

IMMUNISATION
COALITION

General Practice Survey

June 2024

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Summary of Key Findings



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Overview of Findings to the Main Questions



Public attitude towards Influenza post-COVID-19

- 59% believe public attitude towards Influenza has changed post COVID-19
- Highest amongst older and more experienced GP's
- Highest amongst those from:
 - QLD (62%)
 - WA & NT (61%)
 - Non-metropolitan areas

Communicable infectious diseases post-COVID-19

- 63% believe the public attitude towards communicable infectious diseases has changed post-COVID-19
- Slightly higher amongst older and more experienced GP's
- Slightly higher amongst those from:
 - WA & NT (65%)
 - QLD (64%) (61%)
 - Non-metropolitan areas

Public are more informed of benefits of vaccination

- 82% believe that the public are more informed of the benefits of vaccination, post-COVID-19
- Main reasons for being more informed being:
 - Personal experience
 - Almost everyone received COVID-19 vaccinations and had mild symptoms when infected
 - News & media
 - During the pandemic, people actively followed the news and media learning more about vaccines & vaccination
 - Public health campaigns

Having to explain more information about vaccines

- 61% having to explain more concerning vaccines/vaccination post-COVID-19
- The main concerns that are having to be explained concern:
 - Overcoming vaccine fatigue & hesitancy
 - Explaining the need for vaccination, especially for COVID-19 boosters and yearly Influenza vaccination
 - Overcoming safety concerns of specific & multiple vaccinations
 - Addressing misinformation and views held by patients

Public not sufficiently informed of new vaccines

- 62% believe the public are not sufficiently informed before new vaccines become available
- They believe this should be overcome by:
 - Government (Federal & State/Territory) leading with clear, consistent campaigns to the public
 - Healthcare providers be given more information to communicate with patients
 - Focus on addressing the importance of new vaccines

Misinformation is impacting vaccination rates

- 73% believe that misinformation is impacting vaccination rates
- Misinformation is believed to be coming from:
 - Social media
 - Family, friends, colleagues, neighbours & general community
 - Mainstream media (TV, radio, news articles)
 - Mixed Government messaging
 - Changing & conflicting information about COVID-19 vaccination which has remained with people and caused confusion & doubt about vaccination
 - Anti-vaxer activists & groups

Future combination vaccines will increase rates

- 69% believe that future combination vaccines will increase vaccination rates
- The main reasons being:
 - Convenience of requiring fewer vaccinations
 - Reduced cost associated with fewer consultations
 - Reduces the problem of not having one or more vaccines in stock
 - Reduces pain & discomfort to patients by requiring fewer injections
 - Overcomes patient avoidance/hesitation of attending for separate vaccinations

Governments playing a greater role engaging with public

- 84% believe Government (Federal and/or State/Territory) should play a greater role in engaging with the public to increase vaccination rates
- Highest amongst those from:
 - QLD (86%)
 - SA & NT (85%)

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Background

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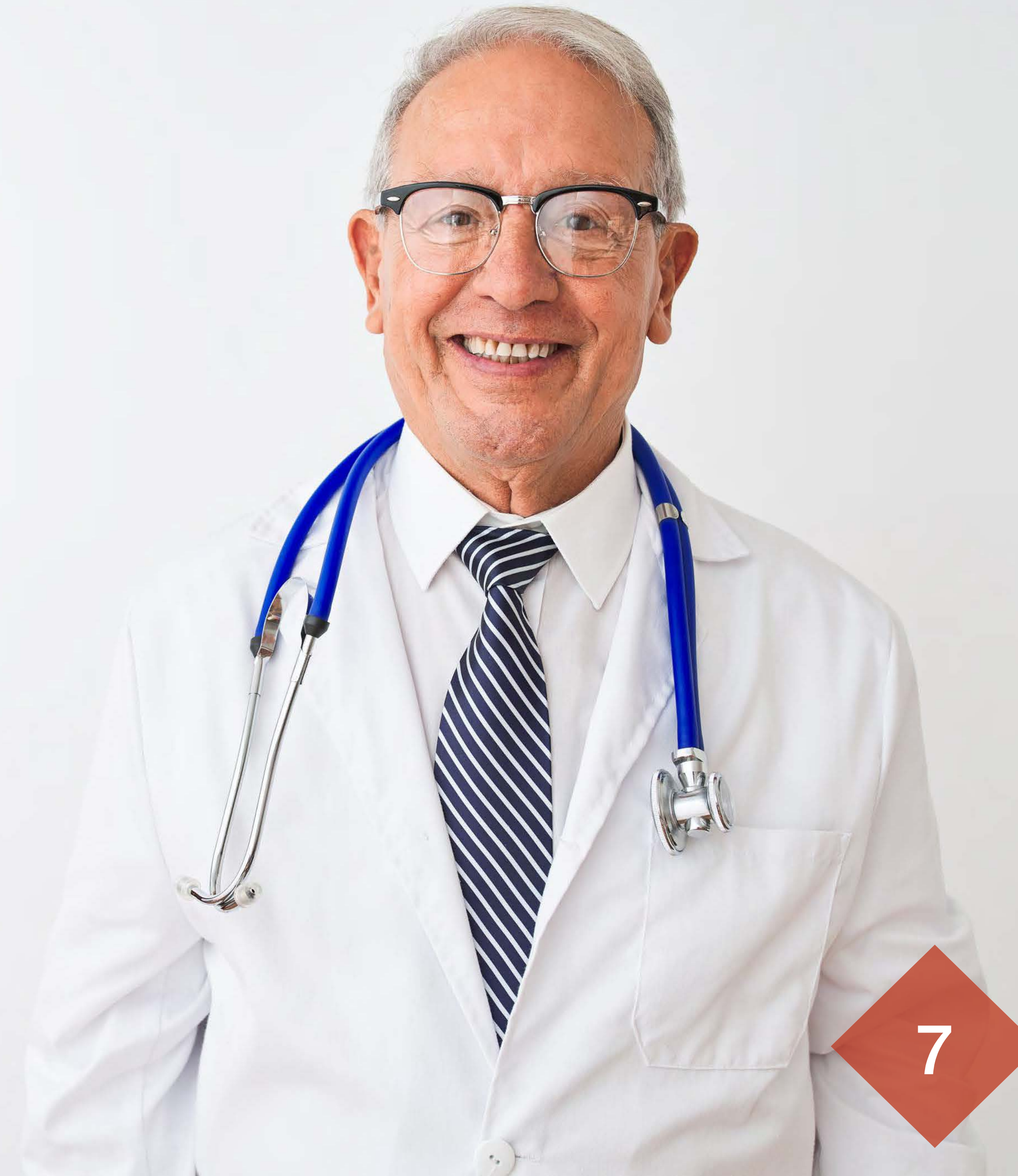
Questions Included

The Immunisation Coalition asked 19 questions, all related to vaccination.

1. Influenza vaccination is decreasing each year in all ages and across at-risk groups. What do you think are the key drivers of this in order of priority?
2. In your opinion, do you think the public attitude towards Influenza has changed post-COVID-19?
3. Why do you think public attitude towards Influenza has changed post-COVID-19?
4. In your opinion, do you think public attitude towards communicable infectious diseases has changed post-COVID-19?
5. Why do you think public attitude towards communicable infectious diseases has changed post-COVID-19?
6. In your opinion, do you think the public are more, or less informed of the benefits of vaccination, post-COVID-19?
7. Are you having to explain more, less, or about the same information concerning vaccines/vaccination post-COVID-19?
8. What are the top 2 concerns you are having to explain to patients about vaccines and vaccination post-COVID-19?
9. Do you think the public are sufficiently informed before new vaccines become available?
10. Where should the focus be to sufficiently inform the public before new vaccines become available?
11. In your opinion, is misinformation impacting vaccination rates?
12. Where do you believe misinformation about vaccination is coming from?
13. Do you think future combination vaccines will increase vaccination rates?
14. Why do you think future combination vaccines will increase vaccination rates?
15. Do you think the State and/or Federal Governments should play a greater role in engaging with the public to increase vaccination rates?
16. Is the medical information about vaccines/vaccination programs and initiatives available to you from Federal and State/Territory Governments sufficient?
17. What are the main things that the Federal and State/Territory Governments could do to make a significant difference to you concerning medical information about vaccines/vaccination programs and initiatives?
18. Is the vaccine information provided to patients (leaflet's, information packs etc) from your State/Territory Government sufficient?
19. What are the main things that your State/Territory Government could do to make a significant difference to the vaccine information that is provided to patients (leaflet's, information packs etc)?

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Methodology & Sample



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Details of the Methodology

The methodology utilised a nationwide sample size, representative of General Practitioners & Nurse Practitioners throughout Australia, involving 2 stages of qualitative & quantitative research.

Stage 1: In-Depth Interviews

- Face-to-face, in-depth interviews were conducted, comprising a representative sample of 138 General Practitioners & Nurse Practitioners.
- Detailed qualitative and specific quantitative information was obtained.
- Each interview took on average 17 minutes to complete.
- Interviews were conducted in General Practitioners surgeries and medical centres, in the below cities:
 - Sydney
 - Melbourne
 - Brisbane
 - Hobart
 - Adelaide
 - Perth
 - Canberra
 - Darwin
 - Newcastle
 - Bendigo
 - Toowoomba
 - Bunbury

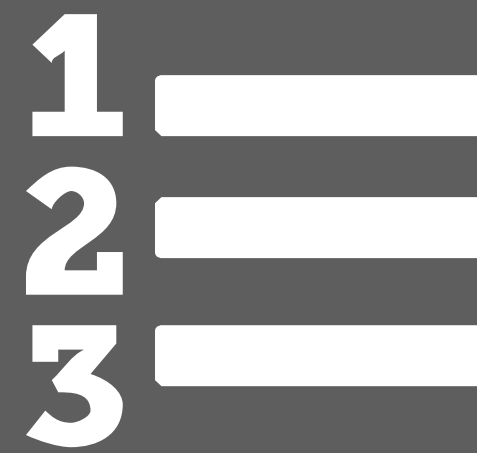
Stage 2: Online Survey

- The online survey was conducted amongst a representative sample of 416 General Practitioners & Nurse Practitioners throughout Australia.
- The survey utilised the latest online technology, where images, audio and video were included for some questions, making the survey interactive and engaging.
- Detailed quantitative information was obtained.
- The survey took on average 21 minutes to complete.
- The survey was completed using the following devices:
 - PC's: 71%
 - Tablets: 17%
 - Smartphones: 12%



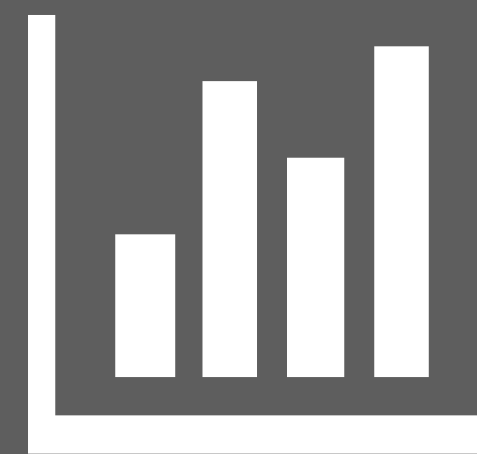
Sample

- Large nationwide sample, involving 554 respondents:
 - 138 in-depth interview participants & 416 online survey participants
- Representative of General Practitioners & Nurse Practitioners throughout Australia, across all States, Territories, metropolitan, regional, rural and remote areas.



Comprehensive

- 2-stage methodology.
- Qualitative stage:
 - 138 face-to-face, in-depth interviews, conducted across 12 cities
- Quantitative stage:
 - 416 online survey participants, conducted nationwide



Confidence

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



Dates

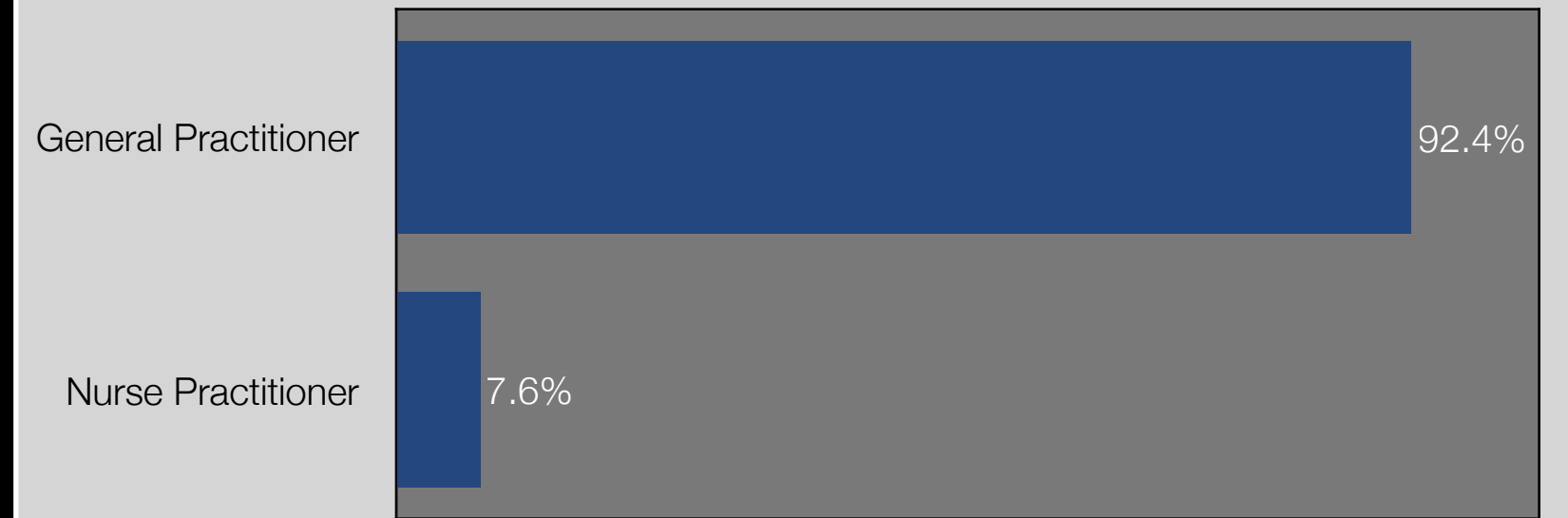
- Stage 1: In-Depth Interviews:
 - Face-to-face, in-depth interviews: 28th May to 6th June
- Stage 2: Online Survey:
 - Online survey: 7th to 19th June

Details of the Sample

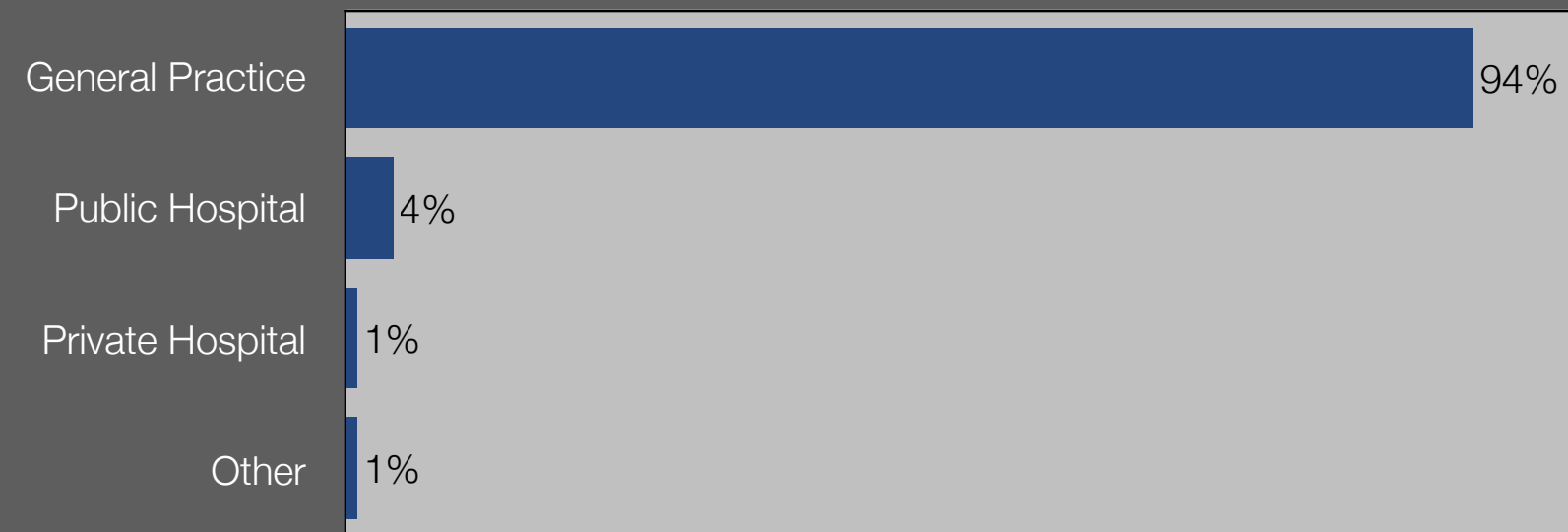
The sample was closely representative of General Practitioners & Nurse Practitioners throughout Australia, across all major geographic, demographic & professional factors.

