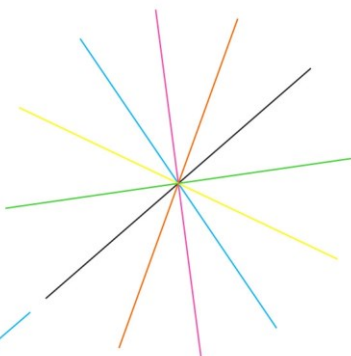


Community Attitude Research on Influenza Vaccination

Quantitative Research Report

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CONTENTS

1. EXECUTIVE SUMMARY	4
1.1 Background	4
1.2 Research methodology	4
1.3 Flu vaccine behaviours	4
1.4 The decision to vaccinate	5
1.5 Triggers and barriers to receiving the flu vaccination	5
1.6 Attitudes and concerns surrounding vaccination	6
1.7 Research and sources of information	6
1.8 Intention to vaccinate in the future	7
1.9 Recommendations for moving forward	7
2. BACKGROUND	8
2.1 Overview	8
Seasonal influenza	8
2.2 The need for research	8
3. RESEARCH OBJECTIVES	9
3.1 Flu vaccination attitudes and behaviours	9
4. OVERVIEW OF RESEARCH APPROACH	10
4.1 Sample profile	10
Table 1. Sample profile achieved	11
5. FLU VACCINE BEHAVIOURS	13
5.1 Flu vaccination	13
Figure 1. Had the flu shot in the past year	13
6. THE DECISION TO VACCINATE	15
Figure 2. Vaccination decision	15
Table 2. Influences to get flu shot (main)	16
7. TRIGGERS TO RECEIVING THE FLU VACCINATION	18
Figure 3. Flu vaccine – main trigger	18
8. BARRIERS TO VACCINATING	19
8.1 Barriers amongst those who have never had a flu shot	19
Figure 4. Flu vaccine barriers (never had a flu shot)	19
8.2 Barriers amongst those who have not vaccinated in the last 12 months	19
Figure 5. Flu vaccine barriers (no flu shot in the last year)	20
8.3 Barriers amongst 'At Risk' target audiences	20
9. ATTITUDES & CONCERNS SURROUNDING VACCINATION	21

Figure 6. Vaccination attitudes (i)	21
Figure 7. Vaccination attitudes (ii)	22
10. RESEARCH & SOURCES OF INFORMATION	23
10.1 Amount and type of information sought about the flu vaccine	23
Figure 8. Amount of information sourced for decision	23
10.2 Sources of information about the flu vaccine	24
Figure 9. Top 3 flu vaccine information sources	24
10.3 Assessment of information search	25
Figure 10. Satisfaction with information	25
11. INTENTION TO VACCINATE IN THE FUTURE	26
Figure 11. Intention to vaccinate (next 12 months)	26
12. RECOMMENDATIONS FOR MOVING FORWARD	27
12.1 General population	27
12.2 Aboriginal and Torres Strait Islander people	27
12.3 Pregnant women	27
12.4 Those with a chronic disease	28
13. APPENDIX	29
13.1 Cognitive interviewing	29

1. EXECUTIVE SUMMARY

1.1 Background

A key element of the National Immunisation Program (NIP) schedule of recommended vaccines is the annual seasonal influenza (or flu) vaccination. This is made available for free under the NIP to a range of at-risk groups, including: adults aged 65 years and over; pregnant women; Aboriginal and Torres Strait Islander people aged six months to less than five years, and those aged 15 years and over; and people aged six months and over with medical conditions predisposing them to severe influenza. The vaccine is also available to the broader population outside of the NIP.

Annual tracking of attitudes and behaviour in relation to the seasonal influenza vaccine was conducted by Newspoll on behalf of the Department of Health up until 2014. The Department determined that further research around this topic was required in 2017.

1.2 Research methodology

This specific piece of quantitative research focused on community attitudes regarding the flu vaccine.

The flu vaccine research was conducted via a 10-minute online survey amongst a general population sample of n=1,016 Australians aged 18+ who were recruited from research-only online panels. This sample has a margin of error +/- 3% at the 95% confidence level.

Age, gender and location quotas were employed to ensure the sample was demographically representative of the general population and specific 'boost' samples of key 'at risk' target audiences for the flu vaccine under the NIP were also recruited – namely Aboriginal and Torres Strait Islander people, pregnant women and people with a chronic illness – to ensure we captured the perspectives of those at high risk from influenza. Whilst the general population sample of 18+ year old Australians included a representation of each of these 'at risk' groups, the 'boost' samples were collected to ensure sufficient robustness for analysis amongst these target groups.

Fieldwork took place between 9–17 March 2017.

A separate piece of quantitative research on attitudes towards childhood and adult vaccination was conducted by Snapcracker on behalf of the Department in parallel.¹

1.3 Flu vaccine behaviours

Less than half of the general population claim to have had the flu vaccine in the past 12 months (44%) whilst almost three-quarters of those with a chronic illness claim to have been vaccinated.

Despite being one of the 'at risk' target groups for the flu vaccine under the NIP only half of pregnant women (51%) claim to have received the flu vaccine in the last 12 months, marginally higher than the general population.

Australians aged 60+ are the group most likely to have been vaccinated with two-thirds claiming to have received the vaccine in the past year.

Whilst the GP/doctor's clinic is the most popular location to receive the flu vaccine, 1 in 5 of the general population and Aboriginal and Torres Strait Islander group received their shot at work. Aboriginal and Torres Strait Islanders are also much more likely than any of the other key target groups to have received their flu vaccine at a community clinic.

¹ National Immunisation Research: Quantitative Research Report, June 2017

Three-quarters of those who have been vaccinated recently against influenza claimed to receive the vaccination annually, especially those aged 65+ and those with a chronic illness. The exception is pregnant women and 18-29 year olds where 1 in 4 and 1 in 5 respectively claim to have had the vaccine for the first time.

Amongst those who haven't been vaccinated in the past 12 months, the majority have never received the vaccine at all.

1.4 The decision to vaccinate

Almost 1 in 5 Australians claimed they did not receive a recommendation to get the flu vaccine from any source.

For those that did get a recommendation, GPs are most likely source across the general population and key target groups. Within the three 'at risk' target groups included in the research, 1 in 4 pregnant women received a recommendation from their midwife whilst almost 1 in 3 individuals from an Aboriginal and Torres Strait Islander background were recommended to have the flu vaccine by their employer.

More than three-quarters of the general population found the decision to vaccinate an easy one and the same is true for the majority of people in the three specific target audiences. However, of the three target groups, pregnant women are the ones most likely to find the decision slightly more challenging. As people get older and more vulnerable to the effects of the flu, they tend to find the decision to vaccinate easier with 9 in 10 people aged 60+ saying it was 'very easy or easy' compared with 6 in 10 18-29 year olds.

The main influence for those who had the flu shot when making the decision to get it was that they always get the vaccination, especially those aged 60+.

In terms of the impact of different conditions or diseases on the decision to get the flu shot, those who stated that their pregnancy or illness (such as cardiac disease, chronic respiratory condition or diabetes) had a big impact or some impact on their decision to get the flu shot or not are more likely to have received the influenza vaccine in the past year.

Knowledge of the free flu vaccine is almost universal amongst the older age bracket (95% amongst those aged 65+). Only 6 in 10 pregnant women claim to be aware that it is free for them, highlighting the potential opportunity to raise awareness amongst this key target audience.

1.5 Triggers and barriers to receiving the flu vaccination

The main trigger for the general population to get the flu vaccine, especially those aged 60 and over, is to protect themselves from influenza. On the flip side, the key barrier for the general population is that they don't feel they need it or they aren't worried about getting the flu.

For the Aboriginal and Torres Strait Islander population, the main driver is also about protecting themselves but also those around them. The primary barrier for this group is a concern about the side effects of the vaccine and some find a lack of convenience getting to a GP or clinic problematic.

Pregnant women are predominantly triggered to get the vaccine by a desire to protect their baby. However, they tend to feel they haven't needed the vaccine in the past and are unsure about the potential side effects and impact on their baby.

As with other groups, those with a chronic illness also vaccinate to protect themselves and this is borne out of their need to provide support for their reduced immunity. Consequently, they are the group most likely to worry about how the vaccine will interact with medication they are already taking.

