



IMMUNISATION
COALITION

Australians & Immunisation: July - August 2021

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Background

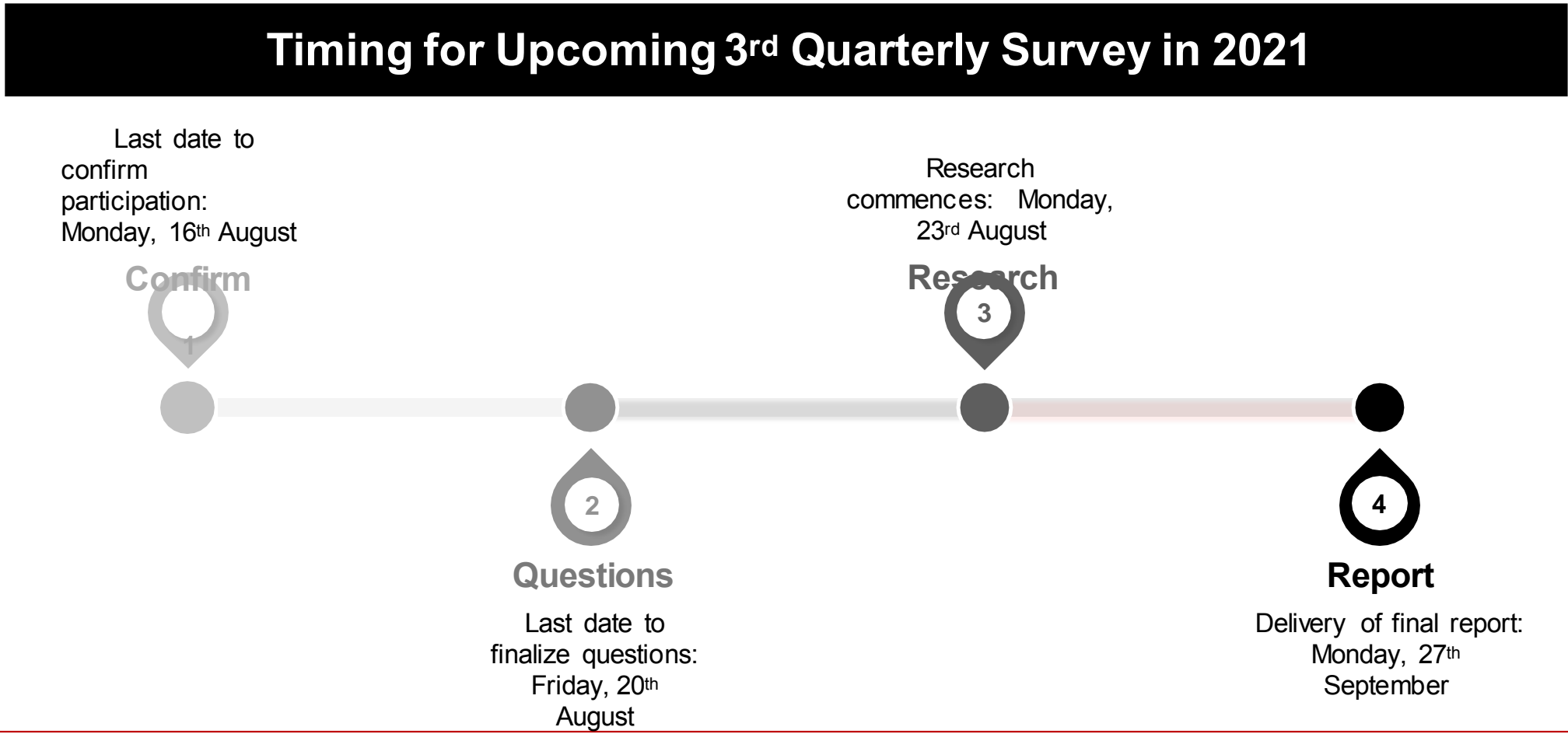


Background to the Research

Health & Social Issues Related to Worsening COVID-19 Situation

This market research project arose as a result of the worsening COVID-19 situation facing Australia in late July, where several governments, medical and healthcare organisations required a nationwide survey of the general population. It was conducted in-between our regular 2nd and 3rd quarterly nationwide surveys, using a slightly smaller sample size to enable completion within a tight 2 week timeframe.

Overview of Upcoming Quarterly Market Research Project				
Syndicated Syndicated market research allows participating organisations to share the costs by pooling questions in the one large project.	Methodology A nationwide, representative sample of 25,000 Australians, involving 3-stages of qualitative & quantitative research.	Suitability Any type of market research can be undertaken by your organisation through this project.	Customized Allows participating organisations to conduct their own research, just like commissioning their own individual market research project.	Easy The process of including questions is easy, designed to save your organisation time as our experienced staff provide assistance.
Reporting A detailed report is provided upon completion of the research, in addition to a summary presentation to assist in internal distribution within your organisation.	Materials Communications & public relations materials are also provided upon completion of the research to assist in making the findings actionable by your organisation.	Confidential Other participating organisations do not have any knowledge of your organisations participation, questions or findings.	Cost Reduced by around 60-75% compared to an organisation commissioning their own market research project using the same methodology.	Timing Undertaken quarterly, allowing organisations to participate regularly, or whenever they have a specific need.



Questions Asked

The Immunisation Coalition included 7 questions, all related to vaccination.

All questions were included in the quantitative stages of the research, with questions 2 & 3 also included in the qualitative stage.

Questions Included



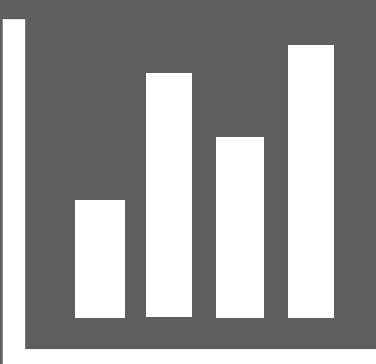

1. Did you know that as an adult, you still need to keep up with some booster vaccinations to keep immunity?
2. Would you be prepared to pay for a vaccine if it is recommended for your age?
3. Please indicate how likely you would be to pay the following amounts, for a vaccine if it is recommended for your age?
4. Have you asked your GP recently if you are up-to-date with recommended adult vaccination?
5. Would you have a vaccine if it was likely to enhance your health outcomes as you age?
6. Would you have a vaccine if your GP recommended it?
7. Do you always check with your GP for recommended vaccines prior to travelling?

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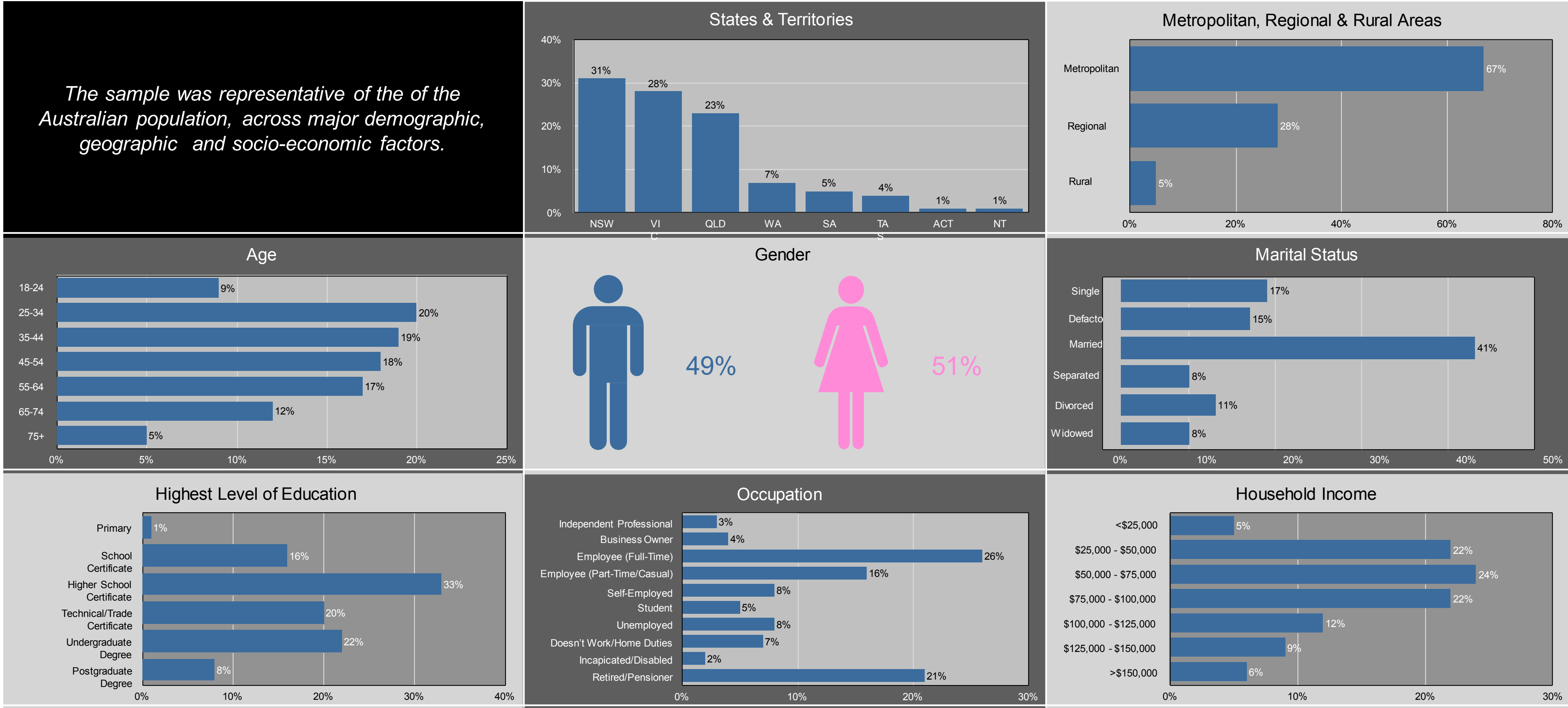
Methodology