*The sample size was 554 respondents, apportioned:
General Practitioners (n=512)
Nurse Practitioners (n=42)*

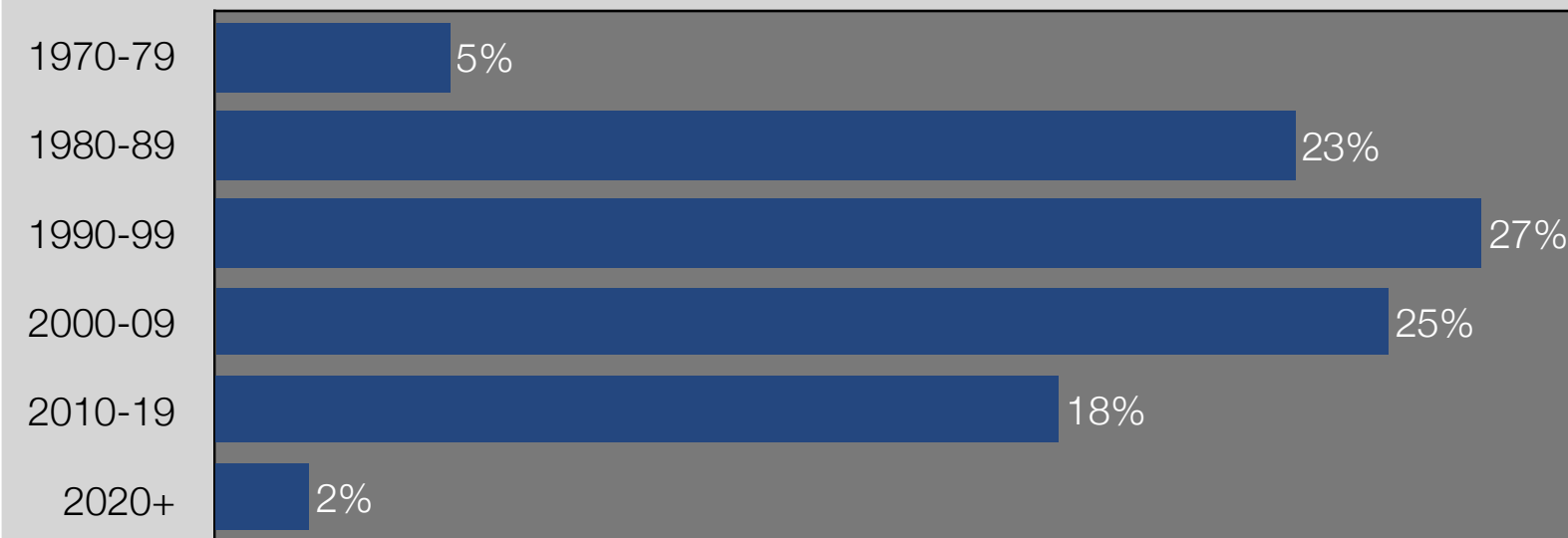
Occupation Group



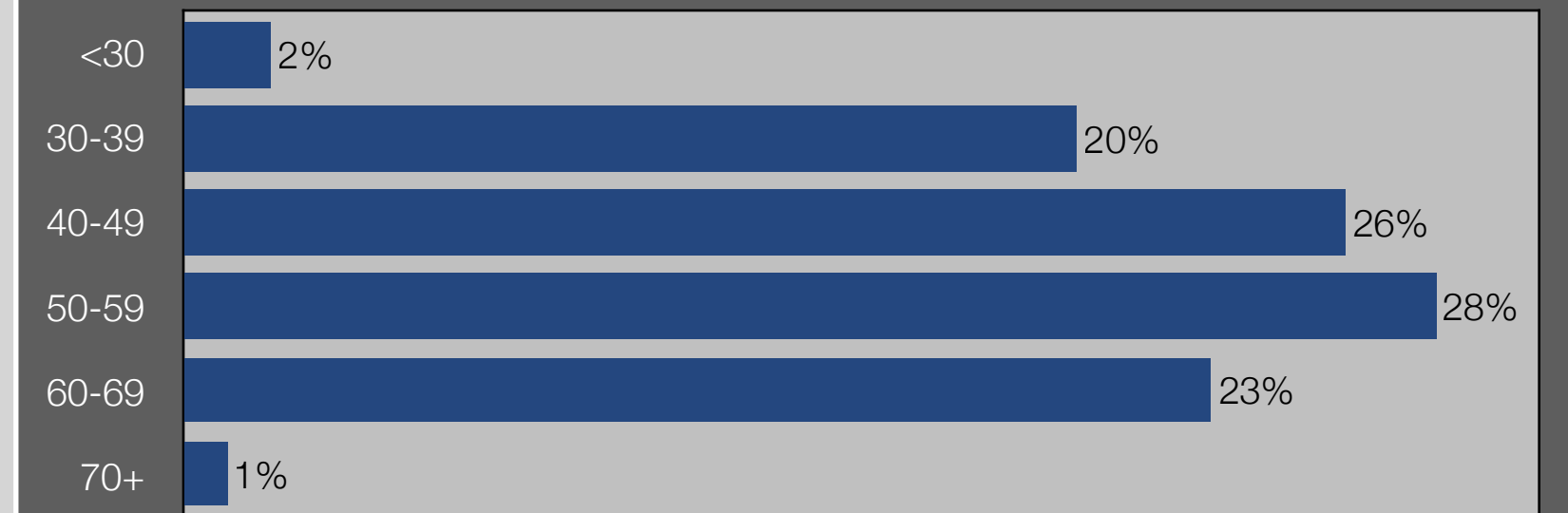
Primary Place of Employment



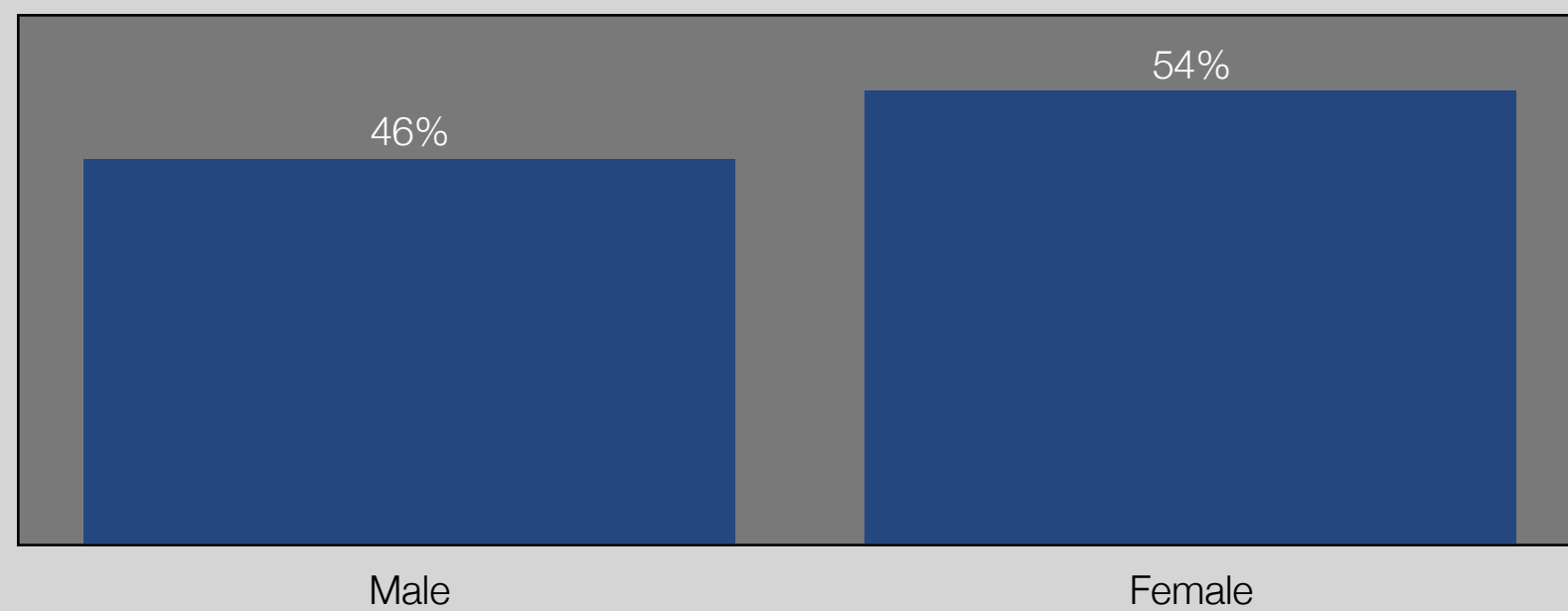
Year Clinical Degree/Qualification Completed



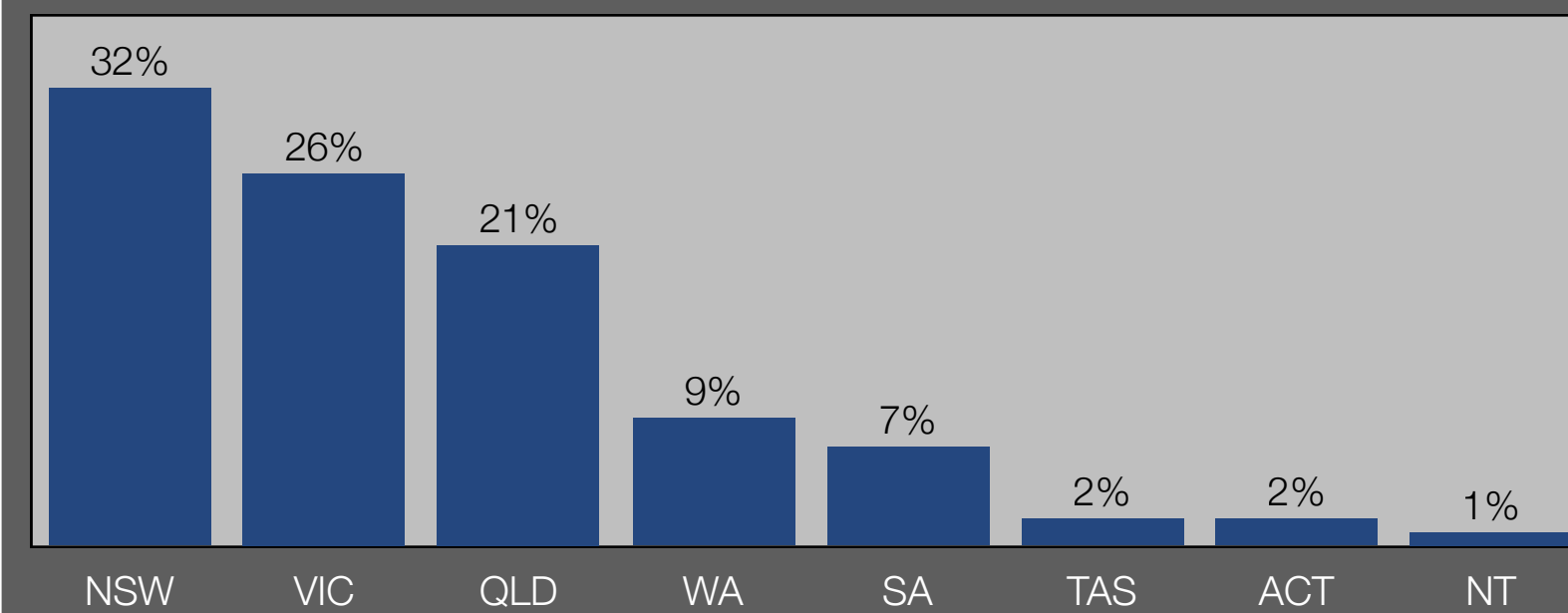
Age



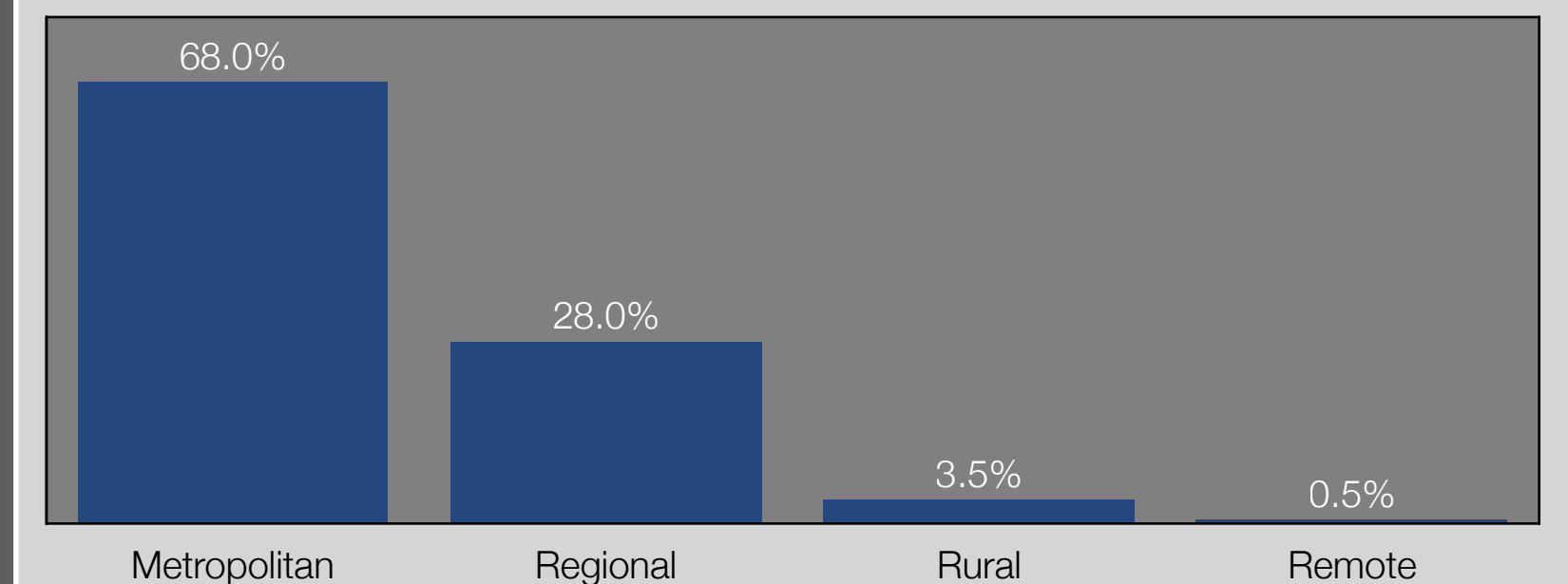
Gender



States & Territories



Geographic Area



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Findings



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Don't believe Influenza is a serious disease

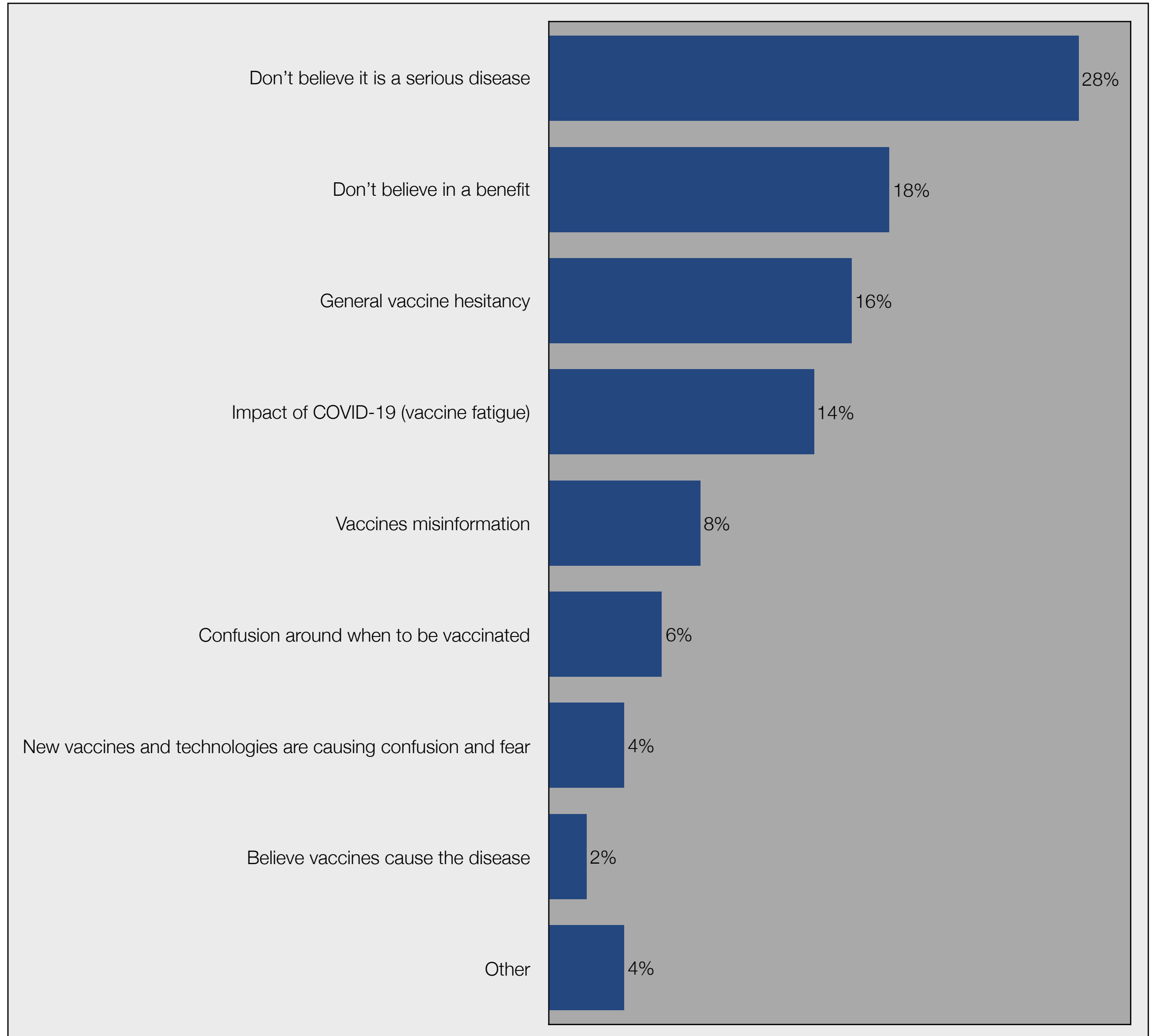
1. Influenza vaccination is decreasing each year in all ages and across at-risk groups. What do you think are the key drivers of this in order of priority?

