

IMMUNISATION
COALITION



Australians & Vaccination

Immunisation Coalition | September 2022

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1 Background



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Questions Asked

The Immunisation Coalition included 17 questions, grouped into the 4 categories below.

Several questions were included in the qualitative stage of the research and all were included in the quantitative stages of the research.

COVID-19 & Influenza Concerns

1. How concerned are you about COVID-19 at the moment?
2. How concerned are you about influenza at the moment?

COVID-19 Booster Vaccination

3. Have you had your 1st COVID-19 booster vaccination (3rd COVID-19 vaccination)?
4. If not, why haven't you had your 1st COVID-19 booster vaccination (3rd COVID-19 vaccination)?
5. If you have already received your 1st COVID-19 booster vaccination (3rd COVID-19 vaccination), do you plan to get a 2nd booster?
6. If not, why don't you plan to get your 2nd COVID-19 booster (4th COVID-19 vaccination)?
7. If a new COVID-19 vaccine was available that included protection against the Omicron variant, would you consider having it?
8. If yes, would you be encouraging others such as family and friends to do the same?
9. If the new COVID-19 vaccine was mRNA technology, would you be more likely, or less likely to get it?
10. If the new COVID-19 vaccine was NOT an mRNA vaccine, would you be more likely, or less likely to get it?
11. Do you believe that the COVID-19 vaccines currently offered are designed to be effective against the omicron variants?
12. If a 3rd COVID-19 booster (5th COVID-19 vaccination) that included protection against the current Omicron variants was recommended now, would you have it now or wait until 2023?

Influenza Vaccination for Young Children (Aged 6 Months to <5 Years)

13. Do you have a child/children aged 6 months to under 5 years?
14. Has your child/children aged 6 months to under 5 years old, vaccinated against influenza during 2022?
15. If not, what prevented you from vaccinating your child/children aged 6 months to under 5 years old against influenza?

Fear of Missing Out Campaign

16. What steps would you take to ensure your international holiday, or any other special event, was not interrupted or prevented by illness?
17. If you answered "Make sure I am fully vaccinated" in the previous question, which of the following vaccines would you consider?

2

Methodology & Sample



5

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

- 1,502 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 27 minutes to complete.

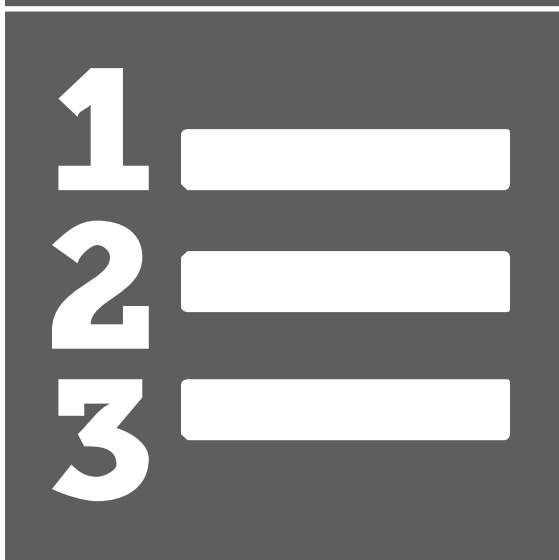
Stage 3: Online Survey

- 23,523 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 25 minutes to complete.



Sample

- Very large nationwide sample size, involving:
 - 173 focus group participants
 - 25,025 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:
 - 1,502 telephone surveys
 - 23,523 online surveys



Confidence

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

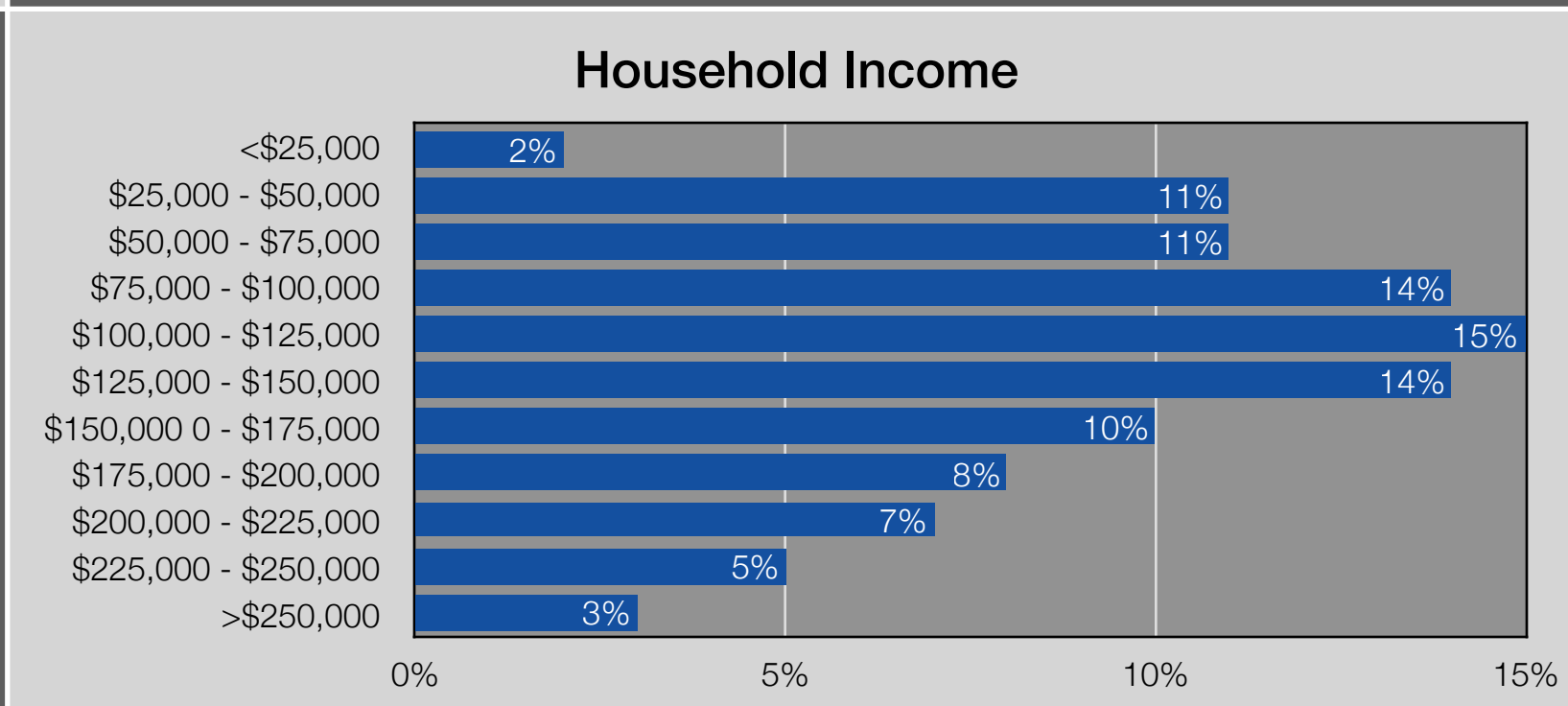
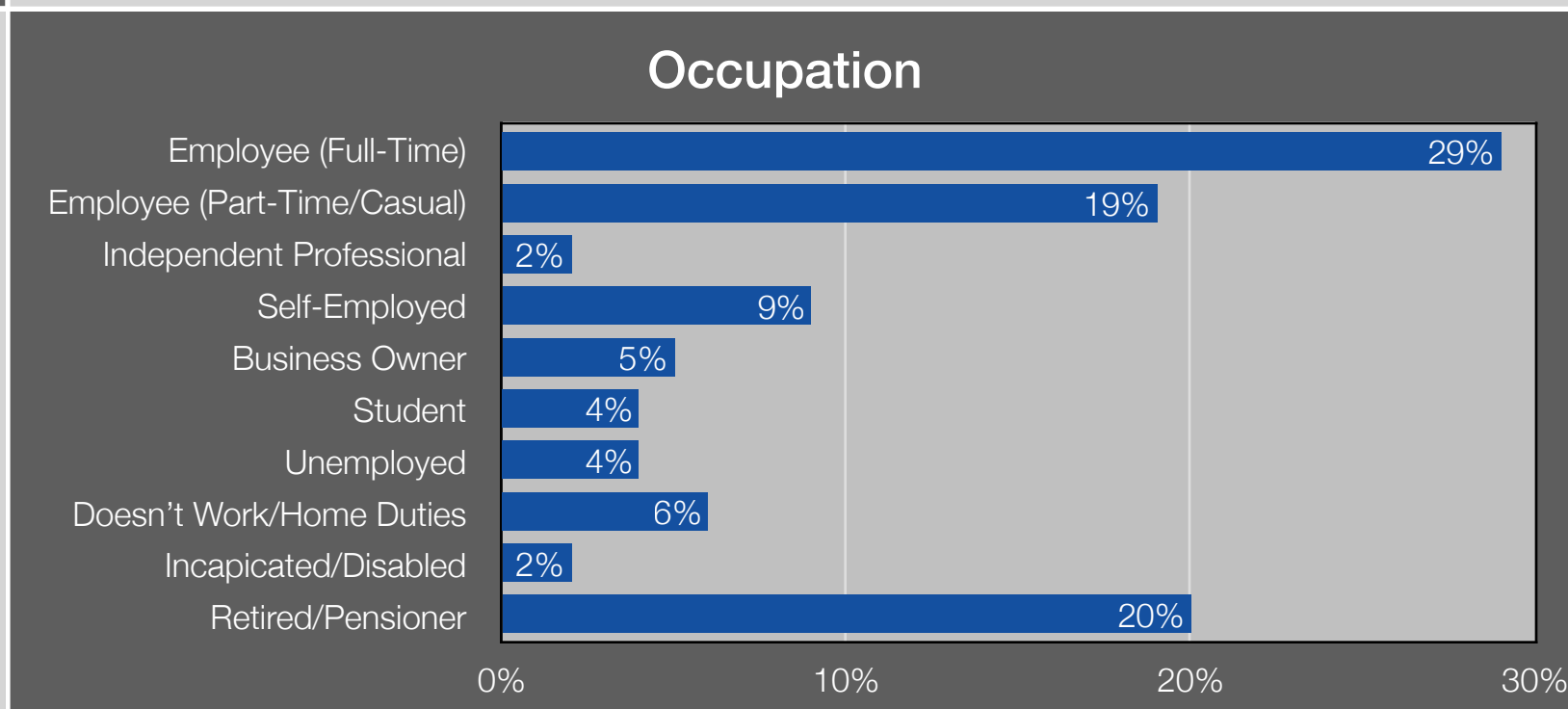
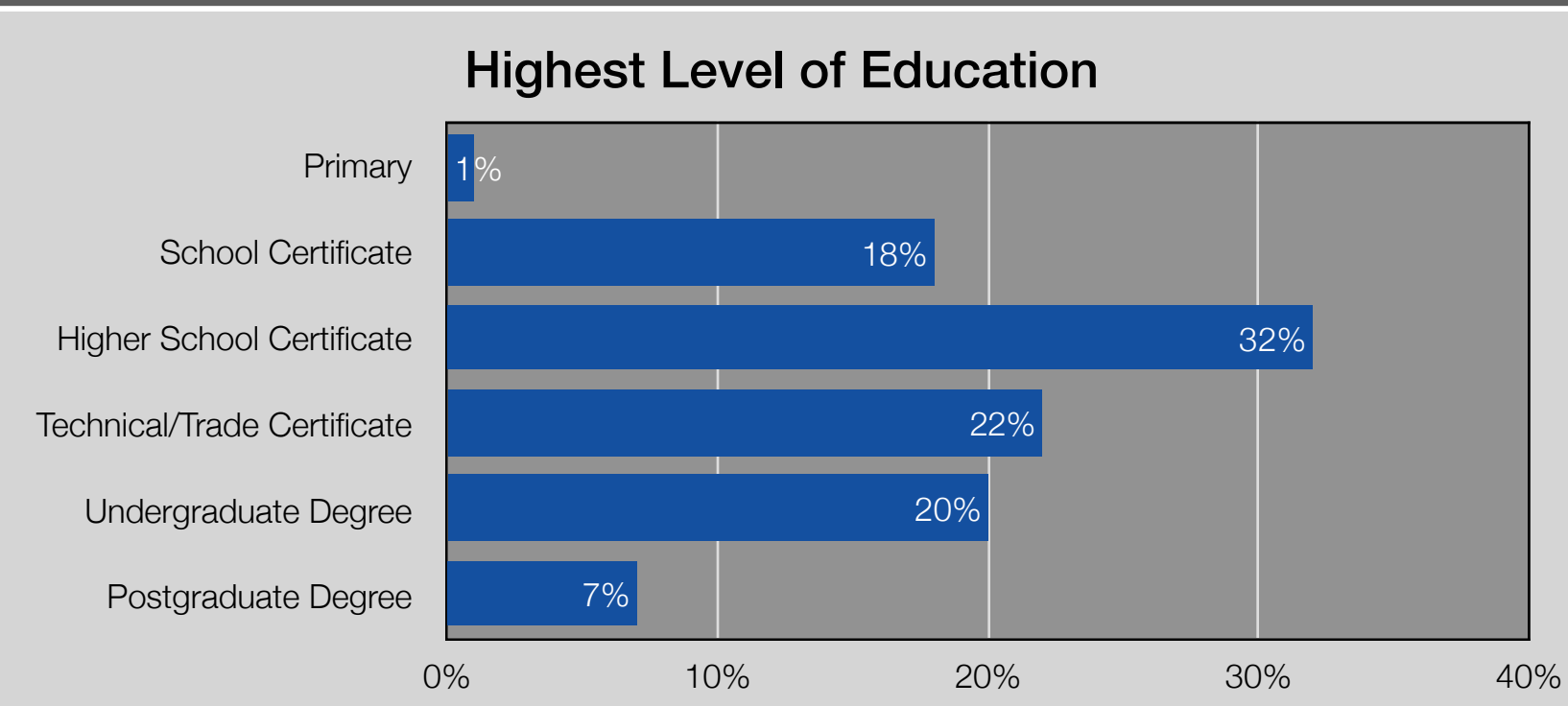
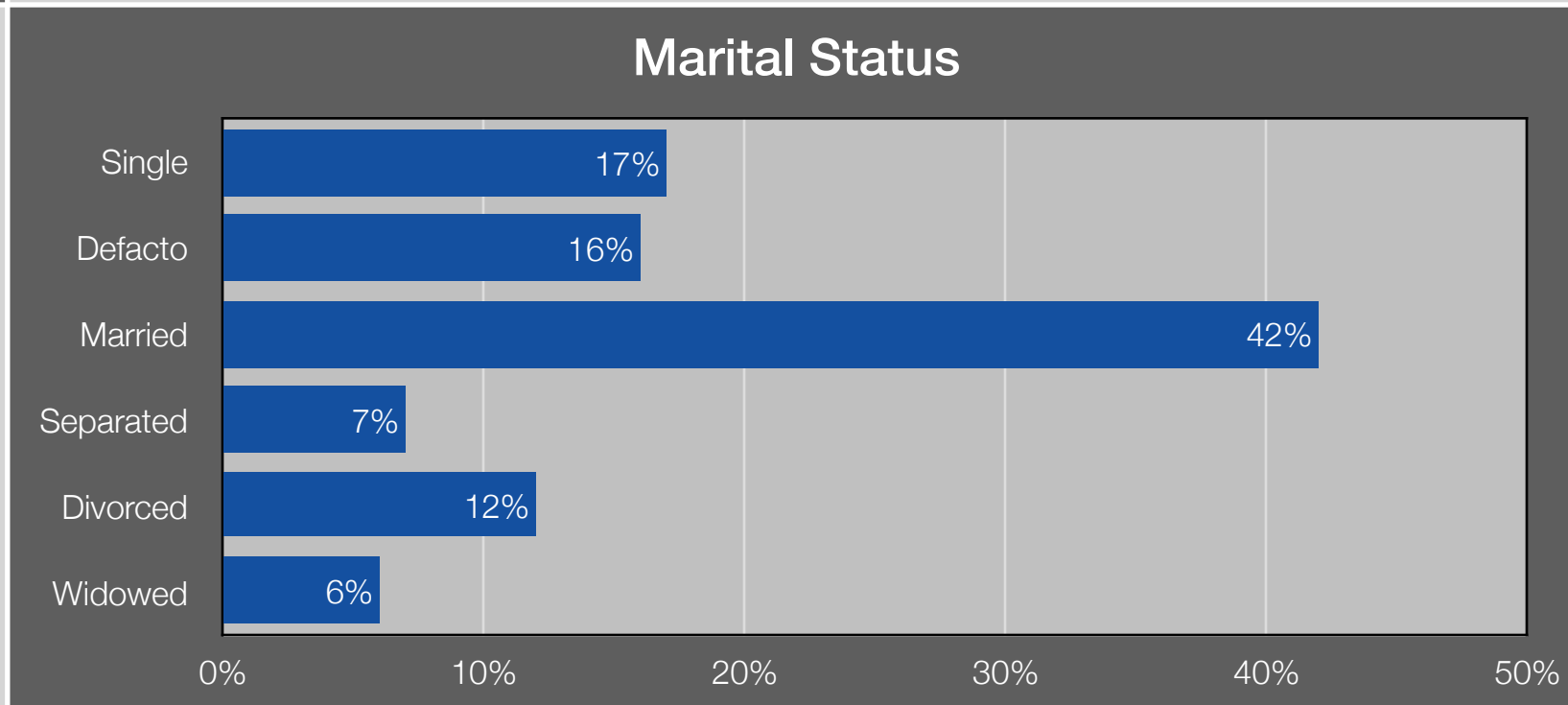
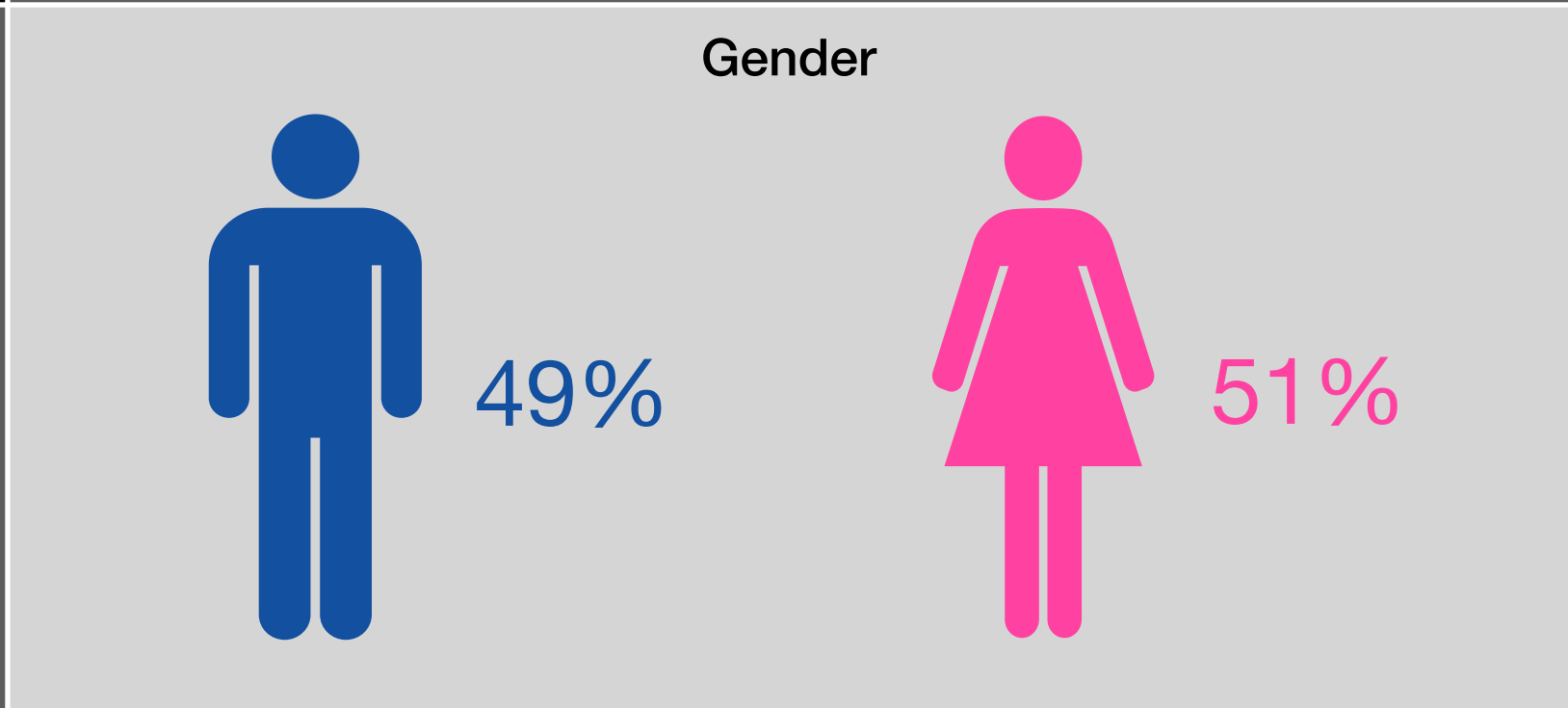
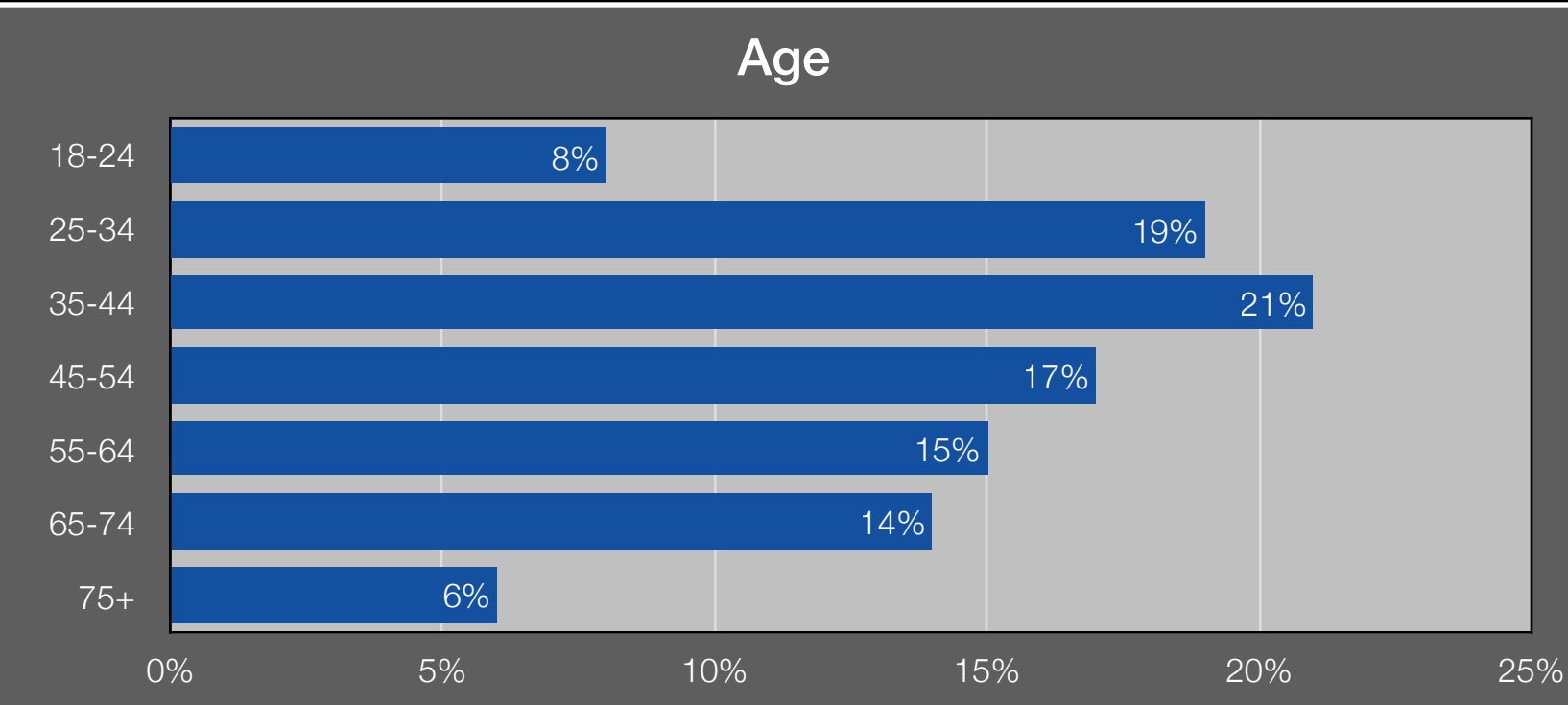
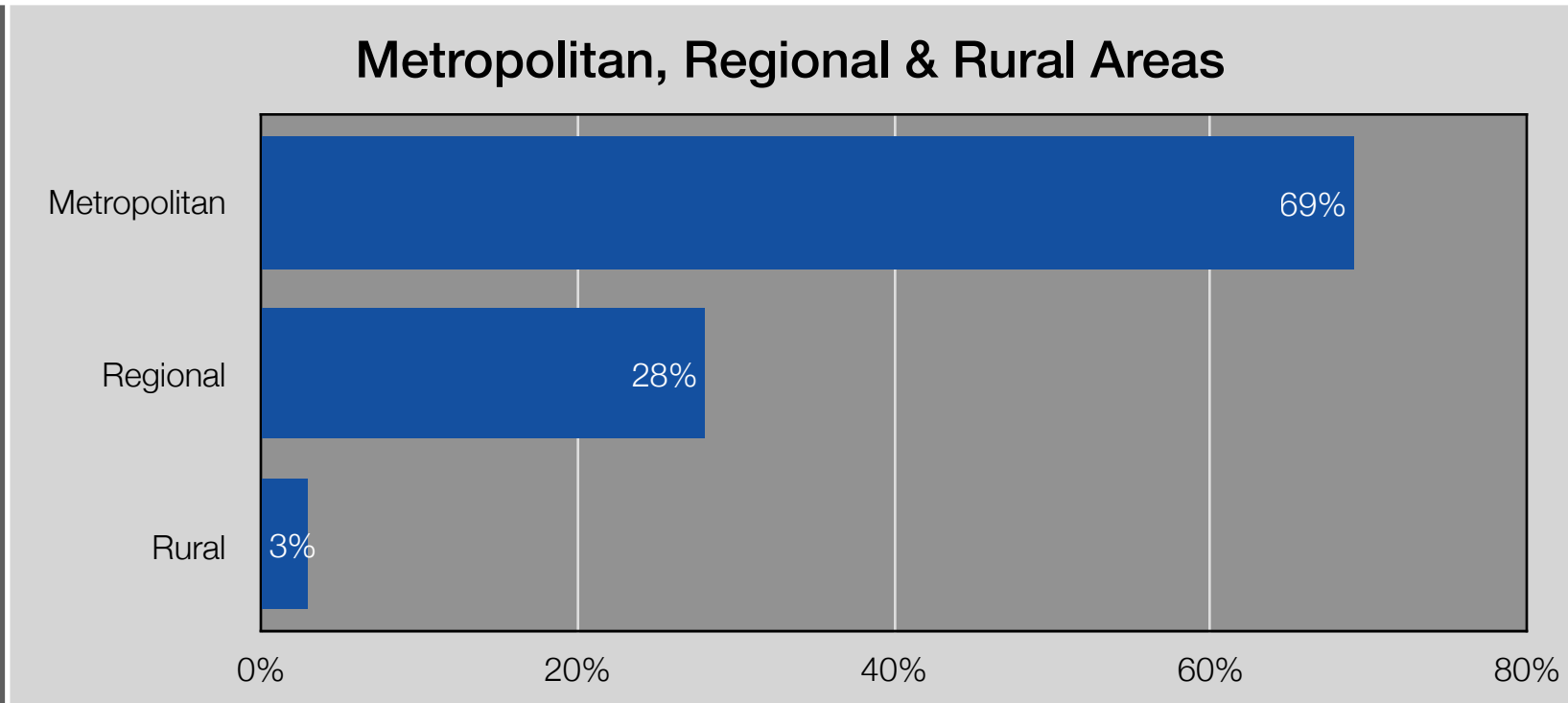
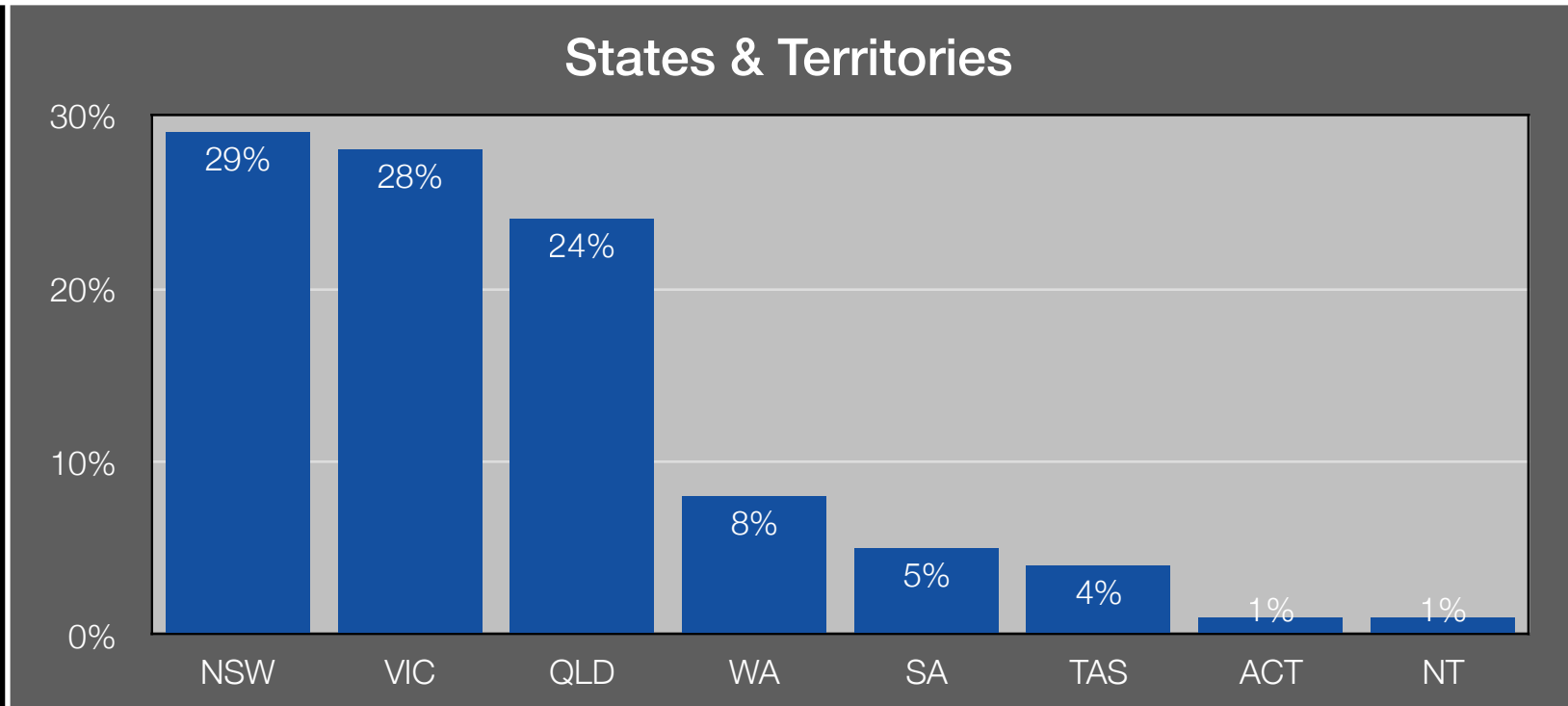


Dates

- Qualitative stage:
 - Focus groups: 15th to 26th August
- Quantitative stage:
 - Telephone survey: 29th August to 12th September
 - Online survey: 29th August to 15th September

Details of the Sample

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



3

Findings





COVID-19 & Influenza Concerns

9

44% “Somewhat Concerned” or “Very Concerned” about COVID-19

1. How concerned are you about COVID-19 at the moment?

44% “Somewhat Concerned” or “Very Concerned” about COVID-19

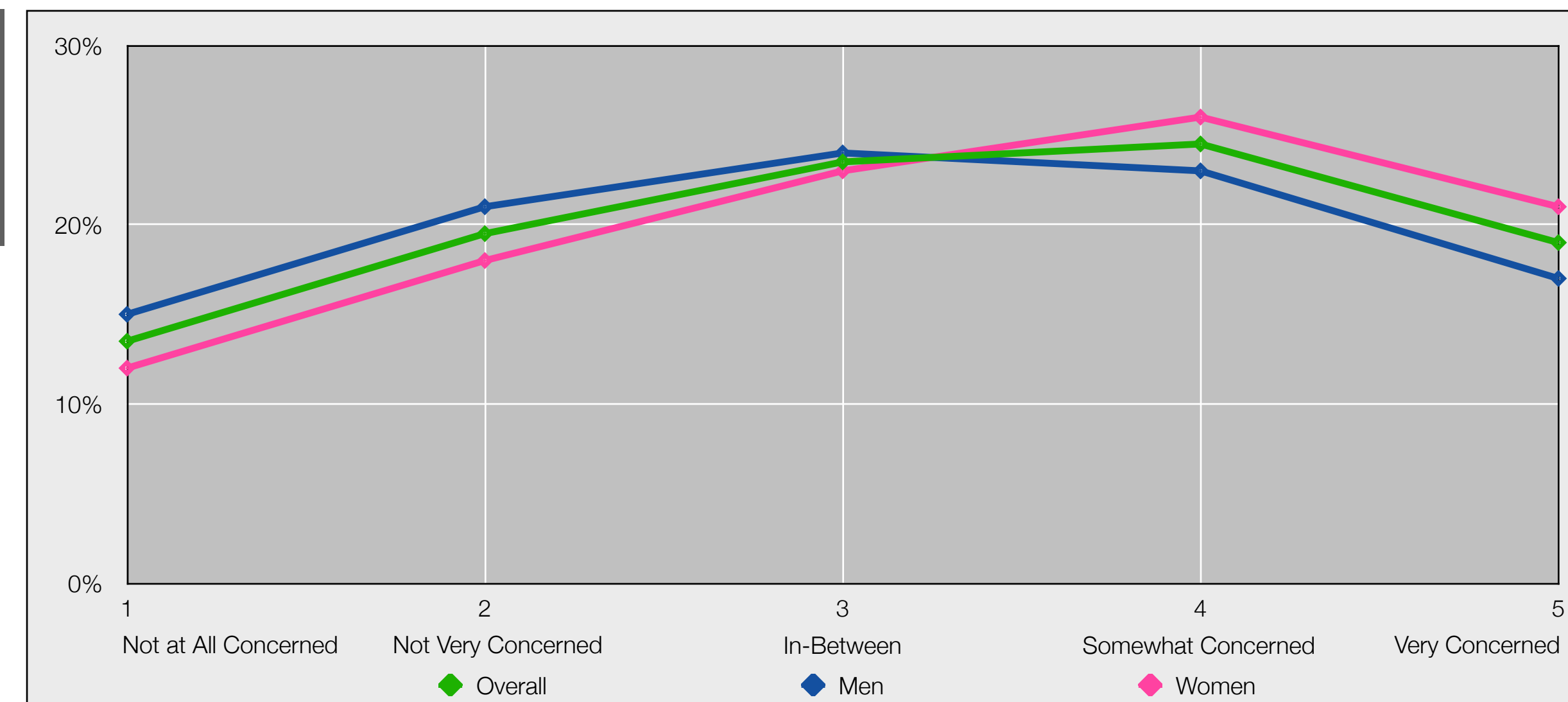
- For the question, illustrated in the opposite chart, there was a higher skew towards the response options (4 & 5), indicating that a higher percentage of people were “Somewhat Concerned” or “Very Concerned” about COVID-19, where:
 - 33% of responses were for the lower response options “Not at all Concerned” (14%) and “Not Very Concerned” (20%)
 - 24% were for “In-Between”
 - 44% were for the higher response options “Somewhat Concerned” (25%) and “Very Concerned” (19%)

Women more concerned than men

- Comparing gender, women were more concerned than men, as illustrated in the opposite top chart, where:
 - 47% of women answered across the higher response options “Somewhat Concerned” (26%) and “Very Concerned” (21%)
 - In comparison, 40% of men answered across the higher response options “Somewhat Concerned” (23%) and “Very Concerned” (17%)

Older age groups more concerned

- Across age groups, there was a stronger skew towards older age groups being more concerned, where:
 - 61% of those aged 55+ answered across the higher response options “Somewhat Concerned” (34%) and “Very Concerned” (27%)
 - Conversely, 36% of those aged 18-34 answered across the higher response options “Somewhat Concerned” (21%) and “Very Concerned” (15%)



