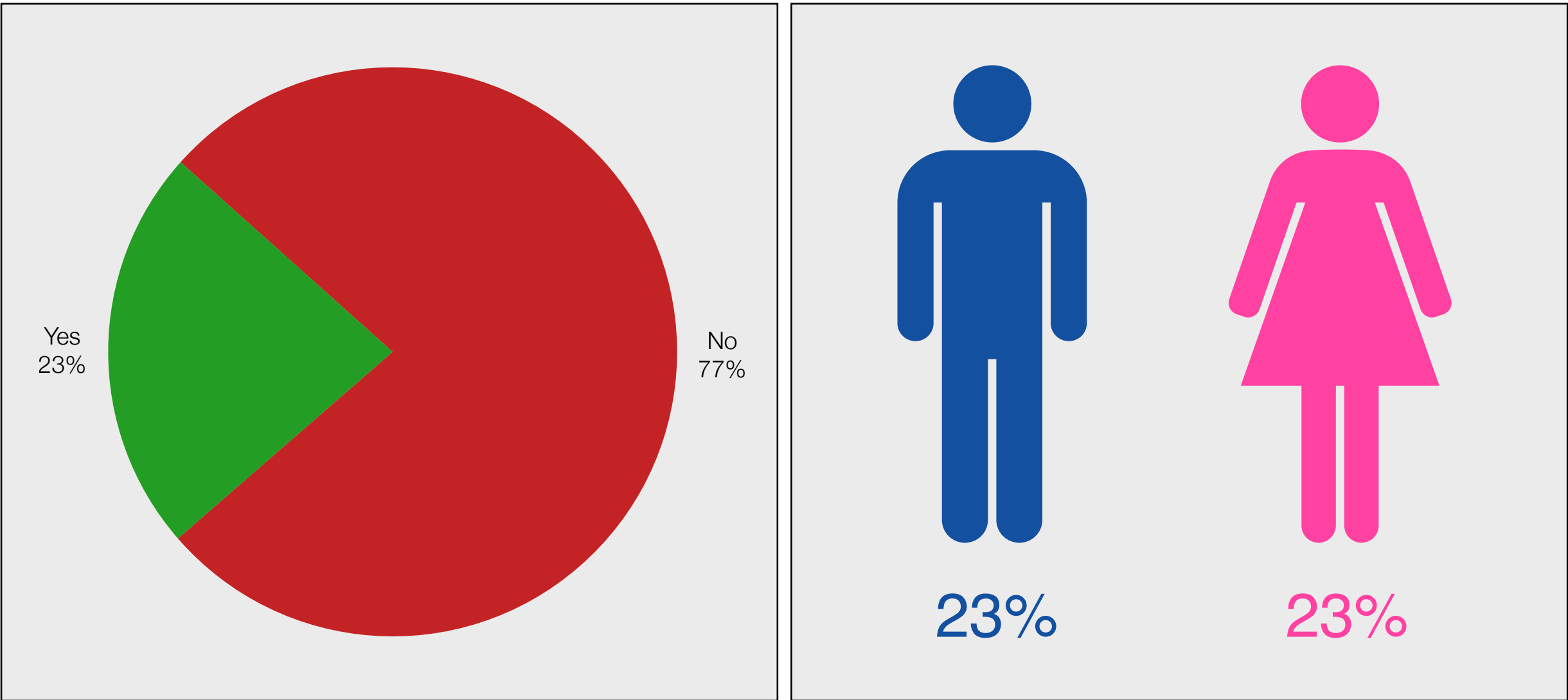
14. Would you pay to get vaccinated if your GP recommended it for you?

**23% would you pay to get vaccinated if their GP recommended it**

- For the question, illustrated in the opposite, top chart:
    - 23% answered “Yes”
    - 77% answered “No”
- No difference across gender**
- There was no difference across gender, with both men and women answering 23%.

**Variation across age groups**

- As illustrated in the chart below, there was variation across the age groups:
  - 17% of those aged 18-24 years and 21% (25-34) answered “Yes”, increasing to:
  - 24% (35-44)
  - 31% (45-54)
  - 26% (55-64)
  - 20% (65-74)
  - 18% (75+)

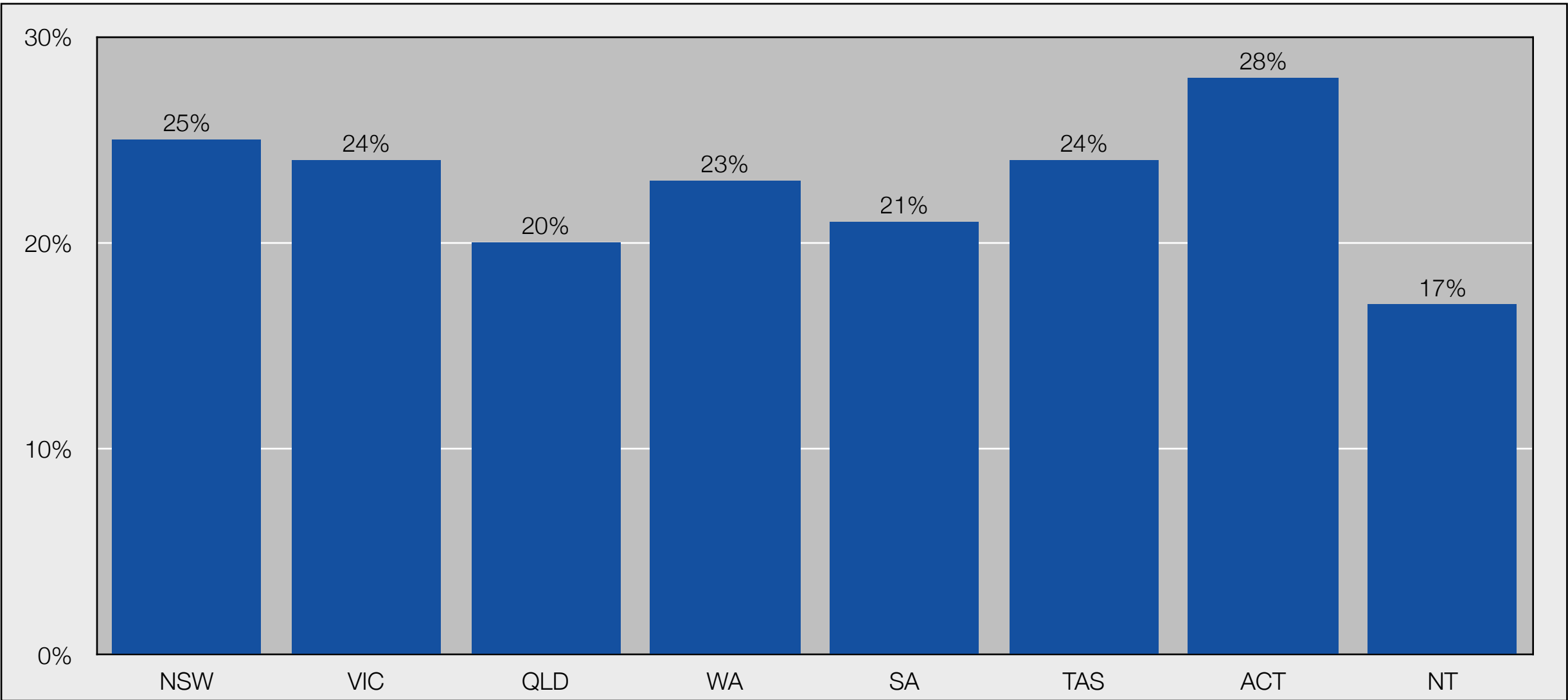




# Variation across geographic areas & socio-economic criteria

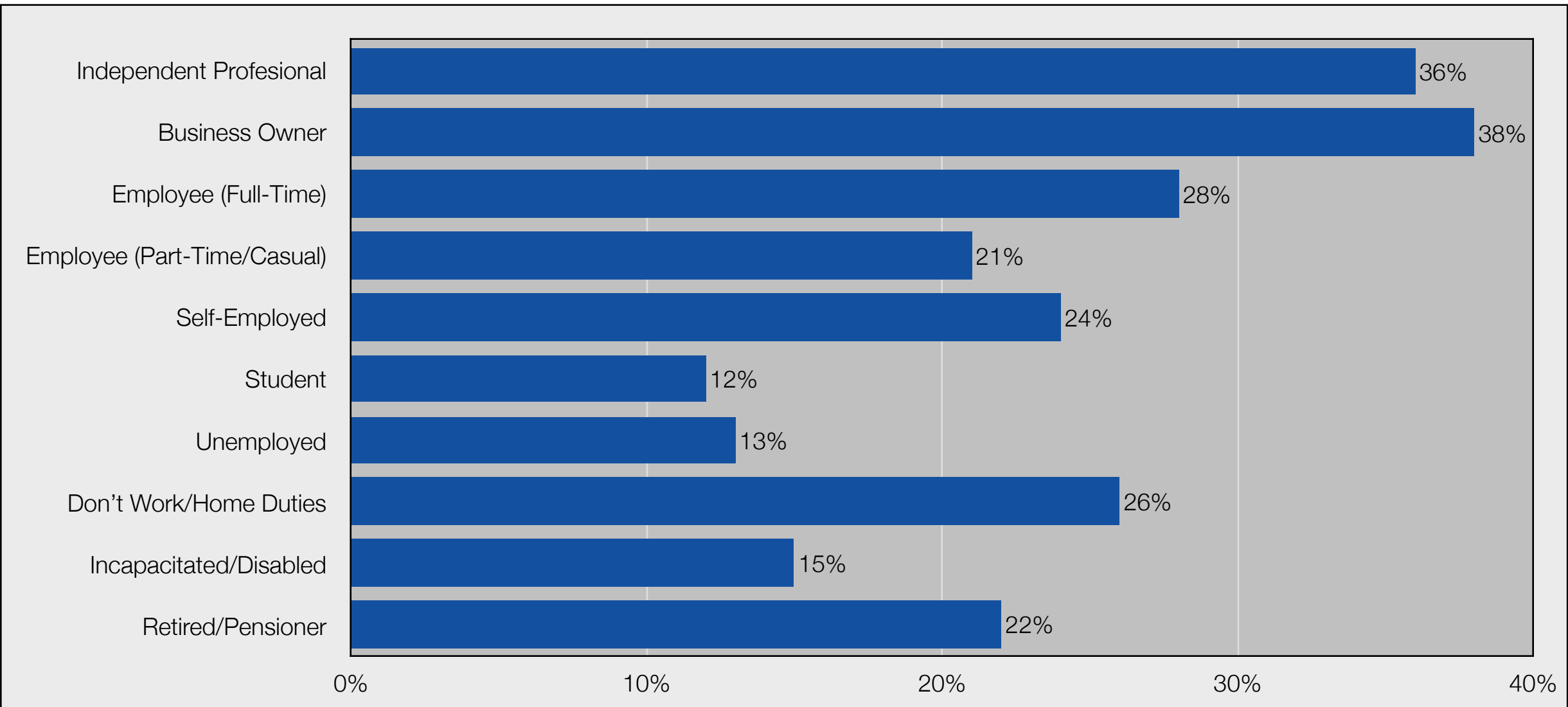
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (28%), followed by NSW (25%)
  - VIC & TAS (24%)
  - WA (23%)
  - SA (21%)
  - QLD (20%)
  - NT (17%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (24%)
  - Rural (23%)
  - Regional (21%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Business Owner” had the highest response to “Yes” (38%), followed by “Independent Professional” (36%)
  - “Student” (12%) & “Unemployed” (13%) had the lowest responses to “Yes”







Zoster (Shingles)

54



# 63% aware of zoster (shingles) and it's potentially debilitating symptoms

15. Have you heard of zoster (shingles) and it's potentially debilitating symptoms?

## 63% aware of zoster (shingles) and it's potentially debilitating symptoms

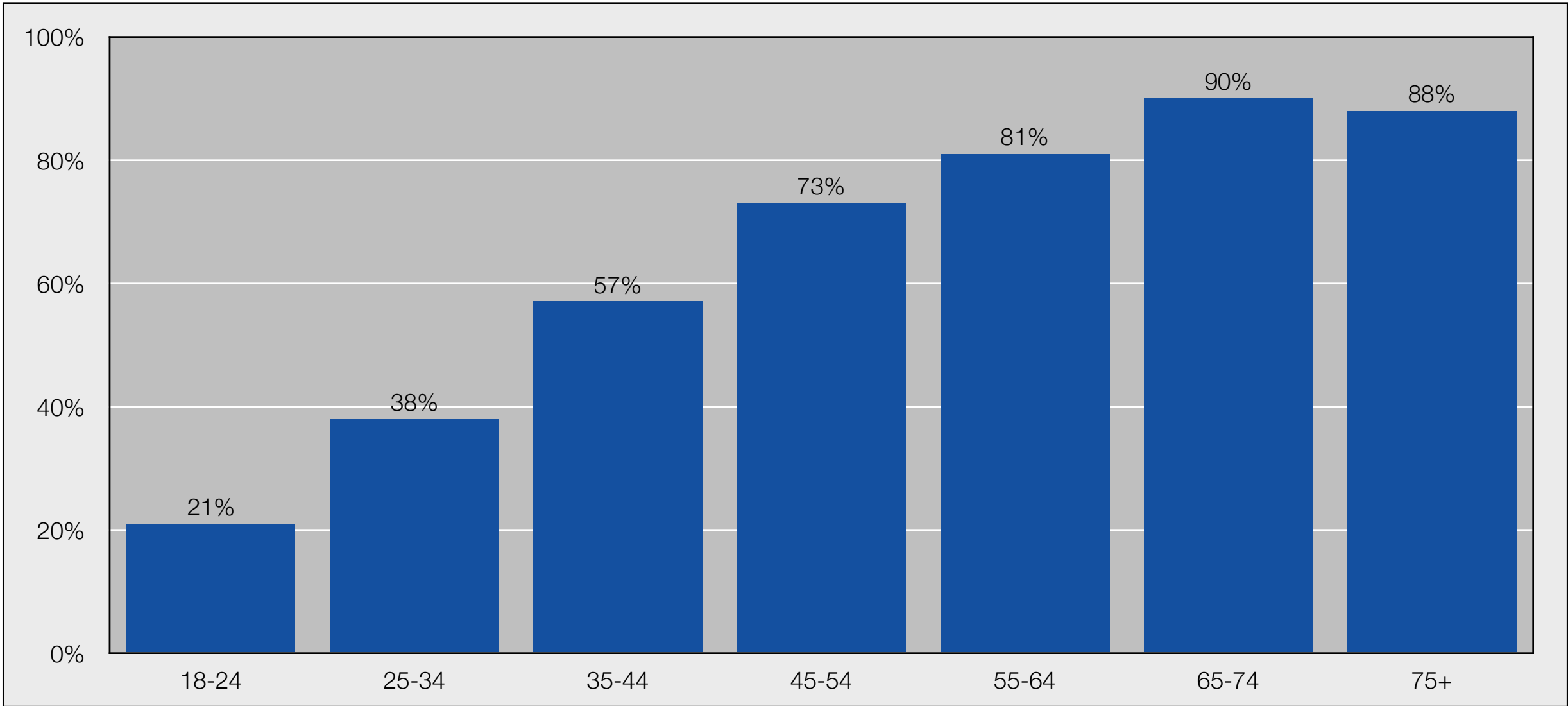
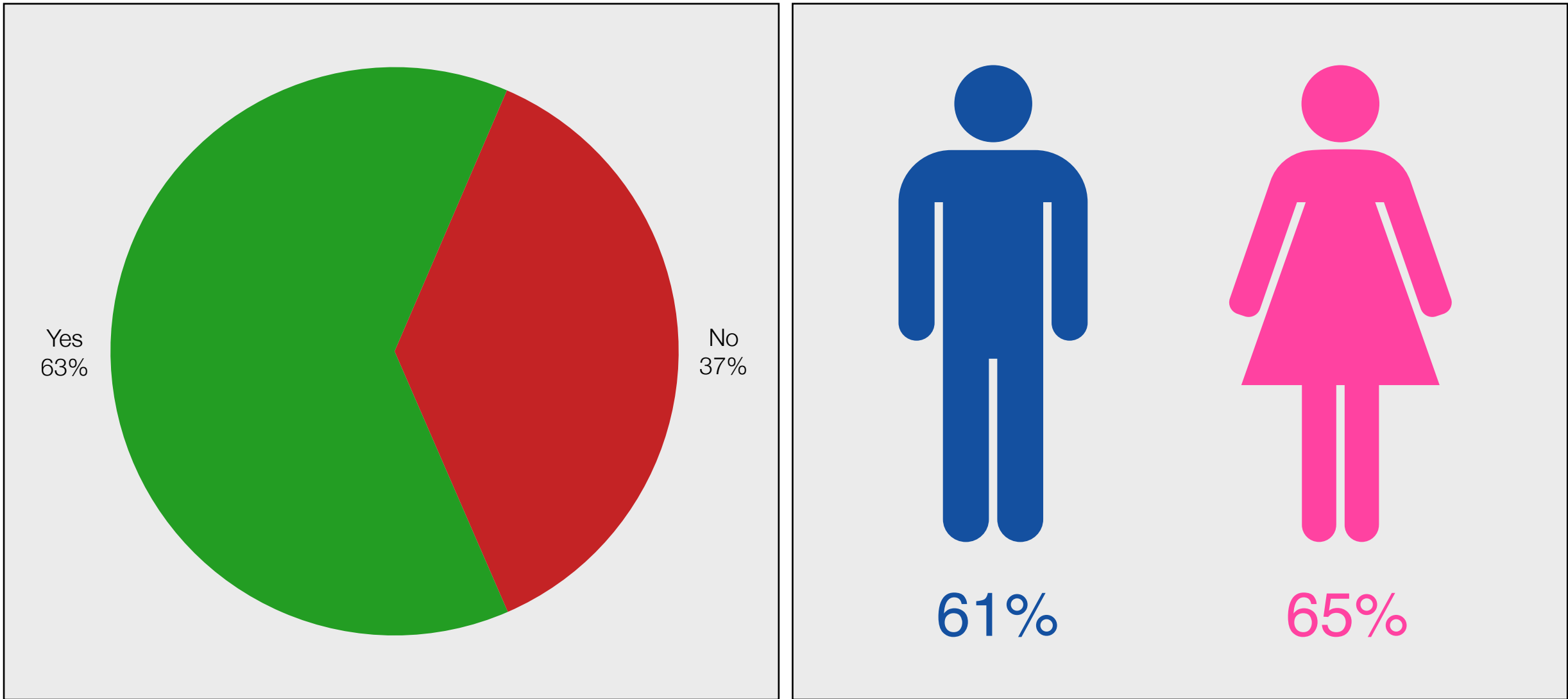
- For the question, illustrated in the opposite, top chart:
  - 63% answered “Yes”
  - 37% answered “No”

## Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 65% of women answered “Yes”; compared to 61% of men

## Very strong skew based on age

- There was a very strong skew towards older age groups answering “Yes” that they are aware of zoster (shingles) and it's potentially debilitating symptoms, shown in the chart opposite:
  - 21% of those aged 18-24 years and 38% (25-34) answered “Yes”, increasing to:
  - 57% (35-44)
  - 73% (45-54)
  - 81% (55-64)
  - 90% (65-74)
  - 88% (75+)