Details of the Methodology

<p><i>The methodology utilised a very large nationwide sample size, representative of the Australian population, with 3 comprehensive stages of qualitative & quantitative research.</i></p>			<p>Sample</p> <ul style="list-style-type: none">• Very large nationwide sample size, involving:• 93 focus group participants• 15,039 telephone and online survey participants• Representative of the Australian adult population across all States, Territories, metropolitan, regional and rural areas.
<p>Stage 1: Focus</p> <ul style="list-style-type: none">• 8 focus groups were conducted, each comprising a representative sample of 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:<ul style="list-style-type: none">- Sydney- Brisbane- Adelaide- Canberra- Melbourne- Hobart- Perth- Darwin			<p>Comprehensive</p> <ul style="list-style-type: none">• 3-stage methodology.• Qualitative stage:<ul style="list-style-type: none">- 8 focus groups, conducted across 8 cities• Quantitative stage:<ul style="list-style-type: none">- 1,003 telephone surveys- 14,036 online surveys
<p>Stage 2: Telephone Survey</p> <ul style="list-style-type: none">• 1,003 telephone interviews were conducted, predominately amongst:<ul style="list-style-type: none">- 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 21 minutes to complete.			<p>Confidence</p> <ul style="list-style-type: none">• Very high level of statistical confidence across all findings.• Between 95-97% statistical confidence for almost all questions.
<p>Stage 3: Online</p> <ul style="list-style-type: none">• 14,036 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 24 minutes to complete.			<p>Dates</p> <ul style="list-style-type: none">• Data collection took place over the dates:• Qualitative stage<ul style="list-style-type: none">- Focus groups: 24th to 29th July• Quantitative stage:<ul style="list-style-type: none">- Telephone survey: 26th July to 3rd August- Online survey: 26th July to 4th August

Representative Sample of the Adult Population



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Findings

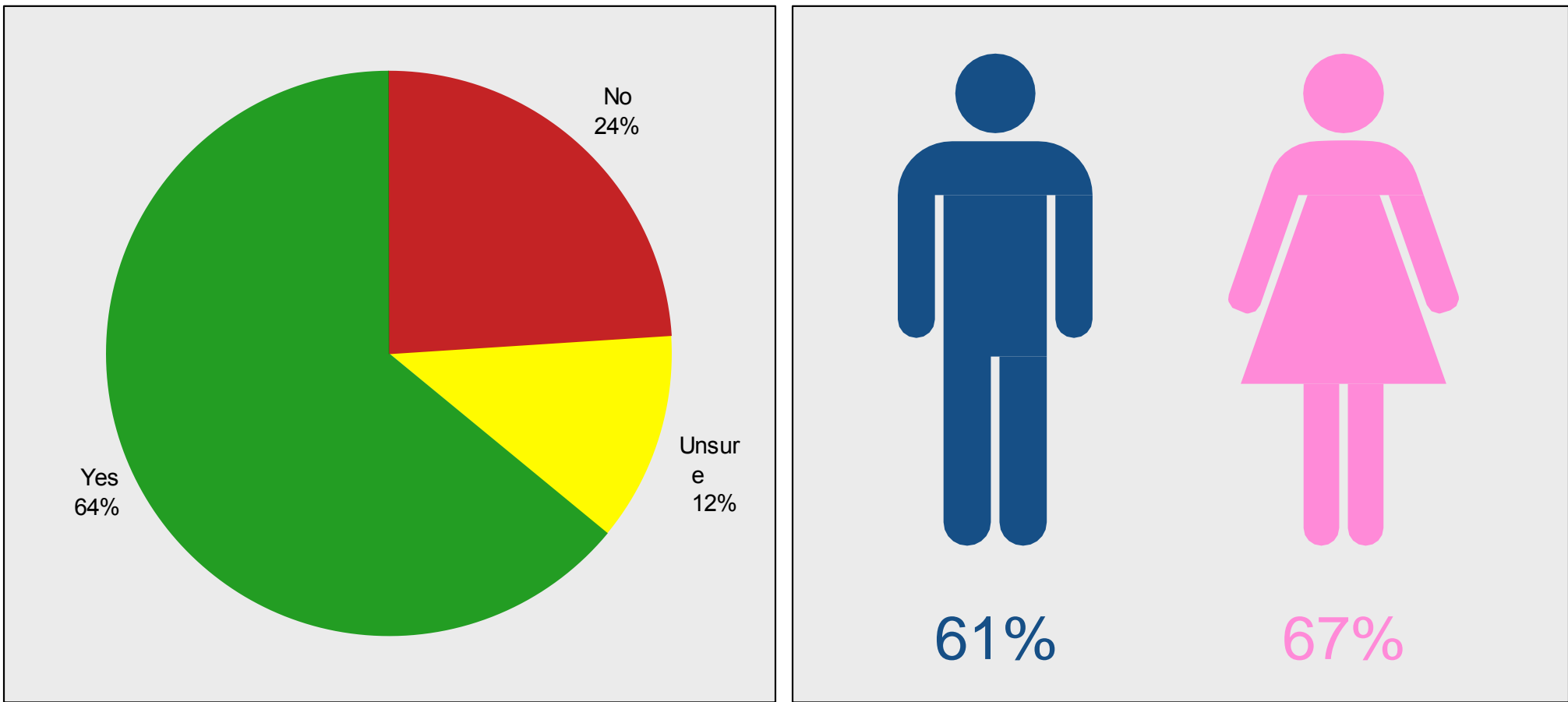


64% aware of needing some booster vaccinations

Q1. Did you know that as an adult, you still need to keep up with some booster vaccinations to keep immunity?

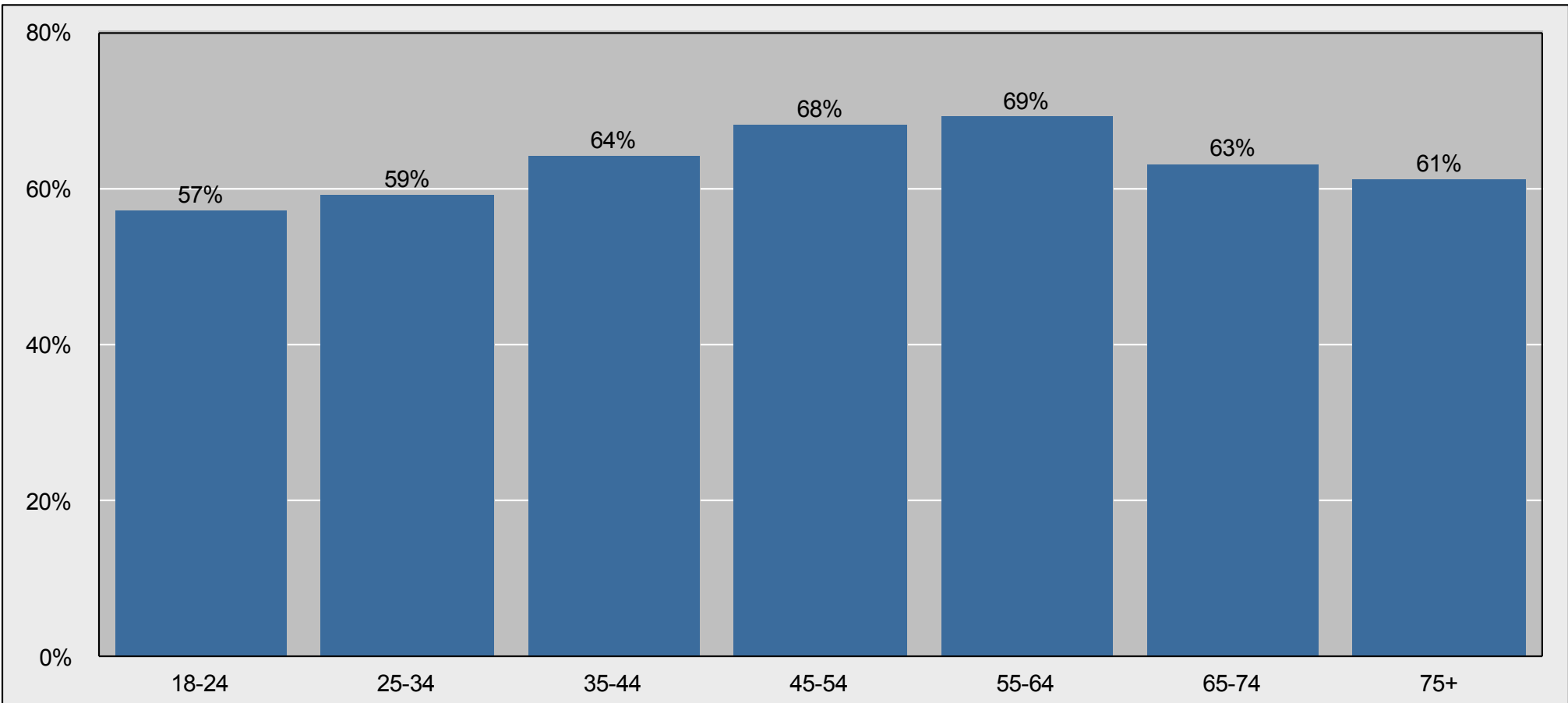
64% aware of needing some booster vaccinations