WA, TAS, ACT & VIC the most concerned

- Across the States & Territories, those most concerned were from:
 - WA: 51% answered across the higher response options “Somewhat Concerned” (28%) and “Very Concerned” (23%)
 - TAS: 49% apportioned “Somewhat Concerned” (27%) and “Very Concerned” (22%)
 - ACT: 47% apportioned “Somewhat Concerned” (26%) and “Very Concerned” (21%)
 - VIC: 45% apportioned “Somewhat Concerned” (26%) and “Very Concerned” (19%)

Metropolitan areas the most concerned

- Comparing geographic areas, the most concerned were from:
 - Metropolitan: 46% apportioned “Somewhat Concerned” (26%) and “Very Concerned” (20%)
 - Regional: 43% apportioned “Somewhat Concerned” (25%) and “Very Concerned” (18%)
 - Rural: 39% apportioned “Somewhat Concerned” (23%) and “Very Concerned” (16%)

37% “Somewhat Concerned” or “Very Concerned” about influenza

2. How concerned are you about influenza at the moment?

37% “Somewhat Concerned” or “Very Concerned” about influenza

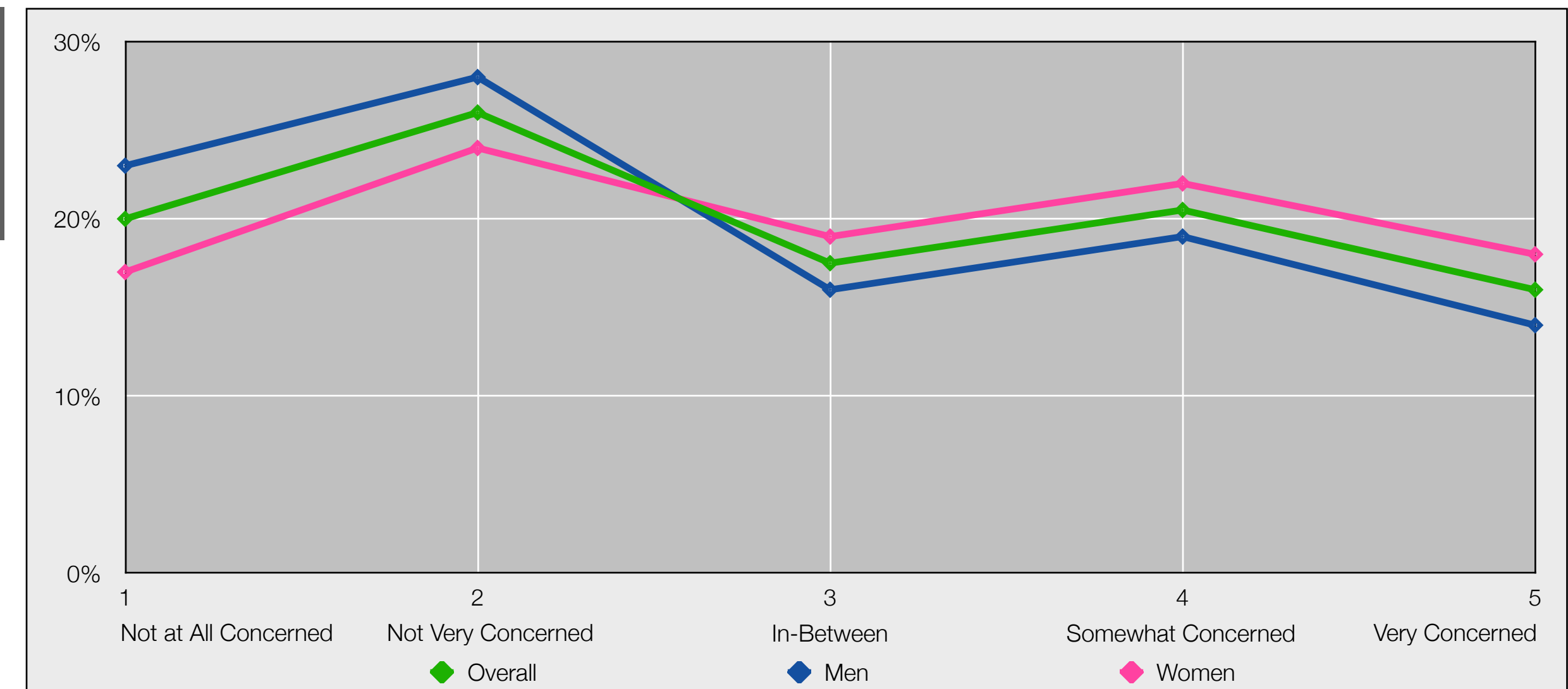
- For the question, illustrated in the opposite chart, there was a higher skew towards the response options (1 & 2), indicating that a higher percentage of people were “Not Very Concerned” or “Not at All Concerned” about influenza, where:
 - 46% of responses were for the lower response options “Not at all Concerned” (20%) and “Not Very Concerned” (26%)
 - 18% were for “In-Between”
 - 37% were for the higher response options “Somewhat Concerned” (21%) and “Very Concerned” (16%)

Women more concerned than men

- Comparing gender, women were more concerned than men, as illustrated in the opposite top chart, where:
 - 40% of women answered across the higher response options “Somewhat Concerned” (22%) and “Very Concerned” (18%)
 - In comparison, 33% of men answered across the higher response options “Somewhat Concerned” (19%) and “Very Concerned” (14%)

Older age groups more concerned

- Across age groups, there was a stronger skew towards older age groups being more concerned, where:
 - 57% of those aged 55+ answered across across the higher response options “Somewhat Concerned” (32%) and “Very Concerned” (25%)
 - Conversely, 29% of those aged 18-34 answered across across the higher response options “Somewhat Concerned” (20%) and “Very Concerned” (9%)



TAS, VIC & WA the most concerned

- Across the States & Territories, those most concerned were from:
 - TAS: 43% apportioned “Somewhat Concerned” (26%) and “Very Concerned” (17%)
 - VIC: 41% apportioned “Somewhat Concerned” (25%) and “Very Concerned” (16%)
 - WA: 39% answered across the higher response options “Somewhat Concerned” (23%) and “Very Concerned” (16%)

Minor difference across metropolitan, regional & rural areas

- There was minor difference across geographic areas, where the most concerned were apportioned:
 - Metropolitan: 38% apportioned “Somewhat Concerned” (21%) and “Very Concerned” (17%)
 - Regional: 37% apportioned “Somewhat Concerned” (19%) and “Very Concerned” (18%)
 - Rural: 36% apportioned “Somewhat Concerned” (20%) and “Very Concerned” (16%)



COVID-19 Booster Vaccination

12

69% have had their 1st COVID-19 booster vaccination

3. Have you had your 1st COVID-19 booster vaccination (3rd COVID-19 vaccination)?

69% have had their 1st COVID-19 booster vaccination

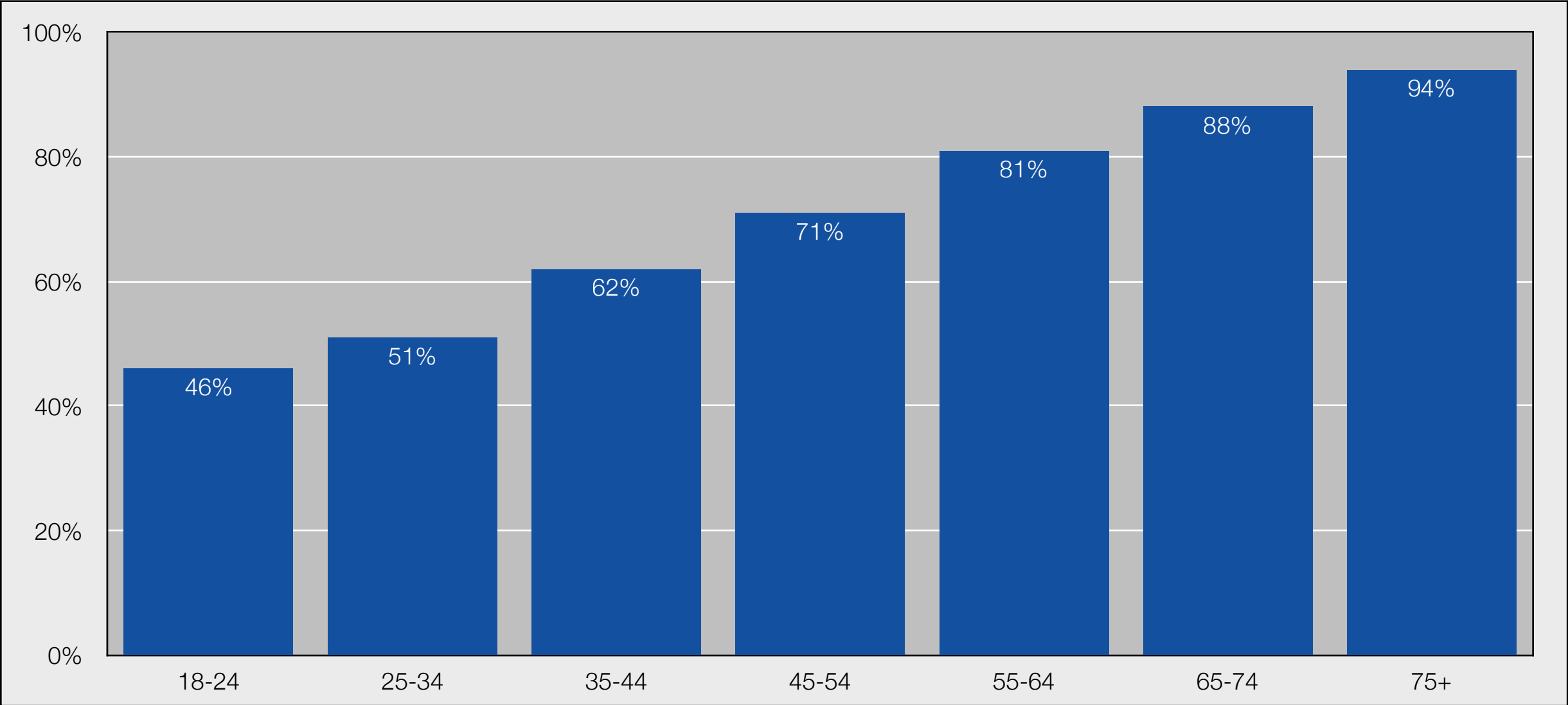
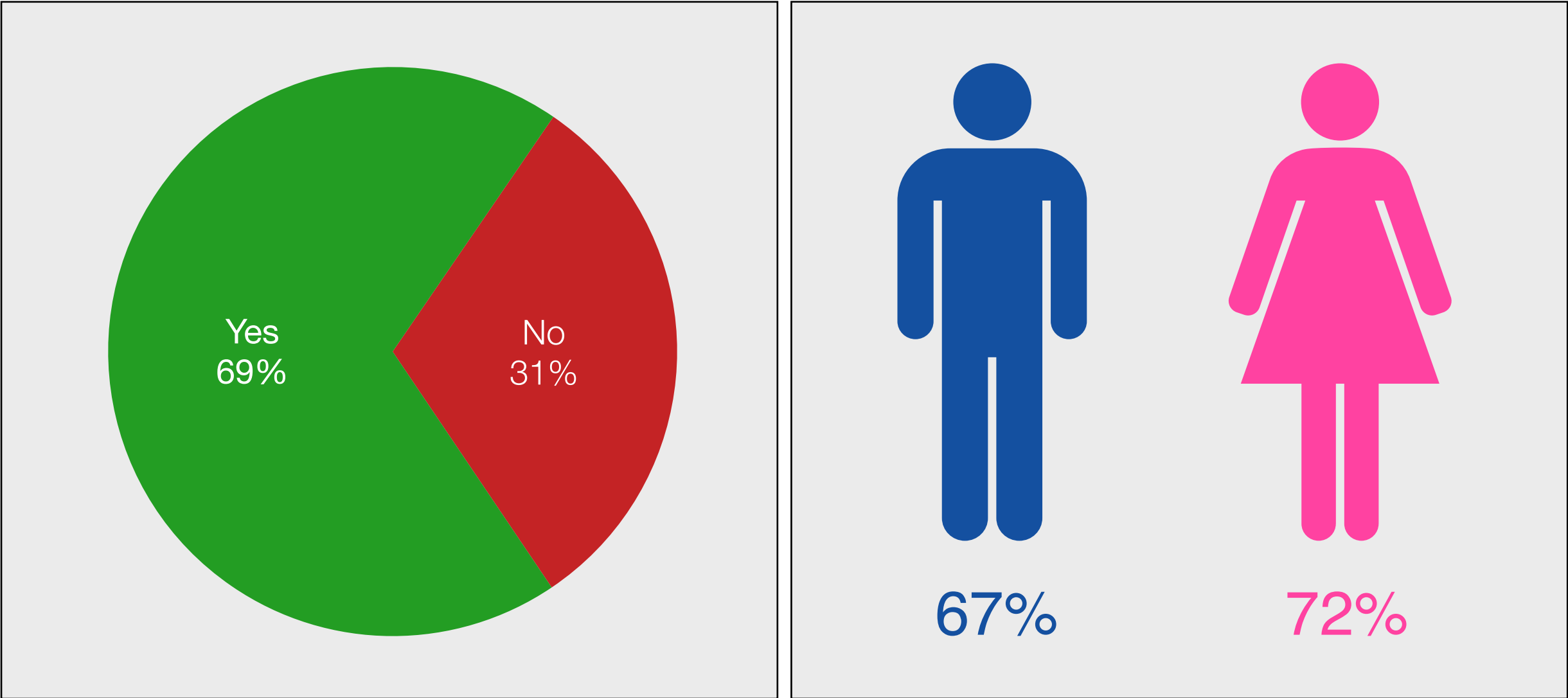
- For the question, illustrated in the opposite, top chart:
 - 69% answered “Yes”
 - 31% answered “No”

Highest incidence amongst women

- There was a higher incidence amongst women to have had their 1st COVID-19 booster vaccination:
 - 72% of women answered “Yes”; compared to 67% of men

Age the major factor, with incidence increasing with age

- As illustrated in the chart opposite, age was the major factor amongst those who answered “Yes” that they have had their 1st COVID-19 booster vaccination, with the incidence increasing with age:
 - 46% of those aged 18-24 years & 51% (25-34) answered “Yes”, increasing to:
 - 62% (35-44)
 - 71% (45-54)
 - 81% (55-64)
 - 88% (65-74)
 - 94% (75+)



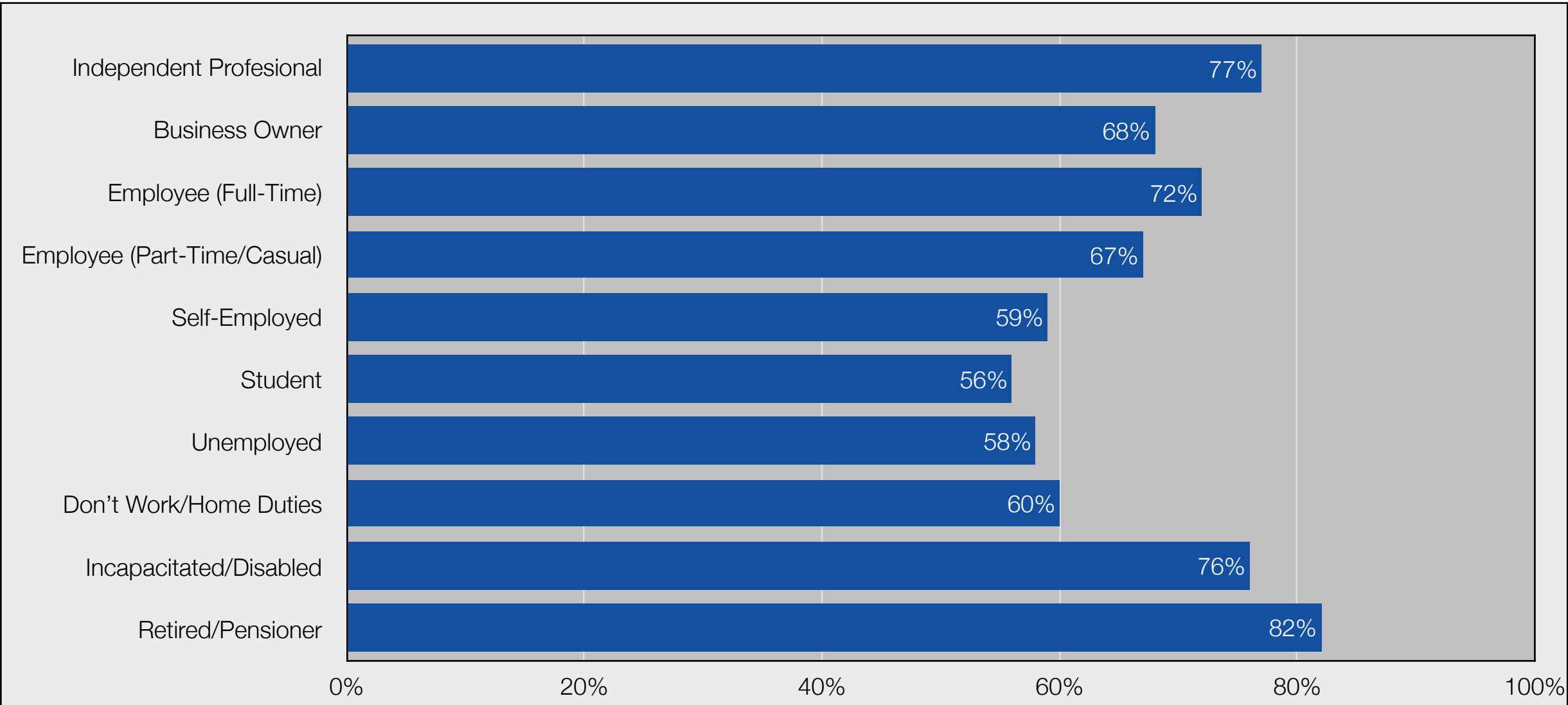
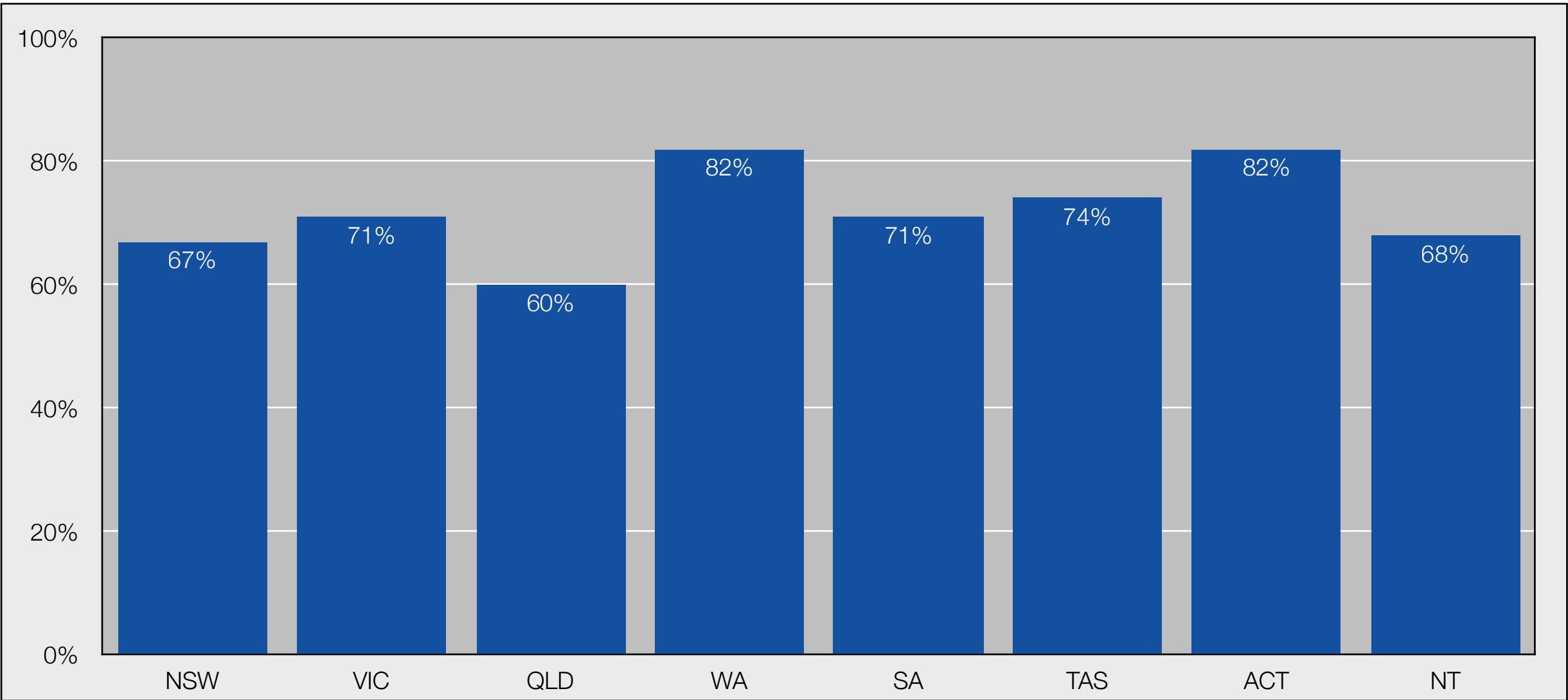
Variation across geographic areas & socio-economic criteria

Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
 - ACT & WA had the highest proportion who answered “Yes” (82%), followed by TAS (74%)
 - VIC & SA (71%)
 - NT (68%)
 - NSW (67%)
 - QLD (60%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Metropolitan areas had the highest proportion who answered “Yes” (70%)
 - Regional (68%)
 - Rural (63%)

Variation across occupation

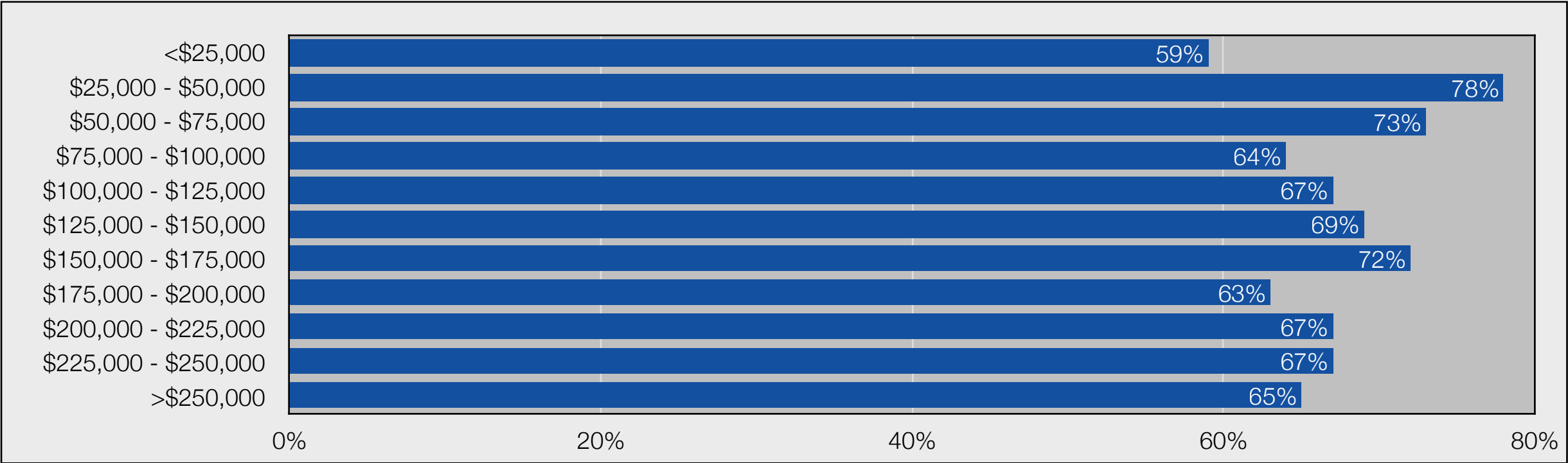
- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” where:
 - “Retired/Pensioner” had the highest response to “Yes” (82%), followed by “Independent Professional” (77%) & “Incapacitated/Disabled” (76%)
 - “Student” (56%), “Unemployed” (58%) & “Self-Employed” (59%) had the lowest responses to “Yes”



Variation across other demographic & socio-economic criteria

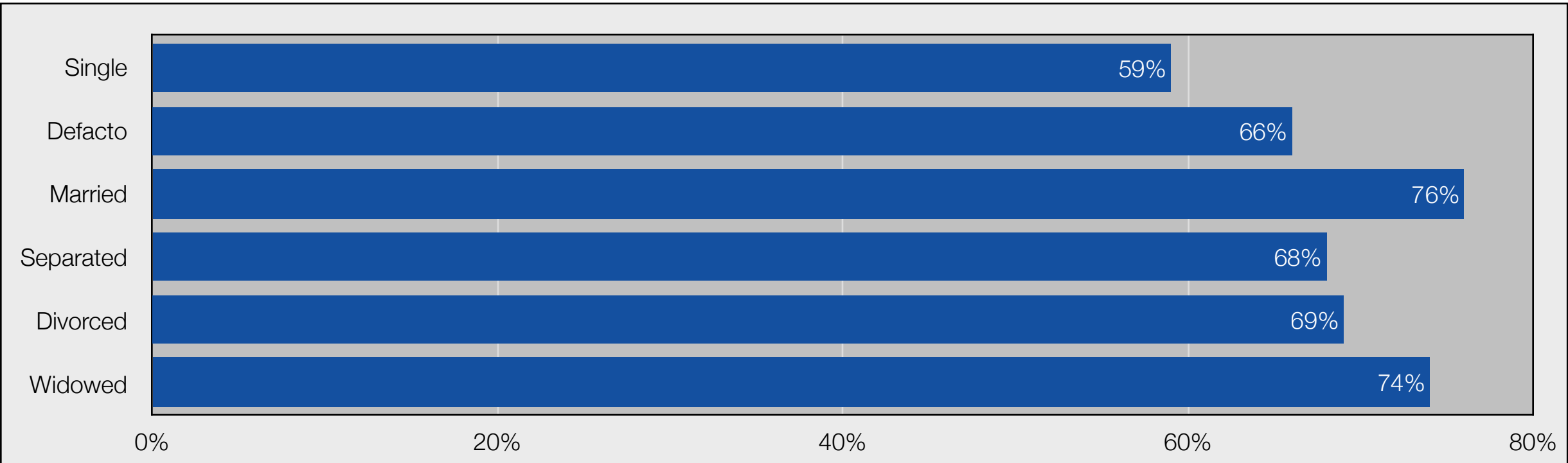
Variation based on household income

- 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” (78%), followed by “\$50,000 - \$75,000” (73%) & “\$150,000 - \$175,000” (72%)
 - The lowest response to “Yes” based on household income was from “<\$25,000” (59%); “\$175,000 - \$200,000” (63%) & “\$75,000 - \$100,000” (64%)



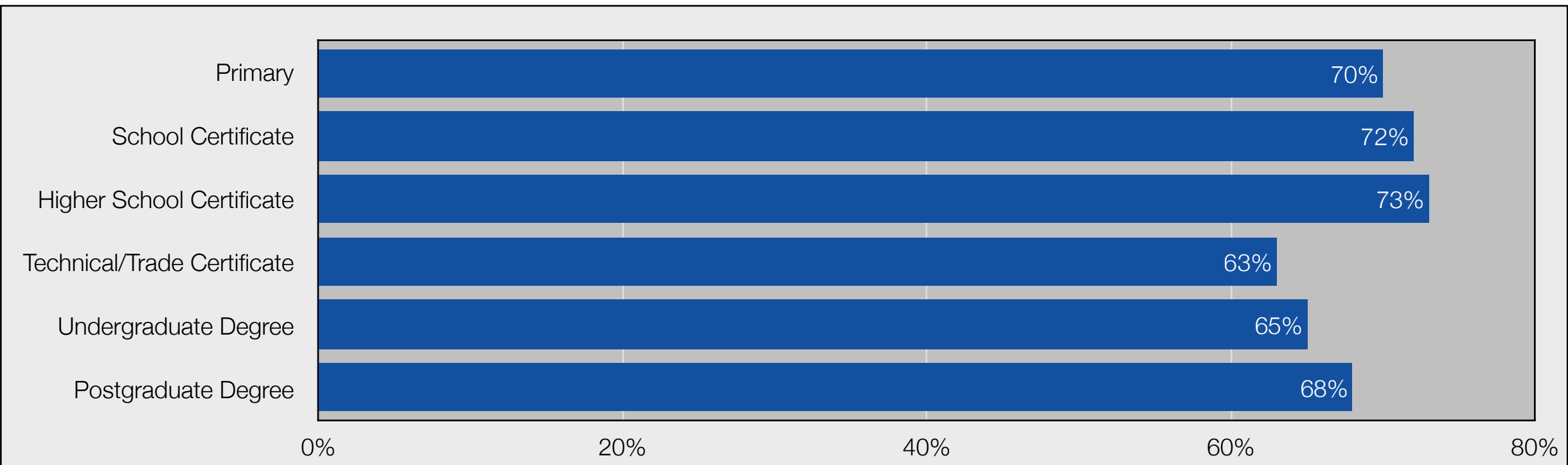
Variation across marital status

- 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” (76%) or “Widowed” (74%) had the highest responses to “Yes”
 - Conversely, those who were “Single” (59%) or “Defacto” (66%) 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” (73%) & “School Certificate” (72%) had the highest responses to “Yes”
 - Conversely, those with “Technical/Trade Certificate” (63%) & “Undergraduate Degree” (65%) had the lowest responses to “Yes”



38% are waiting for something better

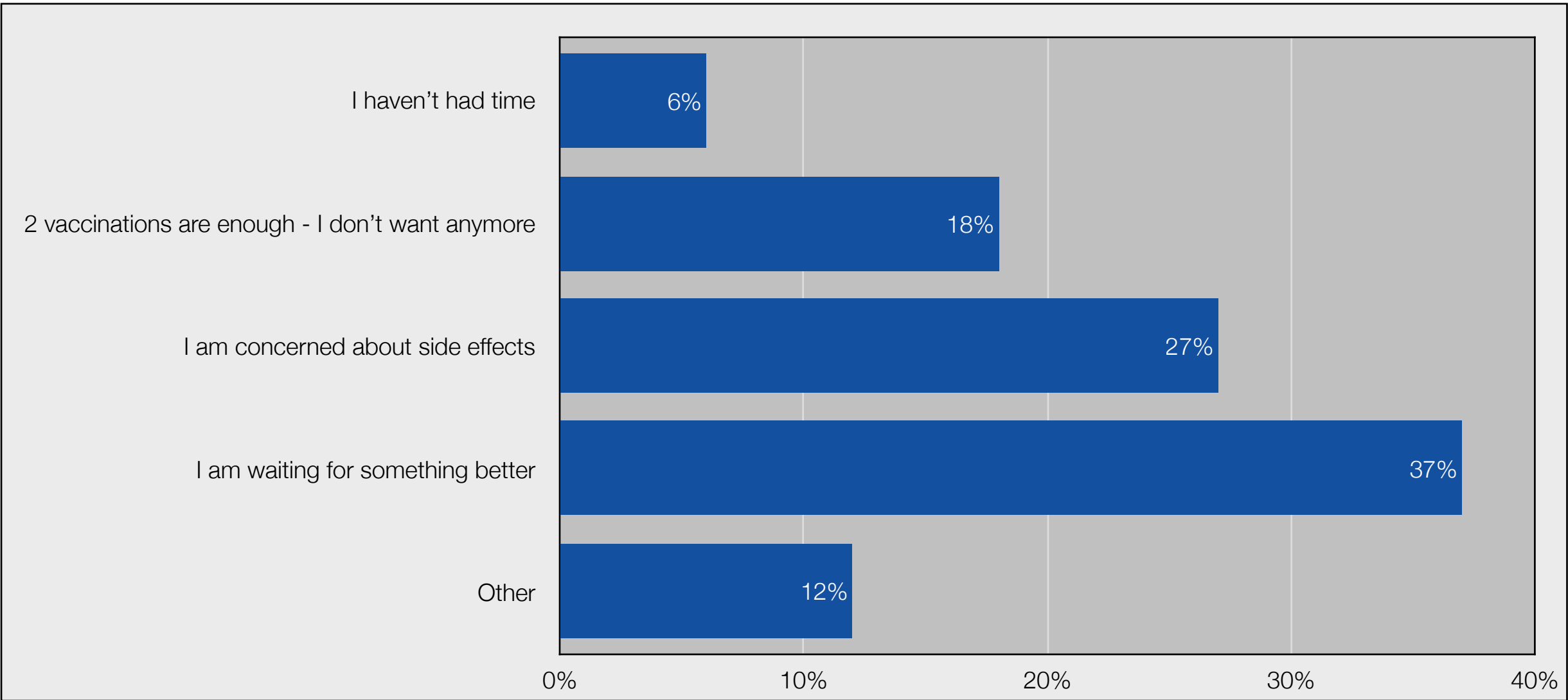
4. If not, why haven't you had your 1st COVID-19 booster vaccination (3rd COVID-19 vaccination)?

38% are waiting for something better

- For the question, illustrated in the opposite, top chart:
 - The most common response, accounting for 37% of overall responses was “I am waiting for something better”
 - The second most common response was “I am concerned about side effects” (27%)
 - “2 vaccinations are enough - I don't want anymore” (18%)
 - “I haven't had time” (6%)
 - “Other” (12%)

Differences across gender and age

- There were notable differences in responses gender age, where:
 - Men had the highest responses to “I am waiting for something better” (41%), compared to women (35%) and “2 vaccinations are enough - I don't want anymore” (21%), compared to women (16%)
 - Women had the highest responses to “I am concerned about side effects” (29%), compared to men (25%) and “I haven't had time” (10%), compared to men (8%)
- In terms of age, the main differences were:
 - The younger age groups (18-24 & 25-34) had the highest response to “I am waiting for something better” (43%), compared to those aged 65+ who had the lowest response (26%)
 - Middle-aged groups (35-44 & 45-54) had the highest response to “2 vaccinations are enough - I don't want anymore” (22%) & “I haven't had time” (12%)
 - Those aged 45-54 had the highest response to “I am concerned about side effects” (29%)



Minor differences across States, Territories & geographical areas

- There were some differences across geographical areas, those of note being:
 - The highest responses for “I am waiting for something better” were from NSW (42%) and VIC (40%)
 - The highest responses for “I am concerned about side effects” were from QLD (29%) and SA (28%)
 - The highest responses for “2 vaccinations are enough - I don't want anymore” were from QLD (23%) and NSW (21%)
 - The highest responses for “I haven't had time” were from NSW & VIC (10%)

Other reasons given for not having had 1st booster

“Other” responses

- 12% gave “Other” as their response, where they were asked to state it, which were analysed, the the most common found were:
 - “Doesn’t offer protection against Omicron variants” was the most common response given, accounting for 19% of all “Other” responses
 - “It is still too soon after initial double-vaccination” (16%)
 - “Concerned about future negative effects on the body” (13%)
 - “Do not wish to get on the endless cycle of requiring boosters” (10%)
 - “Have had COVID and have some natural immunity” (8%)
 - “Current Omicron variants are not very dangerous” (7%)
 - “Do not believe they are necessary” (6%)
 - “Recently had COVID and currently waiting until can have my 1st booster” (4%)

42% plan to get a 2nd booster

5. If you have already received your 1st COVID-19 booster vaccination (3rd COVID-19 vaccination), do you plan to get a 2nd booster?

Asked to the 69% who have had their 1st COVID-19 booster vaccination

- This question was asked only to the 69% who answered “Yes” in the previous question, that they had their 1st COVID-19 booster vaccination (3rd COVID-19 vaccination).