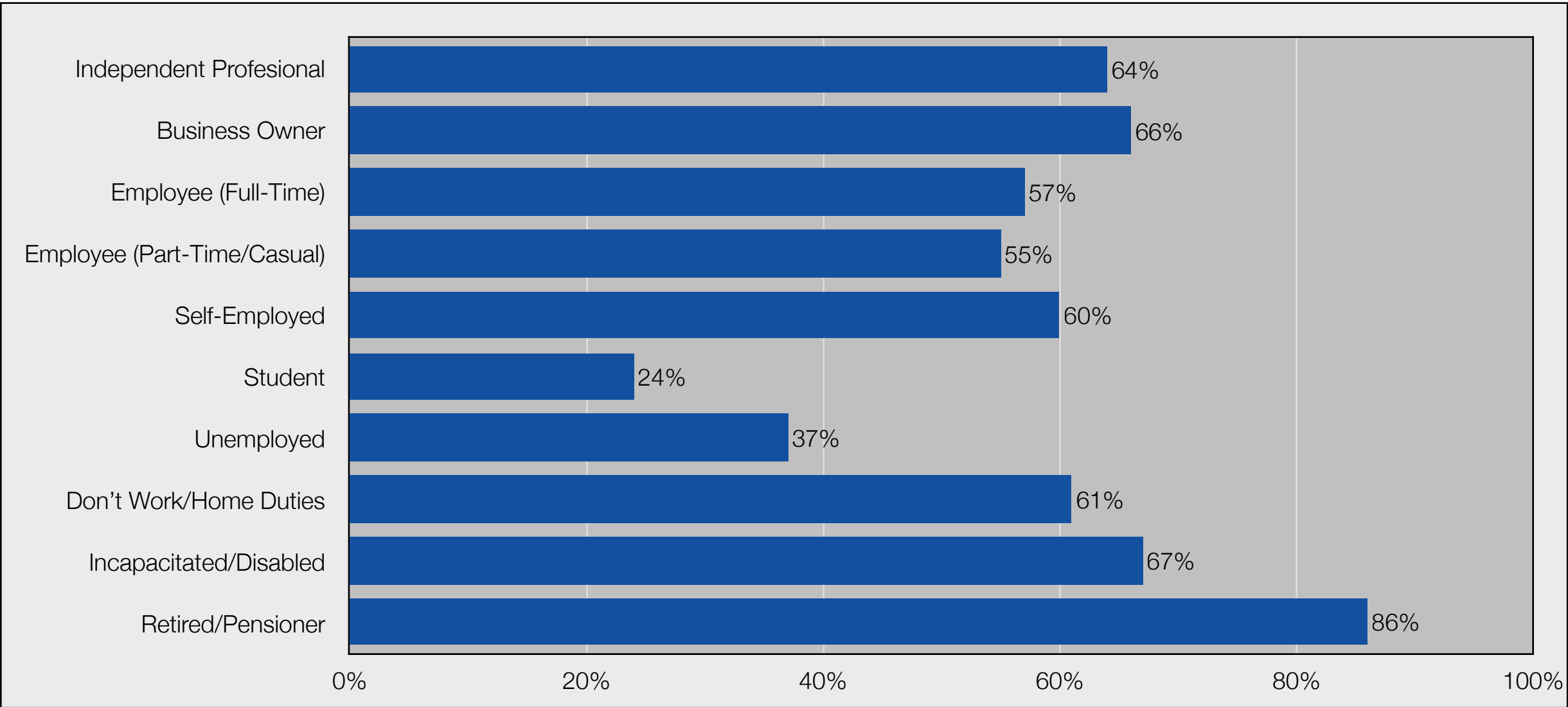
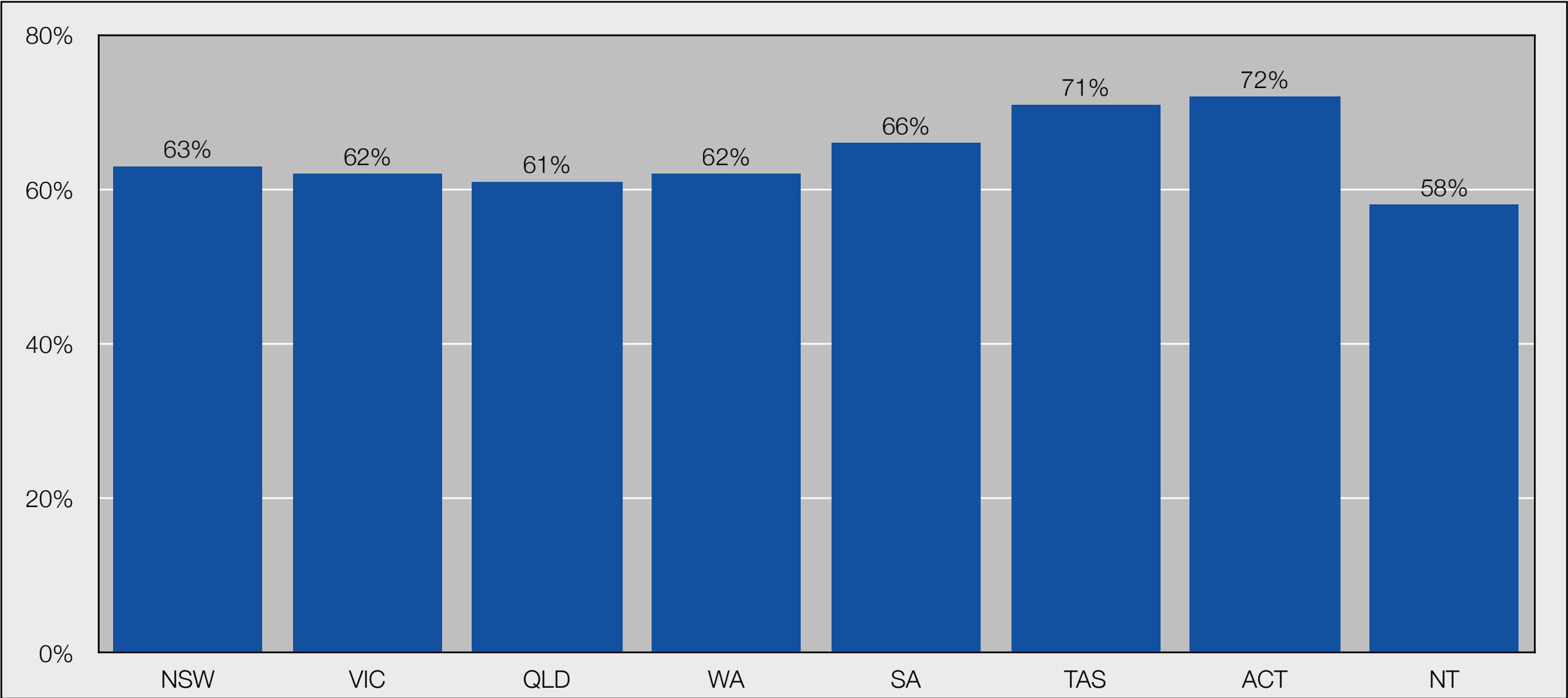
# Variation across geographic areas & socio-economic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (72%), followed by TAS (71%)
  - SA (66%)
  - NSW (63%)
  - VIC & WA (62%)
  - QLD (61%) & NT (58%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (66%)
  - Rural (63%)
  - Metropolitan (62%)

## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (86%), followed by “Business Owner” (66%)
  - “Student” (24%) & “Unemployed” (37%) had the lowest responses to “Yes”

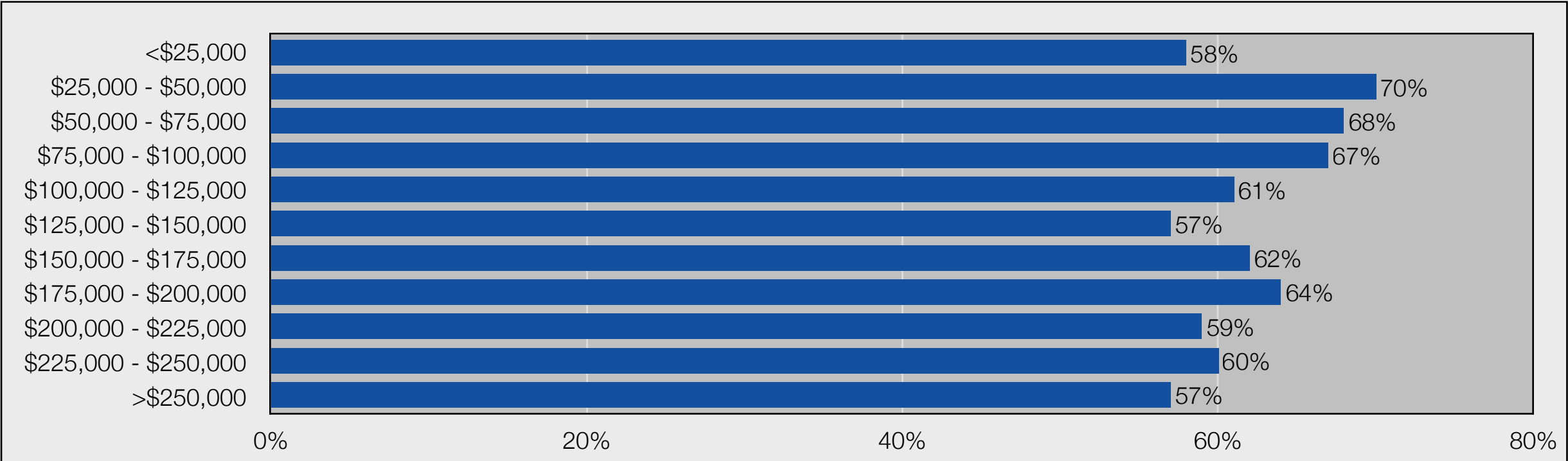




# Variation across other demographic & socio-economic criteria

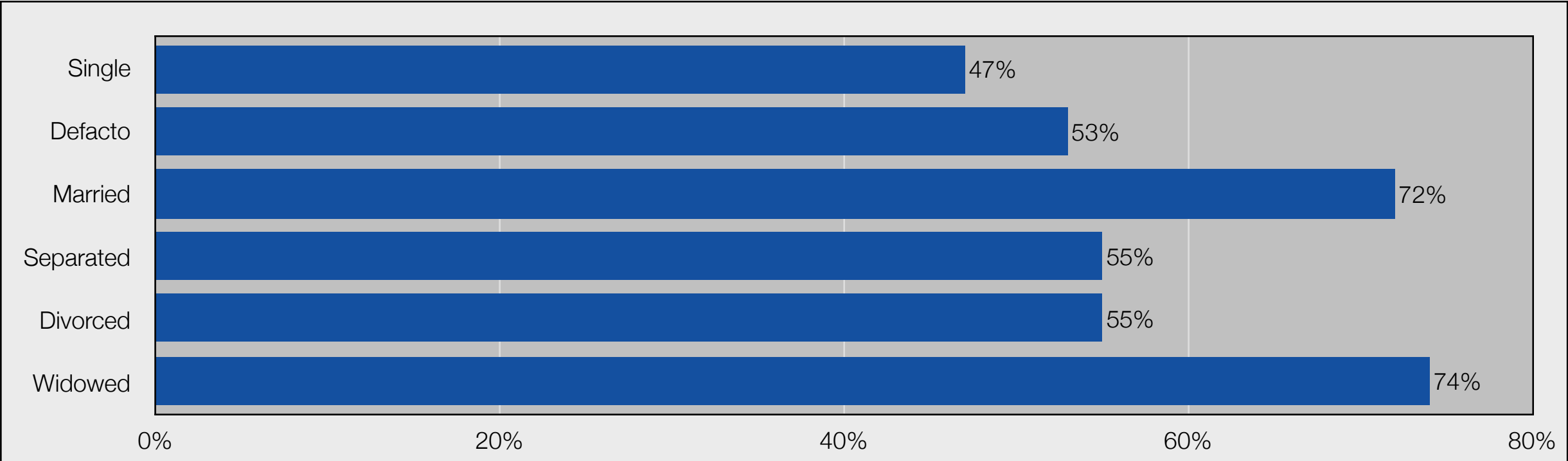
## Variation based on household income

- There was variation across household income, amongst those who answered “Yes” shown in the opposite top chart:
  - “\$25,000 - \$50,000” had the highest responses to “Yes” (70%), followed by “\$50,000 - \$75,000” (68%)
  - The lowest responses to “Yes” based on household income were from “\$125,000 - \$150,000” (57%) & “>\$250,000” (57%)



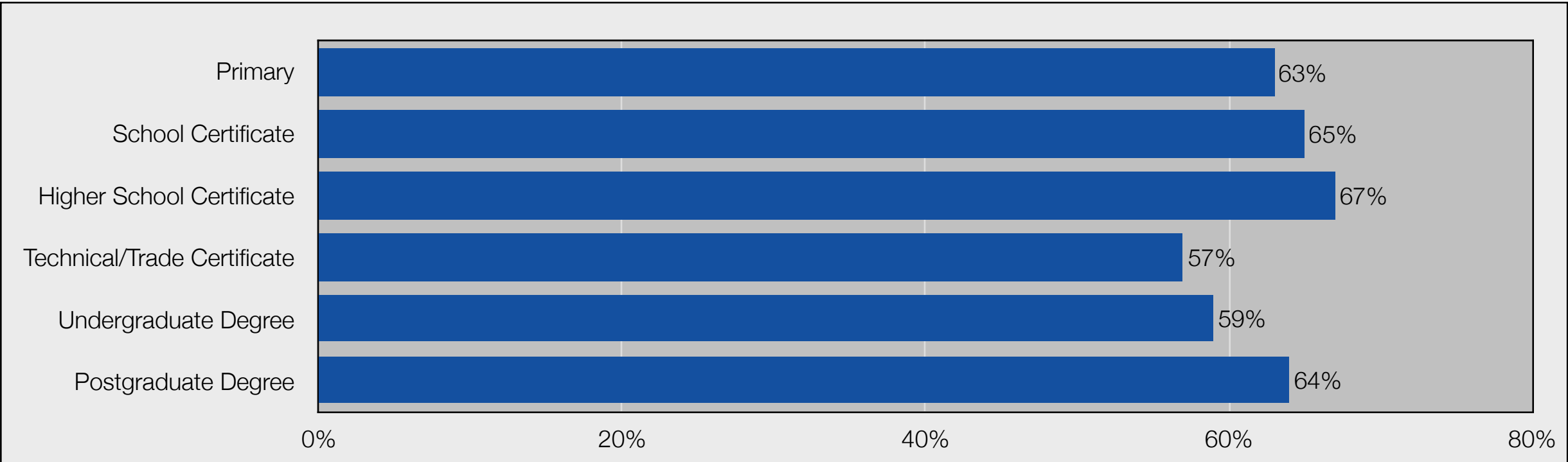
## Variation across marital status

- There was minor variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Widowed” (74%) & “Married” (72%) had the highest responses to “Yes”
  - Conversely, those who were “Single” (47%) & “Defacto” (53%) had the lowest responses to “Yes”



## Variation across education

- There was minor variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Higher School Certificate” (67%) & “School Certificate” (65%) had the highest responses to “Yes”
  - Conversely, those with “Technical/Trade Certificate” (57%) & “Undergraduate Degree” (59%) had the lowest responses to “Yes”



# Majority have heard of Shingles, but symptoms unknown to many

## Majority have heard of Shingles

- Across all focus groups, around 75% of participants, a little higher than the findings from the quantitative survey, said that they had heard of Zooster (Shingles), with “Shingles” being the term most were familiar with.

## Many, especially those aged <40, not aware of the symptoms

- When probed about being aware of the symptoms of Shingles, across all focus groups, around 40% of those who answered that they had heard of Shingles, said they didn't know, or were not confident in knowing the symptoms.
- Those aged under 40, especially those in the 20s and 30s, had the lowest knowledge about the symptoms, despite having heard of Shingles.

## Notable numbers mentioned became aware recently due to COVID-19

- In 4 out of the 15 focus groups, one or more participants mentioned that they became aware of Shingles, or had an experience with Shingles, due to someone they know having had it recently, with most of these mentioned that they believe the recent COVID-19 vaccinations were in some way responsible.

“Yes, I know it all too well, my mother had it just before she passed away and I think it was partly the cause because she was in her late 80s and she suffered a lot when she had it, but I haven’t heard of it being called Zoster.”

Cornelia, 67, Retired, Bendigo VIC

“I’ve heard of it, I can’t recall anyone I know who has had it, but through day-to-day life I’ve heard about it on the TV or radio for instance, I know it’s caused by a virus, I think the chicken pox virus and you get a rash like the chicken pox but worse.”

Matt, 46, Chef, Kingsville (Melbourne) VIC

“I know the name Shingles, I’ve heard about it a few times but I like the other one you asked about ten minutes ago (Pneumococcal disease) I don’t know how you get it or how it affects your body.”

Han, 29, Auditor, Pyrmont (Sydney) NSW

“One of my workmates got it (Shingles) not long ago, he wasn’t able to work for about a week and told us about it, I thought it was something only elderly people got, but he’s about 50 and a very fit guy who’s really into basketball and he was telling us that it must have been brought on somehow by the COVID vaccine because he heard or found something to that effect, so its like we were talking about earlier, there are definitely some strange things going on with some people after they have had these vaccinations, I feel lucky that nothing has happened to me or my family.”

Cathy, 48, Training Facilitator, Woolloowin (Brisbane) QLD

“Okay, I know about it because my best friend currently has it now and I’ve seen it, a really painful rash and little blisters in patches on her back running to under one of her breasts, she’s convinced it is related to getting the COVID-19 vaccinations, she had both Pfizer late last year and the booster about a month before she got Shingles and she’s always healthy, she thinks the vaccines have messed around with her immune system and I tend to agree, you only have to search online, there are loads of people who have had Shingles not long after they had the COVID-19 vaccinations and many are like her in their 30s.”

Jen, 38, Leasing Manager, Caringbah (Sydney) NSW

“My father told me that a second cousin of mine got it (Shingles) and she’s a bit younger than me and someone thinks its linked to getting the Pfizer (COVID-19) vaccines so there could be something to it, like the heart problems some people seem to be getting and Liz just mentioned.”

Cameron, 40, Aftermarket Product Manager, Ringwood North (Melbourne) VIC



# 28% aware those aged 70-79 are entitled to free shingles vaccination

16. Were you aware that people aged 70-79 are entitled to free vaccination against shingles until October 2023?

## 28% aware those aged 70-79 are entitled to free shingles vaccination

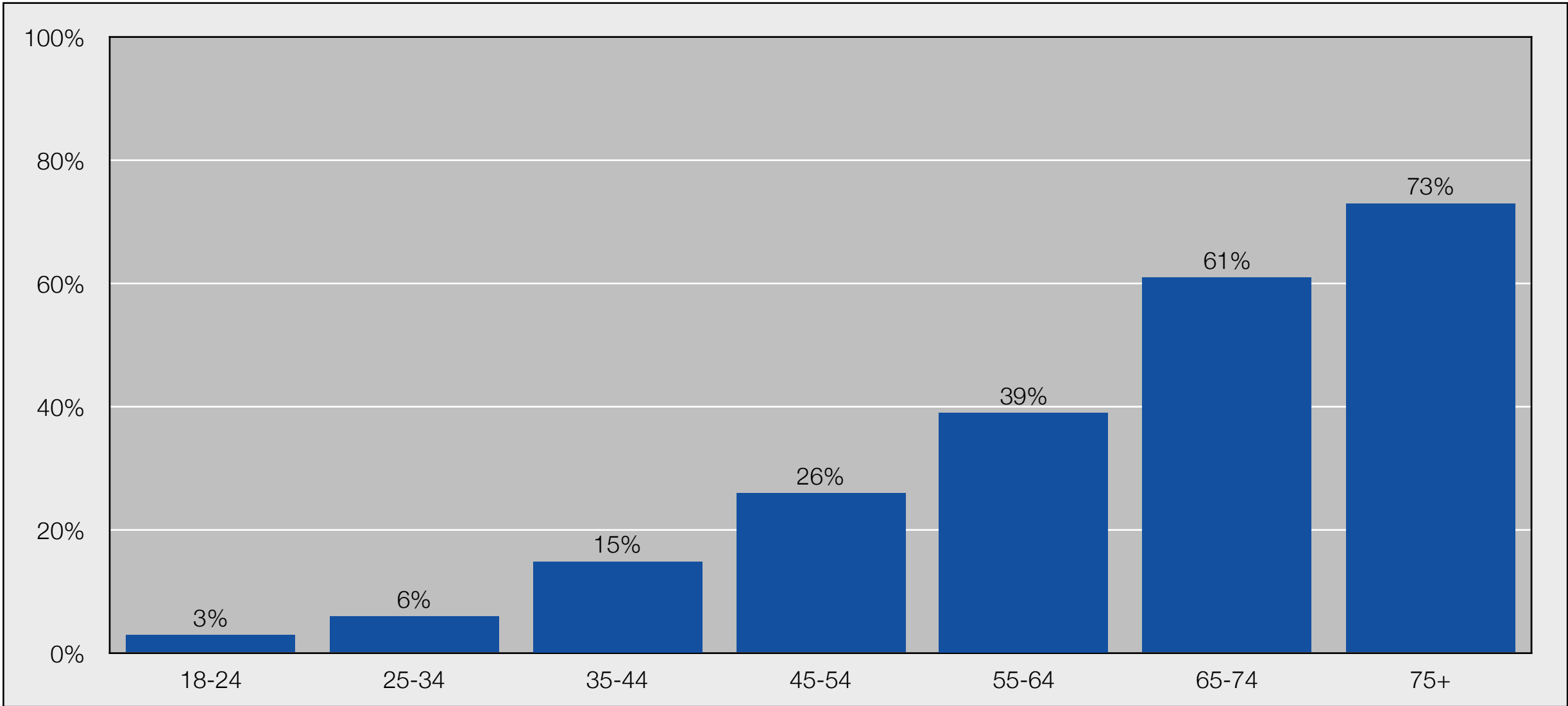
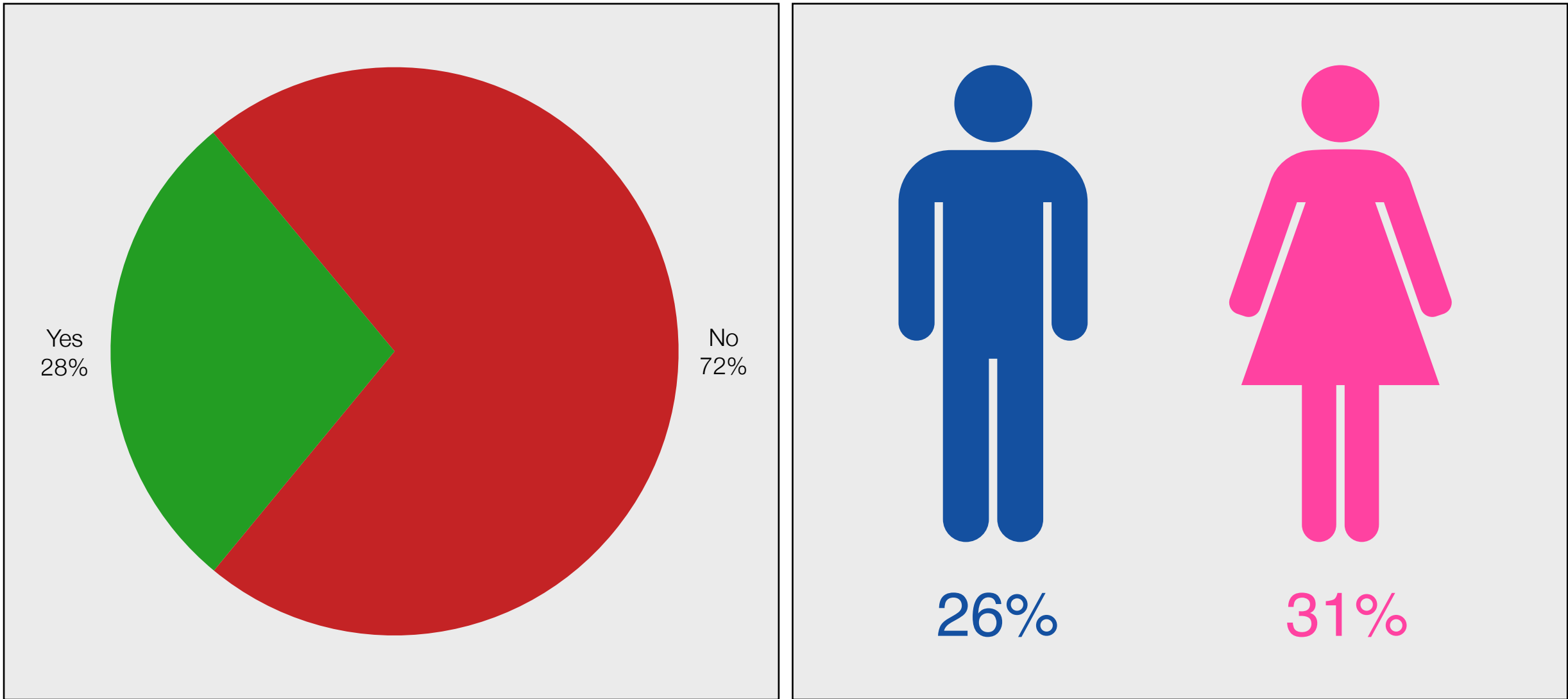
- For the question, illustrated in the opposite, top chart:
  - 28% answered “Yes”
  - 72% answered “No”

## Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 31% of women answered “Yes”; compared to 26% of men

