

Community Attitude Research on Influenza Vaccination 2021

Research Report

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1. EXECUTIVE SUMMARY

1.1 Project background and objectives

The National Immunisation Program (NIP) provides free influenza vaccines each year for those most at risk of complications from influenza including: children aged 6 months to less than 5 years; people aged 65 years or older; all Aboriginal and Torres Strait Islander people aged 6 months or older; pregnant women; and people aged 6 months and over with certain chronic medical conditions.

The COVID-19 pandemic, and the public health measures such as, boarder closures, physical distancing and isolation measures have had a significant impact on the spread of seasonal influenza. There has been a marked reduction in laboratory confirmed influenza cases since April 2020, coinciding with the initial introduction of COVID-19-related restrictions.

As Australian uptake of COVID-19 vaccines continues to build and restrictions are eased across a range of areas, there is increased potential for influenza viruses to re-circulate in the community. In this context, maximising uptake of flu vaccines for the 2022 influenza season is an important factor in minimising the potential impact on both individuals and the health system in the upcoming 2022 season.

The impact of the COVID-19 pandemic upon attitudes toward vaccination in general, and specifically influenza vaccination, is currently unknown. Tracking of attitudes toward the COVID-19 vaccines has shown a high-level uptake and intentions to take up COVID-19 vaccines. However the speed with which vaccines have been developed, highly publicised side-effects and associated misinformation related to COVID-19 vaccines resulted in a level of hesitancy among some Australians, particularly during early stages of the vaccine roll-out. The potential impact upon uptake and intentions related to other vaccines is not currently known.

The Department of Health identified a need to conduct qualitative and quantitative research to inform an up-to-date understanding of current attitudes and intentions relating to influenza vaccination amongst Australians. The research aimed to update previous qualitative research conducted in 2016 and replicate previous quantitative research conducted in 2017.

The research was required to understand current attitudes, barriers, motivators and information needs relating to uptake of Influenza vaccines. This understanding will inform strategies to maximise and maintain immunisation rates in Australia. The findings from the research will be used to inform strategic approaches to address any structural or attitudinal barriers to the uptake of influenza vaccines amongst the general population and key target audiences in future seasons.

1.2 Research approach

A staged approach was taken to conducting this research, with qualitative research preceding the quantitative component. The qualitative component included a series of 20 group discussions that enabled the research team to conduct a deep dive into relevant issues among key audiences, in a loosely structured way. A subsequent quantitative survey was conducted with n=1632 Australians (a nationally representative sample of the general population, as well as booster samples of Aboriginal and Torres Strait Islander peoples, pregnant women, people living with a chronic illness, and parents of children aged 0-5 years). This enabled the research team to reliably validate findings among key audiences, and to conduct a direct comparison to previous research in this space.

1.3 Key findings

What has fundamentally changed in the immunisation landscape since COVID?

Australians are now more engaged with the topic of vaccinations – 57% now claim to be more engaged in the topic, with those living in areas most affected by COVID (NSW and Victoria) more likely to be much more engaged.

The threat posed by communicable diseases appears to be much more front of mind now than it was pre-pandemic, and the power of vaccines to help manage these diseases has also increased in prominence.

Along with higher levels of engagement with the topic of vaccines generally, there is now more consideration of the potential side-effects of vaccinations. However, along with this there is also a greater number of people who are more tuned-in to the basic side effects of vaccines, and who claim to expect these.

It seems that there is also a much more nuanced understanding of vaccine efficacy in the general population. 86% of the general population believe that you can still become infected with a disease, but are less likely to become seriously ill after a vaccine. While this is a new measure with no baseline to determine a shift, it seems very likely that it has increased since the pandemic and associated discussion about how vaccines work.

How has influenza vaccination behaviour changed in 2020/2021 compared with 2017?

Claimed rate of influenza vaccination has risen since 2017 – significantly among adults aged 18-64 years (57%), with increases primarily driven by those aged 30 years and under. There has also been a significant increase in rates among pregnant women, which now stand at 71%.

GPs continue to play a pivotal role as a key channel through which to receive the flu vaccine, though pharmacy is becoming increasingly prominent among the general public. The key drivers of flu vaccine uptake are a GP recommendation and the fact that receiving the vaccine is habitual.

Triggers to receiving a vaccine are consistently about 'protecting myself and the people around me from flu', while 'protecting my baby' is critical for pregnant women.

Claimed intent to have the flu vaccine next year is strong across all audiences – highest among those living with a specified chronic illness (84%) and lowest among parents of children aged 0-5 years when they are thinking about vaccinating their children (67%).

What impact has COVID had on flu immunisation behaviour?

COVID has primarily acted as a barrier to flu vaccine uptake – it has played a very minimal role in motivating or triggering people to get a flu vaccine. Taken together, COVID-related factors have been a barrier for at least 55% of those who did not receive a flu vaccine in the last year. Critically, while each factor alone is not particularly significant, taken together these add up to a significant barrier overall.

These factors include a reduced perceived need for a flu vaccine during COVID, difficulties juggling COVID and flu vaccine timings, concerns about side-effects leading to a need for a COVID test, and a perceived lack of face-to-face opportunities to receive a flu vaccine (both via GPs but also through workplace programs).

What do priority audiences think about influenza, and how has this changed since 2017?

Overall, it appears that influenza is treated more seriously as a disease than it has been in previous qualitative research. Certainly, the era of 'soldiering on' with cold or flu symptoms appears to be well and truly over.

At least 82% of Australians see flu as serious, and at least 31% believe that the pandemic has made them view it more seriously. However, closer inspection of the data reveals that parents of

children aged 0-5 years are significantly less likely to see flu as being 'very serious' than other subgroups of interest.

When it comes to language, 'influenza' is widely seen as being more serious than 'flu', though most people claim they would pay attention to information delivered about the disease regardless of what it was called - clearly most understand that the two terms are interchangeable. Consistent with previous research on this topic, it seems likely that referring to the disease as 'influenza' has potential to further reinforce a shift in perceptions away from 'cold and flu' toward a more serious and potentially life-threatening disease.

Many suspect that the incidence of influenza has dropped during the pandemic – some claim to know this based on a knowledge of the data, while others simply assume this to be the case based on their understanding of public health measures that have been taken during the pandemic. Some anticipate a resurgence of flu as borders open and public health measures are wound back across the country, while others believe that there have been long-term changes in behaviour which may thwart influenza in the coming season.

What do priority audiences think about the influenza vaccine, and how has this changed since 2017?

Sentiment about the vaccine has significantly improved among the general population – including around its safety, ability to improve health and its applicability to the broader population (i.e. it is not simply for those prone to becoming very sick). 57% of the general population now believe that getting the flu vaccine is a 'no brainer', a significant increase since 2017.

Additionally, understanding of the vaccine and how it works has also improved – fewer people now believe that the vaccine can give someone the flu, or that the efficacy of the vaccine is questionable.

Many realise that they know comparatively little about the influenza vaccine compared to COVID vaccines, and there is clear appetite to know more about these in future – 45% of the general population have an appetite to know more, suggesting a need to provide considerably more information about these vaccines in future.

What practical considerations have an impact on flu immunisation behaviour?

Getting a flu vaccine is widely regarded to be very easy and finding time to be vaccinated is clearly not an issue for most, although pregnant women are more likely to say they find it difficult to find the time.

At least two thirds of all priority audiences claim to be aware of their eligibility for a free vaccine under the NIP. The lowest rate is among parents of children aged 0-5 (66%), which is likely related to the relatively short time that this group has been included on the national program.

An overwhelming proportion of the general public do not believe that the vaccine is too expensive – only 12% of the general population believe that it costs too much, although there is clear interest in the idea of a universally available free vaccine for flu given the precedent set by COVID vaccines.

Receiving a COVID vaccine has clear potential to trigger people to consider and receive a flu vaccine. A majority are happy to receive both vaccines in a single visit, and almost half claim to prefer a single combined vaccine for flu and COVID.

What communication requirements do priority audiences have?

Around one third of people claim to have sought some information before deciding whether or not to have a flu vaccine – this increases to 37% amongst those who have had a flu vaccine in the past 12 months and 50% amongst pregnant women. This shows that a clear majority are happy to simply take the vaccine without conducting research.

Among those who have conducted research, general information about the vaccine is the primary topic of interest (56%), followed by frequently asked questions (35%) and information about the risks associated with flu vaccines (33%).

GPs are the go-to source for vaccine information for all cohorts, with government websites, personal experience and word-of-mouth, as well as nurses and midwives also featuring as prominent sources of flu vaccine information.

Priority audiences are generally happy with the information they receive, and government resources clearly emerge as the strongest written information about the flu vaccine.

2. PROJECT BACKGROUND

2.1 Overview

Influenza immunisation in Australia

Immunisation is a simple, safe and effective way of protecting people against harmful diseases that can cause serious health problems. Immunisation not only protects individuals from life-threatening diseases, but also reduces transmission in the community when herd immunity is achieved.

The National Immunisation Program covers free influenza vaccine each year for those most at risk including :

- > children aged 6 months to less than 5 years;
- > people aged 65 years or older;
- > all Aboriginal and Torres Strait Islander people aged 6 months or older;
- > pregnant women; and
- > people aged 6 months and over with medical conditions including: heart disease; severe asthma; chronic lung conditions; diseases of the nervous system that affect breathing; impaired immunity; diabetes; haemoglobinopathies; and children 6 months to 10 years on long-term aspirin therapy.

Influenza in Australia – current surveillance

The COVID-19 pandemic, and the social and economic impacts of physical distancing and isolation measures, have had a significant impact on the spread of other infectious diseases, including seasonal influenza. Surveillance reporting conducted in Australia highlights a marked reduction in laboratory confirmed influenza cases since April 2020, coinciding with the initial introduction of restrictions related to the COVID-19 pandemic.

In 2021 there were 748 notifications to the National Notifiable Diseases Surveillance System (NNDSS) in Australia (data extracted 01 August 2022). The number of influenza-associated hospitalisations and deaths were low in 2021, with the last influenza-associated death reported to the NNDSS in Australia in April 2020.

Uptake of influenza vaccination in Australia

Uptake of vaccination in Australia is generally high. However, a range of barriers exist around immunisation uptake in Australia. Previous research highlighted the most common barriers amongst the general population include beliefs such as a lack of concern about getting the flu, that it is not needed, that the vaccine is not very effective or that the flu won't result in serious illness, practical barriers such as finding time, and avoidance focussed barriers such as a fear of needles, side effects or other health impacts of the vaccine.

Vaccination and COVID-19

As Australian uptake of COVID-19 vaccines continues to build and restrictions are eased across a range of areas (including easing of travel restrictions and social distancing measures), there is increased potential for influenza viruses to re-circulate in the community. In this context, maximising uptake of flu vaccines for the 2022 influenza season is an important factor in minimising the potential impact in the upcoming 2022 winter.

The impact of the COVID -19 pandemic upon attitudes toward vaccination in general, and specifically influenza vaccination, is currently unknown. Tracking of attitudes toward COVID-19 vaccines has shown a high level uptake and intentions to take up COVID-19 vaccines. However

the speed with which vaccines have been developed, highly publicised side-effects and associated misinformation related to COVID-19 vaccines resulted in a level of hesitancy among some Australians, particularly during early stages of the vaccine roll-out. The potential impact upon uptake and intentions related to other vaccines is not currently known.

Previous research

Previous research conducted by Snapcracker Research & Strategy in 2016 and 2017 included qualitative and quantitative activities that provided insights across a range of key audiences.

This was a wide-ranging study which looked at several facets of the NIP. A key component of the study was an online survey to quantify attitudes and behaviours in relation to seasonal influenza vaccination among the general population and several key sub-groups. The survey was conducted online and included around 1,000 interviews with a representative sample of the Australian population, as well as 'boost' samples of pregnant women, Aboriginal and Torres Strait Islander people, and people with a chronic illness. The research examined influenza vaccination behaviours; triggers and barriers to influenza vaccination; attitudes and concerns around vaccination, research and sources of information about influenza vaccination; and intentions to vaccinate in future.

2.2 Need for research

The Department of Health identified a need to conduct qualitative and quantitative research to inform an up-to-date understanding of current attitudes and intentions relating to influenza vaccination amongst Australians. The research aimed to update previous qualitative research conducted in 2016 and replicate previous quantitative research conducted in 2017.

The research was required to understand current attitudes, barriers, motivators and information needs relating to uptake of Influenza vaccines. This understanding will inform strategies to maximise and maintain immunisation rates in Australia. The findings from the research will be used to inform strategic approaches to promote and encourage uptake of influenza vaccines amongst the general population and key target audiences.

This report details the findings from this latest piece of research.

3. RESEARCH OBJECTIVES

The overall objective for the study was to build a contemporary understanding of the influenza immunisation landscape, in the context of COVID-19 and COVID vaccines. The specific objectives were to:

- > examine motivators and barriers to influenza vaccination, including the perceived need to vaccinate;
- > determine the likelihood of future vaccination, and awareness of free flu vaccine availability for at-risk groups;
- > understand beliefs, attitudes, intentions and concerns relating to flu vaccination among key groups;
- > explore information needs, including existing gaps and any myths or misconceptions held; and
- > identify any potential impacts due to the COVID-19 pandemic and associated vaccine program.

4. RESEARCH APPROACH

4.1 Overview

A staged approach was taken to conducting this research, with qualitative research preceding the quantitative component. The qualitative component included a series of group discussions that enabled the research team to conduct a deep dive into relevant issues among key audiences, in a loosely structured way. A subsequent quantitative survey enabled the research team to reliably validate findings among key audiences, and to conduct a direct comparison to previous research in this space.

4.2 Qualitative research phase

Overview of qualitative research component

The qualitative component of the study included a series of 20 x online mini-group discussions with members of the relevant target populations, as follows:

- > 4 x mini-groups with parents of children aged 0-5 years;
- > 4 x mini-groups with parents of school-aged children;
- > 4 x mini-groups with pregnant women; and
- > 8 x mini-groups with adults aged 65 years and over.

Each mini-group included between 4-6 participants, and ran for 1 ½ hours. All were conducted online using Zoom. Qualitative fieldwork was conducted between 25 and 28 October, 2021.

It is noteworthy that during this period, COVID and restrictions associated with it were very much top of mind for many people. In NSW and Victoria, official lockdowns had only very recently been lifted after an almost four-month lockdown, and many restrictions were still in place. International borders were closed, and interstate travel was significantly curtailed, with borders closed (certainly to NSW and Victoria) during this time.

Rationale for methodology

Through considerable experience conducting research on the topic of immunisation with a wide range of different population groups, the research team concluded that a group-based approach would offer the best means by which to gather qualitative insight about the topic. Given limitations on face-to-face meetings and travel due to the ongoing COVID-19 pandemic, all sessions were conducted online using Zoom.

The decision was made to run slightly smaller sessions for two main reasons. The online approach is better suited to smaller groups. In addition, smaller groups are more intimate and allow researchers to explore the responses of individual participants in a more nuanced way.

Research sample

The exact sample design for the mini-groups was as follows:

Grp	Audience	Immunisation Attitude / Influenza Uptake	Parental Experience	Gender	SEG	Location	State
1	Over 65s	Users	N/A	Male	White	Metro	NSW
2	Over 65s	Users	N/A	Male	Blue	Outer Metro	VIC
3	Over 65s	Users	N/A	Female	White	Regional	SA

Grp	Audience	Immunisation Attitude / Influenza Uptake	Parental Experience	Gender	SEG	Location	State
4	Over 65s	Users	N/A	Female	Blue	Metro	QLD
5	Over 65s	Non-users	N/A	Male	White	Regional	NSW
6	Over 65s	Non-users	N/A	Male	Blue	Outer Metro	VIC
7	Over 65s	Non-users	N/A	Female	White	Metro	WA
8	Over 65s	Non-users	N/A	Female	Blue	Regional	QLD
9	Pregnant women	Acceptor	Mix	Female	White	Regional	QLD
10	Pregnant women	Acceptor	Mix	Female	Blue	Metro	SA
11	Pregnant women	Acceptor	Mix	Female	Mix	Outer Metro	NSW
12	Pregnant women	On the fence	Mix	Female	Mix	Metro	VIC
13	Parents 0-5	Acceptor	First-timers	Female	Blue	Regional	VIC
14	Parents 0-5	Acceptor	Experienced	Male	White	Outer Metro	QLD
15	Parents 0-5	On the fence	Mix	Female	Mix	Regional	NSW
16	Parents 0-5	Rejectors	Mix	Female	Mix	Mix	Mix
17	Parents 0-5	Acceptor	First-timers	Female	White	Regional	WA
18	Parents school-aged	Acceptor	Experienced	Female	Blue	Metro	NSW
19	Parents school-aged	On the fence	Mix	Female	Mix	Metro	SA
20	Parents school-aged	Rejectors	Mix	Female	Mix	Mix	Mix

Sampling specifications

Mix of audience types

A broadly even mix of the different audiences identified in the brief was deliberately sought. The sample comprised a total of eight groups with parents, eight groups with adults aged 65+ and an additional four groups with pregnant women.

Attitude toward immunisation

The research was required to review the typologies identified in previous research, to reveal any subtle shifts that may have occurred since the research was originally conducted. However, it was important to have some level of attitudinal segmentation in the groups, so as to ensure broadly homogenous attitudes to immunisation within sessions and avoid any conflict.

For parent groups and pregnant women, the sample was split into three core groups - acceptors, on the fence and rejectors. This was done through recruitment screening, using the typology classification tool developed as part of the previous 2016/17 research. Potential participants were

presented with a set of statements and asked to identify which best reflected their own personal feelings about childhood vaccination. There are several typologies which are then aggregated into 'on the fence' and 'rejector' groups. For adults over 65 years, a split as per the original exploratory research from 2016 was used – users and non-users (based on their uptake of the influenza vaccine in the past two years).

Parental experience

For parents of children aged 0-5, a good mix of those with children of different ages was included, to ensure that findings did not skew to those with newborns or those with older children. The sample also included those with a mix of parental experience as previous research has shown that this can influence attitudes and perceptions around immunisation. Two key groups of parents were recruited:

- > first-timers, with a single child under two years;
- > experienced – a roughly equal mix of those who are more experienced (with more than one child but all to be aged under five years) and highly experienced (with more than one child, with at least one aged over five years).

For on the fence and rejector parent groups, a those with a broad mix of experience were recruited as this audience can be difficult to find based on their relatively low incidence in the population.

Pregnant women

Interviews with pregnant women included women at different stages of their pregnancy and those with a mix of parental experience.

Gender

The majority of sessions were conducted with females given that they are generally the primary caregiver and decision maker around immunisation. However, given that males today play an increasingly prominent role in decision making and primary caregiving, it was considered important that the research also took their perspective into account.

For the over 65s population, an equal mix of genders was represented.

Family structure

Previous research indicated that family structure can have a big impact on parents' ability to comply with the childhood immunisation schedule – for example, it can be difficult for a working mother to secure an appointment that does not clash with other commitments. The sample included a mix of people with different family circumstances and in particular covered single parent families, as well as working parents and those who stay at home to care for their children.

Socio-economic background

Previous research revealed that socio-economic status can play a role in attitudes and behaviour toward immunisation. The sample was broadly split by blue and white collar.

Aboriginal and Torres Strait Islander Peoples

Given that Aboriginal and Torres Strait Islander peoples were explicitly included in the quantitative stage of the study as a key sub-group of interest, participation of this population was allowed to fall out naturally within the broader population in the qualitative sample.

Culturally and linguistically diverse populations

CALD groups fell out naturally within the population overall. While people with different cultural backgrounds tend to fall out quite easily, especially in metro areas, some quotas were included

to ensure this occurred. Groups in metro areas were required to include at least two people who speak a language other than English at home.