42% plan to get a 2nd booster

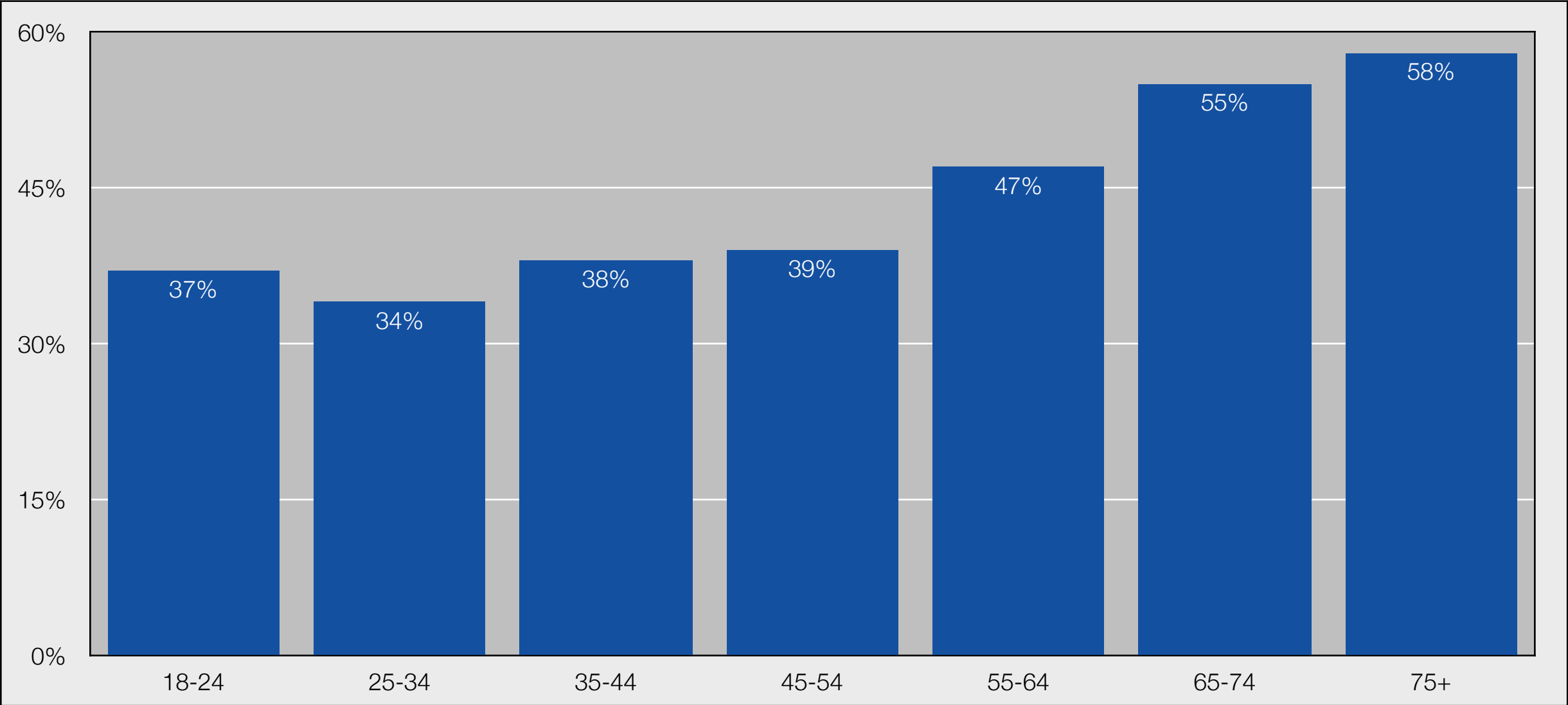
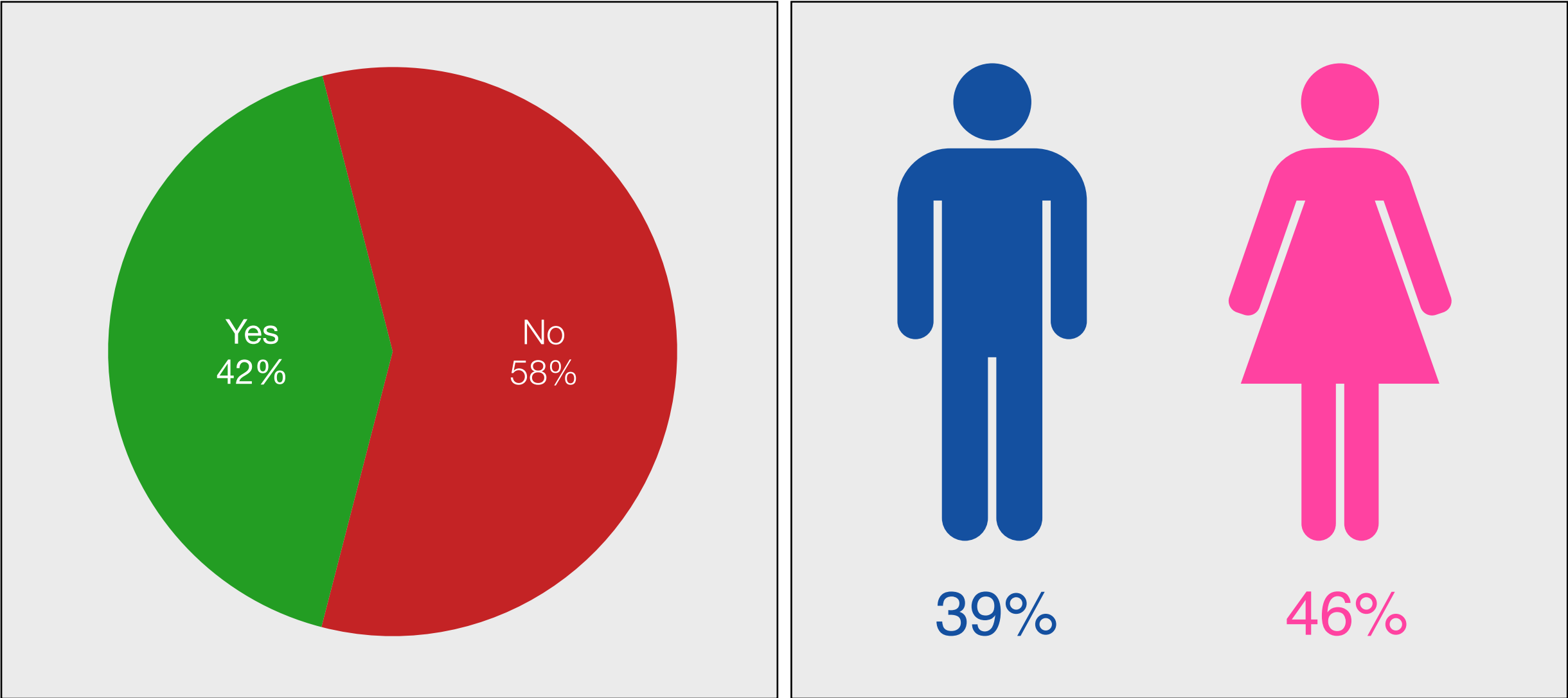
- For the question, illustrated in the opposite, top chart:
 - 42% answered “Yes”
 - 58% answered “No”

Highest incidence amongst women

- There was a higher incidence amongst women who intend to get a 2nd booster:
 - 46% of women answered “Yes”; compared to 39% of men

Age the main factor, increasing with age

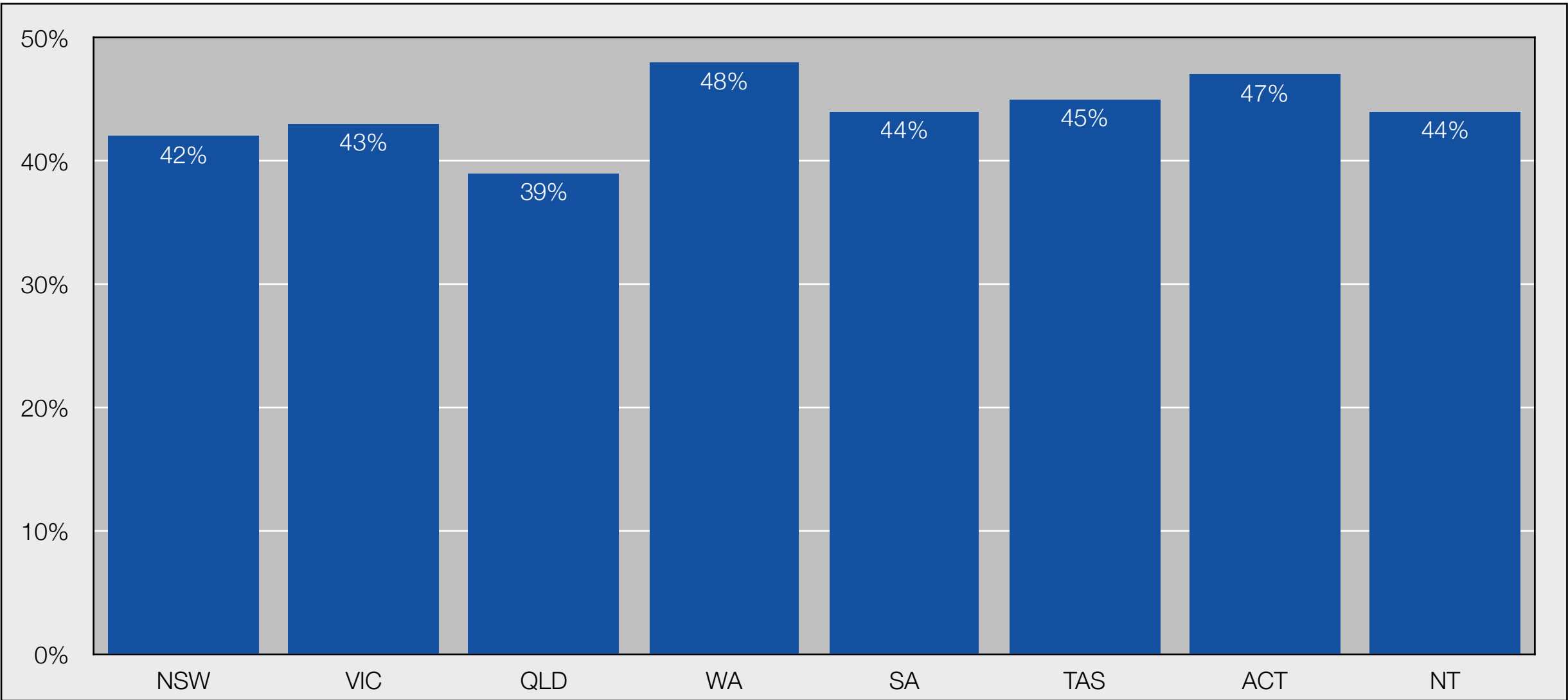
- As illustrated in the chart opposite, age was the main factor amongst those who answered “Yes” where:
 - 37% of those aged 18-24 years & 34% (25-34) answered “Yes”, increasing to:
 - 38% (35-44); 39% (45-54); 47% (55-64); 55% (65-74) and 58% (75+)



Variation across geographic areas & socio-economic criteria

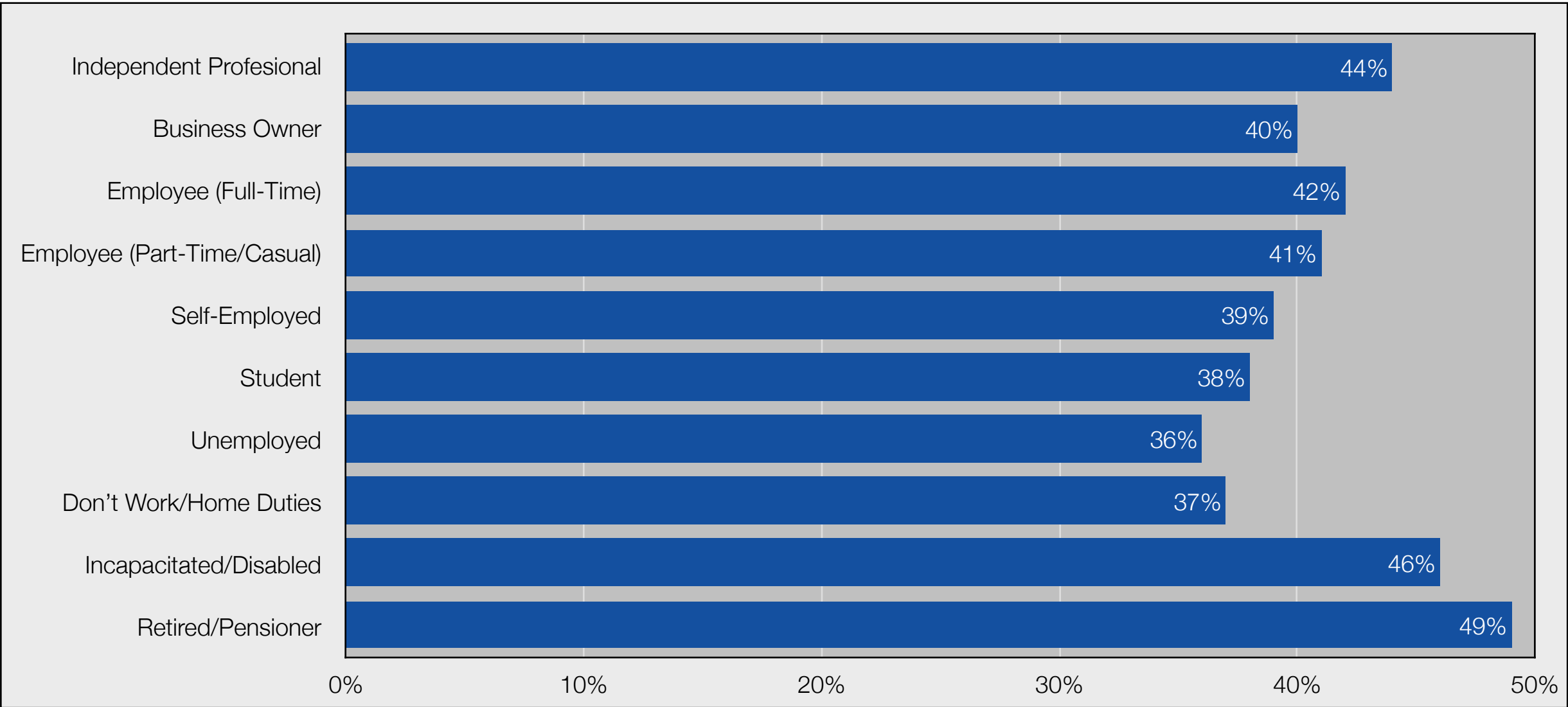
Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
 - WA had the highest proportion who answered “Yes” (48%), followed by ACT (47%)
 - TAS (45%)
 - SA & NT (44%)
 - VIC (43%)
 - NSW (42%)
 - QLD (39%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Metropolitan areas had the highest proportion who answered “Yes” (43%)
 - Regional (40%)
 - Rural (37%)



Variation across occupation

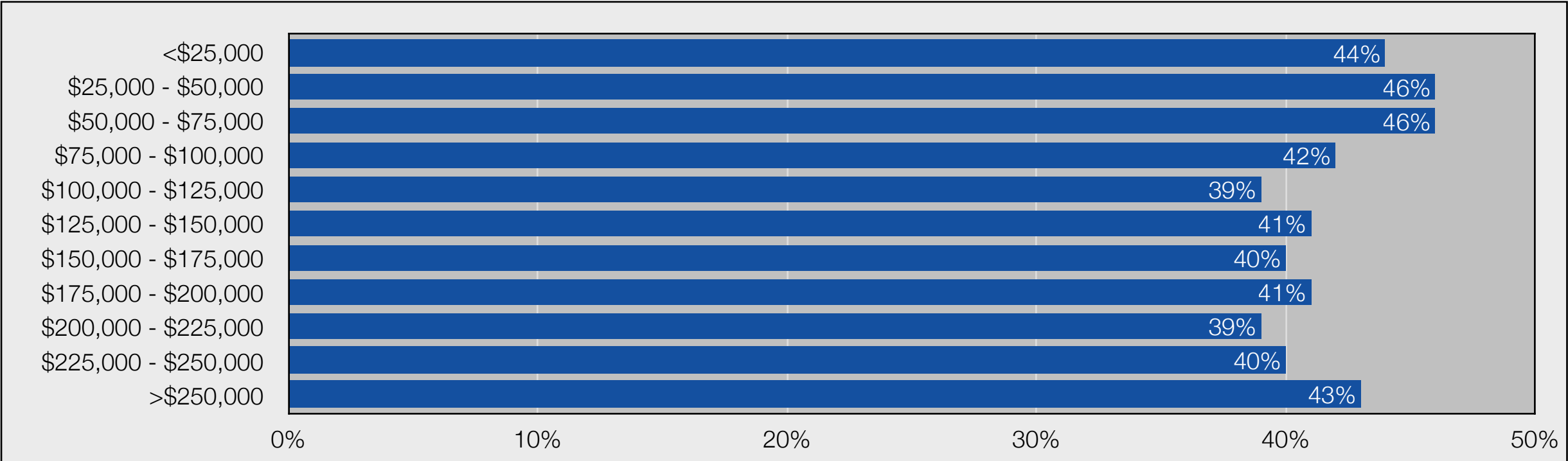
- Across the socio-economic criteria, occupation had the highest level of variation in responses amongst those who answered “Yes” where:
 - “Retired/Pensioner” had the highest response to “Yes” (49%), followed by “Incapacitated/Disabled” (46%) & “Independent Professional” (44%)
 - “Unemployed” (36%), “Don’t Work/Home Duties” (37%) & “Student” (38%) had the lowest responses to “Yes”



Variation across other demographic & socio-economic criteria

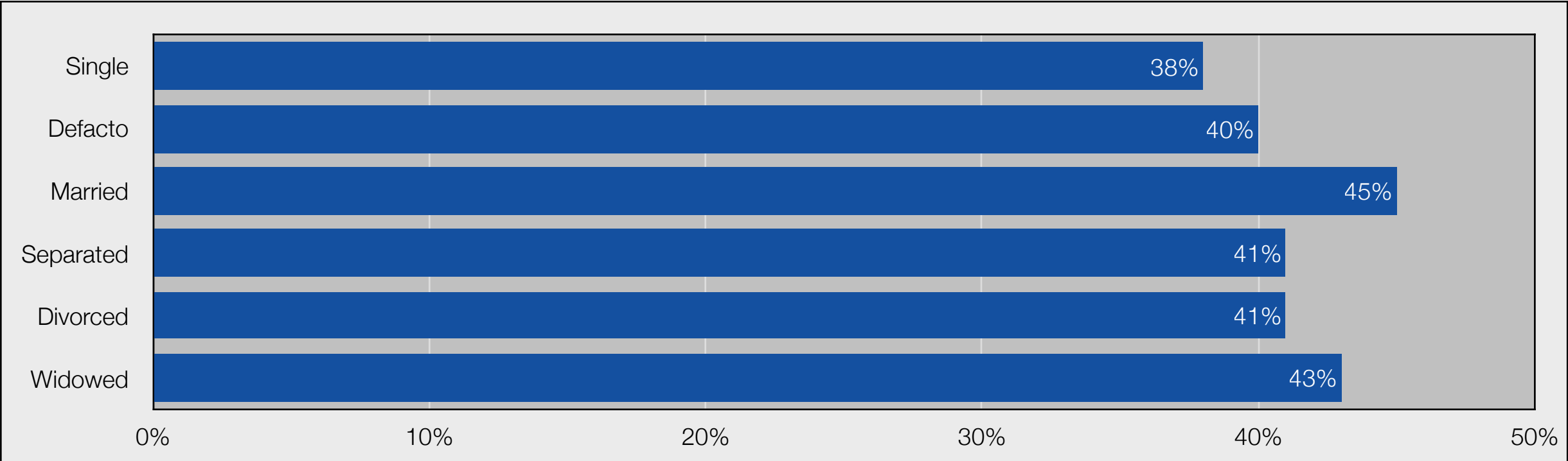
Variation based on household income

- There was variation across household income, amongst those who answered “Yes” as shown in the opposite top chart:
 - “\$25,000 - \$50,000” & “\$50,000 - \$75,000” had the highest response to “Yes” (46%), followed by “<\$25,000” (44%)
 - The lowest response to “Yes” based on household income was from “\$100,000 - \$125,000” & “\$200,000 - \$225,000” (39%), followed by “\$225,000 - \$250,000” (40%)



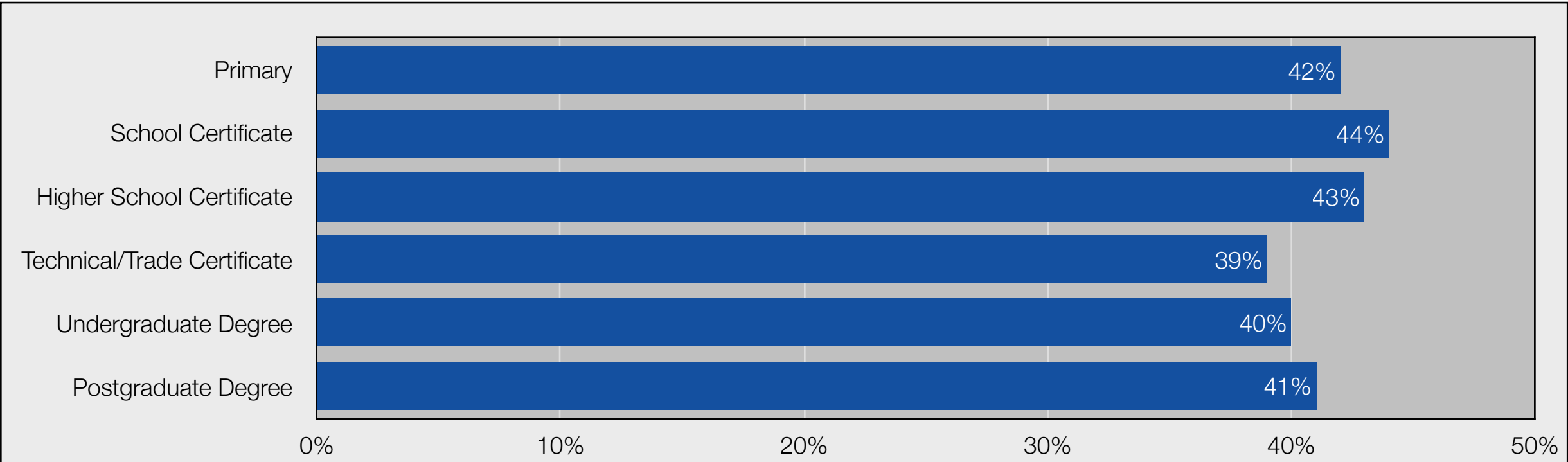
Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart:
 - Those who were “Married” (45%) or “Widowed” (43%) had the highest responses to “Yes”
 - Conversely, those who were “Single” (38%) or “Defacto” (40%) 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 “School Certificate (44%) & “Higher School Certificate” (43%) had the highest responses to “Yes”
 - Conversely, those with “Technical/Trade Certificate” (39%) & “Undergraduate Degree” (40%) had the lowest responses to “Yes”



41% are waiting for something better

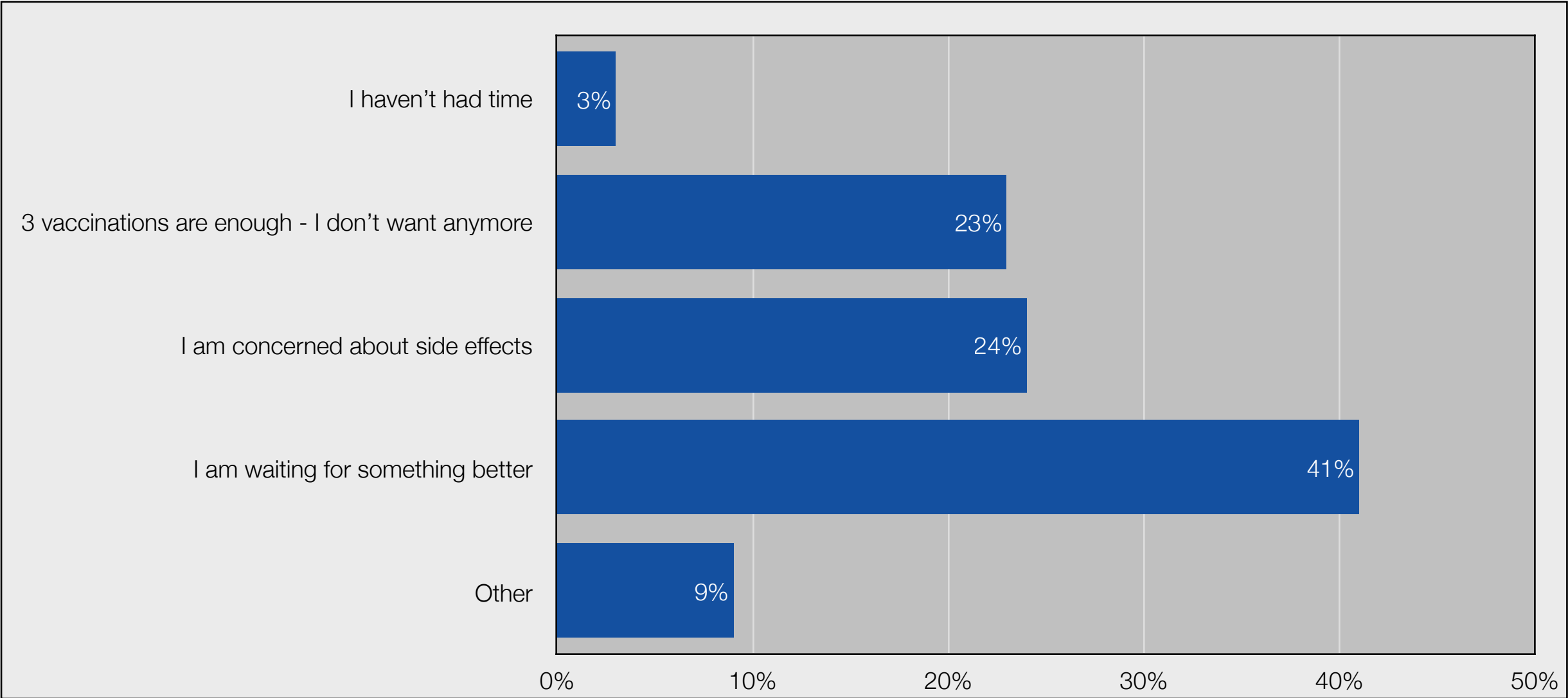
6. If not, why don't you plan to get your 2nd COVID-19 booster (4th COVID-19 vaccination)?

41% are waiting for something better

- For the question, illustrated in the opposite, top chart:
 - The most common response, accounting for 41% of overall responses was “I am waiting for something better”
 - The second most common response was “I am concerned about side effects” (24%)
 - “3 vaccinations are enough - I don't want anymore” (23%)
 - “I haven't had time” (3%)
 - “Other” (9%)

Differences across gender and age

- There were notable differences in responses gender age, where:
 - Men had the highest responses to “3 vaccinations are enough - I don't want anymore” (26%), compared to women (21%) and “I am waiting for something better” (43%), compared to women (39%)
 - Women had the highest responses to “I am concerned about side effects” (28%), compared to men (21%) and “I haven't had time” (4%), compared to men (2%)
- In terms of age, the main differences were:
 - The younger age groups (18-24 & 25-34) had the highest response to “I am waiting for something better” (46%), compared to those aged 65+ who had the lowest response (27%)
 - Middle-aged groups (35-44 & 45-54) had the highest response to “3 vaccinations are enough - I don't want anymore” (26%) & “I haven't had time” (5%)
 - Those aged 35-44 had the highest response to “I am concerned about side effects” (28%), compared to those aged 65+ who had the lowest (19%)



Minor differences across States, Territories & geographical areas

- There were some differences across geographical areas, those of note being:
 - The highest responses for “I am waiting for something better” were from NSW (44%); ACT (43%) and WA (42%)
 - The highest responses for “I am concerned about side effects” were from SA (28%) and QLD (27%)
 - The highest responses for “3 vaccinations are enough - I don't want anymore” were from QLD (27%); NSW (25%) and SA (25%)
 - The highest responses for “I haven't had time” were from ACT (4%) and NSW (3%)

Other reasons given for not planning to have 2nd booster

“Other” responses

- 9% gave “Other” as their response, where they were asked to state it, which were analysed, the the most common found were:
 - “Doesn’t offer protection against Omicron variants” was the most common response given, accounting for 21% of all “Other” responses
 - “It is still too soon after the 1st booster” (16%)
 - “Concerned about future negative effects on the body” (12%)
 - “Current Omicron variants are not very dangerous” (11%)
 - “Do not wish to get on the endless cycle of requiring boosters” (9%)
 - “Have had COVID and have some natural immunity” (6%)
 - “Believe COVID is coming to an end and future vaccination will not be needed” (6%)

59% would have a COVID-19 vaccine with Omicron protection

7. If a new COVID-19 vaccine was available that included protection against the Omicron variant, would you consider having it?

59% would have a COVID-19 vaccine with Omicron protection

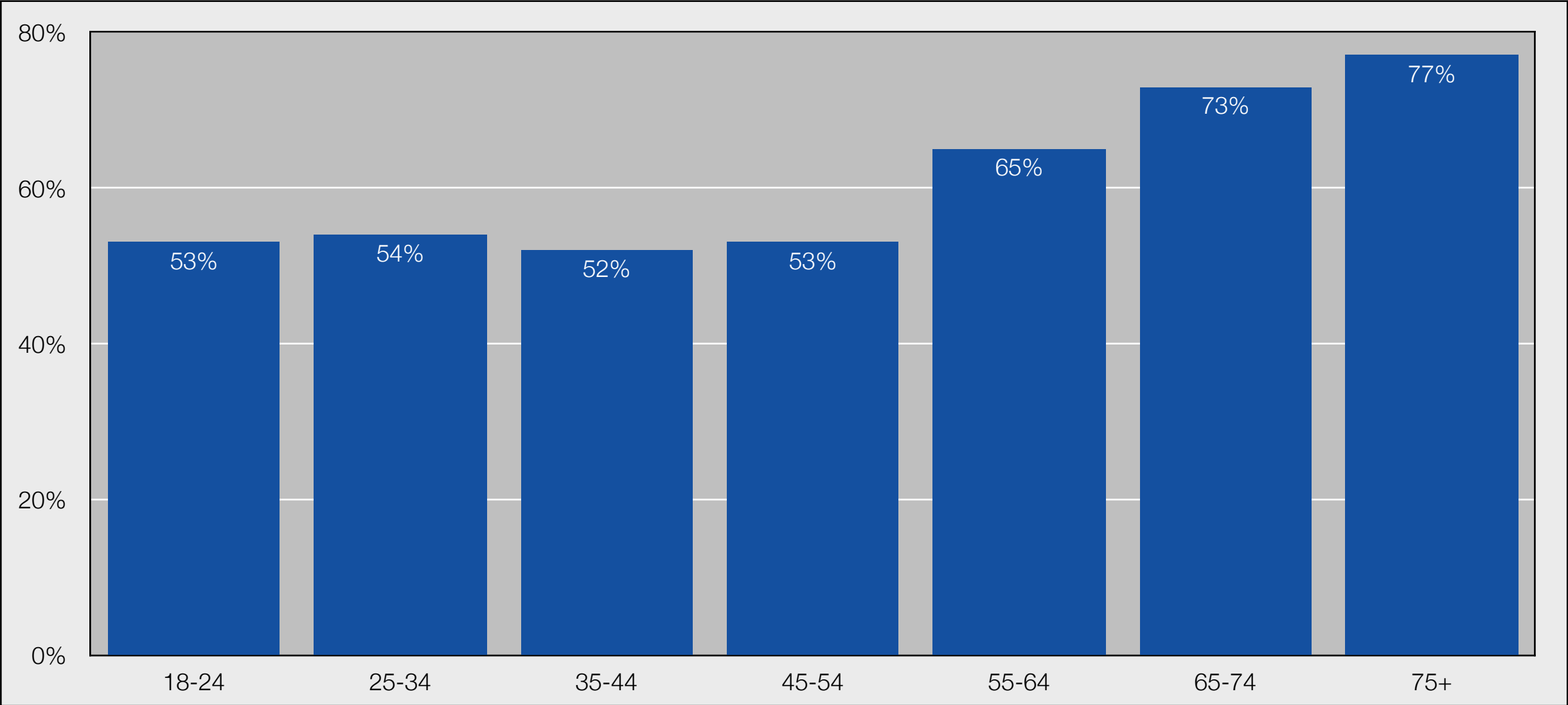
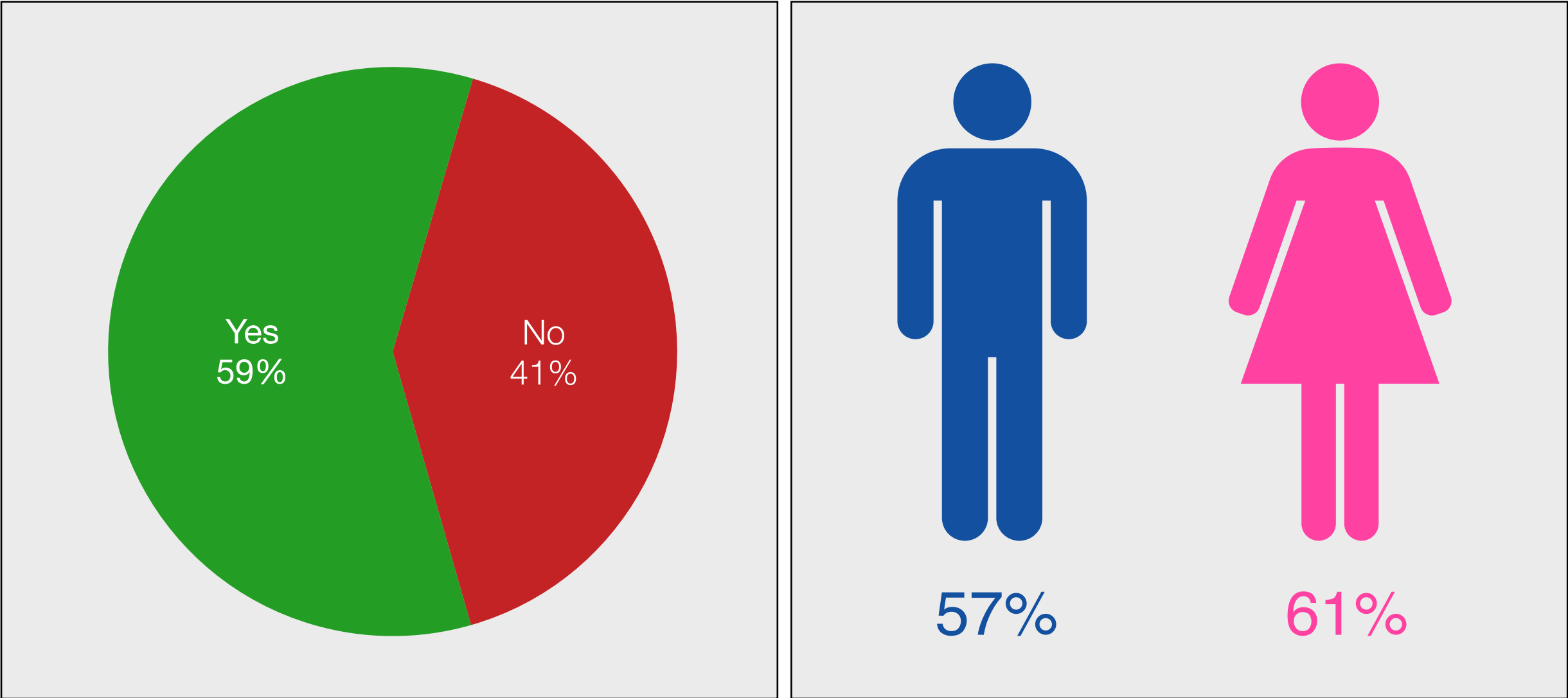
- For the question, illustrated in the opposite, top chart:
 - 59% answered “Yes”
 - 41% answered “No”

Higher incidence amongst women

- There was a higher incidence amongst women who answered “Yes”:
 - 61% of women answered “Yes”; compared to 57% of men

