

# The Optimise Study: Vaccine preparedness

Report 4 | March 2021



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The Optimise Study is a partnership between Burnet Institute and Doherty Institute in collaboration with University of Melbourne, Swinburne University of Technology, Monash University, La Trobe University, Murdoch Children's Research Institute, the Centre for Culture Ethnicity and Health, and the Health Issues Centre.

Optimise is a longitudinal cohort study that will follow approximately 1000 participants for a 12-month period. Study participants are **not intended to be representative** of the broader population but instead have been **intentionally recruited from key groups** who are considered to be:

- at risk of contracting COVID-19
- at risk of developing severe COVID-19 or,
- at risk of the unintended consequences of the restrictions

Participants are then asked to nominate people who play a key role in their lives, and where permission is given, these people are also invited to participate in the study.

In the coming month we will also be doing another round of participant recruitment involving culturally and linguistically diverse communities.

By establishing a map of social connections, the Optimise Study can be used to assess the extent to which key groups or individuals at higher risk of COVID-19 infection or severe disease are adhering to government directions on COVID-19, are experiencing unintended consequences of government restrictions or have different attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination. The resulting social map increases our understanding of the interplay between the individual, social and community-level impacts of COVID-19. For more detail on the Optimise study please visit

<https://optimisecovid.com.au/>

## COVID-19 Vaccine Preparedness

This report focuses on:

- Attitudes towards COVID-19 vaccines
- Concerns about the vaccines
- Information needs regarding COVID-19 vaccines and the rollout strategy

# 375

**SURVEY  
PARTICIPANTS**

# 7

**SEMI-STRUCTURED  
INTERVIEWS**

# 1

**COMMUNITY  
ENGAGEMENT GROUP  
MEETING**

This report draws on the findings from 375 participants who completed the Optimise baseline survey and follow up surveys between 14 September 2020 and 1 March 2021. Phone-based semi-structured interviews were conducted with a subset of participants from the study (N=7) in December 2020. Participants included a previous COVID-19 case, health and aged care workers, people who are culturally and linguistically diverse, young people and people living in regional Victoria. On 9 March 2021, a Community Engagement Group meeting was facilitated by the Centre for Health Communication and Participation at La Trobe University. This meeting focused on motivators and barriers for having the COVID-19 vaccine, information needs regarding the different vaccine options, and suggested topics for communication strategies.

# OPTIMISE COHORT

## SUMMARY AND IMPLICATIONS

The percentage of Optimise study participants who responded that they would definitely get a COVID-19 vaccine has increased over time. Safety about the vaccine continues to be a key concern for people who are unsure or unlikely to get a vaccine. Some participants' concerns are being allayed by the rollout of vaccines internationally and are preferring to adopt a 'wait and see' approach before they decide. However, most people are hopeful vaccination against COVID-19 will benefit Australians and is a necessary step in our response to combating the COVID-19 pandemic. We recommend that communication strategies are implemented that address people's concerns and questions about safety and efficacy, clarify timeframes and provide more details about the rollout and the vaccines. Access to timely, easy to understand, consistent and non-conflicting information about the COVID-19 vaccines will be key to the success of the vaccination rollout.

## ATTITUDES TOWARDS COVID-19 VACCINES

Overall, the percentage of respondents who would **definitely** get a **COVID-19 vaccine** has been **increasing over time** from 55% in October to 67% in February.