1.6 Attitudes and concerns surrounding vaccination

There is an overall sense amongst the general population and the three 'at risk' target groups that the flu vaccine is safe and that it benefits the health of the wider community. Those from an Aboriginal and Torres Strait Islander background or with a chronic illness are the most likely to think that getting the flu vaccination is a 'no-brainer'.

Of all the target groups, pregnant women are the most sceptical with 1 in 4 having concerns about the safety of vaccines in general. However, pregnant women are more likely to think that the flu vaccine is only needed by those more prone to illness, that you can catch the flu from the vaccine, that its effectiveness is questionable or that it's only encouraged due to pressure from pharmaceutical companies. 95% of the pregnant women surveyed were 18-44 years of age; amongst women in this age group who were not pregnant, their perceptions in relation to vaccines in general and the flu vaccine are slightly different to those who were pregnant. Specifically, 18-44 year-old women who were not pregnant are less likely to agree with the following statements:

- > I think you can catch the flu from the vaccination;
- > I don't think vaccines are safe;
- > I think the flu vaccine is only needed by people who are prone to illness;
- > I think the effectiveness of the vaccine is questionable; and
- > I think that the flu vaccine is only encouraged because of pressure by pharmaceutical companies.

In turn, this suggests that the concerns raised by pregnant women are likely to be in relation to their condition rather than simply echoing the views held by women in the same age cohort.

In regard to whether the flu vaccine is seen as too expensive, there is no great concern amongst the general population or the key at-risk target groups. However, both the general population and each of the target groups are more likely to be unsure of the costs involved (1 in 4 of the general population) or to disagree with the statement 'I think it costs too much to get the vaccination.'

Pregnant women and those aged 18-29 are the only groups who feel they are less likely to have the time to go and get the flu vaccine. Even so, the majority of these two groups still don't see it as an inconvenience and two-thirds of the general population disagree that they don't have time to go and get it. As people get older they are less likely to use a lack of time as a reason not to get the flu vaccine.

1.7 Research and sources of information

Over half of the general population do not conduct any research before deciding whether to get the flu vaccine or not. Those who do research the topic tend to look for general information, risks associated with the flu vaccine and frequently asked questions (FAQs).

GPs are the go-to resource for the general population and all three key target audiences when seeking information about the flu vaccine. Three-quarters of the general population are happy to take this initial advice from their GP whilst 1 in 3 pregnant women are likely to seek further information or a second opinion.

Of the three target audiences, pregnant women are the group most likely to seek information about the flu vaccine due to their increased uncertainty and levels of concern around the potential risks associated with it.

Only one third of Aboriginal and Torres Strait Islander people claim to seek information before deciding whether to get the flu vaccine or not and it's typically from their GP or an Aboriginal health

worker. In addition to seeking general information, like pregnant women, Aboriginal and Torres Strait Islander people are focused on understanding more about the potential risks associated with getting the flu vaccine.

The main concern amongst the half of the chronic illness group that seek information about the flu vaccine is how it will affect the other medication they are taking. They tend to ask their GP and seem very satisfied with the information they receive.

1.8 Intention to vaccinate in the future

Intention to get the flu vaccine in the next 12 months is highest amongst those with a chronic illness or from an Aboriginal and Torres Strait Islander background (81% and 76% respectively) whilst just over half of the general population and pregnant women state they're likely to get the flu shot in the next year.

Given that the main driver for pregnant women to get the flu vaccine in the first place is to protect their baby, it is likely that the lower level of intention to vaccinate in the future is that they see less of a reason to get the flu shot if they're no longer protecting their baby. That said, 76% of pregnant women who have had the flu shot in the past 12 months state they are very or somewhat likely to have the flu shot in the next 12 months.

Future intention to get the flu vaccine whilst pregnant is at 58% (very or somewhat likely) amongst all pregnant women and it rises to 80% amongst those pregnant women who have had a flu shot in the past year.

From an age perspective, those aged 60 or older are the most likely to say they will get the flu shot in the next 12 months (7 in 10 of this audience). Conversely, only 5 in 10 of those aged 18-59 say they are very or somewhat likely to get the flu shot in the next year.

1.9 Recommendations for moving forward

Three key initiatives emerge from the flu vaccination research:

- > The need to **educate**, where possible, both the population and key influencers about the benefits of the flu vaccine. The primary reasons are to appease any worries about the vaccine, but also to underline the benefits and importance of avoiding the flu. This is particularly important for pregnant women and women aged 18-44 who might be considering having a child.
- > Secondly, there is a need to **address** people's concerns about the flu vaccine upfront by having readily available and comprehensive information on websites and through the key channels of GP/health clinics, the latter being the primary source of information for all three of the target audiences.
- > And finally, there is a need to **inform** all target groups about the fact that the flu vaccine is free for them, which in turn should help to increase the likelihood of these higher risk populations getting the vaccine in the future.

2. BACKGROUND

2.1 Overview

Australia has one of the most comprehensive publicly funded immunisation programs in the world. As a result of successful vaccination programs, many diseases such as diphtheria and poliomyelitis either no longer occur or are extremely rare in Australia. Vaccination not only protects individuals but also protects entire communities by increasing overall levels of immunity and thereby minimising the spread of infection. Immunisation is a successful and cost-effective health intervention.

The National Immunisation Program (NIP) schedule currently includes vaccines against a total of 17 diseases. Vaccines on the schedule are available for infants, children, young adults, vulnerable adults (such as Aboriginal and Torres Strait Islander people and pregnant women) and older people. Each State and Territory is responsible for delivering the NIP under the National Partnership Agreement on Essential Vaccines (NPEV).

Seasonal influenza

The annual seasonal influenza vaccination is available through the NIP to a range of at-risk groups which include adults aged over 65 years; pregnant women; Aboriginal and Torres Strait Islander people aged six months to less than five years, and those aged 15 years and over; and people with chronic illnesses. In addition, the vaccine is available to be purchased on the private market.

Annual tracking of attitudes and behaviour in relation to the seasonal influenza vaccine was conducted by Newspoll on behalf of the Department of Health up until 2014. The Department determined that further research around this topic was required in 2017.

2.2 The need for research

The Department identified a need to refresh its understanding of attitudes and behaviours toward the seasonal influenza vaccine.

A separate piece of quantitative research on attitudes towards childhood and older adult (70+) vaccination was conducted by Snapcracker on behalf of the Department in parallel.²

² National Immunisation Research: Quantitative Research Report, June 2017

3. RESEARCH OBJECTIVES

3.1 Flu vaccination attitudes and behaviours

The objective of this research was to quantify attitudes and behaviours in relation to seasonal influenza vaccination (flu vaccination) amongst the general population and three key 'at risk' sub-groups of the Australian population (Aboriginal and Torres Strait Islanders, pregnant women and those with a chronic illness). This component expands upon previous flu vaccination tracking research among the general population (conducted by Newspoll until 2014). As such, sampling is representative of the Australian population (according to ABS parameters). It is noted that this data will be considered in conjunction with data from the AIR and other sources, and comparisons to previous tracking research may be required.

The specific objectives for this component of the research include examination of:

- > awareness of availability of flu/other vaccinations under the NIP;
- > time of vaccination, i.e. early/mid/late season vaccination (and stage of pregnancy for pregnant women);
- > administering provider/practice setting of the vaccination;
- > satisfaction with information provided about the vaccines;
- > motivations for seeking vaccination (including information sources such as direct medical advice);
- > barriers to obtaining vaccination, (including if possible issues relating to vaccination due to their existing medical condition);
- > reasons for not vaccinating; and
- > likelihood of future vaccination.

Please note also that any figures of 2% or less have been removed from the graphs or charts shown in this report for the purpose of clarity.

4. OVERVIEW OF RESEARCH APPROACH

Snapcracker Research + Strategy (Snapcracker) was engaged by the Department to undertake and manage the research. Snapcracker subcontracted Nature to provide the quantitative technical expertise for this project. Interviews with pregnant women, Aboriginal and Torres Strait Islander people and those with a chronic illness were conducted by McNair Ingenuity Research.

4.1 Sample profile

Quantitative interviews were based on a core sample of the Australian adult population (18+) with specific 'boost' samples for 'at risk' groups, namely Aboriginal and Torres Strait Islanders, pregnant women and those with a chronic illness. Whilst each of these 'at risk' groups exist in the general population, 'boost' samples were required to ensure sufficient base sizes for analysis. Overall, the sample of n=1,106 Australian adults has a margin of error +/- 3% at the 95% confidence level.