Age a factor, increasing amongst those 55+

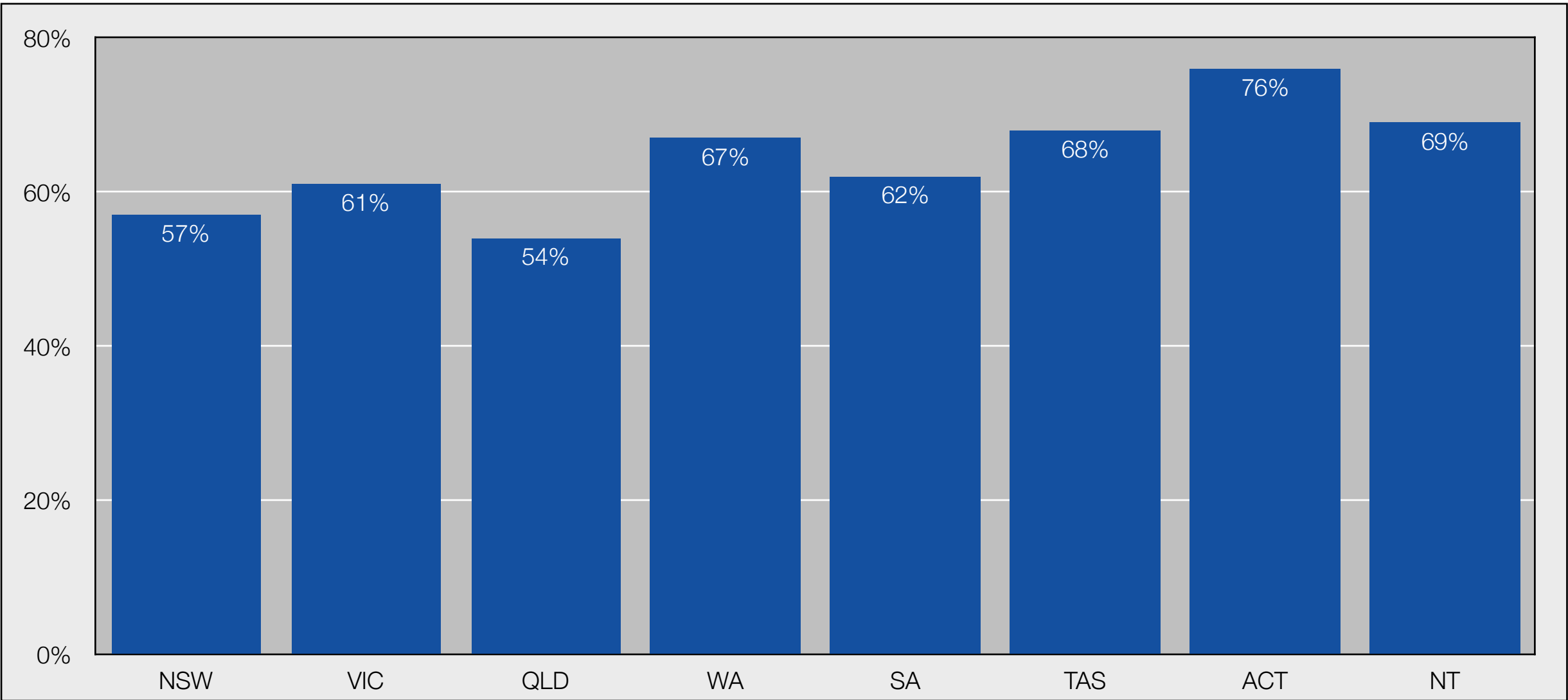
- As illustrated in the chart opposite, age was a factor amongst those who answered “Yes” specifically there was a sharp increase amongst those aged 55+:
 - 53% of those aged 18-24 years & 54% (25-34) answered “Yes”, followed by:
 - 52% (35-44); 53% (45-54), then increasing to:
 - 65% (55-64)
 - 73% (65-74)
 - 77% (75+)



Variation across geographic areas & socio-economic criteria

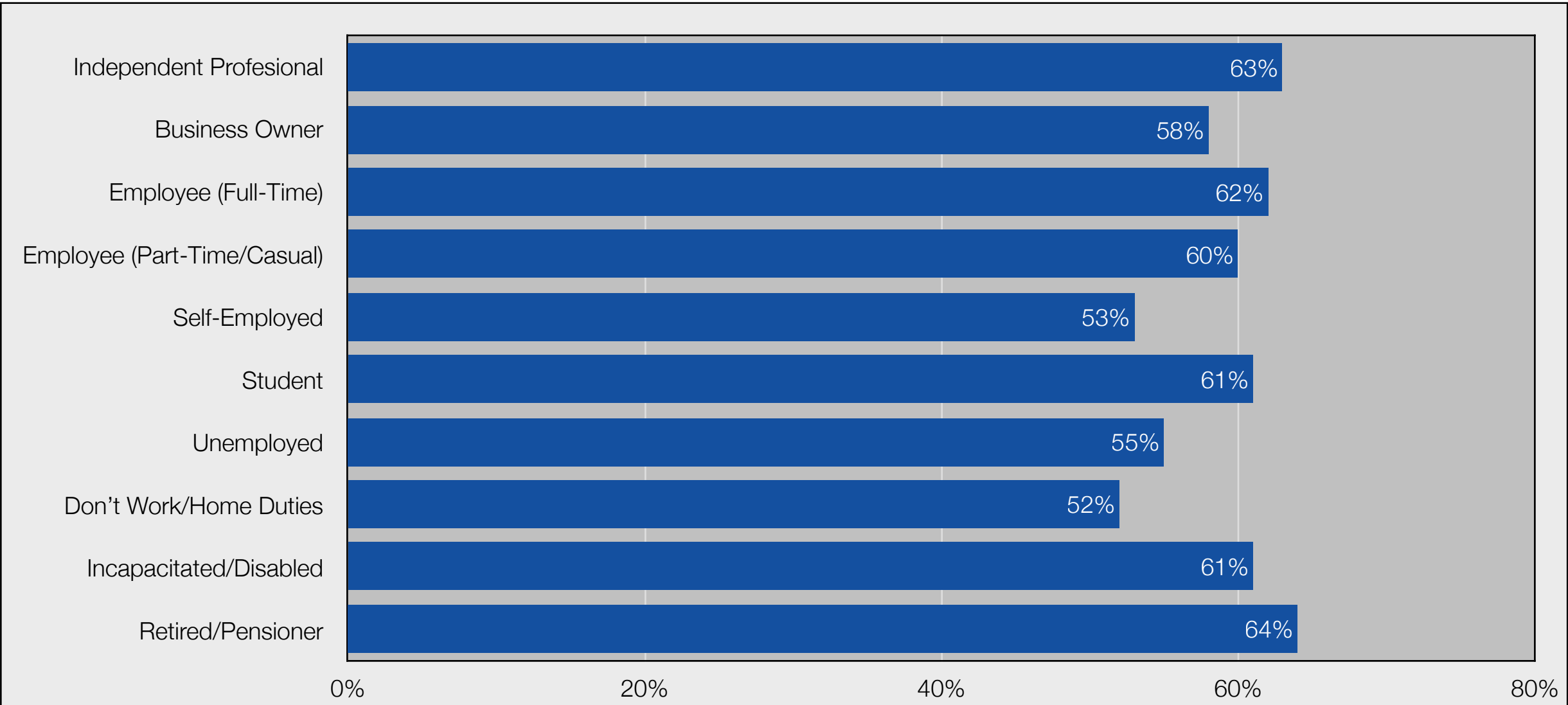
Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
 - ACT had the highest proportion who answered “Yes” (76%), followed by NT (69%)
 - TAS (68%)
 - WA (67%)
 - SA (62%)
 - VIC (61%)
 - NSW (57%)
 - QLD (54%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Metropolitan areas had the highest proportion who answered “Yes” (60%)
 - Regional (58%)
 - Rural (54%)



Variation across occupation

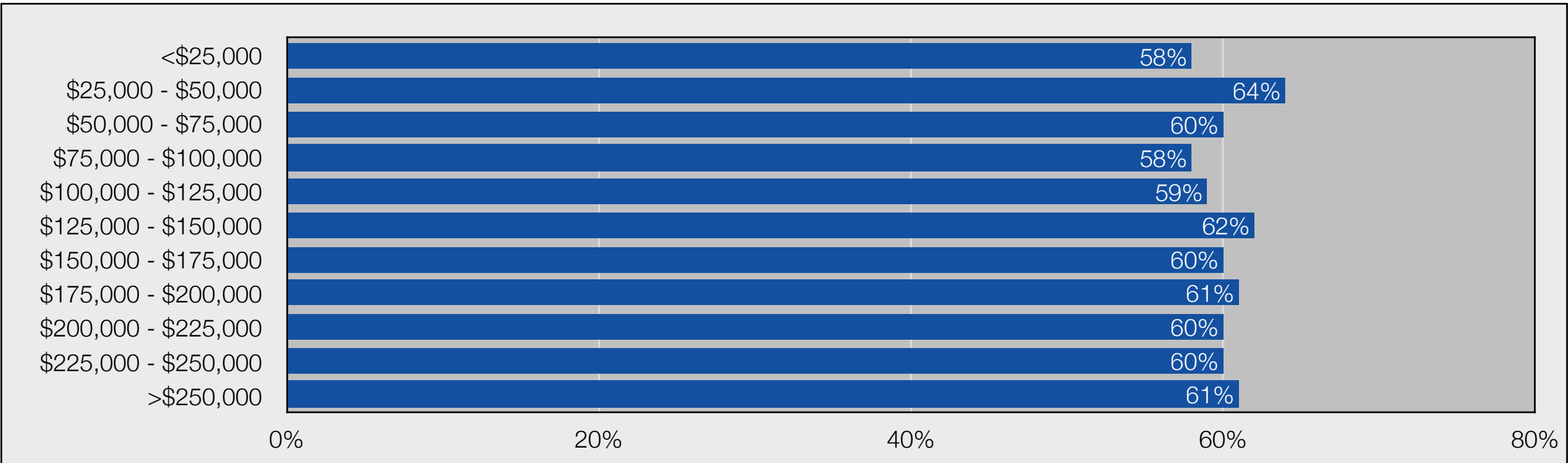
- Across the socio-economic criteria, occupation had variation in responses amongst those who answered “Yes” where:
 - “Retired/Pensioner” had the highest response to “Yes” (64%), followed by “Independent Professional” (63%) & “Employee (Full-Time)” (62%)
 - “Don’t Work/Home Duties” (52%), “Self-Employed” (53%) & “Unemployed” (55%) had the lowest responses to “Yes”



Variation across other demographic & socio-economic criteria

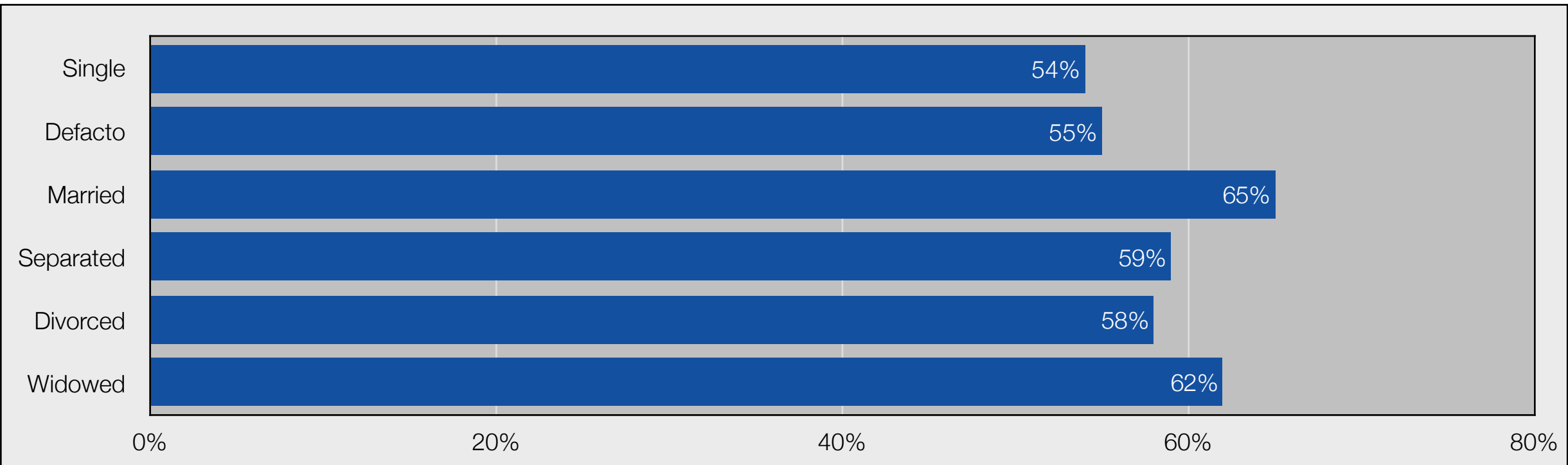
Variation based on household income

- 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” (64%), followed by “\$125,000 - \$150,000” (62%)
 - The lowest response to “Yes” based on household income was from “<\$25,000” & \$75,000 - \$100,000 (58%), followed by “\$100,000 - \$125,000” (59%)



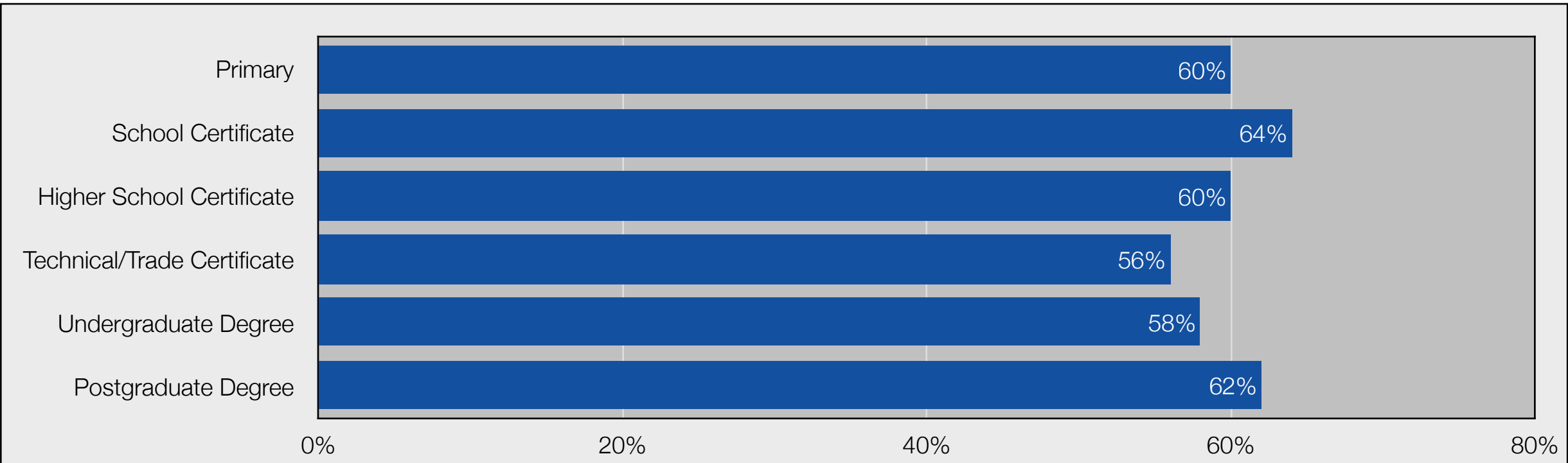
Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart:
 - Those who were “Married” (65%) or “Widowed” (62%) had the highest responses to “Yes”
 - Conversely, those who were “Single” (54%) or “Defacto” (55%) 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 “School Certificate” (64%) & “Postgraduate Degree” (62%) had the highest responses to “Yes”
 - Conversely, those with “Technical/Trade Certificate” (56%) & “Undergraduate Degree” (58%) had the lowest responses to “Yes”



Main reasons for having vaccine that included protection against Omicron variant

Being as fully protected as possible

- The majority in most focus groups said their main reason for having a COVID-19 vaccine that included protection against Omicron variant, would be because they wanted to be as fully protected as possible, to this end the main reasons given were:
 - Awareness that the current vaccines were not designed to be effective against the Omicron variant and just lessened symptoms
 - Attributed the high level of COVID cases throughout the year to Omicron and the fact that current vaccines were designed for the original Alpha variant, not Delta or Omicron
 - Viewed having a vaccine that included protection against the Omicron variants as their only form of protection now that restrictions have eased and life has largely returned to the way it was pre-pandemic
- A large percentage of the people who gave these responses, were working full-time or part-time and had high levels of concern about being exposed to Omicron in the workplace or commuting to work.

Feel more comfortable in public and living life

- The second most common response given was wanting a vaccine with Omicron protection to feel more comfortable in public and living life, such as:
 - Being able to go out to restaurants and shopping and feeling more protected
 - Being able to travel and feeling more protected
 - Being able to see family and friends, especially those in hospital or nursing homes
 - Being able to participate in social activities such as sporting and hobby groups, community and volunteering groups and to feel protected
- Most of the people who gave these responses, mentioned that they had not caught COVID yet and were still living life carefully to avoid getting it, they dominated participation in the online focus groups as they did not wish to attend the in-person focus groups.

"I would have one as soon as it was made available because from what I know, the Omicron variant is the only version of COVID that is being transmitted now and the Pfizer and Astra Zeneca vaccines we had and boosters that are still being given out were made before Omicron mutated, so they just lessen the symptoms if you get Omicron, they don't offer much protection against it."

Lorraine, 36, Account Director, Baulkham Hills (Sydney) NSW

"For three days a week now I sit in an office for eight to nine hours a day with about 60 others and I have no control about who they come into contact with each day, but obviously its people with COVID or more to the point, people with Omicron, because so many are getting it and one day soon I will, so I have to protect myself as best I can and the only way is getting the new vaccine with Omicron protection when it comes out."

Andrea, 49, Manager - Financial Services, Elsternwick (Melbourne) VIC

"It seems to me that most people have given up on protecting themselves against COVID now, when I go out shopping for example, only about 1 in 20 or 30 would be wearing a mask it seems, I look like the odd man out now, but I have lasted this long without getting it and the more we learn about long-COVID, the more I wish to avoid it, so as soon as the next vaccine with Omicron protection is released, I'll be having it as soon as I can."

Matthew, 54, Civil Engineer, Drummoyne (Sydney) NSW

"I would like to travel to the UK to see family, but catching COVID is the one thing that holds me back at the moment because it's everywhere here and there and in-between and as someone said earlier, its probably all Omicron now and the vaccines still haven't been updated against the Omicron variants, so I still don't feel safe until I can get a new booster that covers against these Omicron variants."

Maureen, 67, Retiree, Noranda (Perth) WA

Main reasons for not having vaccine that included protection against Omicron variant

Don't want any more COVID-19 vaccines

- The majority across all focus groups said their main reason for not having a COVID-19 vaccine that included protection against Omicron variant, was that they didn't want any more COVID-19 vaccines, specifically:
 - They simply don't want to have any more COVID-19 vaccines
 - They are dubious about the need to have ongoing boosters
 - They don't believe the vaccines are good for their body
- There was a slightly higher representation of men who took these views, in particular those in the 45-64 age range and women in the 18-44 age range.

Don't believe COVID-19 vaccines are necessary anymore

- The second most common response category given concerned a belief that COVID-19 vaccines are not necessary anymore.
- When probed, a diverse range of reasons were given for this view, though commonalities were found, these being:
 - Omicron and its variants are not severe and do not warrant further vaccination in people who are healthy, or who are not elderly
 - Doubt that vaccines have ever been effective against COVID-19 and its variants
 - With the less severe Omicron variants, COVID-19 is dying out and will continue to become less severe until it becomes a minor infection or extinguishes itself
- There was little variation across the demographic, geographic and socio-economic criteria, amongst the people who expressed these views, except few aged 65+.

Had COVID and don't believe require further vaccines

- Quite a large number of people, across a wide range of demographic, geographic and socio-economic criteria, stated that they have had COVID and as a consequence feel:
 - They have immunity now and do not wish to have further vaccines
 - Their experience having COVID was not severe and they are not worried about getting it again

"Personally, I don't want to have any more COVID shots, this time last year we were all lining up to have the two shots and we told that would be it, then early this year we were getting told to have boosters, it will never end and I don't think they are any good for you and I know loads of people who have had it (COVID-19) and none of them seemed to be very sick."

Malcolm, 55, Business Owner, New Lambton (Newcastle) NSW

"My main reason for answering no to this is because I don't think these vaccines are good for the body, I had the first two and my first booster and every time I was really unwell for a day or two and I've heard the same with other people, this shouldn't happen, so I've become sceptical about them and have decided not to have any more unless I really need to."

Su-Min, 29, Property Manager, Ashfield (Sydney) NSW

"I don't think the vaccines have ever been very good, look around the world where different vaccines were made, it's been the same everywhere, lots of people have caught it, some died, some have been very sick and some didn't even know they had it."

Brian, 61, Surveyor, Balcatta (Perth) WA

"I'm not worried about Omicron or COVID for that matter, I think what some people say is becoming true, it's dying out now like the Spanish Flu did, so I won't be getting this type of Omicron variant vaccine, this time next year I don't think it will be around much."

Jenny, 52, Casual Teacher (Primary), Engadine (Sydney) NSW

"I had it (COVID-19) in July and it would have been Omicron because it was just like having a very mild cold or flu for two or three days, so my attitude is that I now have some immunity and that's better than having another vaccine to give me immunity."

Ian, 43, Building Manager, Albion (Brisbane) QLD

37% would encourage others to have the Omicron protection vaccine

8. If yes, would you be encouraging others such as family and friends to do the same?

Asked to the 59% who would consider COVID-19 vaccine with Omicron protection

- This question was asked only to the 59% who answered “Yes” in the previous question, that they would consider having a new COVID-19 vaccine that included protection against the Omicron variant.

37% would encourage others to have the Omicron protection vaccine

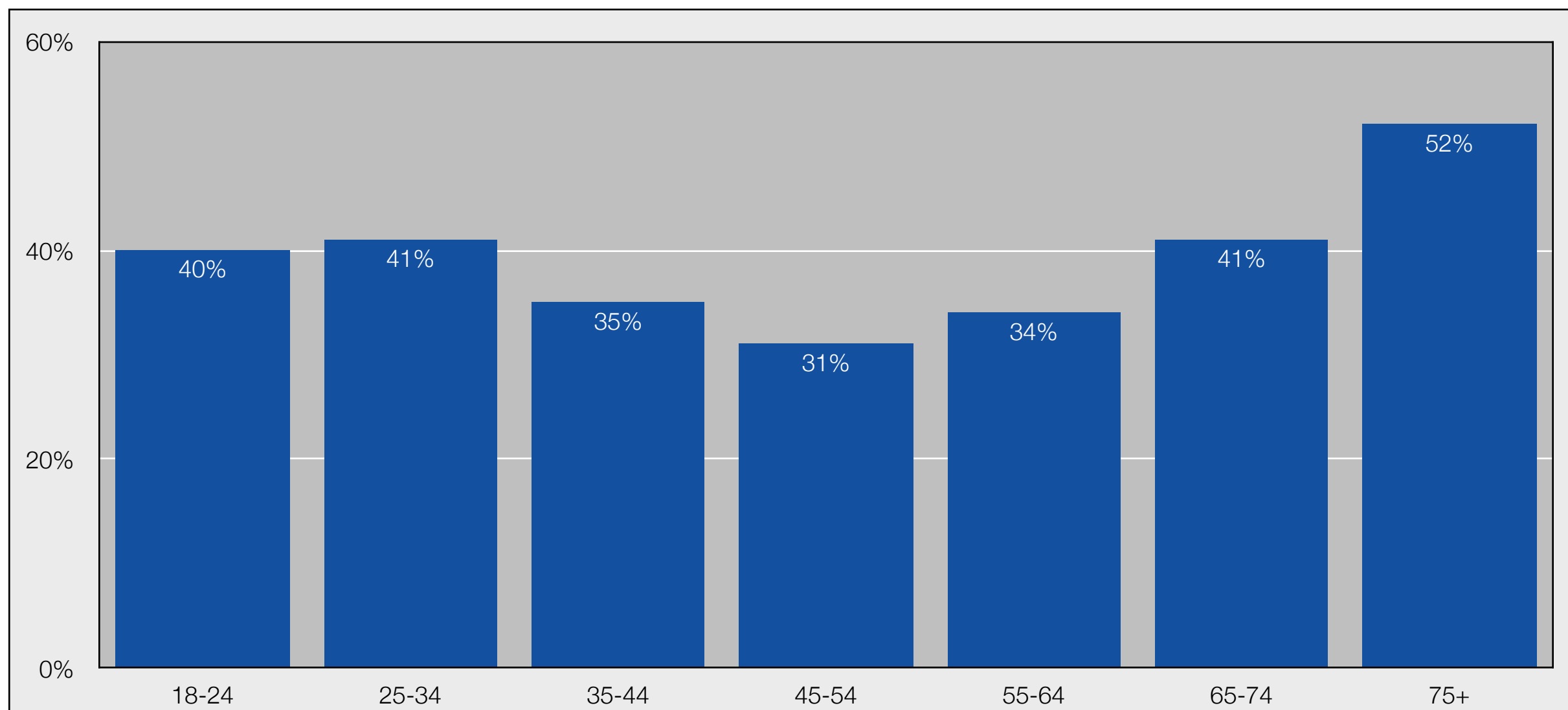
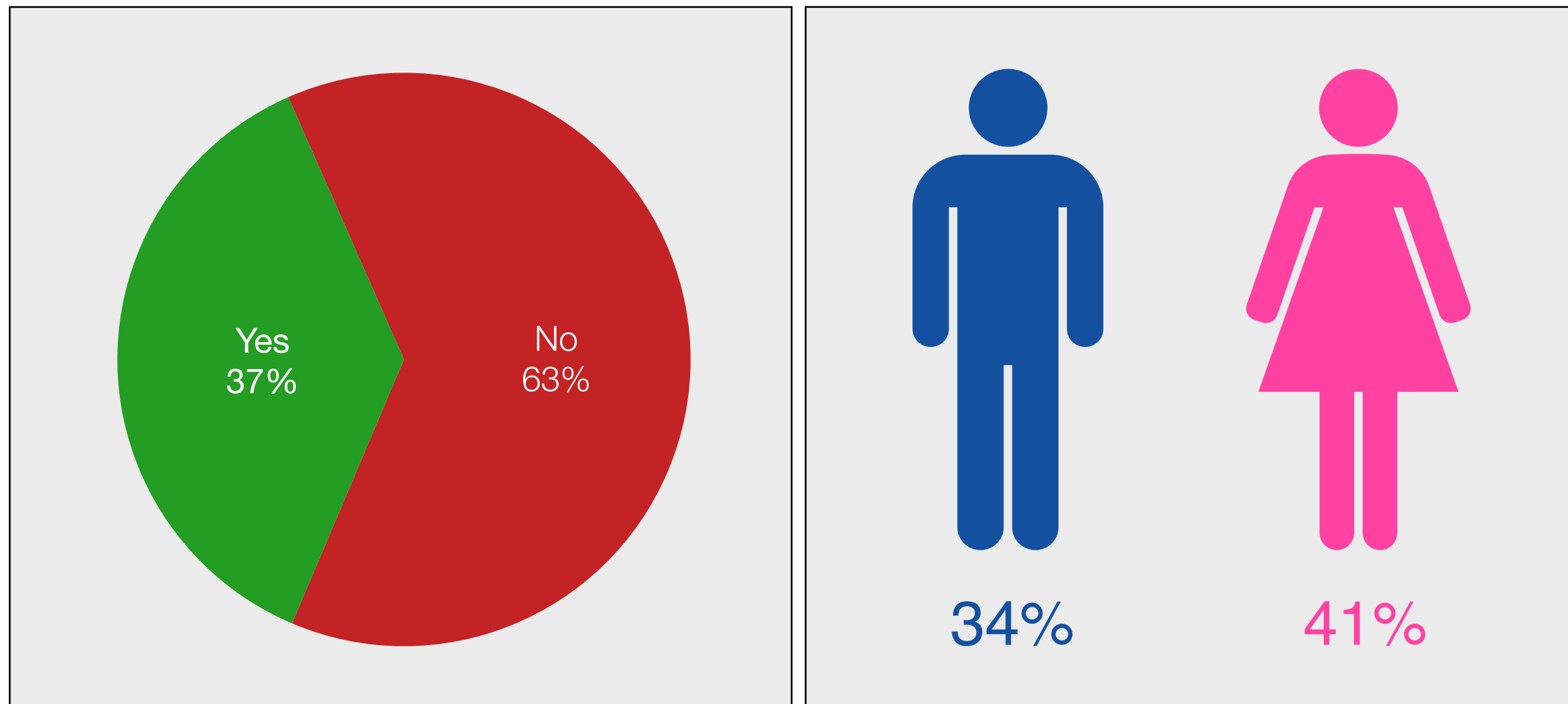
- For the question, illustrated in the opposite, top chart:
 - 37% answered “Yes”
 - 63% answered “No”

Highest incidence amongst women

- Women had a higher incidence in answering “Yes” where:
 - 41% of women answered “Yes”; compared to 34% of men

Variance across age groups

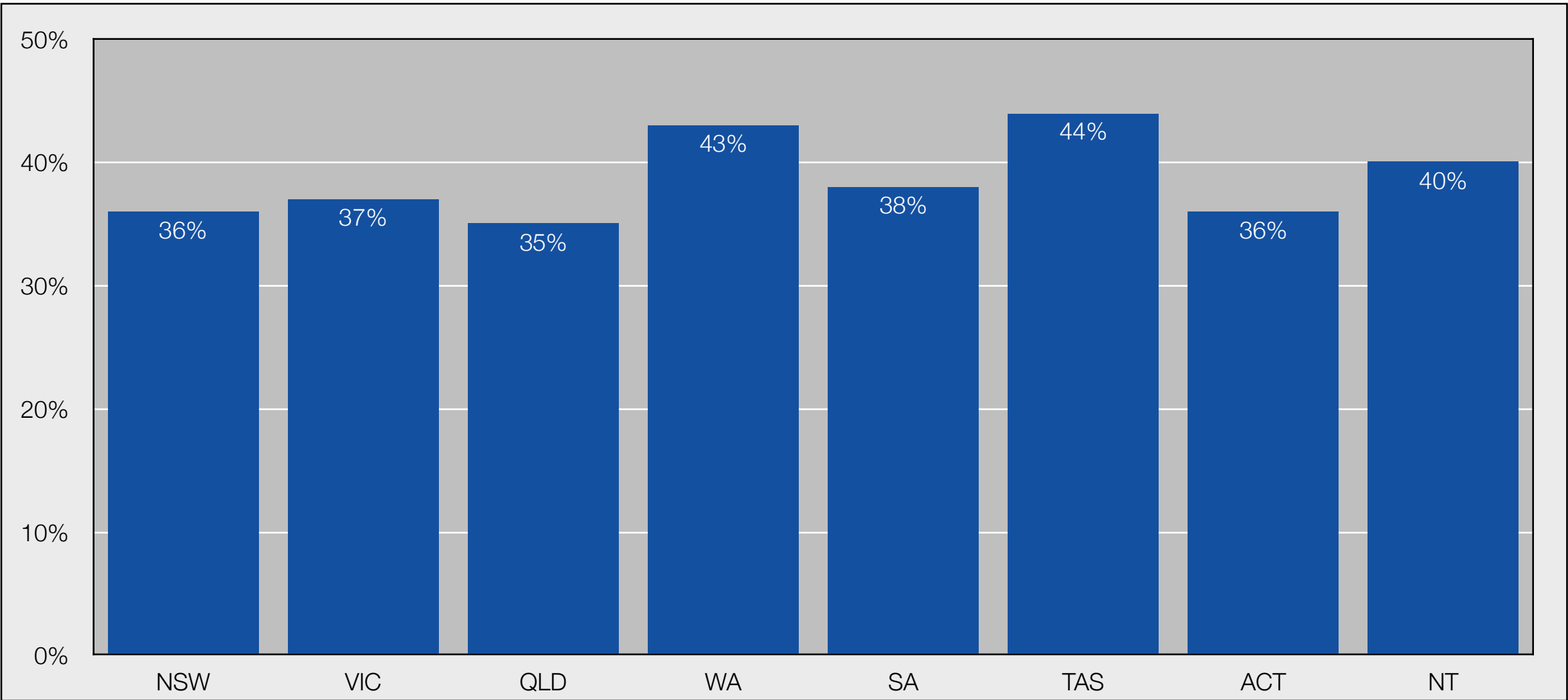
- As illustrated in the chart opposite, there was variance across age groups amongst those who answered “Yes” where:
 - 40% of those aged 18-24 years & 41% (25-34) answered “Yes”, followed by:
 - 35% (35-44); 31% (45-54); 34% (55-64); 41% (65-74) & 52% (75+)



Variation across geographic areas & socio-economic criteria

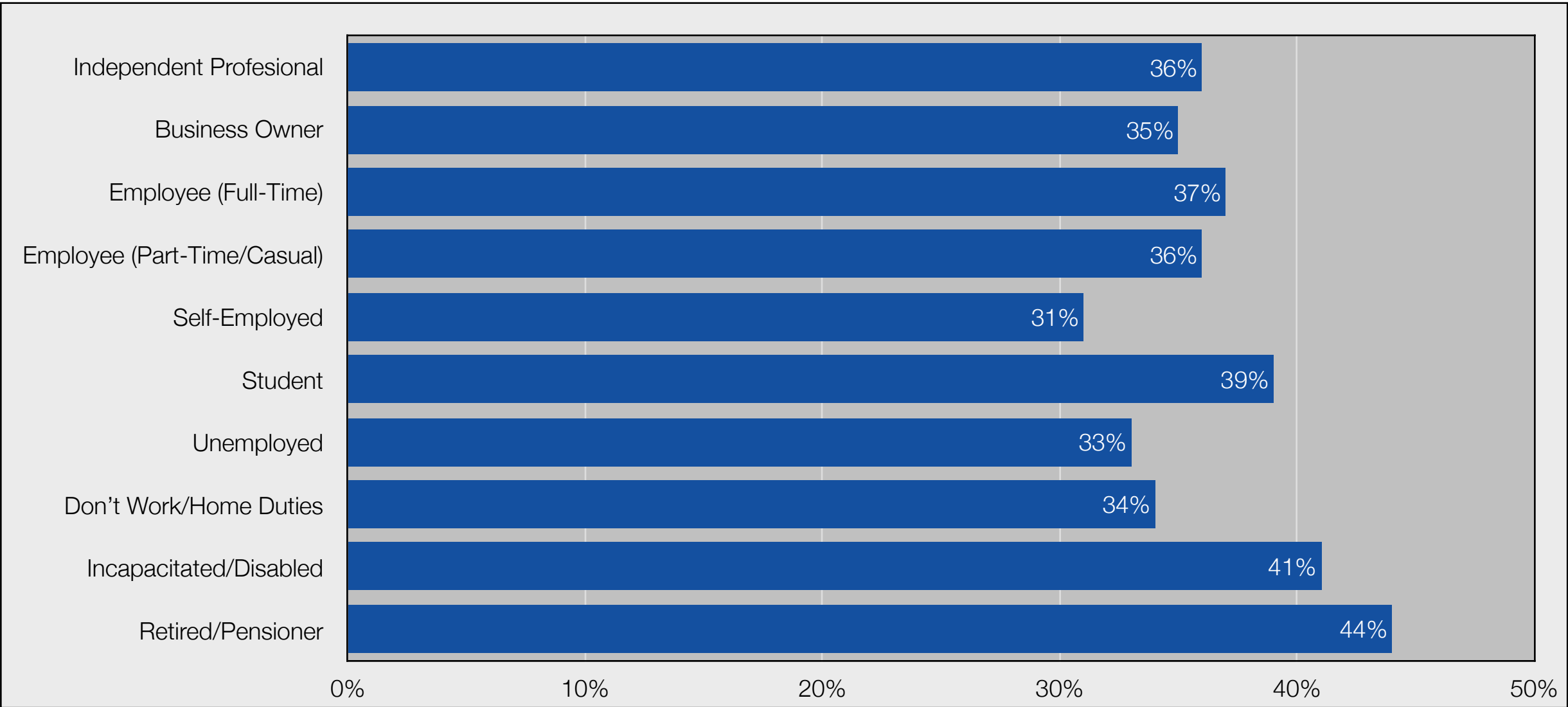
Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
 - TAS had the highest proportion who answered “Yes” (44%), followed by WA (43%)
 - NT (40%)
 - SA (38%)
 - VIC (37%)
 - NSW & ACT (36%)
 - QLD (35%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Regional areas had the highest proportion who answered “Yes” (40%)
 - Rural (38%)
 - Metropolitan (36%)