## Very strong skew based on age

- There was a very strong skew towards older age groups answering “Yes” that they are aware that people aged 70-79 are entitled to free vaccination against shingles until October 2023, shown in the opposite chart:
  - 3% of those aged 18-24 years and 6% (25-34) answered “Yes”, increasing to:
  - 15% (35-44)
  - 26% (45-54)
  - 39% (55-64)
  - 61% (65-74)
  - 73% (75+)



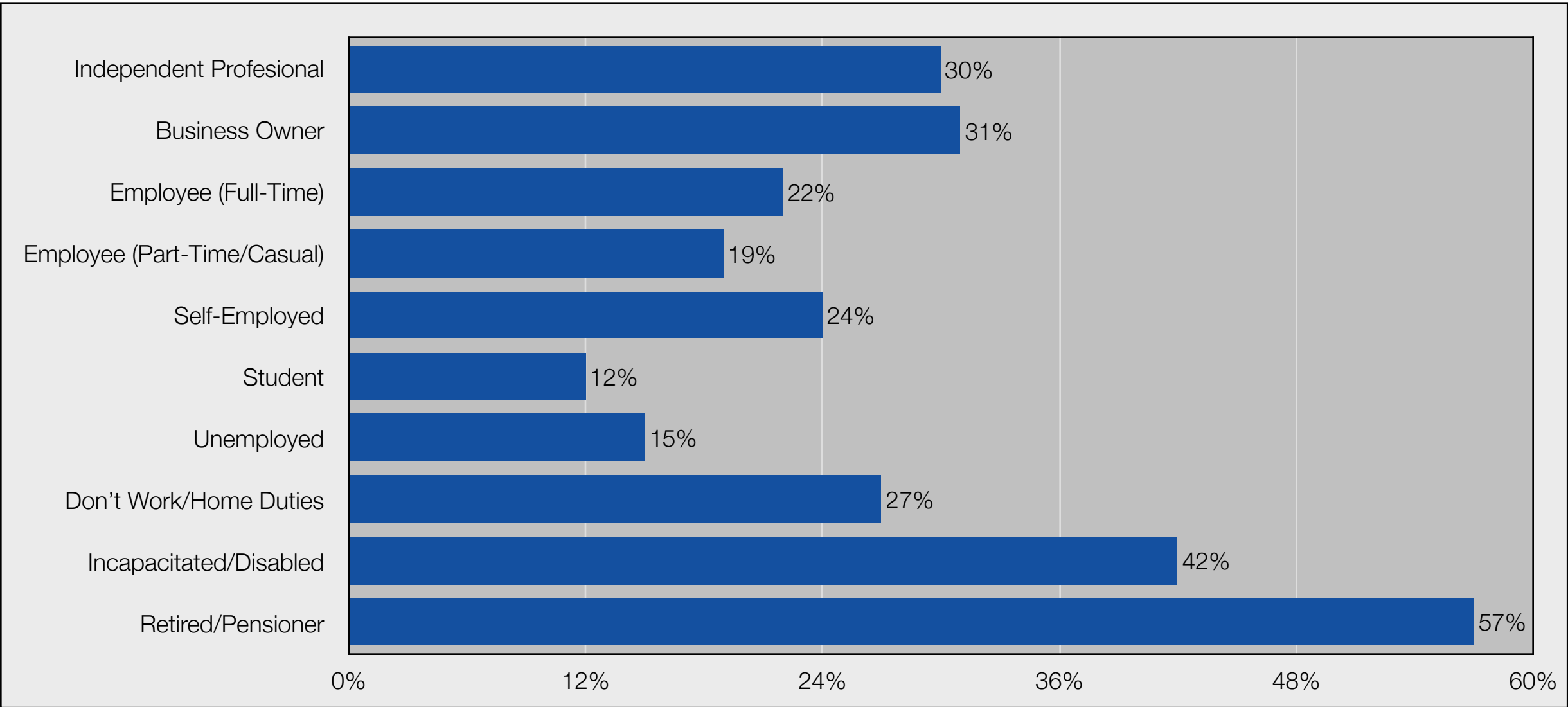
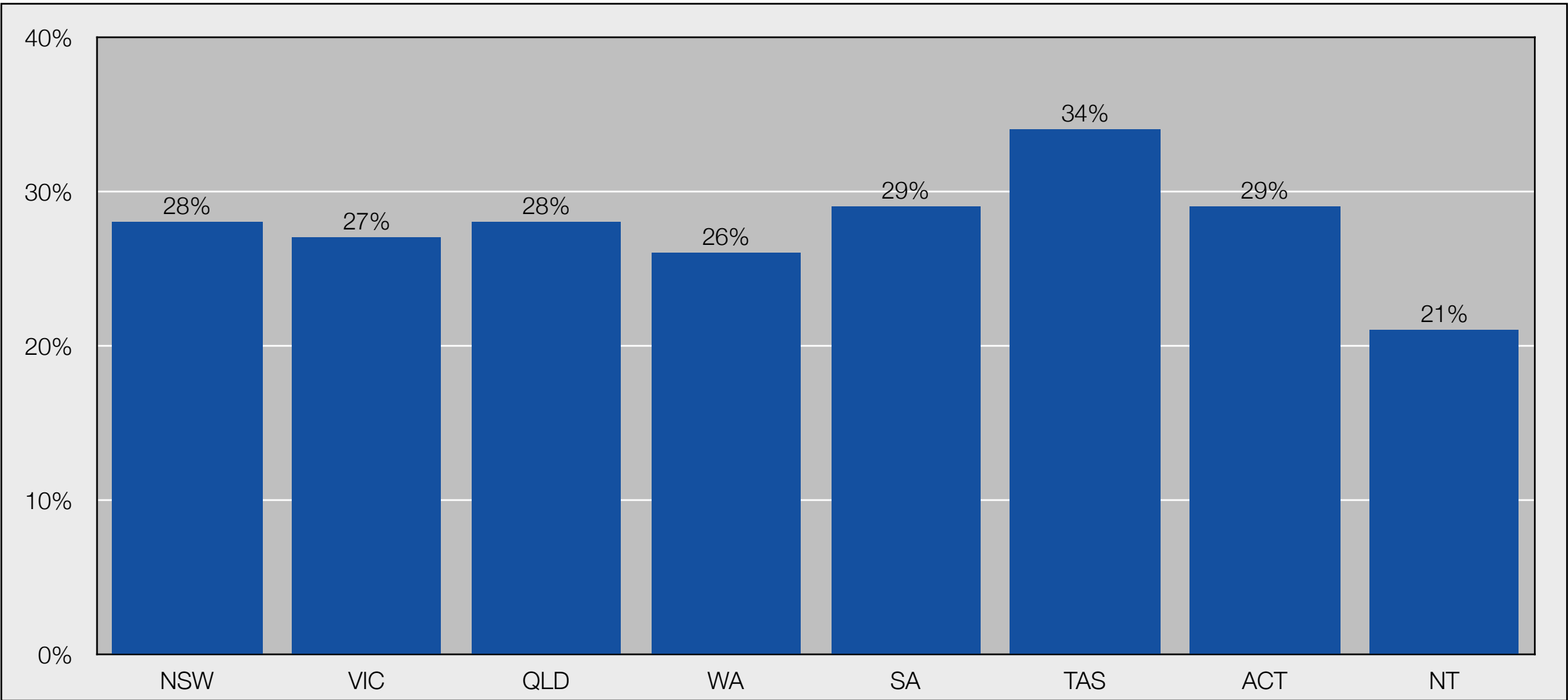
# Variation across geographic areas & socio-economic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - TAS had the highest proportion who answered “Yes” (34%), followed by:
  - SA & ACT (29%)
  - NSW & QLD (28%)
  - VIC (27%)
  - WA (26%) & NT (21%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (31%)
  - Rural (28%)
  - Metropolitan (26%)

## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (57%), followed by “Incapacitated/Disabled” (42%)
  - “Student” (12%) & “Unemployed” (15%) had the lowest responses to “Yes”





# 33% would you pay to get vaccinated if their GP recommended it

17. Would you pay for this vaccine if your GP recommended it for you?

33% would you pay to get vaccinated if their GP recommended it

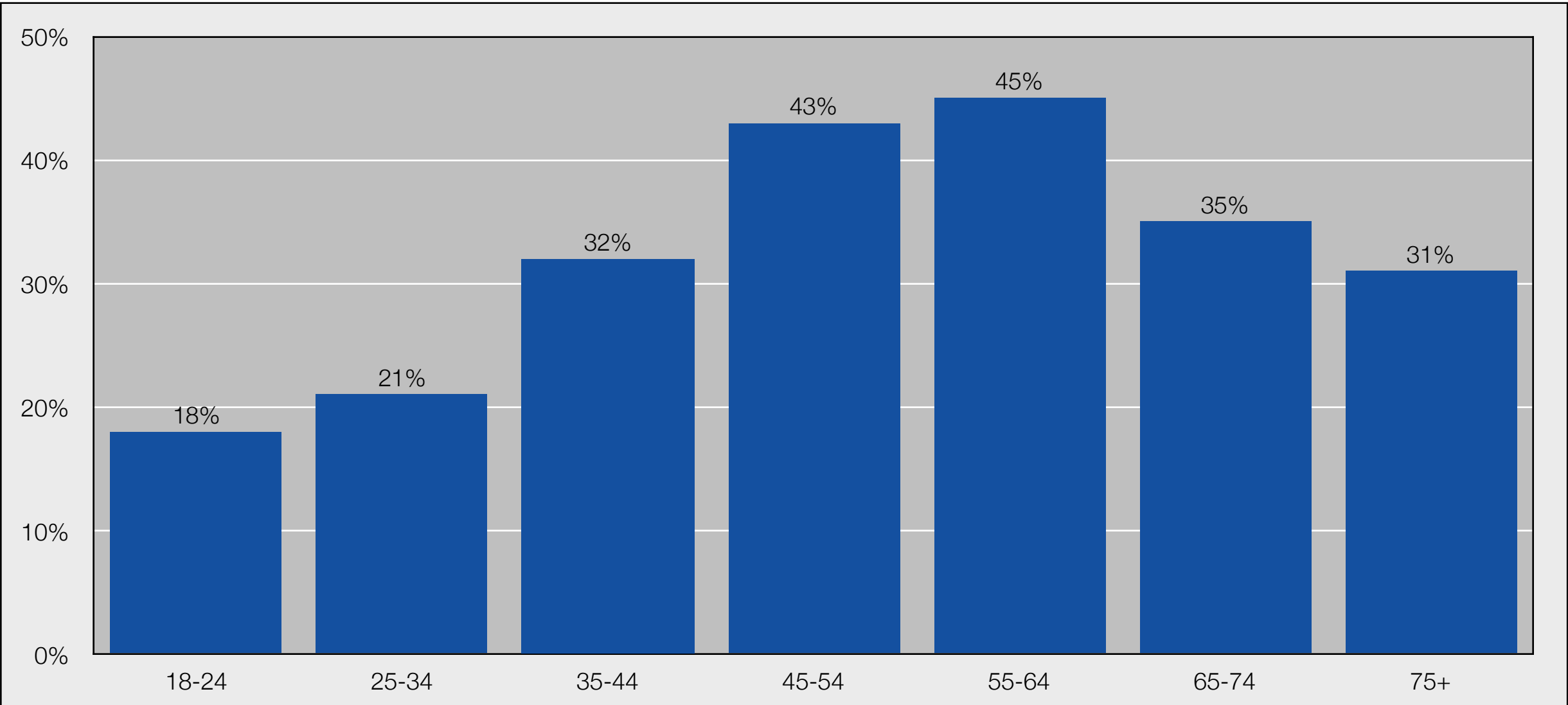
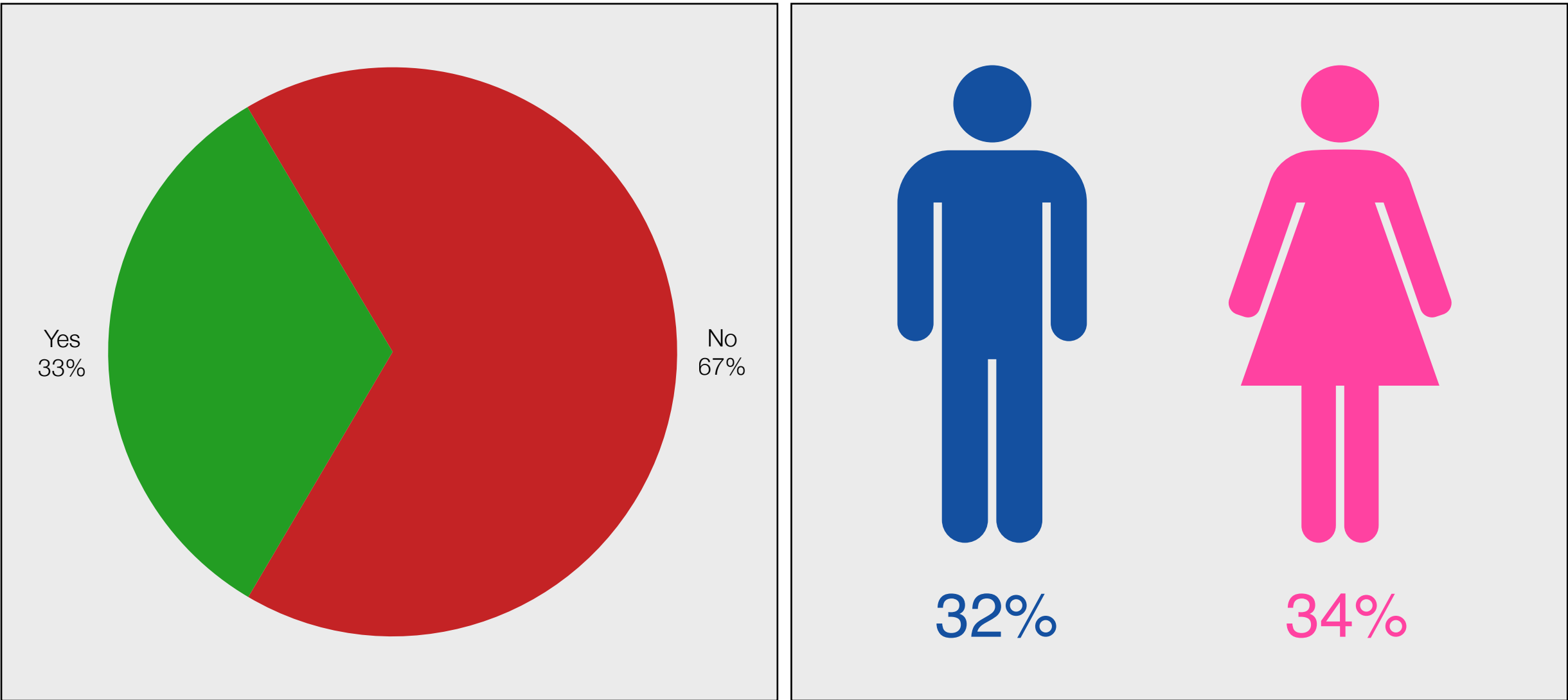
- For the question, illustrated in the opposite, top chart:
  - 33% answered “Yes”
  - 67% answered “No”

Slightly higher amongst women

- There was a slightly higher incidence amongst women who answered “Yes”:
  - 34% of women answered “Yes”; compared to 32% of men

Variation across age groups

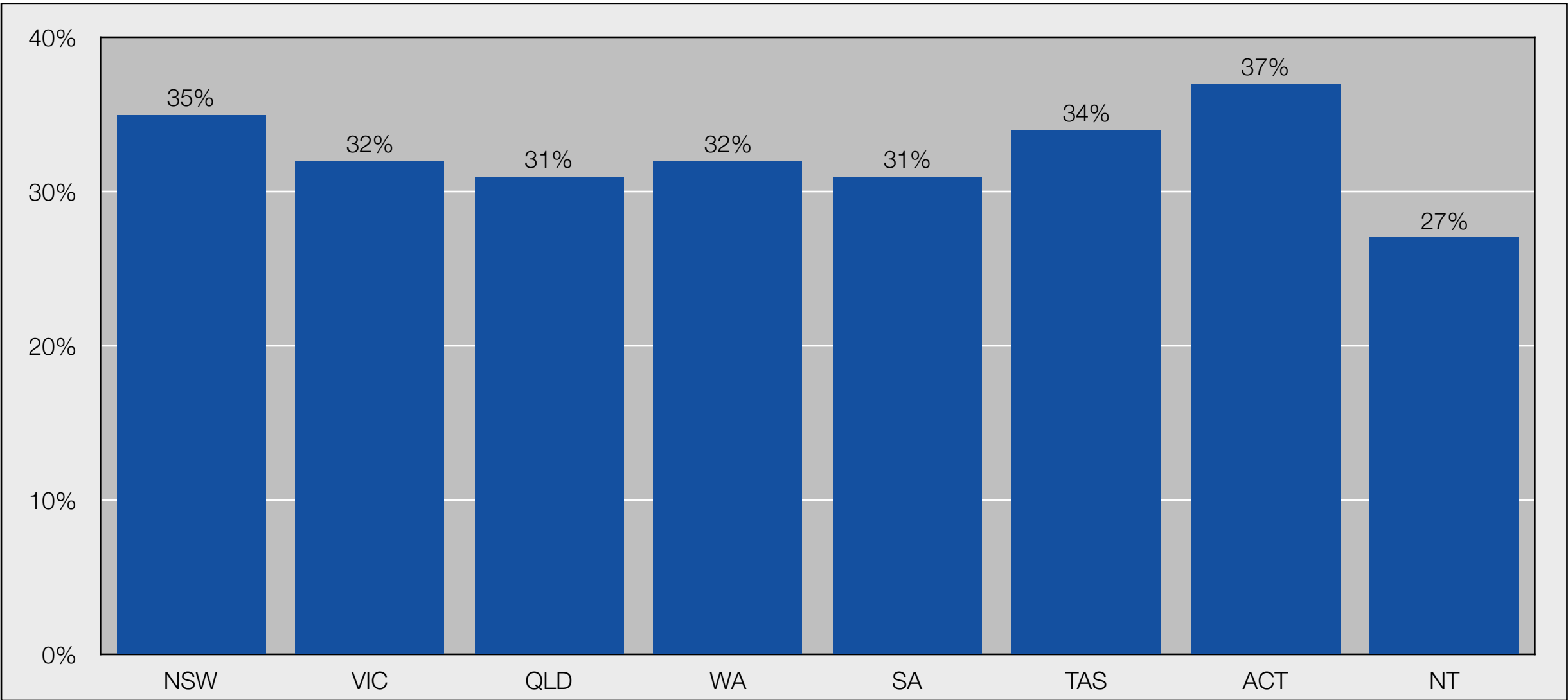
- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” that they would you pay to get vaccinated if their GP recommended it:
  - 18% of those aged 18-24 years answered “Yes”
  - 21% (25-34)
  - 32% (35-44)
  - 43% (45-54)
  - 45% (55-64)
  - 35% (65-74)
  - 31% (75+)



# Variation across geographic areas & socio-economic criteria

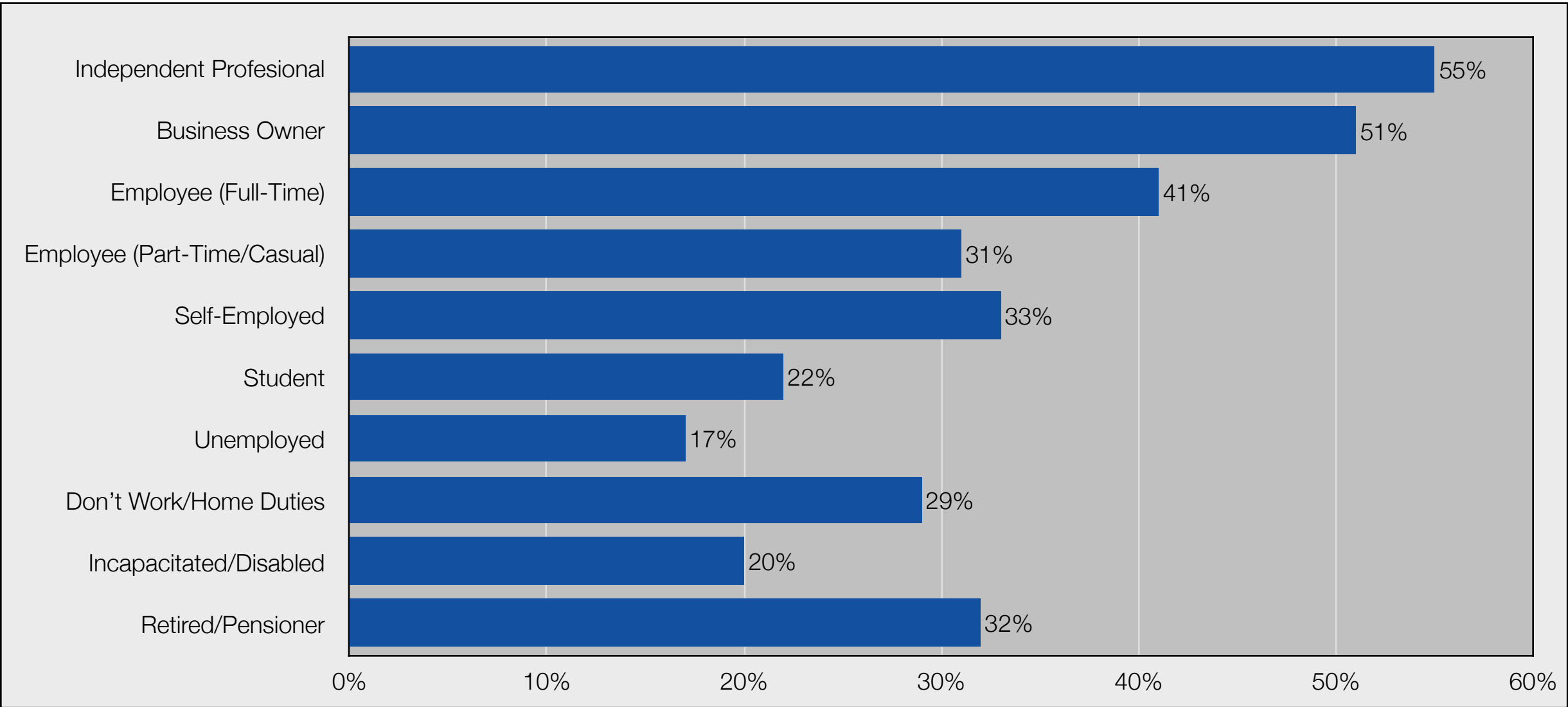
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (37%), followed by NSW (35%)
  - TAS (34%)
  - VIC & WA (32%)
  - QLD & SA (31%)
  - NT (27%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (34%)
  - Regional & Rural (29%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Independent Professional” had the highest response to “Yes” (55%), followed by “Business Owner” (51%)
  - “Unemployed” (17%) & “Incapacitated/Disabled” (20%) had the lowest responses to “Yes”