The sample breakdown achieved was as follows:

n=1,016 online interviews with a nationally representative sample of the Australian population aged 18+ based on age, gender and location quotas (per latest ABS statistics);

n=105 interviews with pregnant women;

n=108 interviews with Aboriginal and Torres Strait Islander people;

n=156 interviews with people with chronic illnesses.

For the purposes of this research chronic illness was defined as follows:

- > Cardiac disease, including cyanotic congenital heart disease, congestive heart failure and coronary artery disease;
- > Chronic respiratory conditions, including severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease and chronic emphysema;
- > Chronic neurological conditions that impact on respiratory function, including hereditary and degenerative central nervous system diseases (including multiple sclerosis), seizure disorders, spinal cord injuries and neuromuscular disorders;
- > Immunocompromising conditions, including immunocompromised due to disease or treatment (e.g. malignancy, transplantation and/or chronic steroid use), asplenia or splenic dysfunction, and HIV infection;
- > Diabetes and other metabolic disorders;
- > Renal disease, especially for chronic renal failure; and
- > Haematological disorders, including haemoglobinopathies.

Please refer to Table 1 overleaf which summarises the final sample achieved based on the different age groups and the general population plus the 'at risk' audiences of Aboriginal and Torres Strait Islanders, pregnant women and people with a chronic illness.

Table 1. Sample profile achieved

Column %	Total	Male	Female	18-29	30-44	45-59	60+	Gen Pop	Indigenous	Pregnant	Chronic Illness
	%	%	%	%	%	%	%	%	%	%	%
Male	46	100	0	46	43	47	49	49	51	0	50
Female	54	0	100	54	57	53	51	51	49	100	50
18-29	22	22	22	100	0	0	0	22	23	37	10
30-44	29	26	30	0	100	0	0	27	34	58	21
45-59	24	25	23	0	0	100	0	25	27	5	27
60+	25	27	24	0	0	0	100	26	16	0	42
NSW	33	32	33	34	35	28	32	32	47	32	35
VIC	26	25	27	24	27	27	25	26	15	27	29
QLD	20	18	21	26	17	19	19	19	25	22	17
WA	10	11	9	13	9	9	11	11	4	11	8
SA	7	8	6	2	7	9	9	7	2	7	6
NT	1	1	1	0	1	2	1	1	3	0	1
ACT	2	2	2	0	1	3	2	2	3	1	2
TAS	2	2	2	0	2	3	2	2	2	0	1

DETAILED FINDINGS

5. FLU VACCINE BEHAVIOURS

Respondents were asked a series of questions around the flu vaccination to establish whether they had received it in the past 12 months, where they had received it and whether anyone had recommended it to them. This section focuses on these findings and highlights any differences between the key target audiences of Aboriginal and Torres Strait Islander people, pregnant women and those with a chronic illness.

5.1 Flu vaccination

Just under half (44%) of the general population aged 18+ claim to have had a flu shot in the past 12 months; vaccination rates are significantly higher amongst 60+ year olds (68%) and significantly lower amongst 18-29 year olds (38%). Almost 3 in 4 of those with a chronic illness (72%) claim to have had the flu shot vaccination in the past 12 months. Despite them being an 'at risk' group for the flu vaccination, pregnant women are not significantly more likely to have received the flu vaccination than the general population.

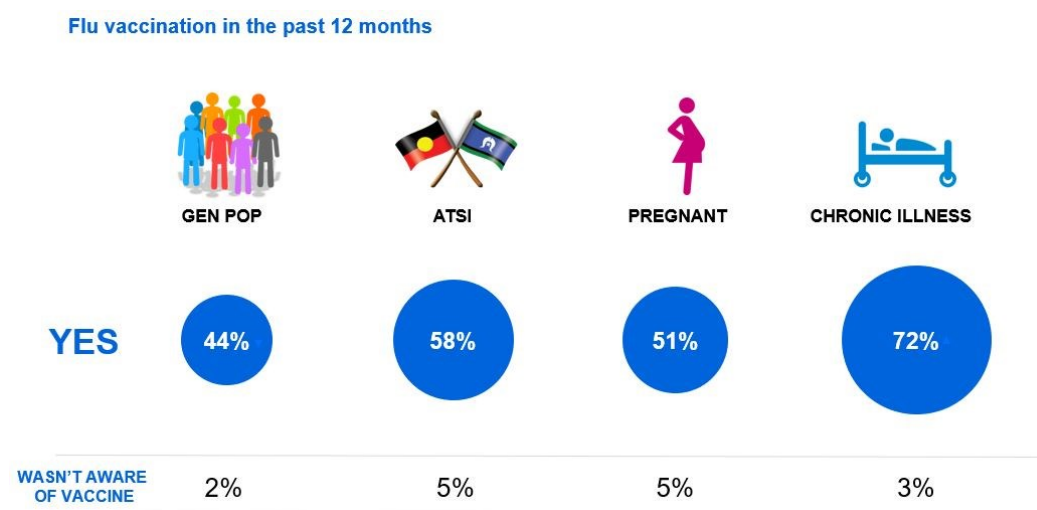
Most people receive their flu vaccination at their GP/doctor's clinic (70%), especially pregnant women (74%) and those with a chronic illness (81%). 1 in 5 of the general population receive their flu shot at work (18%) and it also proves a popular choice for Aboriginal and Torres Strait Islander people (22%). 1 in 3 people aged 30-44 years old had their last flu shot at work, highlighting the importance of workplace programs for this age group.

Whilst Aboriginal and Torres Strait Islander people are most likely to get their flu vaccination at a GP/doctor's clinic (48%), they are much more likely than any other target group to have received their vaccination at a community clinic (14%).

The majority of those who were vaccinated in the last year have had the flu shot on an annually (72%), especially those aged 60+ (91%) and those with a chronic illness (81%). The exception is pregnant women, where 1 in 4 had received the vaccine for the first time in the past 12 months.

Figure 1. Had the flu shot in the past year

A1. Did you have a flu shot or vaccination in the past year?



▲ ▼ Significant difference at 95% confidence

Base: General Population (n=1016), Aboriginal/Torres Strait Islanders (n=108), Pregnant (n=105), Chronic Illness (n=156)

Of those who haven't received a flu vaccine in the past 12 months, most have never received it at all (54% of the general population).

6. THE DECISION TO VACCINATE

The general population are most likely to receive a recommendation for the flu vaccine from their GP (59%). People with chronic illness are the at-risk group most likely to receive a recommendation from their GP (80%). At least 10% of pregnant women have received a recommendation for a flu vaccine from one of the following seven different sources:

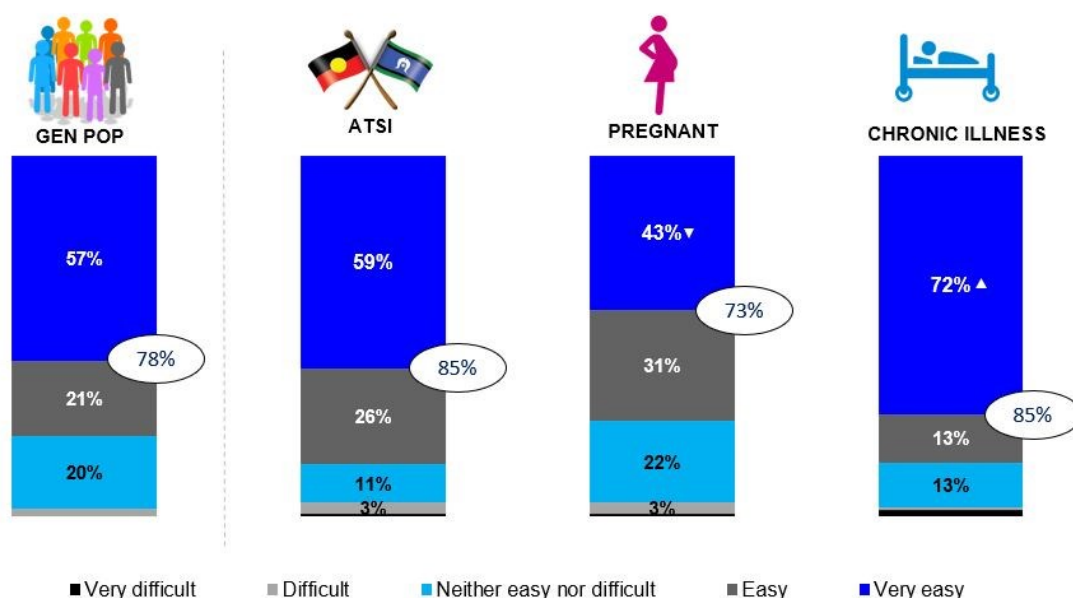
- > GP/doctor – 63%
- > midwife – 24%
- > work/employer – 17%
- > practice nurse – 17%
- > friends – 15%
- > obstetrician – 13%
- > family – 11%

Despite being an 'at risk' target group and the wide range of sources they are receiving recommendations from, only 51% of pregnant women have received a flu shot in the past year. This can be explained to some degree by the fact that pregnant women find the decision to vaccinate more challenging than other target groups. This is most likely due to some worrying about the potential impact of the vaccine on their baby. 70% of pregnant women said their pregnancy had either a 'big impact' or 'some impact' on their decision to get the flu shot or not. Meanwhile, those aged 60+ and people with chronic illnesses find the decision a lot easier (92% and 85% respectively stated it was 'easy' or 'very easy' to get their flu shot in the last year).