Research locations

Research was conducted in both metropolitan and regional areas in a total of five states (NSW, QLD, VIC, SA and WA). While representation from this number of jurisdictions is customary in a qualitative study of this scale, specific care was taken to ensure that those with varying experiences of the COVID-19 pandemic were included (e.g. WA and QLD where impacts on daily life were relatively minor vs NSW and VIC where extended lockdowns were in place).

Recruitment of participants

Participants were recruited using experienced, accredited specialist recruitment agencies.

Recruitment screening questionnaires were developed in consultation with the Department, which was used by the recruiters to determine the suitability of participants. These questionnaires included demographic questions, as well as a range of questions to ensure the sampling criteria outlined above were met. Screening questionnaires used can be found in the Appendix of this report.

Online research platform

Zoom was used to conduct all research sessions. Participants were recruited to ensure they were able and comfortable to participate in this way.

Approach to the discussions

Groups were run by experienced moderators. Discussion guides used can be found in the Appendix to this report. The discussions broadly followed the outline below:

- > a broad examination of knowledge, attitudes, beliefs and behaviour around immunisation including the examination of any myths and misconceptions;
- > examination of the impact that COVID-19 (and COVID vaccines) have had on perceptions and intentions around immunisation more broadly;
- > a specific focus on the influenza vaccine, including knowledge, perceptions, beliefs and behaviour, as well as any specific issues about these vaccines – including the impact that COVID has had on these perceptions;
- > a projective exercise (using personas similar to the demographics of the group) to examine any barriers and motivators to influenza immunisation, taking into account any impacts from COVID identified previously; and
- > spontaneous examination of perceived information needs when it comes to immunisation, including reliable sources of information.

4.3 Quantitative research phase

Overview of quantitative component

The quantitative component of the study included a 10-minute online survey focused on influenza, with the following key populations:

- > n=1,089 Australians aged 18 years and over (representative of the Australian population);
- > n=111 interviews with pregnant women;
- > n=106 interviews with Aboriginal and Torres Strait Islander peoples;
- > n=111 interviews with people with a specified illness; and

> n=215 parents of children aged 0-5 years.

The survey was in field from 18 November until 23 November 2021. It is noteworthy that during this period there were large variations in experience in different parts of Australia due to the COVID-19 pandemic. While there are no major differences identified by jurisdiction in the results, the report should be read with this context in mind.

Rationale for methodology

The quantitative phase was a repeat of the 2017 research with refinements made to the survey to ensure they provided up to date findings on the behaviours, attitudes, needs and perceptions of the key target audiences in relation to influenza and the influenza vaccine.

By using the questionnaire from the 2017 research, consistency and comparability of key metrics over time were ensured as well as the ability to identify any significant changes in these metrics. Central to ensuring this consistency and comparability of results was the sampling framework employed for the study - with this in mind, the final sample profile from the 2017 research for each target audience was replicated.

One key addition to the research in 2021 was a series of questions to help understand the COVID-19 environment as well as the extent to which this has impacted the population's behaviours, attitudes, needs and perceptions in relation to influenza and the influenza vaccine.

Sample profiles

	General population	Aboriginal and Torres Strait Islander peoples	Pregnant women	People with a specified illness	Parents of children aged 0-5 years
Male	49	43	0	59	49
Female	51	57	99	41	51
Non-binary / gender fluid	-	-	1		
18-29	22	21	27	6	19
30-44	27	36	69	14	71
45-59	25	26	4	23	9
60+	26	17	-	58	2
NSW	32	42	41	31	32
VIC	26	15	29	26	29
QLD	19	19	16	16	19
WA	11	6	5	13	9
SA	7	7	7	9	7
ACT	2	2	-	1	2

TAS	2	8	3	2	2
NT	1	3	-	3	-

Survey design

In terms of data collection methodology and sampling framework, the 2021 research mirrored that of the 2017 research, namely an online survey methodology (plus some telephone surveys for harder to reach audiences such as Aboriginal and Torres Strait Islander communities) and a consistent sample profile for the representative sample of adults aged 18+. The profiles for the booster samples of pregnant women, Aboriginal and Torres Strait Islander people and people with a specified illness were matched to the 2017 research. The target sample sizes for each audience were consistent with the 2017 research.

Questionnaire

Given the importance of tracking any changes in the target audiences' perspectives on influenza and its vaccine from the 2017 research, the existing questionnaire was used as a start point. The full questionnaire can be found in the Appendix to this report.

The core elements of the 2017 research that were replicated in the 2021 research for these audiences included:

- > influenza vaccination behaviours
- > triggers and barriers to getting the influenza vaccine
- > attitudes and concerns in relation to influenza and its vaccine
- > research and information sources for the influenza vaccine

Individuals across the four target audiences that qualified for the main survey were asked the relevant questions in each of these sections.

5. GUIDE TO READING THIS REPORT

5.1 Statistical significance

Throughout this report, we have conducted significance testing of results between the 2021 and 2017 results, or between individual subgroups within the sample. For all testing, a two-tailed Z-test of proportions has been used, with a 95% confidence interval. Practically, this means that for any significant difference identified in the report, there is a 95% chance that the difference is real, and not simply a result of sampling error (i.e. a quirk in the sampling).

Throughout the report, significant differences are notated as follows:

 = a significant increase / significantly higher at the 95% confidence level








 = a significant decrease / significantly lower at the 95% confidence level

5.2 Identification and notation of audience subgroups

In addition to the representative sample of adults aged 18 years and over, there are a number of subgroups examined throughout the research, including: Aboriginal and Torres Strait Islander peoples; pregnant women; people living with a specified chronic illness; and parents of children aged 0-5 years.

In addition to these groups, throughout the report the representative sample of adults has been split into two separate groups – those aged 18-64 years, and those aged 65+ years. This enables us to look at any differences among the priority group of older Australians who are eligible for a free influenza vaccine under the NIP.

Throughout the report, iconography has been used to denote the various subgroups within the sample. The table below provides a key for the iconography used throughout.

Sample group	Iconography
General population (representative sample of adults aged 18+)	
Adults aged 18-64 years	
Adults aged 65+ years	
Aboriginal and Torres Strait Islander peoples	
Pregnant women	
Those living with a specified chronic illness	
Parents of children aged 0-5 years	

DETAILED FINDINGS

6. THE IMMUNISATION CONTEXT IN 2021

6.1 Engagement with the topic of vaccination

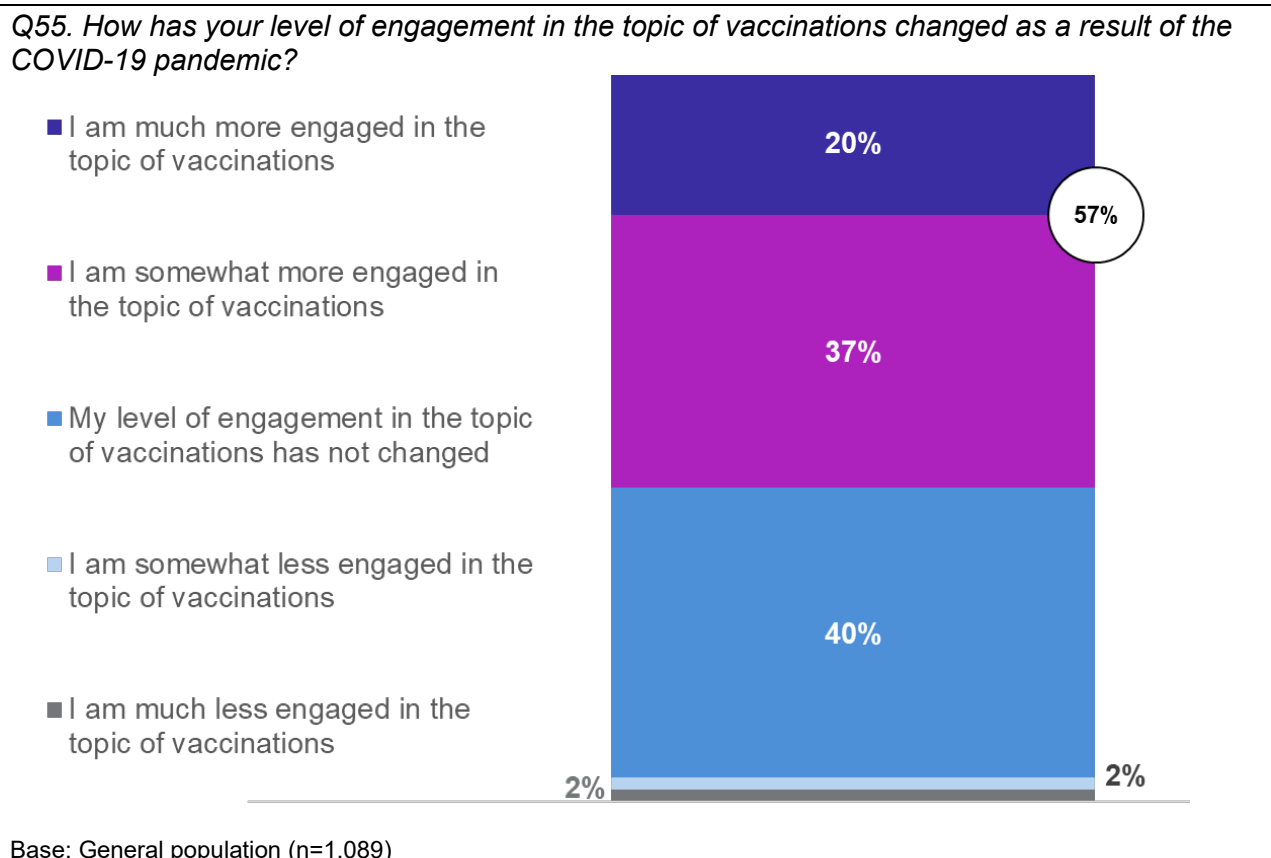
COVID-19 has had a clear impact on the vaccine landscape. In the context of daily media attention for over 18 months and an extremely high level of scrutiny of the development of vaccines, COVID has created significant shifts in how vaccines are perceived among Australians. This appears to have resulted in two outcomes. On some issues relating to immunisation, people can readily identify that their attitudes have changed. In many other cases, less obvious shifts have occurred which are not immediately or spontaneously identified by people.

Qualitatively, a key apparent shift is that levels of engagement with the topic of vaccines and immunisation seem almost universally higher. Across the board, people are now at least a little more knowledgeable and informed about vaccines than they were before COVID-19. It appears that even those who claim to be no more interested in the topic than they were before have a better understanding of it and are able to talk in a more informed way. For example, many now use terms that have been widely reported in the media - such as 'vaccine hesitancy' when they were unlikely to be aware of them prior.

"I never really used to pay any attention, I just got on with the schedule but now you hear so much more you can't help but take it in"

This is clearly borne out in the data. 57% of the general population claim to be more engaged with the topic of vaccinations since the pandemic. The figure below shows a breakdown of responses.

Figure 1. Level of engagement in the topic of vaccinations [Gen pop]



There appear to be some clear locational differences in terms of levels of engagement – specifically, those most affected by COVID are more likely to be much more engaged. While there is a baseline level of enhanced engagement around Australia due to increased attention overall, there are clear differences depending on where people live and the extent to which their own lives have been touched by COVID.

In areas which have been heavily impacted (such as Victoria and New South Wales), people have clearly experienced a greater sense of threat from COVID. For these people, the existence of the virus has been real and not abstract as their freedoms have been more heavily curtailed, with greater impact on everyday life. As a result, many in these locations claim to have been following coverage of COVID and especially vaccines quite closely, often due to a recognition that these have been the ‘ticket’ back to normal life.

“How can I not know more about it? It’s all we hear about day in, day out?”

In areas which have been less impacted (such as Queensland and Western Australia), people have been essentially untouched by COVID and for them, life has largely been as normal. In these locations, local media engagement with the issues is believed to be less pronounced overall. This is potentially a function of less direct coverage by media outlets, as well as less consumer engagement with stories about COVID-19 due to a lack of perceived relevance. While most claim to have been paying attention to a degree, many appear much less up to date with the finer details of COVID vaccines and their development.

“It’s almost like it’s not happening in Australia, we don’t see it, no one here has it and we’re all just getting on with it.”

This difference is clearly borne out in the data. When general population responses to the question about engagement in the topic of vaccinations are compared between those who live in NSW and VIC (n=633) and the rest of Australia (n=456), significant differences emerge. 22% of people in NSW and VIC claim they are much more engaged, compared with 17% of people who live in the rest of Australia.

6.2 Perceived sense of threat from communicable diseases

Overall, the threat posed by diseases seems to be far more top of mind than before. For many, COVID has served as a powerful reminder that transmissible diseases can be highly impactful and frightening. Watching COVID unfolding before their eyes in real time has led many people to reflect on their inherent vulnerability to infectious diseases. This is especially pronounced among those who have family or friends in other countries that have been hit harder by COVID. Ultimately, the existential threat from COVID appears to have brought consideration of ‘other diseases’ closer to the surface for many people.

“My family is from India and the devastation there is awful, you can’t help but be scared.”

6.3 Perceptions of vaccines at a general level

The impact of vaccines

Another key shift is that the perceived power and impact of vaccines has also clearly increased in prominence. While the threat of disease is more front of mind, the perceived ability of vaccines to protect people has also become more pronounced. There is widespread agreement that vaccines have so far helped to limit the spread of COVID in Australia. Even some who are strongly ‘anti-vaccines’, acknowledge there has been a clear positive effect. Essentially, in considering the

impact of COVID vaccines, many seem to have been reminded about the role that vaccines have played in controlling other diseases such as measles and polio. While most people appear to have always latently known this, it seems that COVID has brought this awareness far closer to the surface than before.

Potential risks

That said, there is clearly greater concern than before about the potential risks and side-effects of vaccines. The development and media coverage of COVID vaccines appear to have brought the risks associated with vaccines into sharper focus for many people. This has clearly been heightened by the extensive media coverage about the potential for blood clots connected with some COVID-19 vaccines. This extensive publicity has in turn driven widespread community discussion about vaccine side-effects, which seems to have increased consideration of risks of vaccines more generally. Those who previously paid scant attention to vaccine risks now appear to be much more tuned in to potential issues than they were before.

Considerations around the 'science' of vaccines

It is also clear that some have developed an enhanced interest and understanding of the science around vaccines. Many report that they had early concerns that COVID vaccines were developed so quickly (as compared to others) and this concern certainly remains very true for some. It seems that these concerns have often diminished over time as the vaccine rollout has advanced around the world, and as relatively benign lived experience has become the norm (some liken it to the biggest clinical trial ever). There is often clear recognition that much of the world has thrown its scientific and economic resources at solving this problem and that some of the greatest minds on earth have successfully achieved this. There is also felt to have been greater prominence of the work of scientists and medical personnel throughout the pandemic, seemingly elevating their standing among the population.

The benefits of vaccination

Another apparent shift due to COVID is that the perceived benefits of vaccines seem more sharply focused on the personal. The fundamental perceived benefit of vaccines continues to be about protecting oneself and one's family from disease. While community benefits remain evident, with people talking about protecting others, this appears slightly less prominent overall than in years gone by. It may be that having experienced an existential health threat, people are now more inwardly focused on their own health and that of their families and that in this context, protecting the community has become more of a second-order benefit.

Perceptions of vaccine efficacy overall

Prior to COVID, vaccine efficacy was often seen in relatively black or white terms. In previous research, the population's understanding of vaccine efficacy has never been particularly complex, with most assuming that vaccines either work or they do not. Recognition that someone could be vaccinated against a disease and then experience a milder version of it was patchy and sporadic at best. Many in previous research asserted that they knew of people who had received a vaccine and then contracted the disease, and they had assumed as a result that the vaccine was ineffective. This was often cited as a key barrier to receiving the influenza vaccine in particular. It appears that as a result of hearing information about the COVID vaccine, many have a far more nuanced understanding around this topic. There appears to be a very strong understanding now that COVID vaccines do not completely prevent the risk of contracting the disease. Community discourse and media coverage is felt to be quite clear that people can contract it and infect others – while being far less likely to be admitted to hospital or die. This appears to have been reinforced by media coverage about the vaccination status of people admitted to hospital – namely that those who are admitted are far less likely to have been vaccinated. This more sophisticated

understanding appears to have had a halo effect on perceptions about the efficacy of other vaccines.

Again, this finding is borne out in the data – when asked what constitutes an effective vaccine, 86% of the general population (n=1,089) claim that ‘you can still catch the disease that the vaccine is designed to protect against, but are less likely to be seriously ill’.

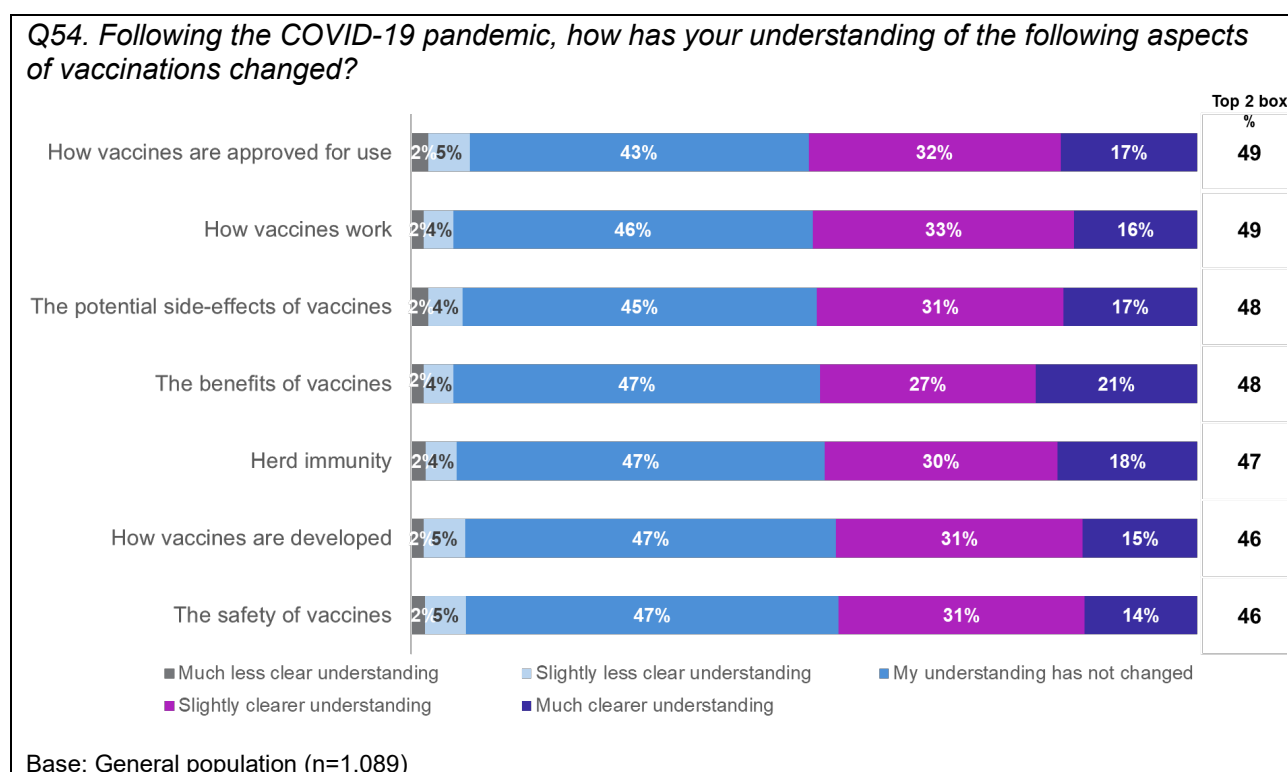
Perceptions about vaccine side effects

Many Australians now seem more tuned-in to the basic side effects of vaccines. Through recent personal experience, many seem to have developed a clearer understanding of the immediate effects of being vaccinated - and that these can vary by individual and by vaccine. For example, there is some awareness that people’s response to the first Astra Zeneca vaccine was worse than the second, but that the reverse was true with the Pfizer vaccine. It seems that communications about COVID vaccines have primed consumers to the overall prospect of potentially having a reaction. This understanding could potentially help to challenge a key influenza vaccine myth which is that the flu vaccine can give people the flu.