Don't believe Influenza is a serious disease

- The findings, illustrated in the chart opposite:
 - 'Don't believe it is a serious disease' was the the key driver, listed first in order of priority, accounting for 28% of overall responses
 - 'Don't believe in a benefit' (18%)
 - 'General vaccine hesitancy' (16%)
 - 'Impact of COVID-19' (vaccine fatigue) (14%)
 - 'Vaccines misinformation' (8%)
 - 'Confusion around when to be vaccinated' (6%)
 - 'New vaccines and technologies are causing confusion and fear' (4%)
 - 'Believe vaccines cause the disease' (2%)
 - 4% answered 'Other' and specified the key drivers they believed were behind decreasing Influenza vaccination

Other key drivers

- 3% of overall responses were for 'Other' key drivers, the most common being:
 - Concern of side-effects, both short-term and long-term
 - Cost for those who do not qualify under the National Immunisation Program
 - Access to getting it, particularly for those in regional, rural and remote areas with limited access to GP's, pharmacists and healthcare services
 - Forgetting to have it yearly, or not aware it should be administered each year



59% believe public attitude towards Influenza has changed post COVID-19

2. In your opinion, do you think the public attitude towards Influenza has changed post-COVID-19?

59% believe public attitude towards Influenza has changed post COVID-19

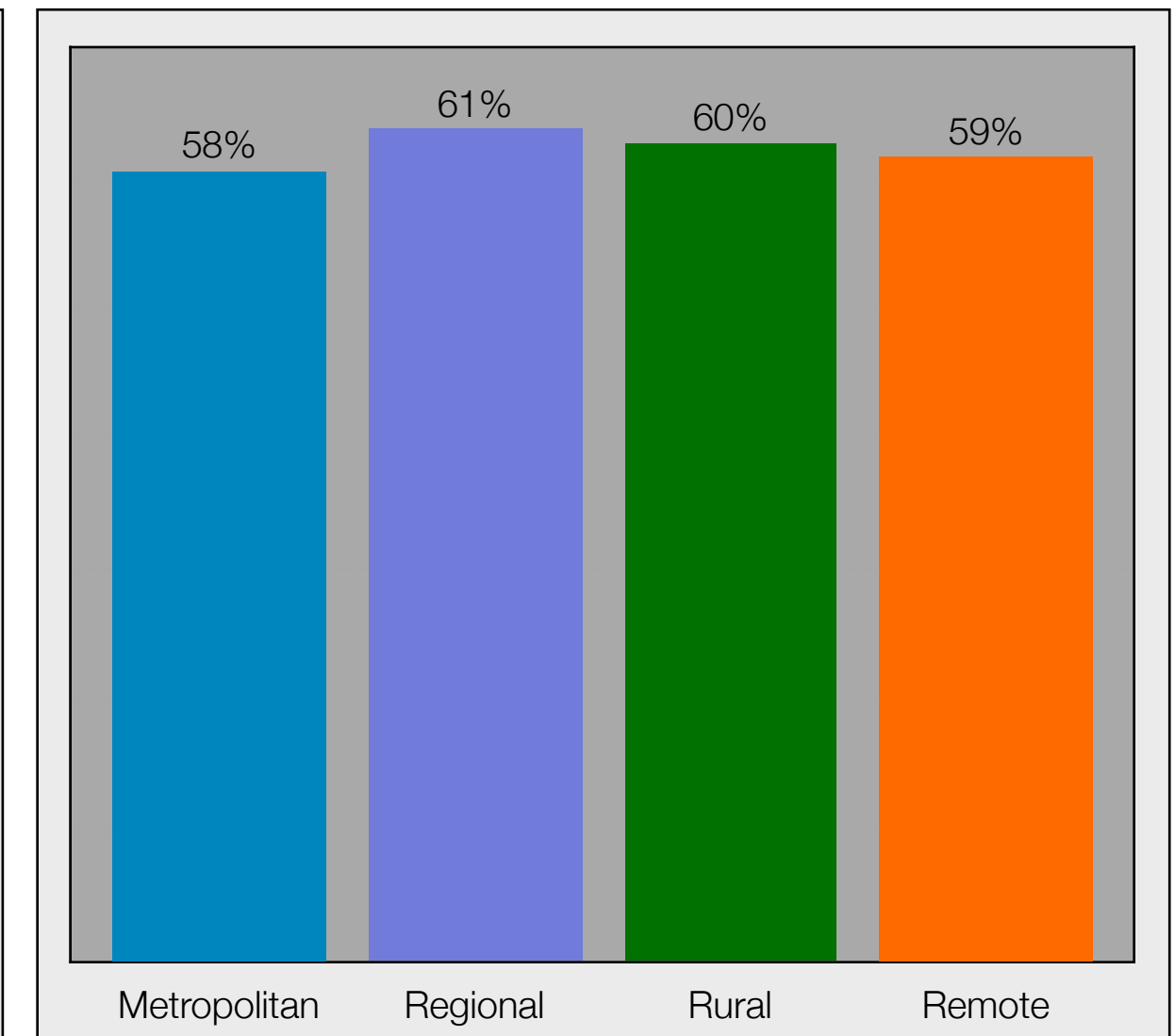
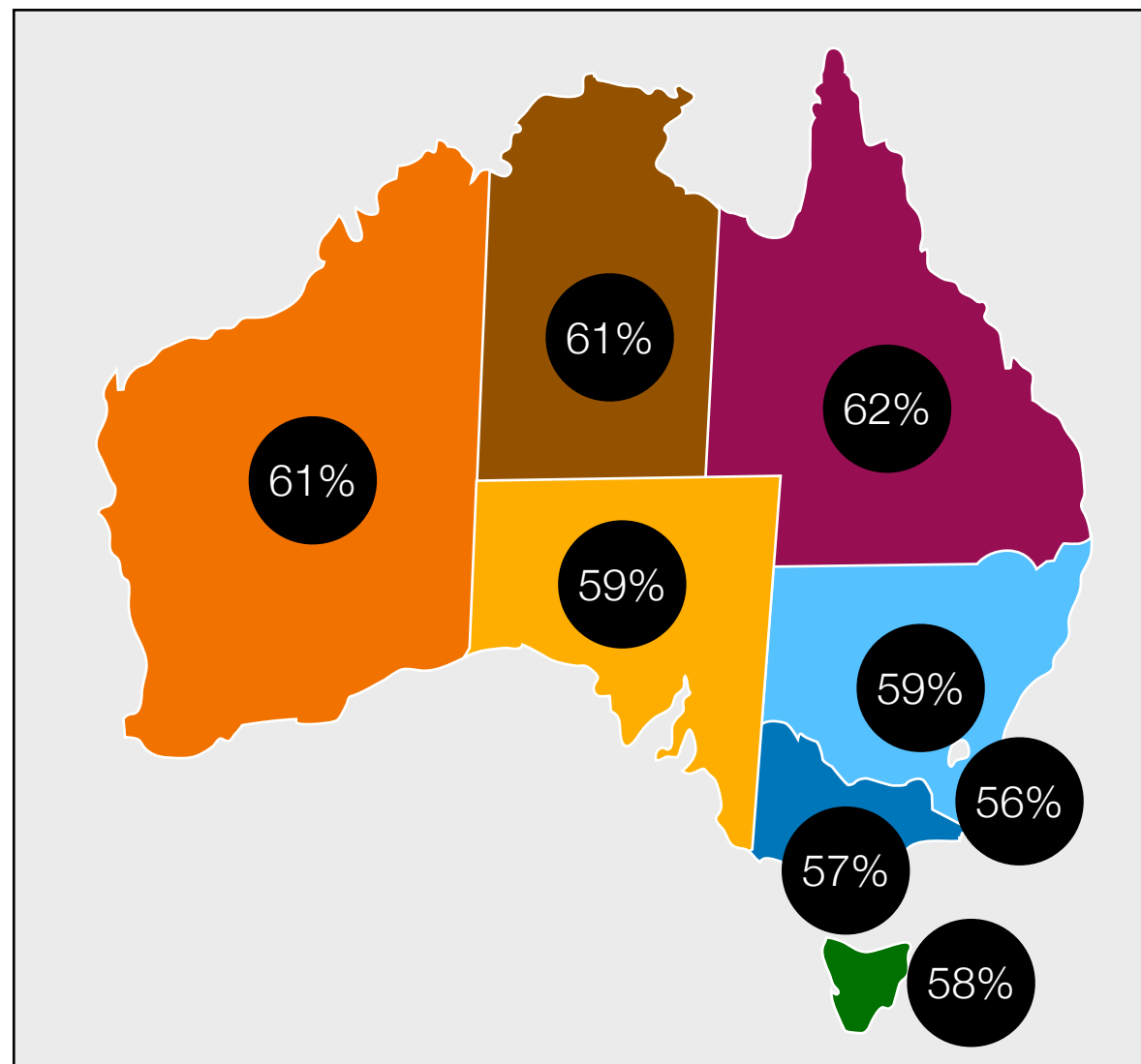
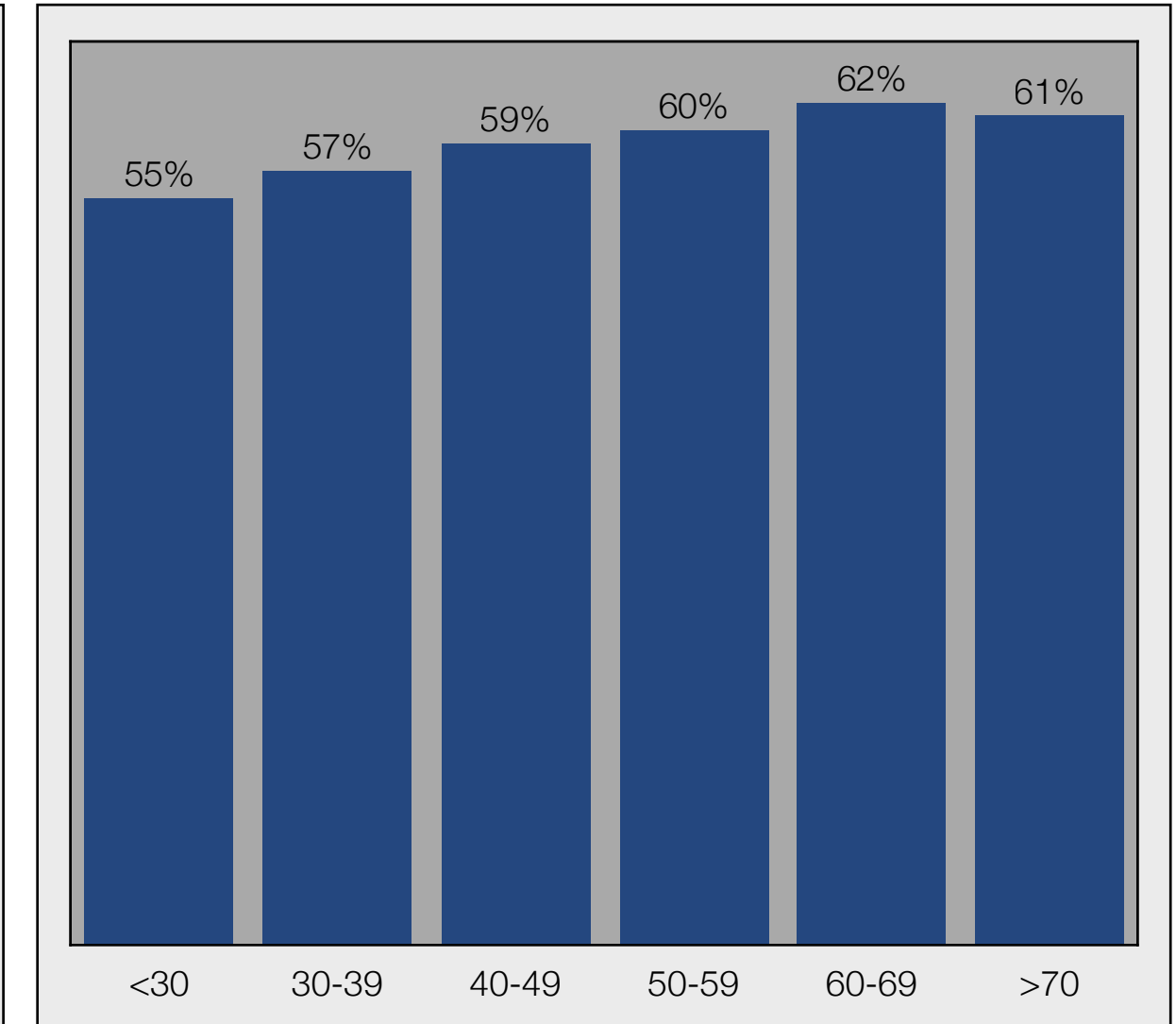
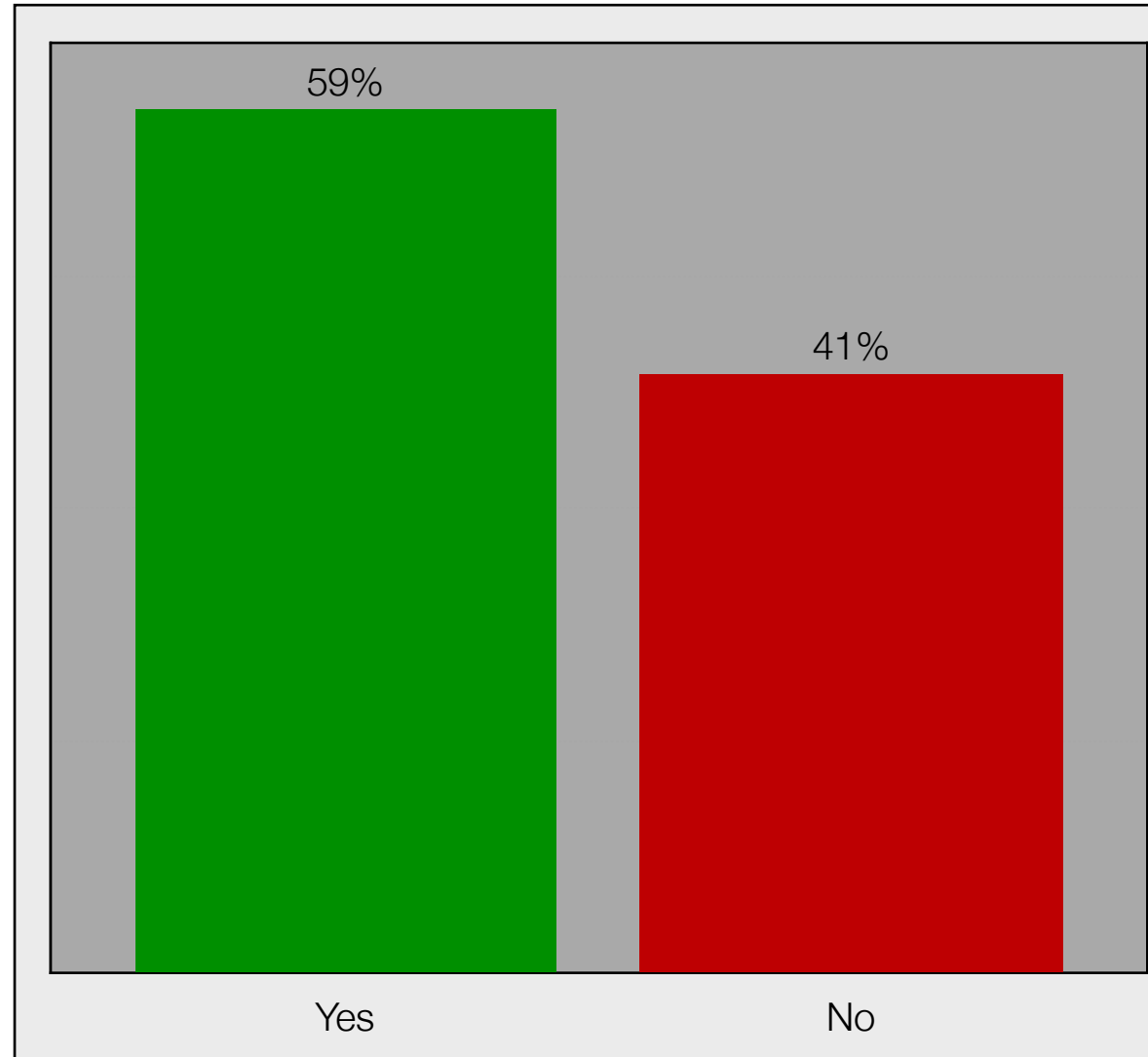
- Overall, 59% answered 'Yes' that in their opinion public attitude towards Influenza has changed post COVID-19, with 41% answering 'No'.

Higher amongst older GP's and NP's

- There was a higher incidence to answering 'Yes' amongst the older age groups of GP's and NP's, evidenced in:
 - 62% of those aged 60-69 & 61% (>70) answering 'Yes'
 - 55% of those aged <30 & 57% (30-39) answering 'Yes'

Highest in QLD, WA & NT

- There was a higher response to 'Yes' amongst those from QLD (62%), WA & NT (61%).
- The lowest response to 'Yes' was amongst those from ACT (56%), VIC (57%) & TAS (58%).
- There was also a slightly higher response to 'Yes' amongst those from non-metropolitan areas, evidenced in:
 - Metropolitan (58%)
 - Regional (61%)
 - Rural (60%)
 - Remote (59%)