- For the question, as illustrated in the opposite, top chart:
 - 64% of the population answered “Yes”
 - 24% of the population answered “No”
 - 12% of the population answered “Unsure”
- Higher incidence amongst women, especially those aged 45+**
- There was a higher incidence amongst women:
 - 67% the female adult population answered “Yes”; compared to 61% of the male population
 - The highest awareness across all demographic groups was amongst women aged 45+ with 74% of this segment answering “Yes”



Age a major factor of awareness

- As illustrated in the chart opposite, age was a main factor of awareness, increasing with age up to the 55-64 age group:
 - 57% of those aged 18-24 answered “Yes”, increasing to:
 - 69% of those aged 55-64, then decreasing to:
 - 61% of those aged 75+
- Household income a factor of awareness**
- Household income was found to be a factor of awareness, where those from higher income households had a noticeably higher level of awareness than those from lower income households:
 - 73% of those from households with annual income >\$100,000 answered “Yes”
 - 58% of those from households with annual income <\$50,000 answered “Yes”



23% prepared to pay for a vaccine recommended for their age

Q2. Would you be prepared to pay for a vaccine if it is recommended for your age?

23% prepared to pay for a vaccine recommended for their age

- For the question, as illustrated in the opposite, top chart:
 - 23% of the population answered “Yes”
 - 77% of the population answered “No”

Higher incidence amongst women, especially those aged 35-54

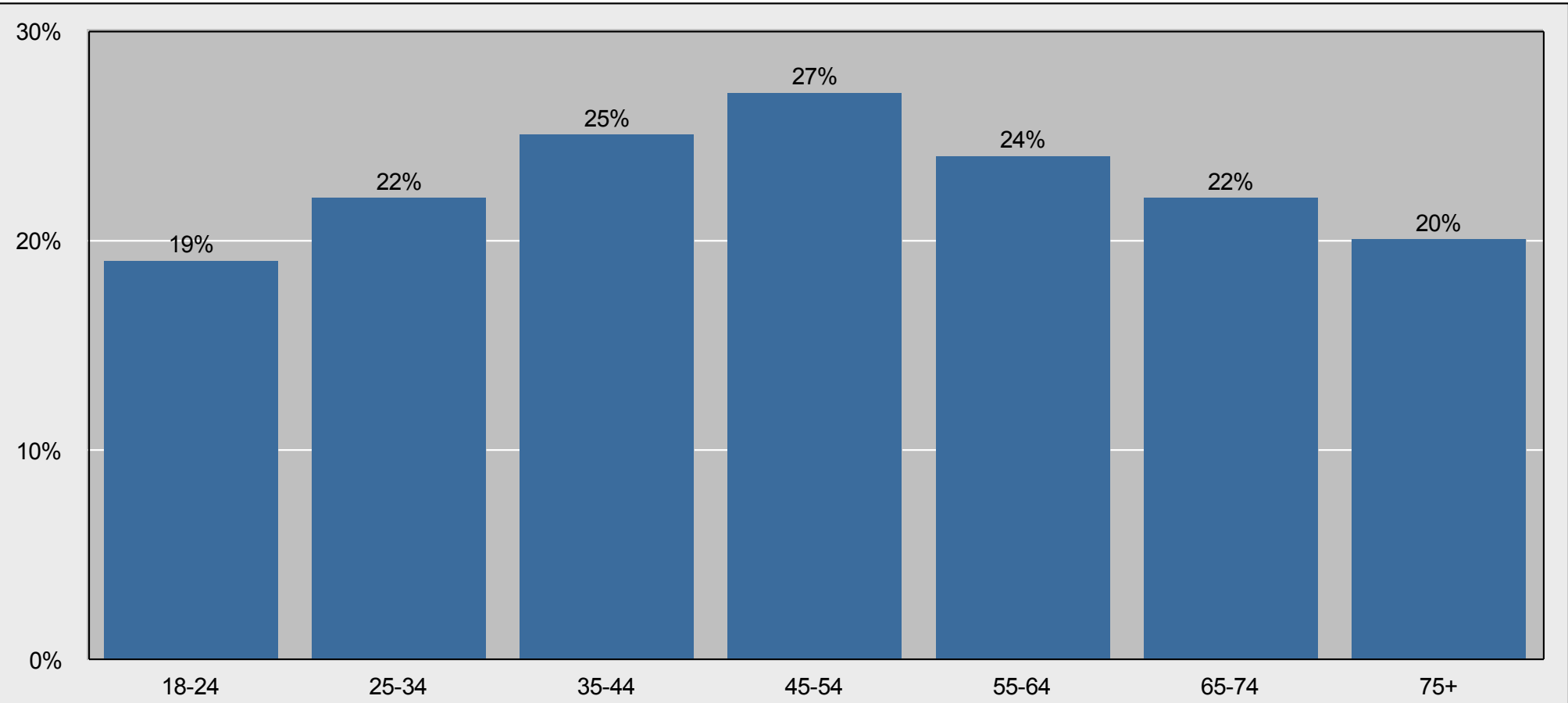
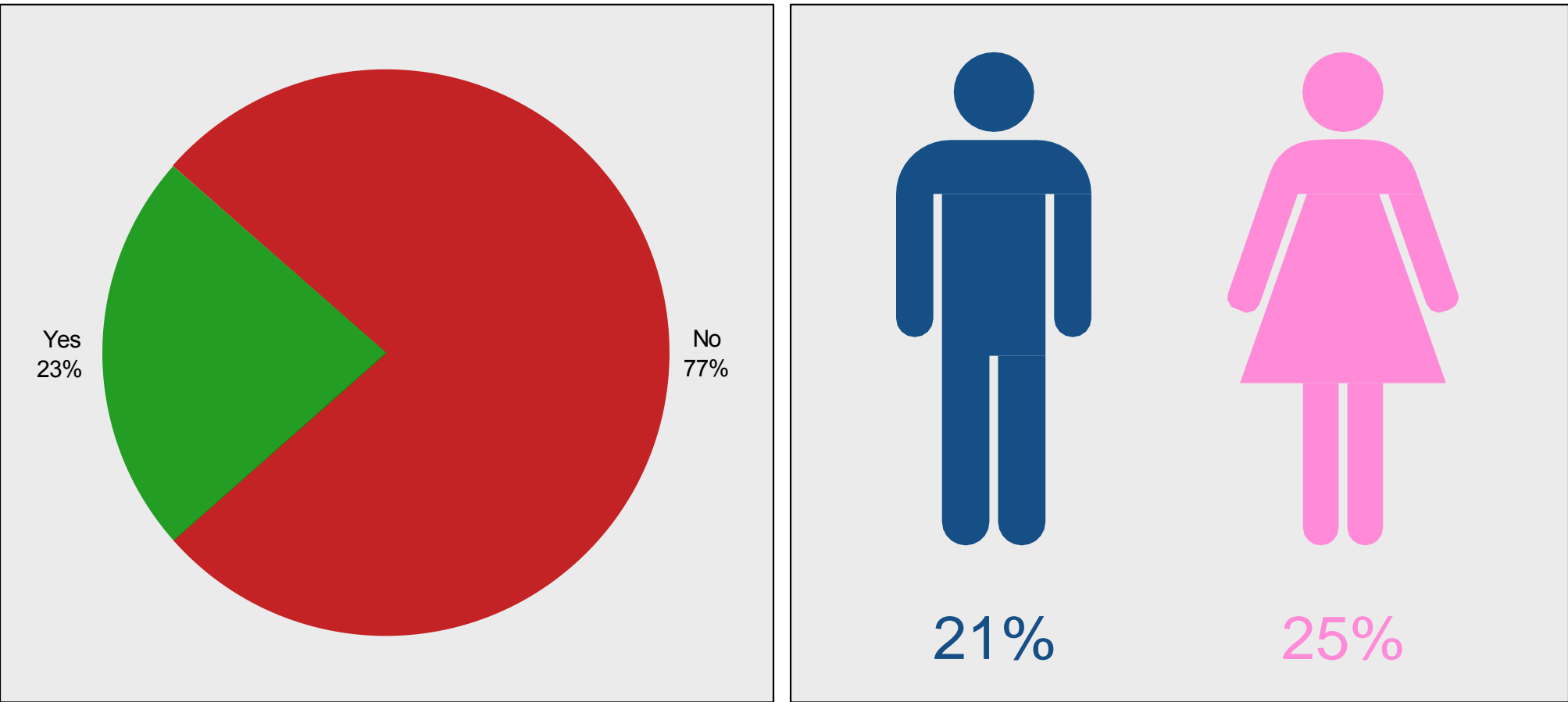
- There was a higher preparedness amongst women:
 - 25% of the female adult population answered “Yes”; compared to 21% of the male population
 - 32% of women aged 35-54 answered “Yes” being the demographic group with the highest preparedness to pay for a vaccine if it was recommended for their age

Age the major predictor amongst those prepared to pay

- As illustrated in the chart opposite, age was the main predictor amongst those who answered “Yes” that they would be prepared to pay for a vaccine if it was recommended for their age:
 - 27% of those aged 45-54 answered “Yes”, followed by:
 - 25% of those aged 35-44
 - 24% of those aged 55-64

Slight variation across geographic locations

- Across the metropolitan, regional and rural areas there was variation amongst those prepared to pay:
 - Metropolitan areas had the highest proportion of the population who answered “Yes” (25%)
 - Regional (21%)
 - Rural (20%)



COVID-19 vaccines and awareness of impacts across age ranges

Q2. Would you be prepared to pay for a vaccine if it is recommended for your age?