Figure 2. Vaccination decision

A6. How easy for you was the decision whether or not to get the flu shot in the last year?

Ease of decision to vaccinate



▲ ▼ Significant difference at 95% confidence

Base: Those who made the decision to vaccinate – whether yes or no; Gen Pop (n=988), Aboriginal and Torres Strait Islander people (n=102), Pregnant (n=98), Chronic Illness (n=152)

The main influence for the general population to be vaccinated is the fact that they always get a flu shot (41%), especially those aged 60+ (52%). A recommendation from a GP is the biggest influence in the decision to vaccinate for pregnant women (35%) and second biggest influence for those with a chronic illness (26%) whilst the availability of the vaccine through their employer is important for almost 1 in 2 Aboriginal and Torres Strait Islanders people.

Getting the flu vaccine is simply not a habitual behaviour for pregnant women. They are more likely to state that they were simply at their GP/a clinic and had the flu vaccine spontaneously or the change in their family circumstances or more frequently feeling ill were key factors in their decision to get the vaccine.

There is an opportunity to reach women before they are pregnant (especially those aged 18-44 who represent 95% of the pregnant women surveyed) with messages regarding the importance of getting the flu vaccine to help to normalise this behaviour and increase their awareness of the vaccine as well as the importance of protecting themselves and their baby when pregnant.

Making women aged 18-44 more aware of the flu vaccine and its benefits prior to them falling pregnant has the potential to help educate them and in turn perhaps reduce the amount of fear that some associate with the vaccine in terms of the potential side effects for their baby. Ultimately, these steps have the ability to help the flu vaccine become something that women 'just do' irrespective of whether they are pregnant or not.

Table 2. Influences to get flu shot (main)

B2b. Which one of these had the most influence?

	Gen Pop (N=447)	Aboriginal and Torres Strait Islander (N=63)	Pregnant (N=54)	Chronic Illness (N=113)
I always get a flu shot	41% ▲	31%	12% ▼	37%
Was recommended by my doctor/GP	20%	11%	35%	26%
Was available through work	11%	18%	10%	5%
I caught the flu previously	6%	3%	6%	5%
Flu season seemed bad	5%	3%	2%	5%
Was recommended by a friend or family member	3%	5%	2%	2%
Happened to be at a clinic/GP	3%	2%	14% ▲	3%
Was travelling	3%	5%	0%	2%
Recommendation through media/advertising	2%	5%	4%	3%
Someone I know had the flu	2%	2%	0%	1%
I was experiencing ill health more generally	1%	8%	8%	3%
Change of family circumstances	0%	2%	6% ▲	2%
Other	3%	5%	2%	6%
TOTAL	100%	100%	100%	100%

Base: Those who have had a flu vaccination in the past 12 months

▲ ▼ Significant difference at 95% confidence

Amongst the relevant 'at risk' groups, other factors influencing the decision to vaccinate or not include consideration of chronic illnesses, including diabetes (55% of those with diabetes said it had a '*big impact*' or '*some impact*' on their decision), and chronic respiratory conditions (70% impact). Cardiac disease has the least impact (48%).

Awareness of the free flu vaccine is almost universal amongst those aged 65+ (95%), whilst roughly two-thirds of Aboriginal and Torres Strait Islanders (64%), pregnant women (61%) and those with a chronic illness (68%) claim they knew the flu vaccine was free of charge for them.

7. TRIGGERS TO RECEIVING THE FLU VACCINATION

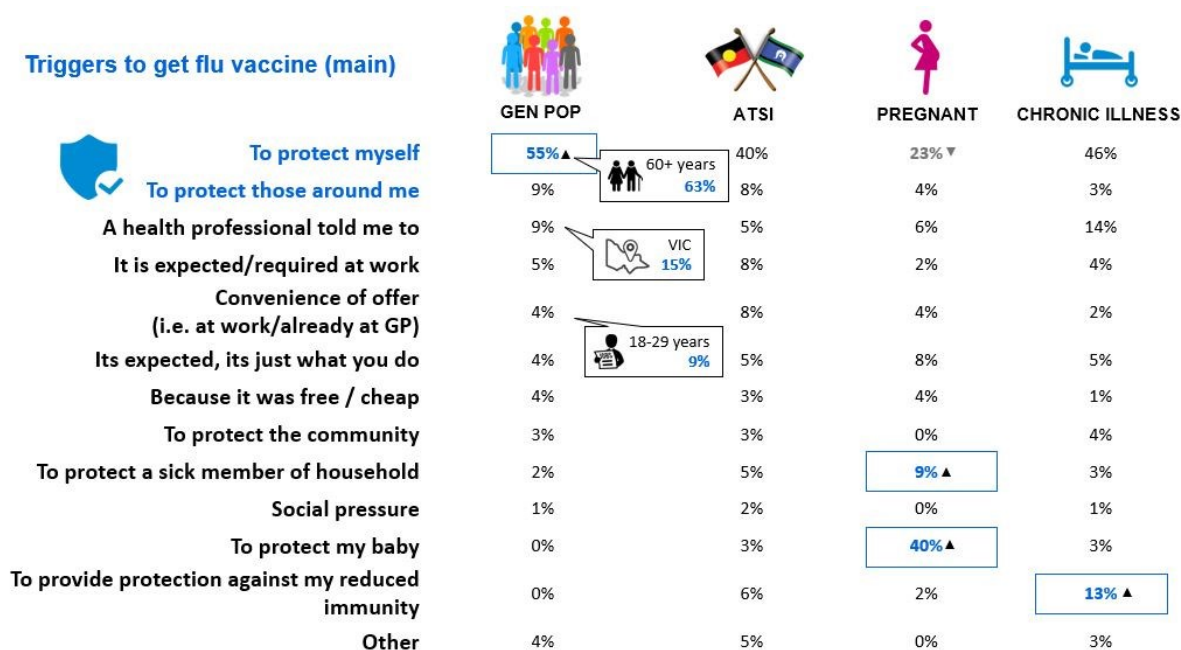
Amongst those who had been vaccinated in the past year, just over half of the general population (55%) stated that self-protection was the primary trigger for getting the flu vaccine, with 60+ year olds the most likely (63%) of the target groups to say “to protect myself” as their main trigger.

Pregnant women’s primary trigger is to protect their baby first and foremost (40%) whilst only 1 in 4 claim they got the flu shot to protect themselves, significantly lower than the other ‘at risk’ audiences – again highlighting the opportunity to better educate women (especially those 18-44 year olds) about the availability and benefits of the flu vaccine prior to them becoming pregnant as a means of normalising this behaviour amongst women of this age group and life stage. Currently only 8% of pregnant women see the flu vaccine as something ‘you just do’. They are also significantly more likely to say that they got their flu shot in the last year to protect a sick member of their household.

Self-protection is also a key trigger for those suffering from a chronic illness as they recognise the importance of protecting themselves in light of their reduced immunity.

Figure 3. Flu vaccine – main trigger

B1b. Which one of these was the main trigger?



Base: Those who have had a flu vaccination in the past 12 months; Gen Pop (n=447), Aboriginal and Torres Strait Islander people (n=63), Pregnant (n=54), Chronic Illness (n=113).