Claimed understanding of vaccines since COVID

In the survey, participants were asked whether their understanding of vaccination had changed across several key facets following the COVID pandemic – these facets included how vaccines work; how they are developed and are approved for use; the benefits and safety of vaccines, as well as the potential side effects; and the idea of herd immunity. 4 in 10 Australians claim to have a clearer understanding of vaccines since the pandemic across all of the key measures. Details can be found in the figure below. Those who claim to have a clearer understanding of at least one aspect of vaccines following the COVID-19 pandemic are significantly more likely to be male, aged 18-29 years and show stronger intent to get an influenza shot in the next 12 months, compared to those who claim they do not have a clearer understanding of at least one aspect of vaccines following the pandemic.

Figure 2. Claimed change in understanding of aspects of vaccinations since COVID [Gen pop]



The impact of COVID on vaccine rejectors and strong supporters

While vaccine mandates are often supported, they are felt among some to have politicised vaccines and many are clearly bothered by what they see as the removal of choice by governments and business, even if they innately support vaccination. As a result of these mandates, vaccine rejectors who have chosen not to have a COVID vaccine claim they have been pushed to the fringes of society and can exhibit genuine, visceral fury about the topic. There is a clear sense among these people that mandates have taken away their agency, their ability to live their lives and even see their loved ones – with some claiming they have no choice but to ‘check out’ of society. It seems that for this group, vaccines more generally have become even more of a hot-button topic, more likely to trigger anger and resentment than ever before.

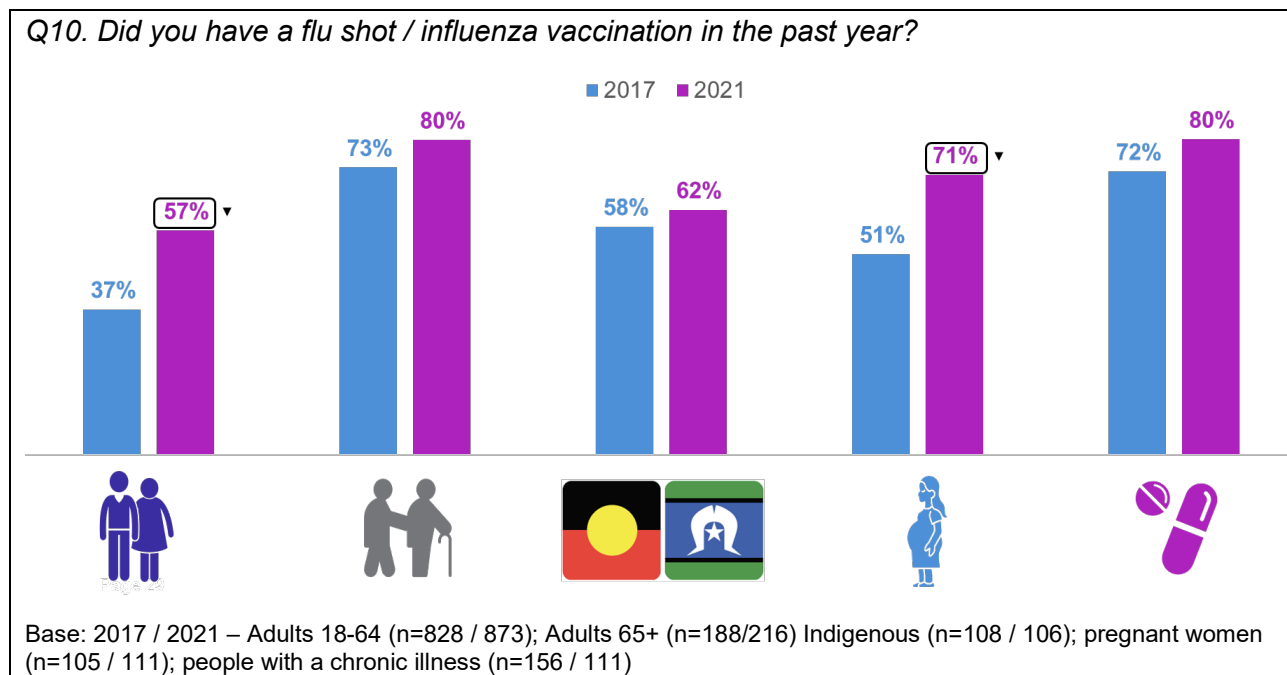
COVID has also intensified the position of many strong supporters of vaccines, who often appear to be increasingly staunch about the subject. This group tend to look at the global COVID situation in late 2021 and see vaccines as a highly positive and effective solution to a problem that has upended their lives. In this context, they express bafflement and increasing frustration towards people they perceive to be ‘anti-vaccine’. As a result of these two fairly opposing views, it seems that the general environment around attitudes towards vaccines promises to be even more volatile than it was before COVID.

7. INFLUENZA VACCINE BEHAVIOUR

7.1 Rates of claimed influenza vaccination

Rates of claimed influenza vaccination have risen across the board since the 2017 survey, with significant increases among adults aged 18-64 years and pregnant women. The figure below shows the breakdown of claimed influenza vaccination rates by audience subgroup in 2021 compared to 2017.

Figure 3. Claimed influenza vaccination in the past year by subgroup [% yes]



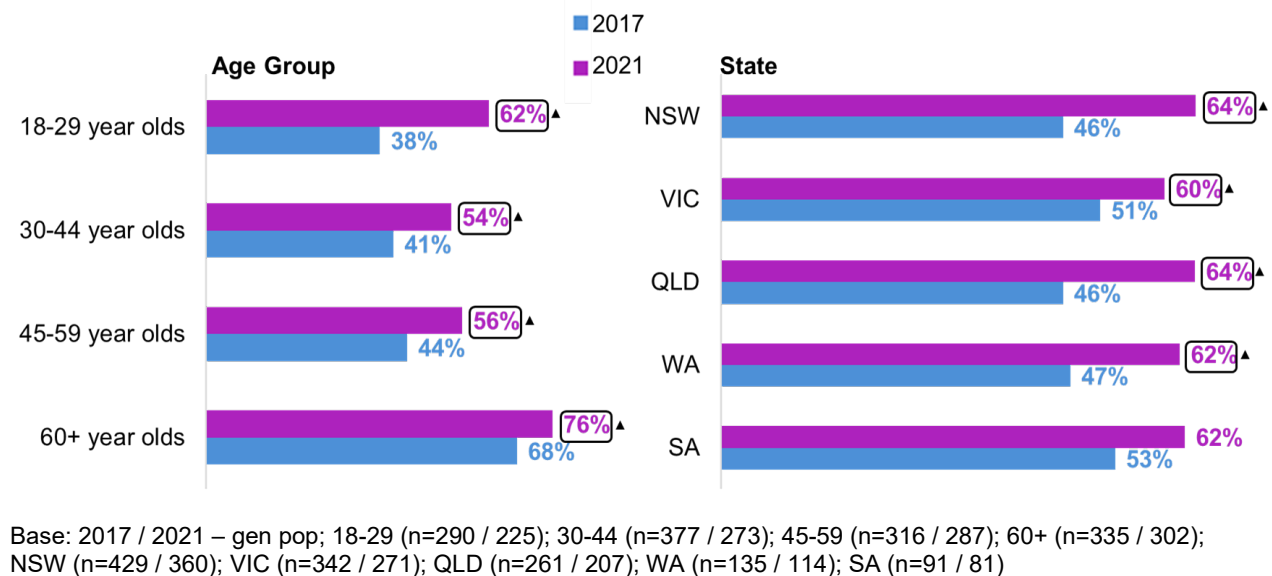
Breakdown of increases among the general population

When the increase among the general population is examined in greater detail, it becomes clear that there has been a significant increase across all age groups and in a majority of the larger States – though the most notable increase is among adults aged 18-29, where rates of claimed vaccination have increased from 38% to 62%. The figure below provides a breakdown of increases among the general public by age group, and the five largest States.

Figure 4. Claimed influenza vaccination by age and State in the general population [% yes]

Q10. Did you have a flu shot / influenza vaccination in the past year?

Note: sample sizes for NT, ACT and TAS are too small to make meaningful comparisons (n=25 or less)

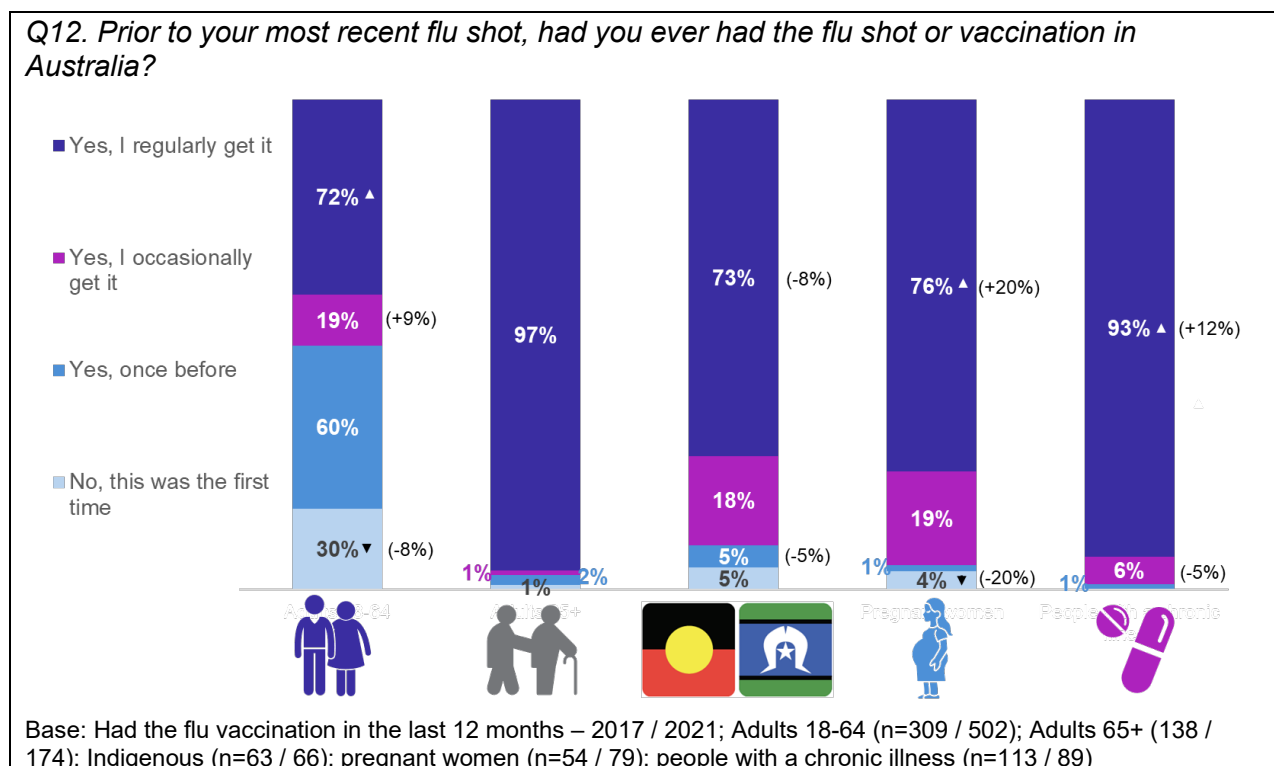


7.2 Claimed previous influenza vaccination behaviour

The 2021 survey indicates that habitual influenza vaccination is on the increase. Very few in the 2021 survey claim to have had the vaccine for the first time, and compared to 2017 there is a significant increase in those claiming to regularly get the influenza vaccine among adults aged 18-64, as well as pregnant women and those living with a chronic illness. The figure below shows the previous history of influenza vaccination among the subgroups. Significant differences from 2017 data are highlighted, and any difference in percentage larger than 5 is notated in brackets.

The significant increase in those claiming to regularly get the influenza vaccine is driven by adults aged 18-59 years, with adults aged 60 years or older already at very high levels (91% in 2017, rising to 93% in 2021). In 2021, 56% of adults aged 18-29 claim to regularly get the influenza vaccine (+14% vs. 2017), 73% of adults aged 30-44 (+9%) and 82% of adults aged 45-59 (+10%) – whilst the proportion of these age groups who claim they were getting the vaccine for the first time in 2021 has dropped noticeably.

Figure 5. Prior flu vaccination among those who had it in 2021? (key differences vs. 2017)



7.3 Channels for receiving the influenza vaccine

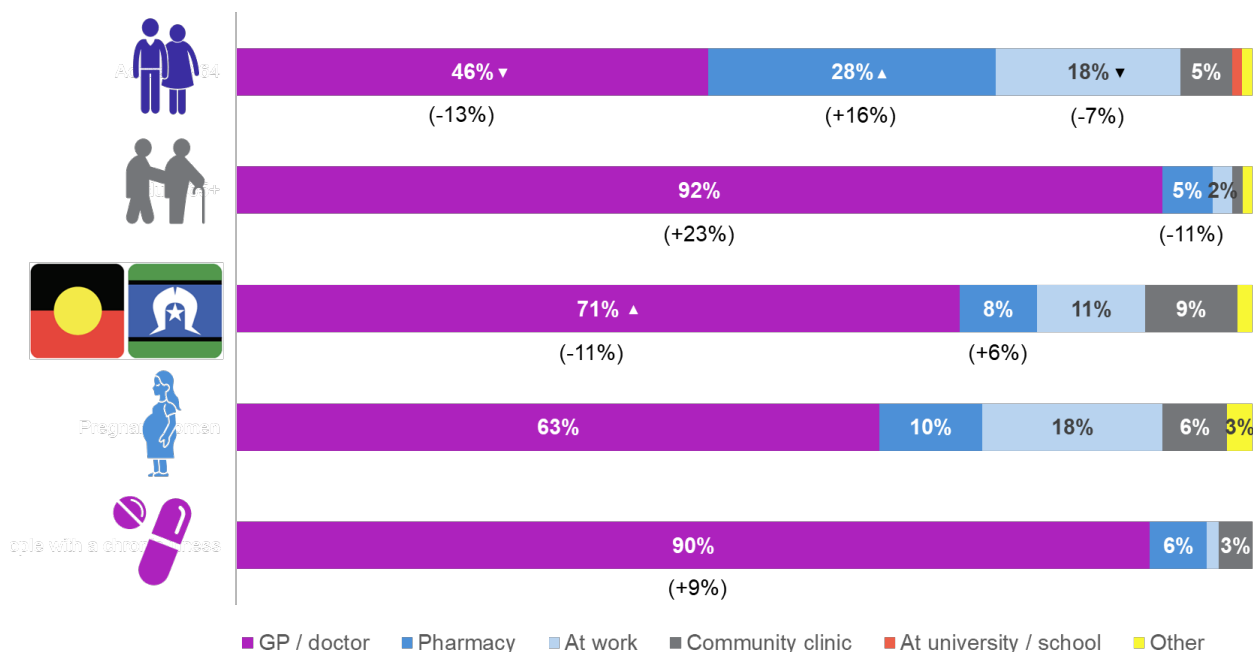
Those who claimed to have had a vaccine in the past year were asked where they had received it. Responses clearly indicate that General Practice continues to play a pivotal role overall. However, when considering the various subgroups it is clear that pharmacy is increasingly prominent among the general public, while GPs are heavily relied upon for influenza vaccinations among the over 65s and those living with a chronic illness.

The figure below shows the breakdown of clinical channels used by each of the subgroups in 2021. Significant differences between responses in the 2021 and 2017 surveys are notated, and any change in percentage larger than 5% is identified in brackets.

Figure 6. Clinical channels used to receive the flu vaccine in 2021 (key differences vs. 2017)

Q13. Where did you get your last flu shot done?

NB. Data labels with a value of less than 2% have been removed



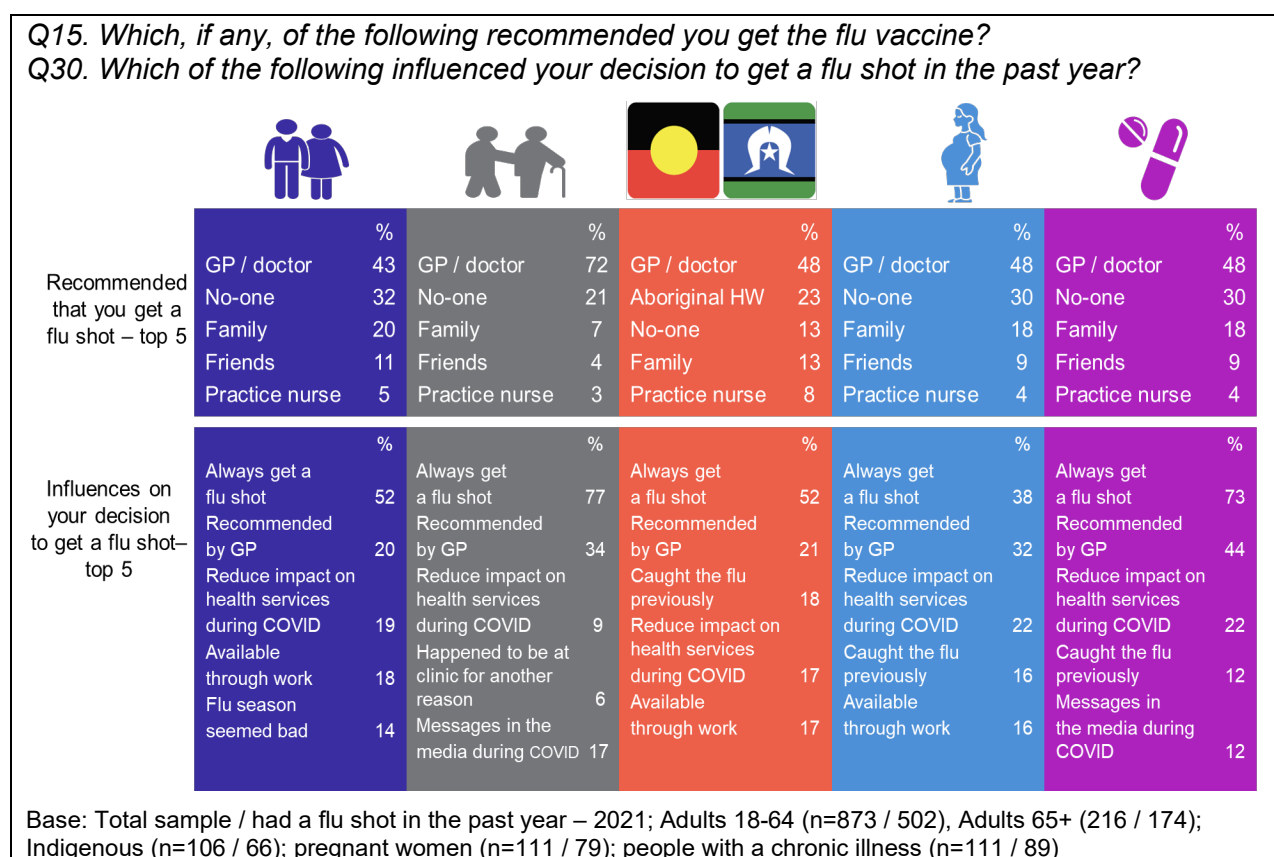
Base: Had a flu shot in the last 12 months – 2017 / 2021; Adults 18-65 (n=309 / 502); Adults 65+ (n=138 / 174); Indigenous (n=63 / 66); pregnant women (n=54 / 79); people with a chronic illness (n=113 / 89)

7.4 Influences on decisions to take the influenza vaccine in 2021

The research sought to understand the various influences on people's decision to vaccinate against influenza in the past year. Those who claimed to have been vaccinated were asked who (if anyone) recommended that they get the influenza vaccine. It is clear that GPs are the most likely to recommend the vaccine among all audiences, although this is considerably more likely among those aged 65+ than any other subgroup.