Asked to the focus groups

- This question was asked to all focus groups to obtain qualitative insights.

Main reasons why people would be prepared to pay

- The main reasons why people (around 30% across all focus groups) answered “Yes” that they would be prepared to pay were:
 - Having a specific vaccine that was specific to a persons age sounded attractive to around 75% of those who answered that they would be prepared to pay for such a vaccine, to this end they liked the idea and thought it would be worth paying for as opposed to the current “one vaccine for all” and in each group reference was made to the COVID-19 vaccines and how they impacted different age groups differently and this was the main rationale for the acceptance of this concept
 - Maintaining good health is very important and vaccination is viewed as being important to maintaining good health, this was another main reason given across the focus groups and was most strongly given by women aged 35-54, consistent with the findings from the quantitative survey
 - A small minority, though present in most of the focus groups, thought that vaccinations and the cost of them should be an individual responsibility, in particular if it is not “highly necessary” for individual and public health such as the COVID-19 vaccine, then people should pay the full cost for them

“I like the idea of having a vaccine that is specific to my age, I think the COVID-19 vaccines have shown that different age groups react differently to vaccines, for example my parents are in their early 80’s and both had no side effects from the AstraZeneca (COVID-19) vaccine, but I had a shocking headache for 2 days and quite a high fever and was basically bed ridden for those 2 days.”
Zoe, 53, Finance Officer, Oakleigh (Melbourne), VIC

“To me living a healthy life is very important and I’m not an anti-vaxer, I realise that recommended vaccines are important to ward off a range of illnesses, so I think positively about this, even though I’d like to know more about this concept and the specifics of the vaccine/s I would be prepared to pay for something like this idea, not an extravagant amount, a fair and reasonable cost for it.”
Sandra, 38, Stay-at-home-parent, Bassendean (Perth), WA

Main reasons why people would not be prepared to pay

- The main reasons why the majority (around 70% across all focus groups) answered “No” were consistent, being:
 - Vaccines that are highly necessary for individual and public health should be free, such as the COVID-19 vaccine
 - Vaccines that are not as highly necessary for individual and public health, such as for Influenza, and Measles should be provided for free to low-income and at-risk groups (such as those with a chronic disease), the elderly and indigenous Australians and subsidised by the government at low-cost (commonly considered around \$25) for the remainder of the population
 - Vaccines that are for a low-risk diseases such as Tetanus, or that an individual may contract overseas such as Hepatitis or Typhoid should be paid for by the individual without a subsidy

“I wouldn’t pay because I think any vaccine that is important enough for me to have should be free like the COVID-19 vaccine or at most well subsidised like the flu vaccine and not cost much.”
Michael, 63, Retiree, Granville (Sydney), NSW

Cost would need to be known and not more than \$100

- Without probing, a sizeable number in almost every focus group stated that they would need to know the cost of such a vaccine before they felt comfortable to state if they would be prepared to pay for it (the 4 proposed costs were asked in the subsequent question).
- When asked what would be the amount that they would likely pay for such a vaccine, the responses across all focus groups were very consistent, being:
 - The most common response range was \$50-75
 - \$100 was largely viewed as being the uppermost amount that most people felt comfortable to pay
 - Anything more than \$100 was viewed with scepticism, specifically relating to why a vaccine that was recommended to their age and consequently offered significant benefits, should cost them that much, most believed it should be subsidised by the government to be in the \$50-75 range

Highest likelihood is for lower cost vaccines

Q3. Please indicate how likely you would be to pay the following amounts, for a vaccine if it is recommended for your age?

Highest likelihood is for lower cost vaccines

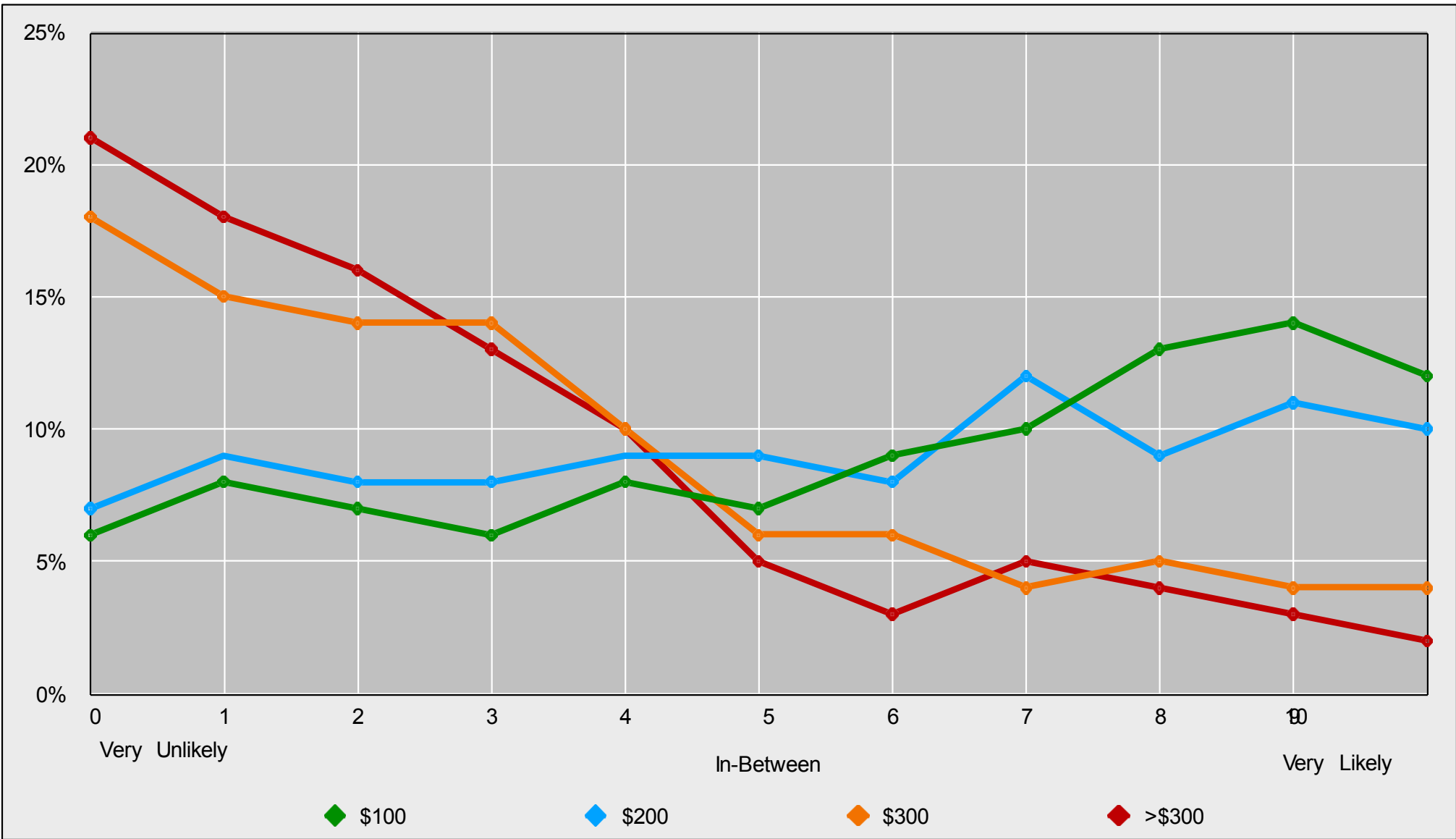
- This question was asked to the 23% of the general population who answered “Yes” to the previous question, specifically those who indicated that they would you be prepared to pay for a vaccine if it is recommended for their age.
- The amounts of \$100, \$200, \$300 and >\$300 were put to these respondents, asking to indicate how likely they would be to pay for each vaccine, if it was recommended for their age.
- The chart below illustrates the overall responses for each of the amounts (\$100, \$200, \$300 and >\$300).