▲ ▼ Significant difference at 95% confidence

8. BARRIERS TO VACCINATING

8.1 Barriers amongst those who have never had a flu shot

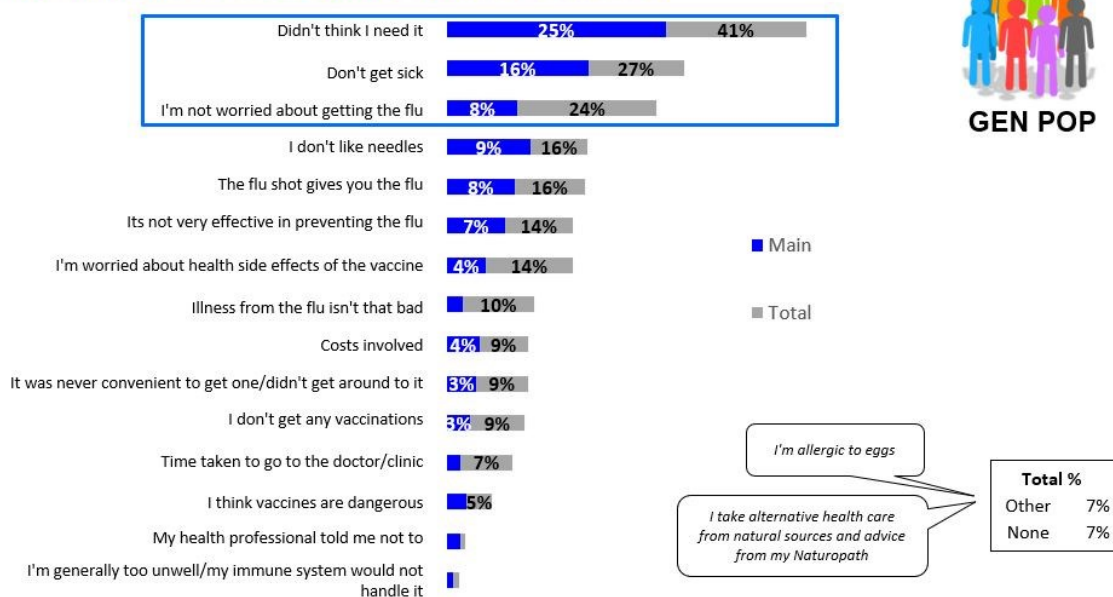
Amongst the general population that have never had a flu shot, there is a general lack of concern about getting the flu; their main barriers to being vaccinated are simply that they don't think they need it (not because of a lack of awareness of its availability), they don't get sick or they're not worried about getting the flu.

Figure 4. Flu vaccine barriers (never had a flu shot)

B3a. For what reason(s) have you never had a flu shot? (**Total reasons**)

B3b. Which one of these is most influential in your decision not to get a flu shot? (**Main reason**)

Barriers to getting the flu vaccine in general – Never had a flu shot



Base: Never had a flu vaccination; Gen Pop (n=294)

▲ ▼ Significant difference at 95% confidence

Whilst there is a great deal of consistency between age groups in terms of the main barriers to getting the flu vaccine (amongst those who have never had a flu shot) such as thinking that they don't need it or they don't get sick or they're not worried about getting the flu, 60+ year olds are the most likely to say that they don't get sick (this is the most influential factor for this age group at 30%) and 18-29 are the most likely to say that they don't like needles (the second most influential factor for this age group at 23%).

8.2 Barriers amongst those who have not vaccinated in the last 12 months

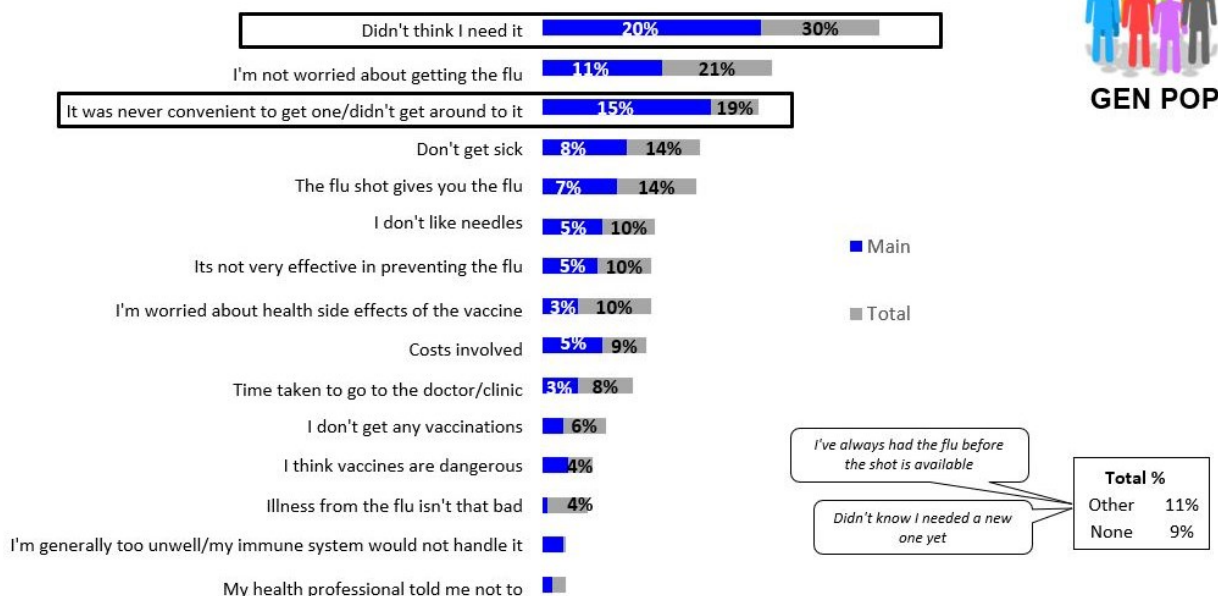
Similar to those amongst the general population who have never had a flu shot, the flu shot was simply not a priority for those who weren't vaccinated in the past 12 months. The main barriers to being vaccinated for this group were that they didn't think they needed it or weren't worried about getting the flu. The main difference with this group compared with those who have never had the flu shot is that it is seen as far more of an inconvenience to go and get the vaccine, or they simply didn't get around to it.

Figure 5. Flu vaccine barriers (no flu shot in the last year)

B3c. For what reason(s) have you not had a flu shot in the past 12 months?

B3d. Which one of these was most influential in your decision not to get the flu shot in the past year?

Barriers to getting the vaccine in P12M – Haven't had shot in P12M



Base: Not had a flu shot in the past 12 months; Gen Pop (n=247)

▲ ▼ Significant difference at 95% confidence

8.3 Barriers amongst 'At Risk' target audiences

Amongst pregnant women and those with a chronic illness who have never had a flu shot, the key barrier to getting the vaccine is simply that they did not think they needed it. Based on their levels of awareness with regards to the availability of the free vaccine, it is clear that this sentiment is largely one of denial rather than lack of awareness. 21% of pregnant women that have never had a flu shot and 24% of those suffering from a chronic illness and have never had a flu shot stated the most influential factor in their decision was that they did not think they needed it. For Aboriginal and Torres Strait Islanders who have never had a flu shot, the most influential factor in their decision not to have the vaccine was their concern about the health side-effects of the vaccine (21%).

The barriers for those in the 'at risk' target audiences who have had the flu vaccine but haven't had it in the past 12 months are quite different for the individual groups when compared to the barriers for those who have never had the flu shot. 22% of Aboriginal and Torres Strait Islanders state that the most influential factor in their decision not to have the vaccine in the past 12 months is that they simply did not think they needed it. 23% of pregnant women stated their most influential factor was the concern about how it might affect their baby. For those with a chronic illness, whilst some are clearly concerned about the potential health side effects of the vaccine, the main factor in their decision not to have the flu shot in the past year was that it never seemed to be convenient for them to get one or they simply never got around to it (19%).