Positive & negative changes in public attitude towards Influenza

3. Why do you think public attitude towards Influenza has changed post-COVID-19?

Asked to those who believe public attitude towards Influenza changed

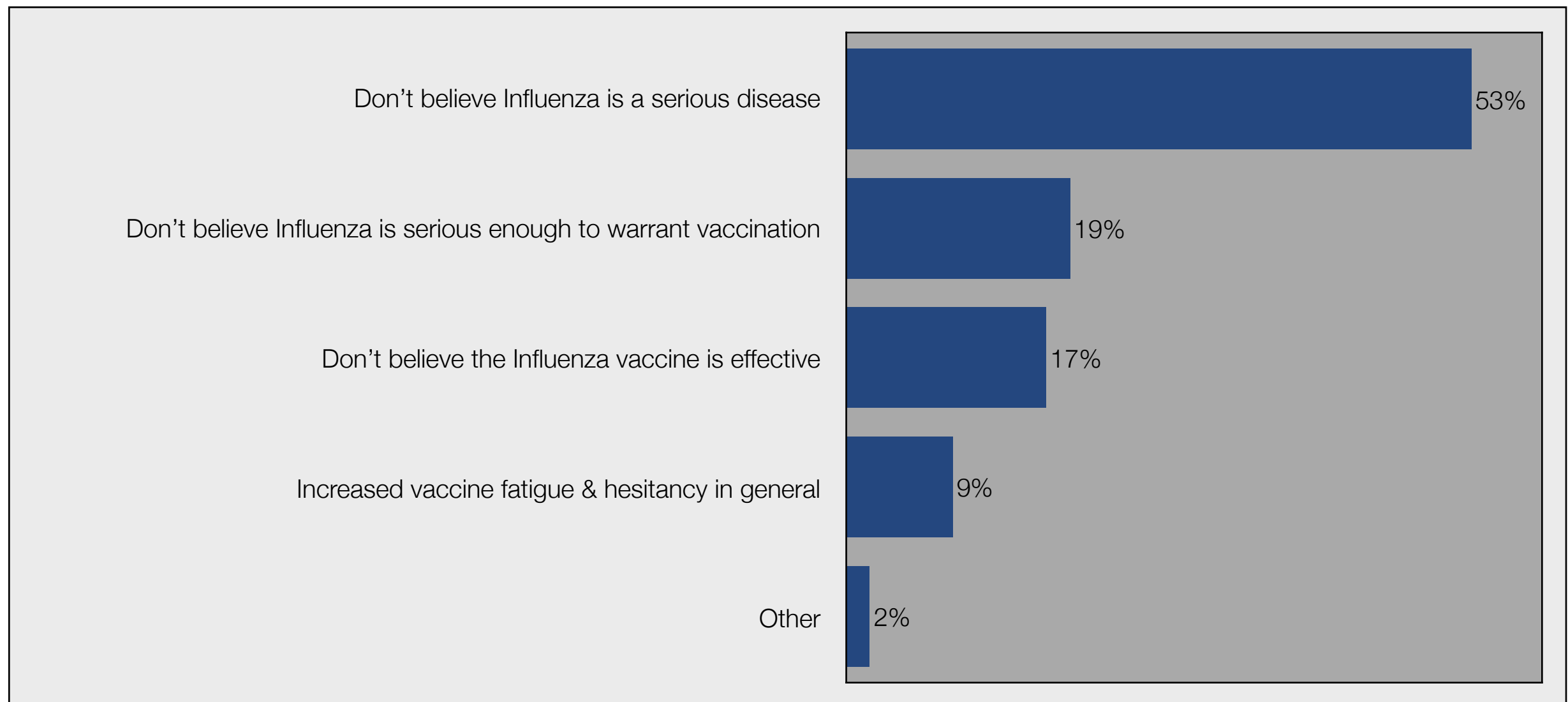
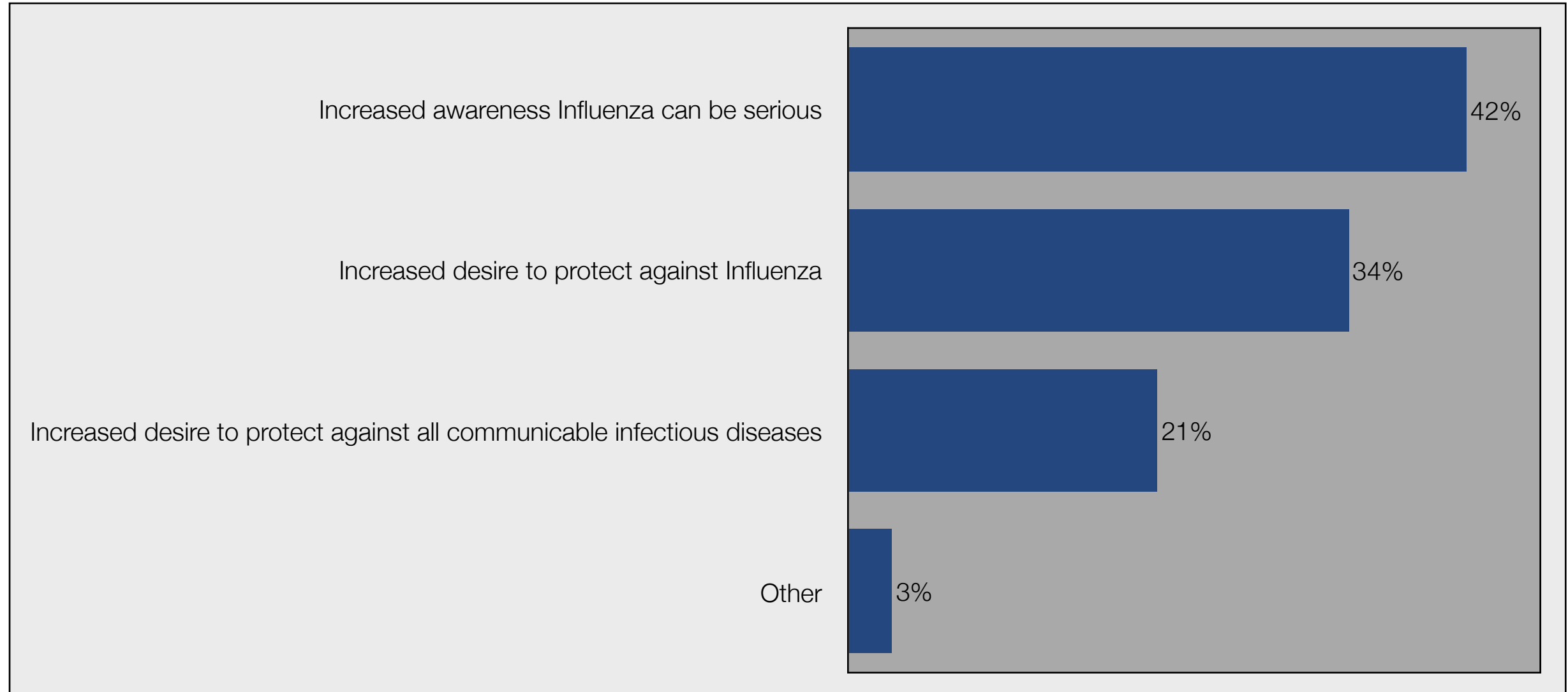
- This question was asked to the 59% who answered 'Yes' in the previous question, that they believe the public attitude towards Influenza has changed post-COVID-19.
- Responses consisted of public attitudes that were either positive or negative towards Influenza, shown in the charts opposite.

Positive changes in attitudes towards Influenza

- There was consistency amongst the main positive changes in attitudes towards Influenza, shown in the opposite, top chart.
 - 'Increased awareness Influenza can be serious', accounted for 42% of positive responses
 - 'Increased desire to protect against Influenza' (34%)
 - 'Increased desire to protect against all communicable infectious diseases' (21%)

Negative changes in attitudes towards Influenza

- There was consistency amongst the main negative changes in attitudes towards Influenza, shown in the opposite, bottom chart:
 - 'Don't believe Influenza is a serious disease', accounted for 53% of negative responses
 - 'Don't believe Influenza is serious enough to warrant vaccination' (19%)
 - 'Don't believe the Influenza vaccine is effective' (17%)
 - 'Increased vaccine fatigue & hesitancy in general', creating negative attitude towards Influenza (9%)



63% think attitude towards communicable infections diseases changed

4. In your opinion, do you think public attitude towards communicable infectious diseases has changed post-COVID-19?

63% think attitude towards communicable infections diseases changed

- Overall, 63% answered 'Yes' that they think public attitude towards communicable infectious diseases has changed post-COVID-19, with 37% answering 'No'.

Slightly higher amongst older GP's and NP's

- There was a slightly higher incidence to answering 'Yes' amongst the older age groups of GP's and NP's.

Slightly higher in WA, NT & QLD

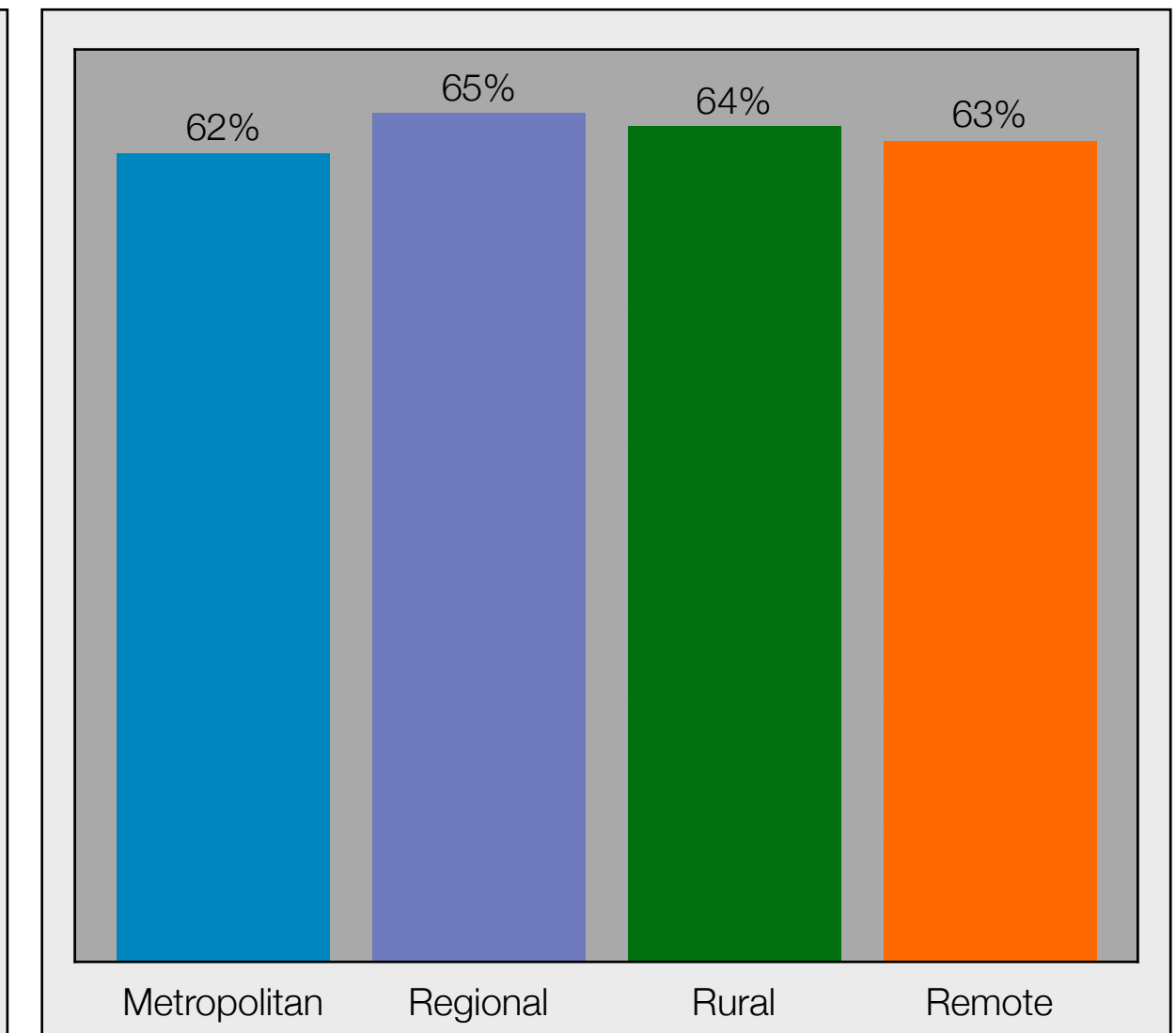
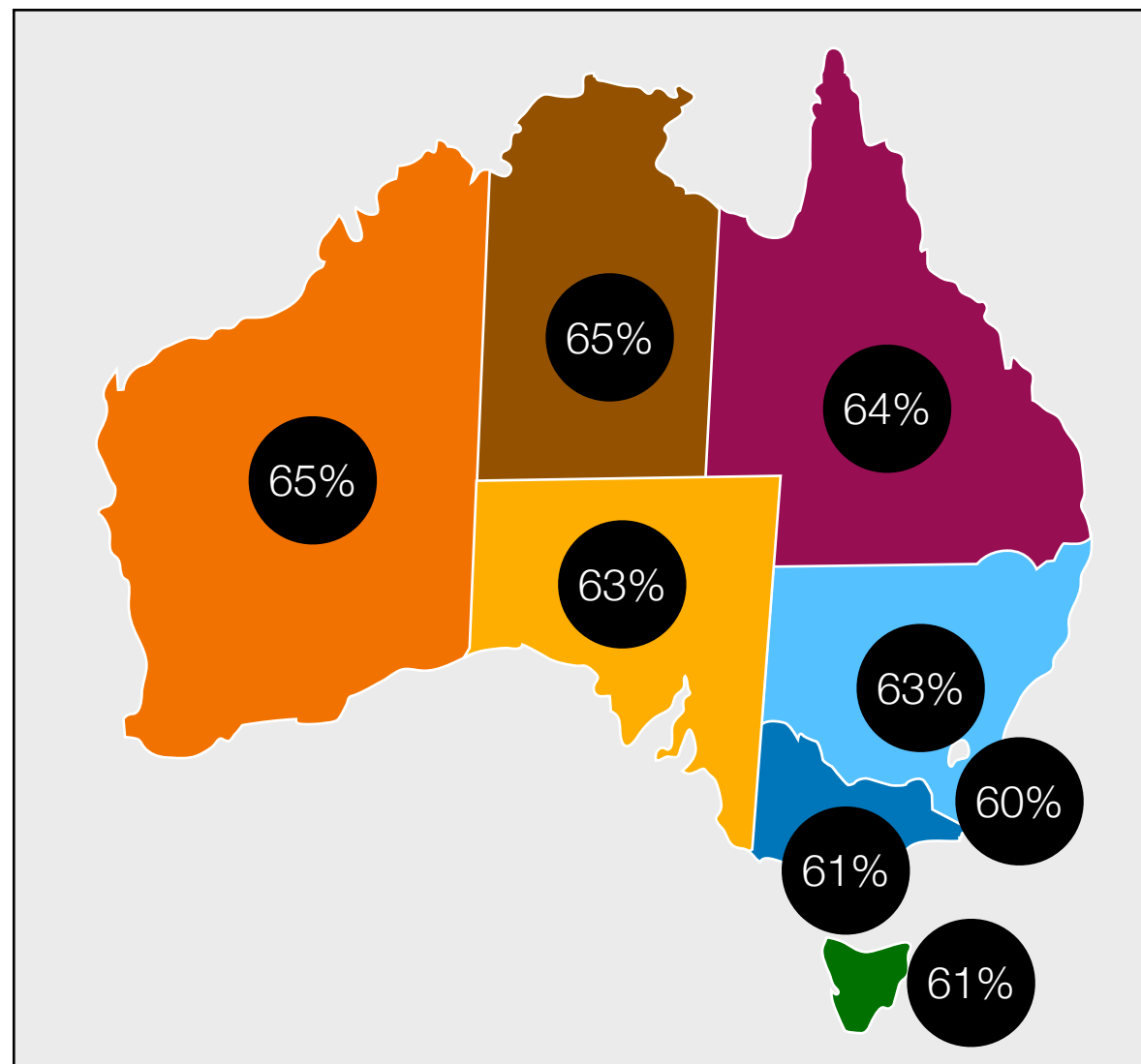
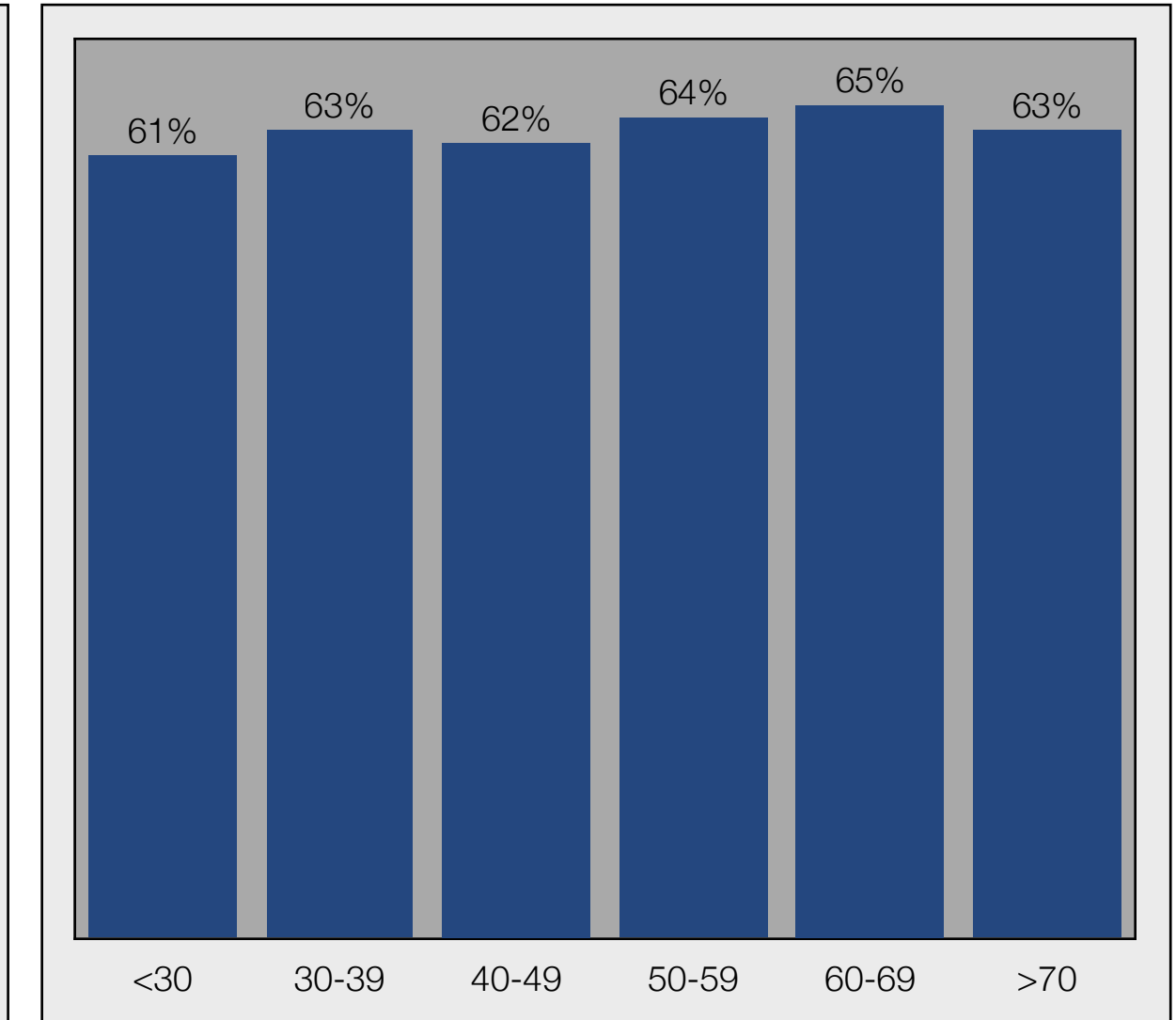
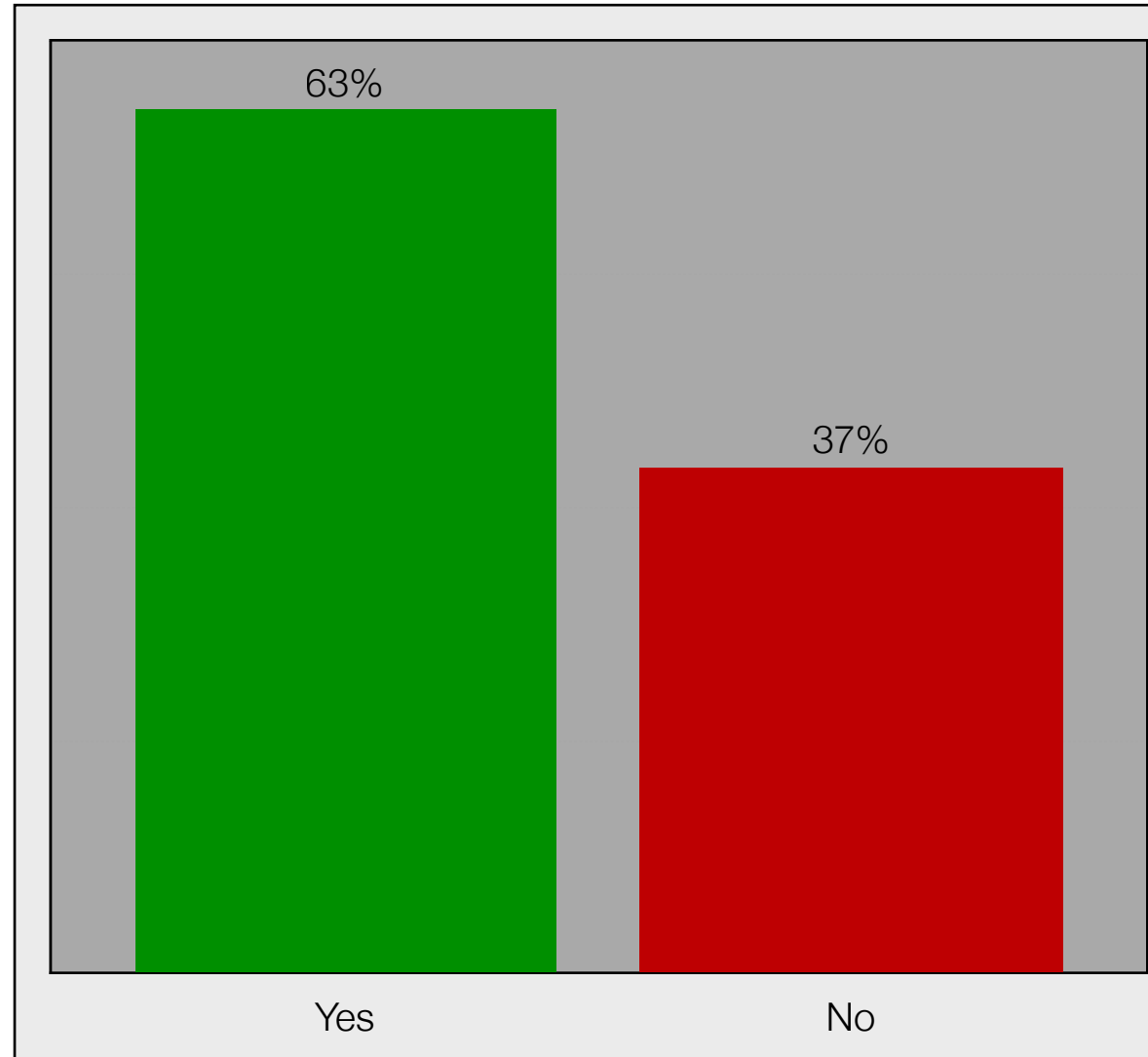
- There was a slightly higher response to 'Yes' amongst those from WA & NT (65%) & QLD (64%), in addition to those from non-metropolitan areas.