\$100 & \$200 vaccines

- The \$100 vaccine had the highest “likely” responses, with 58% rating between 6-10 including 12% who rated 10 (Very Likely), those who rated it the highest were:
 - 55-64 age group, with a higher representation from males, those in SA & TAS and regional areas
- The \$200 vaccine had the second highest “likely” responses, with 50% rating between 6-10 including 10% who rated 10 (Very Likely), those who rated it the highest were:
 - 45-65 age group, slightly more males, those in QLD & WA and slightly higher in regional areas

\$300 & >\$300 vaccines

- The \$300 and >\$300 vaccines had the highest “unlikely” responses, with 71% (\$300) and 78% (>\$300) rating them between 0-4.
- The minority who gave “likely” responses to the \$300 and >\$300 vaccines were:
 - 25-44 age group, with a higher representation from females, predominately from NSW & VIC and metropolitan areas



\$100 considered the correct and affordable amount by majority

Q3. Please indicate how likely you would be to pay the following amounts, for a vaccine if it is recommended for your age?

Asked to the focus groups

- This question was asked to all focus groups to obtain qualitative insights.

\$100 considered the correct and affordable amount by majority

- Across all focus groups, \$100 was considered to be the correct and affordable amount for this type of vaccine.
- Similar to the discussion in the preceding question, anything more than \$100 was viewed with scepticism, specifically relating to why a vaccine that was recommended to their age and consequently offered significant benefits, should cost them that much, with most reiterating what was previously said, that such a vaccine should be subsidised by the government to be in the \$50-75 range.

“I agree with what most other are saying, \$100 seems to be the most appropriate of these 4 costs, because it is affordable for most people and I think the others (\$200, \$300, >\$300) all seem too expensive and without knowing more about them those higher costs put me off them.”

Natnicha, 37, Electrical Engineer, Hammon Park (Perth), WA

“People are not used to paying more than about \$50-\$75 for a vaccine, I think that’s the most that an Influenza vaccine may cost, maybe some vaccines you need if you go to third world countries for things like Typhoid may cost more than that, but they are outliers to most of the population, plus with the COVID-19 vaccines being free, a precedent has been set by the government that important vaccines are provided for free to encourage uptake, so for these reasons I think it will be difficult for most people to go past \$100.”

Gabrielle, 42, Events Manager, Coorparoo (Brisbane), QLD

\$200 considered the upper limit of cost

- When probed about \$200, only around 20% of participants across all of the focus groups thought that they could be likely to pay this amount, on the understanding that they had more information about the benefits it would offer.
- There was consensus across all focus groups that \$200 was the upper limit of what would be paid.

“My wife had the AstraZeneca (COVID-19) vaccine about 3 weeks ago and she was very unwell the next day and it took about 3-4 days for her to be fully over it, so I think it is true that vaccines for the mass population probably do affect different age groups in different ways and if vaccines like the COVID-19 one could be tailored for specific age groups to have better protection and less side-effects, then a decent amount of people would pay for that if the benefits were communicated well to them, so in the case of my wife and myself I think we would pay \$100 or up to \$200 for this type of vaccine if we knew it was well suited to us.

Alex, 56, IT Specialist Consultant, Mortdale (Sydney), NSW

\$300 considered too expensive and minimal interest at this cost

- Across all focus groups, \$300 was considered too expensive and there was minimal interest at this cost.

>\$300 considered far too expensive and no interest at this cost

- Across all focus groups, >\$300 was considered far too expensive and there was no interest at all at this cost.

26% have asked GP if they are up-to-date with vaccination

Q4. Have you asked your GP recently if you are up-to-date with recommended adult vaccination?

26% have asked GP if they are up-to-date with vaccination

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

Higher incidence amongst women, especially those aged 55-64

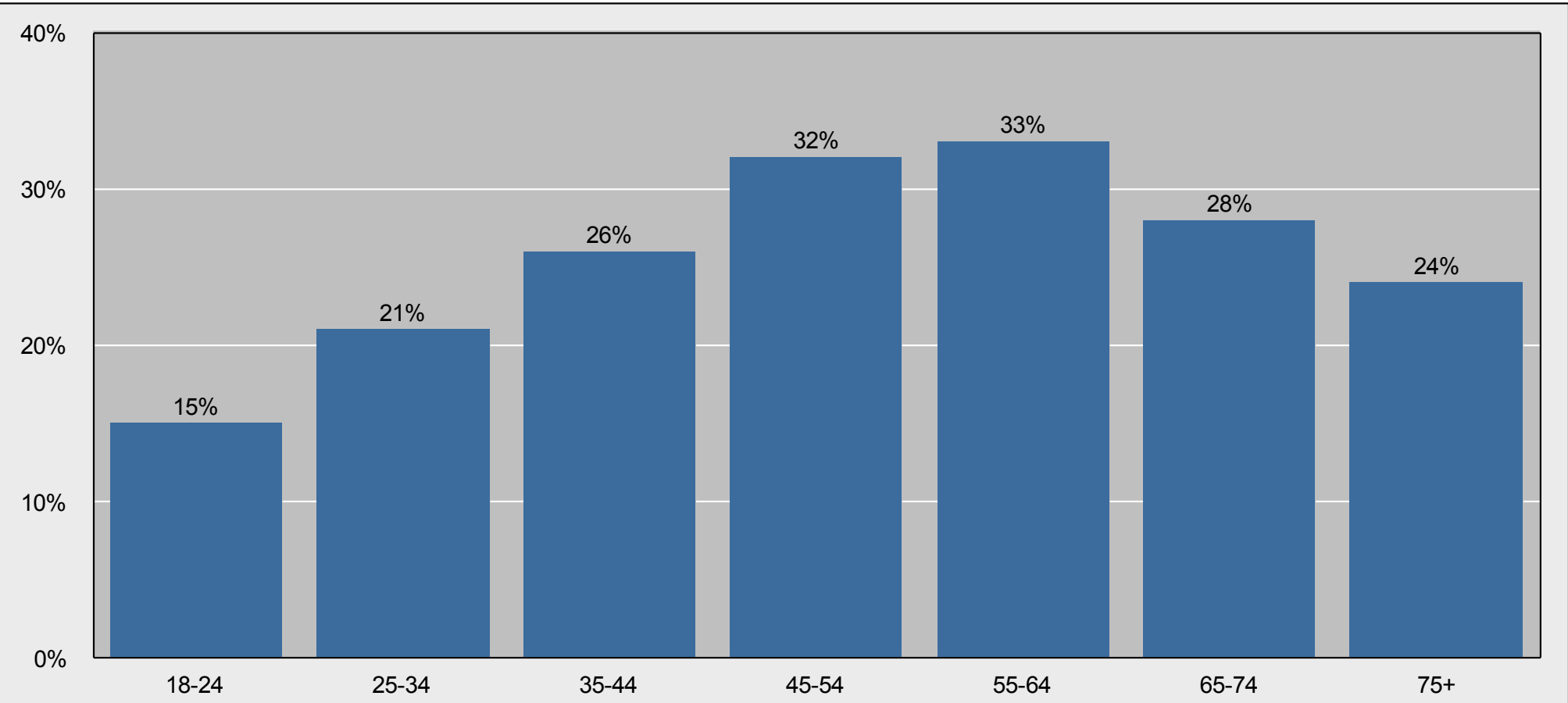
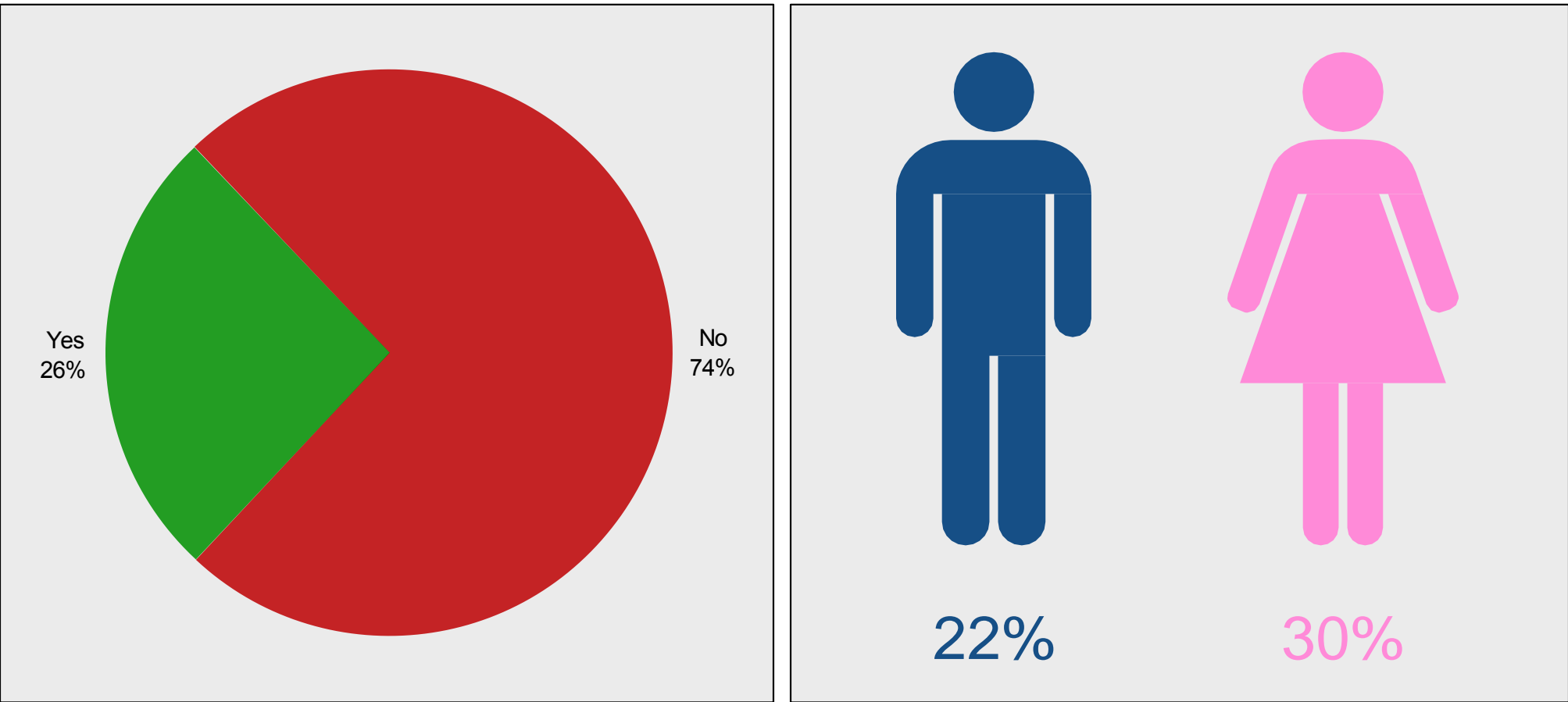
- There was a higher incidence amongst women:
 - 30% of the female adult population answered “Yes”; compared to 22% of the male population
 - 39% of women aged 55-64 answered “Yes” being the demographic group with the highest incidence of asking their GP if they are up-to-date with their recommended vaccination