HPV

# 74% aware what Human Papillomavirus (HPV) is

## 18. Do you know what Human Papillomavirus (HPV) is?

### 74% aware what Human Papillomavirus (HPV) is

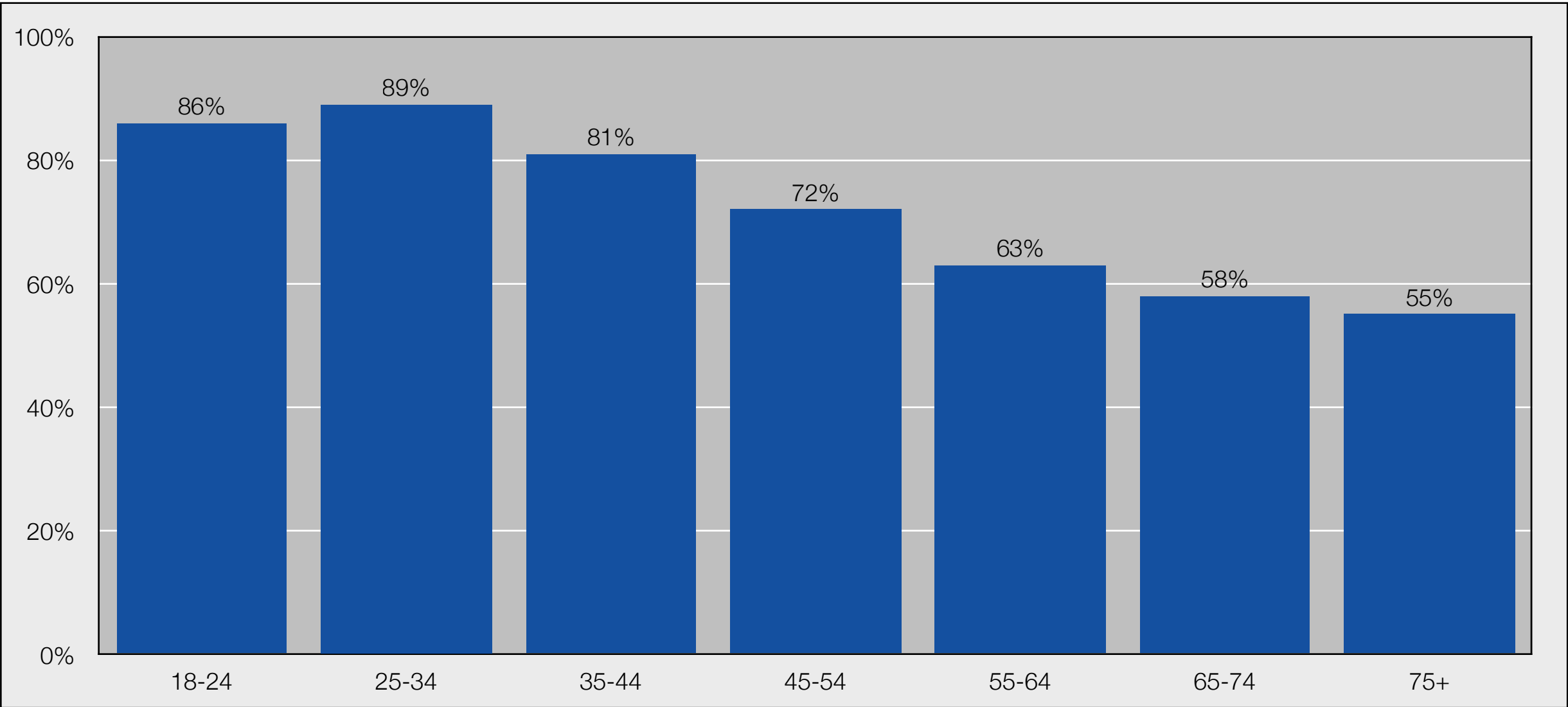
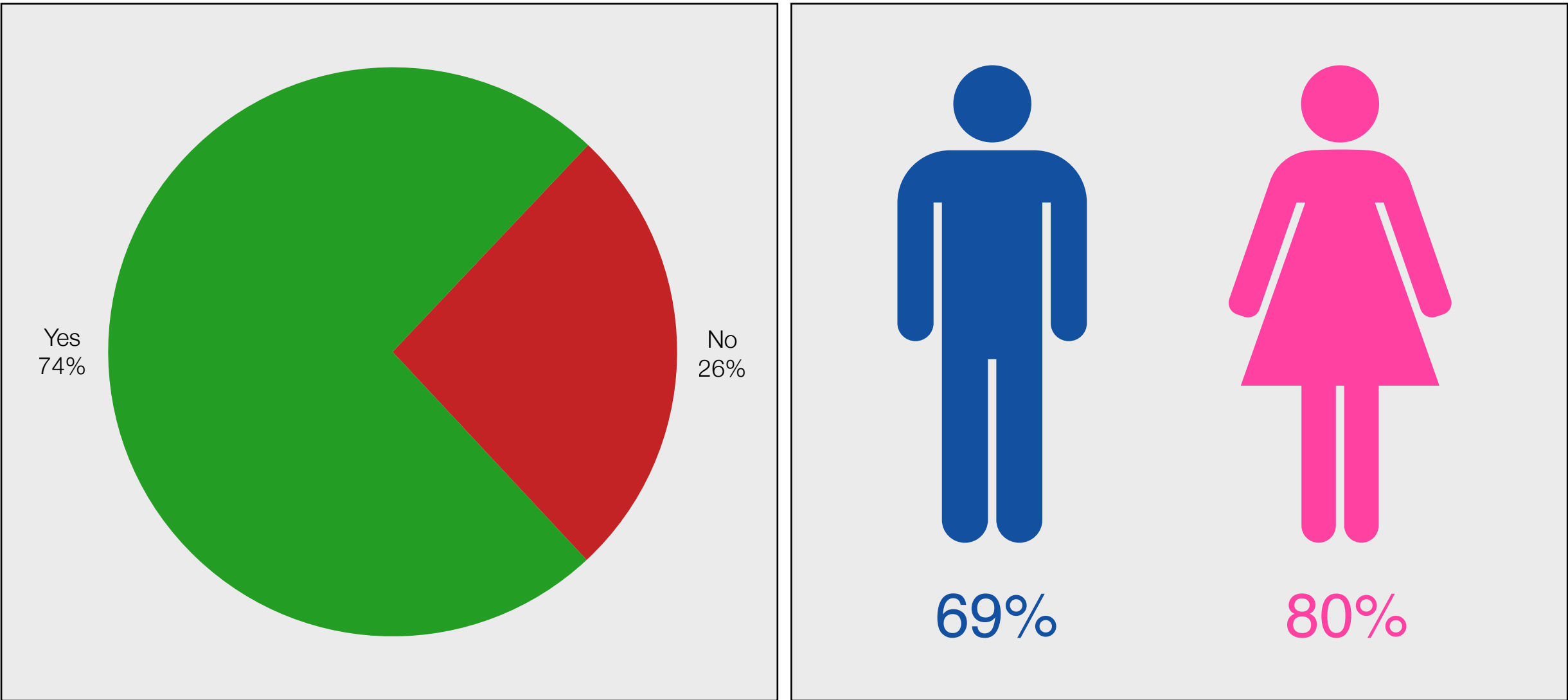
- For the question, illustrated in the opposite, top chart:
  - 74% answered “Yes”
  - 26% answered “No”

### Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 80% of women answered “Yes”; compared to 69% of men

### Variation across age groups

- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” that they know what Human Papillomavirus (HPV) is:
  - 86% of those aged 18-24 years answered “Yes”
  - 89% (25-34)
  - 81% (35-44)
  - 72% (45-54)
  - 63% (55-64)
  - 58% (65-74)
  - 55% (75+)

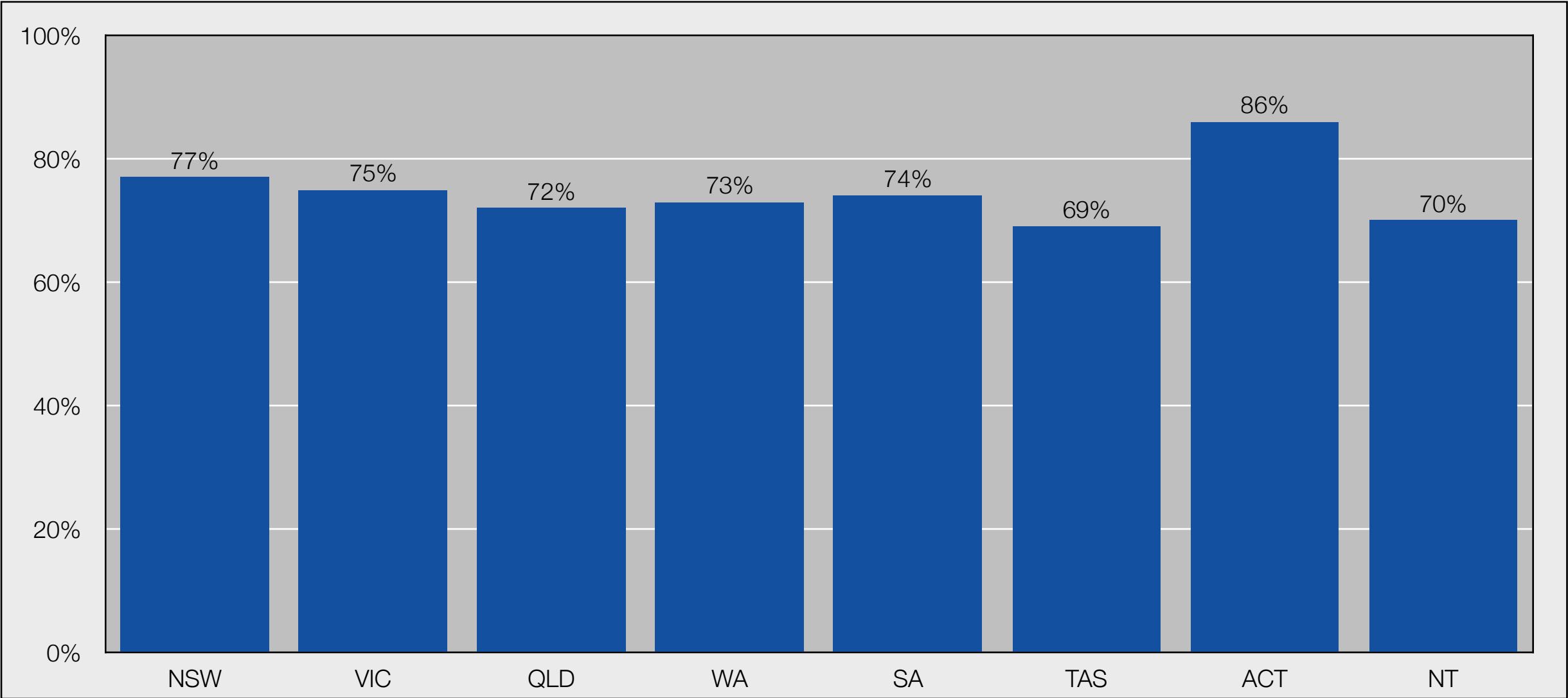




# Variation across geographic areas & socio-economic criteria

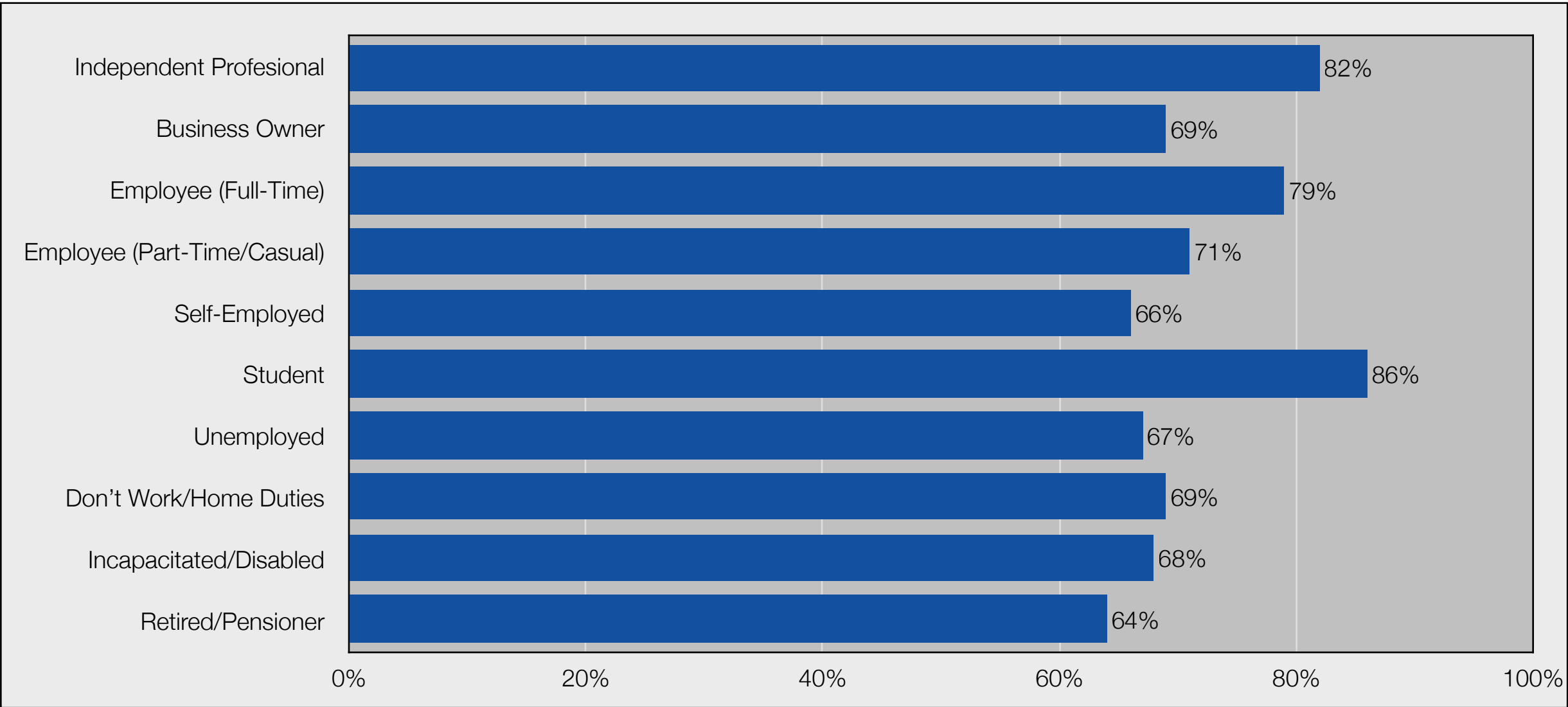
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (86%), followed by NSW (77%)
  - VIC (75%)
  - SA (74%)
  - WA (73%)
  - QLD (72%)
  - NT (70% & TAS (69%)
- Across metropolitan, regional and rural areas there was also variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (76%)
  - Regional (71%)
  - Rural (69%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Student” had the highest response to “Yes” (86%), followed by “Independent Professional” (82%)
  - “Retired/Pensioner” (64%) & “Self-Employed” (66%) had the lowest responses to “Yes”



# Variation across other demographic & socio-economic criteria

## Variation based on household income

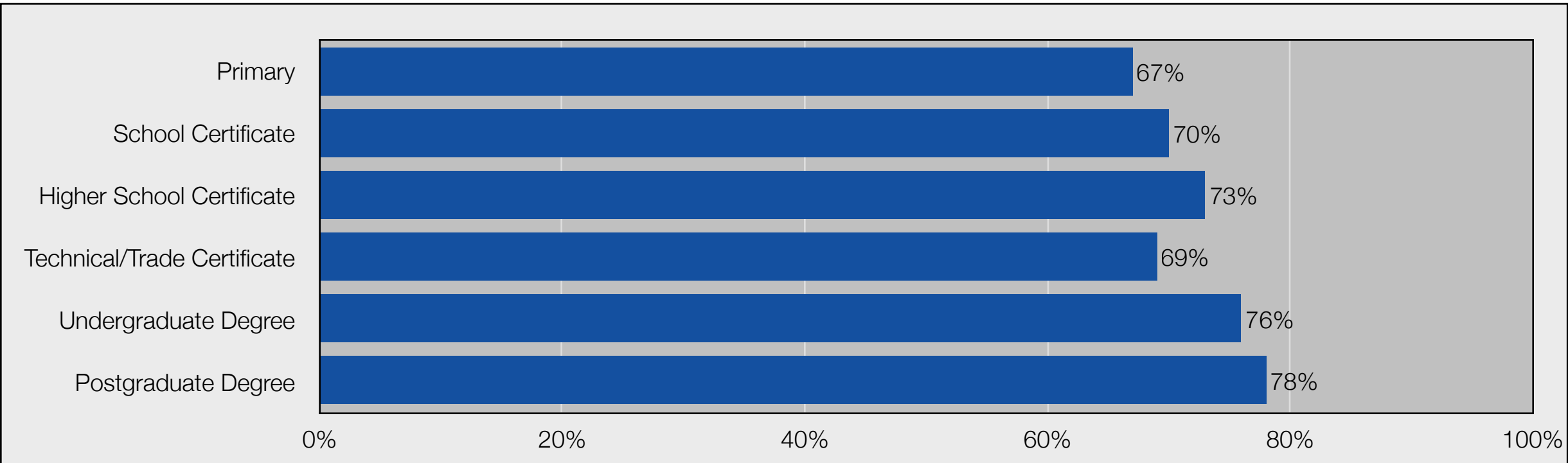
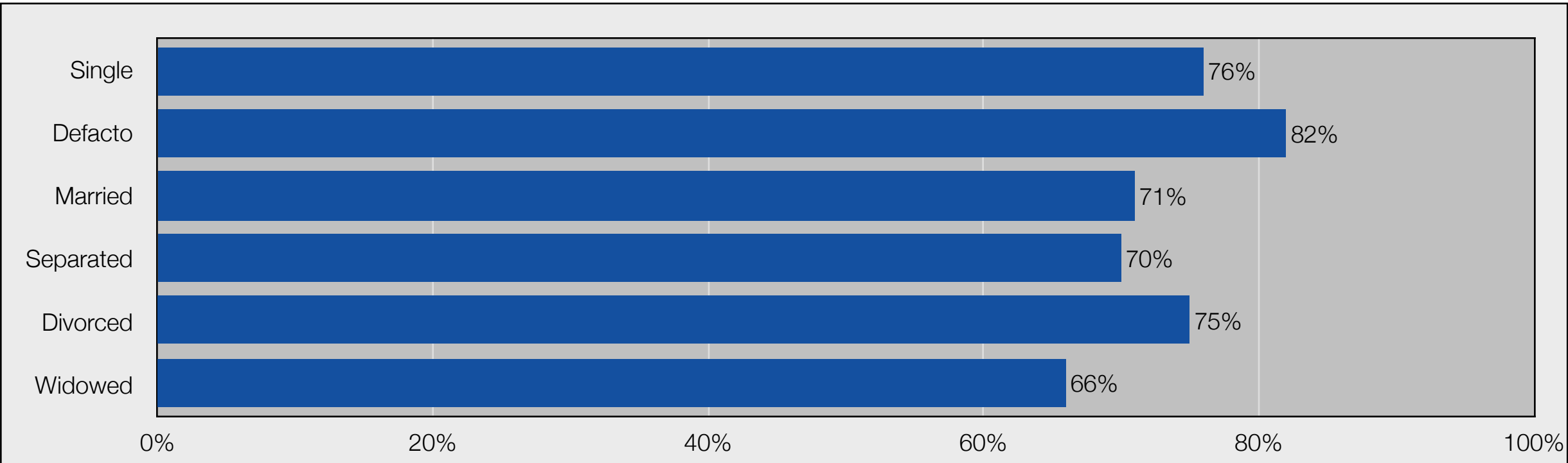
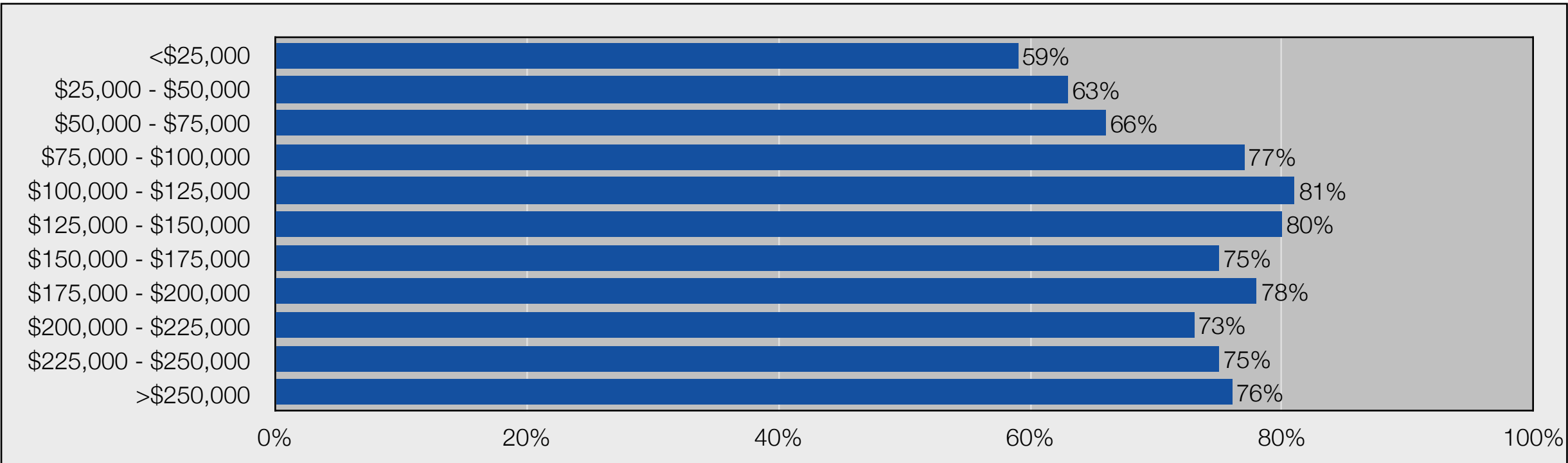
- There was variation across household income, amongst those who answered “Yes” as illustrated in the opposite top chart:
  - “\$100,000 - \$125,000” had the highest response to “Yes” (81%), followed by “\$125,000 - \$150,000” (80%)
  - The lowest responses to “Yes” based on household income were from “<25,000” (59%) & “\$25,000 - \$50,000” (63%)

## Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Defacto” (82%) & “Single” (76%) had the highest responses to “Yes”
  - Conversely, those who were “Widowed” (66%) & “Separated” (70%) had the lowest responses to “Yes”

## Variation across education

- There was variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Postgraduate Degree” (78%) & “Undergraduate Degree” (76%) had the highest responses to “Yes”
  - Conversely, those with “Primary” (67%) & “Technical/Trade Certificate” (69%) had the lowest responses to “Yes”





# 69% aware the disease caused by HPV can be prevented with a vaccine

19. Did you know that the disease caused by HPV can be prevented with a vaccine?

## 69% aware the disease caused by HPV can be prevented with a vaccine

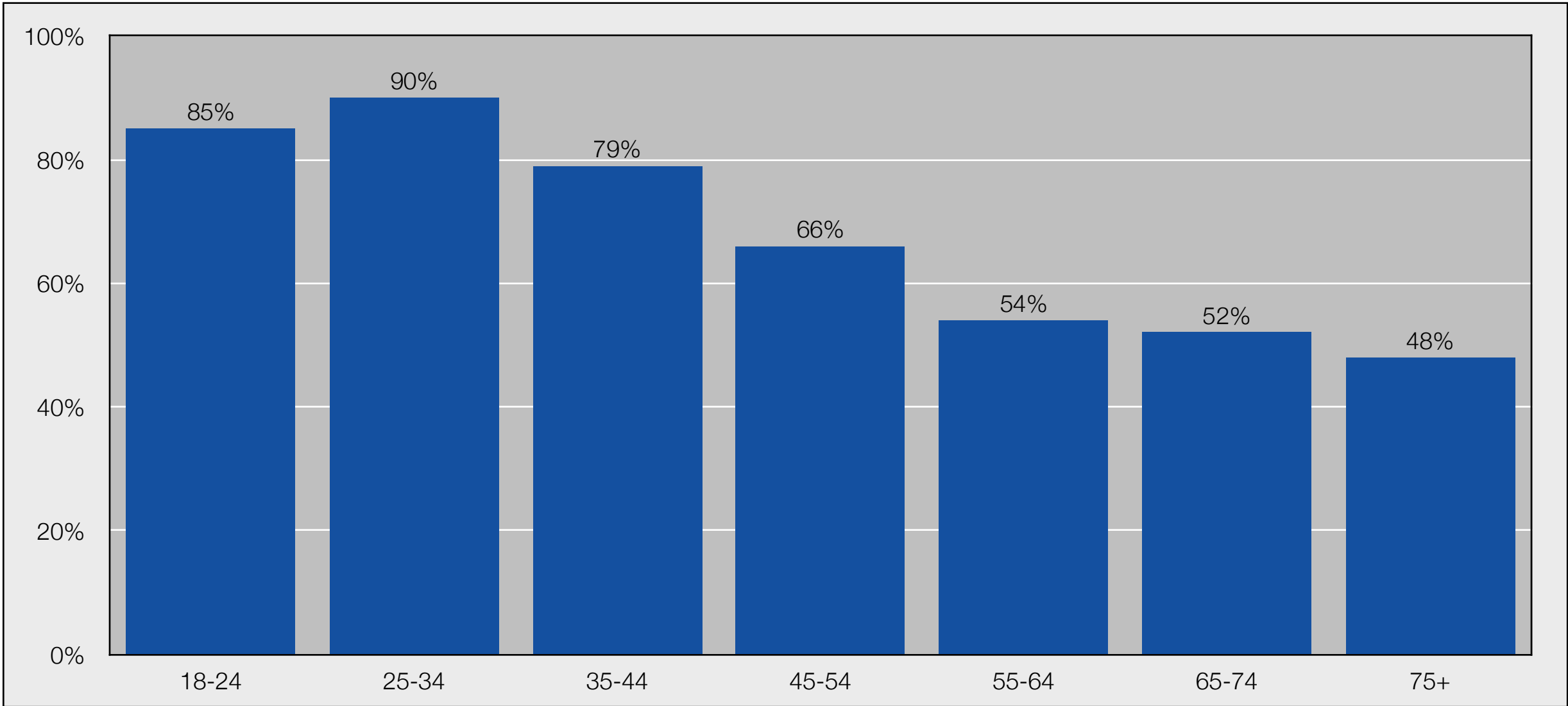
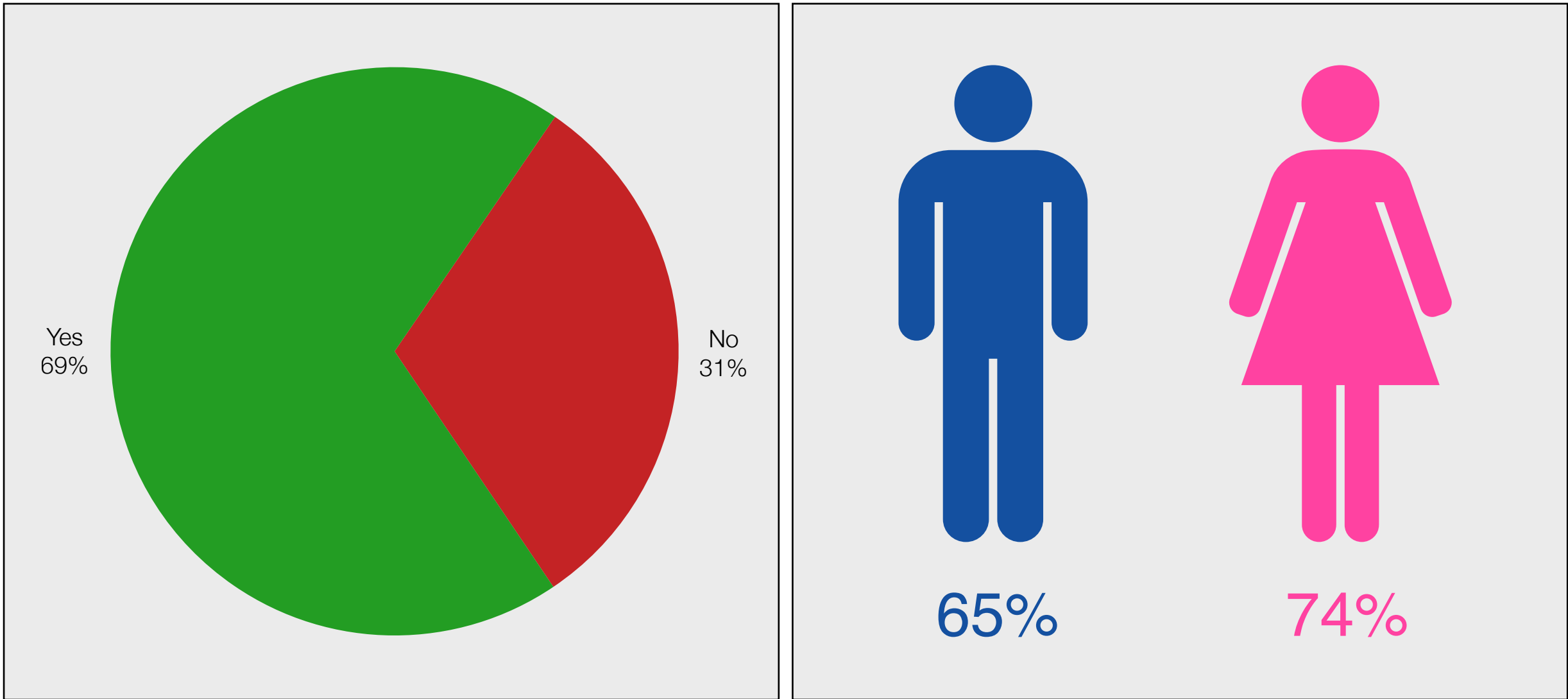
- For the question, illustrated in the opposite, top chart:
  - 69% answered “Yes”
  - 31% answered “No”

## Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 74% of women answered “Yes”; compared to 65% of men

## Strong skew towards younger age groups

- There was a strong skew towards younger age groups answering “Yes” that they know the disease caused by HPV can be prevented with a vaccine, shown in the chart opposite, where:
  - 85% of those aged 18-24 years and 90% (25-34) answered “Yes”, decreasing to:
  - 79% (35-44)
  - 66% (45-54)
  - 54% (55-64)
  - 52% (65-74)
  - 48% (75+)



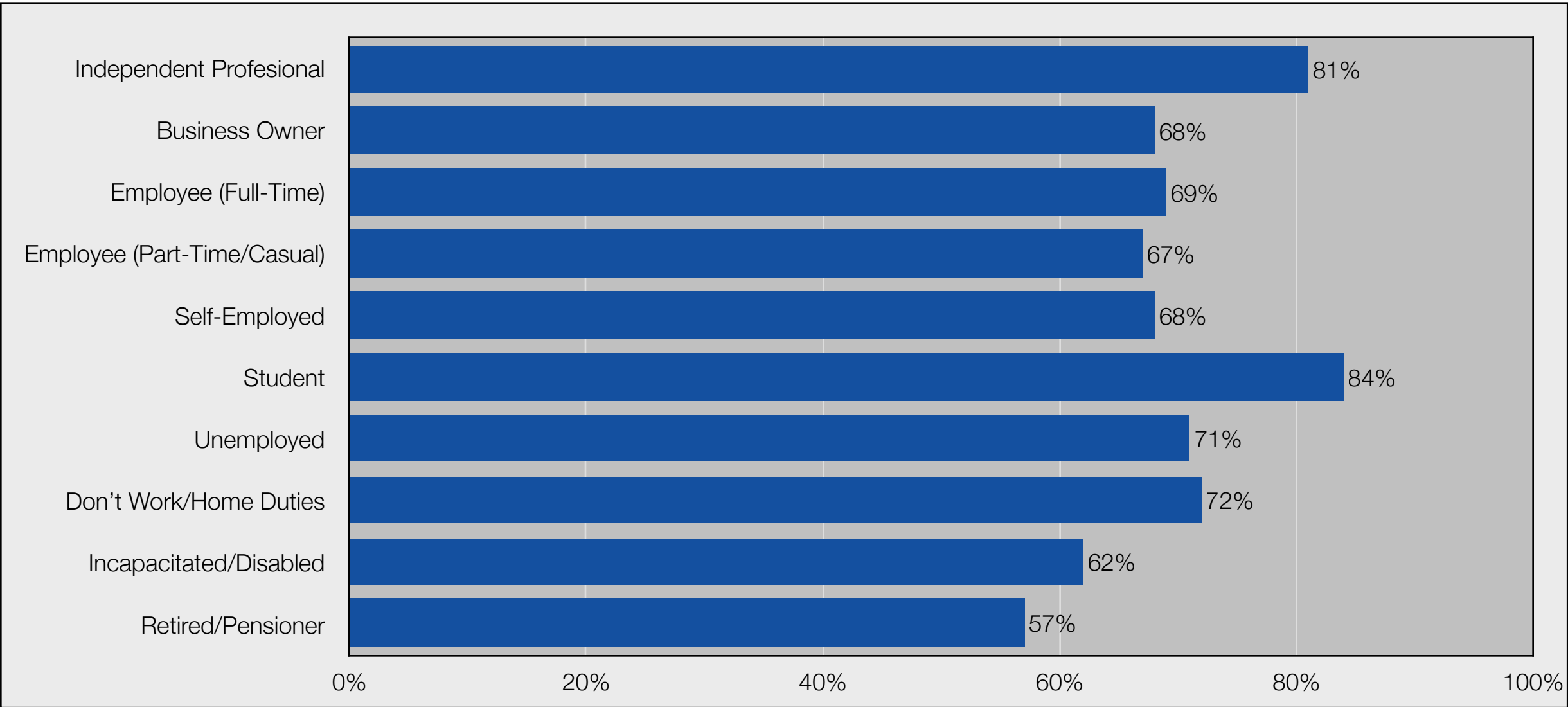
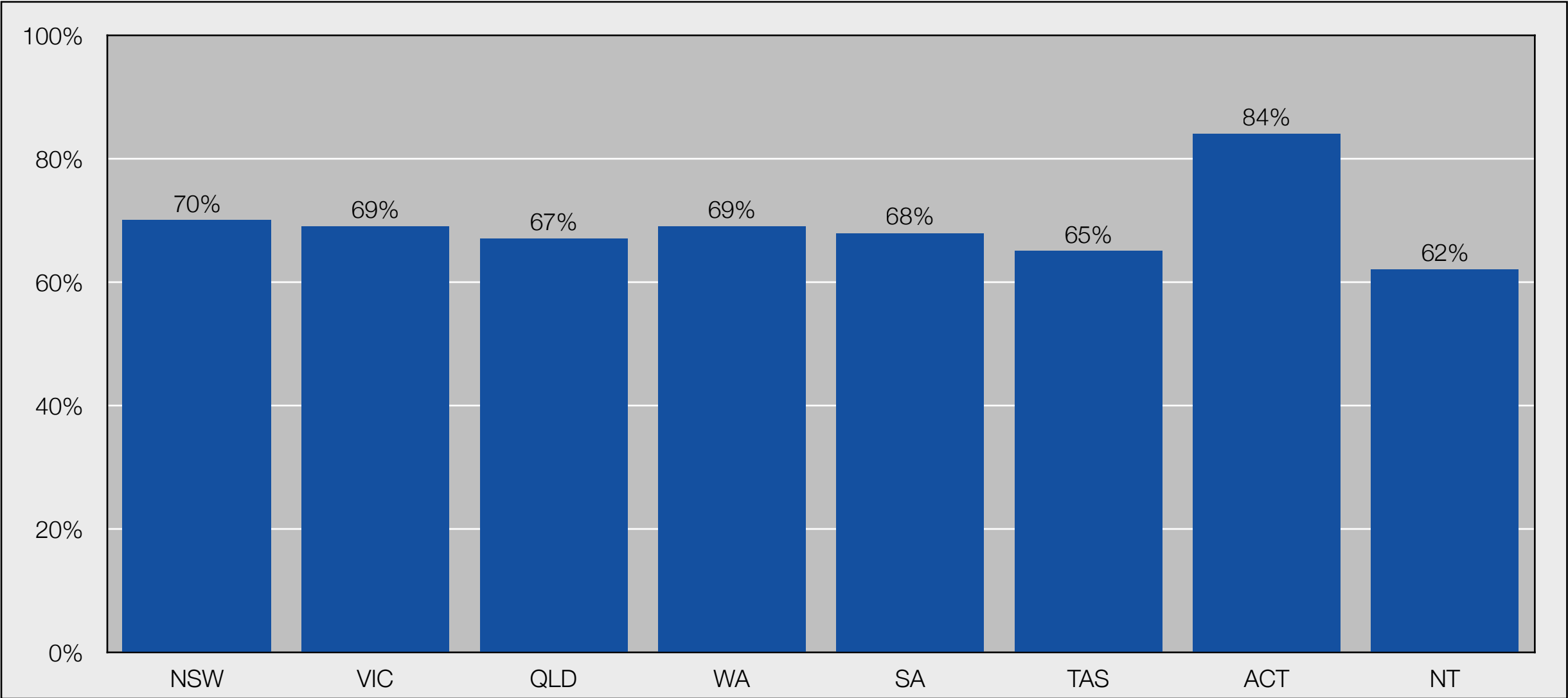
# Variation across geographic areas & socio-economic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (84%), followed by NSW (70%)
  - VIC & WA (69%)
  - SA (68%)
  - QLD (67%)
  - TAS (65%) & NT (62%)
- Across metropolitan, regional and rural areas there was also variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (71%)
  - Regional (65%)
  - Rural (63%)

## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Student” had the highest response to “Yes” (84%), followed by “Independent Professional” (81%)
  - “Retired/Pensioner” (57%) & “Incapacitated/Disabled” (62%) had the lowest responses to “Yes”





# 62% aware the HPV vaccine is free for people under 20 years of age

20. Did you know that the vaccine is free for people under 20 years of age?

## 62% aware the HPV vaccine is free for people under 20 years of age

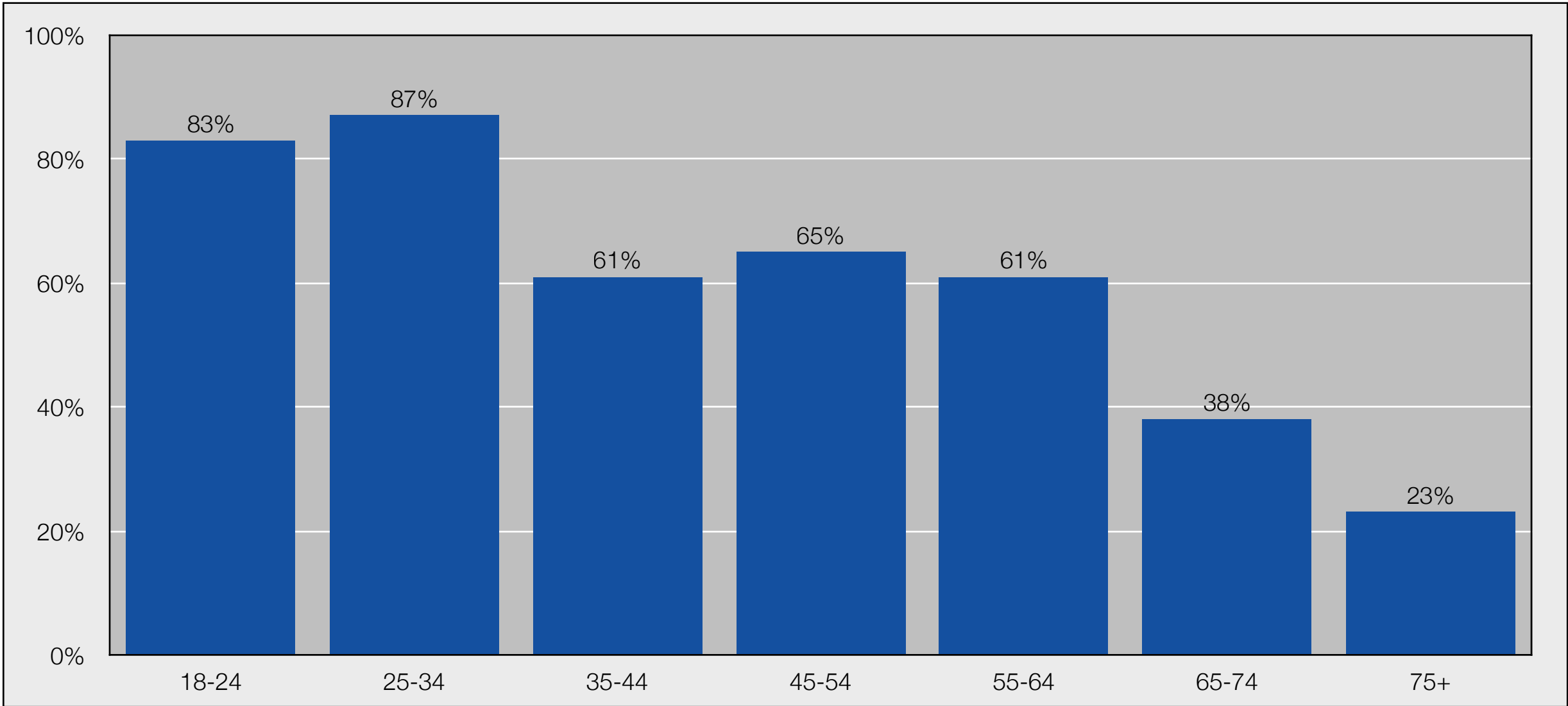
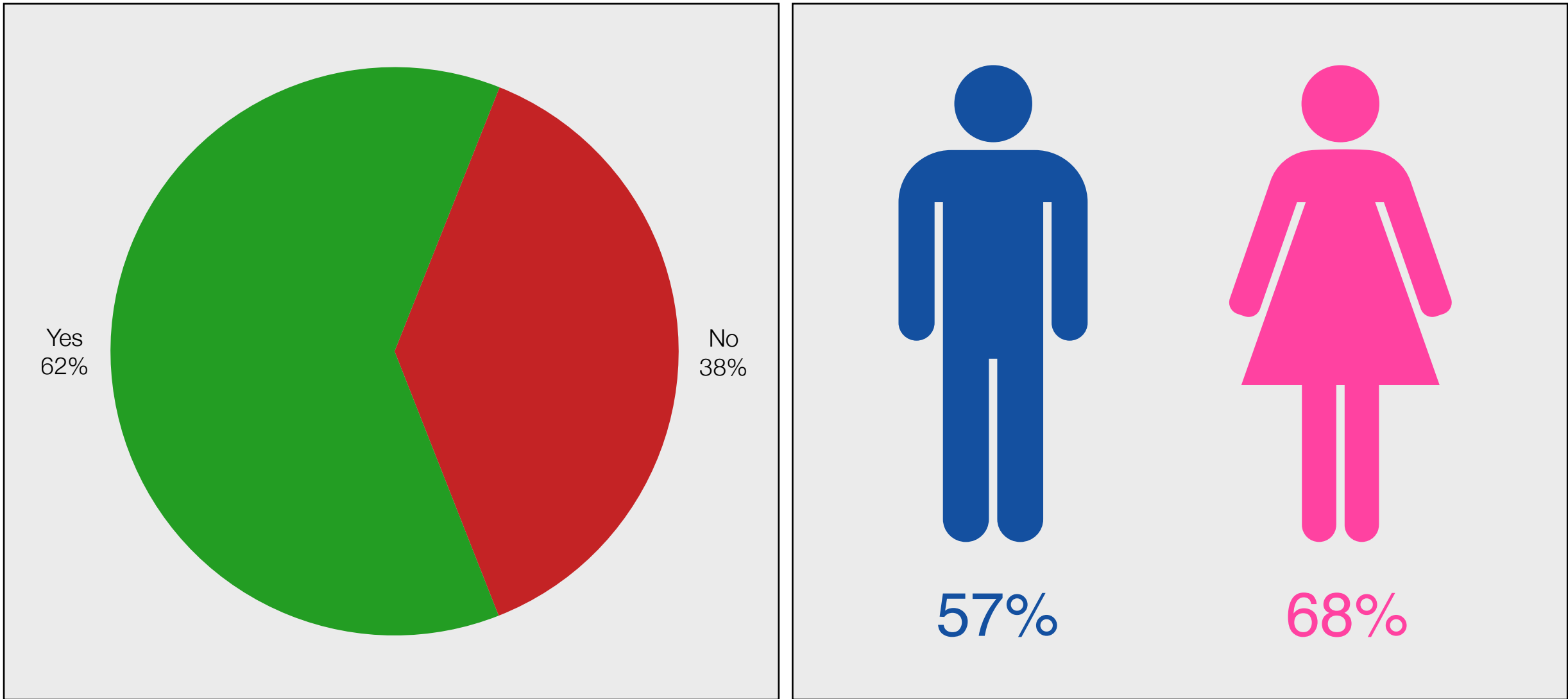
- For the question, illustrated in the opposite, top chart:
  - 62% answered “Yes”
  - 38% answered “No”

## Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 68% of women answered “Yes”; compared to 57% of men

## Strong skew towards younger age groups

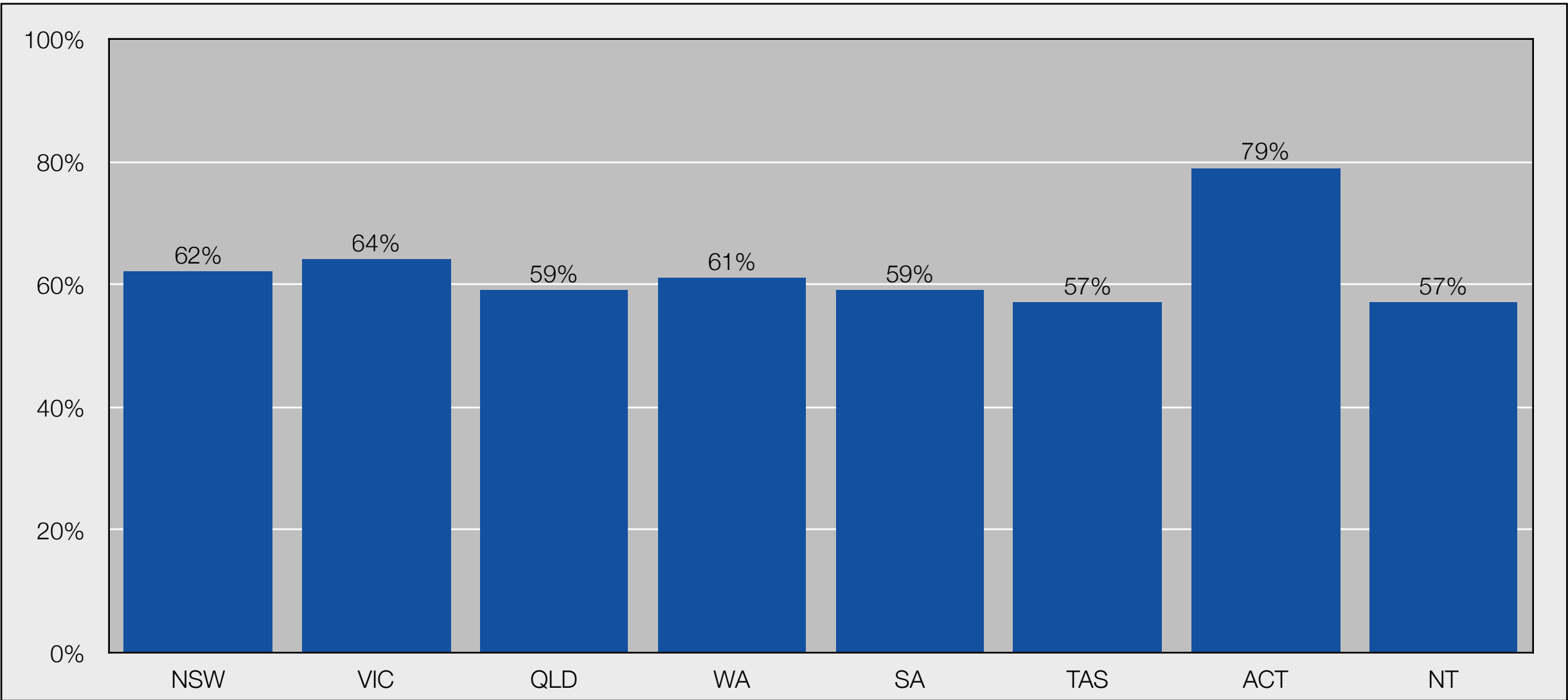
- There was a strong skew towards younger age groups answering “Yes” that they know the vaccine is free for people under 20 years of age, shown in the chart opposite, where:
  - 83% of those aged 18-24 years and 87% (25-34) answered “Yes”, decreasing to:
  - 61% (35-44)
  - 65% (45-54)
  - 61% (55-64)
  - 38% (65-74)
  - 23% (75+)



# Variation across geographic areas & socio-economic criteria

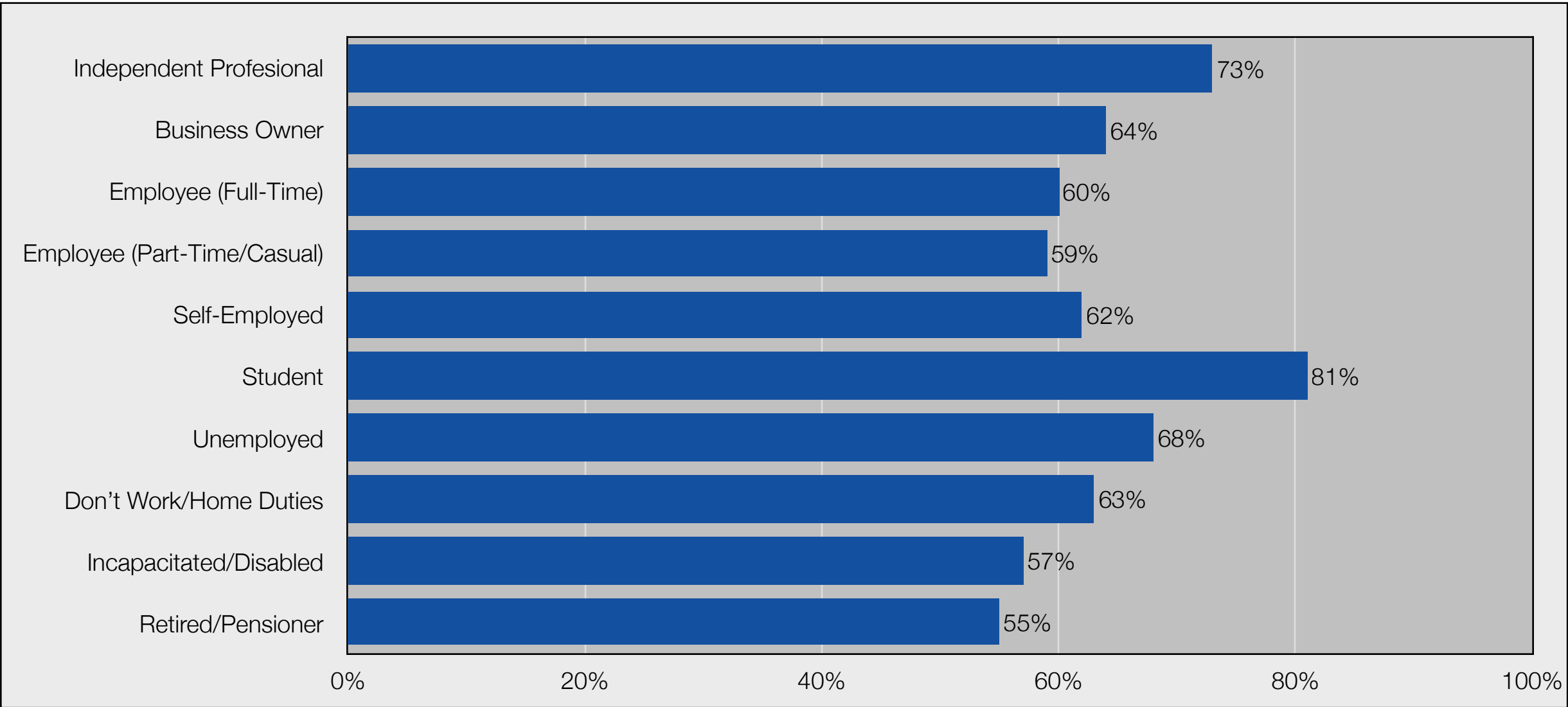
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (79%), followed by VIC (64%)
  - NSW (62%)
  - WA (61%)
  - QLD & SA (59%)
  - TAS & NT (57%)
- Across metropolitan, regional and rural areas there was also variation:
  - Metropolitan areas had the highest proportion who answered “Yes” (64%)
  - Regional (58%)
  - Rural (56%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Student” had the highest response to “Yes” (81%), followed by “Independent Professional” (73%)
  - “Retired/Pensioner” (55%) & “Incapacitated/Disabled” (57%) had the lowest responses to “Yes”







# Meningococcal Disease

71

# 37% aware that Meningococcal disease is a life-threatening infection

21. Do you know that Meningococcal disease is a life-threatening infection?

37% aware that Meningococcal disease is a life-threatening infection

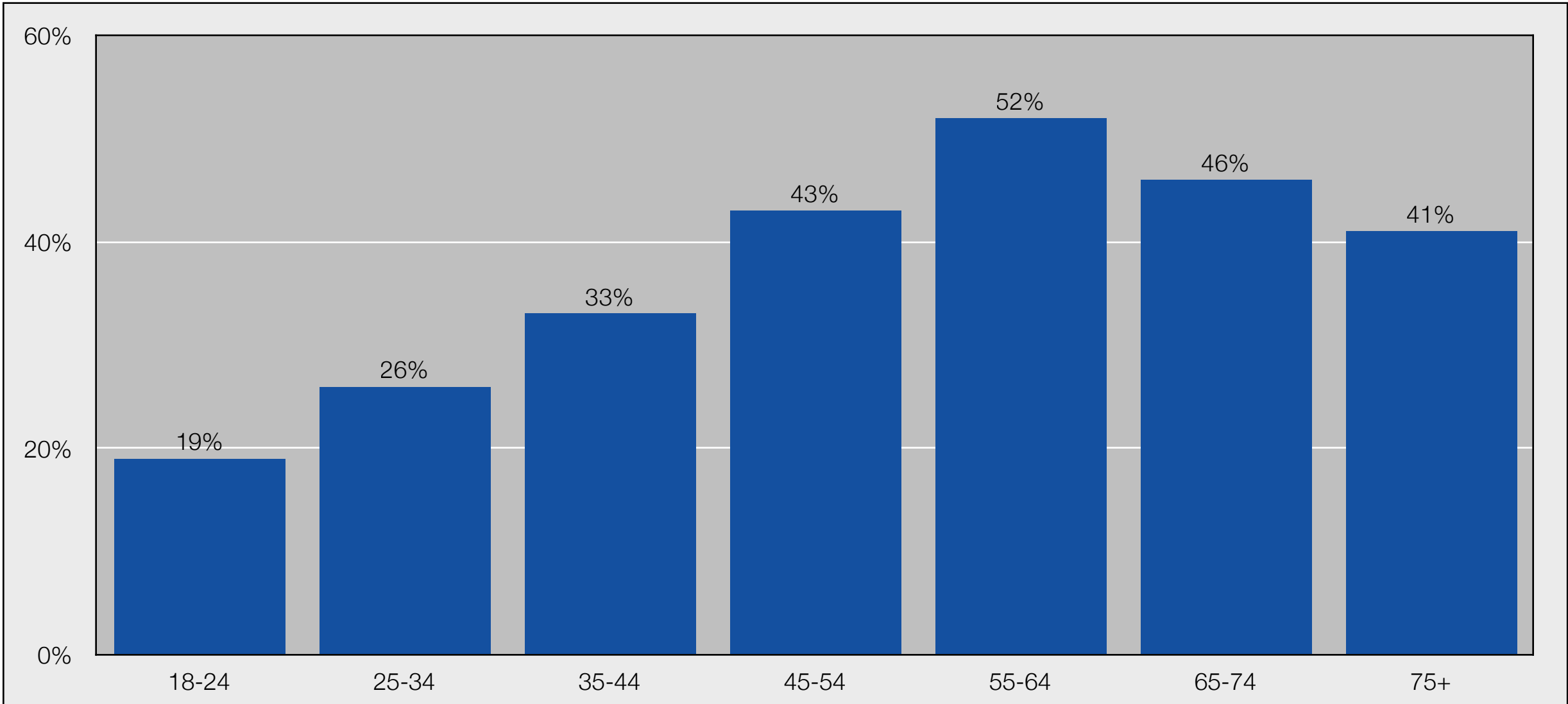
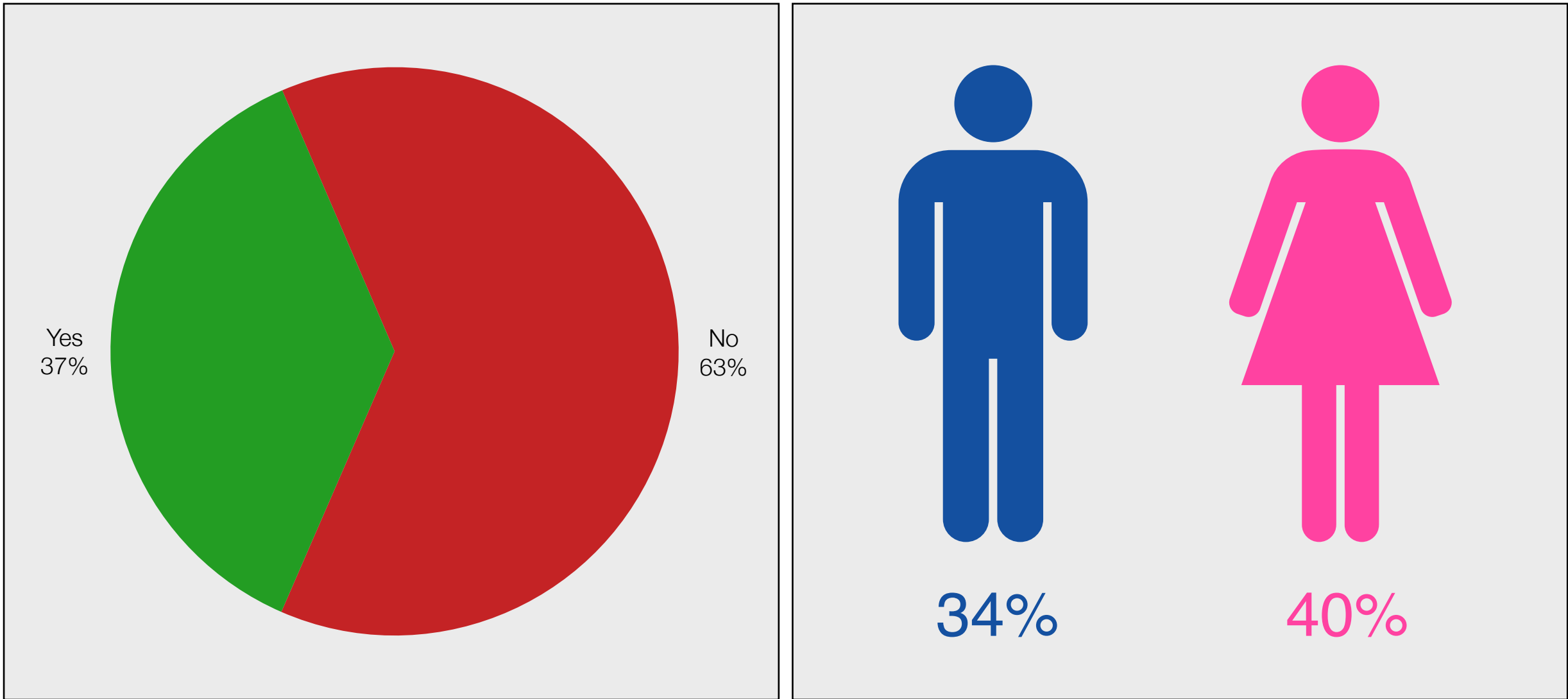
- For the question, illustrated in the opposite, top chart:
  - 37% answered “Yes”
  - 63% answered “No”

Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 40% of women answered “Yes”; compared to 34% of men

Variation across age groups

- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” that they know that Meningococcal disease is a life-threatening infection, where:
  - 19% of those aged 18-24 years answered “Yes”
  - 26% (25-34)
  - 33% (35-44)
  - 43% (45-54)
  - 52% (55-64)
  - 46% (65-74)
  - 41% (75+)

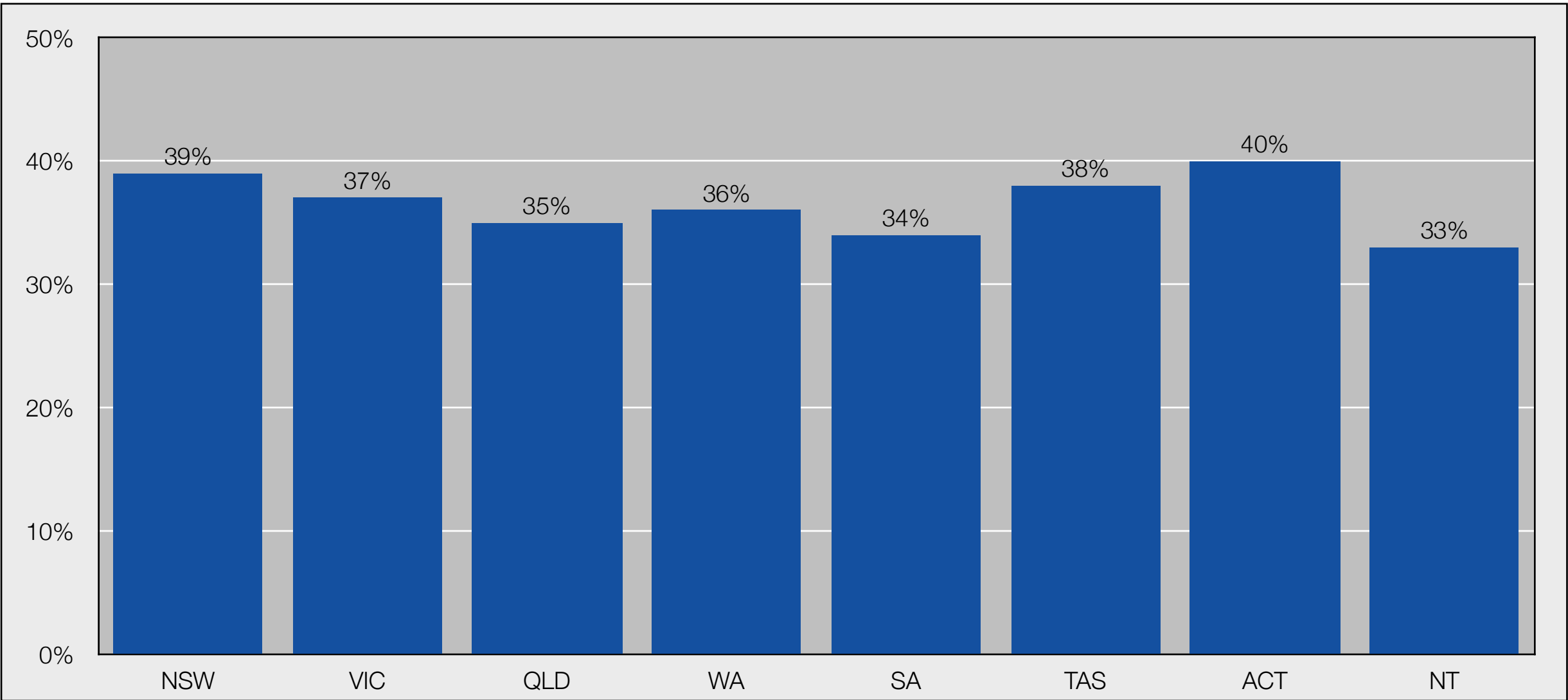




# Variation across geographic areas & socio-economic criteria

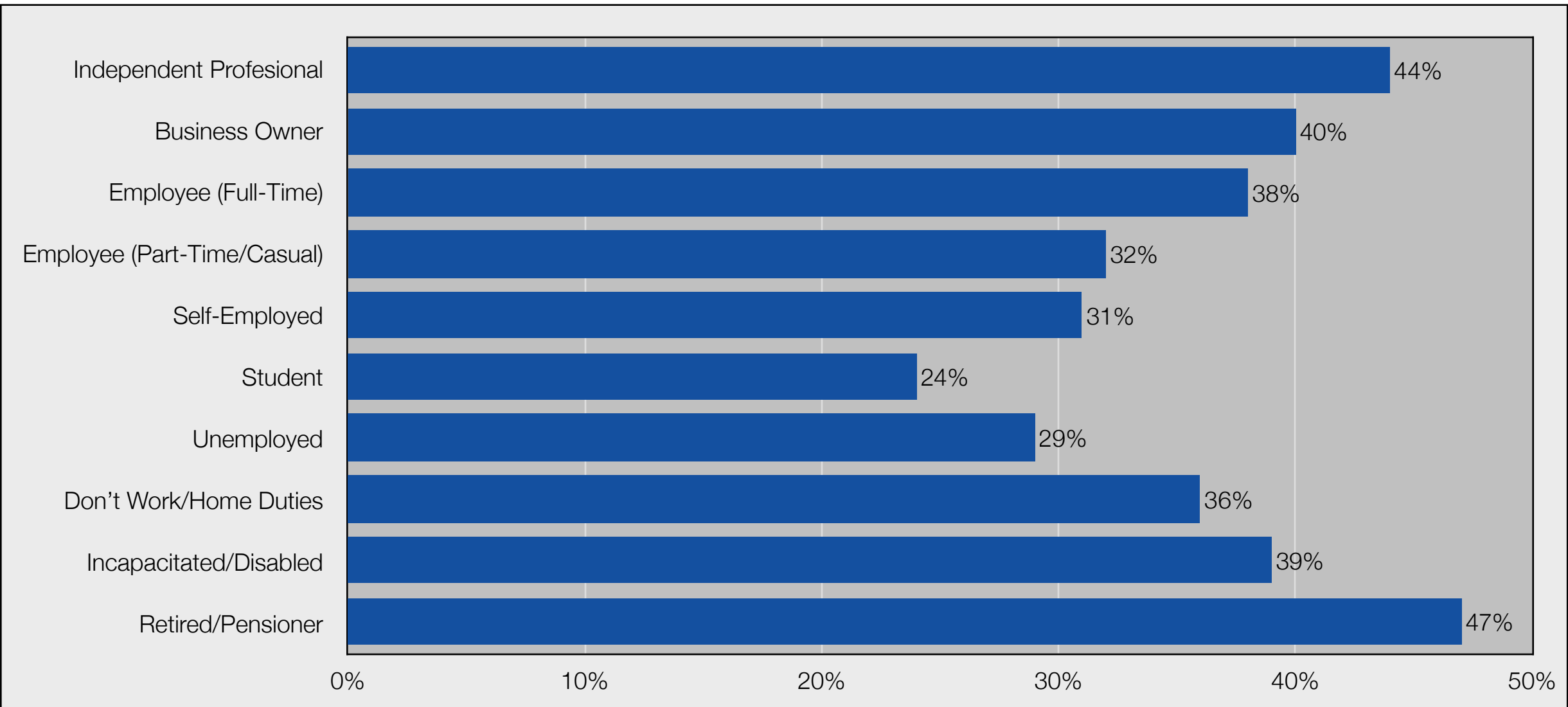
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (40%), followed by NSW (39%)
  - TAS (38%)
  - VIC (37%)
  - WA (36%)
  - QLD (35%)
  - SA (34%) & NT (33%)
- Across metropolitan, regional and rural areas there was also some variation:
  - Regional areas had the highest proportion who answered “Yes” (39%)
  - Rural (36%)
  - Metropolitan (35%)