Higher awareness & knowledge post-COVID-19

- Through the face-to-face in-depth interviews, there was a common view that there is higher awareness and knowledge of communicable infectious diseases post-COVID-19.

"Yes, the majority of people are better educated now, there is more awareness of the main communicable infectious diseases and knowledge about how to prevent them through personal hygiene and precautions, plus the increased awareness of relevant vaccines available, that's definitely something positive to come out of COVID-19."

Ravi, 54, GP, South Melbourne VIC



Increased awareness & knowledge the main reason for change in public attitudes

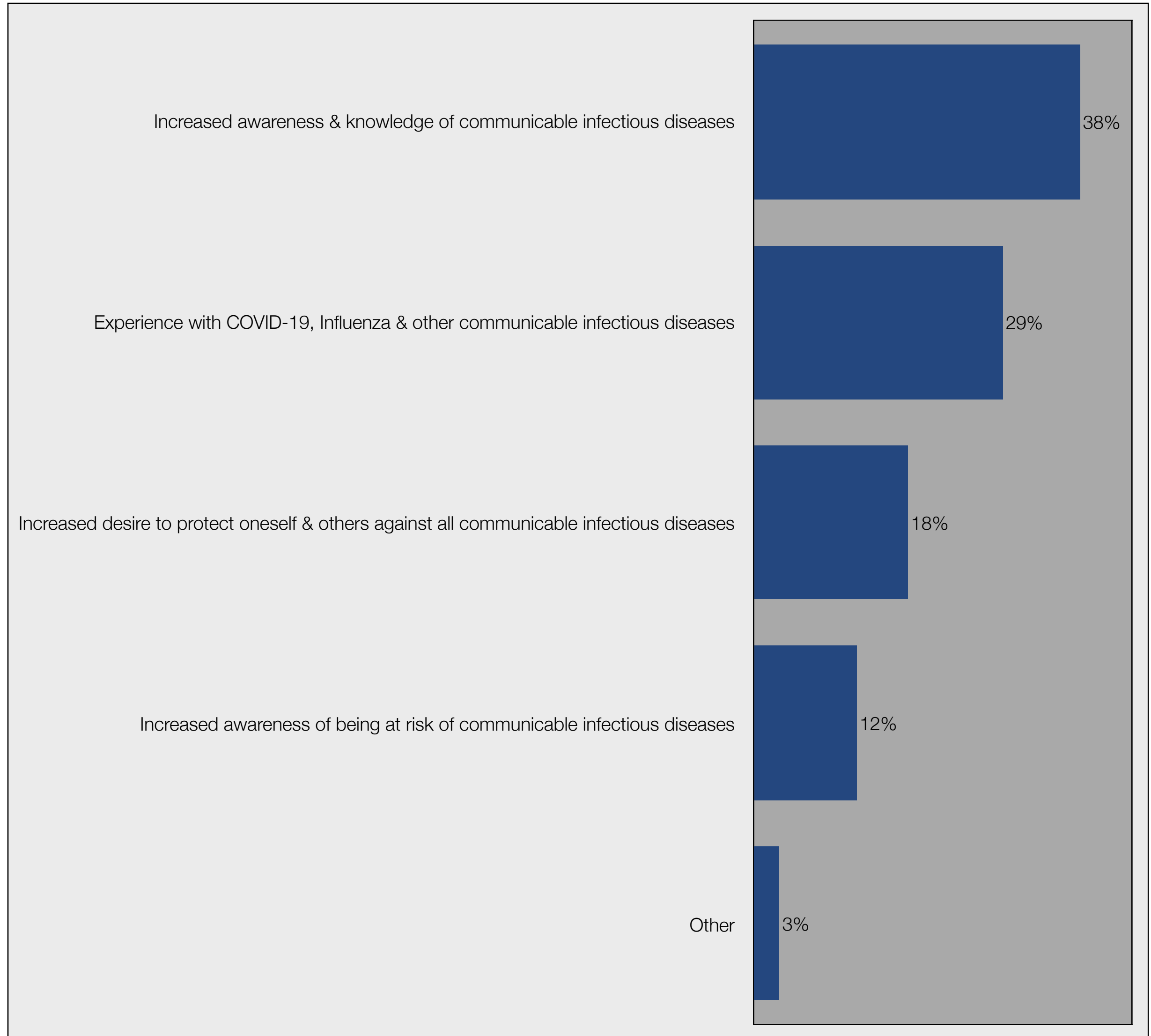
5. Why do you think public attitude towards communicable infectious diseases has changed post-COVID-19?

Asked to those who think public attitude towards communicable infectious diseases has changed post-COVID-19

- This question was asked to the 63% who answered 'Yes' in the previous question, that they think public attitude towards communicable infectious diseases has changed post-COVID-19.

Increased awareness & knowledge the main reason for change

- The findings, illustrated in the chart opposite:
 - 'Increased awareness & knowledge of communicable infectious diseases' was the the main change given, accounting for 38% of overall responses
 - 'Experience with COVID-19, Influenza & other communicable infectious diseases' (29%)
 - 'Increased desire to protect oneself & others against infectious communicable diseases' (18%)
 - 'Increased awareness of being at risk of communicable infectious diseases' (12%)
 - 3% gave other reasons, the main being:
 - ▶ Increased understanding and change in behaviour to protect others close to them and the general community against communicable infectious diseases
 - ▶ Change in habits to protect against communicable infectious diseases, such as isolating when having COVID-19 or Influenza and increased personal hygiene measures



82% believe public are more informed of the benefits of vaccination post-COVID-19

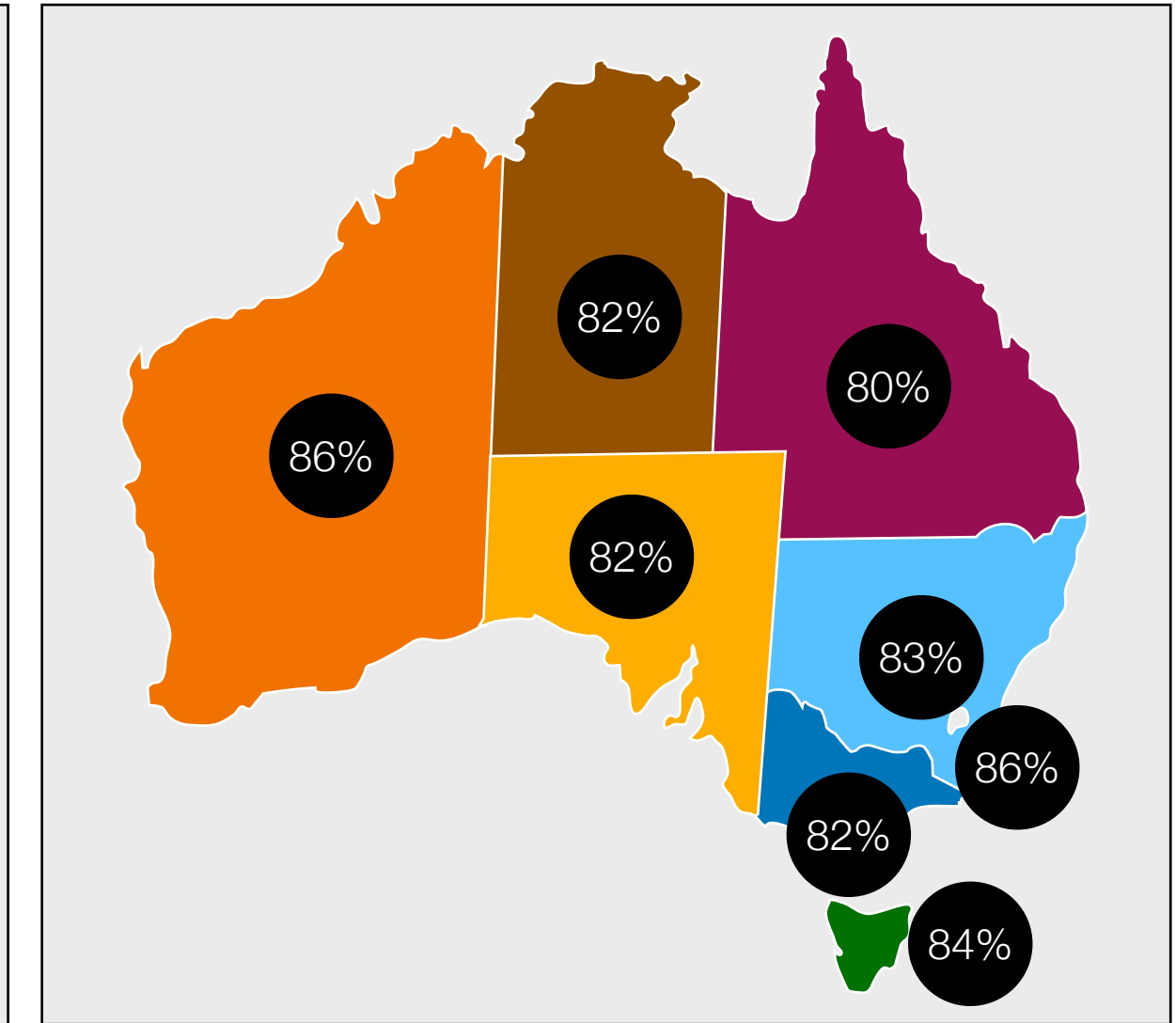
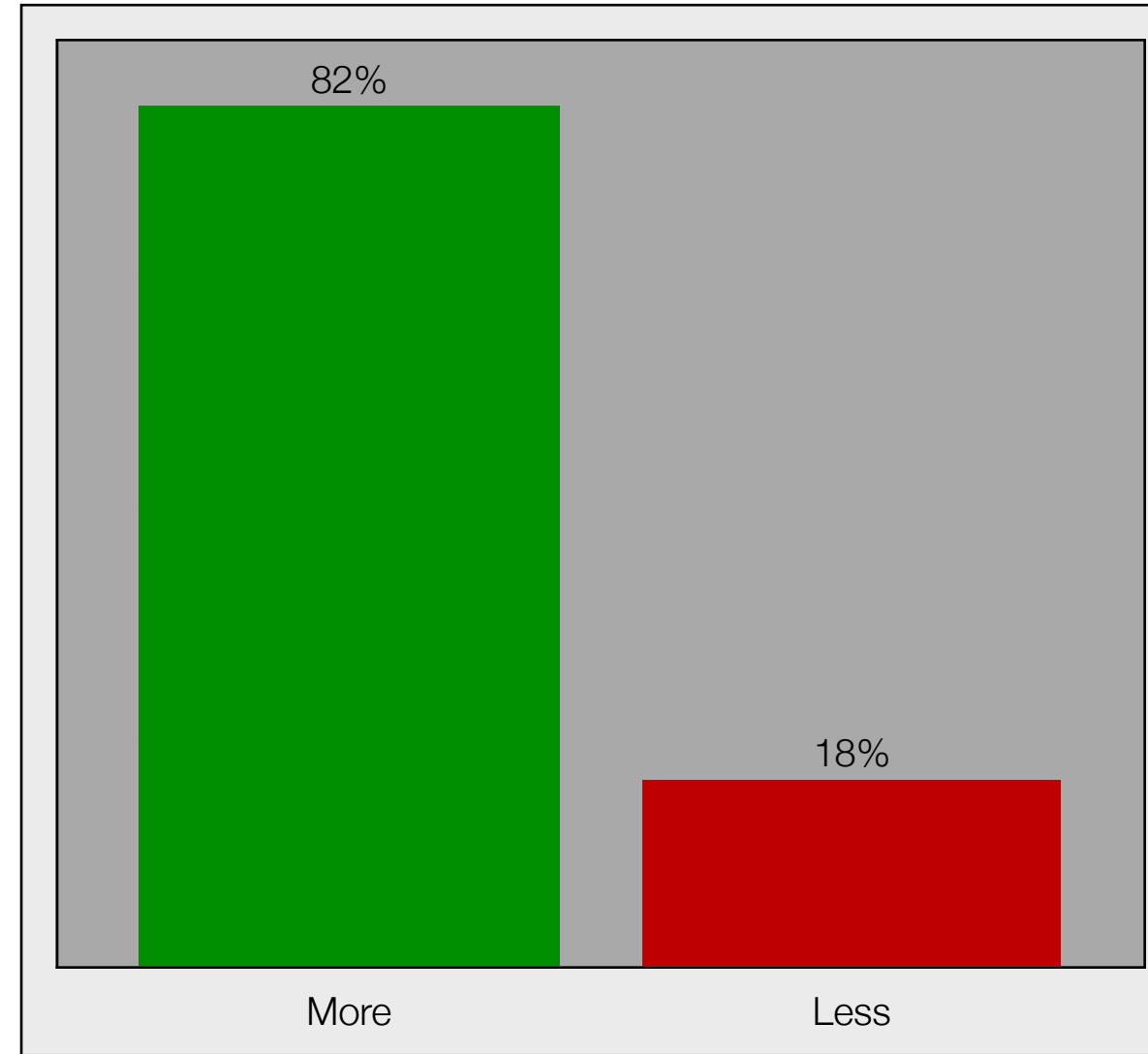
6. In your opinion, do you think the public are more, or less informed of the benefits of vaccination, post-COVID-19?

82% believe public are more informed of the benefits of vaccination post-COVID-19

- Overall, 82% answered 'More' that in their opinion, the public are more informed of the benefits of vaccination, post-COVID-19, with 18% answering 'Less'.

Slightly higher in WA, ACT & TAS and non-metropolitan areas

- A higher response to 'Yes' amongst those from WA & ACT (86%) & TAS (84%).
- Metropolitan (84%), regional (86%), rural (88%) and remote (85%).



a. Why do you think they are more informed?

Personal experience, news & media and public health campaigns

- This sub-question was asked to the 82% who answered 'Yes'.
- The main reasons given for being more informed were:
 - Personal experience
 - ▶ Almost everyone received COVID-19 vaccinations and had mild symptoms when infected
 - ▶ A small proportion have not knowing had COVID-19, believed due to being vaccinated
 - ▶ People have been made more aware of other vaccinations they may require, such as Shingrix
 - News & Media
 - ▶ During the pandemic, people actively followed the news and media pertaining to the development, testing and roll-out of COVID-19 vaccines, learning more about vaccines & vaccination
 - Public health campaigns
 - ▶ During the pandemic there was a lot of public health campaigns, educating people about COVID-19 vaccinations, which also made people more aware and knowledgeable of vaccines in general

b. Why do you think they are less informed?

Fatigue, hesitancy, misinformation & disengagement

- This sub-question was asked to the 18% who answered 'No'.
- The main reasons given for being less informed were:
 - Fatigue & Hesitancy
 - ▶ Some feel they had too many vaccinations in a short space of time (initial COVID-19 vaccines and then a booster)
 - ▶ Some experienced side effects from the COVID-19 vaccinations and felt concerned with these effects on their body
 - Misinformation & disinformation
 - ▶ Increasing numbers of people are being exposed to, or are seeking out information about vaccines and are being influenced by the growing amount of of misinformation and disinformation
 - Information overload & disengaged
 - ▶ Some feel they have been overloaded with information about vaccines and have disengaged

61% having to explain more on vaccines/vaccination post-COVID-19

7. Are you having to explain more, less, or about the same information concerning vaccines/vaccination post-COVID-19?

61% having to explain more on vaccines/vaccination post-COVID-19

- For the question, illustrated in the opposite, top chart:
 - 61% answered 'More', 18% 'Less' & 21% 'Same'.

Slightly higher amongst older GP's and NP's

- There was a slightly higher incidence to answering 'More' amongst the older age groups of GP's and NP's.