9. ATTITUDES & CONCERNS SURROUNDING VACCINATION

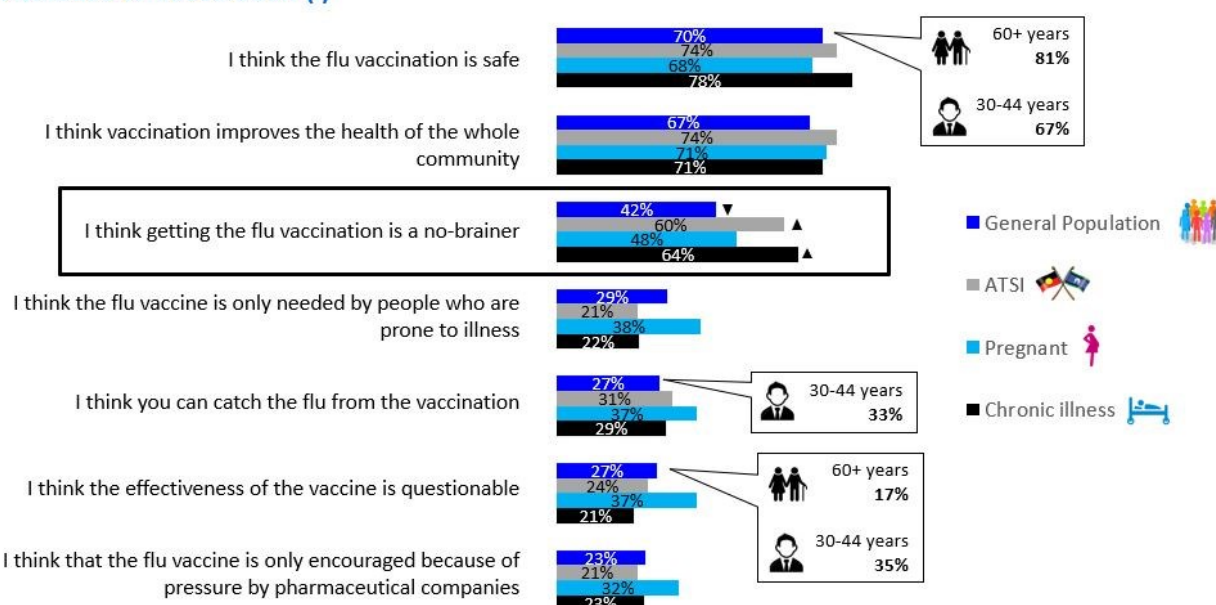
The majority of the general population and target groups trust that the flu vaccine is safe (general population 70%, Aboriginal and Torres Strait Islander 74%, pregnant women 68% and those with a chronic illness 78%) and that it improves the health of the whole community (general population 67%, Aboriginal and Torres Strait Islander 74%, pregnant women 71% and those with a chronic illness 71%).

Aboriginal and Torres Strait Islanders people and those suffering from a chronic illness are significantly more likely to label getting the flu vaccine a “no-brainer” which correlates with their higher incidence of vaccinating in the past 12 months when compared with the general population and pregnant women. Pregnant women are the ‘at risk’ group most likely to question the effectiveness of the flu vaccine and they’re also the most likely to believe that the flu vaccine is only required by those who are prone to illness, both of which highlight the need to better inform and educate this audience in relation to the vaccine.

Figure 6. Vaccination attitudes (i)

C1. Level of agreement with statement about flu and vaccine. (Agree + Strongly Agree)

Attitudes to vaccination (II)



Base Gen Pop (n=1016), Aboriginal and Torres Strait Islander people (n=108), Pregnant (n=105), Chronic Illness (n=156)

▲ ▼ Significant difference at 95% confidence

The attitude of some pregnant women towards the flu and flu vaccine further highlights the need for educational resources to dispel some of the myths surrounding the vaccine but also to highlight the benefits of the vaccination. For example, 31% of pregnant women believe that even without being vaccinated, they would be unlikely to catch the flu and 24% believe the risk associated with the vaccine is worse than catching the flu itself. Also, 1 in 4 pregnant women think you don't need the flu vaccine if you've had a bout of flu in the past 12 months. There is also some evidence to suggest that some pregnant women are post-rationalising their decision not to vaccinate by stating that the symptoms of the flu are not that bad (30% vs. 23% of the general population).

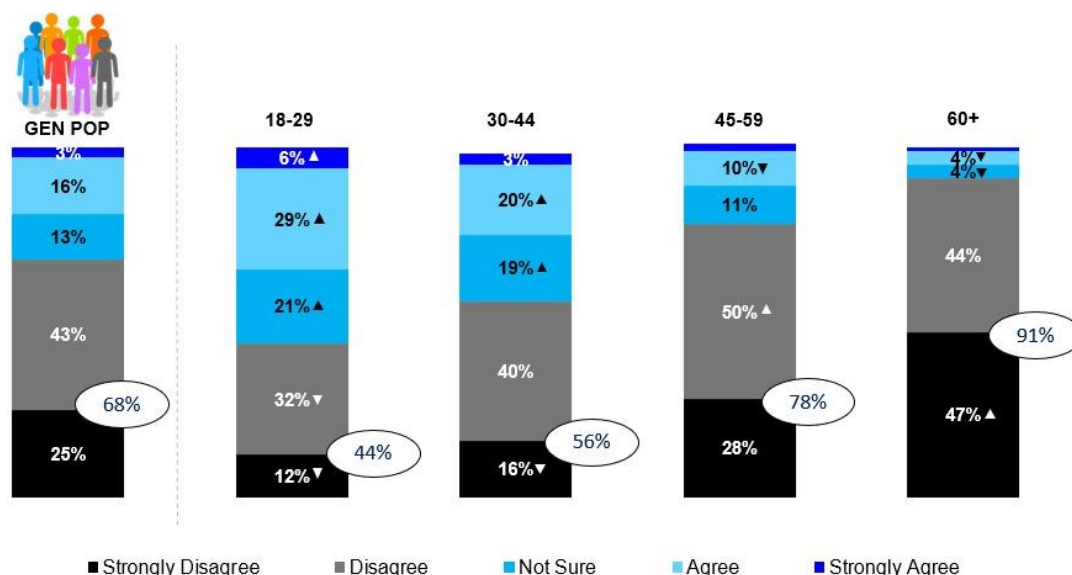
Generally speaking, people don't believe the flu vaccine is too expensive; those with a chronic illness are the least likely to believe the vaccine costs too much whilst 18-29 year olds are the most likely to be unclear as to the costs involved with getting the flu vaccine. Pregnant women's concerns and lack of awareness that the vaccine is free for them come to the fore again as they are the most likely of the target groups to believe that the flu vaccine costs too much. However, 1 in 3 of them also aren't sure as to the cost of the vaccine and 4 in 10 state that they disagree with the statement 'I think it costs too much to get the vaccination.'

With regards to the convenience of getting the flu vaccine, two-thirds of the general population (68%) and virtually all 60+ year olds (91%) disagree with the statement "*I don't have time to go and get the vaccination*". However, 18-29 year olds (35%) and pregnant women (26%) are much more likely to feel that they don't have time to go and get the flu vaccine. Overall, the younger a person is the more likely they are to use lack of time as an excuse to go and get the flu vaccine.

Figure 7. Vaccination attitudes (ii)

C2. Below is a statement people have made about the flu vaccination. Please indicate how strongly you agree or disagree with the statement.

Attitudes to the flu vaccination – Don't have time to go and get it



Base Gen Pop (n=1016), 18-29 year olds (n=228), 30-44 year olds (n=271), 45-59 year olds (n=253), 60+ year olds (n=264)