This same group were also asked what had influenced their decision to get vaccinated in the past year. The top response among all subgroups was 'always get a flu shot', which provides further evidence of the habitual nature of the vaccine for many, followed by 'recommended by a GP'. While by no means the strongest response, it is noteworthy that a range of groups identify workplace vaccination programs as an influence – highlighting the importance of these programs. The figure below shows responses by subgroup.

Figure 7. Influences on uptake of the influenza vaccine in 2021

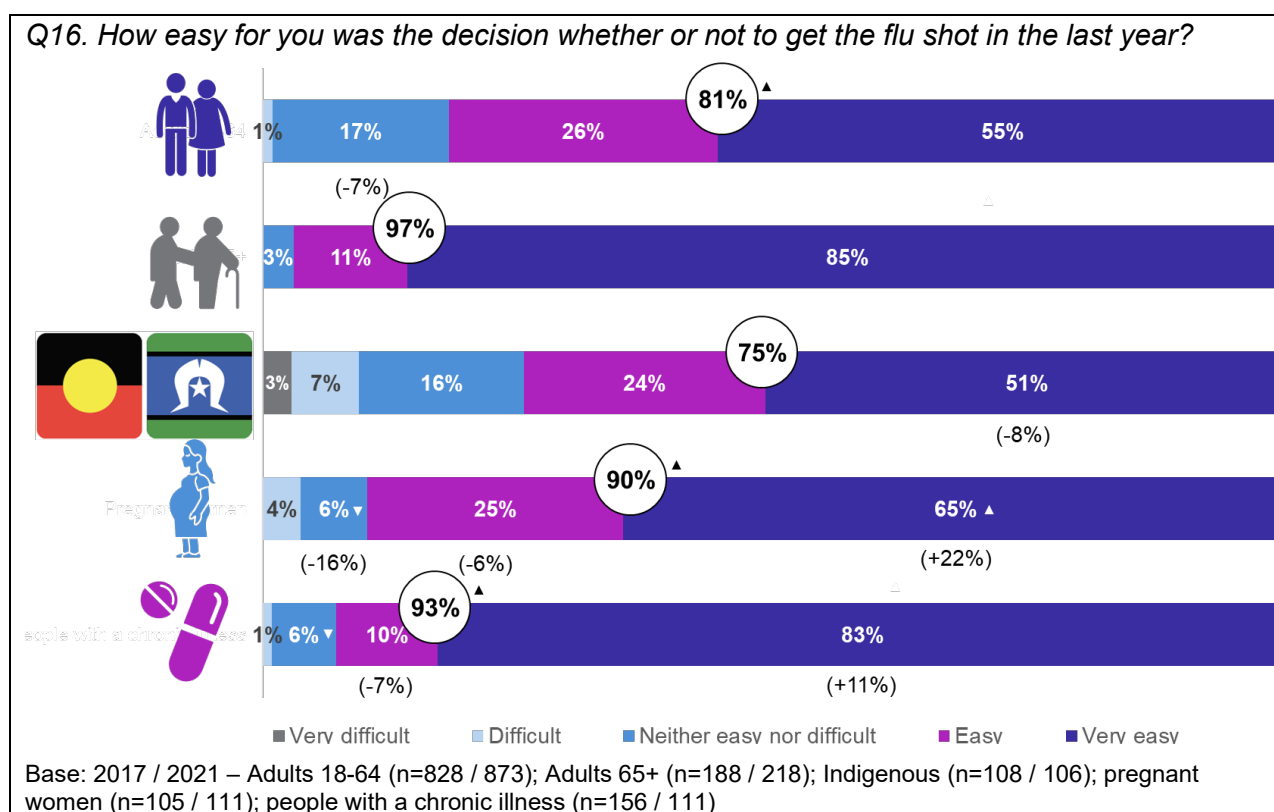


7.5 Ease of decision to vaccinate

The research sought to understand how easy people found the decision whether or not to vaccinate against influenza. The results indicate that a clear majority of all subgroups claim to find it easy to decide about whether or not to receive a vaccine. It is important to note that this question was asked of all respondents, regardless of whether they took the vaccine or not – so results include those who found it easy to decide *not* to take the vaccine.

The figure below shows the breakdown of responses by subgroup. Net responses to the response codes of 'easy' and 'very easy' are included in circles on each bar, and significant differences between 2017 and 2021 are notated, with any difference greater than 5% noted in brackets.

Figure 8. Ease of decision whether or not to vaccinate (key differences vs. 2017 research)



Those who had the influenza vaccine in the last year are much more likely to have found the decision making process easier than those who did not get the influenza vaccine. This notable difference applies to each of the five subgroups shown above when comparing those who had the vaccine in the last year versus those who did not.

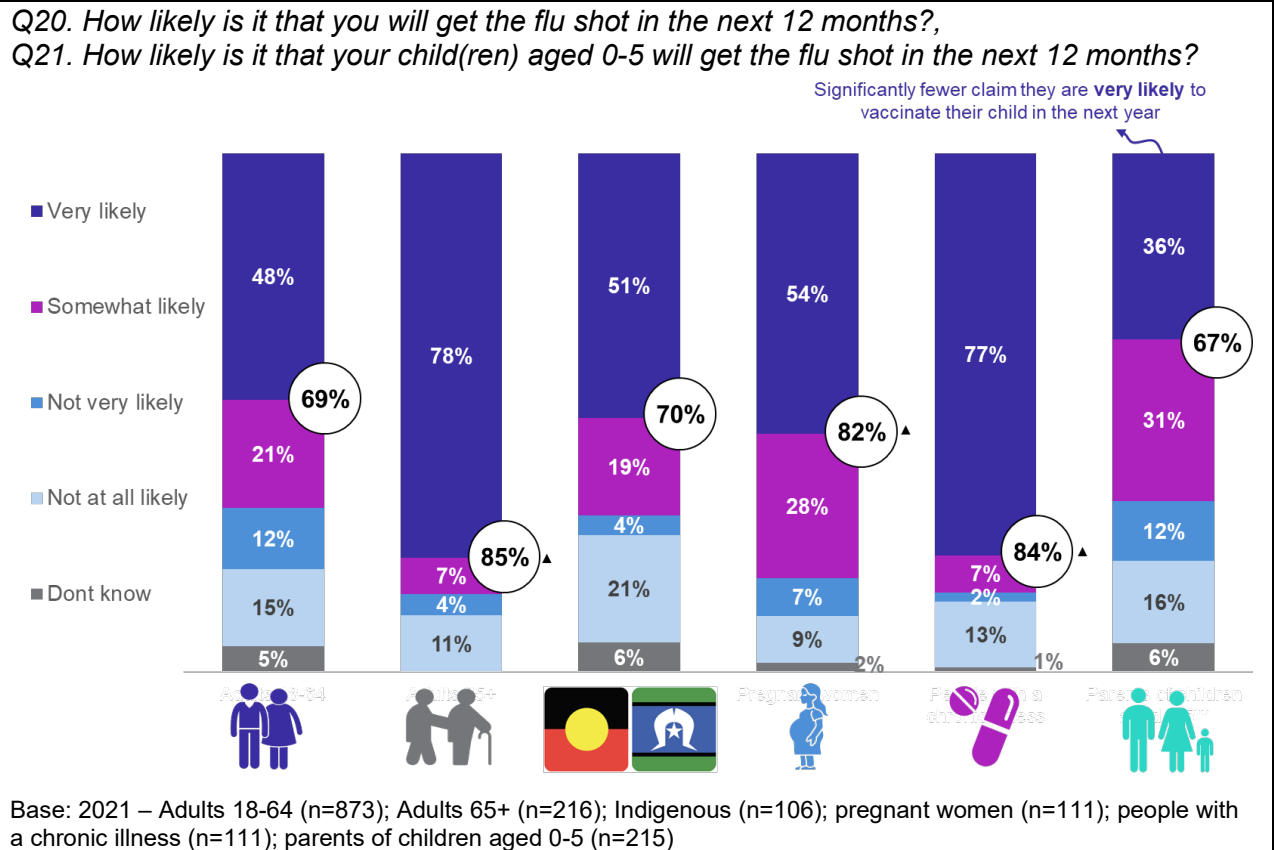
7.6 Claimed intent to receive the influenza vaccine next year

In line with increased uptake in 2021 compared to 2017, claimed intent to have the influenza vaccine in the year ahead is strong across all audiences. Adults aged 65+, pregnant women and those living with a chronic illness are significantly more likely to claim they are either very likely or somewhat likely to get the vaccine next year than other subgroups.

Across each of the five main subgroups, those who claim to have had the vaccine in the last year are significantly more likely to claim they will receive it in the next 12 months compared to those who did not get the vaccine in the last 12 months.

Parents of children aged 0-5 were asked specifically about their intent to have their children vaccinated next year (i.e. in 2022) – while two thirds claim they are at least somewhat likely to consider doing so, parents are significantly less likely than any other subgroup to claim they are very likely to vaccinate their child next year. The figure below shows responses by subgroup.

Figure 9. Likelihood of getting a flu shot in the next 12 months



8. MOTIVATORS AND BARRIERS TO UPTAKE – INCLUDING COVID IMPACTS

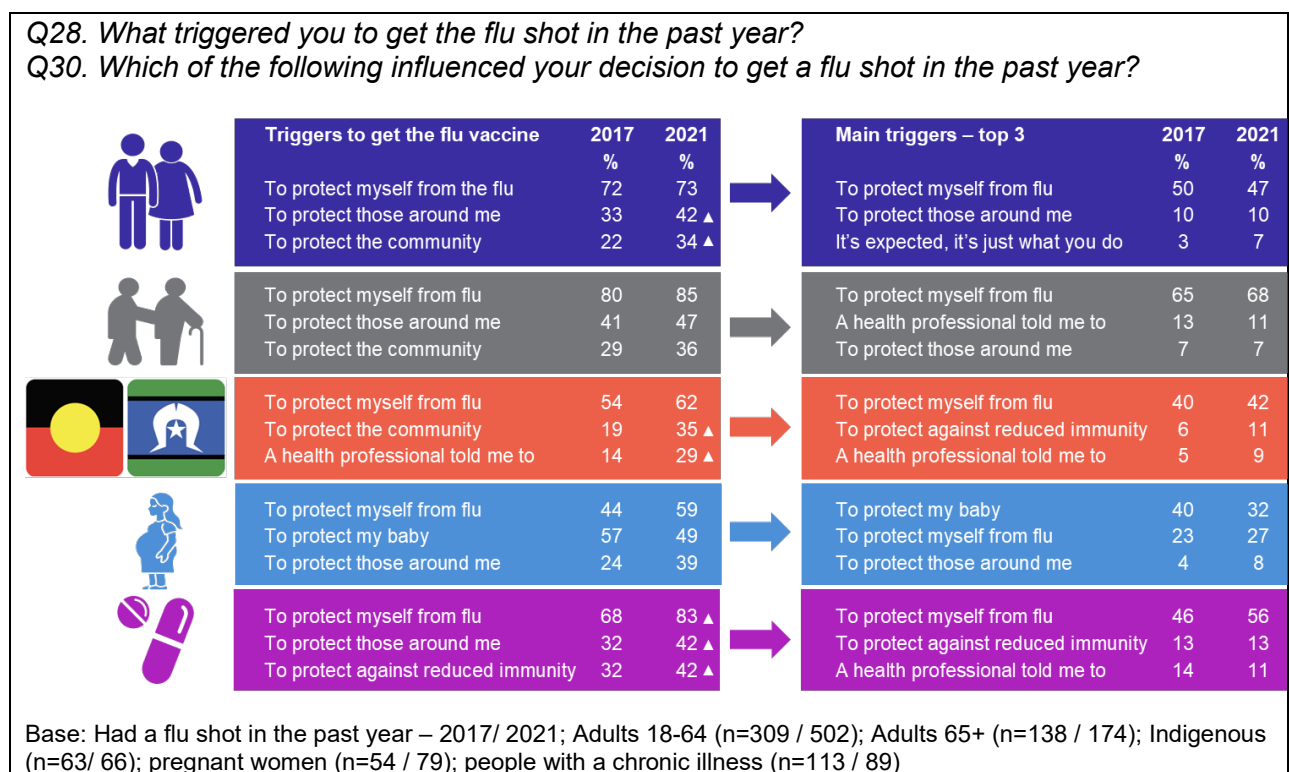
8.1 Motivations for receiving the influenza vaccine

Qualitatively, motivations for receiving the influenza vaccine are fundamentally unchanged from research in previous years. These include the fact that it can be seen as a routine part of life that is done every year without much thought, doing so as a result of direct advice from a health professional, the vaccine being readily available and culturally encouraged in a workplace, an increased sense of need for protection generally and a personal or close brush with influenza.

Those who claimed to have received a flu vaccine in the past year were asked what had triggered them to do so. When able to provide multiple responses, it is clear among all subgroups that the key triggers are protecting themselves, the people around them and the community. However, when asked to identify the top trigger, almost all subgroups identify that protecting themselves is the primary motivation. Among pregnant women, protecting their baby is the primary driver.

The figure below shows the top three responses by subgroup – on the left, are the top three responses when participants could select multiple responses and on the right are the top three responses for the main trigger.

Figure 10. Triggers to getting vaccinated



8.2 The impact of COVID on influenza vaccine behaviour

Overall, it appears that COVID has primarily acted as a barrier to uptake of the influenza vaccine. It seems to have had a very minimal role in encouraging people to get the influenza vaccine – while some COVID-related triggers were included in the survey, these received very low endorsement across the board.






COVID-related factors overall are the single biggest reason that people claim not to have had the influenza vaccine in the past year. It is important to note that this is not a single response option in the survey, but rather a number of individual response options which have been netted together during analysis. No single COVID-related factor scores higher than the traditional barriers detailed above, it is only when they are taken together that the impact of the pandemic becomes clear.

The table below shows a breakdown of the various COVID-related reasons identified for not having an influenza vaccine in the past year, by subgroup.

Figure 11. COVID-related reasons for not having had a flu shot in the last year

Q34. For what reason(s) have you not had a flu shot in the last year?

**CAUTION: Low base size*

					
	%	%	%	%	%
COVID-related [NET]	56	49	62	67	60
I was less worried about flu due to lockdowns / increased hygiene/ mask-wearing / social distancing	22	25	21	17	13
I wasn't leaving home because of the COVID-19 pandemic so did not feel at risk	17	20	24	11	20
There was not much flu around last year	16	20	17	11	13
I did not want to go out during the COVID-19 restrictions	15	20	24	11	20
It was too hard to juggle the timing of the flu vaccine around my COVID-19 vaccines	13	5	17	22	7
I did not want any potential side effects to trigger the need for a COVID-19 test / self-isolation	6	10	7	17	13
I normally get the flu shot at work, but I was not at work due to COVID-19	6	-	3	11	7
It was hard to get a face-to-face appointment	4	-	7	0	13

Base: Not had a flu shot in the last year; adults 18-64 (n=184); adults 65+ (n=20); Indigenous (n=29); pregnant women (n=18); people with a chronic illness (n=15)

A perceived lack of need for vaccination due to COVID

Some believe they had less need of an influenza vaccine during COVID. There are clearly some who have assessed their risk of catching the flu and determined there was no need for a vaccine in recent years. This in part has been driven directly by knowledge or assumptions about the reduced incidence of influenza in Australia during the pandemic given lockdowns, closed borders, increased hand hygiene and social distancing. It also reflects that many simply were not leaving their houses or socialising a great deal (especially in lockdown areas) – so ultimately saw little risk of catching the flu.

Difficulties juggling timing for COVID and influenza vaccines

There does appear to have been some isolated concern about the timing of COVID and influenza vaccines, which has caused some to forego their influenza vaccines during the pandemic. At the time of conducting the research there was a well-publicised clinical recommendation for a 14 day gap between COVID vaccines and any other vaccine – this recommendation was the primary reason for this disruption, though qualitative findings indicate that in the majority of cases, GP practices have done a proactive job in managing the timing for the two vaccines among priority audiences.

Concerns about vaccine side-effects leading to a need for a COVID test

There is isolated evidence of people having held concerns about vaccine side effects leading to the need to have a COVID test. This group claim to have anticipated that the vaccine would cause some sickness that would subsequently need to be confirmed not to be COVID. The primary barrier in this respect appears to be the need to self-isolate afterward, especially for those who would be prevented from going to work.

A perceived lack of face-to-face opportunities

A perceived lack of face to face medical appointments may have posed a barrier. There is a clear belief that much of the work of GPs in recent times has been done via telehealth rather than through face-to-face appointments. Some appear to have assumed that it would be 'too hard' to get an appointment for their vaccine during COVID, and as a result have simply not bothered. There are also indications that some have been hesitant to attend a surgery in person, especially during lockdowns due to concerns about COVID. For some who are usually vaccinated in their workplace, working from home arrangements have meant that they simply never got around to it.

8.3 Fundamental barriers to receiving the influenza vaccine






While it is clear that in 2021 COVID-related factors have acted as a major barrier to vaccine uptake, when these are excluded the fundamental barriers to vaccine uptake remain largely unchanged since previous research. Among those who did not receive the influenza vaccine in the past year, the primary barrier (excluding COVID) relates to a perceived lack of need, often due to a lack of concern about getting the flu or a belief that they simply do not get sick.

The figure below shows the primary reasons for not getting the influenza vaccine among those who claimed not to have had it in the past year, with COVID-related reasons placed into a single category.

Figure 12. Reasons for not having had a flu shot in the last year

Q34. For what reason(s) have you not had a flu shot in the last year?

***CAUTION: Low base size**

					
	%	%	%	%	%
COVID-related [NET]	56	49	62	67	60
Didn't think I needed it	24	20	17	22	13
I'm not worried about getting the flu	18	30	21	17	33
Don't get sick	12	20	-	6	7
It was never convenient / didn't get around to it	10	5	3	11	7

Base: Not had a flu shot in the last year; Adults 18-64 (n=184); Adults 65+ (n=20); Indigenous (n=29); pregnant women (n=18); people with a chronic illness (n=15)

There is also anecdotal evidence from the qualitative research that concerns about the vaccine itself may act as a barrier in isolated instances - however these were not endorsed by sufficient numbers in the survey to be reported in the table above. These concerns include a perception that the vaccine gives people the flu, or that the vaccine doesn't 'work' because people can still get flu after having received it. Some also assert that they do not trust the vaccine as it is new every year.

9. KNOWLEDGE AND ATTITUDES TOWARD INFLUENZA

9.1 Apparent shifts in perceptions of influenza due to COVID

Qualitative findings indicate that COVID appears to have overshadowed flu, yet also brought it into sharper focus. It is clear that COVID has impacted perceptions of influenza in a multi-dimensional way. On one hand, COVID has entirely eclipsed flu in people's minds – very few claim to be thinking or talking about flu in and of itself during the pandemic. On the other, COVID appears to have caused people to unconsciously consider flu in a different light – COVID has been talked about in terms of flu-like symptoms, both are perceived to have potential to be seasonal and there has been discussion about deaths from flu vs deaths from COVID.