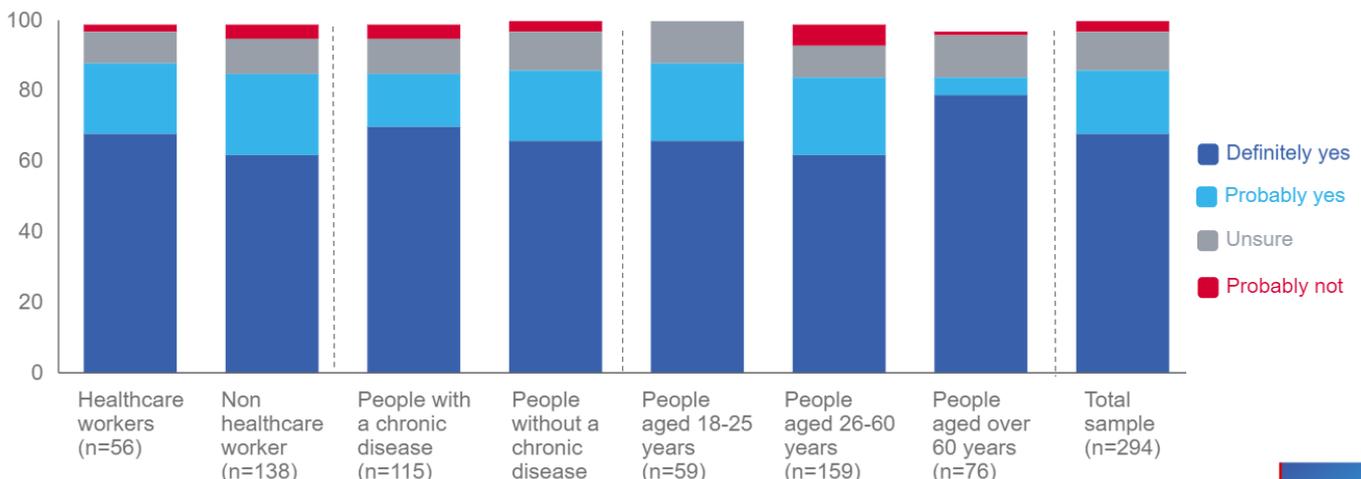
Similarly, the percentage of respondents who would **definitely** get their **children** vaccinated has **increased** from 43% in October to 63% in February.



Findings from qualitative interviews indicated that participants displayed a good understanding of the vaccine development process, the scientific rigour involved in testing, and the advances in biotechnology that have propelled its production. They demonstrated realistic understanding of how long the vaccine roll out may take to reach everyone. Overall, they expressed support and confidence in the government's decision and acknowledged the previous success that vaccination programs have had on the population's health. Members of the Community Engagement Group also felt that their lives had been 'on hold' and are eager to accept the vaccine because they perceived it would allow life to return to some level of normalcy while others were keen to be able to travel again and see family and friends.

## ATTITUDES TOWARDS COVID-19 VACCINES BY KEY GROUPS

In February, of the total sample, 67% reported that they would definitely get the vaccine while 18% reported that they would probably get the vaccine, 11% were unsure and 3% reported they would probably not get the vaccine.\*



\*We are unable to provide a breakdown by people who speak a language other than English or people born overseas as the sample is too small.

## CONCERNS ABOUT COVID-19 VACCINES



1. It may not be safe  
69%



2. It may not work well enough  
24%



3. Don't want to pay for or can't afford the vaccine  
6%



4. Concerned that they can catch COVID-19 from the vaccine  
6%

Of participants who did not indicate that they would 'Definitely' get the vaccine (probably yes, probably no, unsure, definitely not), the main concerns relating to the vaccine were safety, effectiveness, cost and affordability and a concern that they could catch COVID-19 from the vaccine itself.

### Safety concerns

Over time, the main concern relating to a COVID-19 vaccine has **consistently been safety of the vaccine**. However, this has declined slightly from 77% in October to 69% in February.

*"...I'm all for vaccines. I think they're the reason...why all these other diseases aren't within the country anymore and that's due to people being vaccinated, but [I'm concerned] because this vaccination is being rolled out in such a short space of time."*

Safety concerns were reiterated in the qualitative interviews with participants, who were concerned that the vaccine development had been rushed. One participant in particular was concerned about how quickly the vaccine had been developed, however, a fear of being labelled as an 'antivaxxer' and associated stigma was their primary motivation for wanting to accept the vaccine.

Unease regarding the rapidity of vaccine production was echoed by one health care worker who was particularly concerned about being one of the first populations to receive the vaccine. **"... basically I feel like I'm the guinea pig ..."**

*"I'm quite happy that it looks like it'll be March before it starts to be rolled out too much, and so by then, there should be several million people vaccinated all around the world. So, there should be some indication about which one works best, or which one has the least side effects or all that sort of thing."*

### Wait and see

Some participants preferred to adopt a 'wait and see' approach before making a decision about getting a COVID-19 vaccine, taking comfort in international vaccination rollouts. For others they felt that low community transmission and no intention to travel overseas in the near future meant that it was not necessary for them to get the vaccine at this point in time.