▲ ▼ Significant difference at 95% confidence

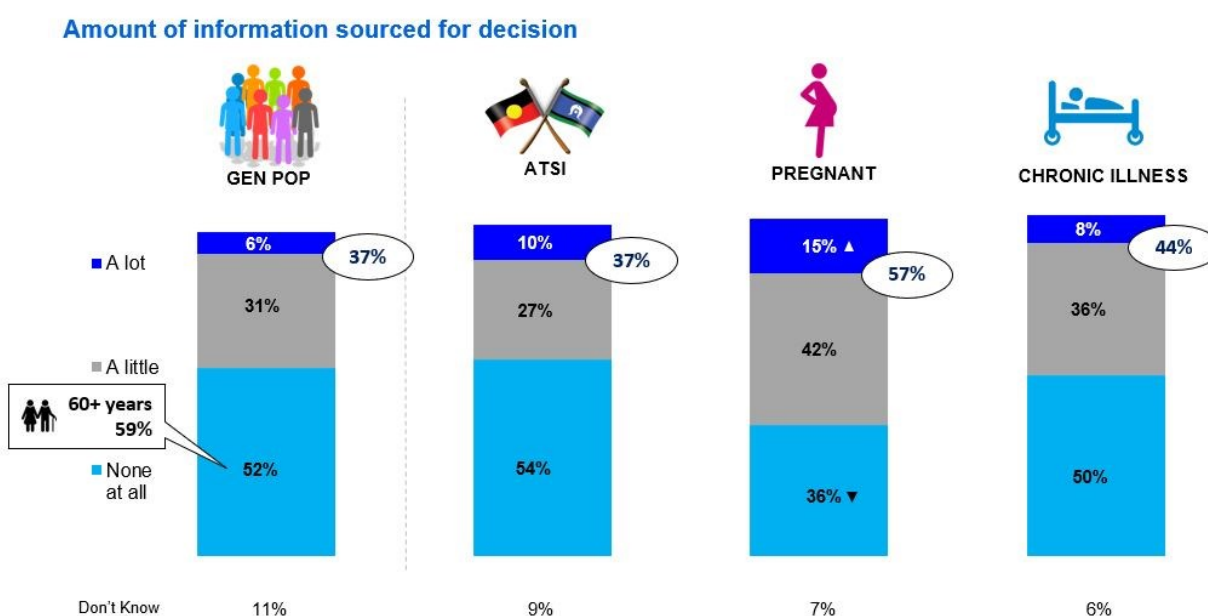
10. RESEARCH & SOURCES OF INFORMATION

10.1 Amount and type of information sought about the flu vaccine

In line with their higher levels of scepticism and concern around the flu vaccine, it's no surprise that pregnant women are the group who claim to seek the most amount of information prior to deciding whether to have the flu shot or not last year (57% sought 'a lot/a little information' vs. 37% for the general population). On the flip side, 59% of 60+ year olds sought no information at all which correlates with their high level of perceived confidence in the safety of the vaccine and their higher than average perception that getting the flu vaccine "is a no-brainer".

Figure 8. Amount of information sourced for decision

D1. How much information did you seek before making the decision of whether or not to get the flu shot last year?



Base (Made decision); Gen Pop (n=995), Aboriginal and Torres Strait Islander people (n=103), Pregnant (n=100), Chronic Illness (n=152)

▲ ▼ Significant difference at 95% confidence

In terms of the type of information sought prior to making the decision about whether to get the flu vaccine or not, those who did seek information typically opted for general information about the vaccine or details on the risk associated with the vaccine. Information about risks was particularly pertinent for the Aboriginal and Torres Strait Islander group and pregnant women whilst those with a chronic illness were more concerned about how the vaccine might interact with other medications they were taking (this type of information was also sought by 1 in 4 pregnant women). Only 1 in 10 pregnant women sought specific information on how the vaccine might affect them or their baby during their pregnancy.

Frequently asked questions (FAQs) were also a relatively popular information source with at least a third of the general population and each target group seeking out this type of information in relation to the flu vaccine.

10.2 Sources of information about the flu vaccine

The top 3 information sources across the general population and the key target groups were largely consistent with GPs being the go-to source for all groups.

Those requiring some specific medical support, namely pregnant women and those suffering a chronic illness, were likely to consult a nurse as the next source of information. The Aboriginal and Torres Strait Islander group sought information from an Aboriginal health worker as their second most popular source.

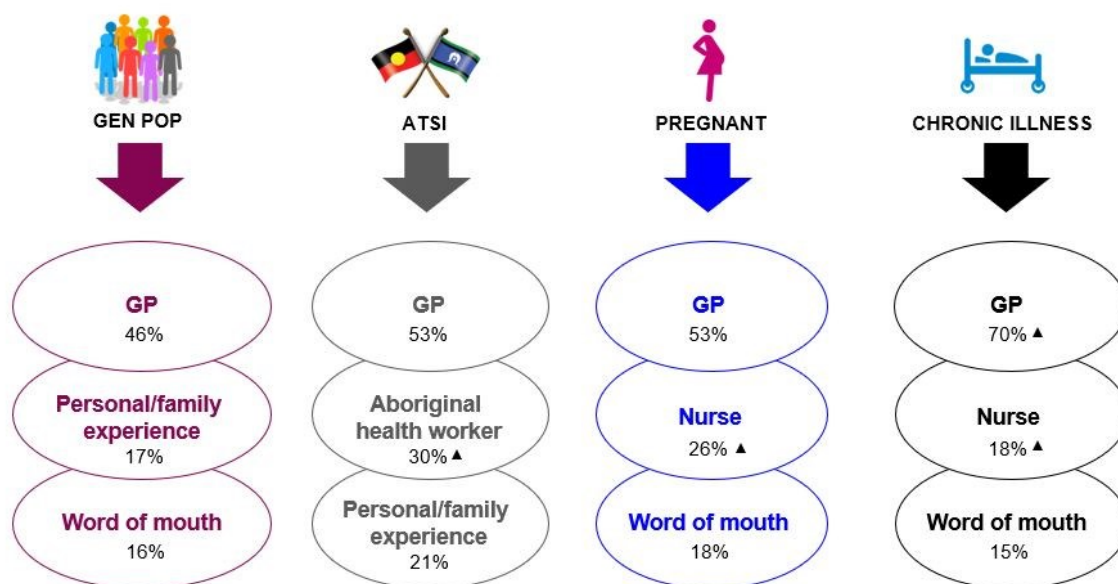
Personal/family experience and/or word of mouth plays a key role as a source of information for both the general population and the key target groups, highlighting the need for people to be educated about the flu vaccine, particularly in terms of availability and benefits.

Whilst pregnant women are most likely to obtain or receive information about the flu vaccination from their GP, only 6% state they got the flu vaccine because they were told to by a health professional. This suggests that some are doing their own research after consulting their GP which highlights the need to educate them about the vaccine and its benefits prior to their first encounter with their GP. This kind of pre-emptive action has the ability to help normalise uptake of the vaccine amongst pregnant women by educating them initially before GPs can help reinforce the importance of the flu vaccine during consultations.

Figure 9. Top 3 flu vaccine information sources

D2. From which of the following sources have you obtained/received information about the flu vaccination?

Top 3 information sources



Base (Made decision); Gen Pop (n=995), Aboriginal and Torres Strait Islander people (n=103), Pregnant (n=100), Chronic Illness (n=152)

▲ ▼ Significant difference at 95% confidence

When it comes to consulting websites for information about the flu vaccine, government and state specific websites are the go-to sources with 32% of the general population accessing these types of sites. A simple Google or Yahoo! search was the second most popular web-based channel which clearly would open people up to a significantly wider range of information sources. Specific retailers (e.g. pharmacies) or social media channels (e.g. Facebook) accounted for less than 5% of website searches.

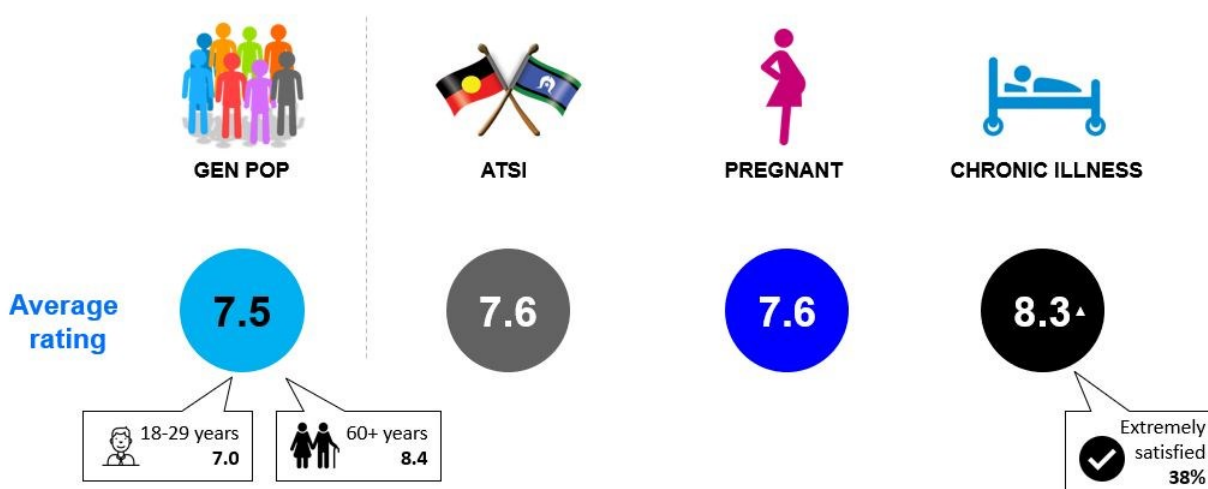
10.3 Assessment of information search

Overall, people felt that the information they obtained about the flu vaccine was satisfactory, whilst those aged 60+ and those with a chronic illness were particularly pleased with the content they found.