For the majority, COVID is seen as being a more serious disease than influenza. Along a less to more 'serious' spectrum, influenza tends to be positioned at the less serious end of the scale as it is familiar and is known to have been around for a long time. To most, it is not necessarily benign but is certainly not as frightening as COVID. Conversely, COVID tends to be positioned at the more serious end of the scale as it is widely acknowledged to be a frightening disease with very serious potential outcomes which has brought the world to a standstill.

That said, COVID does appear to have elevated the perceived seriousness of influenza in many people's minds. Its impact seems to have transferred some qualities over to influenza and many claim to have been reminded that both COVID and influenza are highly contagious viruses and potentially deadly. It seems that as a result of COVID, influenza has shifted up the seriousness scale somewhat and has largely moved away from being associated with colds.

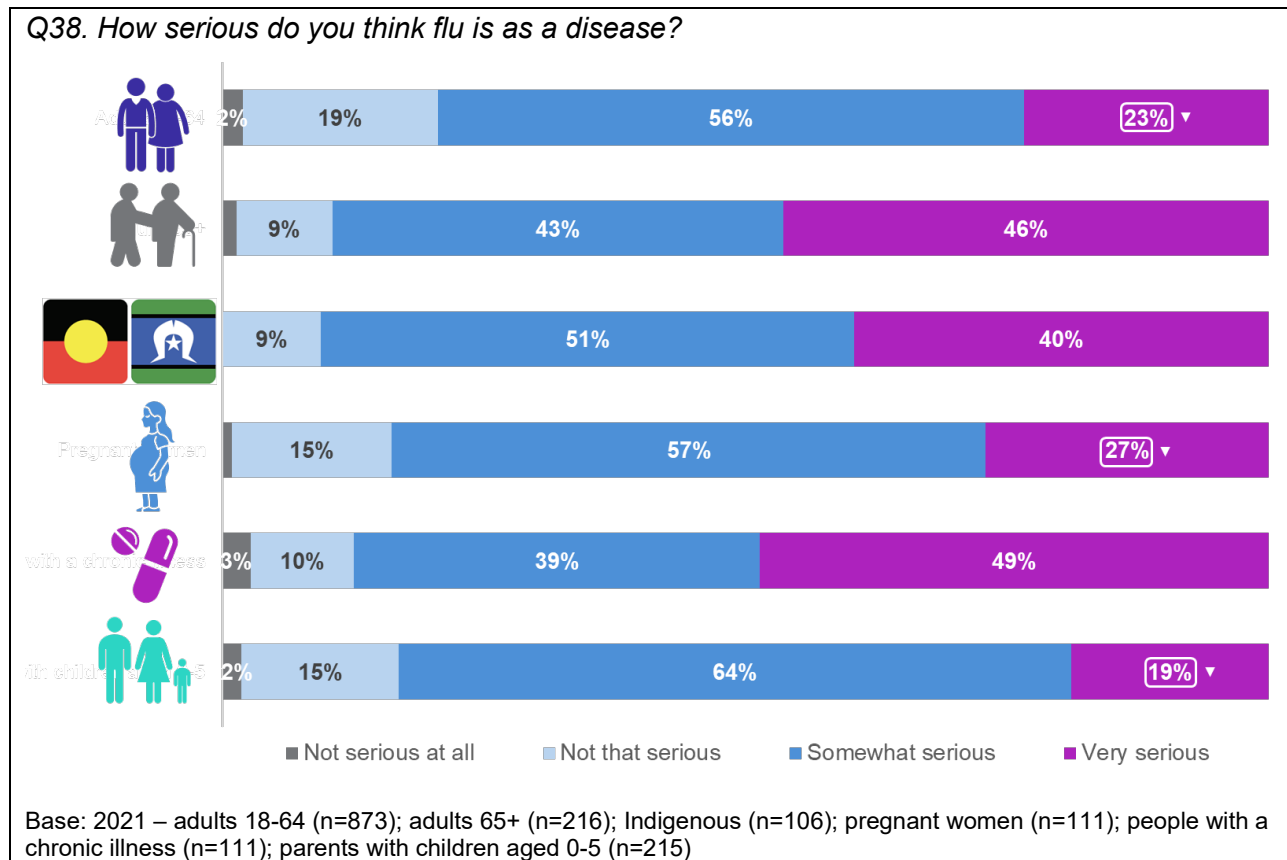
Therefore, influenza appears to have been slightly repositioned since the arrival of COVID. Compared with previous research, much of the flippancy that has previously been associated with flu seems to have largely abated. Few identify that they have consciously changed their minds about it, but there is a strong sense that influenza is seen as more of a serious disease now than it was previously and now appears to be treated with greater respect. The diagrams in Section 9.4 show how perceptions of influenza have shifted among parents compared with other vaccine preventable diseases.

This appears to have occurred as a result of reinforcement of a number of factors that have made flu more comparable to COVID: it mutates easily, there are a lot of different strains, it is definitely not something people want to catch, it could have a serious effect on health and result in death, some are aware that more people died from flu in 2018 in Australia than from COVID in 2020. Compared to a cold, flu is seen as far worse – even though people often say they have had flu, many now accept that they have not as they see the symptoms and results of influenza as significantly more severe and something that is simply not analogous to a common cold.

9.2 The perceived 'seriousness' of influenza

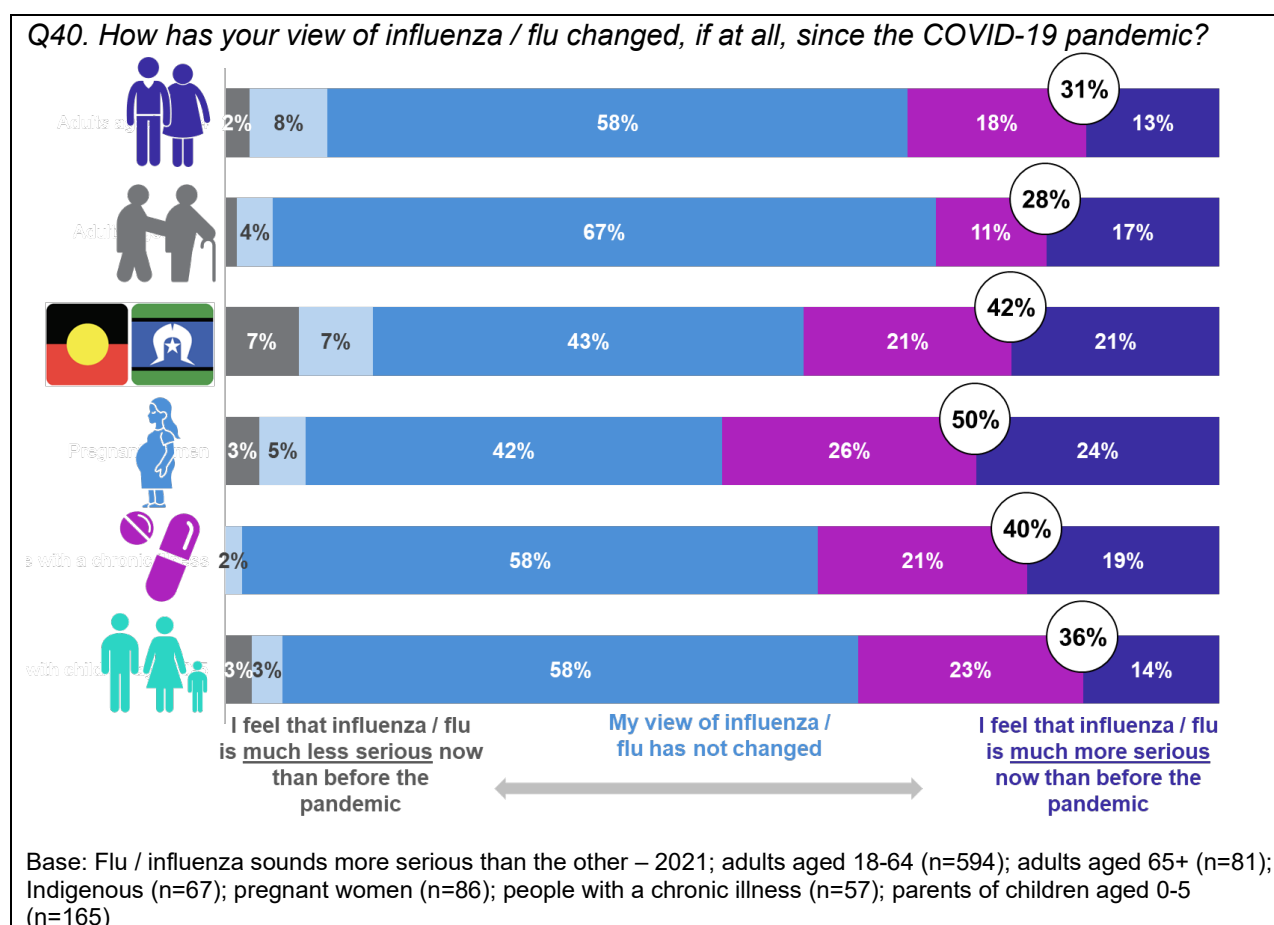
For the first time in the 2021 survey, participants were asked to rate how serious they think the flu is as a disease. From the results it is clear that all audiences see influenza as serious – though adults aged 18-64, pregnant women and parents of children aged 0-5 are significantly less likely to see it as being a very serious disease than other subgroups. The figure below shows the breakdown of responses by subgroup.

Figure 13. Perceived seriousness of influenza



While there is no direct measure to compare this data to in the 2017 survey, respondents were also asked to identify whether their perceptions of the disease had changed since the onset of the pandemic. While a majority indicate that their views have not changed, there is at least some recognition that perceptions have shifted toward the more serious end of the spectrum among all subgroups – up to 50% among pregnant women. It is critical to note that this question only measures awareness of a shift in perceptions – the qualitative research identified a number of shifts that appeared to be more subtle, suggesting that a true measure of the shift in perceptions may be larger than this data would indicate. The figure below shows responses by subgroup.

Figure 14. How has your view of influenza / flu changed, if at all, since the COVID-19 pandemic?



9.3 The impact of flu-like symptoms on daily life

Whereas in previous research there was strong evidence of many people believing there is a need to ‘soldier on’ if they contract a bad cold or flu, this way of thinking is now widely regarded to be over. Given the arrival of COVID and the reinforcement of the importance of hygiene and practising social distancing, it seems that people have moved on from the idea of pushing through daily life with a cold and simply continuing as normal. Any sort of flu-like symptom is now widely perceived as cause for concern. Leaving the house, especially to go to work, with bad cold or flu-like symptoms is now widely seen as highly irresponsible, putting others’ lives at potential risk. This shift appears to have made some contribution to heightened perceptions about the seriousness of flu.

“Before COVID, you wouldn’t flinch if someone next to you coughed or sneezed – now we all jump a mile. Any little symptom is freaky”

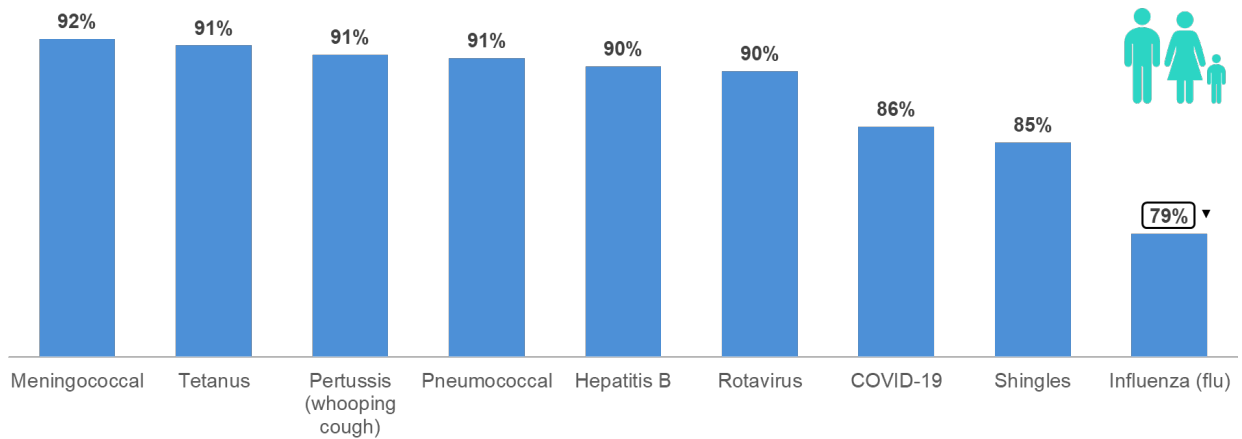
9.4 Parental concern about influenza among children 0-5 years

As indicated in Section 9.2 above, parents are significantly less likely than most other subgroups to see influenza as a very serious disease. Parents also see the influenza vaccine as being significantly less important than a range of other vaccines, many of which are included on the childhood schedule. The figure below shows a detailed breakdown.

Figure 15. Comparative importance of vaccines among parents [% very / somewhat important]

Q56. How important do you think each of the following vaccines are in terms of preventing the disease they are designed to protect against?

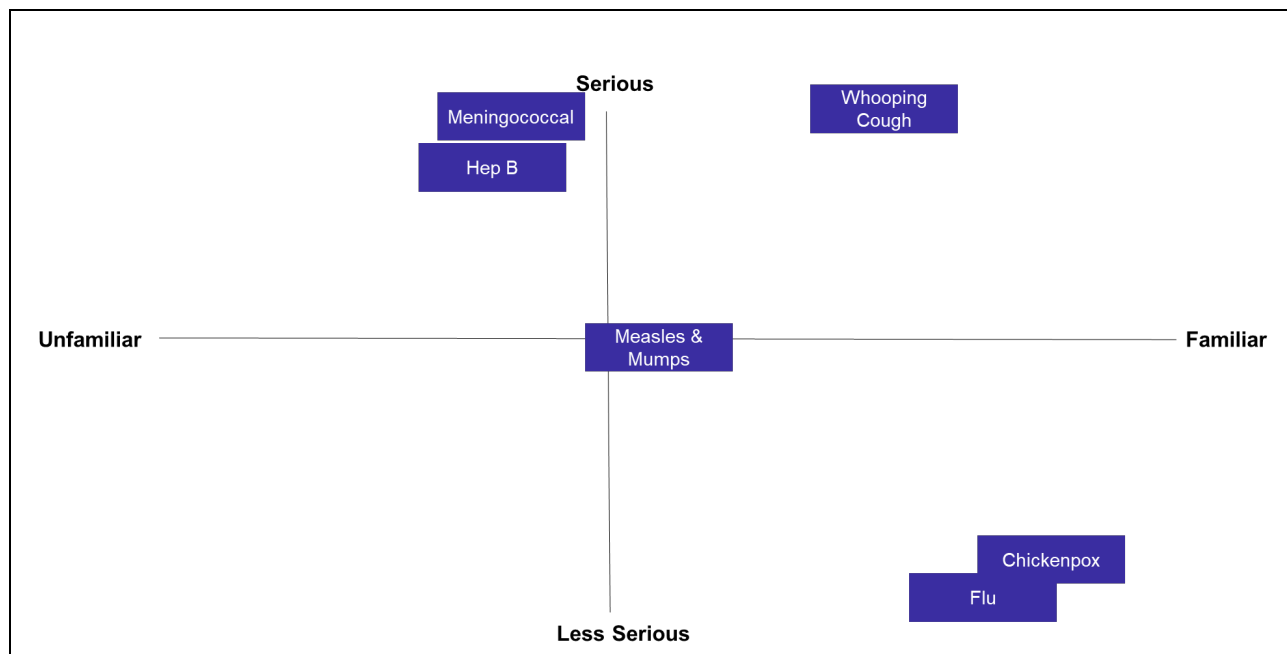
NB. 'Don't know' responses have been removed



Base: 2021 – Parents with children 0-5 (n=215)

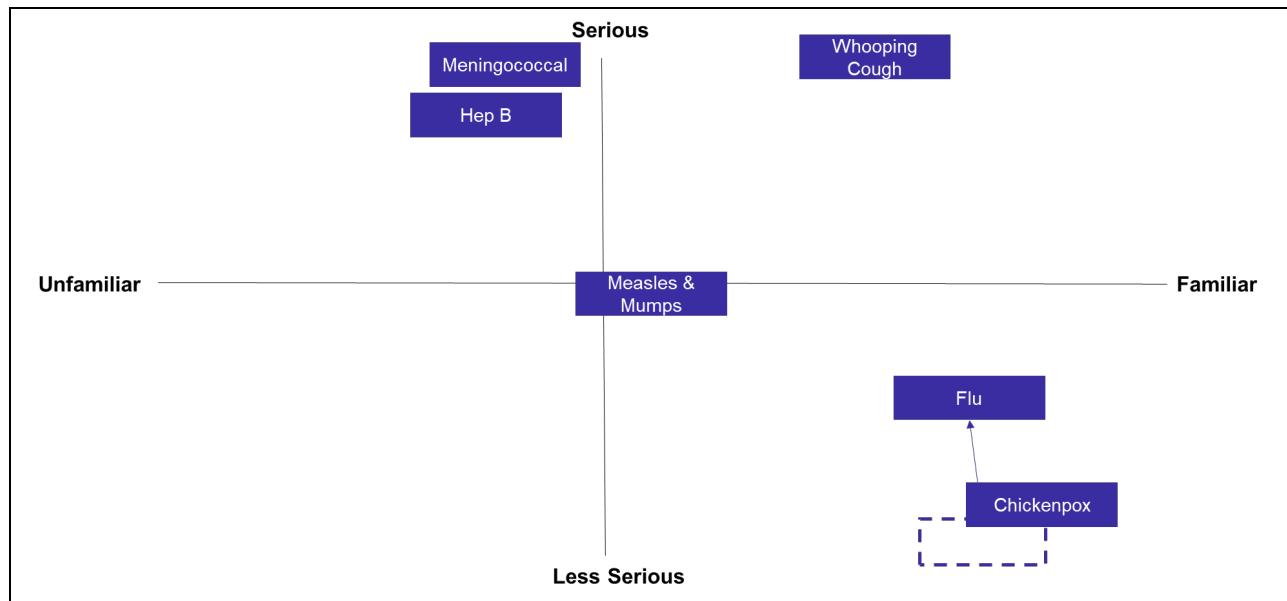
There is some qualitative evidence to suggest that parental concern about flu appears to be shifting slightly. In 2017, parents largely saw flu as a disease that was highly familiar and not especially threatening for their children in comparison to more 'serious' diseases such as meningococcal and whooping cough or pertussis. If we look at the figure below, flu was firmly positioned at the less serious end of the spectrum and close to the familiar end of the spectrum.

Figure 16. Qualitative perceptions of influenza vs other diseases in 2017



In 2021, parents often position flu as being more serious than before and it has clearly moved up the spectrum. That said, it is still seen as nowhere near as serious as whooping cough or meningococcal - for the time being it seems that flu has not yet become firmly established as a disease that parents should immunise their children against.