Variation across occupation

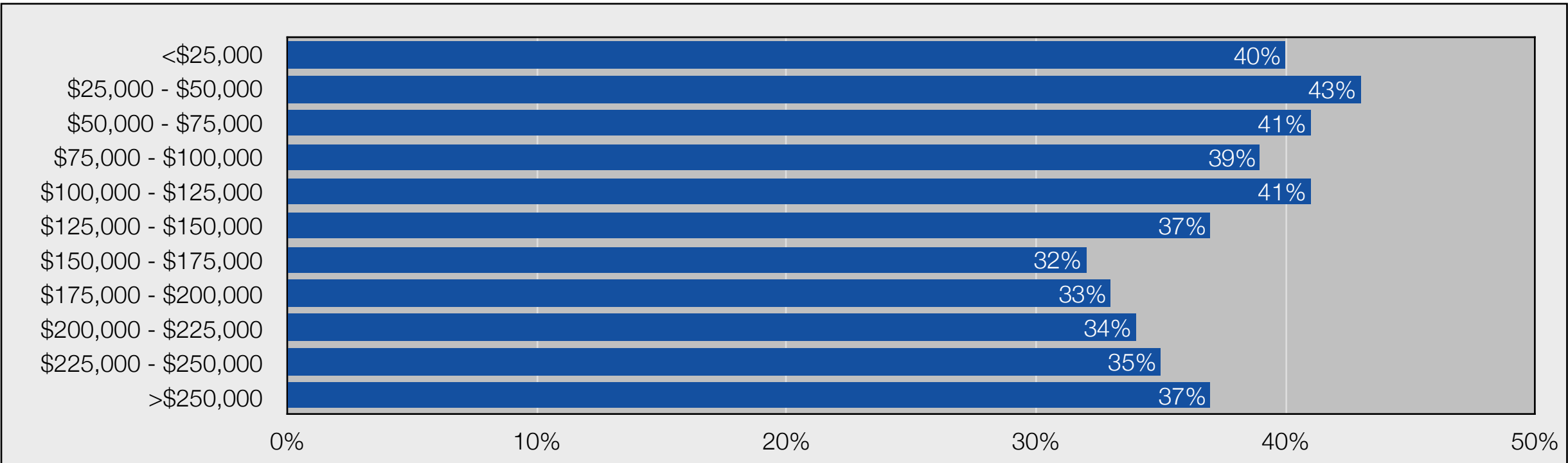
- Across the socio-economic criteria, occupation had variation in responses amongst those who answered “Yes” where:
 - “Retired/Pensioner” had the highest response to “Yes” (44%), followed by “Incapacitated/Disabled” (41%) & “Student” (39%)
 - “Self-Employed” (31%), “Unemployed” (33%) & “Don’t Work/Home Duties” (34%) had the lowest responses to “Yes”



Variation across other demographic & socio-economic criteria

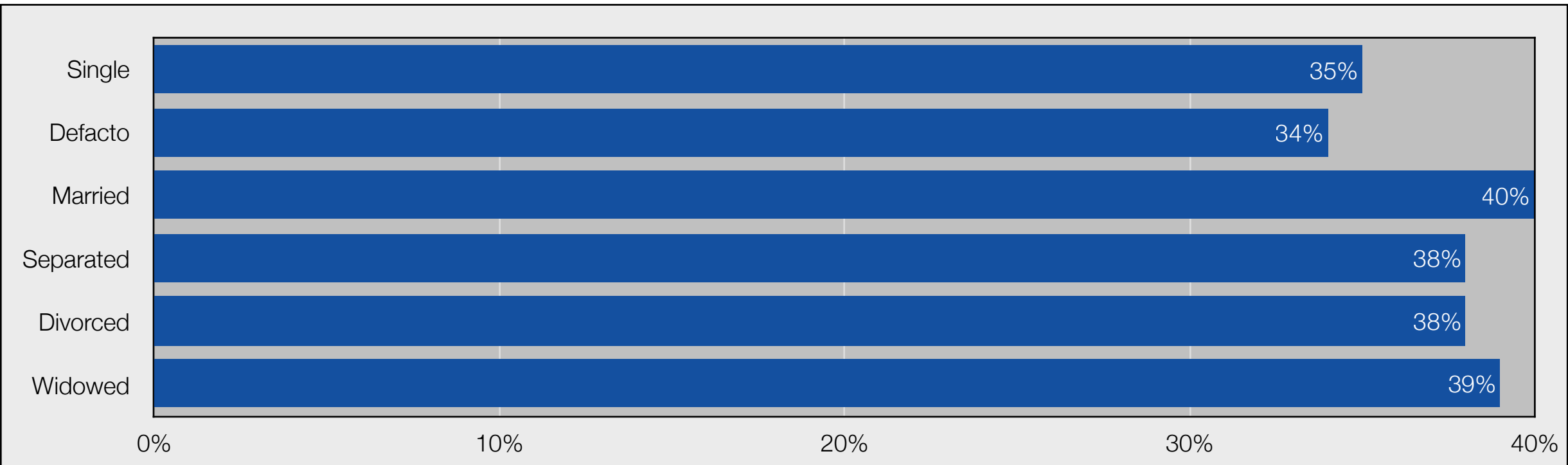
Variation based on household income

- 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” (43%), followed by “\$50,000 - \$75,000” & “\$100,000 - \$125,000” (41%)
 - The lowest response to “Yes” based on household income was from “\$150,000 - \$175,000” (32%); \$175,000 - \$200,000 (33%), followed by “\$200,000 - \$225,000” (34%)



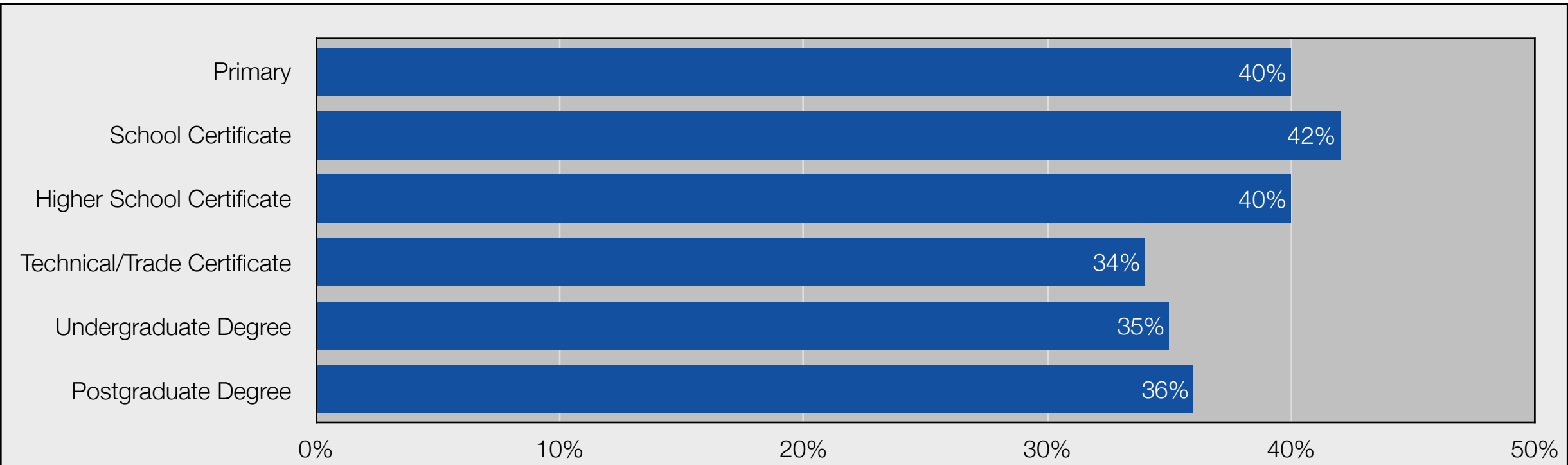
Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart:
 - Those who were “Married” (40%) had the highest responses to “Yes” followed by those who were “Widowed” (39%)
 - Conversely, those who were “Defacto” (34%) or “Single” (35%) 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 “School Certificate (42%); “Primary” & “Higher School Certificate” (40%) had the highest responses to “Yes”
 - Conversely, those with “Technical/Trade Certificate” (34%); “Undergraduate Degree” (35%) & “Postgraduate Degree” (36%) had the lowest responses to “Yes”



57% say they would be more likely if the vaccine was mRNA

9. If the new COVID-19 vaccine was mRNA technology, would you be more likely, or less likely to get it?

57% say they would be more likely if the vaccine was mRNA

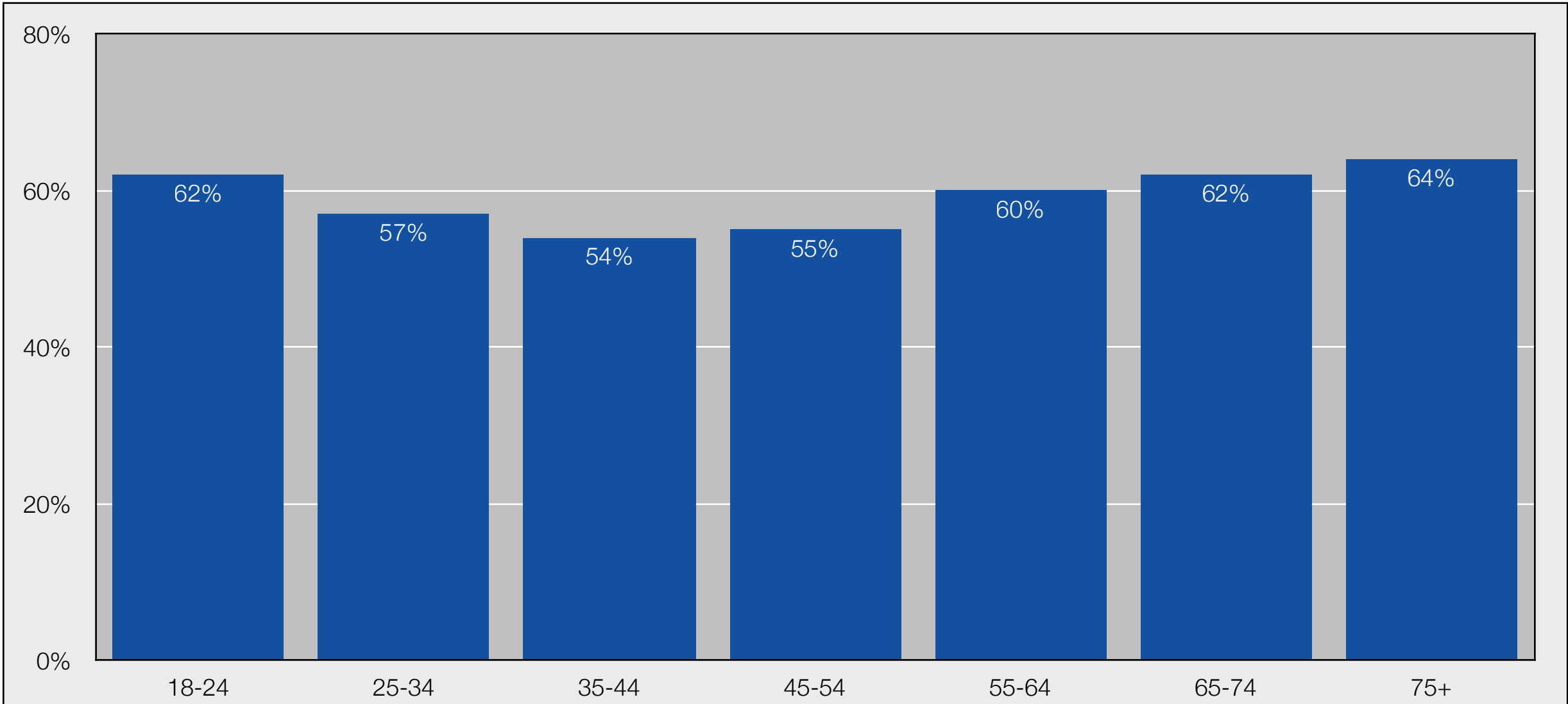
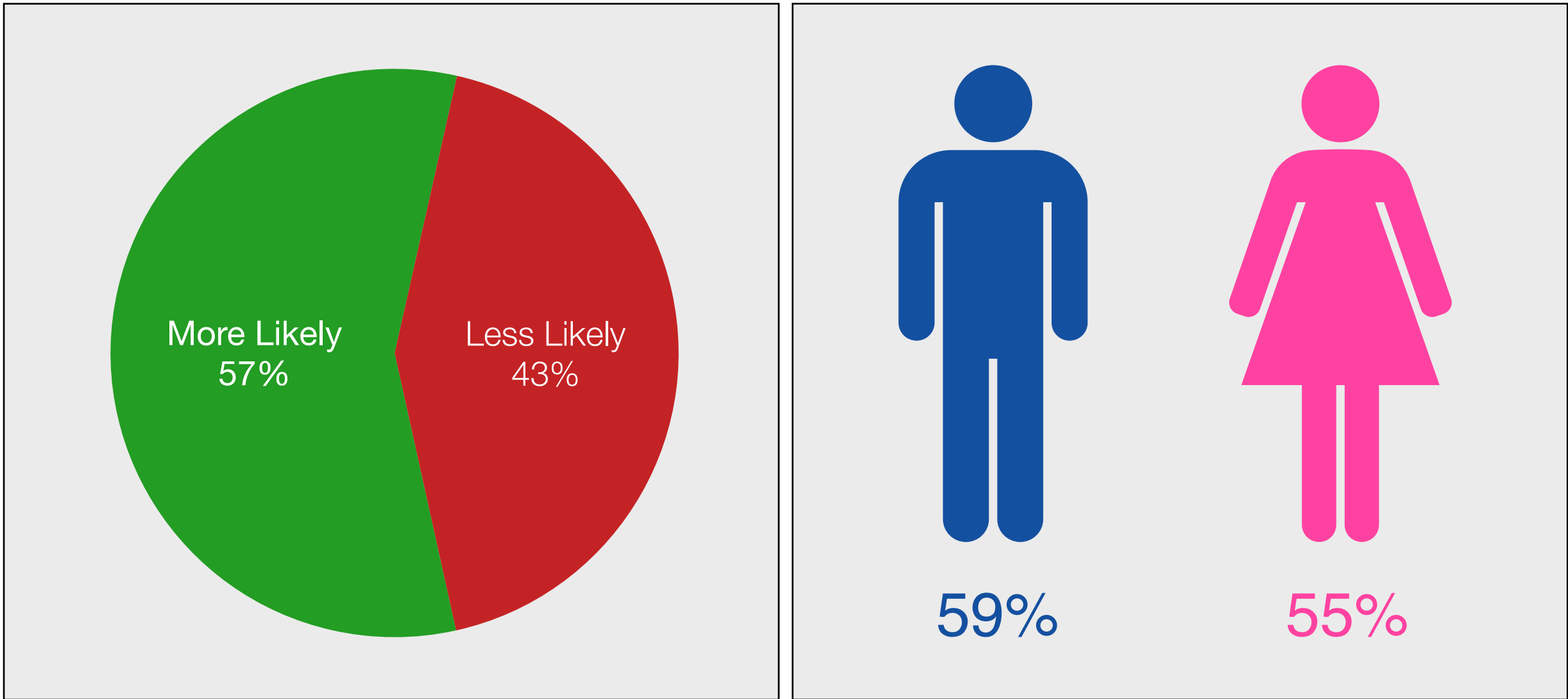
- For the question, illustrated in the opposite, top chart:
 - 57% answered “More Likely”
 - 43% answered “Less Likely”

Men more likely than women

- There was a higher incidence amongst men to be “More Likely” to get the new COVID-19 vaccine if it was mRNA:
 - 66% of men answered “More Likely”; compared to 61% of women

Variance across age groups

- As illustrated in the chart opposite, there was variance across age groups amongst those who answered “More Likely” where:
 - 62% of those aged 18-24 years & 57% (25-34) answered “More Likely”, followed by:
 - 54% (35-44); 55% (45-54); 60% (55-64); 62% (65-74) & 64% (75+)



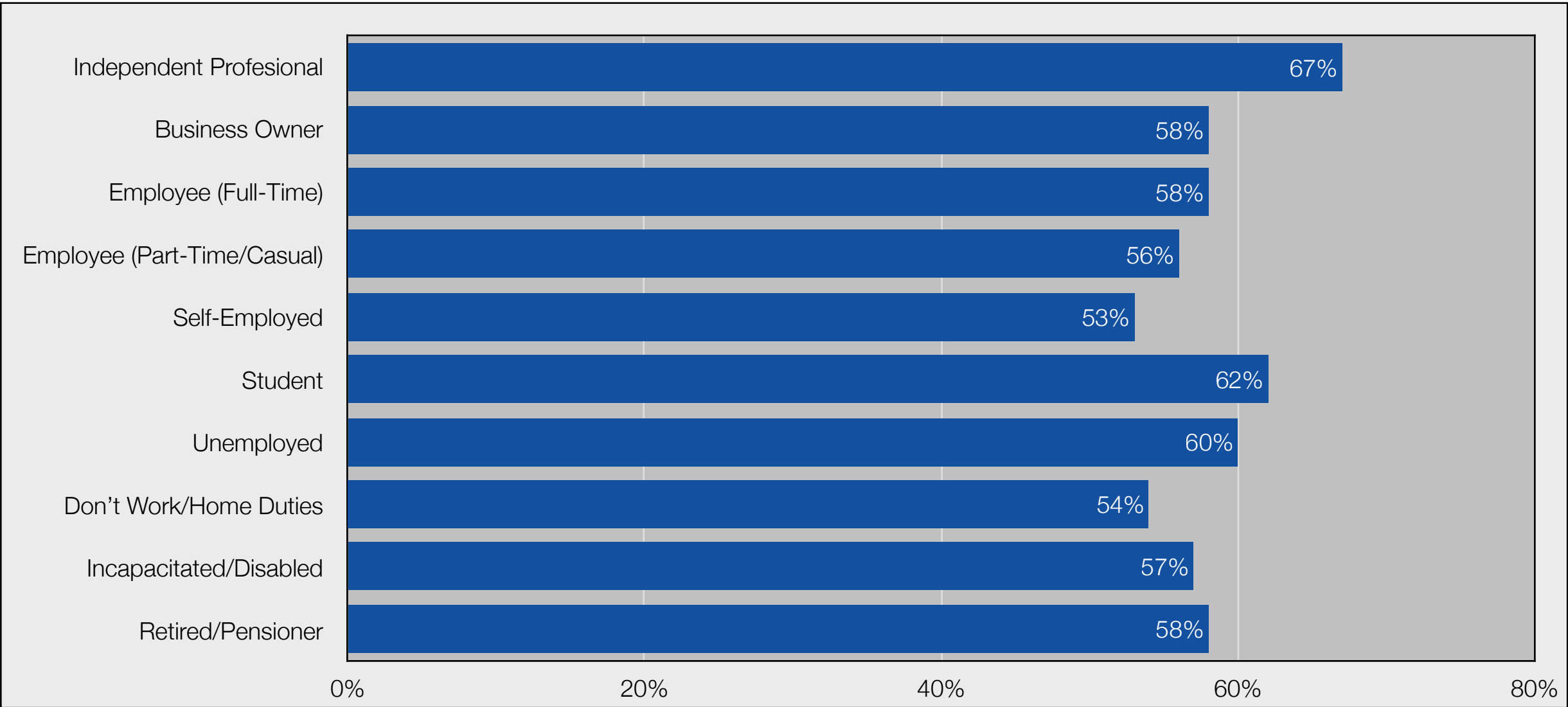
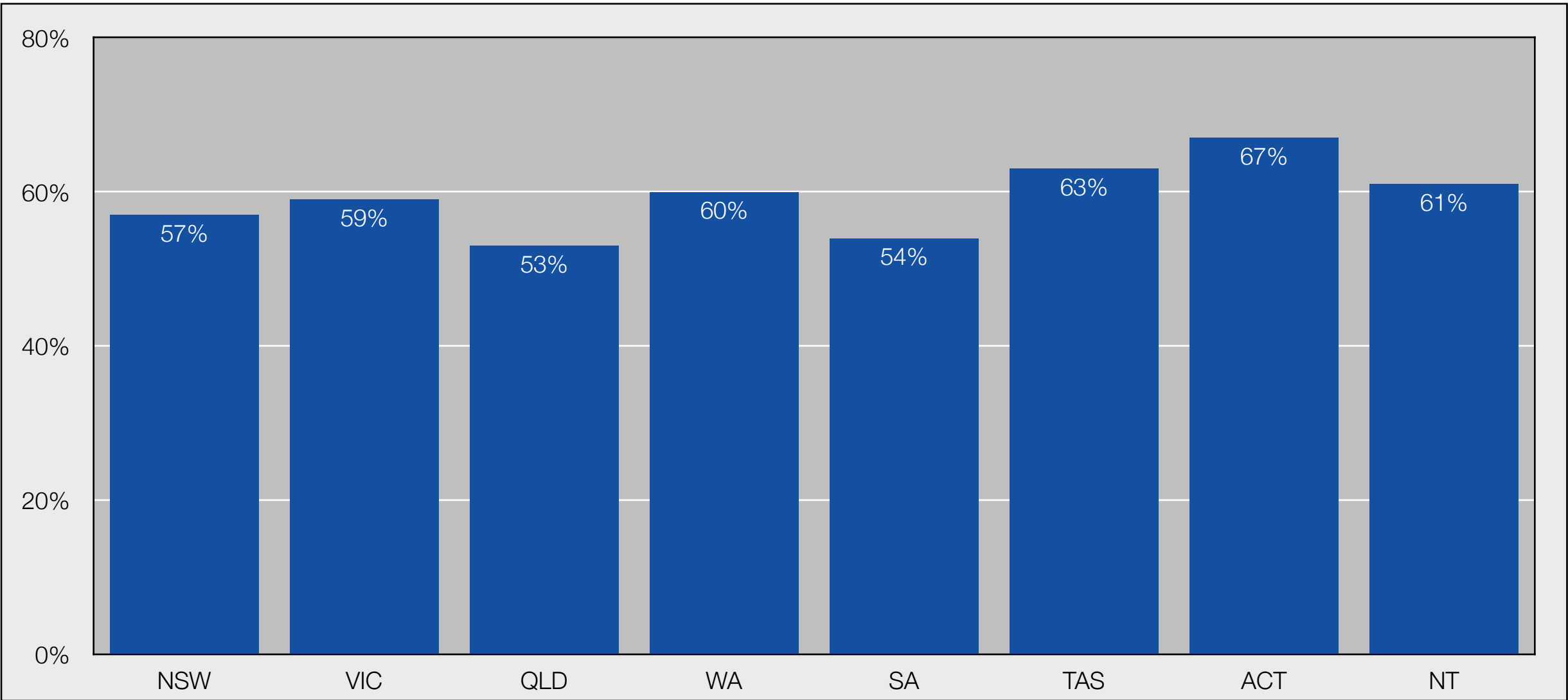
Variation across geographic areas & socio-economic criteria

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 “More Likely” (67%), followed by TAS (63%)
 - NT (61%)
 - WA (60%)
 - VIC (59%)
 - SA (54%)
 - QLD (53%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Metropolitan areas had the highest proportion who answered “More Likely” (58%)
 - Regional (55%)
 - Rural (53%)

Variation across occupation

- Across the socio-economic criteria, occupation had variation in responses amongst those who answered “More Likely” where:
 - “Independent Professional” had the highest response to “More Likely” (67%), followed by “Student” (62%)
 - “Self-Employed” had the lowest responses to “More Likely” (53%), followed by “Doesn’t Work/Home Duties” (54%)



Variation across other demographic & socio-economic criteria

Variation based on household income

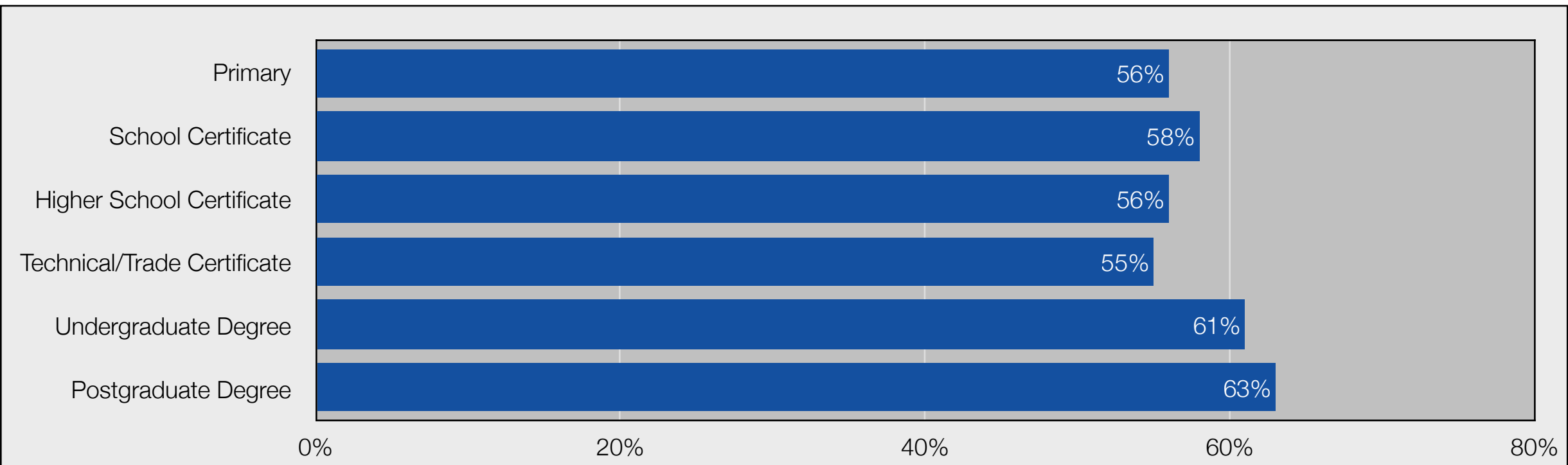
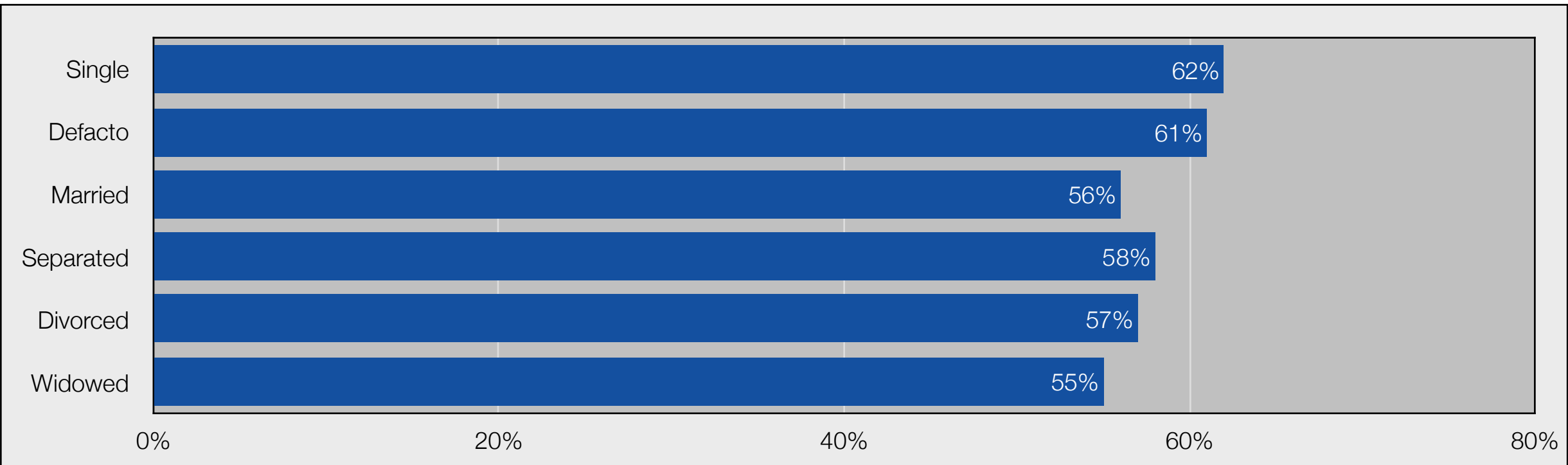
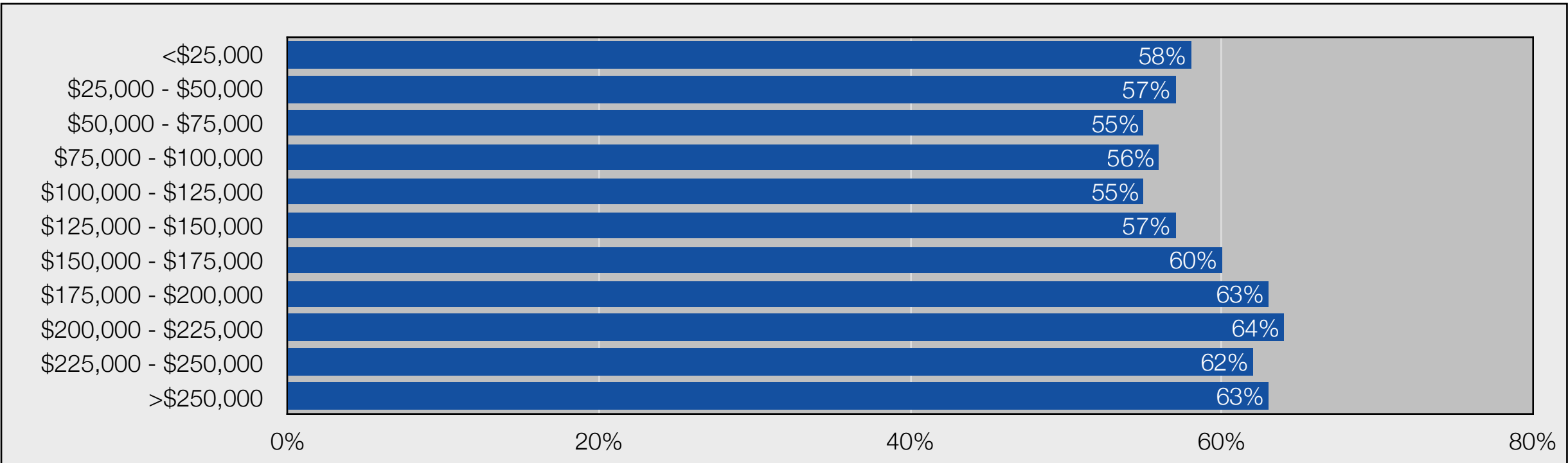
- There was variation across household income, amongst those who answered “More Likely” as shown in the opposite top chart:
 - “\$200,000 - \$225,000” had the highest response to “More Likely” (64%), followed by “\$175,000 - \$200,000” (63%)
 - The lowest response to “More Likely” based on household income was from “\$50,000 - \$75,000” and \$100,000 - \$125,000 (55%), followed by “\$75,000 - \$100,000” (56%)

Variation across marital status

- There was variation amongst those who answered “More Likely” based on their marital status, as shown in the opposite middle chart:
 - Those who were “Single” (62%) and “Defacto” (61%) had the highest responses to “More Likely”
 - Conversely, those who were “Widowed” (55%) or “Married” (56%) had the lowest responses to “More Likely”

Variation across education

- There was variation amongst those who answered “More Likely” based on their highest level of education, as shown in the opposite bottom chart, where:
 - Those with “Postgraduate Degree” (63%) and “Undergraduate Degree” (61%) had the highest responses to “More Likely”
 - Conversely, those with “Technical/Trade Certificate” (55%) had the lowest responses to “More Likely”



Main reasons for being more or less likely if the vaccine was mRNA

Main reasons for being more likely

- Across the focus groups, just over 60% of participants said they were “More Likely”, slightly higher than quantitative survey, where the main reasons given were similar:
 - Personal experience from having had them was fine, there were no major problems
 - They are viewed as being the latest technology/development and are now the superior method for developing vaccines
 - They are seen as now having been proven to be effective in the countries that have used them
 - A small number believe they are also are safer as no live virus is used in the injection
 - A small percentage know them to be faster and cheaper to make and distribute

“Basically, everyone who is under 50 in Australia has had two or three of them, that’s a lot of people and there has only been a small number of problems, so they are obviously ok.”

Brigitte, 48, Office Manager, Kingswood (Adelaide) SA

“They are definitely the latest technology and that’s the main reason why I prefer them, but there are still a lot of people who don’t trust them because the abbreviation is close to DNA and they think these vaccines can affect or change their own DNA, which is worrying that so many people can be so ignorant and easily misled, but that’s they way the world is.”

Nazli, 36, Physiotherapist, Boronia Park (Sydney) NSW

“If you don’t think mRNA vaccines are better than the old type, just look at China, one of the reasons why they are still in lockdown is because their vaccine isn’t effective, whereas look at the western world that has mostly been given mRNA vaccines, the vast majority haven’t been badly affected and life is returning to normal again.”

Ross, 52, Hotel Manager, Woodvale (Perth) WA

“When you read about them (mRNA vaccines) they are also safer because there is no growing the virus in eggs and injecting that live virus into people, these mRNA vaccines just give the body’s immune system information to identify and respond to COVID, that sounds safer to me.”

Mitchell, 34, Animator, Hawthorn East (Melbourne) VIC

Main reasons for being less likely

- Commensurate with just over 60% who answered they were “More Likely”, just under 40% answered they were “Less Likely”, with three very consistent main reasons given:
 - mRNA vaccines are believed to have been developed too quickly and without sufficient testing
 - Unpleasant and severe side effects experienced by many, plus other unexplained health issues such as a perceived increase in shingles, have led to questioning their safety
 - There is concern and a lack of knowledge about how they work, especially relating to DNA

“I just don’t trust them, I think they were made too quickly and not tested thoroughly enough and we were sold, or forced, on the urgent need to have them.”

Dave, 51, Production Supervisor, Ravenhall (Melbourne) VIC

“I had the first two Pfizer and then the booster Pfizer and each time I was literally in bed for a day after with terrible headaches and body aches, at the time I thought that’s just the way they are because COVID is a very strong and dangerous virus, but I don’t think that way much now, I tend to think that these vaccines are just not made right or the way they are made isn’t safe enough, they had to get them made quickly and that’s why there are problems with them.”

Claire, 43, Employment Consultant, Maroubra (Sydney) NSW

“Some strange things have been going on with many people after they had these vaccines, I mean the Pfizer one which is mRNA, I know about a dozen people who have had shingles and I’m talking about girls in their 30s and 40s and I’ve never heard of that before, its not publicised but its definitely related to these vaccines.”

Kristen, 40, Teachers Assistant, West Moonah (Hobart) TAS

“How they actually work and are different from traditional vaccines, I don’t think we have been told much about this and if you go online and try to read about it the average person can’t because it is too complicated to understand with all the science terms used, so people have had to just be ignorant, put out their arms and hope they are ok.”