Slightly higher in WA, TAS, QLD & ACT

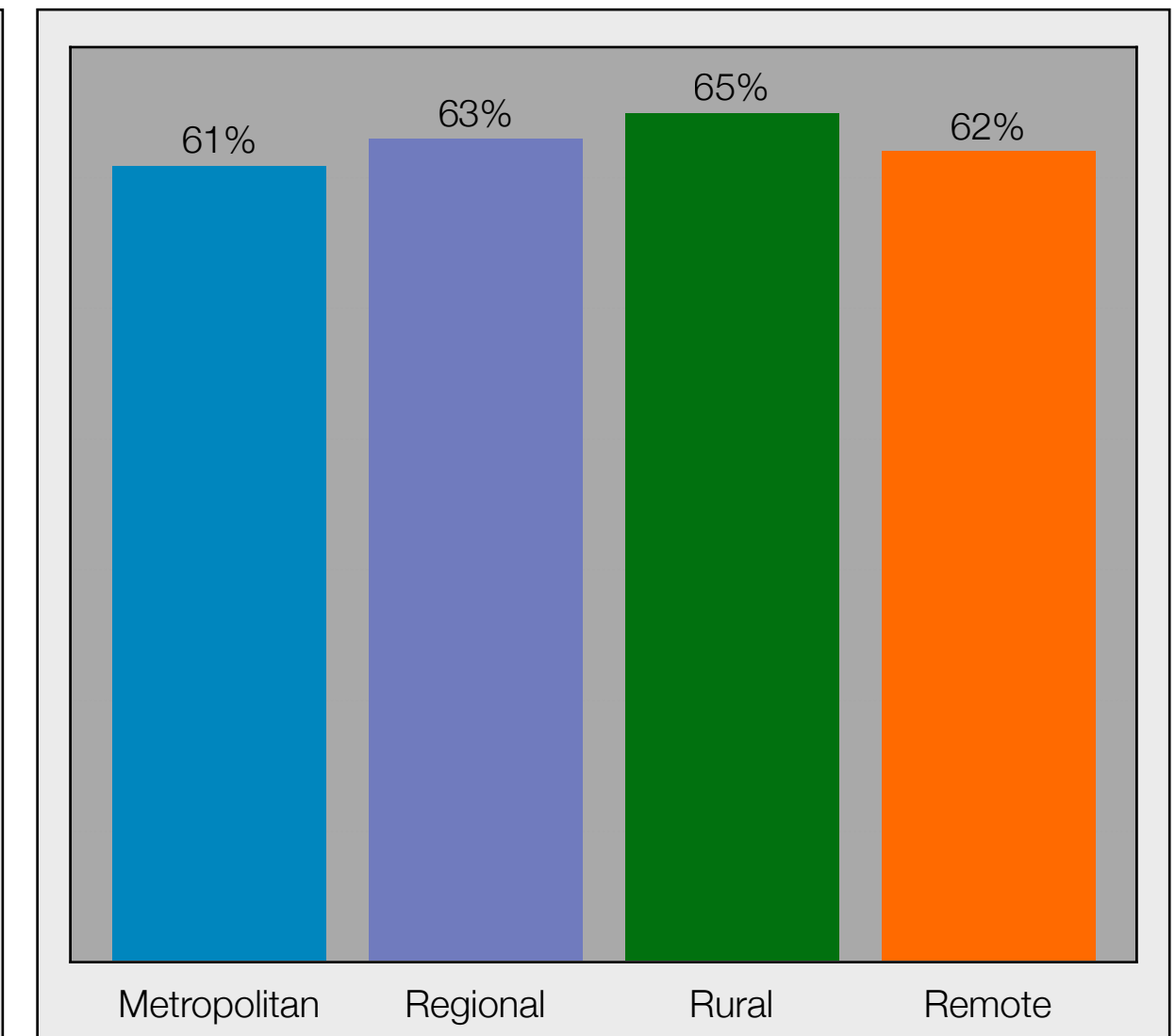
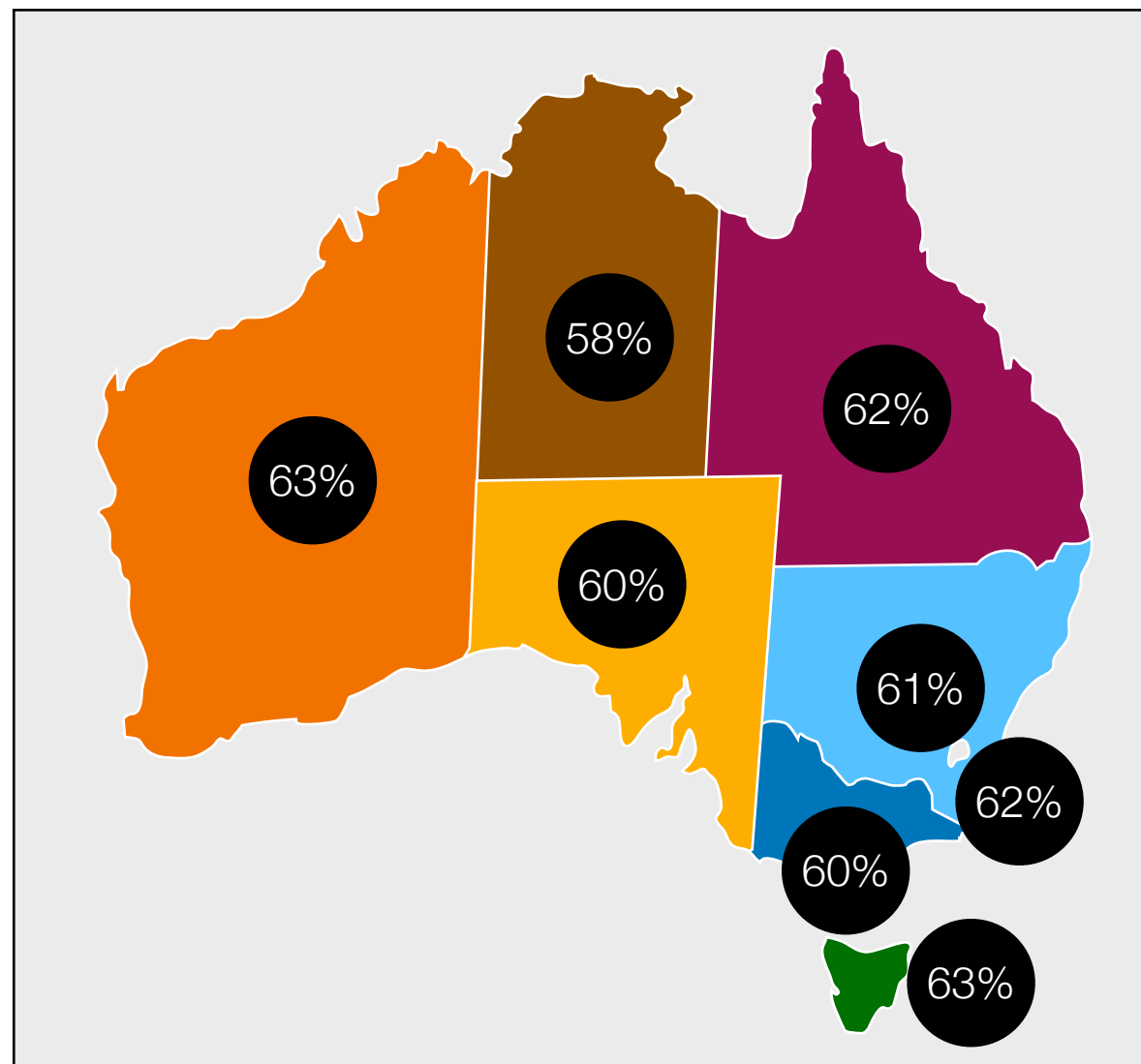
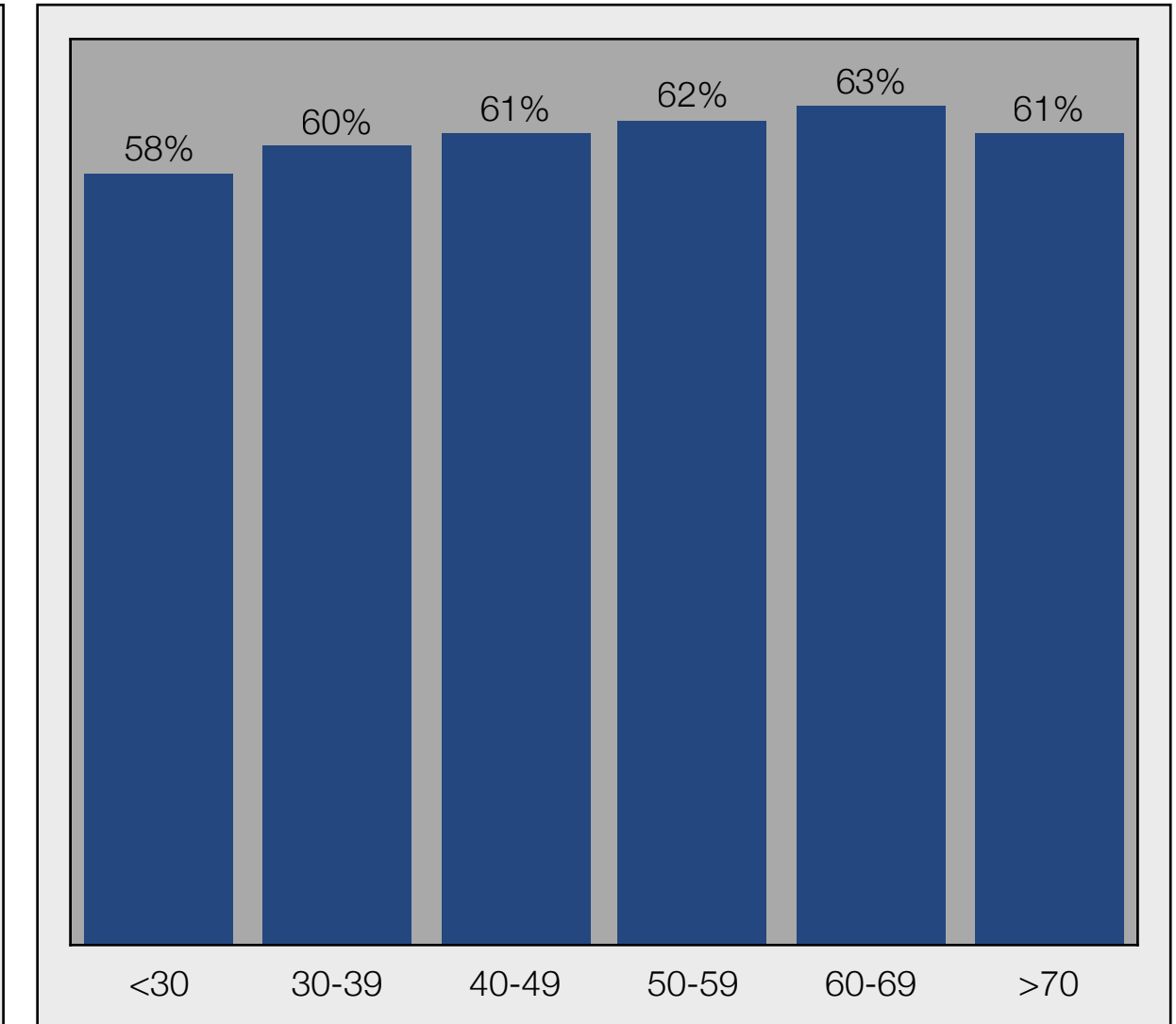
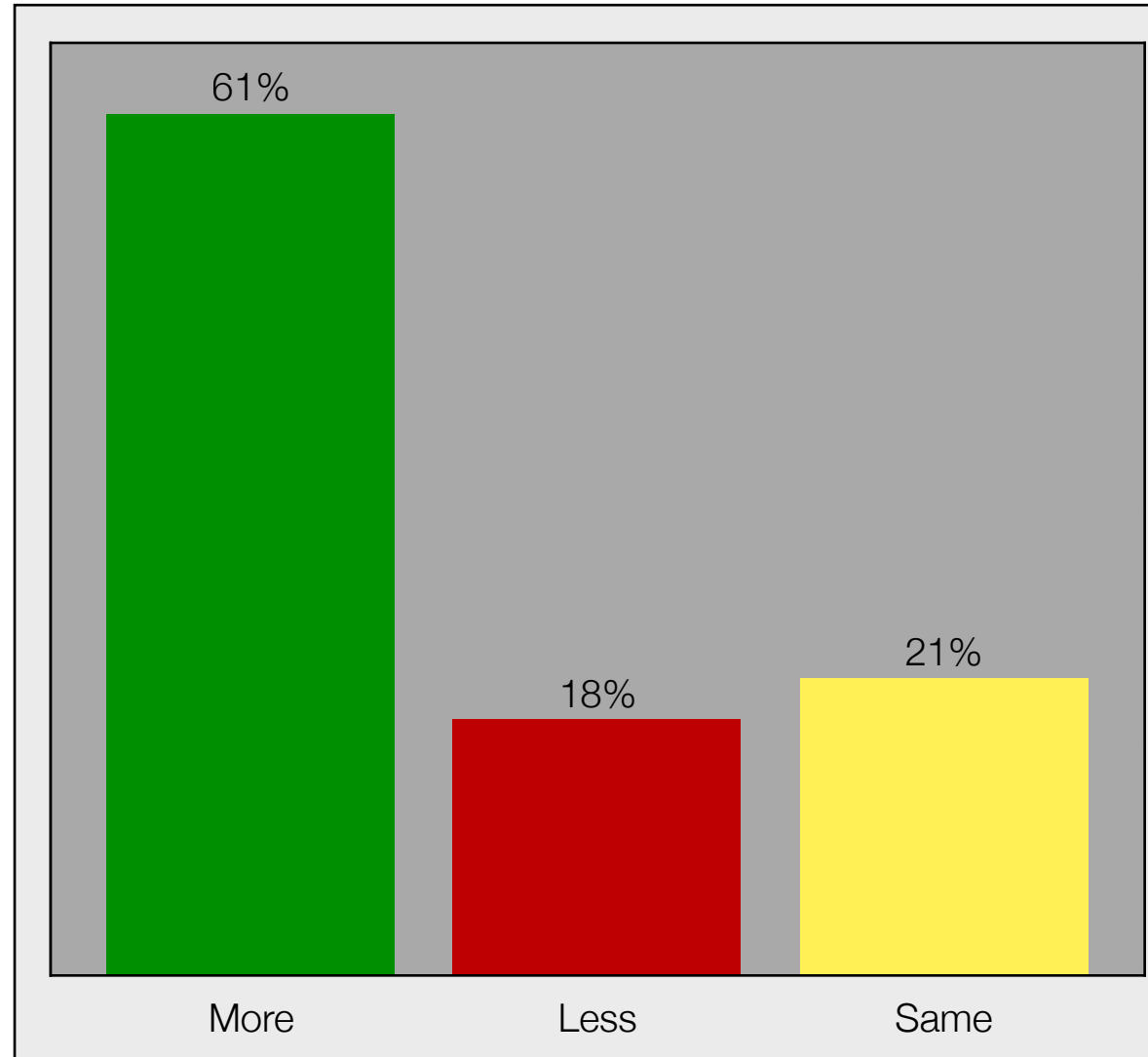
- There was a slightly higher response to 'More' amongst those from WA & TAS (63%), QLD & ACT (62%), in addition to those from non-metropolitan areas.

More vaccines to explain and to larger patient groups

- Through the face-to-face in-depth interviews, there was a common view that there are more vaccines to explain and to larger patient groups, namely:
 - COVID boosters & vaccines for Shingles, Hepatitis, HPV & Pneumococcal
 - Larger patient groups who now qualify under the NIP & should be recommended vaccines

"More for sure, there are the COVID boosters now, plus the existing main vaccinations, many of which such as Shingles have been made available to additional age groups or at risk groups, so there are more vaccinations to discuss and more hesitancy from patients to overcome, in part because there are more vaccinations to recommend."

Therese, 57, GP, Chermside (Brisbane) QLD



Overcoming vaccine fatigue & hesitancy, plus need for ongoing vaccination

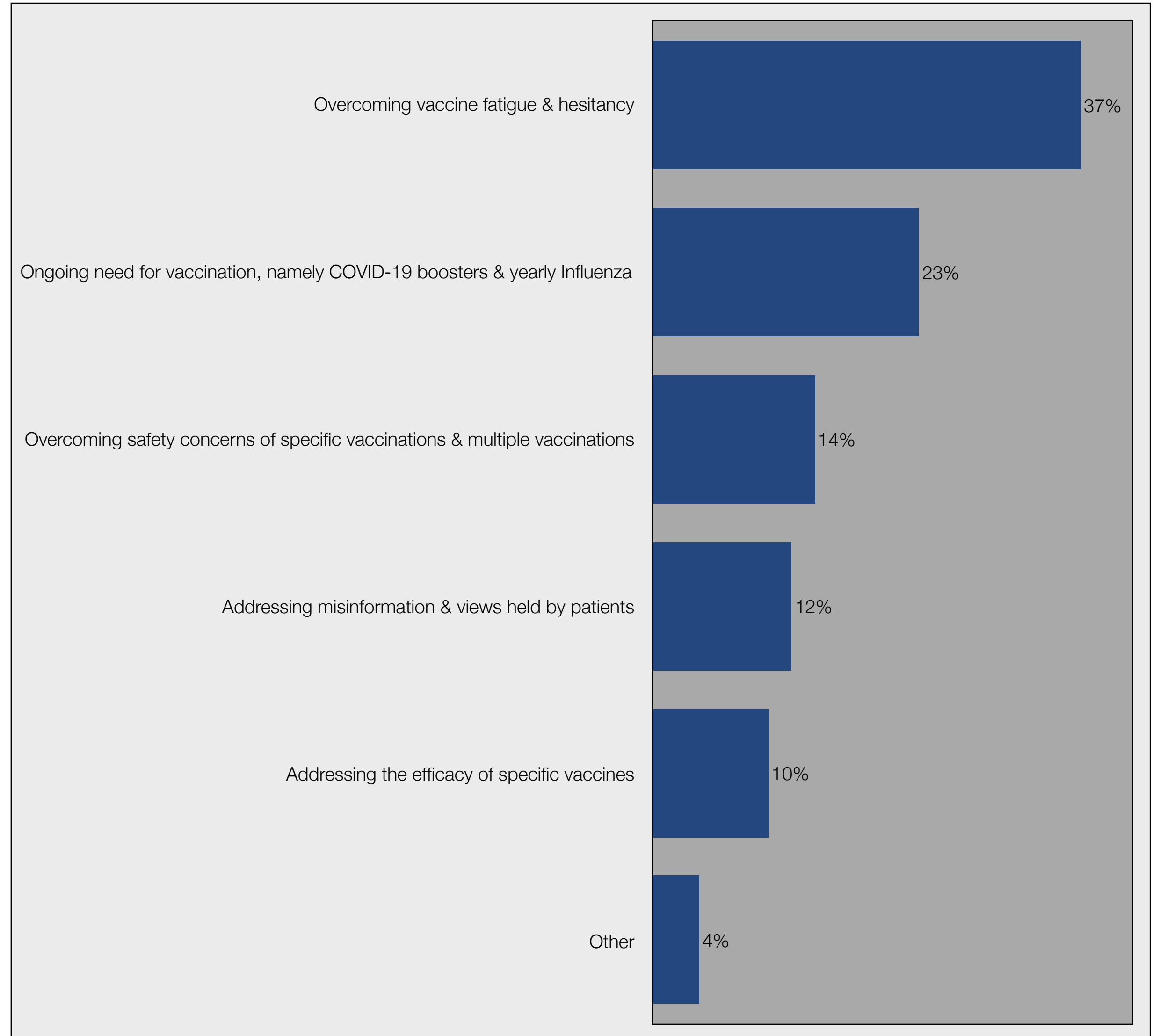
8. What are the top 2 concerns you are having to explain to patients about vaccines and vaccination post-COVID-19?

Asked to those who are having to explain more information on

- This question was asked to the 61% who answered 'Yes' in the previous question, that they are having to explain more information concerning vaccines/vaccination post-COVID-19.