## Variation across occupation

- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” as illustrated in the chart opposite:
  - “Retired/Pensioner” had the highest response to “Yes” (47%), followed by “Independent Professional” (44%)
  - “Student” (24%) & “Unemployed” (29%) had the lowest responses to “Yes”



# Variation across other demographic & socio-economic criteria

## Variation based on household income

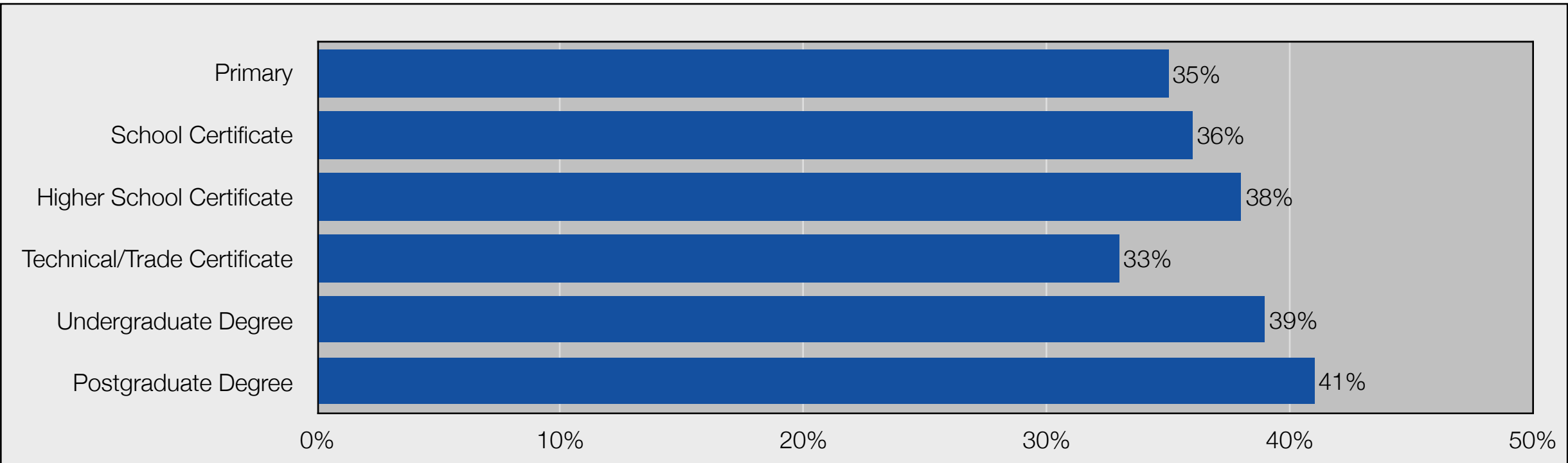
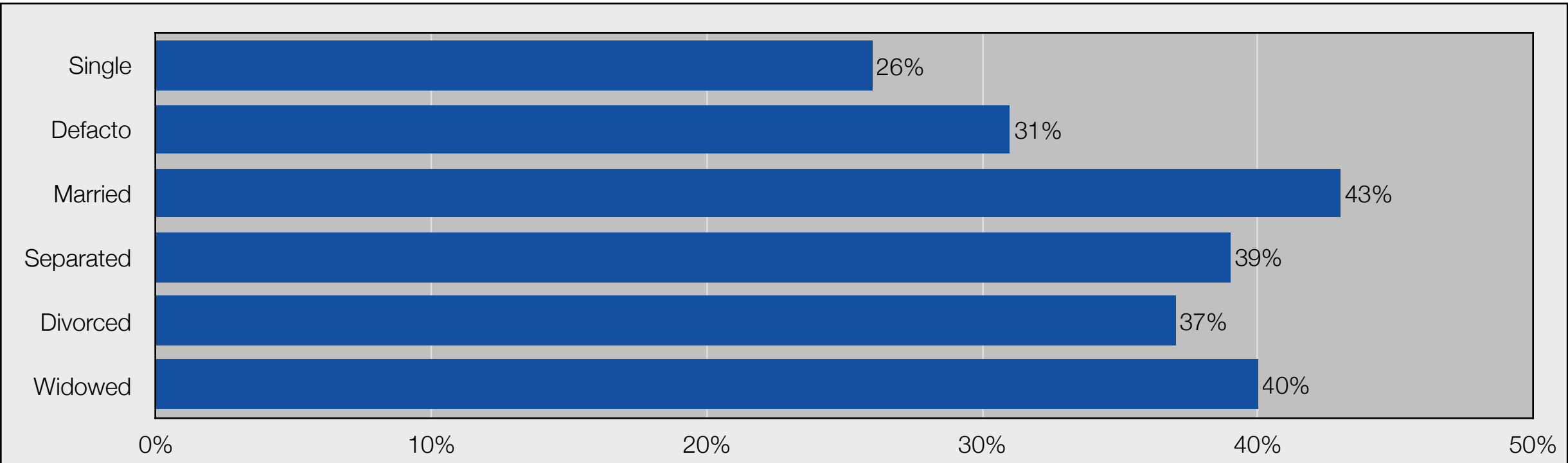
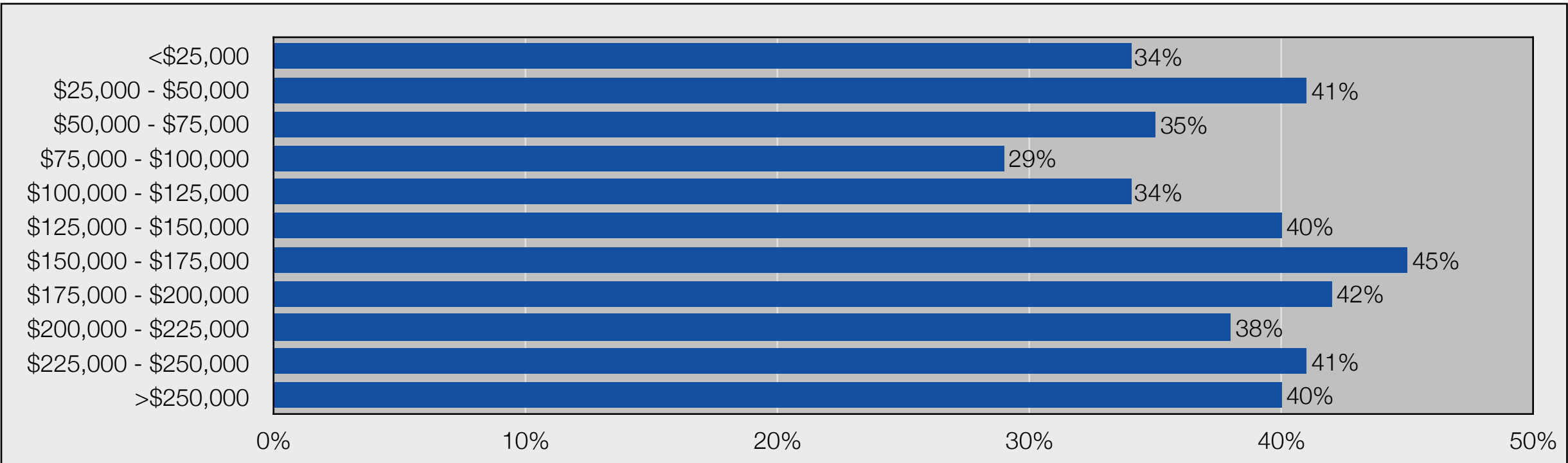
- There was variation across household income, amongst those who answered “Yes” as shown in the opposite top chart, where:
  - “\$150,000 - \$175,000” had the highest responses to “Yes” (45%), followed by “\$175,000 - \$200,000” (42%)
  - The lowest responses to “Yes” based on household income were from “\$75,000 - \$100,000” (29%); “<\$25,000” & “\$100,000 - \$125,000” (34%)

## Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Married” (43%) & “Widowed” (40%) had the highest responses to “Yes”
  - Conversely, those who were “Single” (26%) & “Defacto” (31%) had the lowest responses to “Yes”

## Variation across education

- There was minor variation amongst those who answered “Yes” based on their highest level of education, as shown in the opposite bottom chart, where:
  - Those with “Postgraduate Degree” (41%) & “Undergraduate Degree” (39%) had the highest responses to “Yes”
  - Conversely, those with “Technical/Trade Certificate” (33%) & “Primary” (35%) had the lowest responses to “Yes”





# Mixed awareness & knowledge of Meningococcal disease

## Just under half aware of Meningococcal disease

- Across all focus groups, around 45% of participants, a little higher than the findings from the quantitative survey, said that they were aware of Meningococcal disease.
- Almost all who were aware of Meningococcal disease also said they they were aware that it is a life-threatening infection.
- Those who said they were aware of Meningococcal disease, were asked who it affected, where:
  - Around 70% said children and around 50% of these included teenagers along with children
  - Around 20% said the elderly
  - Around 10% said anyone

## Younger aged and non-parents lowest awareness & knowledge

- Those who were the least aware and had the lowest knowledge of Meningococcal disease were the younger aged groups, similar to the findings in the quantitative survey.

## Many not aware it is life threatening infection

- Across the focus groups, it was mentioned that many did not know Meningococcal disease was life threatening.
- This was predominately amongst the younger aged and non-parents who had the lowest awareness and knowledge of the disease.

*“Knowing that it is life threatening makes me feel more stupid for not having know it, I think I have heard of it, I just get confused with these medical terms because they sound alike, for example this and Pneumococcal sound very similar and based on that you would think they are very similar diseases.”*

Claudine, 24, Legal Clerk, Waverton (Sydney) NSW

*“Yes, I would say that also, I have heard of it but I had no understanding what the symptoms of it were or that it was life threatening.”*

Hien, 19, Student, Kaleen (Canberra) ACT

*“It’s strange how it only affects children and so dangerous but the government doesn’t do more to make people aware of it, I’ve been living here (Australia) for 7 years and I’ve never heard of it or in Korea my home country.”*

Vicky, 34, Program Coordinator, Abbotsford (Melbourne) VIC

*“For me it is the same as the other disease you asked about that started with P (Pneumococcal) I never heard of it before.”*

Rolan, 32, Sales Executive, Runcorn (Brisbane) QLD

*“It sounds vaguely familiar but I can’t say I know much about what it is, a bit like the other two I didn’t know (Pneumococcal & Pertussis).”*

Claudine, 24, Legal Clerk, Waverton (Sydney) NSW

*“I should know, but I don’t, I can say I’ve heard of it like the other ones you have asked about, though I can’t say what this is, some type of viral infection that I think older people may get.”*

Hamish, 29, Lanscaper, Koondoola (Perth) WA

# 34% aware most Meningococcal disease occurs in children <5 & adolescents

22. Were you aware that most Meningococcal disease occurs in children aged less than 5 years of age as well as adolescents?

**34% aware most Meningococcal disease occurs in children aged less than 5 years of age as well as adolescents**

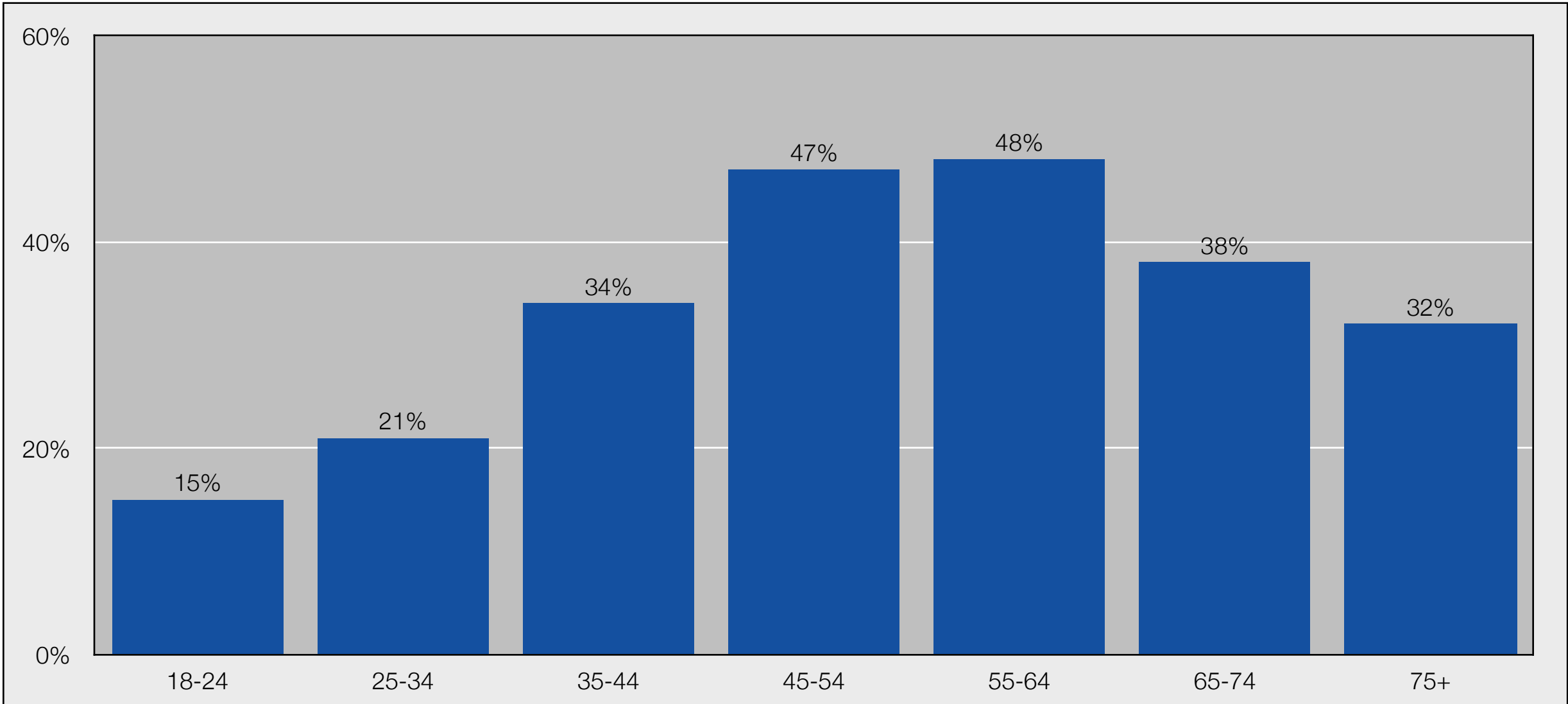
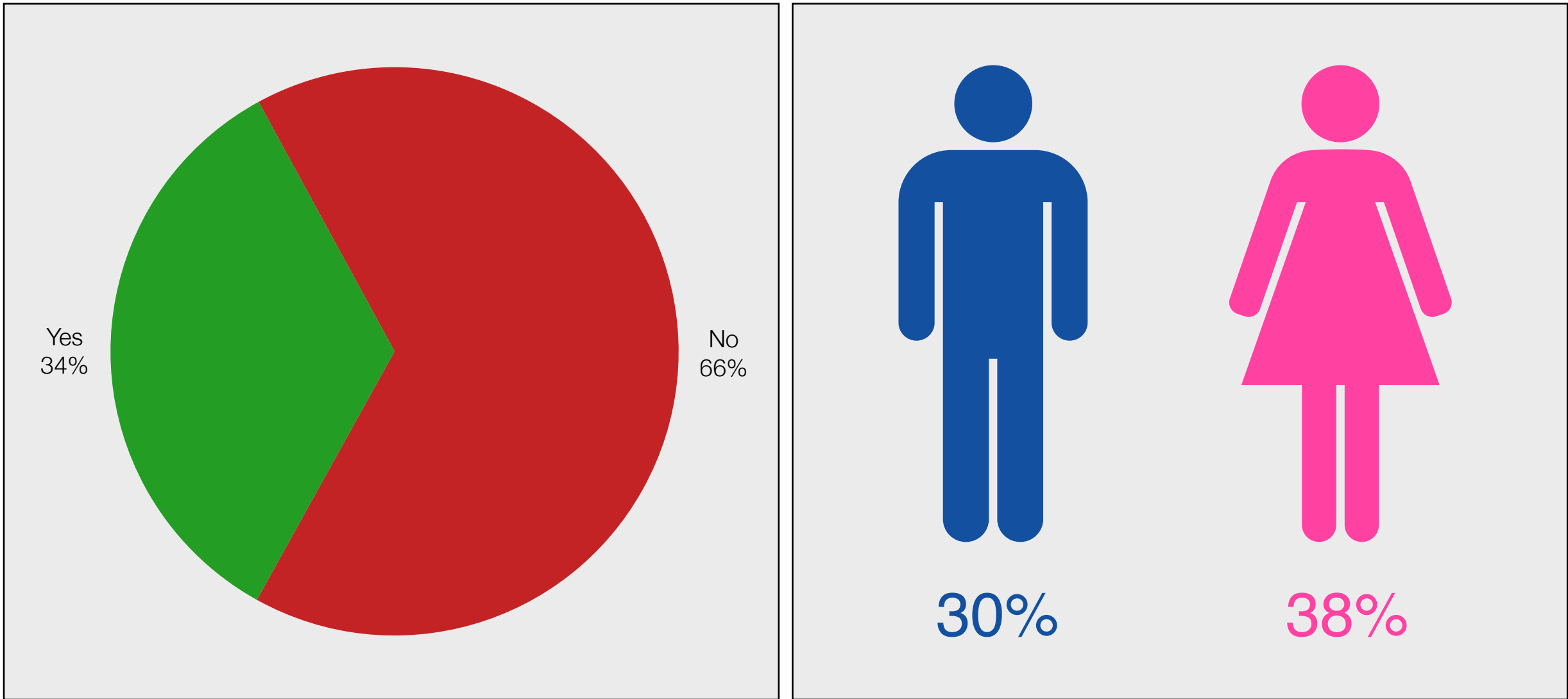
- For the question, illustrated in the opposite, top chart:
  - 34% answered “Yes”
  - 66% answered “No”

**Higher amongst women**

- There was a higher incidence amongst women who answered “Yes”:
  - 38% of women answered “Yes”; compared to 30% of men

**Variation across age groups**

- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” that they are aware most Meningococcal disease occurs in children aged less than 5 years of age as well as adolescents, where:
  - 15% of those aged 18-24 years answered “Yes”
  - 21% (25-34)
  - 34% (35-44)
  - 47% (45-54)
  - 48% (55-64)
  - 38% (65-74)
  - 32% (75+)