Anvit, 29, IT Administrator, Harris Park (Sydney) NSW

49% say they would be more likely if the vaccine was not mRNA

10. If the new COVID-19 vaccine was NOT an mRNA vaccine, would you be more likely, or less likely to get it?

49% say they would be more likely if the vaccine was not mRNA

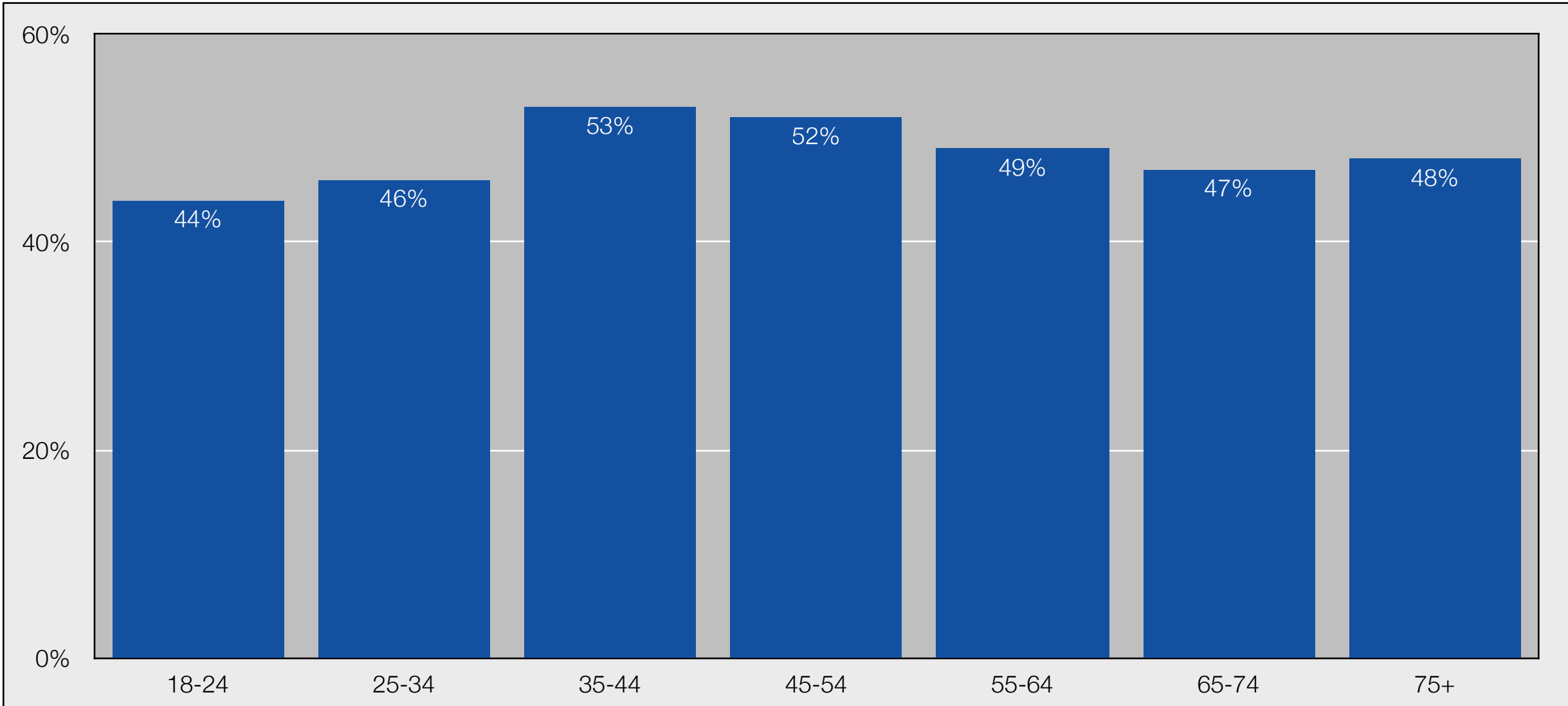
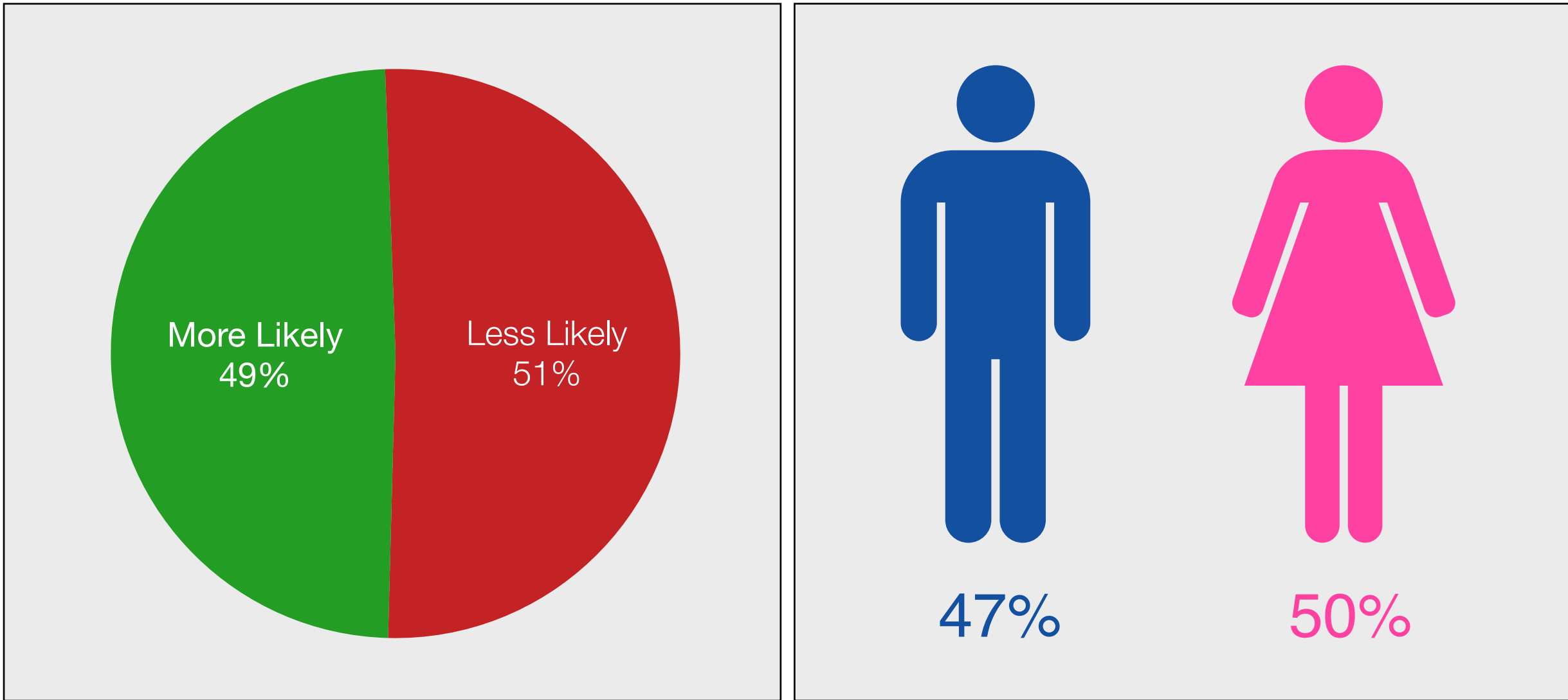
- For the question, illustrated in the opposite, top chart:
 - 49% answered “More Likely”
 - 51% answered “Less Likely”

Slightly higher percentage of women more likely

- There was a slightly higher incidence amongst women to be “More Likely” to get the new COVID-19 vaccine if it was not mRNA:
 - 50% of women answered “More Likely”; compared to 47% of men

Variance across age groups

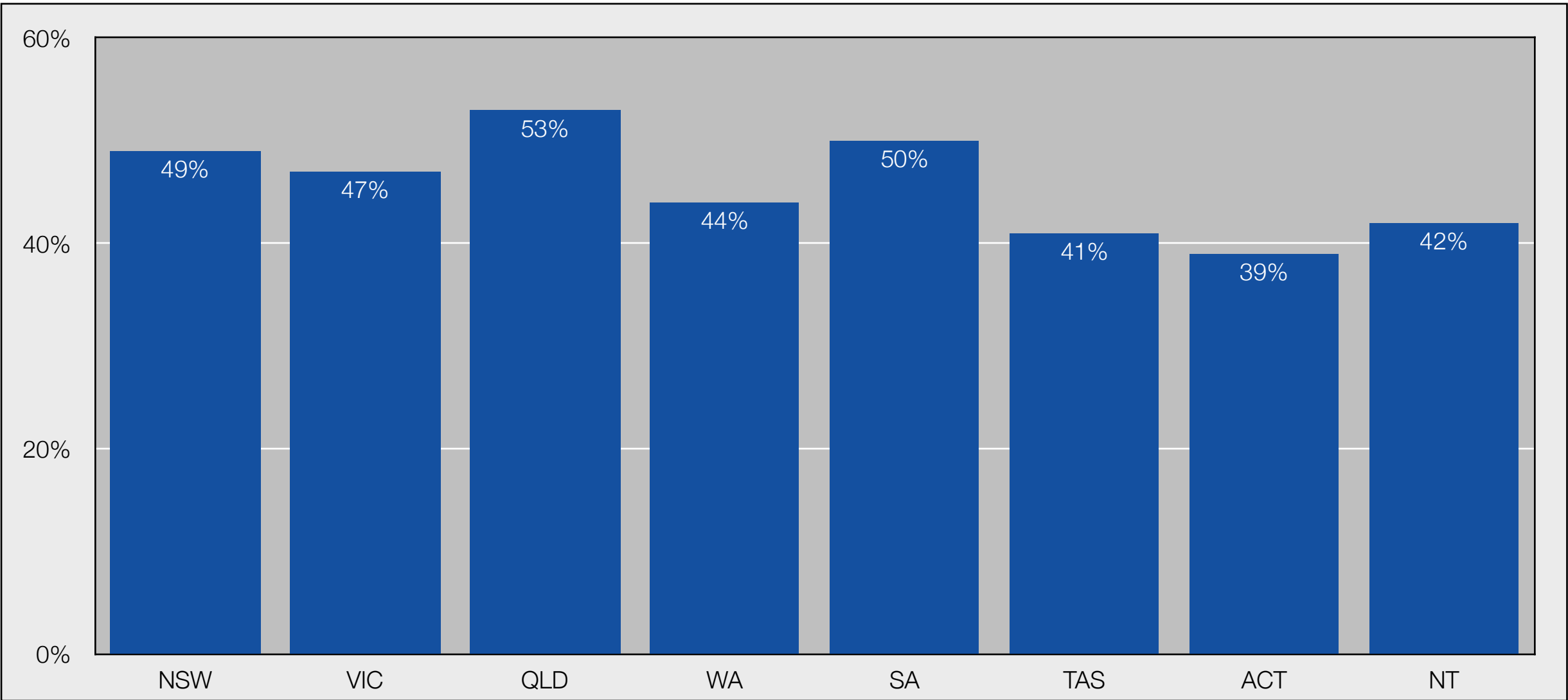
- As illustrated in the chart opposite, there was variance across age groups amongst those who answered “More Likely” where:
 - 44% of those aged 18-24 years & 46% (25-34) answered “More Likely”, followed by:
 - 53% (35-44); 52% (45-54); 49% (55-64); 47% (65-74) & 48% (75+)



Variation across geographic areas & socio-economic criteria

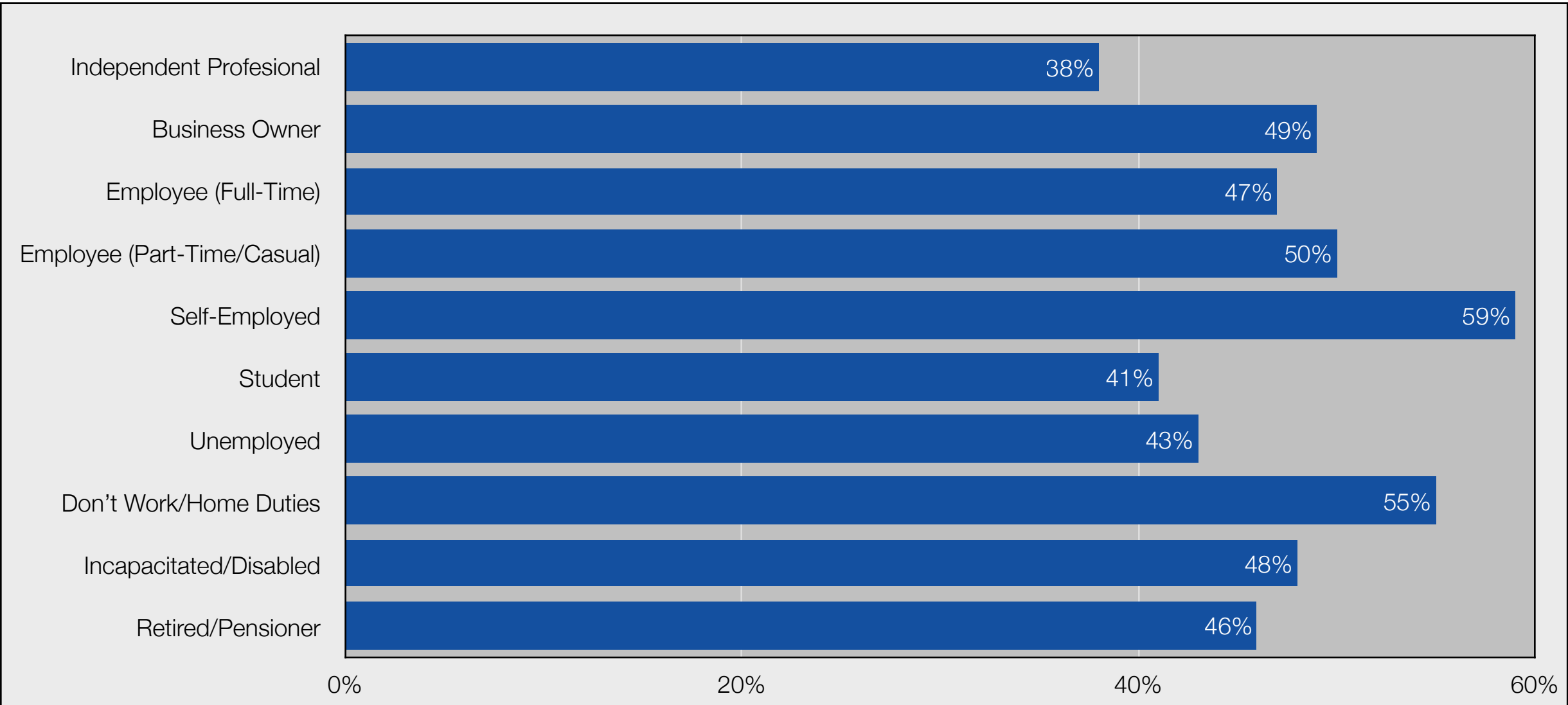
Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
 - QLD had the highest proportion who answered “More Likely” (53%), followed by SA (50%)
 - NSW (49%)
 - VIC (47%)
 - WA (44%)
 - NT (42%)
 - TAS (41%)
 - ACT (39%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Rural areas had the highest proportion who answered “More Likely” (52%)
 - Regional (51%)
 - Metropolitan (48%)



Variation across occupation

- Across the socio-economic criteria, occupation had variation in responses amongst those who answered “More Likely” where:
 - “Self-Employed” had the highest response to “More Likely” (59%), followed by “Don’t Work/ Home Duties” (55%)
 - “Independent Professional” (38%) had the lowest responses to “More Likely” followed by “Student” (41%)



Variation across other demographic & socio-economic criteria

Variation based on household income

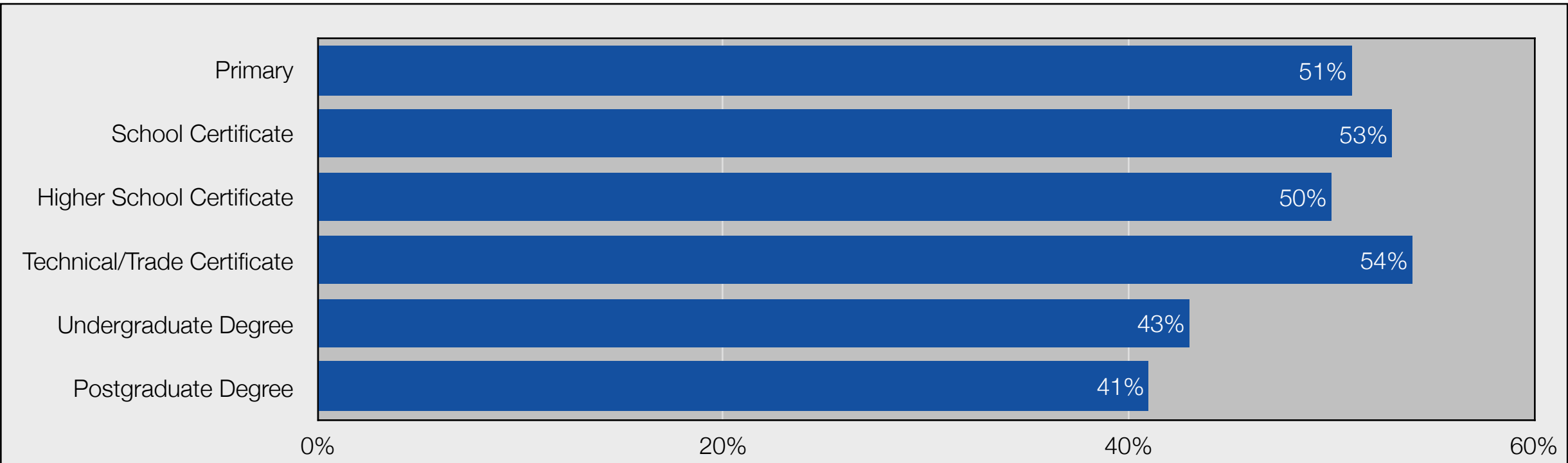
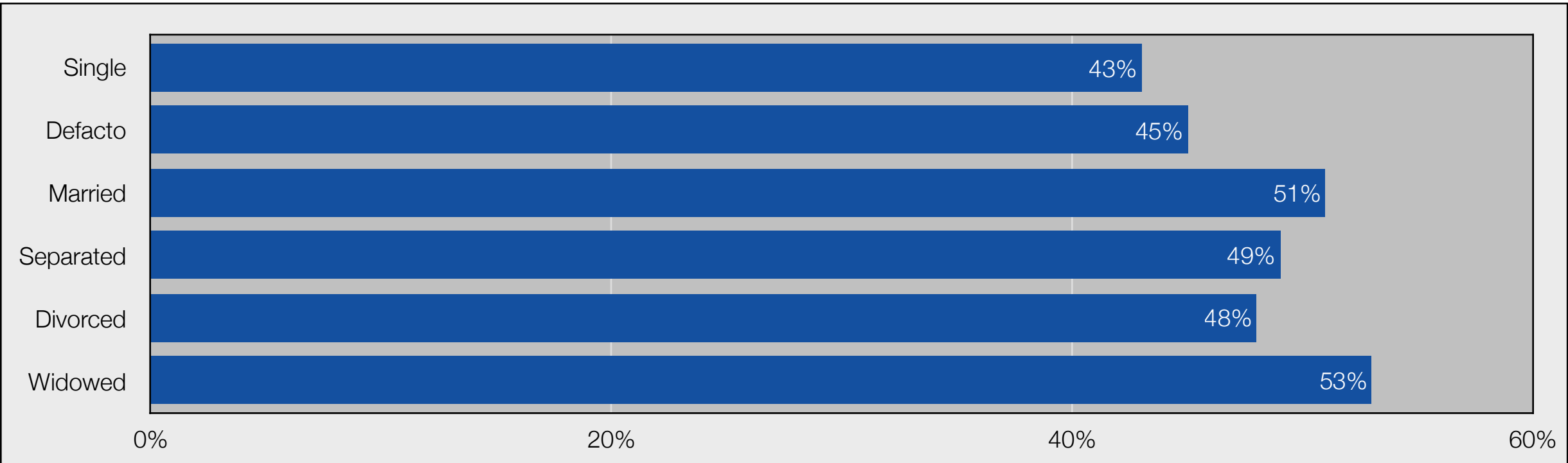
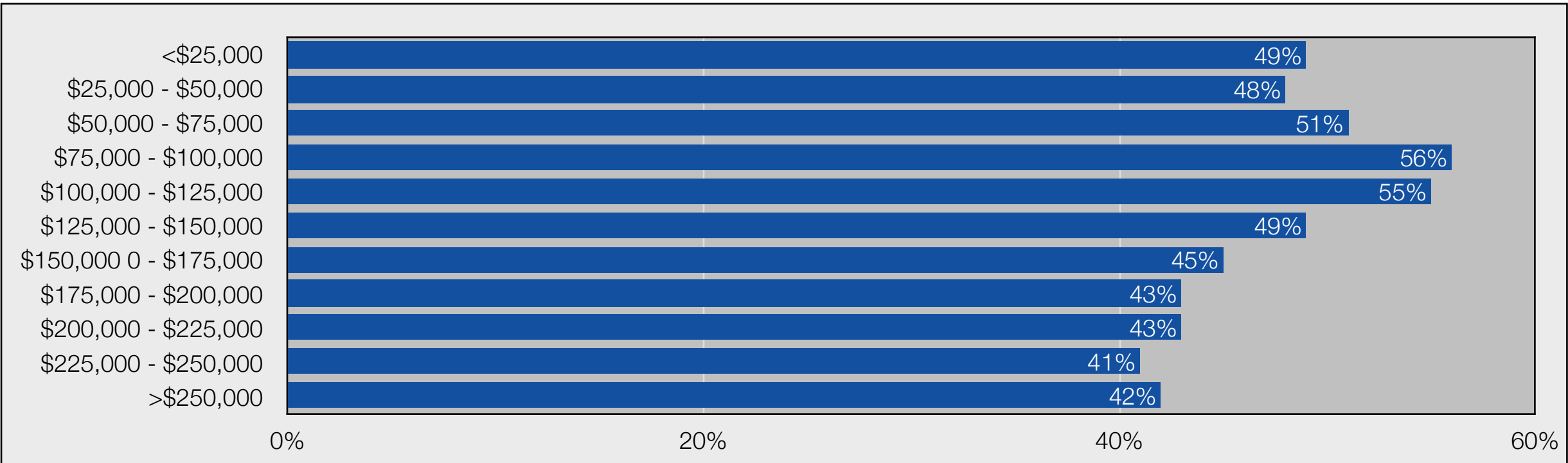
- There was variation across household income, amongst those who answered “More Likely” as shown in the opposite top chart:
 - “\$75,000 - \$100,000” had the highest response to “More Likely” (56%), followed by “\$100,000 - \$125,000” (55%)
 - The lowest response to “More Likely” based on household income was from “\$225,000” - \$250,000” (41%), followed by “>\$250,000” (42%)

Variation across marital status

- There was variation amongst those who answered “More Likely” based on their marital status, as shown in the opposite middle chart:
 - Those who were “Widowed” (53%) or “Married” (51%) had the highest responses to “More Likely”
 - Conversely, those who were “Single” (43%) or “Defacto” (45%) had the lowest responses to “More Likely”

Variation across education

- There was variation amongst those who answered “More Likely” based on their highest level of education, as shown in the opposite bottom chart, where:
 - Those with “Technical/Trade Certificate” (54%) & “School Certificate” (53%) had the highest responses to “More Likely”
 - Conversely, those with “Postgraduate Degree” (41%) & “Undergraduate Degree” (43%) had the lowest responses to “More Likely”



27% believe COVID-19 vaccines currently offered designed to be effective against omicron

11. Do you believe that the COVID-19 vaccines currently offered are designed to be effective against the omicron variants?

27% believe COVID-19 vaccines currently offered are designed to be effective against the omicron variants

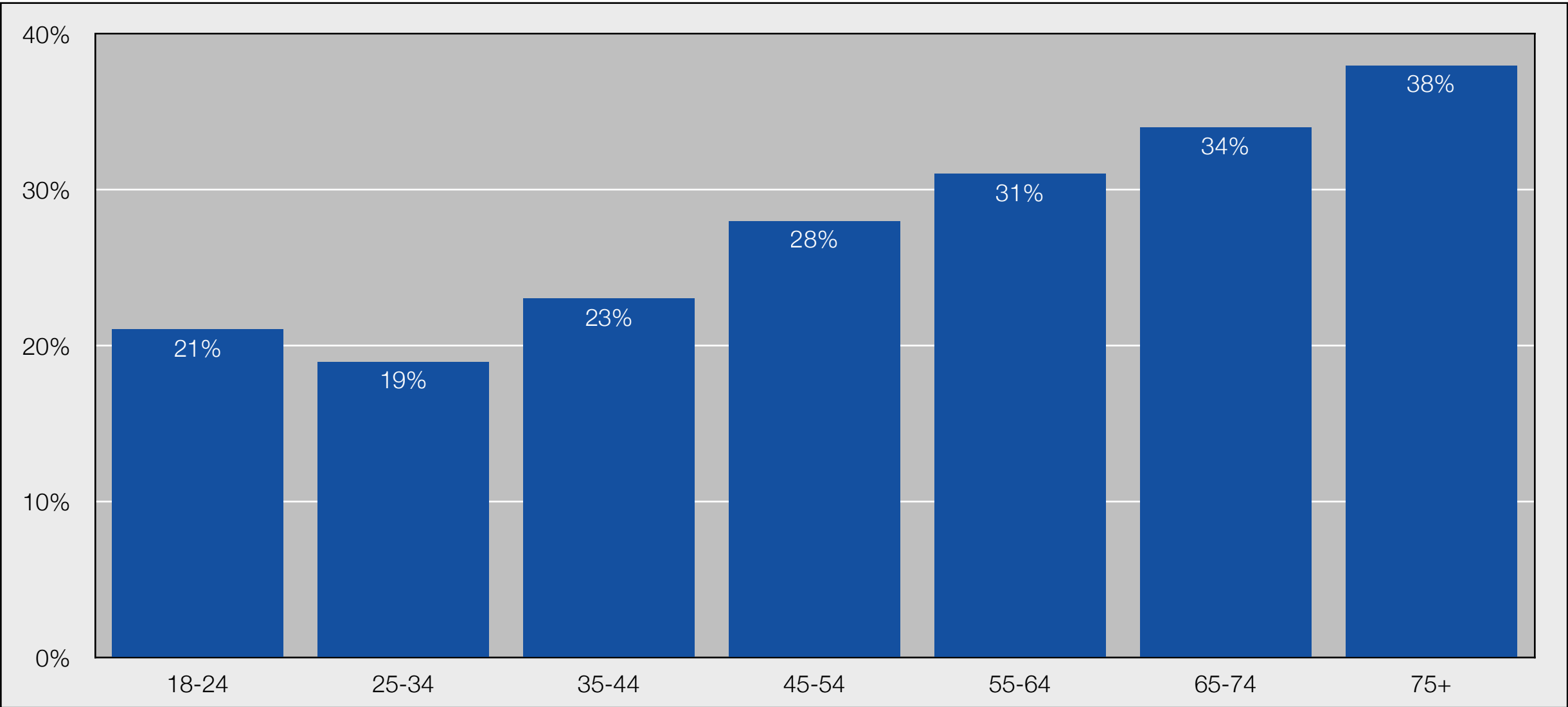
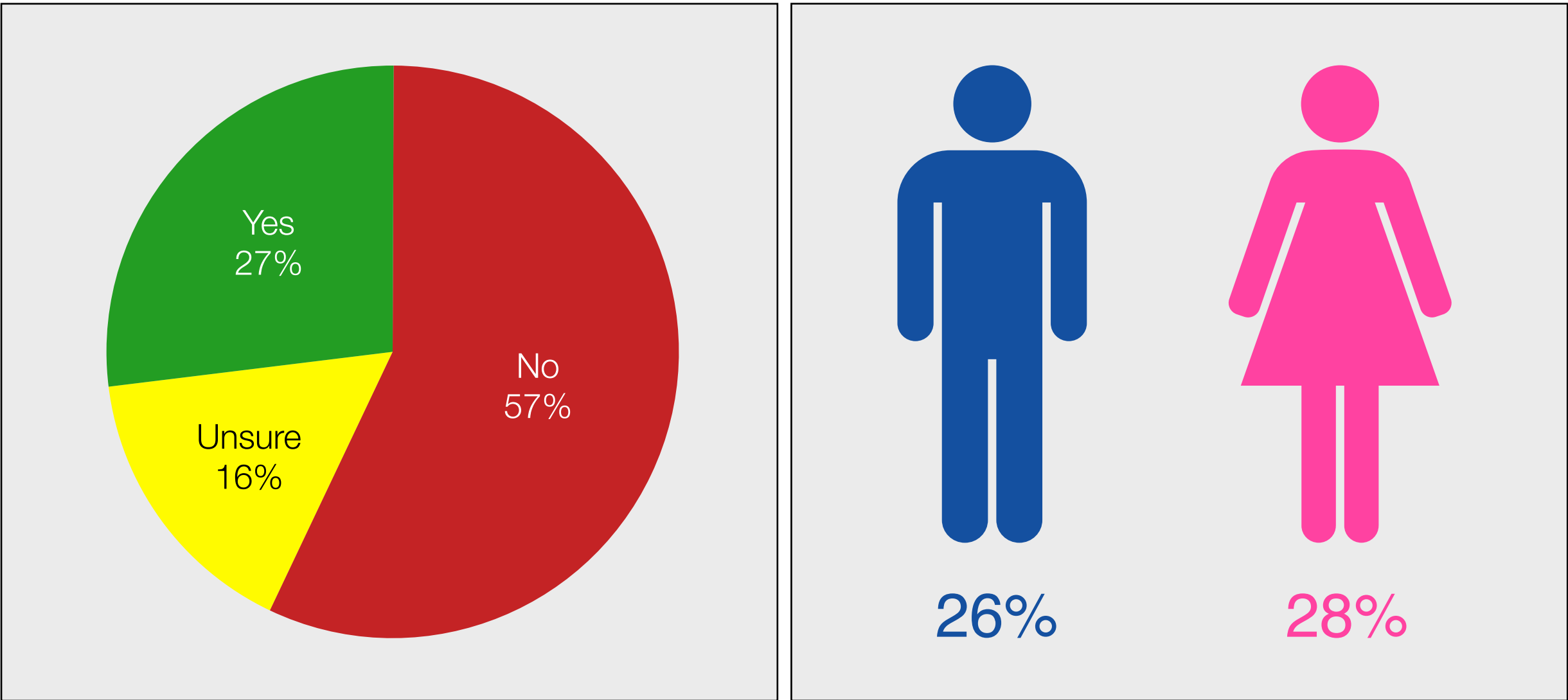
- For the question, illustrated in the opposite, top chart:
 - 27% answered “Yes”
 - 57% answered “No”
 - 16% answered “Unsure”

Slightly higher percentage of women answered “Yes”

- There was a slightly higher percentage of women who answered “Yes” that they believe the COVID-19 vaccines currently offered are designed to be effective against the omicron variants, where:
 - 28% of women answered “Yes”; compared to 26% of men

Age the major factor, increasing noticeably with age

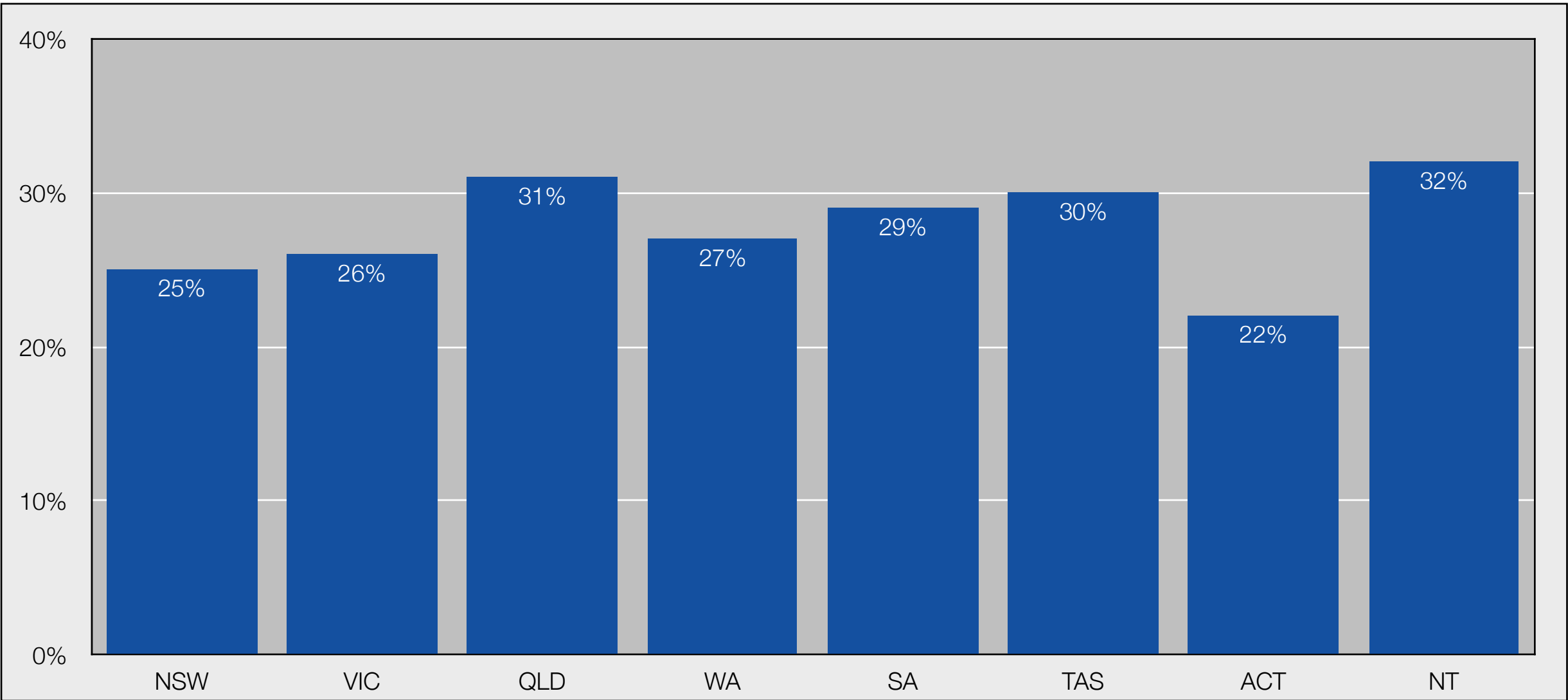
- As illustrated in the chart opposite, age was the major factor amongst those who answered “Yes” with the incidence increasing noticeably with age:
 - 21% of those aged 18-24 years & 19% (25-34) answered “Yes”, increasing to:
 - 23% (35-44)
 - 28% (45-54)
 - 31% (55-64)
 - 34% (65-74)
 - 38% (75+)



Variation across geographic areas & socio-economic criteria

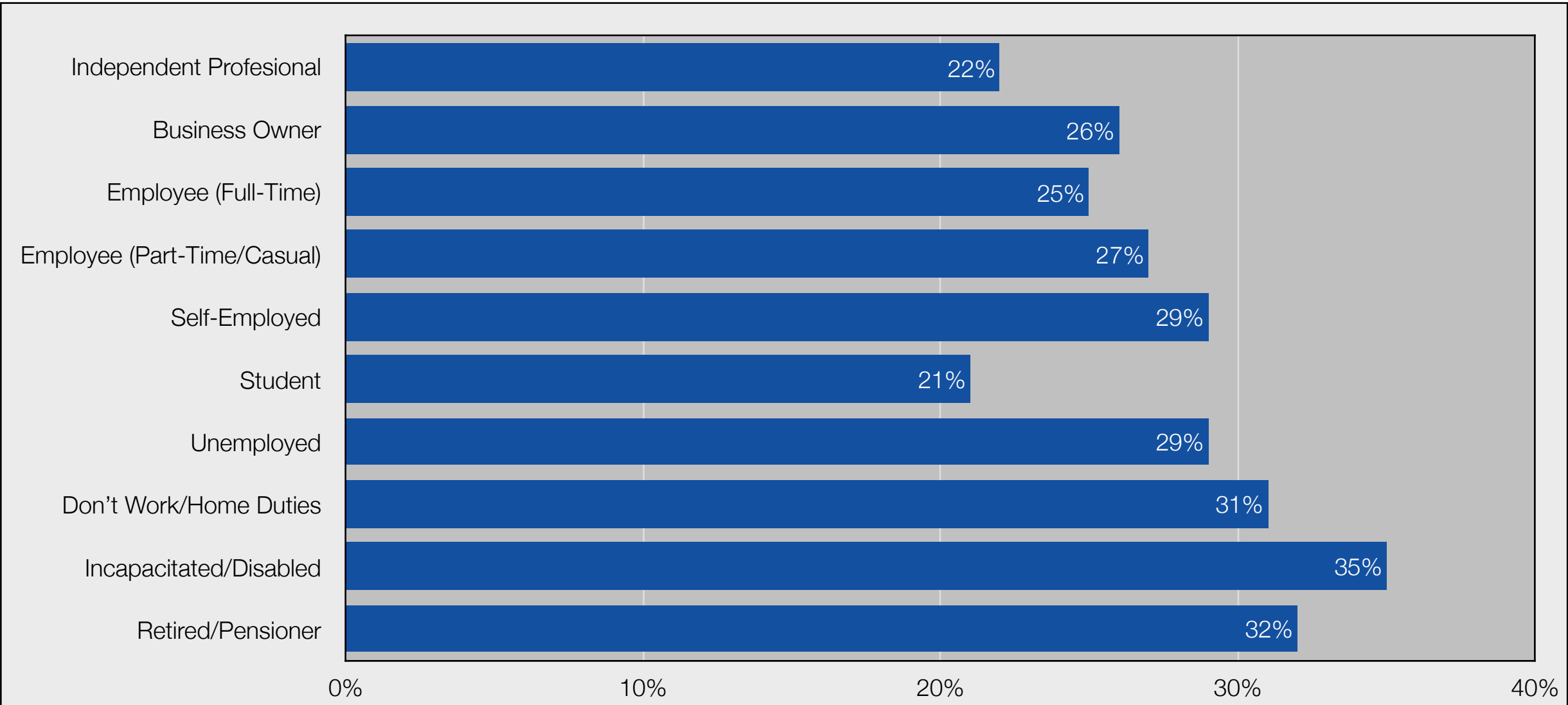
Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
 - NT had the highest proportion who answered “Yes” (32%), followed by QLD (31%)
 - TAS (30%)
 - SA (29%)
 - WA (27%)
 - VIC (26%)
 - NSW (25%)
 - ACT (22%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Rural areas had the highest proportion who answered “Yes” (31%)
 - Regional (29%)
 - Metropolitan (26%)



Variation across occupation

- Across the socio-economic criteria, occupation had variation in responses amongst those who answered “Yes” where:
 - “Incapacitated/Disabled” had the highest response to “Yes” (35%), followed by “Retired/Pensioner” (32%) & “Don’t Work/Home Duties” (31%)
 - Conversely “Student” (21%), “Independent Professional” (22%) & “Employee (Full-Time)” (25%) had the lowest responses to “Yes”