Figure 17. Qualitative perceptions of influenza vs other diseases in 2021



9.5 'Influenza' vs 'flu'

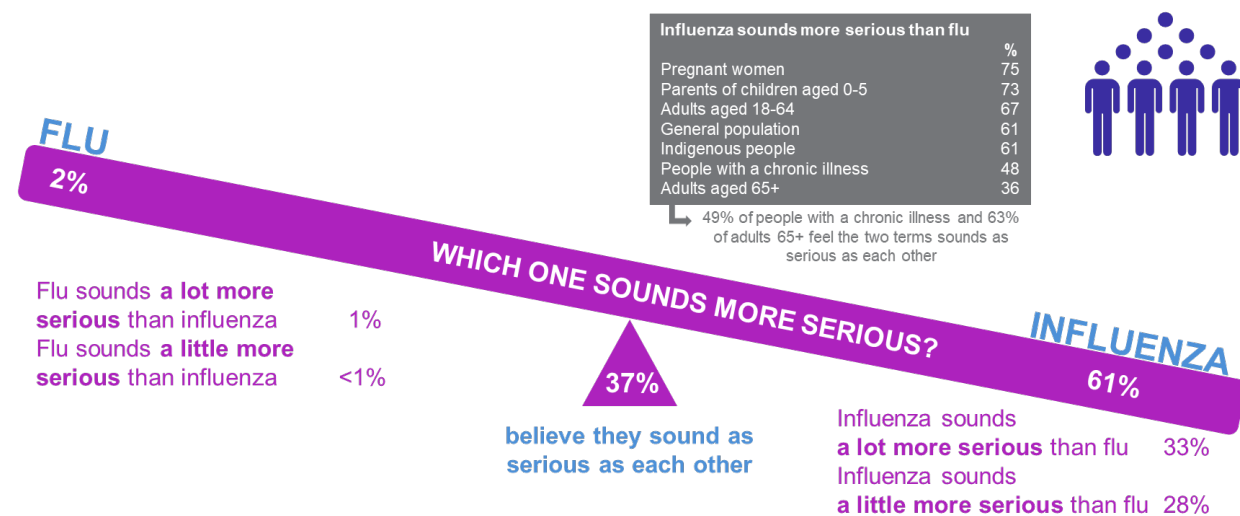
Most see 'influenza' and 'flu' as being interchangeable to an extent. The two terms are rationally understood to mean the same thing - with influenza widely recognised as the scientific term, used by doctors. 'Flu' in comparison is felt to be far more benign, almost like a friendly nickname for the virus. Many suggest that 'influenza' has a bigger and more immediate impact as it feels far more like a serious disease and less like something a person would talk about in the same way they do a cold.

"I know they're the same thing but I'd much rather get the flu than influenza."

In the survey, respondents were asked about the seriousness of the two terms. Among the general population, 61% claim to find influenza at least a little more serious than flu, while 37% believe they sound as serious as each other. When responses are considered by subgroup, it seems that adults aged 65+ and those with a chronic illness are more likely to believe that the two terms are as serious as one another – a likely reflection of the fact that both groups perceive the disease as serious. The figure below shows responses to the survey question.

Figure 18. Comparative severity of 'influenza' vs 'flu' [General population]

Q39. Thinking about the two terms, flu and influenza, which one of the following do you agree with the most?

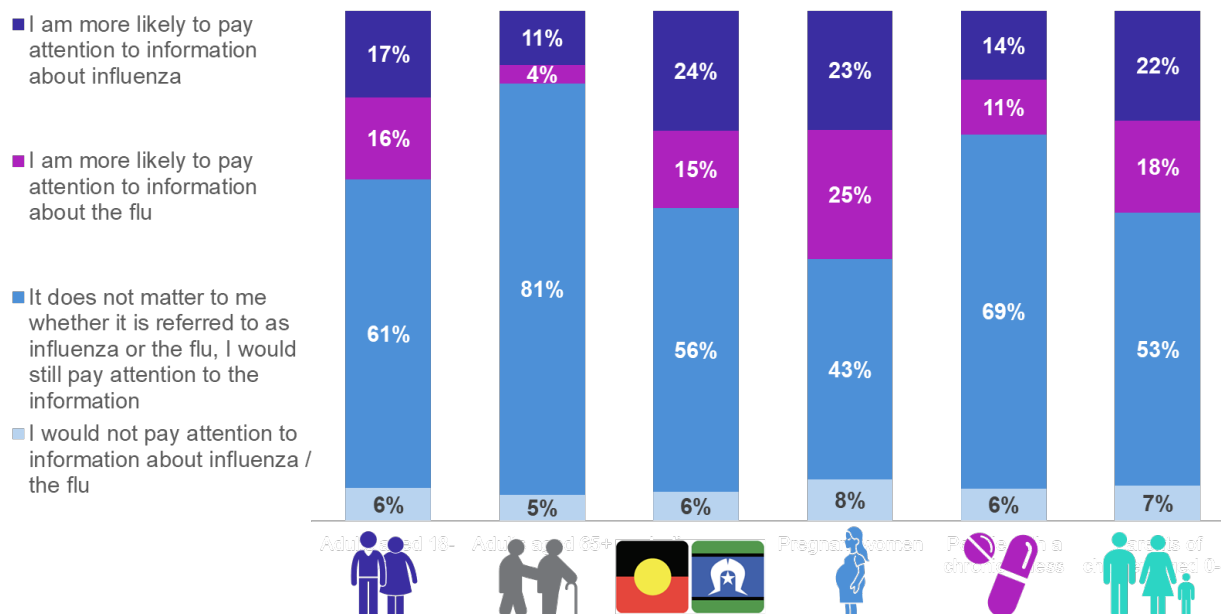


Base: 2021 – General population (n=1,089); adults aged 18-64 (873); adults aged 65+ (n=216); Indigenous (n=106); pregnant women (n=111); people with a chronic illness (n=111); parents with children aged 0-5 (n=215)

Ultimately however, it seems that most claim they would pay attention to information about the disease regardless of which term is used to refer to it. The figure below shows the breakdown.

Figure 19. Likely attention paid to information about the flu vs influenza

Q41. Which one of the following statements best describes you personally in relation to information about influenza / flu?



Base: 2021 – adults 18-64 (n=873); adults 65+ (n=216); Indigenous (n=106); pregnant women (n=111); people with a chronic illness (n=111); parents with children aged 0-5 (n=215)

9.6 Perceptions around current and future influenza incidence

Many suspect that the incidence of flu has dropped during COVID. A small proportion claim to know about a reduction in flu numbers, based on an awareness of the incidence data. Others believe that numbers are likely to have dropped given behaviours have changed so dramatically (borders, hygiene, distancing). Others again seem to have inferred that flu numbers have dropped simply because they have not heard anything about it in the media.

Some expect a resurgence of flu when Australia opens up again and clearly expect it to become more prominent as life gets back to normal. This appears to be influenced by a number of different factors, including the opening of international borders and greater freedom of movement between States, higher levels of interaction and concentration of people through more going out, shopping and fewer restrictions as well as lower levels of immunity overall given the population has not been exposed to influenza in the past two years. However, this expectation does not appear to have created any great sense of urgency about flu at this point. This is possibly due to the fact that even though flu is seen as more serious than before, it is not considered to be as serious as COVID.

Others believe that flu may be thwarted by changes in people's behaviour. Many surmise that handwashing, mask-wearing and social distancing behaviour is far more prevalent now than before (and that at least some of these behaviours will continue in the future). In the context of COVID, people claim to be hyper-vigilant for flu-like symptoms in themselves and others. Most believe that anyone with even mild symptoms is likely to go and get tested for COVID-19 and self-isolate until receiving a negative result. Showing symptoms in public is widely expected to be negatively judged and result in ostracizing. In addition, many rationalize that workplaces – often seen as hotbeds of transmission - are still operating remotely and many continue to work from home.

10. KNOWLEDGE AND ATTITUDES TOWARD INFLUENZA VACCINES

10.1 Top of mind associations with the influenza vaccine

Spontaneous perceptions surrounding the influenza vaccine remain consistent in many ways to previous research. Many existing positive and negative perceptions about the vaccine are clearly still evident, including 'It's just something I get every year, I don't think about it...', 'It offers you some protection, so why wouldn't you take it?', 'It changes every year so they're always playing catch up with it', 'It doesn't work, you can still catch the flu' and 'The flu vaccine makes you sick'.

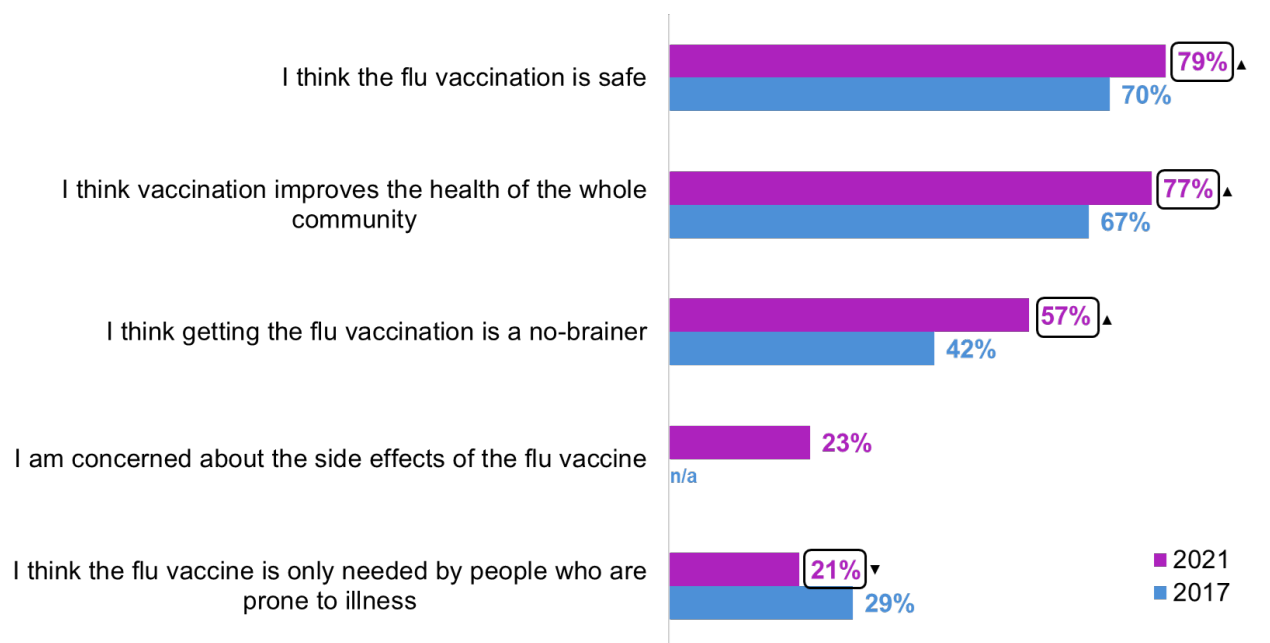
10.2 Sentiment about the influenza vaccine

Overall sentiment about the influenza vaccine has improved among the general population on a wide range of key measures. Compared to the 2017 survey, in 2021 the general population is significantly more likely to believe that the vaccine is safe and that it improves the health of the whole community. The general population is also significantly less likely to believe that the flu vaccine is only needed by people who are prone to illness. As a measure of overall perceptions, 57% of the population now claim to believe that getting the flu vaccine is a 'no-brainer' – a significant increase on the 2017 research.

However, almost one-quarter of the general population claim to have concerns about the side effects of the flu vaccine. This is a new measure introduced in 2021, so there is baseline from which to determine whether this concern has shifted over time, and in which direction. The figure below shows key measures compared to 2017.

Figure 20. Attitudes towards the flu vaccine [% strongly agree / agree]

Q36. Below are some statements that others have made about the flu and the vaccine against it. Please indicate your level of agreement with each of these

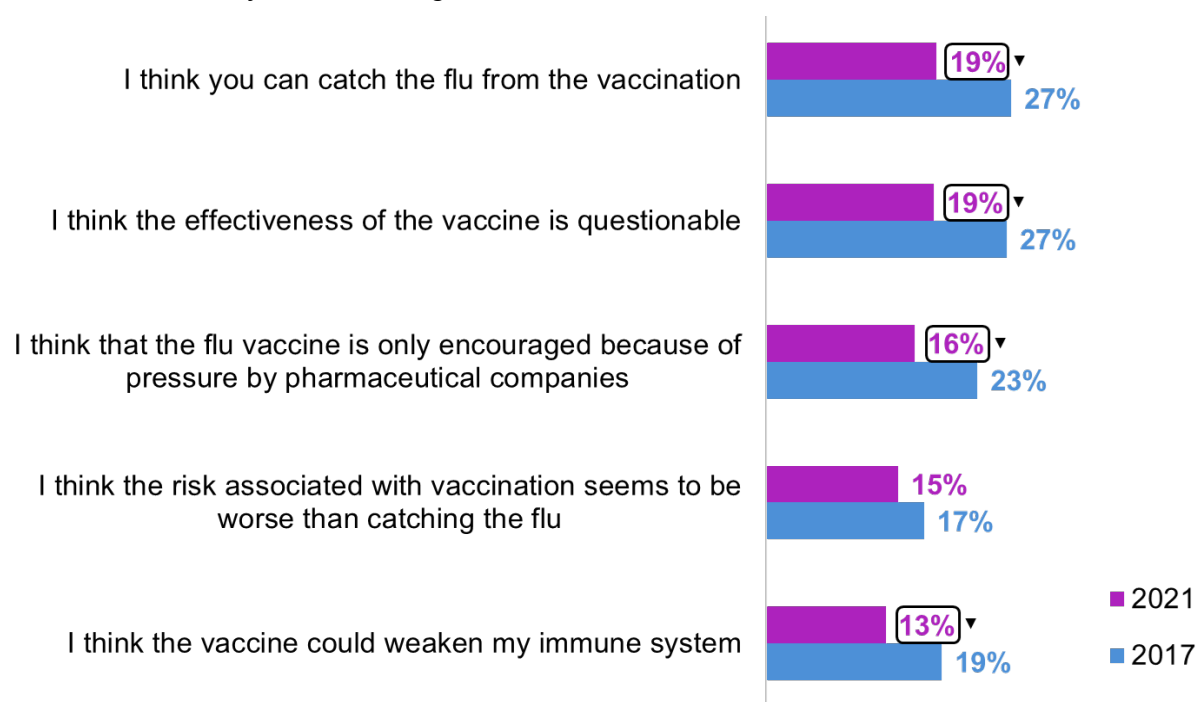


Base: General population – 2017 / 2021 (n=1,016 / 1,089)

The general population are also now significantly less likely to believe that it is possible to catch the flu from the vaccine, that the effectiveness of the vaccine is questionable, that it could weaken their immune system, or that it is only encouraged due to pressure from pharmaceutical companies. While there is still a small proportion of the general public who hold these views, the reduction in size of this group seems promising. The figure below provides a breakdown of these key measures since 2017.

Figure 21. Attitudes towards the flu vaccine [% strongly agree / agree]

Q36. Below are some statements that others have made about the flu and the vaccine against it. Please indicate your level of agreement with each of these



Base: General population – 2017 / 2021 (n=1,016 / 1,089)

10.3 Knowledge about the influenza vaccine

Qualitatively, many now claim to realise how little they know about the influenza vaccine. Given COVID, many reflect on what they know about the COVID vaccines and are quick to identify that they know comparatively nothing about the flu vaccine. Certainly, there is very little knowledge about the different types of flu vaccines or brands – most claim they have simply taken what they have been offered. There is some very patchy awareness of trivalent / quadrivalent vaccines, but this is far from being the norm. Some claim to have gone back through vaccine records and seen that their flu vaccine has been different to their partner, or to previous years and for these people, this has often been quite an eye-opener.

“We all know which COVID vaccine we’ve had and we know the names of them all but I have absolutely no idea about the flu vaxx, it’s weird.”

With this in mind, some claim to have a new interest in the strains covered by flu vaccines - COVID certainly appears to have sharpened people’s awareness of different virus strains. As a result, there is evidence of an appetite among some to better understand which strains are covered by their flu vaccine. There is also an interest in understanding more about what ‘type’ of vaccines are on offer (MRNA? Live? Other?). Overall, there definitely appears to be more interest in

becoming acquainted with the details of flu vaccines, particularly given what people know about COVID vaccines.

Any talk about the efficacy of flu vaccines seems more nuanced now than previously. As indicated, there now seems to be greater acceptance overall that vaccines do not provide one hundred percent protection against diseases. As a result, there now appears to be greater understanding of shades of grey when it comes to the efficacy of the influenza vaccine. There also appears to be slightly more acceptance that some level of protection from a vaccine is better than none.

11. PRACTICAL CONSIDERATIONS

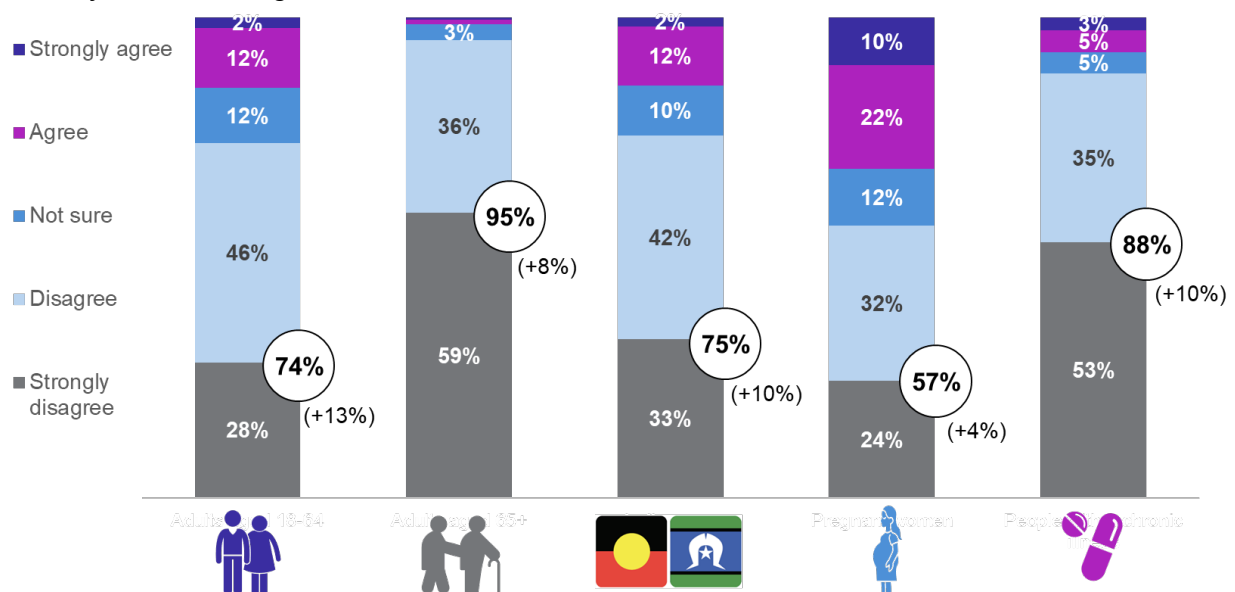
11.1 Ease of access to the influenza vaccine

Overwhelmingly, accessing the influenza vaccine is perceived to be very easy and the vast majority claim that it is very simple to organise and receive an influenza vaccine in Australia. GPs are widely seen as the most obvious port of call to get a flu vaccine (although for some, picking up a script is felt to be a minor annoyance). Pharmacies are also widely acknowledged to make it very easy to get vaccinated. Those working in larger organisations are quick to identify that vaccines are conveniently available for free, at work. There is also evidence of some appetite among parents for the flu vaccine to be incorporated into school vaccination programs, to help with access.

Finding the time to get a flu vaccine is clearly not an issue for most. A majority of all subgroups disagree with the idea that they do not have time to get a flu vaccination, suggesting that the practicalities of making and attending an appointment are rarely a concern. However, this level of disagreement is lowest among pregnant women, suggesting that this group feel more time-pressed than other subgroups, or the general population. The figure below provides a breakdown of responses by subgroup.