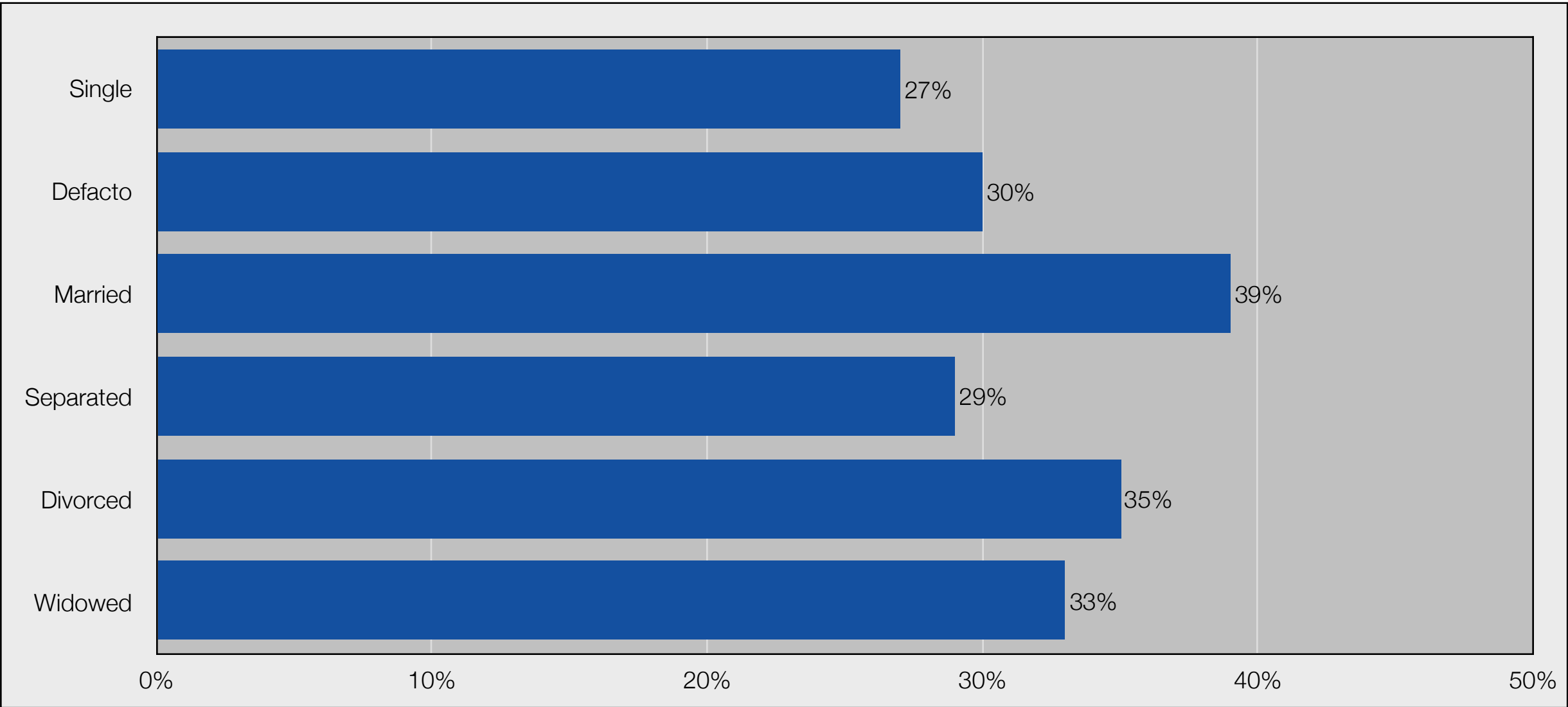
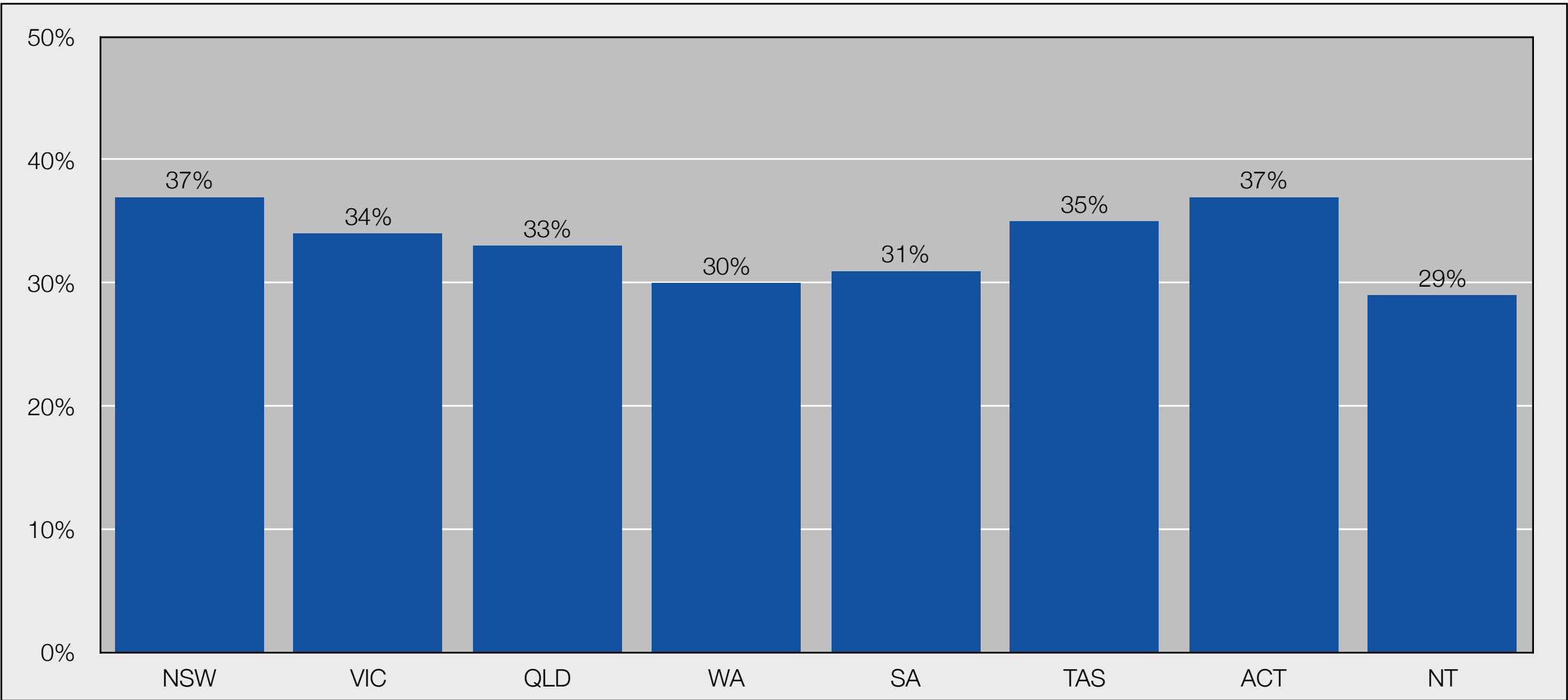
# Variation across geographic areas & demographic criteria

## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - NSW & ACT had the highest proportion who answered “Yes” (37%)
  - TAS (35%)
  - VIC (34%)
  - QLD (33%)
  - SA (31%)
  - WA (30%) & NT (29%)
- Across metropolitan, regional and rural areas there was minor variation:
  - Regional areas had the highest proportion who answered “Yes” (36%)
  - Metropolitan & rural (34%)

## Marital Status the main demographic criteria

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the chart below, where:
  - Those who were “Married” (39%) & “Divorced” (35%) had the highest responses to “Yes”
  - Conversely, those who were “Single” (27%) & “Separated” (29%) had the lowest responses to “Yes”



# 22% aware that there are vaccines for Meningococcal disease

23. Did you know that there are vaccines for Meningococcal disease?

## 22% aware that there are vaccines for Meningococcal disease

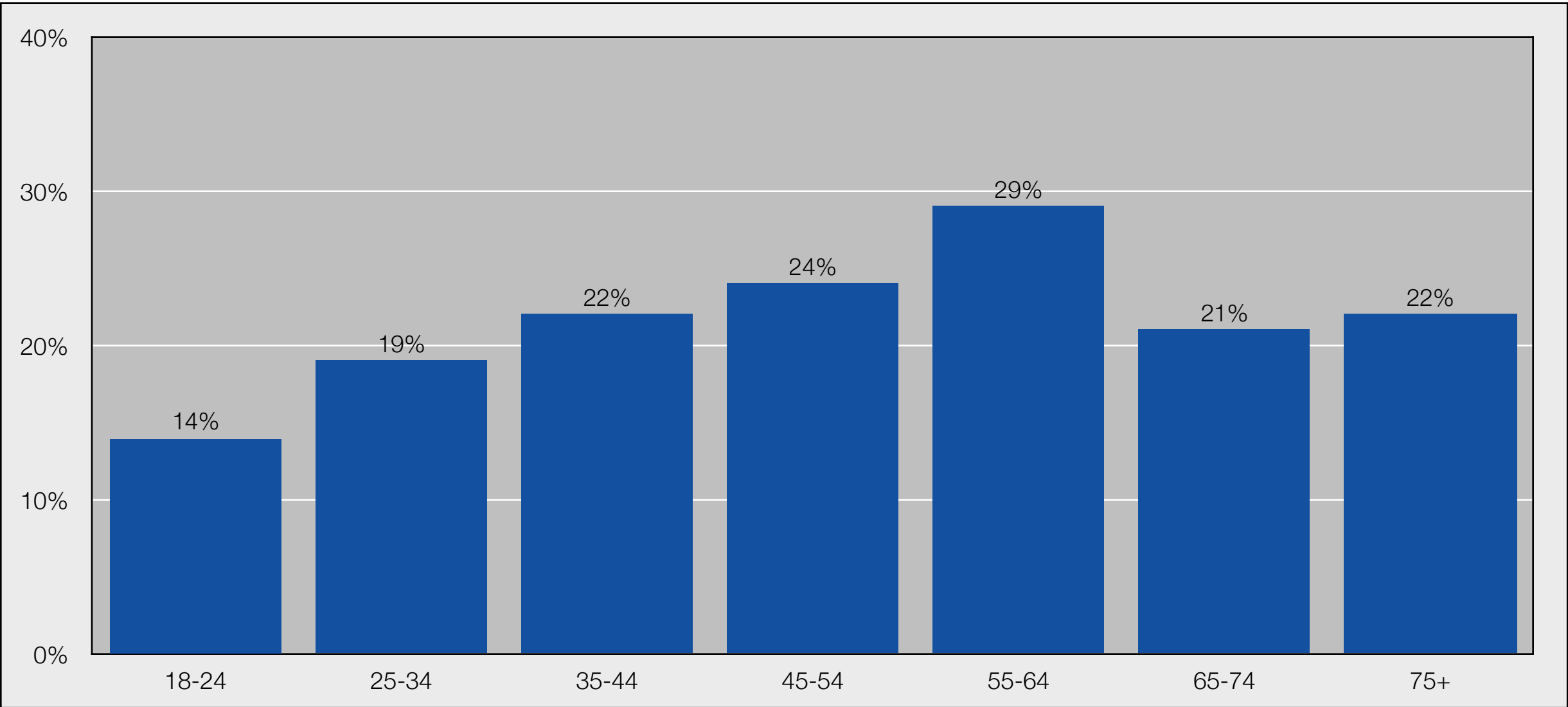
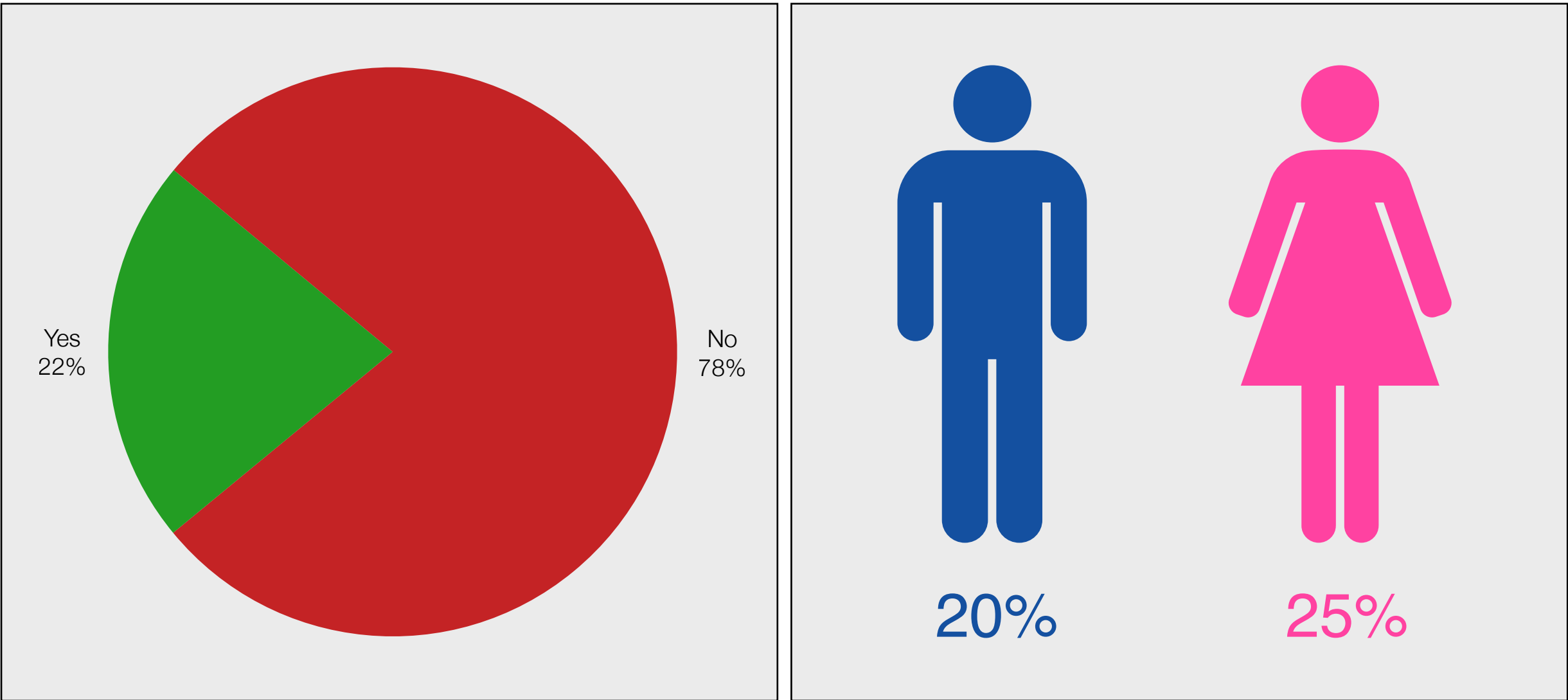
- For the question, illustrated in the opposite, top chart:
  - 22% answered “Yes”
  - 78% answered “No”

## Higher amongst women

- There was a higher incidence amongst women who answered “Yes”:
  - 25% of women answered “Yes”; compared to 20% of men

## Variation across age groups

- As illustrated in the chart opposite, there was variation across age groups amongst those who answered “Yes” they are aware that there are vaccines for Meningococcal disease:
  - 14% of those aged 18-24 years answered “Yes”
  - 19% (25-34)
  - 22% (35-44)
  - 24% (45-54)
  - 29% (55-64)
  - 21% (65-74)
  - 22% (75+)

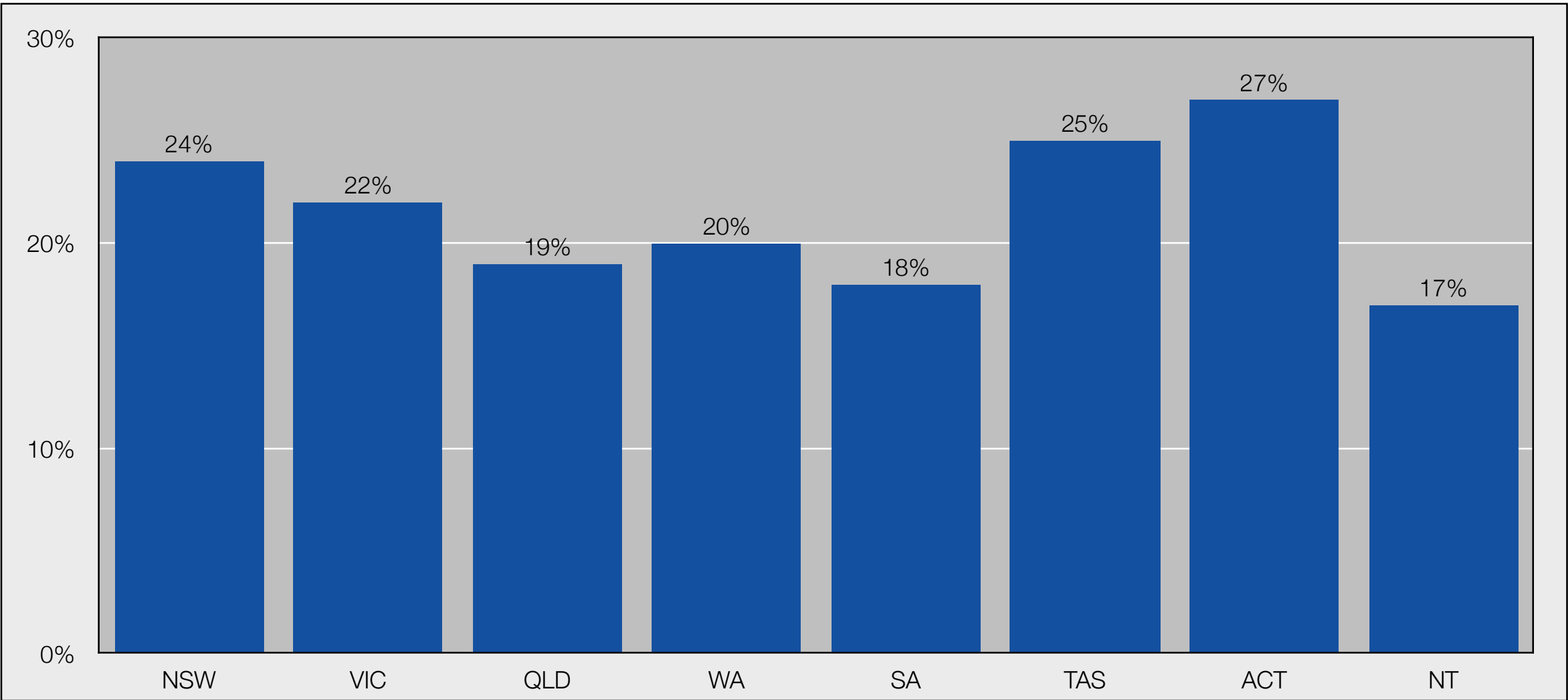




# Variation across geographic areas & demographic criteria

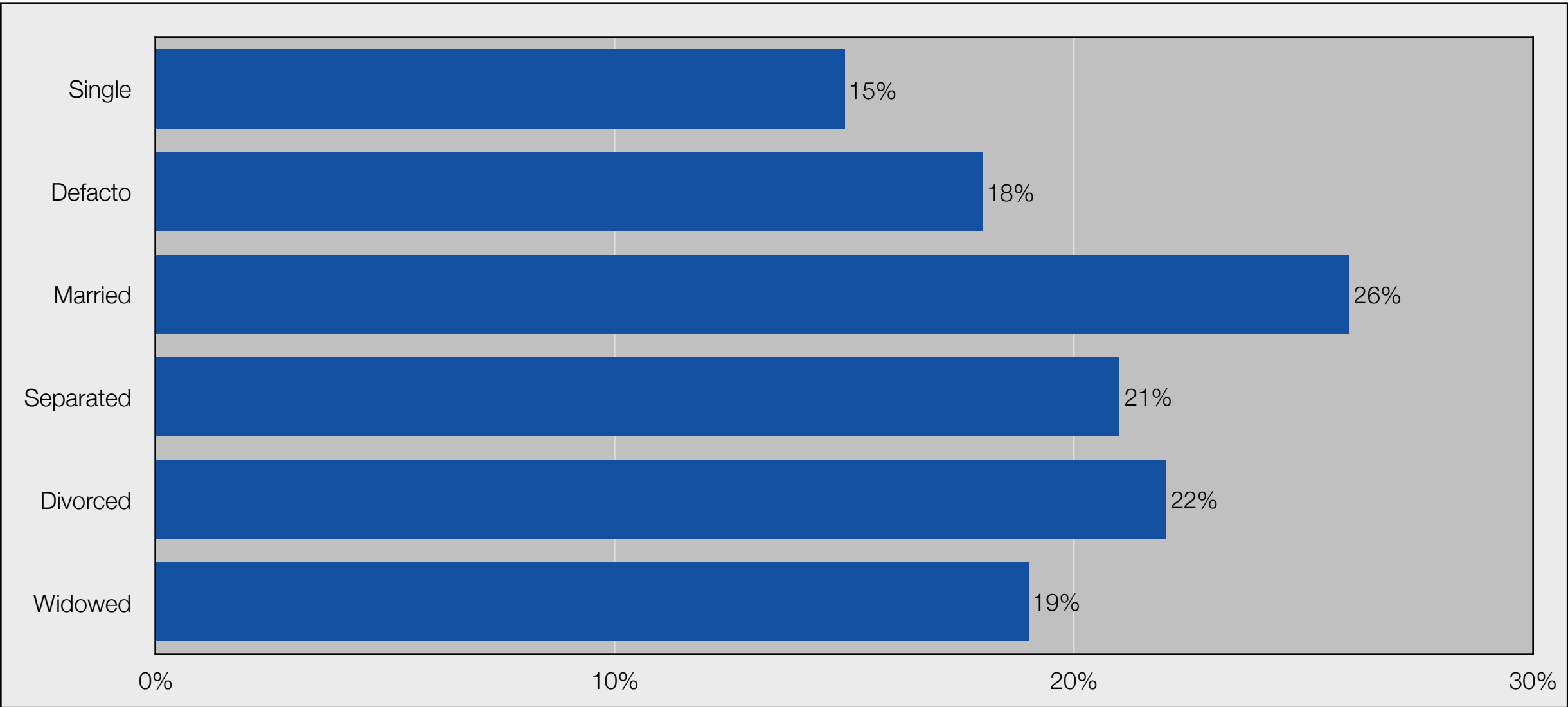
## Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
  - ACT had the highest proportion who answered “Yes” (27%), followed by TAS (25%)
  - NSW (24%)
  - VIC (22%)
  - WA (20%)
  - QLD (19%)
  - SA (18%) & NT (17%)
- Across metropolitan, regional and rural areas there was minor variation:
  - Regional areas had the highest proportion who answered “Yes” (23%)
  - Metropolitan (22%)
  - Rural (21%)



## Marital Status the main demographic criteria

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart, where:
  - Those who were “Married” (26%) & “Divorced” (22%) had the highest responses to “Yes”
  - Conversely, those who were “Single” (15%) & “Defacto” (18%) had the lowest responses to “Yes”



# Awareness of Meningococcal vaccines mostly limited to parents

## Awareness of Meningococcal disease strongest amongst parents

- A common finding across most focus groups was that parents of children, or young adults were those aware of vaccines being available for Meningococcal disease.

*“I’ve got two children so I know about it, they are provided by the government.”*

Jacinta, 46, Business Owner, Nollamara (Perth) WA

*“Yes, I remember my daughter was vaccinated for it not so long ago.”*

Thao, 42, Stay-at-home parent, Smithfield (Sydney) NSW

*“Through having kids is why I answered that I know about it, through the school I think it was run for our kids and there was an information sheet about it and the usual consent form that had to be signed.”*

Michael, 53, Locksmith & Business Owner, Macquarie Hills (Newcastle) NSW

## Many aware of Meningococcal disease, unaware of vaccines for it

- Across most focus groups, there were one or two participants who stated that they were aware of Meningococcal disease, however, were not aware of vaccines for it.

*“That’s something I’ve learnt then, I didn’t know there was a vaccine for it, every year it makes the news that a little one caught it and died or lost fingers or toes from it.”*

Cornelia, 67, Retired, Bendigo VIC

*“No, I didn’t know there were vaccines for it (Meningococcal disease), I’ve heard of it and know it can kill kids very quickly, but I’ve never heard of there being vaccines for it, my daughter is mid 20s now and I can’t remember her being vaccinated for it.”*

Peter, 63, Graphic Designer, Yowie Bay (Sydney) NSW

*“I still hear of kids getting it and dying from it so I don’t know why they are not vaccinated if they are available.”*

Alec, 70, Retired, Taroonna (Hobart) TAS



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## **Further Information**





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For any other enquiries and further information, please visit our website and fill the contact form on:  
[www.immunisationcoalition.org.au/about-us/contact-us/](http://www.immunisationcoalition.org.au/about-us/contact-us/)



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The Immunisation Coalition wishes to thank APMI Partners (Australia) for producing this survey.

[www.apmipartners](http://www.apmipartners)

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