Age the major factor

- As illustrated in the chart opposite, age was the main factor amongst those who answered “Yes”:
 - 15% of those aged 18-24 answered “Yes”, increasing to:
 - 26% of those aged 35-44
 - 33% of those aged 55-64

Household income a factor

- Household income was found to be a factor, where those from higher income households had a higher response to “Yes” than those from lower income households:
 - 32% of those from households with annual income >\$100,000 answered “Yes”
 - 19% of those from households with annual income <\$50,000 answered “Yes”



59% would have a vaccine if it was likely to enhance health outcomes

Q5. Would you have a vaccine if it was likely to enhance your health outcomes as you age?

59% would have a vaccine if it was likely to enhance health outcomes

- For the question, as illustrated in the opposite, top chart:
 - 59% of the population answered “Yes”
 - 23% of the population answered “No”
 - 18% of the population answered “Unsure”

Higher incidence amongst women, especially those aged 45+

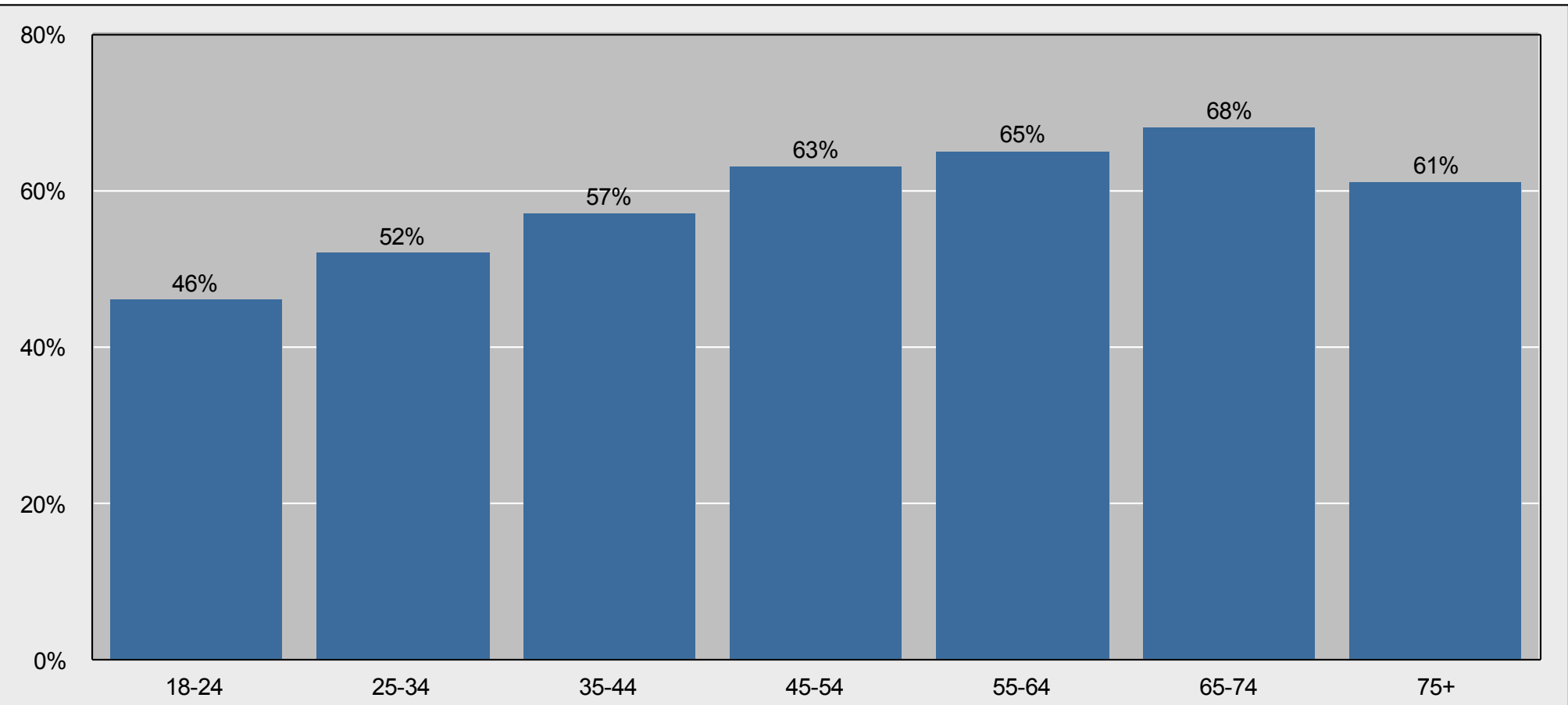
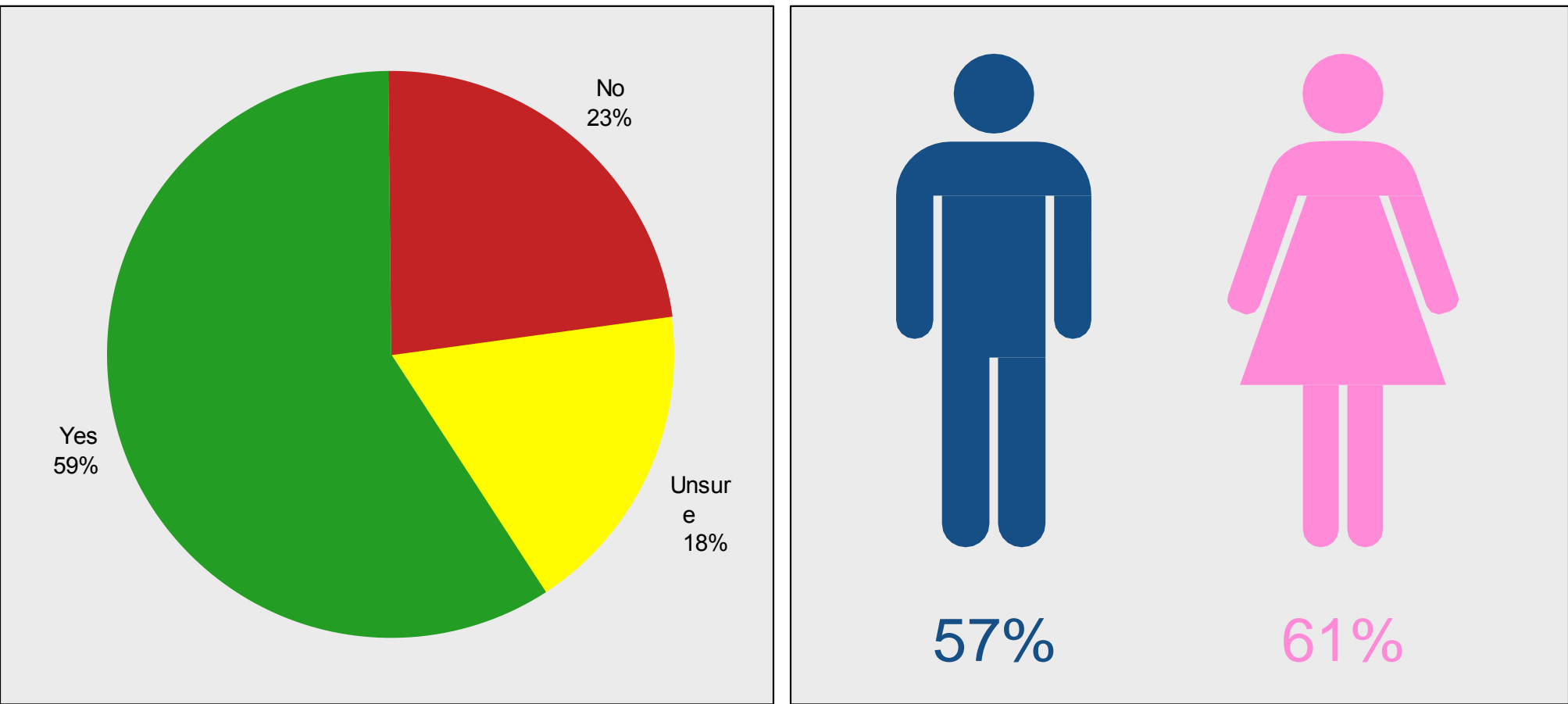
- There was a higher incidence amongst women, compared to men:
 - 61% of the female adult population answered “Yes”
 - 57% of the male adult population answered “Yes”
 - 68% of women aged 45+ answered “Yes” being the demographic group with the highest incidence of indicating they would have a vaccine if it was likely to enhance their health outcomes as they age