Variation across other demographic & socio-economic criteria

Variation based on household income

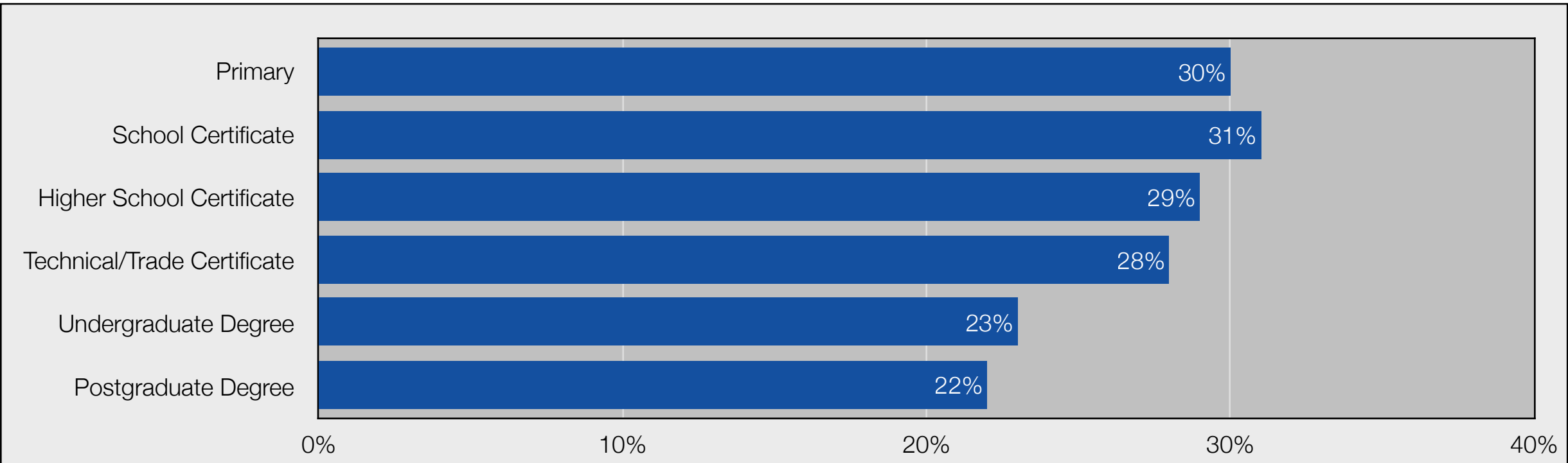
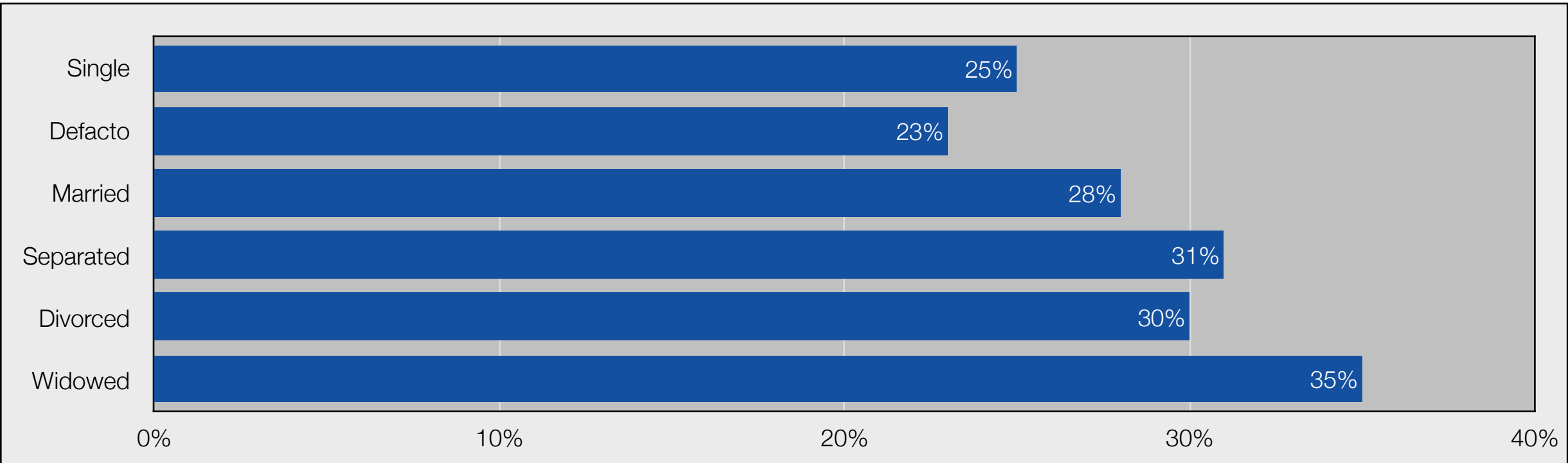
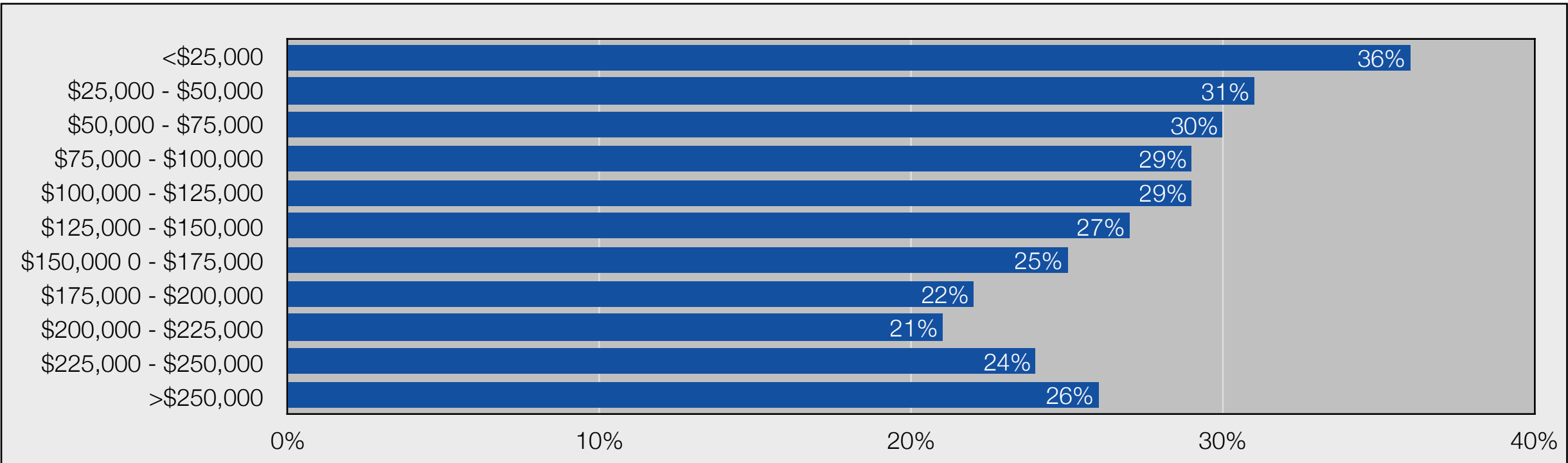
- There was variation across household income, amongst those who answered “Yes” as shown in the opposite top chart:
 - <“\$25,000” had the highest response to “Yes” (36%), followed by “\$25,000 - \$50,000” (31%)
 - The lowest response to “Yes” based on household income was from “<\$200,000 - \$225,000” (21%), followed by “\$175,000 - \$200,000” (22%)

Variation across marital status

- There was variation amongst those who answered “Yes” based on their marital status, as shown in the opposite middle chart:
 - Those who were “Widowed” (35%) or “Separated” (31%) had the highest responses to “Yes”
 - Conversely, those who were “Defacto” (23%) or “Single” (25%) 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 “School Certificate” (31%) & “Primary” (30%) had the highest responses to “Yes”
 - Conversely, those with “Postgraduate Degree” (22%) & “Undergraduate Degree” (23%) had the lowest responses to “Yes”



Main reasons for answering “Yes”, “No” or “Unsure”

Those who answered “Yes”

- Around a quarter of the participants in most focus groups answered “Yes” before any discussion, where most were aged 55+ and from lower socio-economic backgrounds, reflecting similar findings to the quantitative survey, the main reasons given were:
 - Unaware of having been informed by a healthcare professional, family, friends or media/ social media that the vaccines currently offered, were not designed to be effective against the omicron variants
 - Most said they just assumed that the Omicron variants were covered with the current vaccines

Those who answered “No”

- Across all focus groups, around 60% of participants answered “No” before any discussion commenced.
- When probed why they answered “No” there was consistency in the main responses:
 - Heard from a healthcare professional, family, friends or media/social media
 - Did own research to find out or confirm
 - Just assumed that because the Omicron variants emerged after the vaccines were made available, that they would not be designed to be effective against the Omicron variants

Those who answered “Unsure”

- Across the focus groups, those who answered they were “Unsure” ranged from 10% to 20%, with the highest responses in the Queensland focus groups (Brisbane & Rockhampton), Darwin and Hobart, similar to the findings in the quantitative survey.
- The main reasons given for being “Unsure” were very similar to those given by participants who answered “Yes”, specifically unaware of being informed and just assuming that the Omicron variants were covered with the current vaccines.

“Before we all started talking about it, I answered “Yes” because I genuinely thought the vaccines we have been given this year in the boosters were effective against it (Omicron variants). It is quite outrageous that there are ads on the TV telling us to get these boosters but they don’t protect you against Omicron.”

Janice, 62, Retiree, Mornington (Hobart) TAS

“No, the current vaccines you can get now are not designed to be effective against all the Omicron variants and this is a problem because it is said to be the only variant around now and they have been around since late last year and still an updated vaccine hasn’t been brought out which seems way too long considering that these mRNA vaccines we just talked about are supposed to be able to be updated quickly against new variants.”

Brett, 49, Horse Trainer, Oxley (Brisbane) QLD

“No they don’t, but they help you to be less sick if you get one of the Omicron variants, so they are still useful until the Omicron vaccines are invented.”

Yuling, 37, Real Estate Agent, Burwood (Sydney) NSW

“I wasn’t sure myself until our niece told my wife a couple of weeks ago, I had my first booster in January and my second one in July, both times thinking I was going to be fully vaccinated and fully protected and when I learnt this it was a shock.”

Jacob, 55, Business Owner, Rockhampton QLD

“I really didn’t know also until all this was mentioned, I agree with what Maggie just said, it is misinformation that we have been told by governments to get boosters and not making it clear that they don’t work against all the Omicron ones, if I had of known that maybe I wouldn’t have had both boosters and it makes sense to me now how so many people who have had one or two boosters still got COVID or Omicron COVID and we pretty sick with it.”

Dianne, 43, Sales Assistant, Bunbury WA

39% would have 3rd COVID-19 booster now if included protection Omicron variants

12. If a 3rd COVID-19 booster (5th COVID-19 vaccination) that included protection against the current Omicron variants was recommended now, would you have it now or wait until 2023?

39% would have a 3rd COVID-19 booster that included protection against current Omicron variants

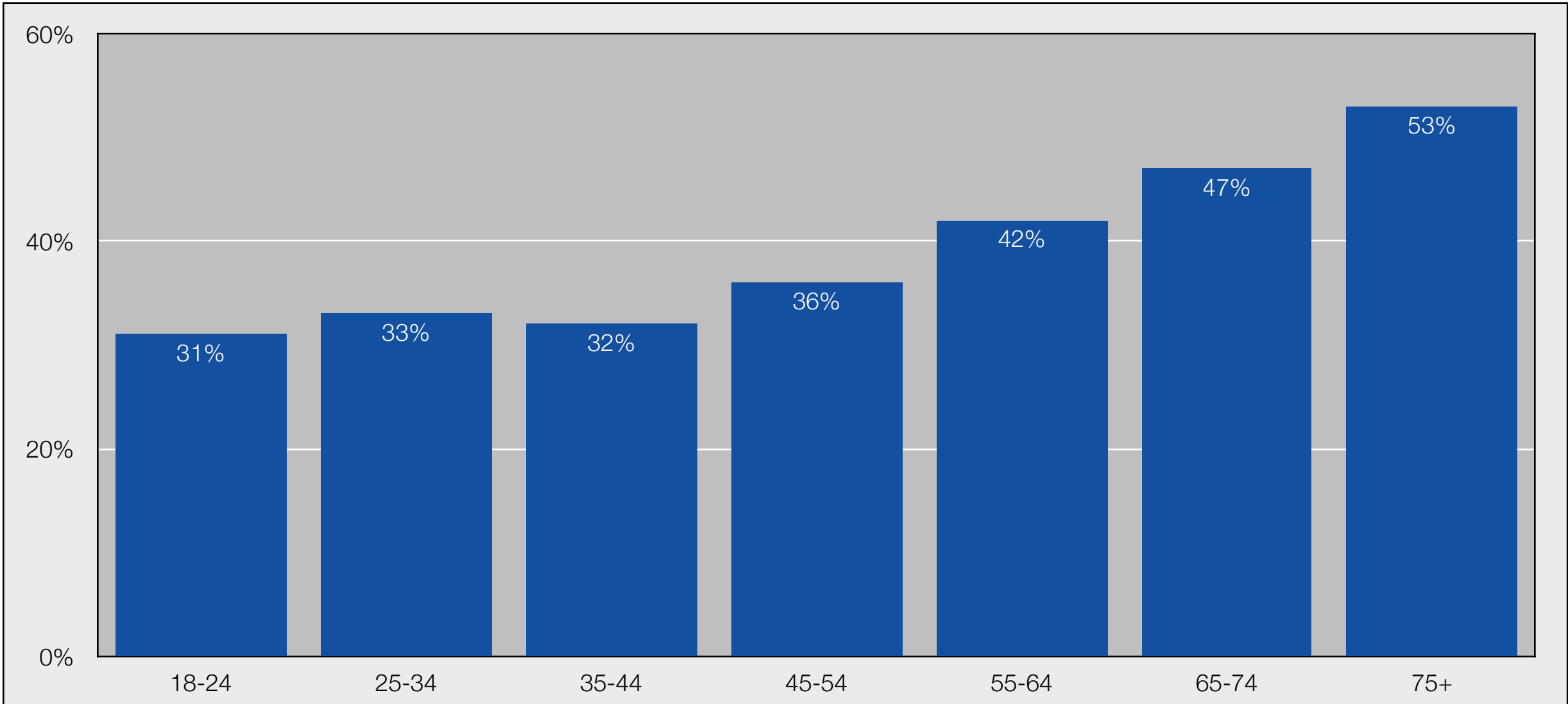
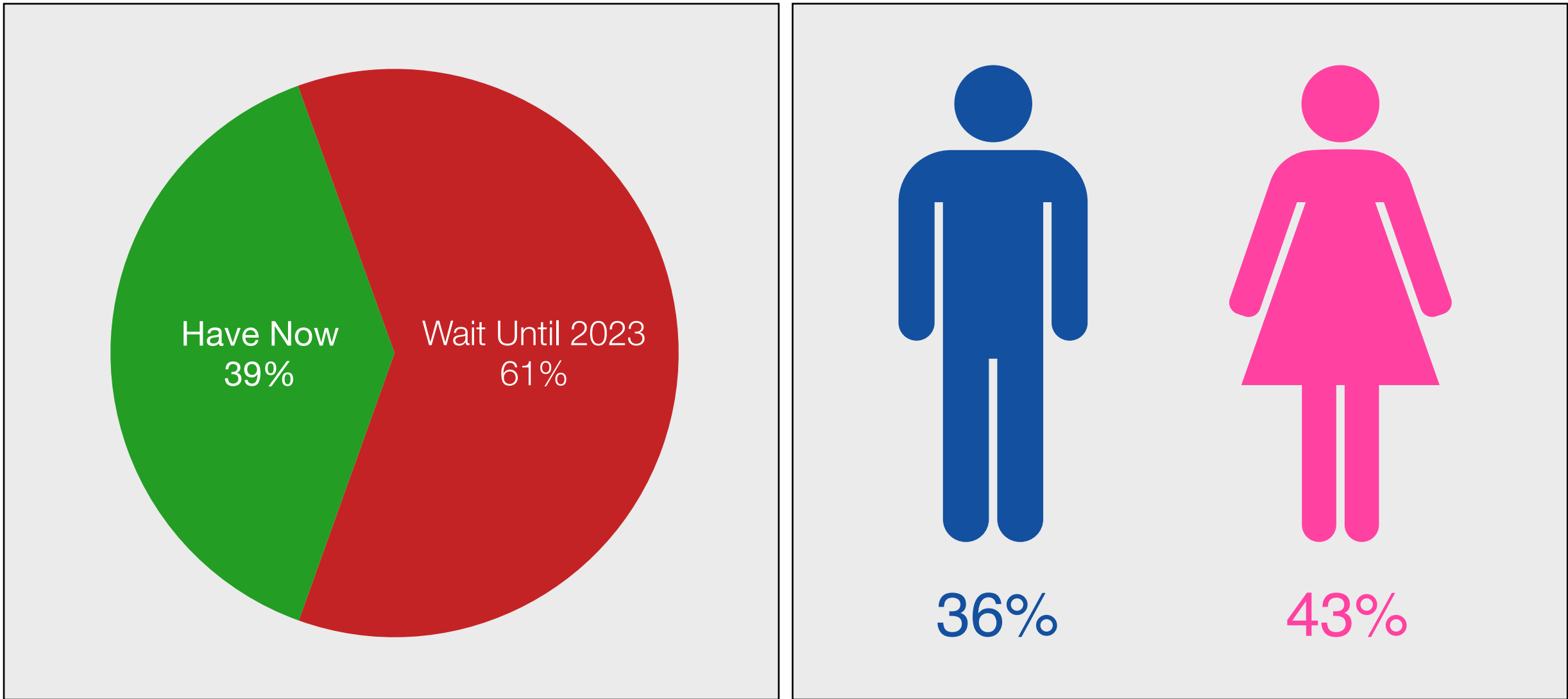
- For the question, illustrated in the opposite, top chart:
 - 39% answered “Have Now”
 - 61% answered “Wait Until 2023”

Higher incidence amongst women

- There was a higher incidence amongst women who answered that they would “Have Now”:
 - 43% of women answered “Have Now”; compared to 36% of men

Age a major factor, increasing with age

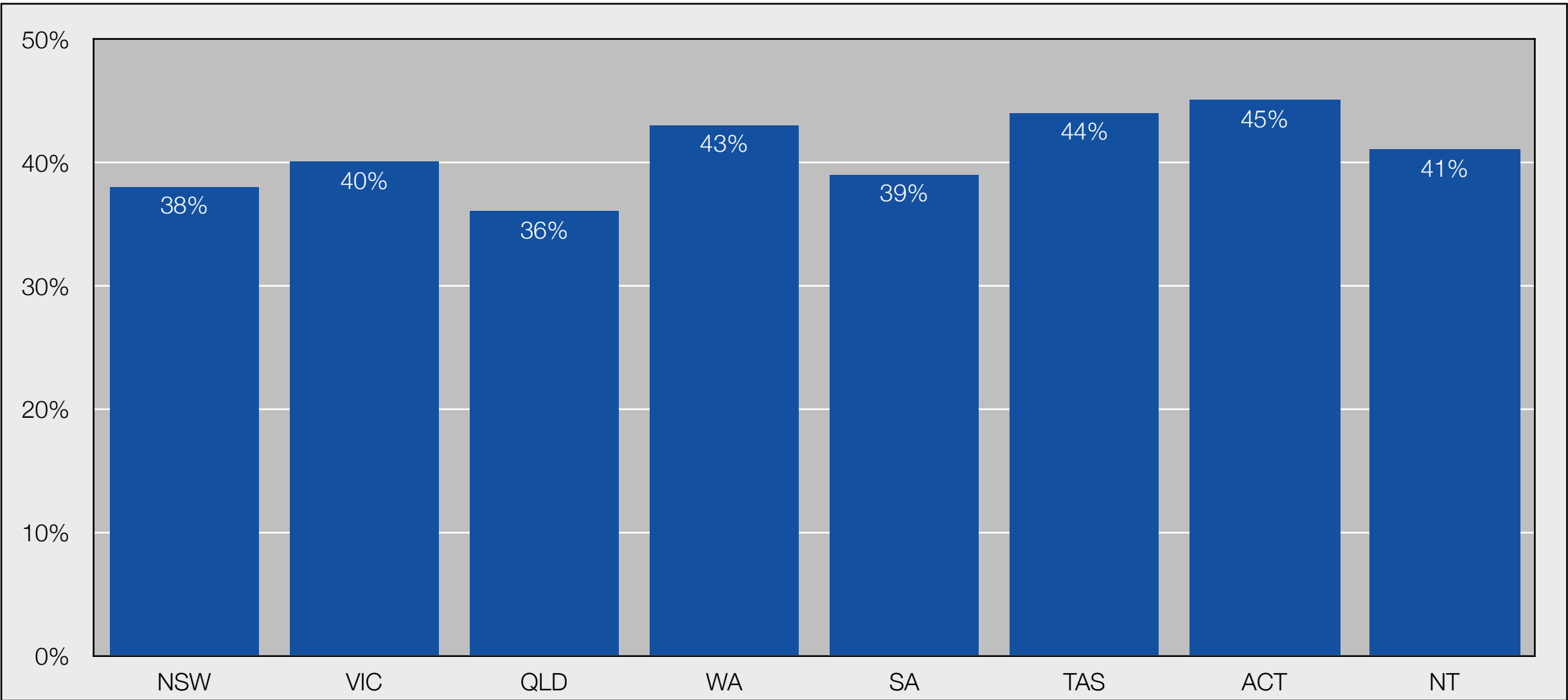
- As illustrated in the chart opposite, age was a major factor amongst those who answered “Have Now” with the incidence increasing with age:
 - 31% of those aged 18-24 years & 33% (25-34) answered “Have Now”, followed by:
 - 32% (35-44)
 - 36% (45-54)
 - 42% (55-64)
 - 47% (65-74)
 - 53% (75+)



Variation across geographic areas & socio-economic criteria

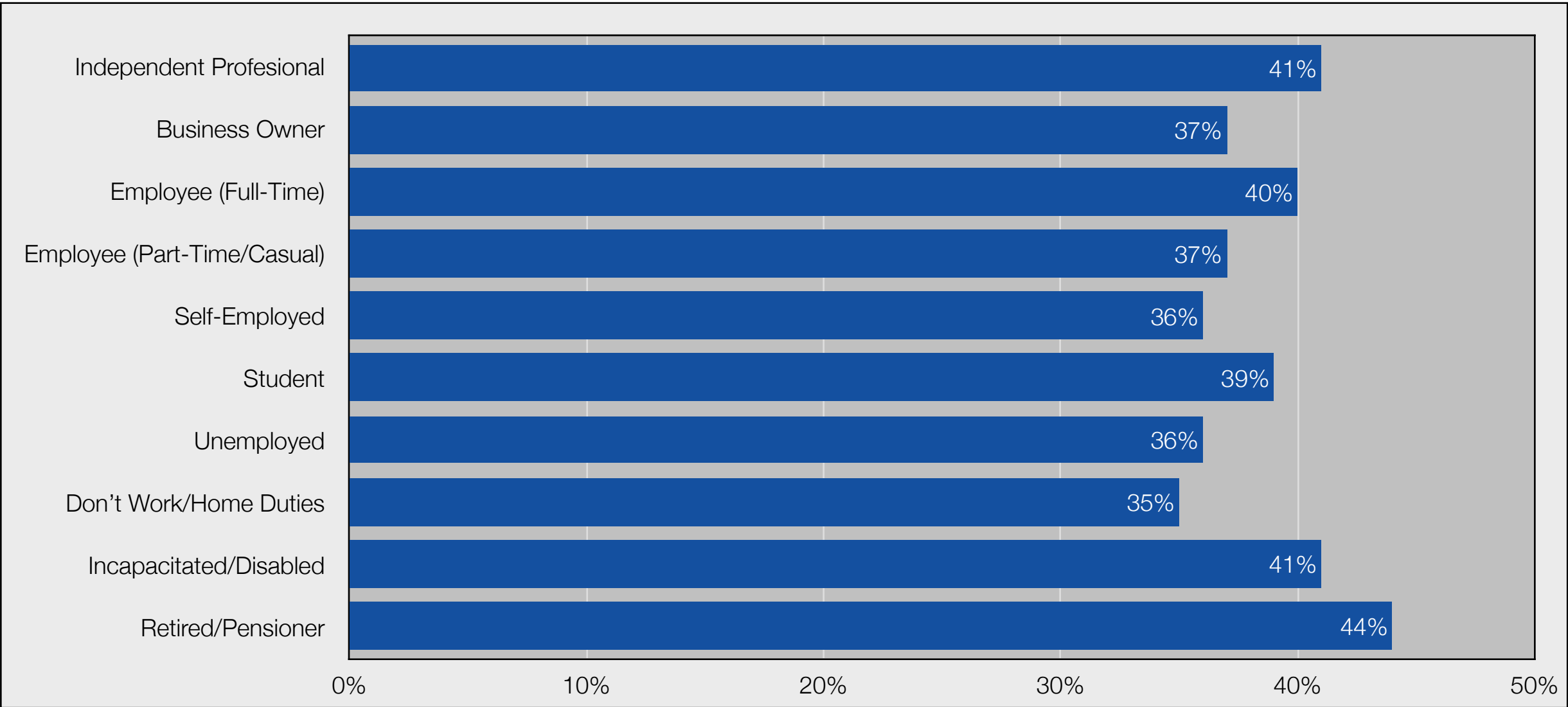
Variation across the States & Territories

- Across the States and Territories there was variation, illustrated in the chart opposite:
 - ACT had the highest proportion who answered “Have Now” (45%), followed by TAS (44%)
 - WA (43%)
 - NT (41%)
 - VIC (40%)
 - SA (39%)
 - NSW (38%)
 - QLD (36%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Metropolitan areas had the highest proportion who answered “Have Now” (40%)
 - Regional (37%)
 - Rural (36%)



Variation across occupation

- Across the socio-economic criteria, occupation had variation in responses amongst those who answered “Yes” where:
 - “Retired/Pensioner” had the highest response to “Have Now” (44%), followed by “Independent Professional” (41%) & “Incapacitated/Disabled” (41%)
 - “Don’t Work/Home Duties” (35%), followed by “Unemployed” (36%) & “Self-Employed” (36%) had the lowest responses to “Have Now”



Variation across other demographic & socio-economic criteria

Variation based on household income

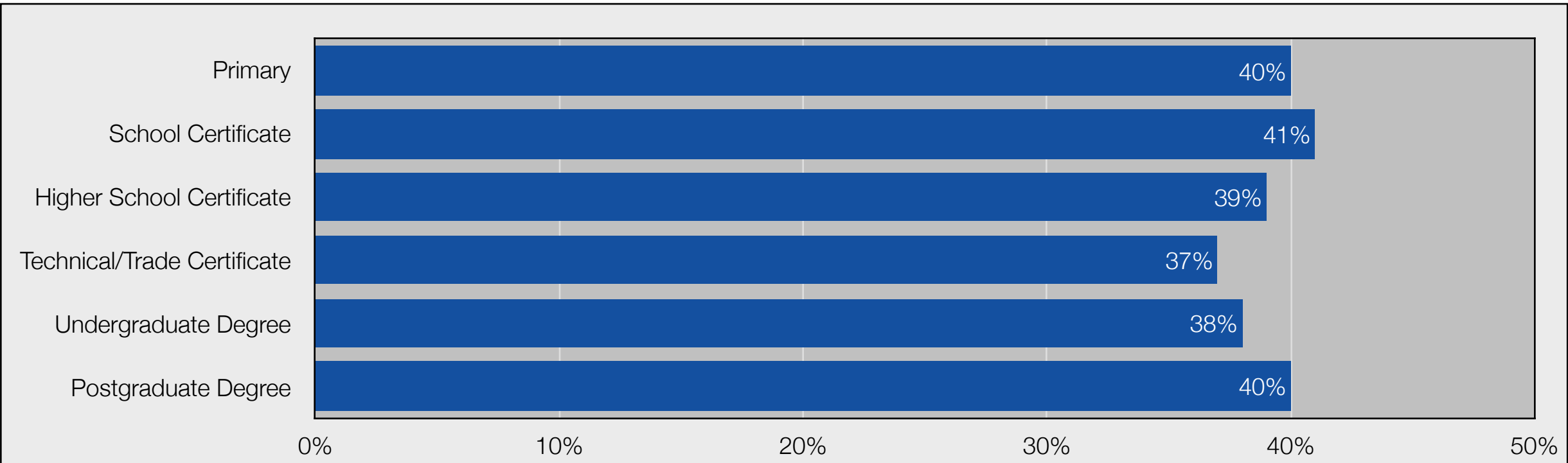
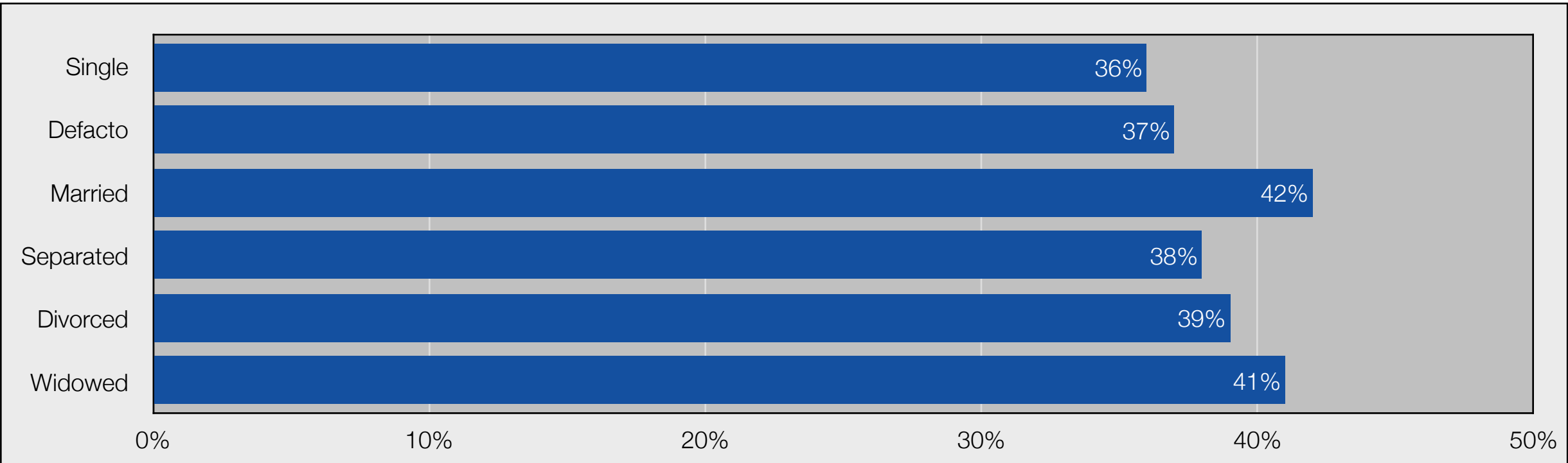
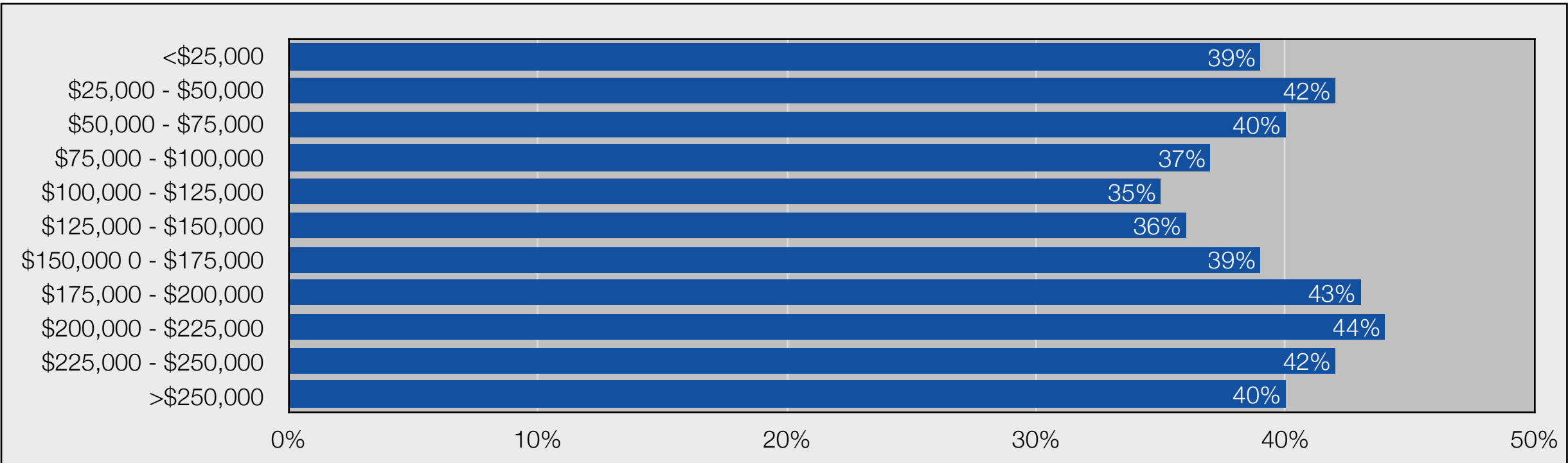
- There was variation across household income, amongst those who answered “Have Now” as shown in the opposite top chart:
 - “\$200,000 - \$225,000” had the highest response to “Have Now” (44%), followed by “\$175,000 - \$200,000” (43%)
 - The lowest response to “Have Now” based on household income was from “\$100,000 - \$125,000” (35%), followed by “\$125,000 - \$150,000” (36%)

Variation across marital status

- There was variation amongst those who answered “Have Now” based on their marital status, as shown in the opposite middle chart:
 - Those who were “Married” (42%) or “Widowed” (41%) had the highest responses to “Have Now”
 - Conversely, those who were “Single” (36%) or “Defacto” (37%) had the lowest responses to “Have Now”

Variation across education

- There was variation amongst those who answered “Have Now” based on their highest level of education, as shown in the opposite bottom chart, where:
 - Those with “School Certificate” (41%), followed by “Primary” (40%) and “Postgraduate Degree” (40%) had the highest responses to “Have Now”
 - Conversely, those with “Technical/Trade Certificate” (37%) & “Undergraduate Degree” (38%) had the lowest responses to “Have Now”



Main reasons for answering “Have Now” or “Wait Until 2023”

Those who answered “Have Now”

- Across the focus groups, just under half of participants answered “Have Now”, slightly higher than quantitative survey, where the main reasons given were consistent across all groups:
 - These people want to be as fully protected as possible
 - The Omicron variants are viewed as still being dangerous, particularly by the elderly
 - Those who believe they are in a high risk of catching COVID, such as those who work in offices or public facing jobs or take public transport frequently, want to be protected against the Omicron variants
 - A large number of those who as yet have not had COVID, do not want to get it or be protected from severe illness if they do get it and particularly from long-COVID symptoms
 - Many who have had COVID do not wish to have it again, not only because of being sick, but believe that having it multiple times may cause long-term health problems, especially heighten risk of long-COVID

“Because of my age I would have it now, because I think getting it is unpredictable about how it could affect me, I say this because I know people in their 90s that don’t even know they had it and people in their 30s who spend a week in bed and think that are going to die, so given my age, I will play it safe and get this 3rd booster to cover against the Omicron whenever I can.”

Kay, 68, Retiree, Bendigo VIC

“I have to take public transport and go to work and university almost every day so I worry I am at high risk of catching COVID, actually I had it in May and I don’t want to get it again like some people are starting to have their second or even third infection, that’s why I will have now if it is available.”

Ju, 24, Student, Northcote (Melbourne) VIC

“Definitely have as soon as I can for me also. I haven’t had it yet because I am fortunate to work from home and so does my wife, so we are insulated apart from doing shopping and things like that, I realise that I will get it sooner or later but I prefer to do what I can to minimise that risk mainly due to the long-COVID problems that are now being reported, they are what scare me.”

Patrick, 53, IT Consultant, Hunters Hill (Sydney) VIC

Those who answered “Wait Until 2023”

- Across the focus groups, just over half of participants answered “Wait Until 2023”, slightly less than in the quantitative survey.
- The main reasons given were:
 - Many have “vaccination fatigue” and do not want to have another booster this year
 - Many do not believe that the now prevalent Omicron variants are very dangerous and are not overly concerned in getting it
 - Many believe that COVID is “going away” with references to the belief that the virus is now in the stage of slowly extinguishing itself as the Omicron variants are less severe and as in the case of responses to some other questions, several likened this to the extinction of the Spanish Flu
 - A smaller number would prefer to wait until 2023 to gauge if there are any side effects or problems with the new vaccine before they consider having it

“Unless there is a really bad version of Omicron like Delta was this time last year, then I will just wait, because I had COVID in March-April, I assume it was Omicron something and it was no worse than a slight cold or flu for me.”