Figure 22. I don't have time to go and get the flu vaccination – 2021 (key differences vs. 2017)

Q37. Below are some other statements people have made about the flu vaccination. Please indicate your level of agreement with each of these



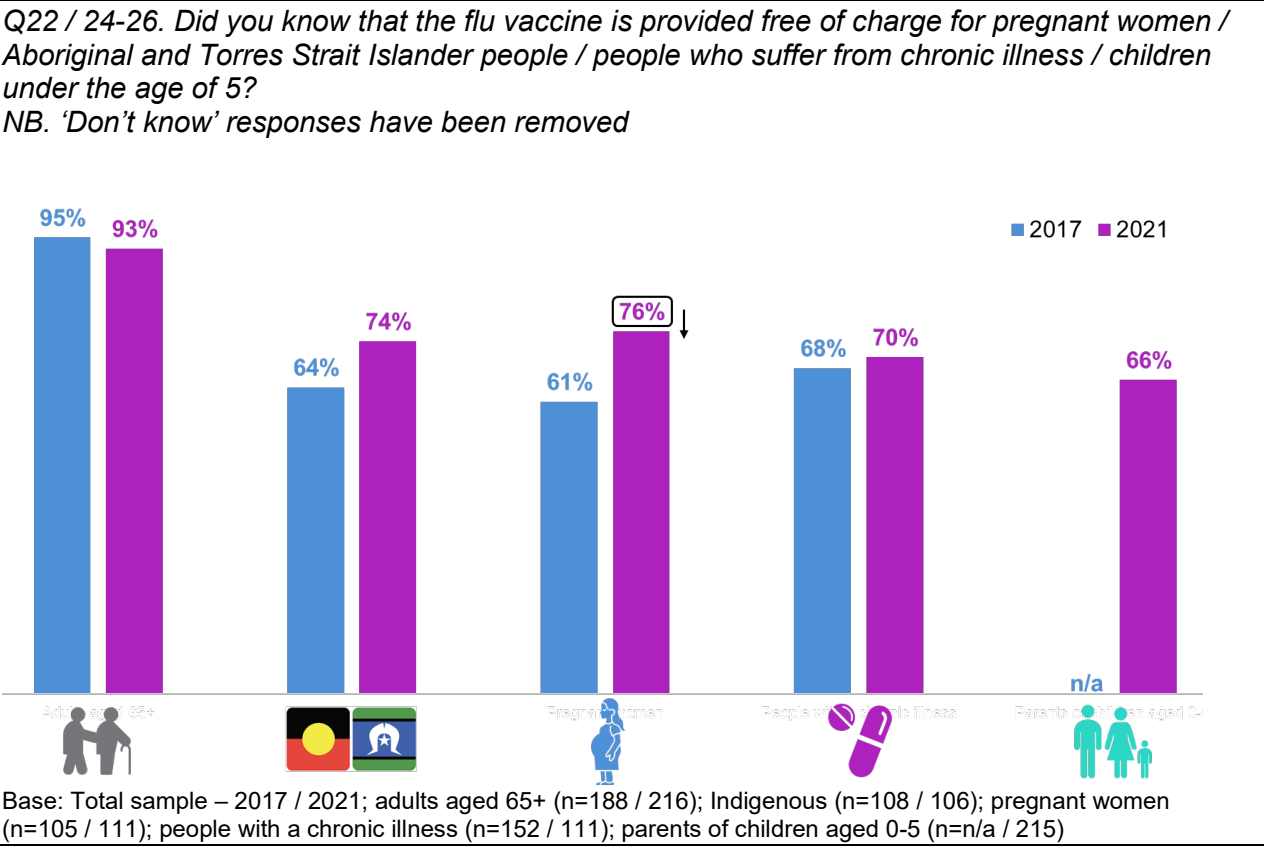
Base: 2021 – adults aged 18-64 (n=873); adults aged 65+ (n=216); Indigenous (n=106); pregnant women (n=111); people with a chronic illness (n=111);

11.2 Awareness of eligibility for free influenza vaccines under the NIP

At least two-thirds of each priority audience claim to be aware of their eligibility for a free influenza vaccine under the NIP. Awareness is strongest among adults over 65 years, and weakest among parents of children aged 0-5 years. This is likely related to the recency with which children aged 0-5 have been added as an eligible group under the NIP in 2020. Pregnant women are significantly more likely to be aware they are eligible for free since 2017 – while this cohort has been established as an eligible group under the program since 2010, this increase is likely to

reflect the considerable work that has been done in recent years to communicate with pregnant women about the influenza vaccine. The figure below shows levels of awareness by subgroup.

Figure 23. Aware that the flu vaccine is free charge for their cohort [% yes]

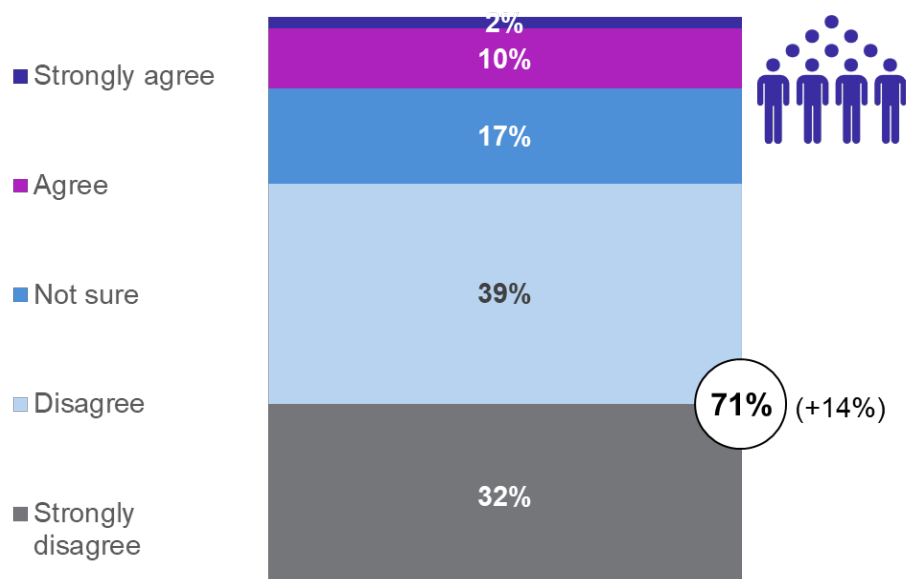


11.3 Perceptions of cost in the general population

When asked about the cost of receiving an influenza vaccine, the general population is increasingly unlikely to believe that it is too expensive compared to 2017. The figure below shows a breakdown of responses, with key differences since 2017 shown in brackets.

Figure 24. I think it costs too much to get the flu vaccination – 2021 (key differences vs. 2017)

Q37. Below are some other statements people have made about the flu vaccination. Please indicate your level of agreement with each of these



Base: 2021 – general population (n=1,089); Indigenous (n=106); pregnant women (n=111); people with a chronic illness (n=111)

While only 12% agree or strongly agree with the statement that the flu vaccine costs too much, there is qualitative evidence to suggest that cost can be a barrier among this group – particularly for those who are uncertain about the value of receiving the vaccine in the first place.

Qualitatively, there also appears to be some interest in the idea of free universal access to the influenza vaccine. There can be some suggestion that having to pay for the vaccine can undermine its importance and some suggest that if the government truly wanted people to have it, they ought to provide it free for everyone. This perspective appears to be more prominent now, in the context of the nation-wide free immunisation program for COVID which has clearly set a benchmark in people's minds.

11.4 Positioning of the influenza vaccine on the childhood schedule

The fact that a seasonal influenza vaccine does not neatly align with other childhood vaccines delivered under the NIP schedule can be confusing for some. Although the influenza vaccine is technically part of the childhood schedule, qualitative findings indicate that parents with children aged 0-5 do not see influenza as a routine vaccination for their children.

It seems that because the flu vaccine does not obviously sit in the schedule, it can feel like a slightly unusual add-on for many parents. There is some indication that parents simply forget about it because there is no obvious prompt to vaccinate their children. It seems to be perceived as a vaccine that is 'here if you want it' rather than a scheduled vaccine that is important and required. This potentially increases the sense that influenza is a lesser-order disease than others covered by the schedule.

11.5 The potential relationship between COVID and influenza vaccines

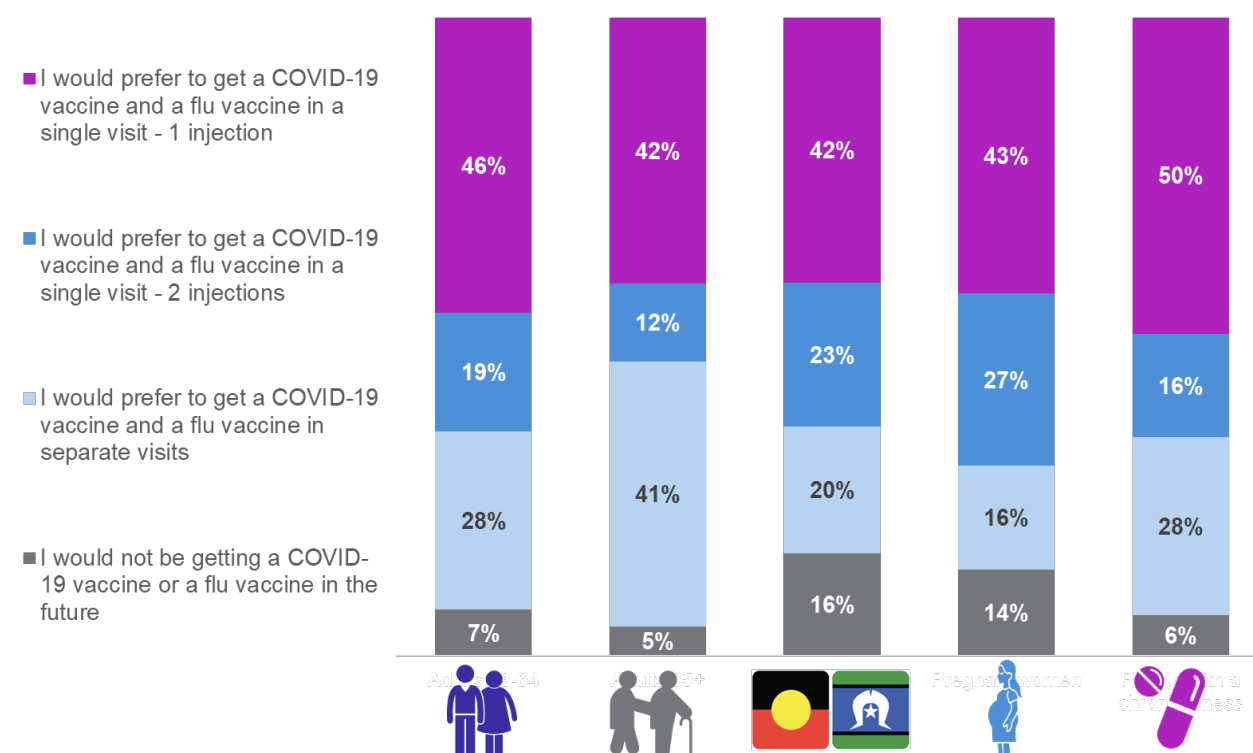
Receiving a COVID vaccine has clear potential to trigger consideration or receipt of an influenza vaccine. There is a broad expectation that COVID vaccines will likely be a regular fixture for some time to come - certainly, among those already vaccinated against COVID there is very little push-

back against the idea of an annual / regular COVID booster shot. Many expect health professionals to use the moment of administration of this to promote the flu vaccine, particularly because the visit will be all about vaccines anyway. Indications are that many would actively consider the flu vaccine if recommended to them by a health professional in this way.

A majority of all priority groups and the general population are happy to receive COVID and influenza vaccines in a single visit, with almost half of all groups indicating a preference for a combined vaccine administered via a single injection. It is important to note that at the time this research was conducted, a single visit option was not available due to a clinical recommendation for a gap between the two vaccines. The figure below shows the breakdown by subgroup.

Figure 25. COVID-19 and flu vaccine preferences

Q58. Thinking about getting a COVID-19 vaccine and a flu vaccine in the future, which one of the following would be your preference?



Base: Total sample – 2021; adults aged 18-64 (n=873); adults aged 65+ (n=216) Indigenous (n=106); pregnant women (n=111); people with a chronic illness (n=111)

Receiving both vaccines in a single visit

Those who appreciate the idea of a single visit are primarily motivated by ease and convenience – and are of the mindset that if the health professional suggests both at once, they will be happy to accept this. There is very little evidence of concern among this group and they seem to largely trust their health professionals. Some claim to positively appreciate that they would not be ‘clogging up the system’ with lots of appointments.

Those who express concern about the idea of receiving both vaccines at once have clearly taken to heart the advice (at the time the research was conducted) to wait two weeks between vaccines – and claim they would often be suspicious of a new recommendation. They also have clear concerns about experiencing the potential side effects from both vaccines, with some asserting that the side effects from one vaccine are enough, there is no desire to ‘double up’.

Receiving a combination vaccine for influenza and COVID

As highlighted above, at least 40% of all audiences express an interest in a combined vaccine. Many supporters of this idea are quick to identify that there are already several combined vaccines available on the childhood schedule. There is some level of awareness that certain manufacturers might be already looking into such a solution. However, it seems clear that were a combined vaccine available, there is a significant proportion who would prefer the option of being able to space the two out, ideally in separate visits.

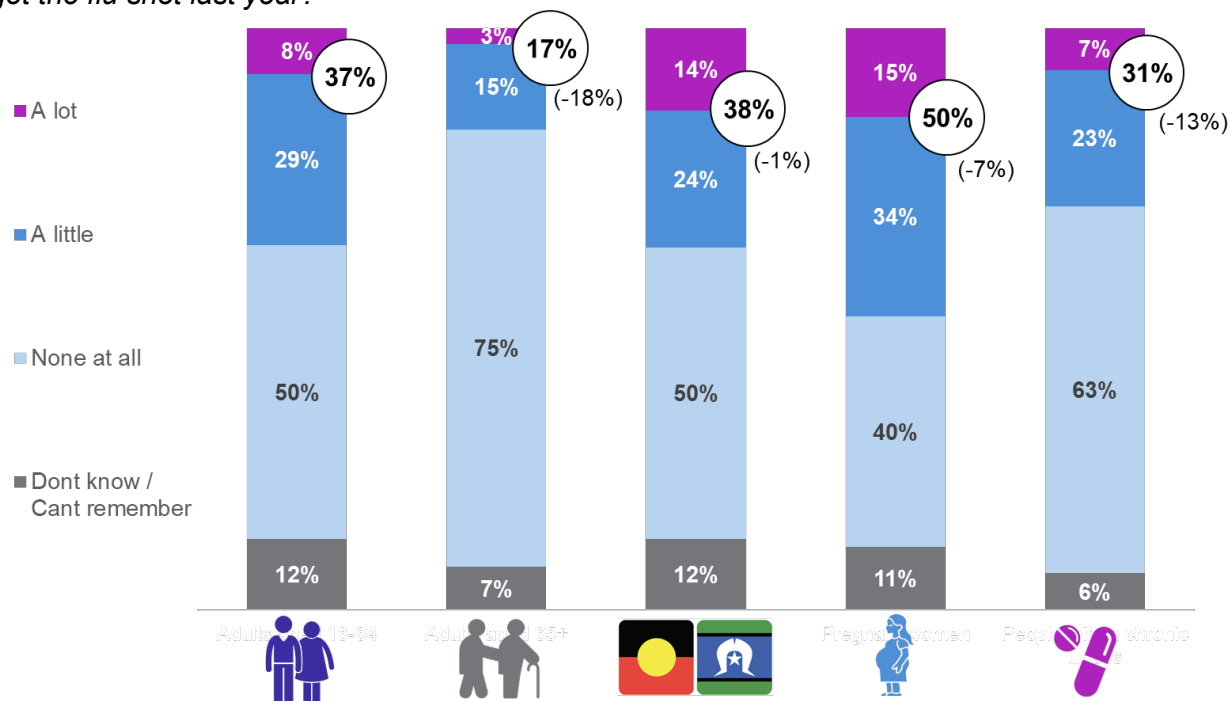
12. INFORMATION REQUIREMENTS

12.1 Information seeking to inform an influenza vaccine decision

Overall, there appears to be considerable variation in information needs between the subgroups of interest. Half of pregnant women claim they conducted research prior to making a decision about receiving the flu vaccine, while under 20 per cent of adults aged 65+ claimed to do so. With the exception of pregnant women, a majority seem to have relatively minor information requirements. The figure below shows the breakdown of information sought prior to receiving a vaccine, by subgroup.

Figure 26. Amount of info sought before making the decision of whether or not to get a flu shot (key differences vs. 2017)

Q43. How much information did you seek out before making the decision of whether or not to get the flu shot last year?

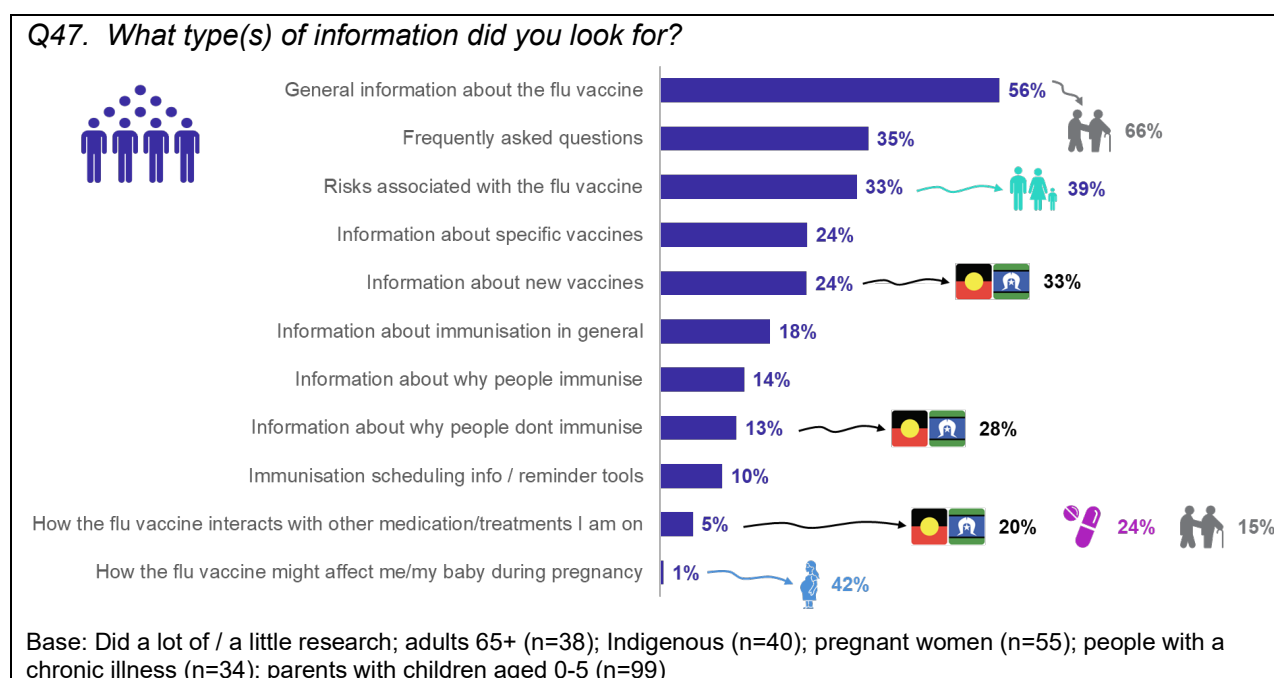


Base: 2021 – adults 18-64 (n=873); adults 65+ (n=216); Indigenous (n=106); pregnant women (n=111); people with a chronic illness (n=111)

12.2 Types of information sought

Overall, it seems that general information about the flu vaccine is the primary topic of interest among those who conducted research prior to making a decision about the influenza vaccine. This is closely followed by frequently asked questions, and information about the risks associated with the flu vaccine. The figure below shows a breakdown of responses among members of the general public who conducted some research, with key call-outs by subgroups of interest.