Overcoming vaccine fatigue & hesitancy and need for ongoing vaccination the main concerns

- The findings, illustrated in the chart opposite:
 - 'Overcoming vaccine fatigue & hesitancy' was the the main concern given, accounting for 37% of overall responses
 - 'Ongoing need for vaccination, namely COVID-19 boosters & yearly Influenza' (23%)
 - 'Overcoming safety concerns of specific vaccinations & multiple vaccinations' (14%)
 - 'Addressing misinformation & views held by patients' (12%)
 - 'Addressing the efficacy of specific vaccines' (10%)
 - 4% gave other reasons, the main being:
 - ▶ Addressing the side effects of vaccines
 - ▶ Addressing anti-vaccination views
 - ▶ The cost of some vaccinations such as Shingrix for those who don't qualify under NIP



38% think public are sufficiently informed before new vaccines available

9. Do you think the public are sufficiently informed before new vaccines become available?

38% think public are sufficiently informed before new vaccines available

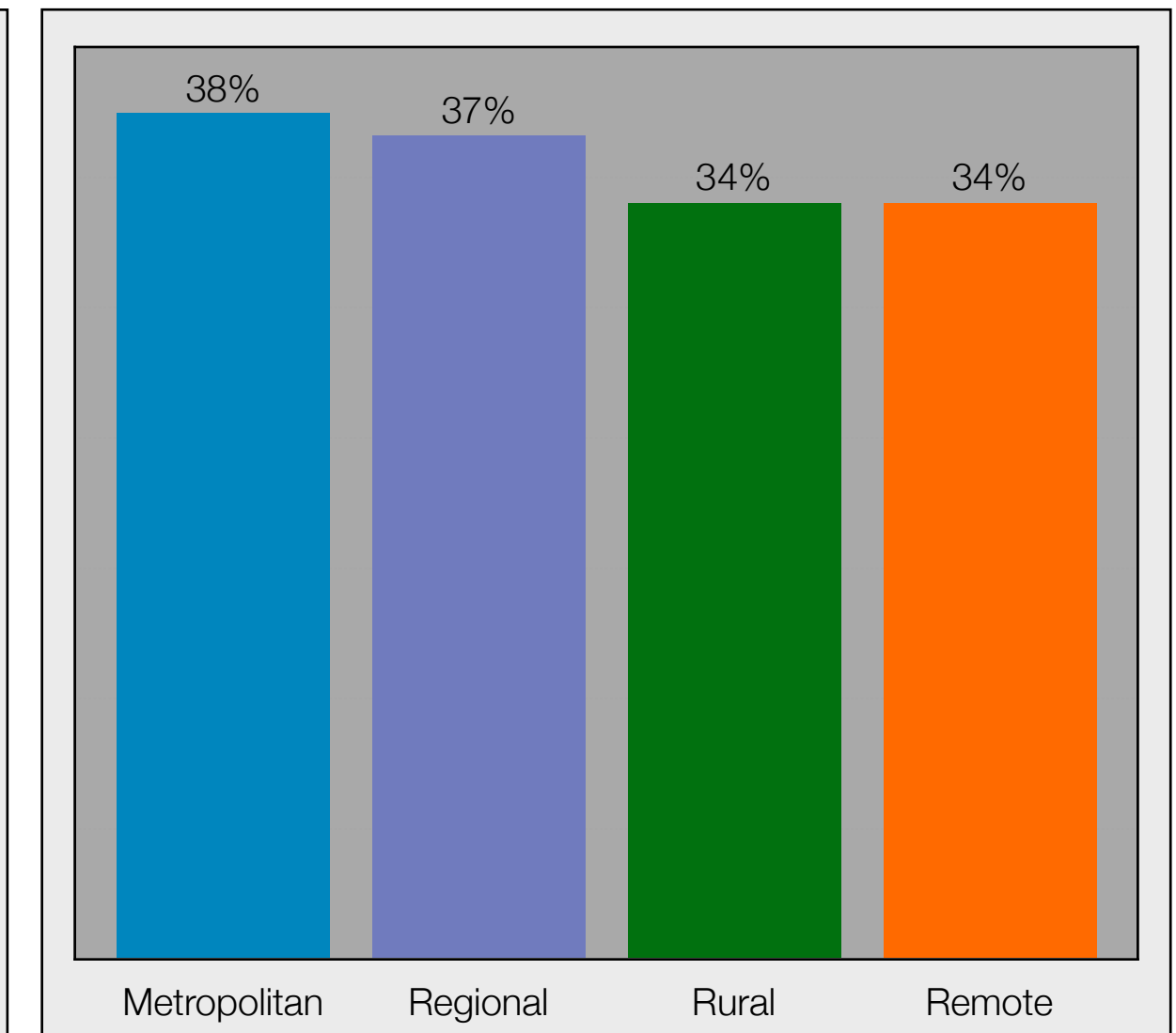
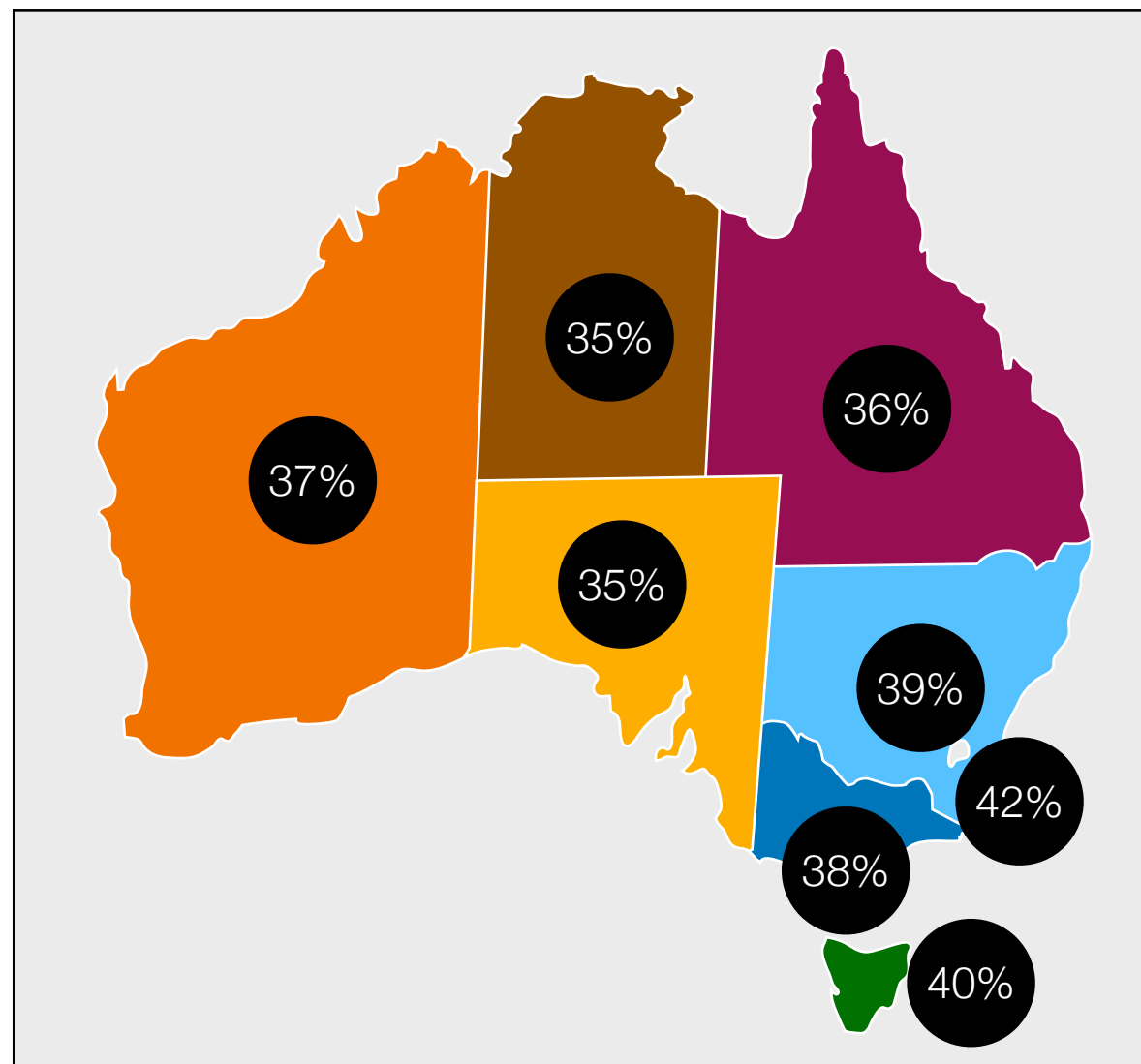
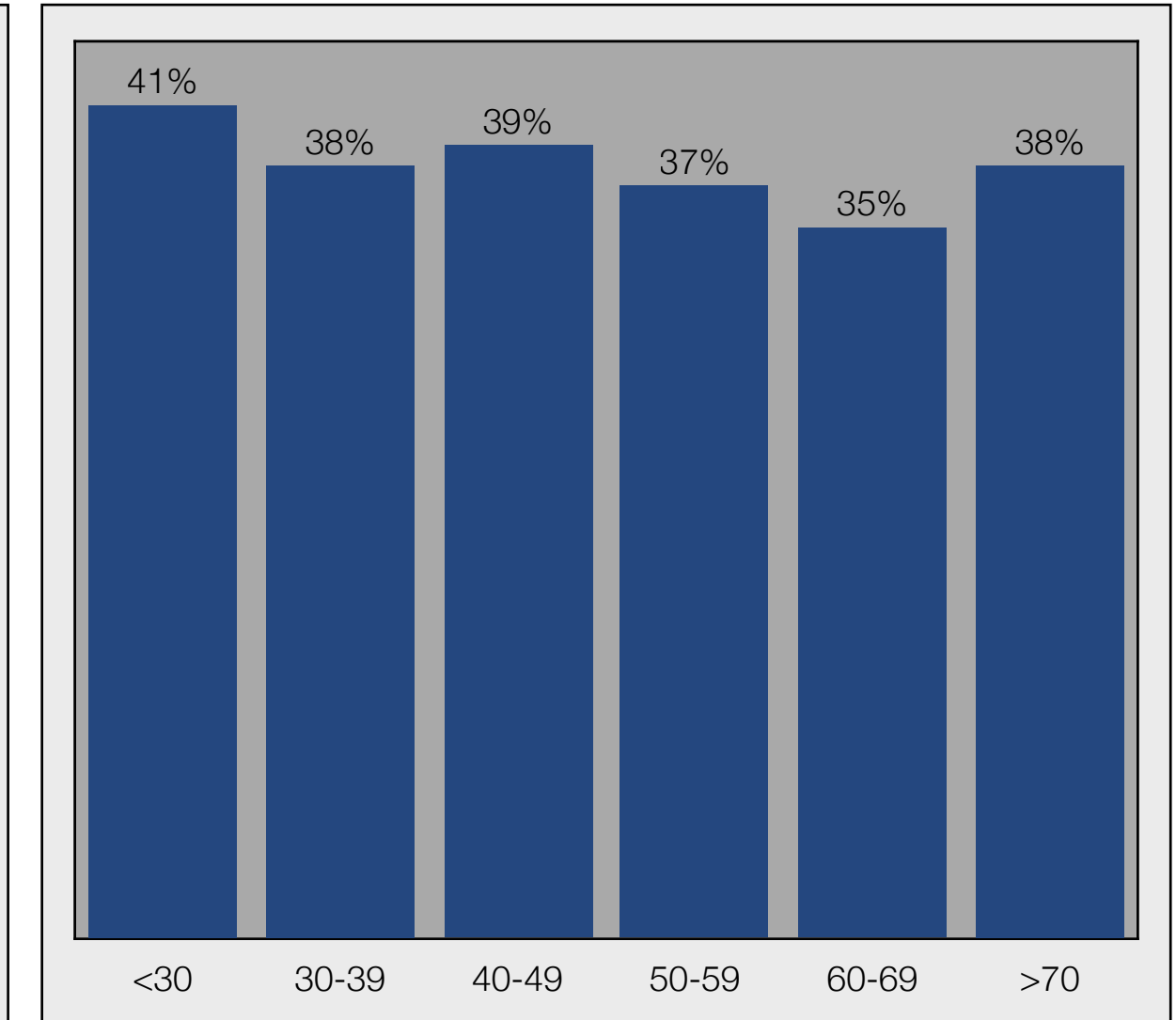
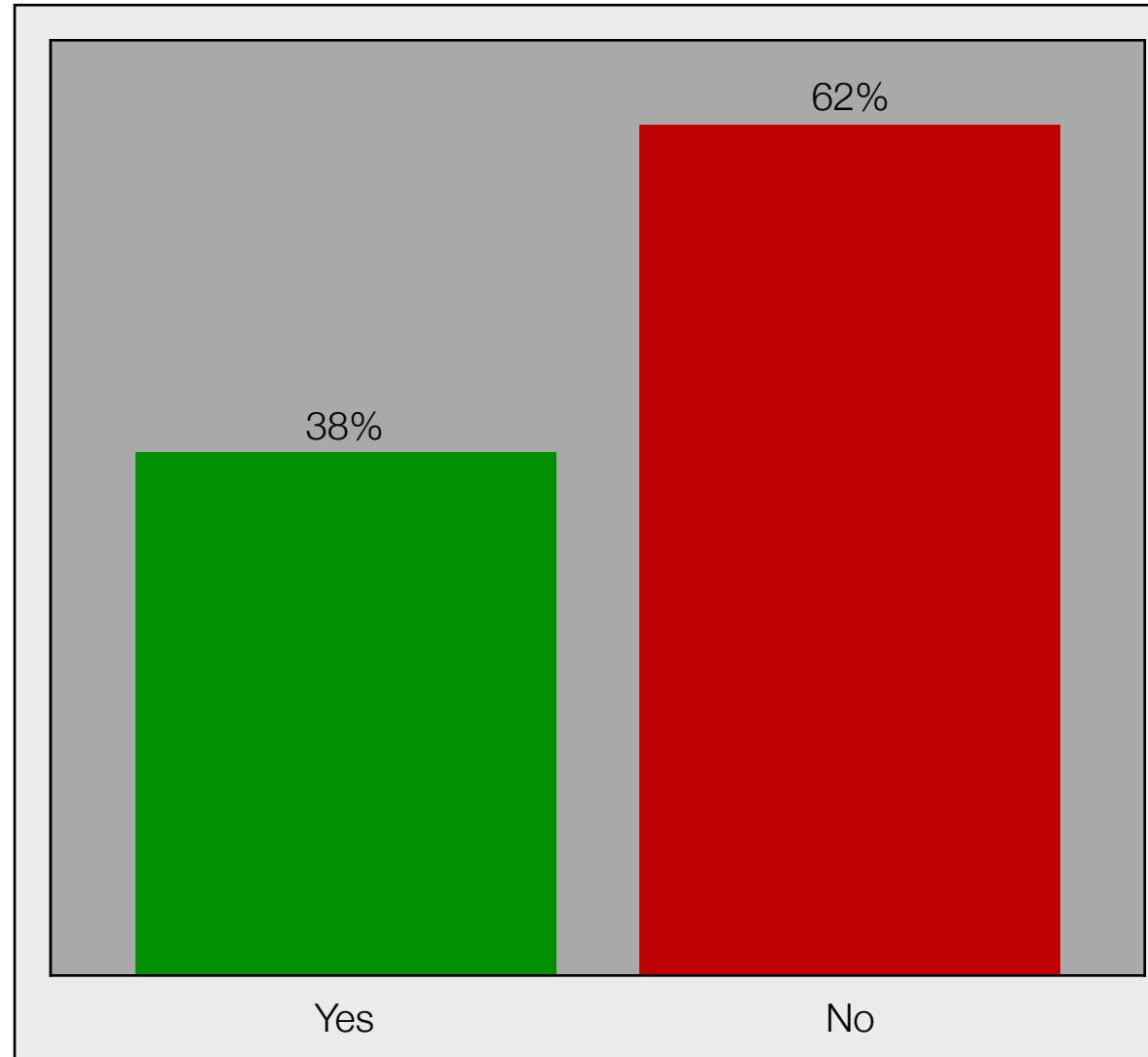
- Overall, 38% answered 'Yes' that they think the public are sufficiently informed before new vaccines become available, with 62% answering 'No'.

Higher amongst younger GP's and NP's

- There was a higher incidence to answering 'Yes' amongst the younger age groups of GP's and NP's, evidenced in:
 - 41% of those aged <30 & 38% (30-39) answering 'Yes'
 - 35% (60-69) & 37% (50-59) answering 'Yes'

Highest in ACT, NSW & VIC and metropolitan areas

- There was a higher response to 'Yes' amongst those from ACT (42%), TAS (40%) & NSW (39%).
- There was also a higher response to 'Yes' amongst those from metropolitan areas.



Government & healthcare providers to lead informing the public

10. Where should the focus be to sufficiently inform the public before new vaccines become available?

Asked to those who do not think the public are sufficiently informed before new vaccines become available

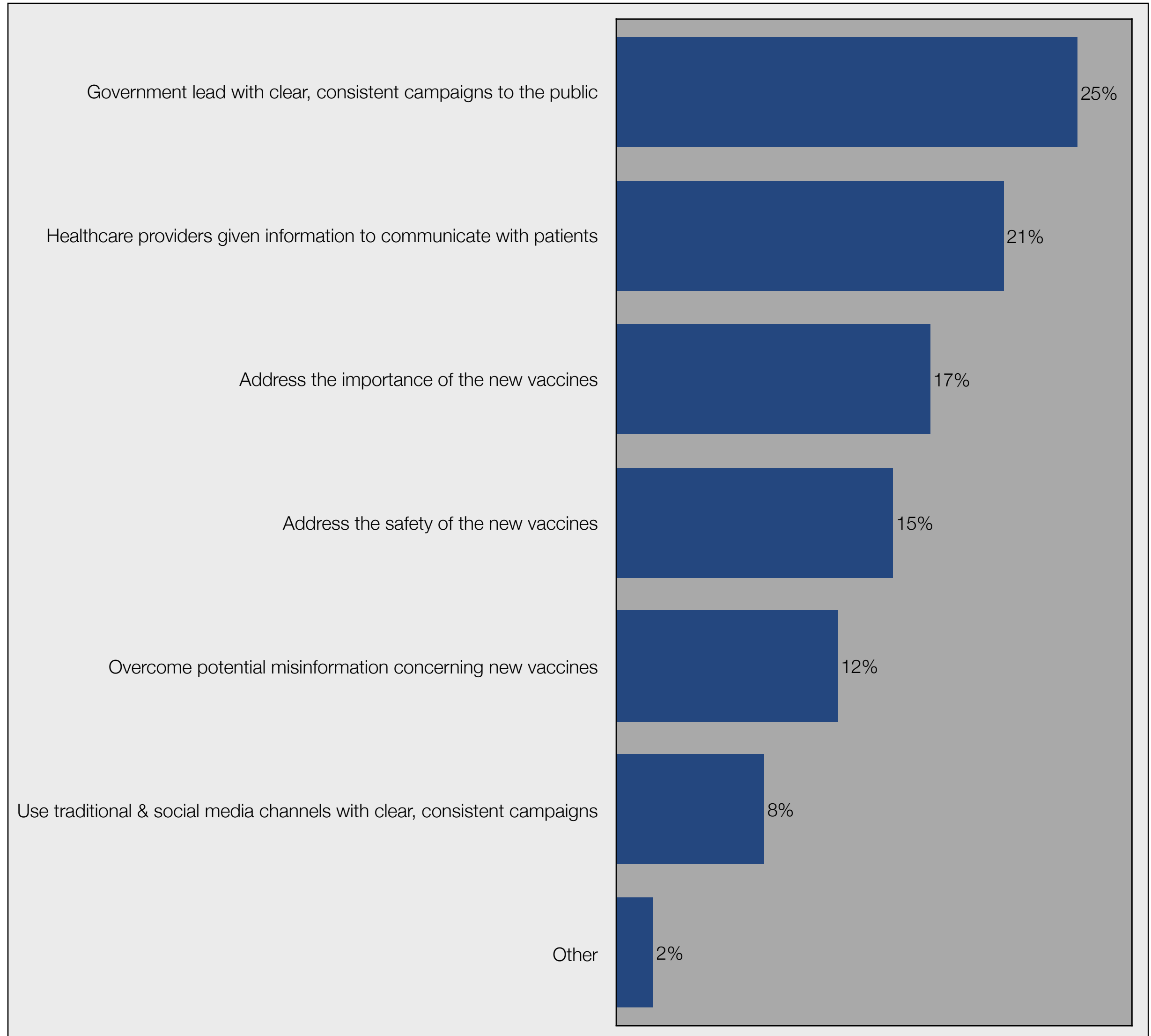
- This question was asked to the 63% who answered ‘No’ in the previous question, that they do not think the public are sufficiently informed before new vaccines become available.