Figure 10. Satisfaction with information

D8. On a scale of 0-10 where 0 is Extremely dissatisfied and 10 is Extremely satisfied, overall, how satisfied were you with the information you were able to obtain.

Satisfaction of information obtained



Base (Found information); Gen Pop (n=995), Aboriginal and Torres Strait Islander people(n=103), Pregnant (n=100), Chronic Illness (n=152)

▲ ▼ Significant difference at 95% confidence

Amongst those who searched for information about the flu vaccine, almost everyone (97% of the general population) found what they needed – less than 10% of any of the target groups felt there was information they were looking for but couldn't find.

Having seen that GPs are the go-to resource for the general population and all of the key target audiences, it's no surprise that the majority of people have not sought a second opinion after seeing their GP or not followed their advice after finding something that contradicted them. However, pregnant women are the target group most likely to have looked for further information after receiving advice from their GP/health practitioner (32%). They are also the target group least likely to have not followed their GP's advice after finding something that contradicted them, highlighting that take-up of the flu vaccine amongst this audience is more of an awareness issue than pushback on their part.

Two-thirds of pregnant women and those with a chronic illness stated that they looked for further information or a second opinion after getting advice from their GP, due to their pregnancy or chronic illness.

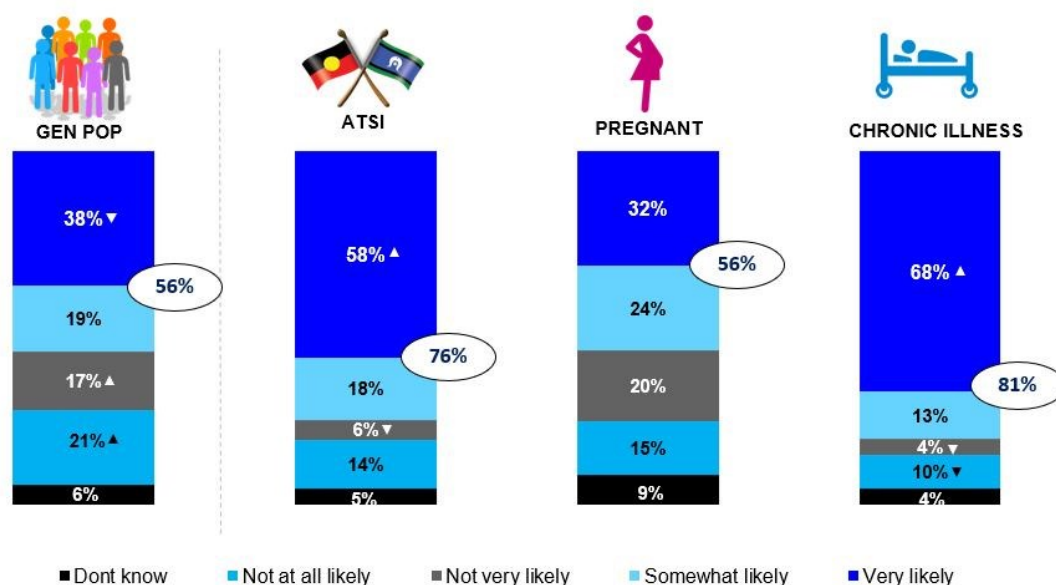
11. INTENTION TO VACCINATE IN THE FUTURE

Just over half of the general population claim they are somewhat or very likely to get a flu shot in the next 12 months whilst more than three-quarters of those from an Aboriginal and Torres Strait Islander background (76%) or with a chronic illness (81%) claim they will vaccinate in the next year. On the other hand, intention to vaccinate in the next 12 months is lowest amongst pregnant women who see less reason to do if they are no longer pregnant and therefore needing to protect their baby.

Figure 11. Intention to vaccinate (next 12 months)

A7. How likely is it that you will get the flu shot in the next 12 months?

Intention to vaccinate in the future



Base Gen Pop (n=1016), Aboriginal and Torres Strait Islander people (n=108), Pregnant (n=105), Chronic Illness (n=156)

▲ ▼ Significant difference at 95% confidence

60+ year olds are the age group most likely to vaccinate in the future, with 77% saying they are somewhat or very likely to get the flu shot in the next 12 months (all other age groups are between 53%-56% in terms of likelihood to vaccinate in the next 12 months).

12. RECOMMENDATIONS FOR MOVING FORWARD

12.1 General population

The general population tend to have a fairly positive attitude towards flu vaccination. However, only 1 in 2 is vaccinated with the key barrier being that they don't feel they need it or aren't worried about getting the flu.

Moving forward

- > More education may be valuable around the severity of influenza for the wider community, and the benefits of vaccinating against it.
- > If this is demonstrated to the general population, it is likely to help reduce secondary barriers to vaccinating such as 'being too busy' and general inconvenience.
- > An opportunity exists to increase the likelihood that GPs and employers will recommend the vaccine to the general population and endorse its benefits so as to boost uptake.

12.2 Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people have a higher rate of vaccination in the past 12 months and do less research when deciding whether to vaccinate or not. However, this group does have some concerns around the potential side effects from the vaccination.

Based on their general advocacy for the flu vaccine and lack of perceived barriers to immunising, a focus on heightening awareness of the fact that the vaccination is free is likely to increase the rate of uptake.

12.3 Pregnant women

1 in 2 pregnant women have been vaccinated in the past 12 months, this is higher than the proportion of these women that had received it prior to their pregnancy. Whilst they do more research than the other target groups prior to vaccinating, they do tend to find the decision more challenging due to the added consideration of their baby rather than simply self-protection. The additional research that they are doing also presents a challenge as they are the audience most likely to question the effectiveness of the vaccine which in turn highlights the importance of any future communications directly addressing their key barriers to vaccinating when pregnant.

They appear to need further education and sources of information to help address their concerns and apparent scepticism about vaccination for them and their baby. Specifically, this could include reinforcing the importance of protecting their baby and communications to help challenge the perception amongst some pregnant women that the symptoms of flu are "*not that bad*". Both of these initiatives would provide the opportunity to raise awareness amongst pregnant women of how influenza would affect both them and their baby.

There is also an opportunity to engage and educate women before they become pregnant, especially those aged 18-44, about the benefits of the flu vaccination both for themselves and their baby. Targeting women of this age group has the potential to help boost uptake of the flu vaccine amongst their demographic but also pregnant women longer term by creating a social normalisation in relation to the vaccine.

12.4 Those with a chronic disease

Getting vaccinated is a no-brainer for this group with 7 in 10 having had the vaccine in the past 12 months and most having it every year. However, some do have questions about the potential side effects of the vaccine, particularly in relation to the medication they are already taking.

Consequently, the focus here should be leveraging the strength of the relationship that chronic illness sufferers have with their GP. GPs are strong influencers with this group and are seen as a trustworthy source of information, so they are highly likely to turn to their GP for advice which in turn can help alleviate any concerns they may have in relation to the interaction of the flu vaccine with their existing medication.

13. APPENDIX

13.1 Cognitive interviewing

In the case of this research, Nature adopted its standard approach to pilot testing and cognitively tested the questionnaire prior to the general survey being launched. As cognitive testing focuses on respondent comprehension, the method involves the following processes for online surveys:

- > a monitored survey – the test respondent completes the survey with a supervisor or other trained observer and is invited to ask questions to clarify any questions, or to comment in any other aspect of the questionnaire. The observer listens to the respondent's questions and comments, while also observing their responses on the screen;
- > on completion, the respondent is asked about the survey process generally, and invited to provide feedback; and
- > Their responses are examined for internal consistency.

The cognitive testing reports on the following factors:

- > whether respondents fully understood the questions;
- > whether respondents were able to answer the questions within the existing answer frame;
- > whether the flow and logic of the questionnaire made sense; as well as
- > confirming that there was no apparent duplication of questions or questions that seemed irrelevant.

In the case of this research on immunisation, cognitive testing was conducted between the 6th March and the 7th March by means of conducting 10 test interviews using the process described above. The participants in the trial included an equal number of people under the age and over the age of 50, and three people for whom English is a second language.