Melinda, 37, Legal Secretary, Michelton (Brisbane) QLD

“I will wait. I think COVID is going away like what someone said earlier, I heard this somewhere about a month ago too, because of Omicron isn’t very dangerous and there haven’t been any new varieties (variants) for a long time now, COVID is going away and I’m not going to have any more vaccinations unless a really bad one (variant) like Delta comes back.”

Stephen, 32, Aircraft Logistics Controller, Larrakeyah (Darwin) NT

“I will wait I think. I don’t think there is a need to quickly get it like there was last year when we were all scared of COVID. Omicron from what I hear isn’t very deadly like Delta was and here in Rocky there isn’t much of it around, so I would just wait a few months, see if any bad side effects or problems occur in other people and then think about having it.”

Chris, 44, Business Owner, Rockhampton QLD



Influenza Vaccination for Children

46

Questions to 5.2% of sample who have a child aged 6mth to <5years

13. Do you have a child/children aged 6 months to under 5 years?

5.2% of sample had a child/children aged 6 months to under 5 years

- For the question, illustrated in the opposite, top chart:
 - 5.2% answered “Yes”
 - 94.8% answered “No”

Purpose to ask following questions

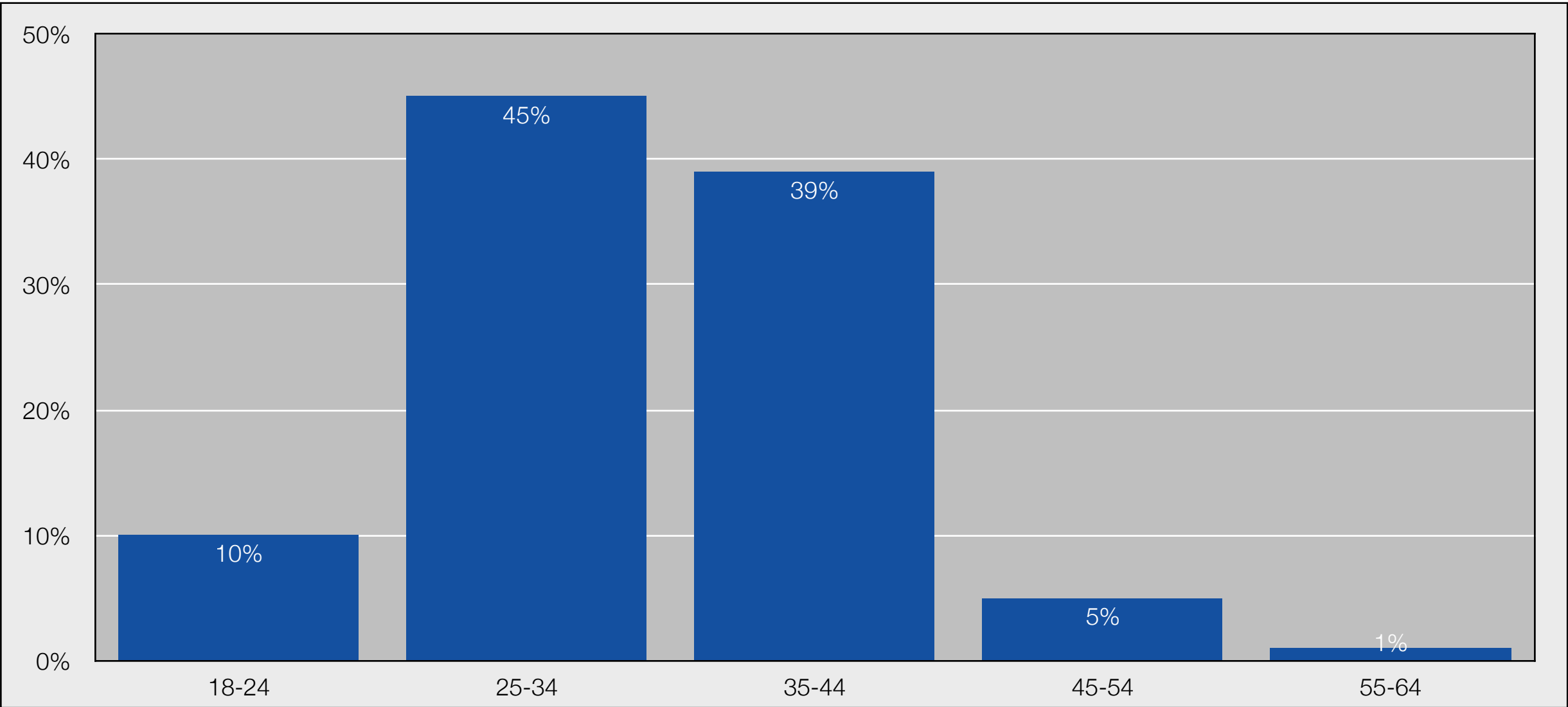
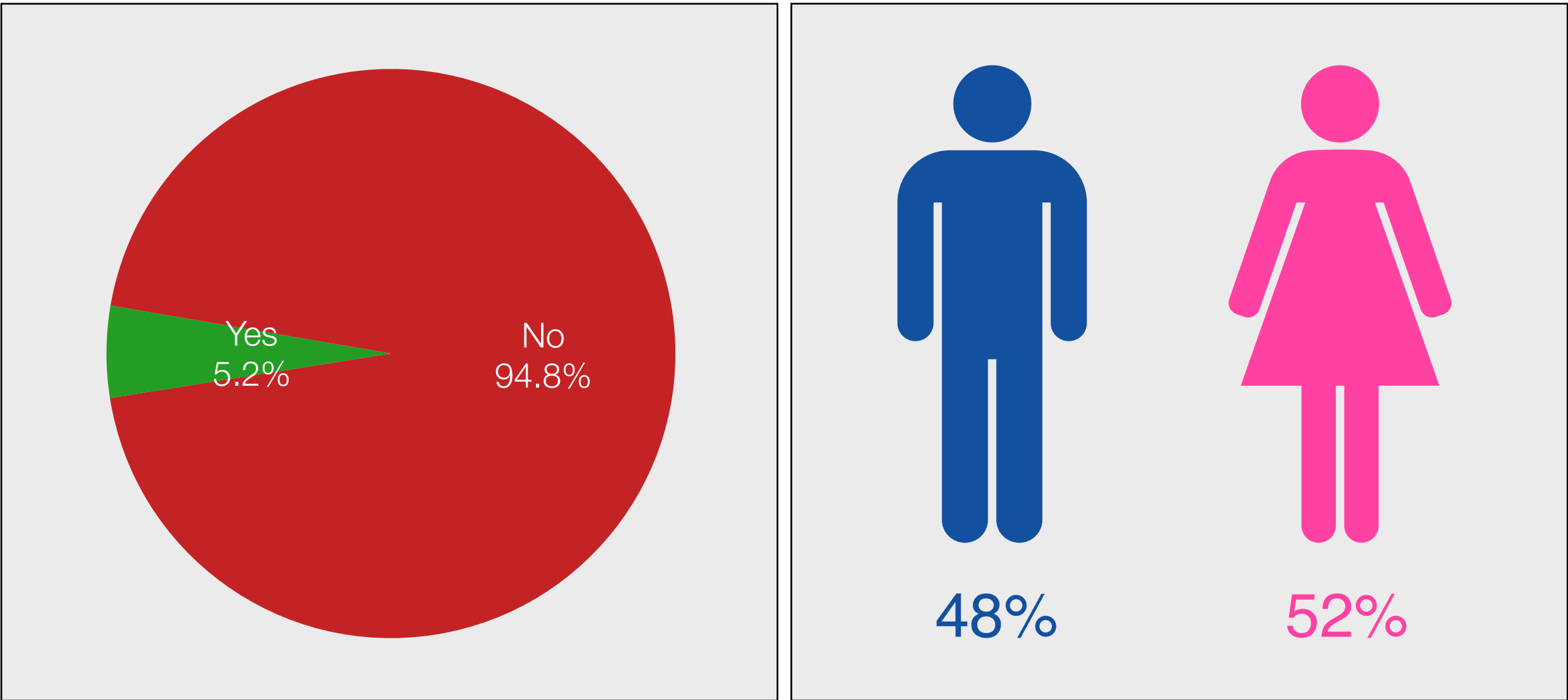
- The purpose of this question was to ask the following questions solely to those who had a child/children aged 6 months to under 5 years.

Gender apportionment of those with a child/children aged 6mth to <5years

- There was a higher apportionment of women to men who answered that they had a child/children aged 6 months to under 5 years, where:
 - 52% were women and 48% were men

Age apportionment of those with a child/children aged <18 years

- As illustrated in the chart opposite, the apportionment across those with a child/children aged 6 months to under 5 years, was:
 - 18-24 years (10%) & 25-34 years (45%)
 - 35-44 years (39%)
 - 45-54 years (5%)
 - 55-64 years (1%)



37% of children (6 months to <5 years) vaccinated against influenza during 2022

14. Has your child/children aged 6 months to under 5 years old, vaccinated against influenza during 2022?

37% of children (6 months to <5 years) vaccinated against influenza during 2022

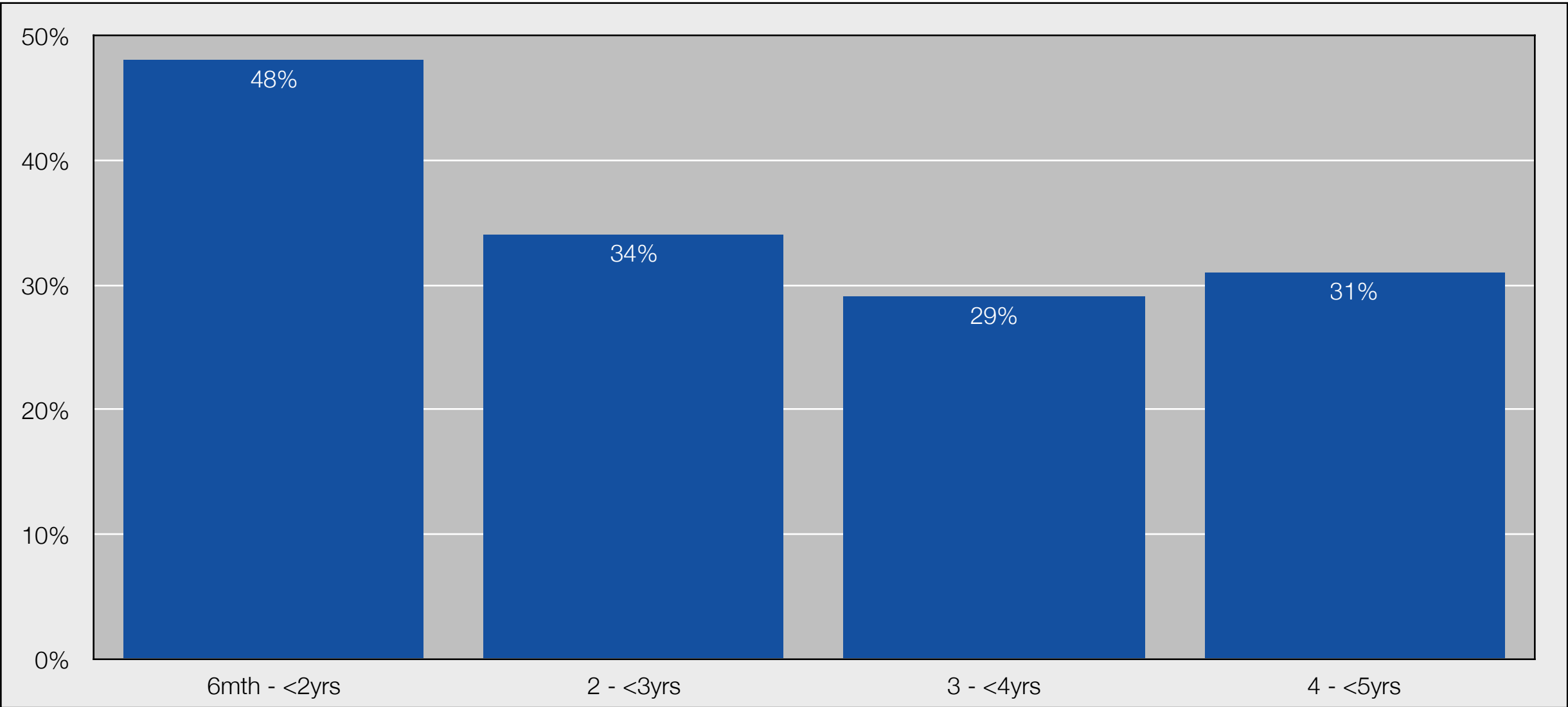
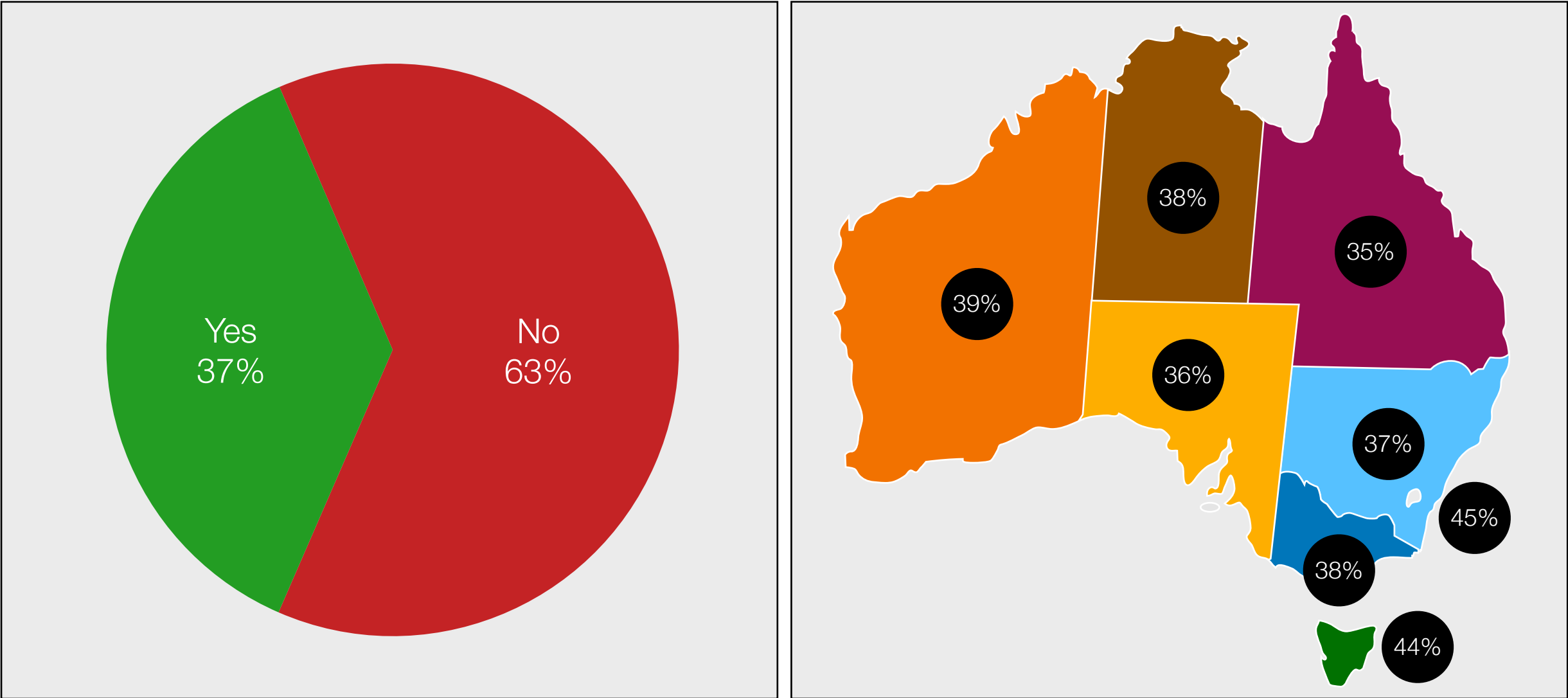
- For the question, illustrated in the opposite, top pie chart:
 - 37% answered “Yes”
 - 63% answered “No”

Variation across geographic areas

- Across the States and Territories there was variation in those who answered “Yes” illustrated in the far opposite graphic:
 - ACT had the highest proportion who answered “Yes” (45%), followed by:
 - TAS (44%); WA (39%); VIC (38%); NT (38%); NSW (37%); SA (36%) & QLD (35%)
- Across metropolitan, regional and rural areas there was also some variation:
 - Metropolitan areas had the highest proportion who answered “Yes” (38%)
 - Regional (36%)
 - Rural (34%)

Age of children vaccinated against influenza during 2022

- Those who answered “Yes” were asked to provide the current age of their child/children who have been vaccinated, as illustrated in the chart opposite, where:
 - 48% of children aged 6 months - <2 years; decreasing to:
 - 34% (2 - <3 years)
 - 29% (3 - <4 years)
 - 31% (4 - <5 years)



Main reasons why children aged 6 months to 5 years not vaccinated

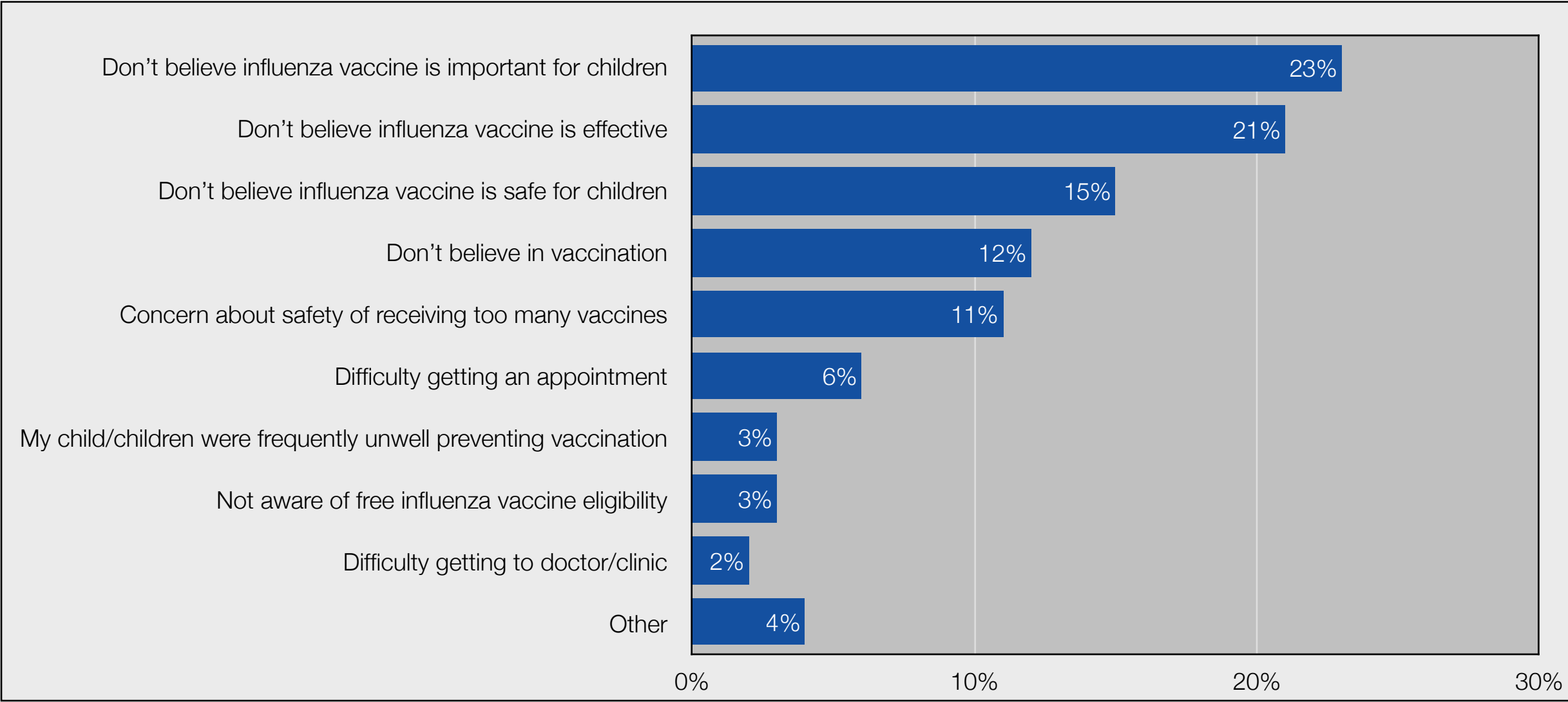
15. If not, what prevented you from vaccinating your child/ children aged 6 months to under 5 years old against influenza?

Don't believe influenza vaccine is important for children

- For the question, illustrated in the opposite, top chart:
 - The most common response, accounting for 23% of overall responses to the question was “Don't believe influenza vaccine is important for children”
 - The second most common response was “Don't believe influenza vaccine is effective” (21%)
 - “Don't believe influenza vaccine is safe for children” (15%)
 - “Don't believe in vaccination” (12%)
 - “Concern about safety of receiving too many vaccines” (11%)
 - “Difficulty getting an appointment” (6%)
 - “My child/children were frequently unwell preventing vaccination” (3%)
 - “Not aware of free influenza vaccine eligibility” (3%)
 - “Difficulty getting to doctor/clinic” (2%)
 - 4% gave an “Other” response

Minor demographic, geographic & socio-economic differences

- Across the demographic, geographic and socio-economic criteria, there were some minor differences, the main being:
 - There was a higher incidence in parents from lower income households (<\$75,000) in responding “Don't believe influenza vaccine is important for children” where 27% gave this response compared to 23% overall
 - Those aged 25-34 had the highest responses to “Don't believe the influenza vaccine is safe for children” (18%) and “Don't believe in vaccination” (16%)
 - Those located in regional and rural areas, especially in QLD, VIC & SA had a higher incidence in answering “Difficulty getting an appointment”



“Other” responses

- 4% gave an “Other” response, the most common being:
 - Concerned that having the influenza vaccination shortly after the COVID-19 vaccinations may be harmful
 - Belief that having the influenza vaccination in addition to recent COVID-19 vaccinations and a future COVID-19 booster is excessive and may be harmful
 - Recent COVID-19 vaccination (including upcoming boosters) plus the influenza vaccination is too much in a short period of time, so choose to have the COVID-19 vaccinations only
 - Planning to have child/children vaccinated soon
 - Prefer children to have a healthy lifestyle to build natural immunity without mandatory vaccinations
 - Belief that it is natural for children to contract the flu and less harmful to the body than the flu shot



Fear of Missing Out Campaign

50

Ensuring “fully vaccinated” the main step undertaken

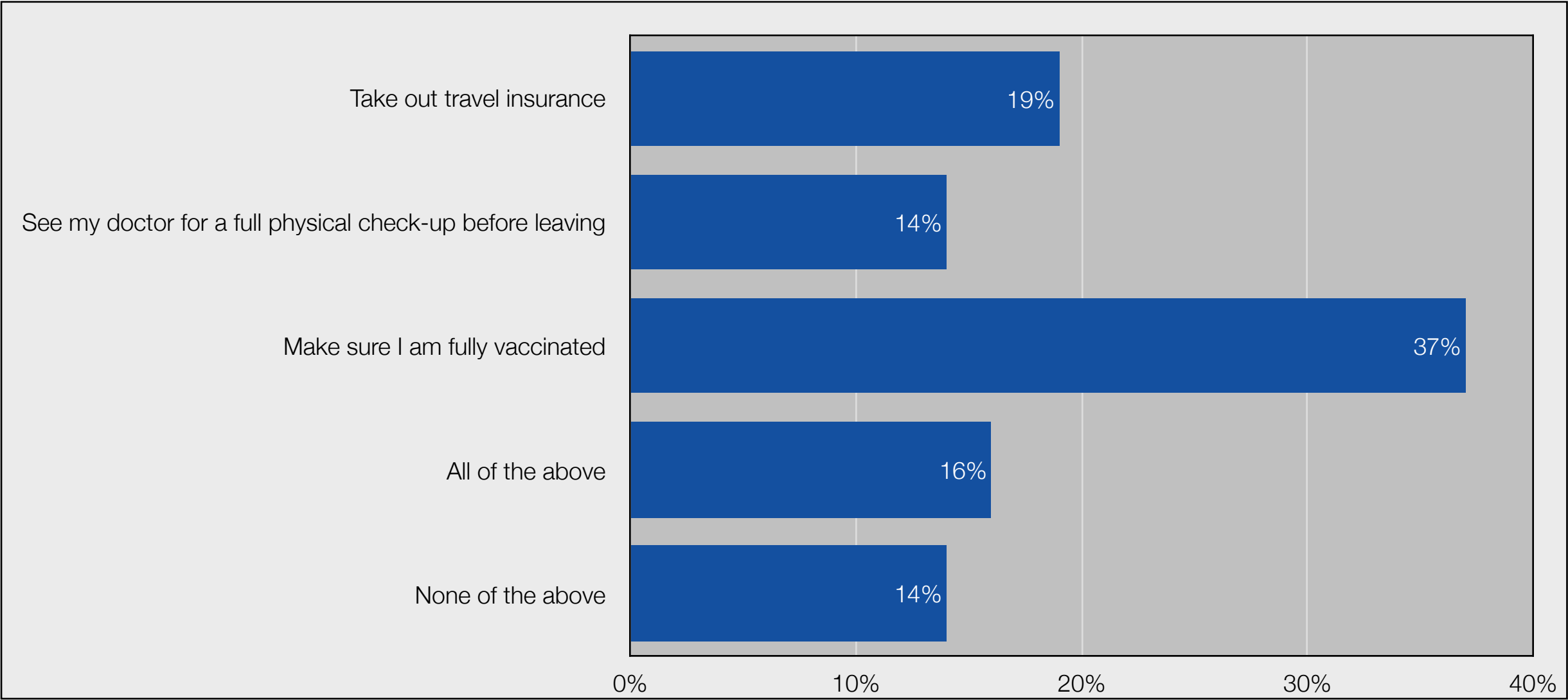
16. What steps would you take to ensure your international holiday, or any other special event, was not interrupted or prevented by illness?

Making sure fully vaccinated is the main step before international holiday

- For the question, illustrated in the opposite, top chart:
 - The most common response, accounting for 37% of overall responses was “Make sure I am fully vaccinated”
 - The second most common response was “Take out travel insurance” (19%)
 - “All of the above” (16%)
 - “See my doctor for a full physical check-up before leaving” & “None of the above” (14%)

Notable differences across gender and age

- There were notable differences in responses gender age, where:
 - Women had the highest responses to “See my doctor for a full physical check-up before leaving” (18%), compared to men (13%) and “Make sure I am fully vaccinated” (39%), compared to men (35%)
 - Men had the highest responses to “None of the above” (16%), compared to women (14%) and “Take out travel insurance” (22%), compared to women (18%)
- In terms of age, the main differences were:
 - Those aged 55+ had the highest response to “See my doctor for a full physical check-up before leaving” (18%), compared to 18-54 (11%) and “All of the above” (18%), compared to 18-54 (12%)
 - Those aged 45-54 had the highest response to “Take out travel insurance” (23%)
 - Those aged 18-34 had the highest response to “None of the above” (19%)



Quite minor differences across States, Territories & geographical areas

- There were quite minor differences across geographical areas, those of note being:
 - The highest responses for “Make sure I am fully vaccinated” were from WA (40%) and TAS (39%)
 - The highest responses for “Take out travel insurance” were from NSW (23%) and WA (22%)
 - The highest responses for “None of the above” were from NT (19%) and QLD (17%)
 - The highest responses for “All of the above” were from ACT (19%) and WA (18%)
 - The highest responses for “See my doctor for a full check-up before leaving” were from TAS (16%) and WA (15%)
- Comparing geographic areas, the main differences found were:
 - “All of the above” was highest in regional areas (18%), compared to metropolitan (16%) and rural (15%)
 - “None of the above” was highest in rural areas (18%), compared to metropolitan (14%) and regional (14%)

Ensuring “fully vaccinated” the main step

Ensuring “fully vaccinated” the main step

- Across all focus groups, the main response was “make sure I am fully vaccinated”, replicating the findings in the quantitative survey.
- When probed, the main reasons given for this were:
 - Being fully vaccinated was viewed as the most effective method of ensuring that an international holiday, or any other special events, were not interrupted or prevented by illness, from the list of options provided
 - When probed about what illnesses they considered “fully vaccinated” should include, the main ones given and their incidence were:
 - ▶ COVID-19 (around 60%)
 - ▶ Tuberculosis (around 5-10%)
 - ▶ Typhoid (under 5%)
 - ▶ Influenza (around 20%)
 - ▶ Hepatitis A & B (around 5-10%)
 - ▶ Cholera (under 5%)

Take out travel insurance

- Across all focus groups, the second main response was “take out travel insurance”, again similar to the findings in the quantitative survey.

All of the above

- The third main response was “all of the above”, again similar to the findings in the quantitative survey.
- Probed as to why doing all of these steps is something they would do, the main responses were:
 - Many, especially those aged 55+ said doing all of the steps was something they either had done in the past or would do now
 - International travel was most frequently spoken of when answering this question, where a large number said that with COVID they were now far more cautious in considering and undertaking international travel and would plan ahead more than they did in the past and all three options were something they either would do, or would think about doing before going overseas

“I would choose to be fully vaccinated from those choices because in my mind this is is the option that best prevents illness, especially when you are travelling and are more susceptible to getting illnesses, not just COVID but other nasty ones especially in less developed countries like Hepatitis.”

Jesslyn, 38, Mental Health Community Worker, Ramsgate (Sydney) NSW

“Making sure I am fully vaccinated is my choice. The pandemic has made people much more aware of vaccination, so I think now as more people start traveling especially overseas, they will consider do they have all of the vaccinations suggested for the places they are going.”

Mai, 27, Early Childhood Teacher, Stretton (Brisbane) QLD

“I’m another one who would say being fully vaccinated, for instance I’m going to Thailand in October and I will make sure I have my COVID booster before I go and this talk today has made me think I should also check what other vaccinations I should have before I go.”

Peter, 46, Creative Director, South Melbourne (Melbourne) VIC

“I already am fully vaccinated, to travel overseas to most places nowadays you have to be, so taking out travel insurance would be my pick because if you do get sick and end up in a hospital or needing medical care overseas it can send you broke, I remember when COVID first appeared and people were getting it on holidays overseas and it was on TV a lot that being in hospital overseas could cost thousands a day, so that has stuck in my head.”

Penny, 26, Sales Executive, Alexandria (Sydney) NSW

“For an international holiday or a special event like a family members wedding that I recently travelled to the UK for, I’d do all of them now. The reason I say that is travel is a lot more dangerous these days with COVID for sure, I’ve always taken travel insurance after I broke an arm in Greece many years ago and got hit with a bill I needed my parents to help me pay, plus I’m now in my 60s with a few health problems so I’d be wise to get checked by my doctor.”

Brian, 61, Surveyor, Balcatta (Perth) WA

COVID-19 the dominant vaccine considered for “fully vaccinated”

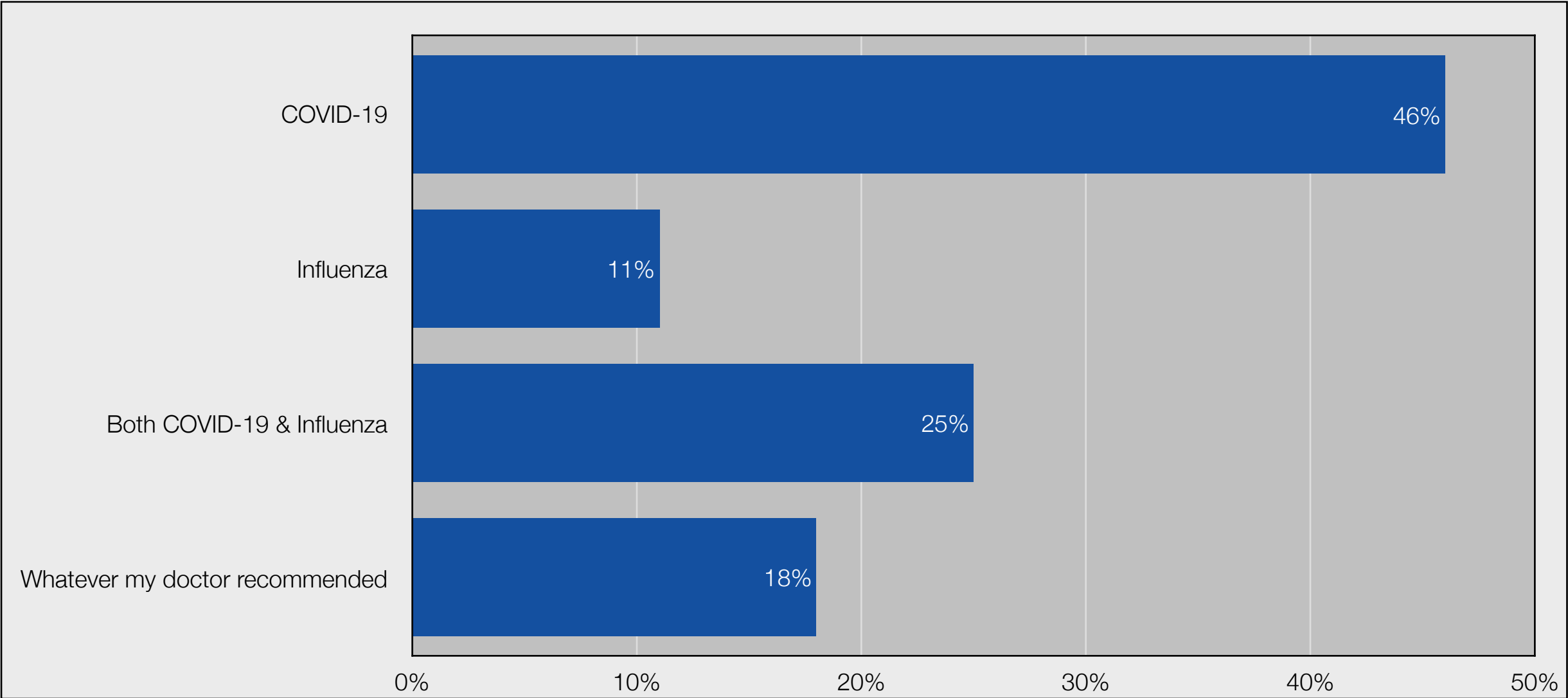
17. If you answered “Make sure I am fully vaccinated” in the previous question, which of the following vaccines would you consider?

COVID-19 the dominant vaccine considered for “fully vaccinated”

- For the question, illustrated in the opposite, top chart:
 - The most common response, accounting for 46% of overall responses was “COVID-19”
 - The second most common response was “Both COVID-19 & Influenza” (25%)
 - “Whatever my doctor recommended” (18%)
 - “Influenza” (11%)

Differences across gender and age

- There were some differences in responses gender age, where:
 - Women had the highest responses to “Whatever my doctor recommended” (21%), compared to men (16%) and “Both COVID-19 & Influenza” (29%), compared to men (23%)
 - Men had the highest responses to “COVID-19” (48%), compared to women (45%)
- In terms of age, the main differences were:
 - Those aged 55+ had the highest response to “Both COVID-19 & Influenza” (31%), compared to 18-54 (23%) and “Whatever my doctor recommended” (26%), compared to 18-54 (15%)
 - Those aged 35-54 had the highest response to “COVID-19” (51%)
 - Those aged 65+ had the highest response to “Influenza” (23%)



Quite minor differences across States, Territories & geographical areas

- There were quite minor differences across geographical areas, those of note being:
 - The highest responses for “COVID-19” were from WA (49%) and TAS (48%)
 - The highest responses for “Both COVID-19 & Influenza” were from TAS (29%) and WA (28%)
 - The highest responses for “Whatever my doctor recommended” were from ACT (21%) and WA (20%)
 - The highest responses for “Influenza” were from ACT (15%) and TAS (13%)
- Comparing geographic areas, the main differences found were:
 - “Both COVID-19 & Influenza” was highest in metropolitan areas (26%), compared to regional (23%) and rural (21%)
 - “Whatever my doctor recommended” was highest in regional areas (20%), compared to metropolitan (17%) and rural (17%)

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Further Information



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www.immunisationcoalition.org.au/about-us/contact-us/



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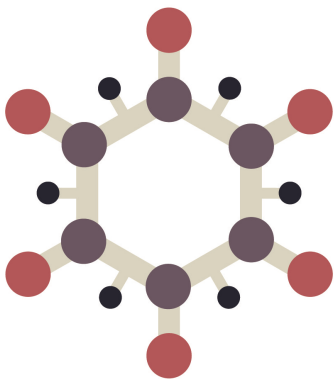
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The Immunisation Coalition wishes to thank APMI Partners (Australia) for producing this survey.

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