Age the major factor

- As illustrated in the chart opposite, age was the main predictor amongst those who answered “Yes”:
 - 46% of those aged 18-24 answered “Yes”, increasing to:
 - 57% of those aged 35-44 and 68% of those aged 65-74
 - There was a decline in those aged 75+, where 61% of this age group answered “Yes”

Variation across geographic locations

- Across the metropolitan, regional and rural areas there was variation amongst those who answered “Yes”:
 - Metropolitan areas had the highest proportion of the population who answered “Yes” (65%)
 - Regional (56%)
 - Rural (53%)



53% would have a vaccine if it was recommended by their GP

Q6. Would you have a vaccine if your GP recommended it?

53% would have a vaccine if it was recommended by their GP

- For the question, as illustrated in the opposite, top chart:
 - 53% of the population answered “Yes”
 - 47% of the population answered “No”

Higher incidence amongst women, especially those aged 45+

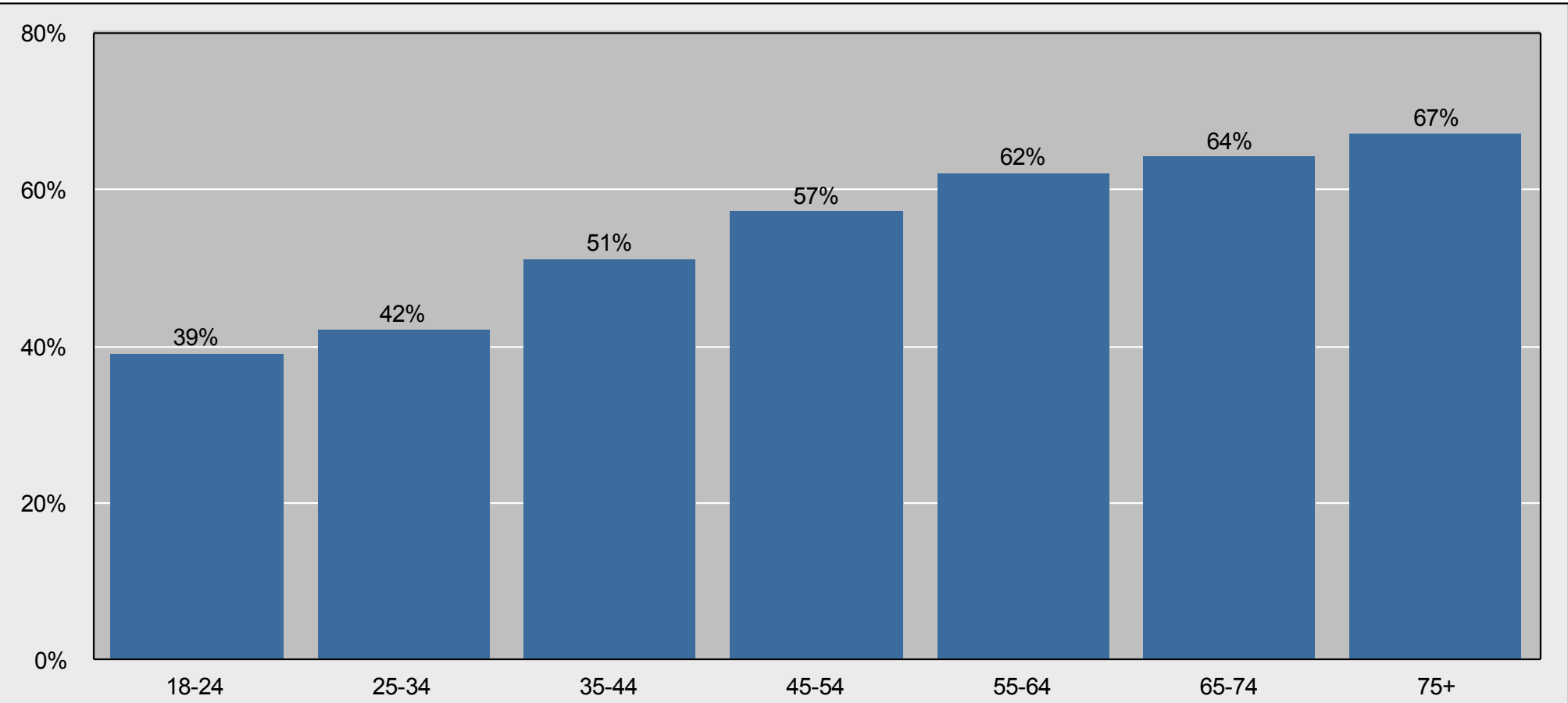
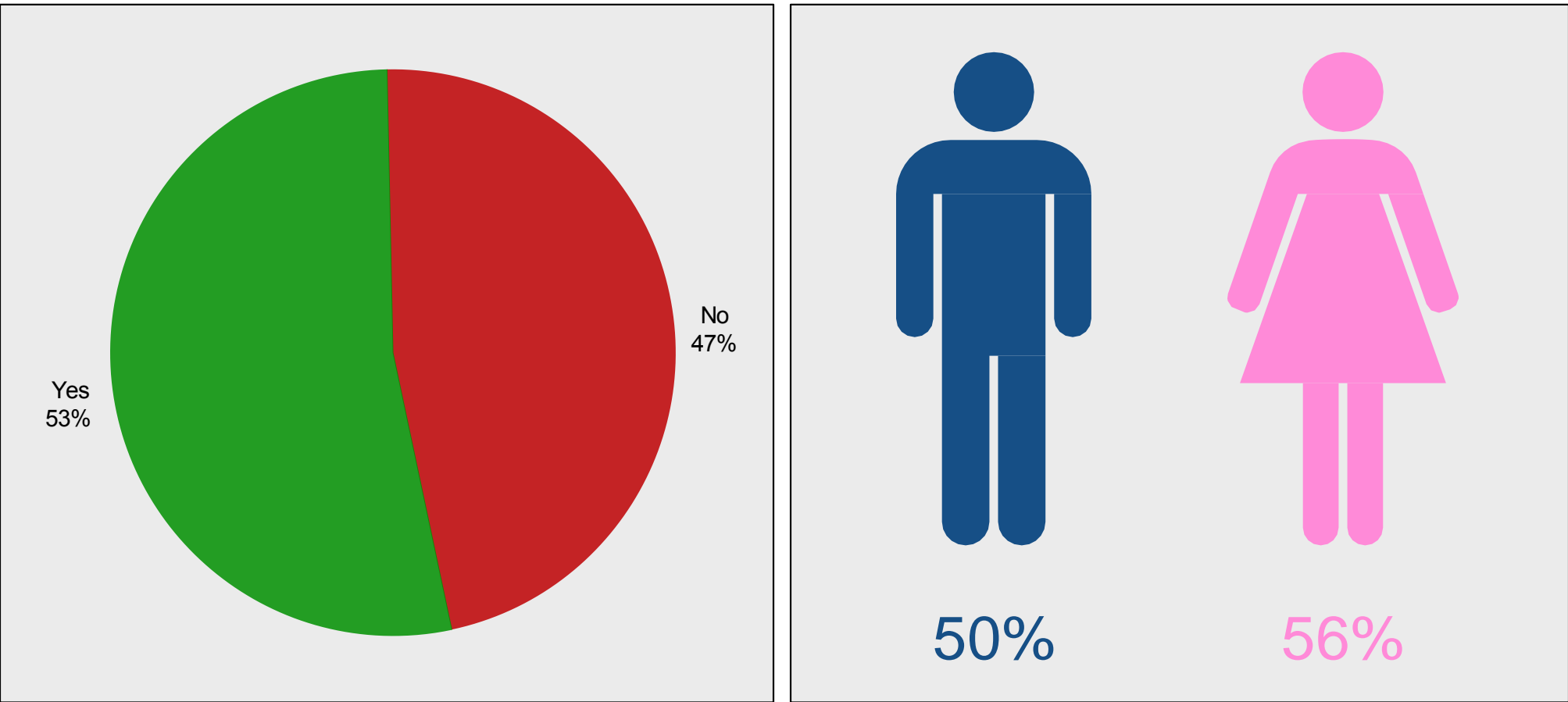
- There was a higher recommendation amongst women, compared to men:
 - 56% of the female adult population answered “Yes”; compared to 50% of the male population
 - 63% of women aged 45+ answered “Yes” being the demographic group with the highest incidence of responding that they would have a vaccine if it was recommended by their GP

Age the major factor

- As illustrated in the chart opposite, age was the main predictor amongst those who answered “Yes”:
 - 39% of those aged 18-24 answered “Yes”, increasing to:
 - 57% of those aged 45-54
 - 67% of those aged 75+

Slight variation across geographic locations

- Across the states and territories, there was minimal difference in responses.
- However, there was notable difference across metropolitan, regional and rural areas:
 - Regional areas had the highest proportion of the population who answered “Yes” (61%)
 - Rural (57%)
 - Metropolitan (53%)



9% check with their GP for recommended vaccines prior to travelling

Q7. Do you always check with your GP for recommended vaccines prior to travelling?