Some participants expressed concerns that those who do not receive the vaccine may hinder overall public health efforts and lead to a worsening of the pandemic, while one participant was anxious about the emergence of new vaccine-resistant variants undermining the effectiveness of the vaccines.

*"...mainly just like people not getting it and then being like contagious to everyone and stuff, like that's how it's spread and then like, is there going to be like a super coronavirus where like it can override the vaccine, like a strain or whatever it is."*

### Confusion about the benefits of vaccines

Some participants incorrectly assumed that the vaccine would protect them from being infected with COVID-19 or transmitting the infection to others. A lack of understanding around how the vaccines work and the benefits and protections provided by vaccinations, could undermine the effectiveness of the vaccination program if people are not made aware of the ongoing risks for vaccinated individuals as well as those choosing not to be vaccinated.

## ADDRESSING COVID-19 VACCINE CONCERNS

Participants of the Community Engagement Group contributed their perspectives on the above concerns. They all perceived that more comprehensive communication about the vaccines and the rollout plan was needed. Participants felt that in the absence of reputable and transparent information about the vaccine in the community, people may become more suspicious and expected that conspiracy theories and misinformation may flourish.

### *Information needs regarding the vaccines*

Participants wanted clear advice to inform their decision to get vaccinated. It was recognised that limited evidence on the vaccine effectiveness and safety for specific groups made the messaging about vaccines more complex. For example, young people who are thinking of becoming pregnant (especially healthcare workers) or people who have previously had COVID-19 or have long COVID; participants wanted to know whether they should be vaccinated or whether it was safe to have two shots.

*"People don't have the Information to make an informed decision...I feel we're given such high-level Information that people can't get [detailed information] to give them more confidence."*

### *Vaccine rollout strategy*

Participants who were very keen to be vaccinated lacked information about the **logistics of vaccination** (e.g. when they would be vaccinated, where to go etc.) which affected their ability to plan ahead. Others, such as people who are homeless considered themselves to be "**last in line**".

### *Trusted sources of information*

Participants felt that **government information** should be **transparent** to avoid people becoming suspicious that important information is being withheld. More dissemination of results from overseas showing vaccine effectiveness may reassure people and help to build trust in the vaccine roll-out.

While information is available on the Department of Health website, participants suggested that information about the vaccines and the rollout strategy should be **disseminated via the channels people use to access** information about COVID-19 and recognised a role for the *COVID-Safe* app. Participants also stated that some groups such as people who are homeless or people from culturally and linguistically diverse backgrounds, may not trust the government and will require such information to come from other **sources they consider credible**. In such cases, information from a trusted GP or a community leader would be more reassuring than information disseminated via the media or listed on government websites.

## FUTURE PLANNING AND LIFE POST-COVID-19

Participants in the qualitative interviews expressed an understanding that the COVID-19 pandemic would not stop with vaccination roll-out. They were very aware that despite vaccines, the pandemic is "**not over yet**" and that this is only the end of the beginning of government responses to the pandemic. There was a clear understanding that the pandemic will provide more challenges to the community and that further vigilance is required until the pandemic can be described as under control or contained.

Participants also recognised the need to maintain other non-pharmaceutical measures such as wearing masks, maintaining physical distancing and maintaining restrictions on international travel. One participant expressed concern for the potential ramifications that may result if we do not keep up with these measures.

*"... the idea that getting the vaccine will eradicate any need for any other measures or social distancing or anything like that could be destructive."*

## RECOMMENDATIONS

1

### **Provide clear information to ensure people can make an informed decision.**

This should include information about:

- Vaccine development including how the vaccines were developed in a relatively short period of time
- Logistics of the rollout (i.e. when will someone be eligible, who will give the vaccine, how will they know it's their turn, can someone get the vaccine while interstate?)
- Function of the vaccines and what protections they do and do not provide
- Different vaccine options and whether there's any opportunity to choose
- Symptoms to expect and potential side effects, if any
- Life post vaccination including the need for booster shots and what restrictions people must follow

2

### **Utilise communication channels people trust.**

We recognise that some of this information is available on the Australian Department of Health website, however this is insufficient to address peoples' information needs. Trusted sources of information such as general practitioners or community leaders should be drawn upon to provide this information as well as State/Territory Governments.

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