Figure 27. Types of information sought [amongst those who undertook some research]



Vaccine reminders continue to be seen as very helpful and positive. Some already receive reminders from their GP / pharmacy when it is time to think about making appointments to receive the flu vaccine. There is a broad acceptance that reminders have potential to be quite helpful especially among those with busy lives. Parents indicate openness to a reminder for their children, particularly given the flu vaccine does not align with the time points in the childhood vaccination schedule. Some suggest that these could be delivered via the MyGov or Medicare apps – usage of these has clearly increased since COVID.

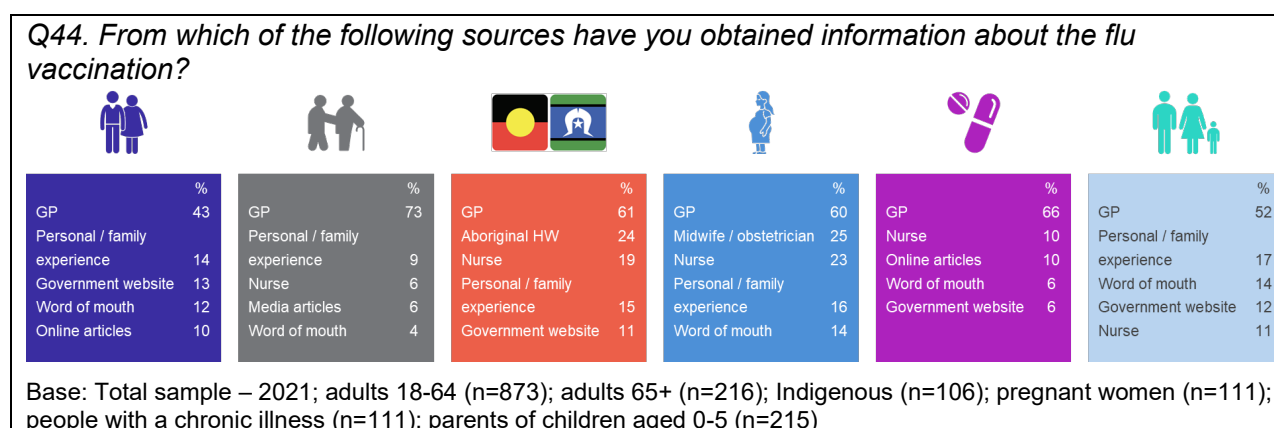
There is also some interest in hearing more detail about flu vaccines. There clearly seems to be an appetite for more specific information about the different influenza vaccines available. Primarily, there is interest in the strains covered by vaccines – while few understand the differences between tri/quadrivalent strains now, future interest seems likely, given COVID. There is also some appetite to hear more about the technology used in the different types of vaccines available. It appears that most are happy to receive this information from their GP, or perhaps from a government website.

12.3 Sources of information and channel preferences

Qualitatively, channel preferences remain largely consistent with the past. Health professionals are the source that most claim to be most likely to turn to for information as they are highly trusted and able to deliver highly personalised advice. Official government websites continue to be seen as the authority for information about vaccines and to deliver well-researched, expert and impartial advice. Government apps such as MyGov and Medicare can be seen as useful and trusted tools for delivering program information and reminders. It appears that the role of news websites has increased in this respect – many claim to be more accustomed to hearing about developments in vaccines via news organisations. Advertising continues to be seen as having a mass-media role to play when it comes to vaccines.

The survey data support these qualitative findings – reinforcing that GPs are the go-to flu vaccine resource for all cohorts of interest. The figure below shows the top five sources of information used, by subgroup.

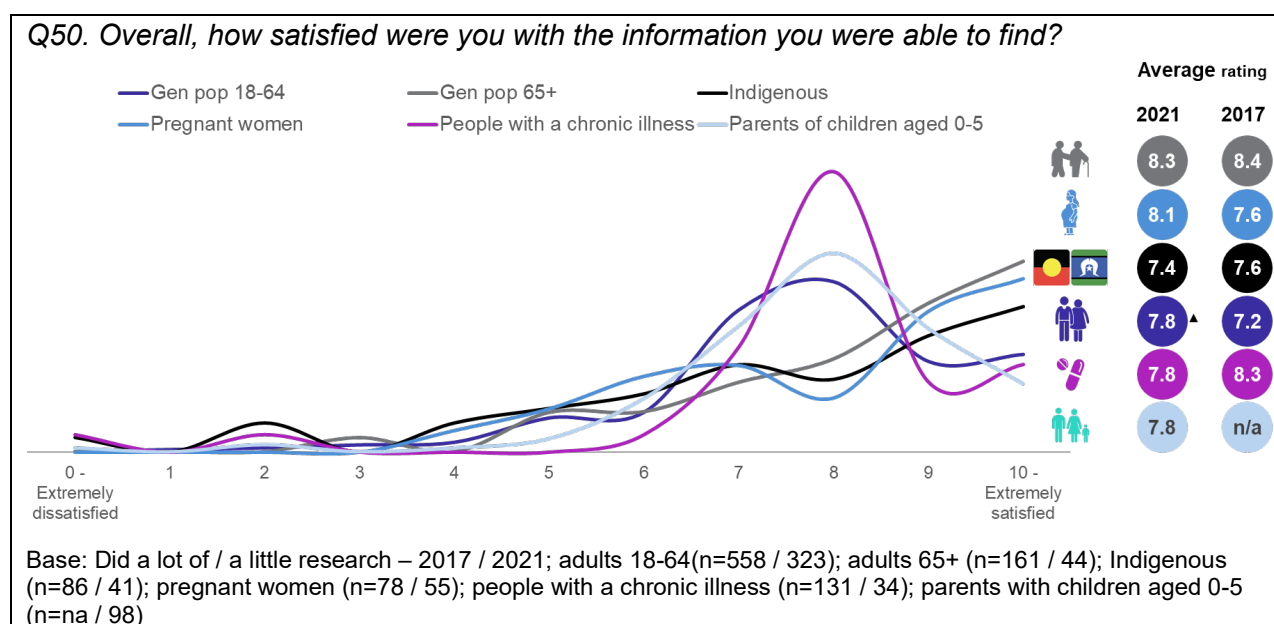
Figure 28. Top 5 sources for information about the flu vaccination



12.4 Satisfaction with information received

Overall, priority audiences are generally quite satisfied with the information they obtain about the flu vaccine. The figure below charts levels of satisfaction with information found on the topic of influenza vaccination, on a scale of 0-10 by subgroup - where 0 is extremely dissatisfied and 10 is extremely satisfied. The average score for each subgroup is shown for 2021 and 2017, indicating that adults aged 18-64 are significantly more satisfied with the information they have found in 2021.

Figure 29. Overall satisfaction with the flu vaccine information obtained




The research also sought to understand how a range of written resources were rated across a range of different metrics, including being balanced, fact-based, easy to understand, trustworthy, current, and answered key questions. On these measures, government resources including websites, brochures and booklets emerge as the strongest compared to other written sources of information. The figure below shows the mean scores (again on a scale of 0-10) for levels of agreement against each of the key metrics for a range of written material. Cells shaded in blue are those with a mean of 8 or higher, while cells shaded in red are those with a mean of 7 or less.

Figure 30. Written information about the flu vaccine

Q46. How would you rate the flu vaccination information you got from [PIPE IN INFO SOURCE FROM Q44], in terms of...?

***CAUTION: Low base size**

Information...		Media articles / stories	Gov't brochure / booklet	Government website	Non-government website*	Articles on the internet	Online forums / blogs*
		Mean score (out of 10)					
was balanced		7.2	7.6	7.9	7.3	7.1	7.3
was fact-based		7.5	7.9	8.3	7.5	7.3	7.4
was easy to understand		7.9	8.1	8.4	8.1	7.6	7.4
was trustworthy		7.3	7.8	8.4	7.7	7.1	7.1
was easy to find		7.5	7.8	8.3	7.9	7.8	7.6
was consistent with gov't / official sources		7.7	8.1	8.4	6.8	7.3	7.2
was up-to-date		7.7	8.0	8.5	7.3	7.7	7.4
was in a language that was easy to understand		8.2	8.3	8.3	8.3	7.9	8.0
was well-researched		7.3	8.1	8.4	7.6	7.2	7.6
answered my questions		7.0	7.6	8.1	7.7	7.4	7.4
was engaging		6.8	7.1	7.7	7.1	7.1	7.0

Base: General population – 2021; media articles (n ≥ 62); government brochure / booklet (n ≥ 50); government website (n ≥ 104); non-government website (n ≥ 29); articles on the internet (n ≥ 81); online forums / blogs (n ≥ 34)

13. SUMMARY OF KEY FINDINGS

What has fundamentally changed in the immunisation landscape since COVID?

Australians are now more engaged with the topic of vaccinations – 57% now claim to be more engaged in the topic, with those living in areas most affected by COVID (NSW and Victoria) more likely to be much more engaged.

The threat posed by communicable diseases appears to be much more front of mind now than it was pre-pandemic, and the power of vaccines to help manage these diseases has also increased in prominence.

Along with higher levels of engagement with the topic of vaccines generally, there is now more consideration of the potential side-effects of vaccinations. However, along with this there is also a greater number of people who are more tuned-in to the basic side effects of vaccines, and who claim to expect these.

Qualitatively, it seems that there is also a much more nuanced understanding of vaccine efficacy in the general population. 86% of the general population believe that you can still catch a disease, but are less likely to become seriously ill after a vaccine. While this is a new measure with no baseline to measure a shift, it seems very clear that it has increased since the pandemic and associated discussion about the role of vaccines.

What influenza vaccination behaviour has occurred in 2020/2021, and how has this changed since 2017?

Claimed rates of influenza vaccination have risen since 2017 – significantly so among adults aged 18-64 years (57%), with increases primarily driven by those aged 30 years and under. There has also been a significant increase in rates among pregnant women, which now stand at 71%.

GPs continue to play a pivotal role as a key channel through which to receive the influenza vaccine, though pharmacy is becoming increasingly prominent among the general public. The key drivers of influenza vaccine uptake are a GP recommendation and the fact that receiving the vaccine is habitual.

Triggers to receiving a vaccine are consistently about 'protecting myself and the people around me from flu', while 'protecting my baby' is critical for pregnant women.

Claimed intent to have the flu vaccine next year is strong across all audiences – highest among those living with a specified chronic illness (84%) and lowest among parents of children aged 0-5 years when they are thinking about vaccinating their children (67%).

What impact has COVID had on influenza immunisation behaviour?

Looking at the impact that COVID has had on influenza immunisation behaviour, it has primarily created barriers to influenza vaccination, rather than motivating people to get vaccinated. Among those who claim to have received an influenza vaccine in the past 12 months, COVID barely rates a mention in terms of their primary motivations for doing so. However of those who did not receive an influenza vaccine in the past 12 months, 55% claim that at least one COVID-related factor prevented them from receiving it. Critically, while each factor alone is not particularly significant, taken together these add up to a significant barrier overall.

These factors include a reduced perceived need for a flu vaccine during COVID, difficulties juggling COVID and flu vaccine timings, concerns about side-effects leading to a need for a COVID test, and a perceived lack of face-to-face opportunities to receive a flu vaccine (both via GPs but also through workplace programs).

What do priority audiences think about influenza, and how has this changed since 2017?

Overall, it appears that influenza is treated more seriously as a disease than it has been in previous qualitative research. Certainly, the era of ‘soldiering on’ with cold or flu symptoms appears to be well and truly over.

At least 82% of Australians see flu as serious, and at least 31% believe that the pandemic has made them view it more seriously. However, closer inspection of the data reveals that parents of children aged 0-5 years are significantly less likely to see flu as being ‘very serious’ than other subgroups of interest.

When it comes to language, ‘influenza’ is widely seen as being more serious than ‘flu’, though most people claim they would pay attention to information delivered about the disease regardless of what it was called. Clearly most understand that the two terms are interchangeable.

Many suspect that the incidence of influenza has dropped during the pandemic – some claim to know this based on a knowledge of the data, while others simply assume this to be the case based on their understanding of public health measures that have been taken during the pandemic. Some anticipate a resurgence of flu as borders open and public health measures are wound back across the country, while others believe that there have been long-term changes in behaviour which may thwart influenza in the coming season.

What do priority audiences think about the influenza vaccine, and how has this changed since 2017?

Sentiment about the vaccine has significantly improved among the general population – including around its safety, ability to improve health and its applicability to the broader population (i.e. it is not simply for those prone to becoming very sick). 57% of the general population now believe that getting the flu vaccine is a ‘no brainer’, a significant increase since 2017.

Additionally, understanding of the vaccine and how it works has also improved – fewer people now believe that the vaccine can give someone the flu, or that the efficacy of the vaccine is questionable.

Many realise that they know comparatively little about the influenza vaccine compared to COVID vaccines, and there is clear appetite to know more about these in future – 45% of the general population have an appetite to know more, suggesting a need to provide considerably more information about vaccines in future.

What practical considerations have an impact on influenza immunisation behaviour?

Getting a flu vaccine is widely regarded to be very easy, and finding time to be vaccinated is clearly not an issue for most, although pregnant women are more likely to say they find it difficult to find the time.

At least two thirds of all priority audiences claim to be aware of their eligibility for a free vaccine under the NIP. The lowest rate is among parents of children aged 0-5 (66%), which is likely related to the relatively short time that this group has been included on the national program.

An overwhelming proportion of the general public do not believe that the vaccine is too expensive – only 12% of the general population believe that it costs too much, although there is clear interest in the idea of a universally available free vaccine for flu vaccines given the precedent set by COVID vaccines.

Receiving a COVID vaccine has clear potential to trigger people to consider and receive a flu vaccine. A majority are happy to receive both vaccines in a single visit, and almost half claim to prefer a single combined vaccine for flu and COVID.

What communication requirements do priority audiences have?

Around one third of people claim to have sought some information before deciding whether to have a flu vaccine – this increases to 50% among pregnant women. This shows that a clear majority are happy to simply take the vaccine without conducting research.

Among those who have conducted research, general information about the vaccine is the primary topic of interest (56%), followed by frequently asked questions (35%) and information about the risks associated with flu vaccines (33%).

GPs are the go-to source for vaccine information for all cohorts, with government websites, personal experience and word-of-mouth, as well as nurses and midwives also featuring as prominent sources of flu vaccine information.

Priority audiences are generally happy with the information they receive, and government resources clearly emerge as the strongest written information about the flu vaccine.

14. CONCLUSIONS AND RECOMMENDATIONS

14.1 Overall

The COVID pandemic has clearly elevated perceptions about the seriousness of flu, while also breaking down some of the more common misconceptions about both the influenza disease, and the vaccine.

Therefore, the pandemic represents a unique opportunity to cement these shifts, and build on them to help drive uptake of the influenza vaccine among the general population as well as key groups of interest.

We recommend that the Department consider a concerted push to encourage Australians to receive a flu vaccine in future – ideally working with State and Territory Health Departments to maximise the available momentum.

14.2 Key tasks for communications

There are several key communications tasks that have potential to drive uptake. We recommend that the Department seek to deliver these key messages, in order of importance:

1. Reinforce the repositioning of flu in the context of COVID-19 – essentially confirming that influenza is a serious disease, with more shared characteristics with COVID than it has with the common cold.
2. Highlight the potential risks for the upcoming influenza seasons, given that borders have opened and that there has been an overall reduction in COVID public health measures that have kept influenza at bay in recent years. As part of this, there may also be value in highlighting reduced levels of population immunity due to reduced levels of disease within the population.
3. Continue to reinforce the benefits of receiving the influenza vaccine – particularly in terms of reducing the risk of contracting the disease and a lower severity of disease
4. Reinforce eligibility for free influenza vaccines under the NIP among priority audiences. Knowledge is generally high, but there is room for improvement across the board and especially among parents of children aged 0-5 years.
5. Be mindful that there may be additional interest in the specifics of influenza vaccines that are available, given the particular focus on the specifics of COVID vaccines – with this in mind, consider making the details of NIP vaccines readily available to those who seek this information.
6. Actively tackle COVID-related barriers that have clearly hampered uptake in recent times. This is likely to be dealt with in part by highlighting the risks of the upcoming influenza season, but there may also be value in providing some reassurance about the timing intervals between vaccines, especially as clinical advice changes.
7. If clinical advice allows, use COVID boosters as a critical opportunity to recommend and administer an influenza vaccine at the same visit. Should a combined vaccine become available, this will likely become a more critical priority to communicate.

14.3 Core channels

We recommend prioritising three core channels through which to action these tasks and deliver key communication messages to consumers:

- > GPs and other health professionals – these are clearly the first point of call for information about influenza vaccines, and as such there is value in enhancing engagement with GPs / other health professionals and their respective professional bodies
 - Consider sharing the strategy for increasing uptake, and highlight the important role for these health professionals in this endeavour
 - Aim to provide GPs with tools and resources that can help them have conversations with patients and deliver key messages in line with the key communications tasks outlined above
- > Departmental websites
 - Use websites to deliver concise messages in line with the key communications tasks
 - Leverage the existing strengths of government websites, bearing in mind that they are currently performing strongly across a wide range of key metrics
 - Consider opportunities to further coordinate with State and Territory health departments to ensure a consistent message across the board
- > The annual flu campaign
 - Deliver key messages in line with the communications tasks – with a key focus on tasks 1, 2 and 3 which lend themselves most easily to above-the-line communications
 - In addition to paid media, use the wide range of owned / earned media channels that are traditionally used as part of the campaign (e.g. posters in GP clinics etc)

14.4 Priority groups

While it is clear that all priority audiences as well as the general public will likely benefit from efforts to drive uptake of the influenza vaccine, we recommend that considerations for each individual group be taken into account in developing any communications plan:

- > General public aged 18-64 (those not currently eligible under the NIP)
 - This group has shown a significant increase in vaccination rates, which are especially notable among 18-30s – with pharmacy being a key channel
 - The flu vaccine is less likely to be routine for this group, although there are clear signs of improvement in this regard
 - While they are not a priority under the NIP, there is a clear opportunity to consolidate on improvements and push harder to make flu vaccine a routine activity – especially in the context of COVID
- > Adults aged 65+
 - Of all priority groups, this subgroup is among those most likely to get a flu vaccine on a routine basis, without any questions
 - There does not appear to be a great need to push hard for behaviour change among this group – rather, a maintenance approach to this audience seems warranted
- > Those living with a specified chronic illness

- Vaccination rates and future intention to vaccinate are both high – vaccines are routine and the decision to get vaccinated is generally an easy one
 - Health professionals are notable for their impact among this priority group
 - Again, there is unlikely to be a great need to push for behaviour change among this cohort – a maintenance approach also seems to be appropriate
- > Aboriginal and Torres Strait Islander Peoples
- This cohort have the lowest reported rates of all the priority target groups, and there is room for improvement when it comes to future intent
 - The influence of health professionals, and Aboriginal Health Services in particular is clear for this particular group
 - This will therefore be an important audience to target with culturally-specific approaches, spearheaded by Aboriginal Health Services while also supporting mainstream health services to deliver more culturally appropriate care
- > Pregnant women
- There have been significant improvements in self-reported vaccination rates, future intent and awareness of the free vaccine under the NIP – previous efforts have clearly begun to pay off with this group
 - However, they are still less likely to see flu as being a very serious disease, despite the clear risks for pregnant women
 - Protecting baby is the core driver, and this group are most likely to go looking for information about the vaccine than any other
 - Continue with the good work communicating to this audience, potentially further highlighting the risks of flu for pregnant women and their unborn babies
- > Parents of children aged 0-5
- This group see the flu as less serious, and the flu vaccine as being less important than other childhood vaccines – they are also least likely to be certain in their intentions to vaccinate in future than other cohorts
 - There is room for improvement in their knowledge that the vaccine is available for free
 - As such, parents should be a key priority group for future communication activity.