9% check with their GP for recommended vaccines prior to travelling

- For the question, as illustrated in the opposite, top chart:
 - 9% of the population answered “Yes”
 - 91% of the population answered “No”

Slightly higher incidence amongst women

- There was a slightly higher incidence amongst women, compared to men:
 - 10% of the female adult population answered “Yes”; compared to 8% of the male population

Age a main factor

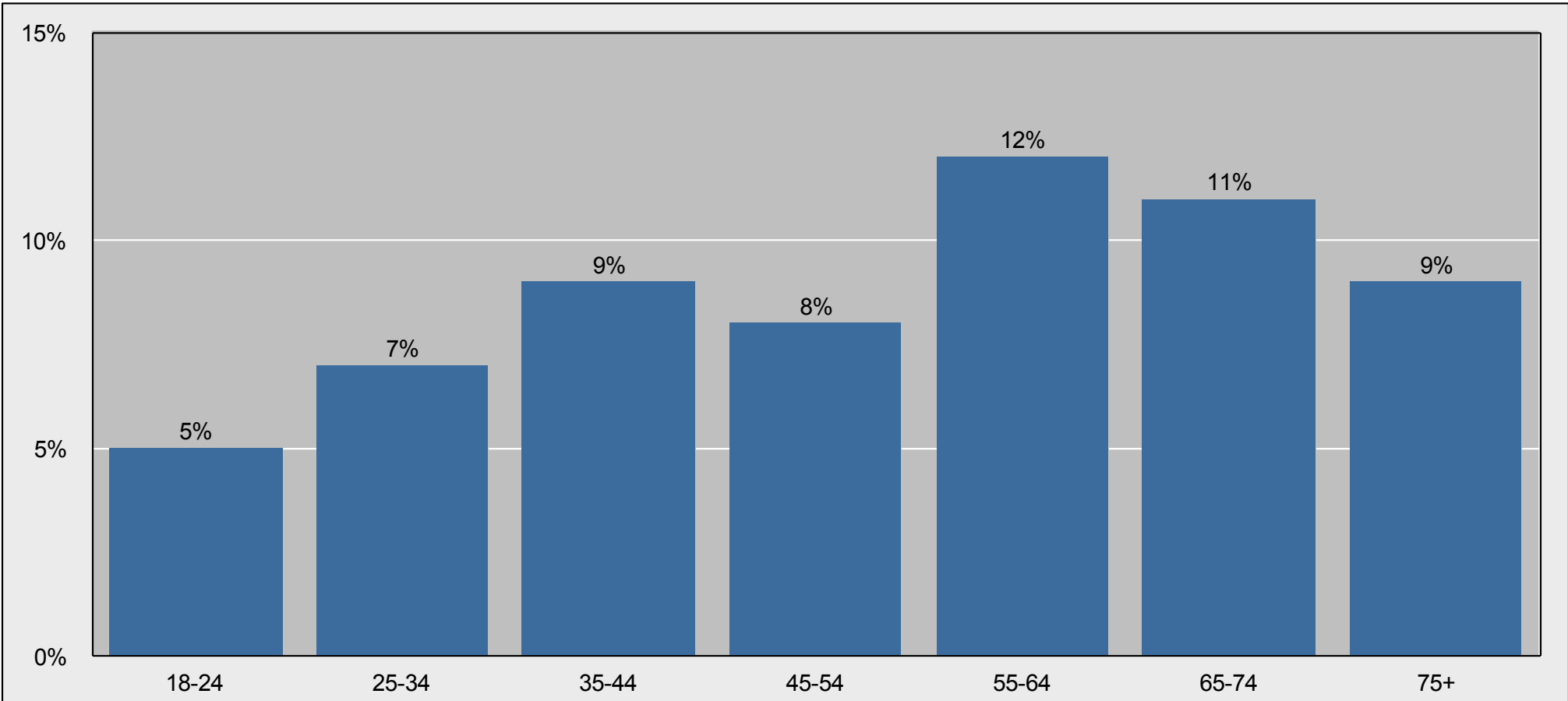
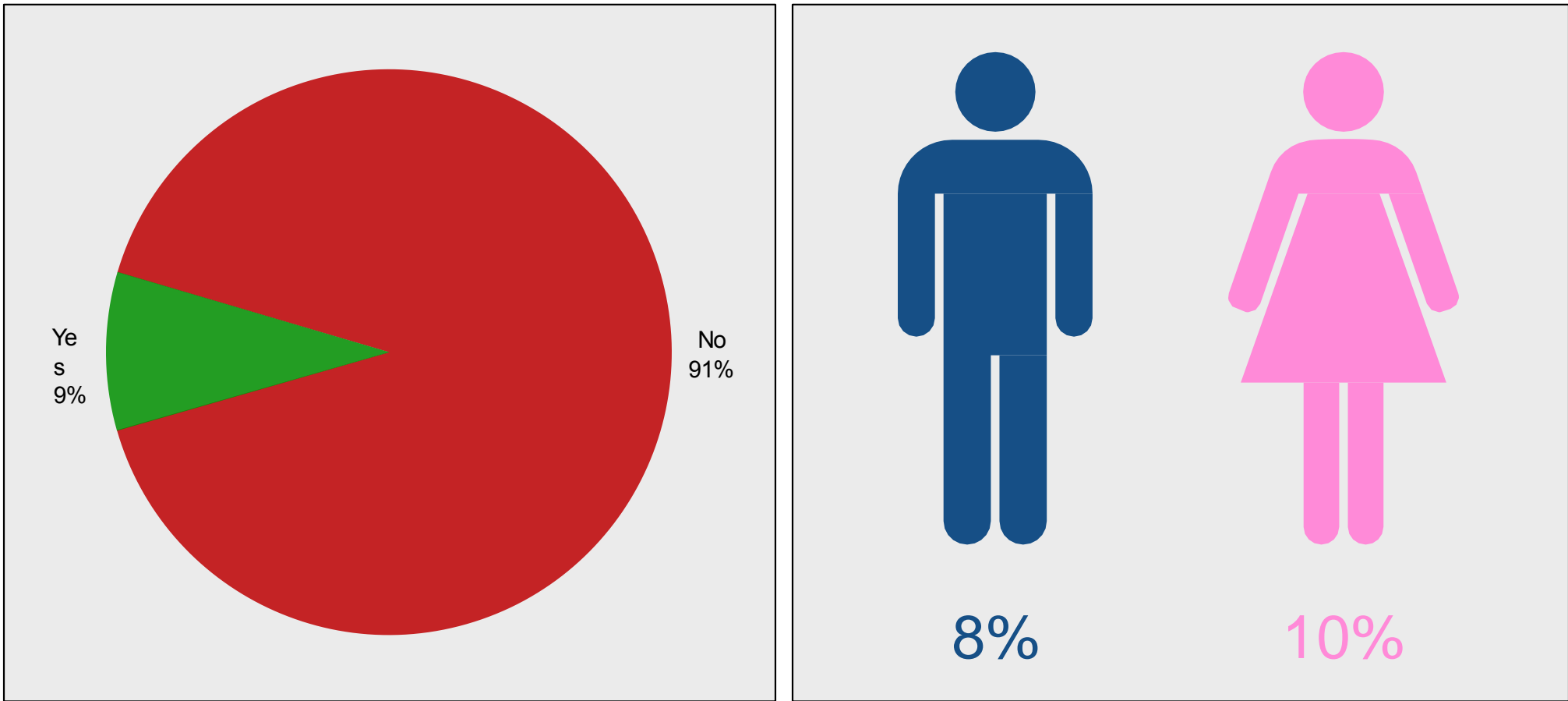
- As illustrated in the chart opposite, age was a main predictor amongst those who answered “Yes” with there being notable variation across the age groups:
 - 5% of those aged 18-24 answered “Yes”, increasing to: 9% of those aged 35-44 7 12% of 55-64
 - However, there were decreases amongst the age groups 45-54 (8%) and 75+ (9%)

Household income a factor

- Household income was found to be a factor, where those from higher income households had a higher response to “Yes” than those from lower income households:
 - 11% of those from households with annual income >\$100,000 answered “Yes”
 - 6% of those from households with annual income <\$50,000 answered “Yes”

Variation across geographic locations

- Across the states and territories, and metropolitan, regional and rural areas:
 - ACT (12%), VIC (10%), SA (10%), NSW (9%), QLD (8%), WA (8%), TAS (7%) and NT (6%)
 - Regional (12%), rural (9%) and metropolitan (8%)



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Further Information



Contact Details

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Immunisation Coalition



Immunisation Coalition



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Acknowledgement

Immunisation Coalition wishes to thank APMI Partners for undertaking the survey.



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