Government & healthcare providers to lead informing the public

- The findings, illustrated in the chart opposite:
 - ‘Government lead with clear, consistent campaigns to the public’ was the the main focus given, accounting for 25% of overall responses
 - ‘Healthcare providers given information to communicate with patients’ (21%)
 - ‘Address the importance of the new vaccines’ (17%)
 - ‘Address the safety of the new vaccines’ (15%)
 - ‘Overcome potential misinformation concerning the new vaccines’ (12%)
 - ‘Use traditional & social media channels with clear, consistent campaigns’ (8%)
 - 2% gave other reasons

“The Government, by that I mean the Federal and ideally the States, should have a unified public health campaign, like what occurred with COVID-19 vaccination when the initial vaccines became available, with clear messaging about the importance of the vaccines, that would put it in the minds of people and then we (GP’s) can communicate this and more complex information to our patients when they are with us.”

Jana, 49, GP, Leederville (Perth) WA



73% believe misinformation is impacting vaccination rates

11. In your opinion, is misinformation impacting vaccination rates?

73% believe misinformation is impacting vaccination rates

- Overall, 73% answered 'Yes' that in their opinion, misinformation is impacting vaccination rates, with 27% answering 'No'.

Minor difference across age & geographic areas

- Overall, there were minor difference in responses to 'Yes' based on the age and geographic areas GP's and NP's were from, notable were:
 - Highest response to 'Yes' amongst those aged 60-69 (76%)
 - SA, QLD & regional areas having the highest responses to 'Yes'

Strong consensus amongst those interviewed

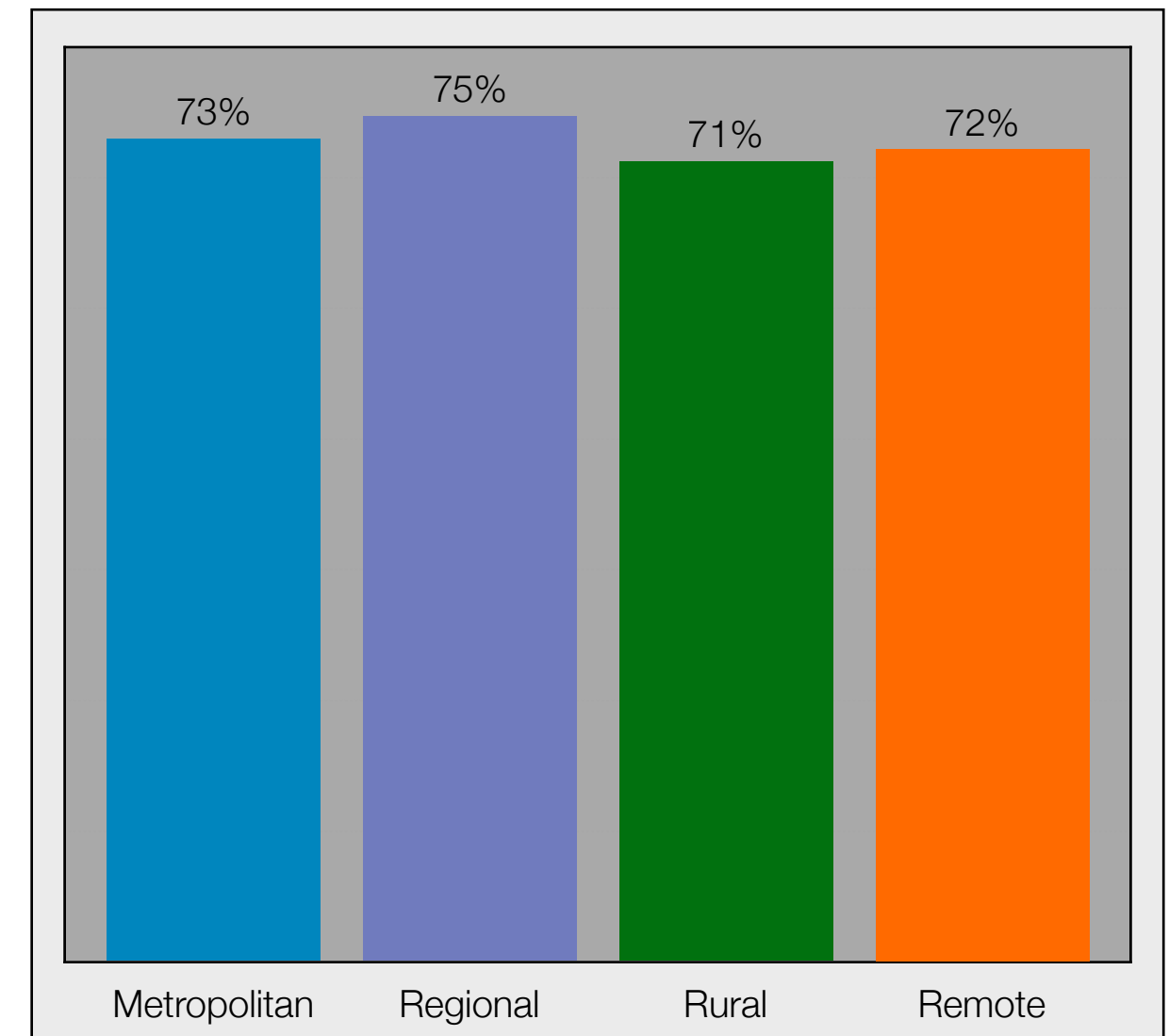
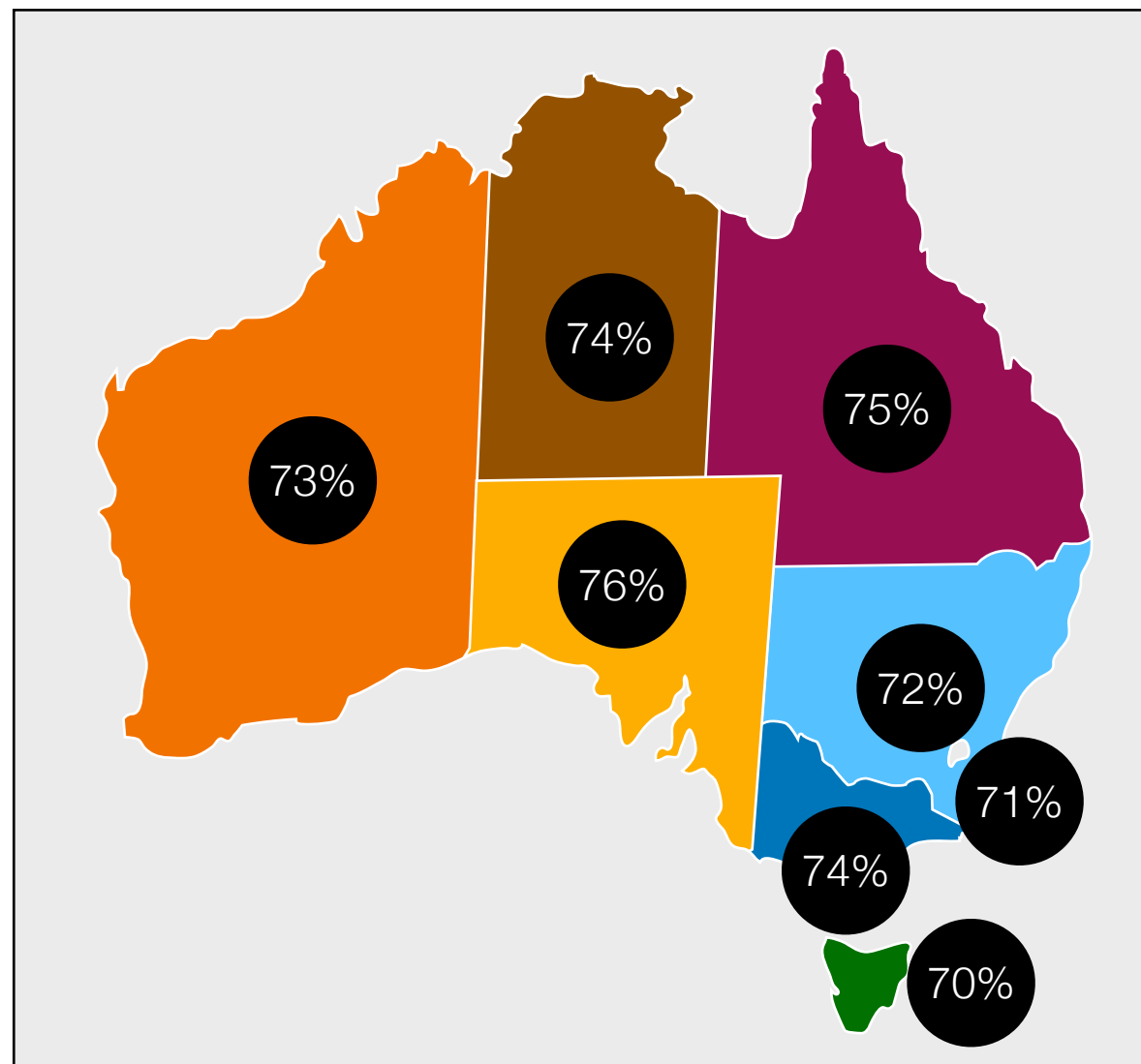
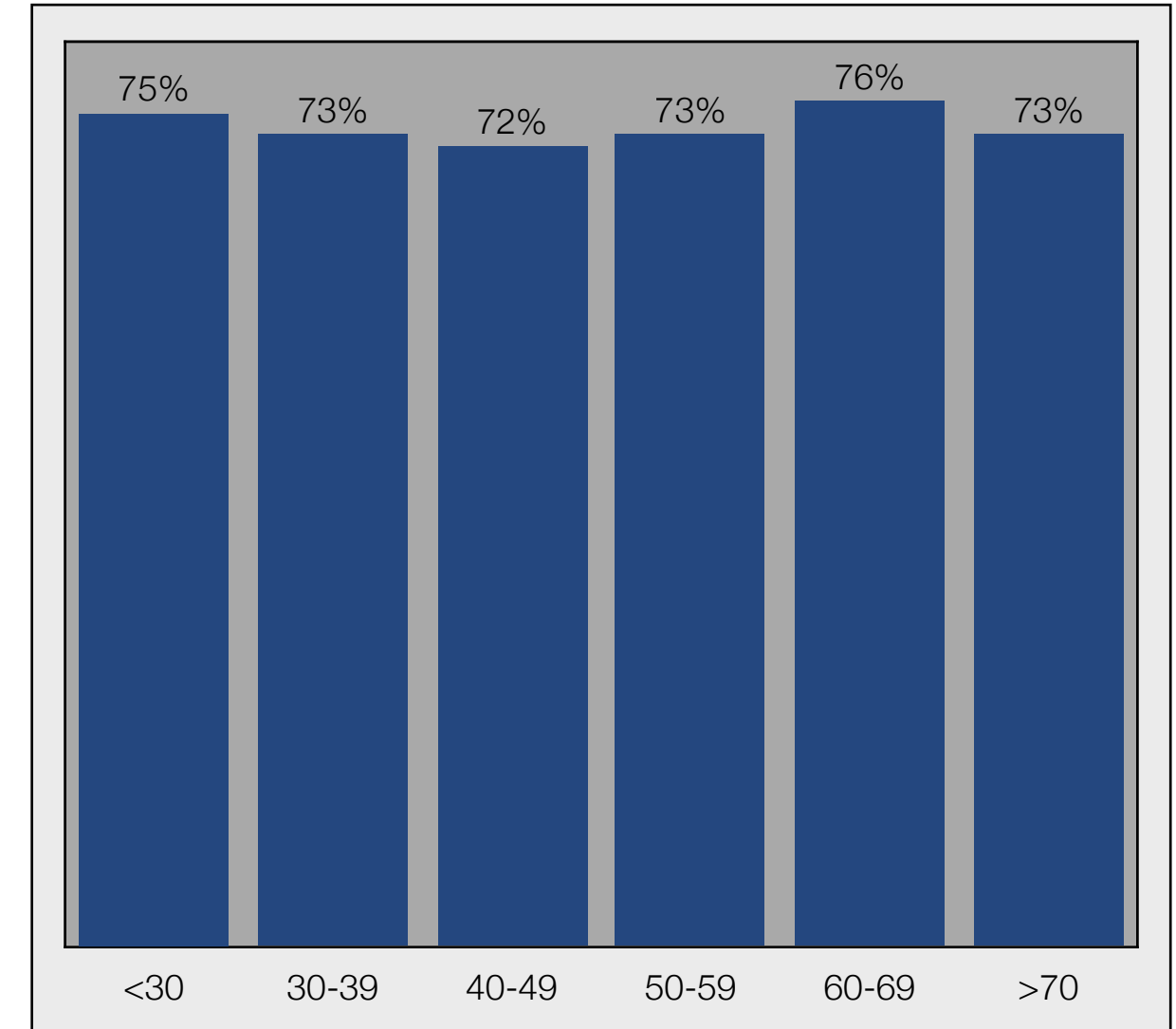
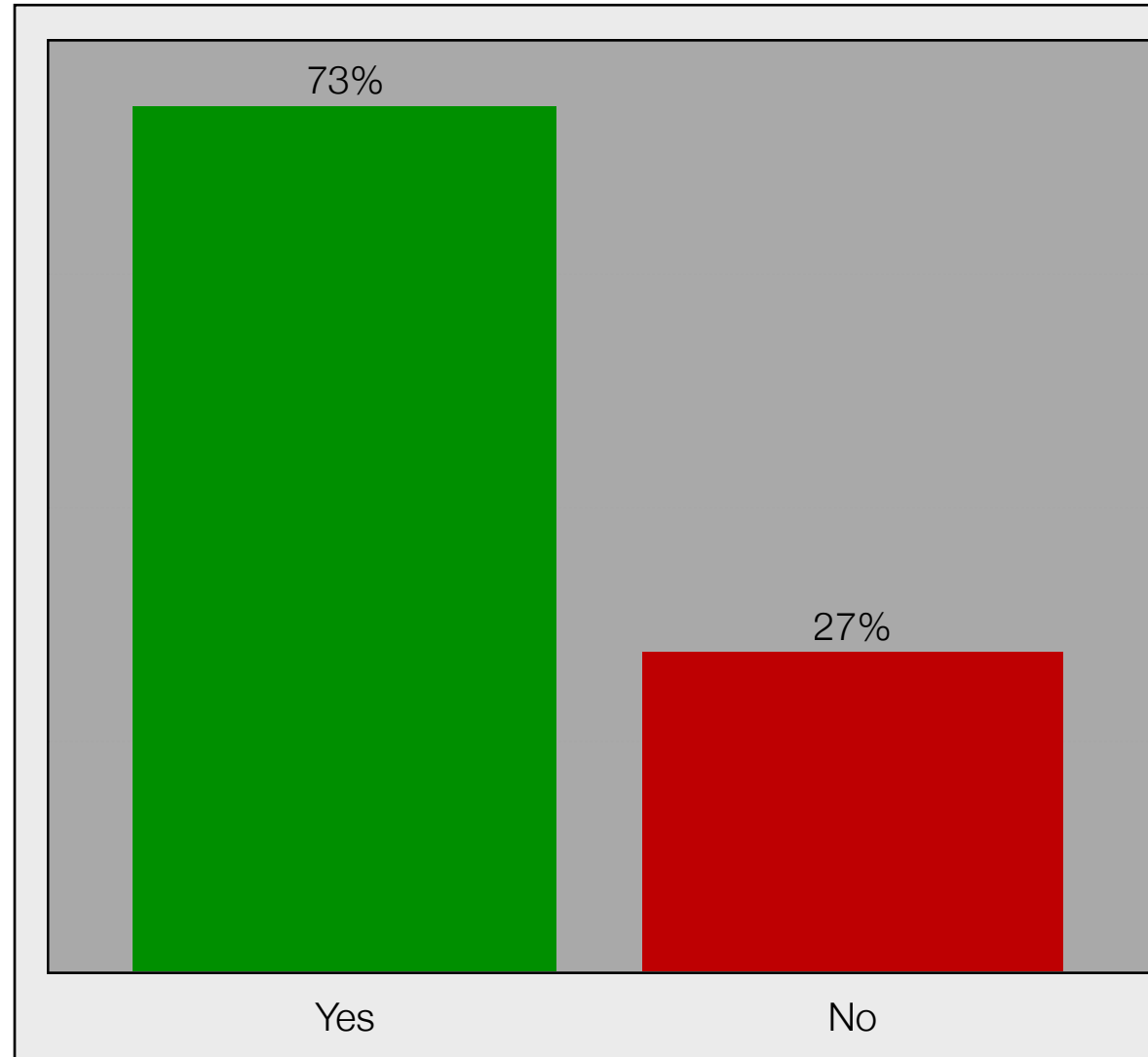
- Through the face-to-face in-depth interviews, there was strong consensus that misinformation was impacting vaccination rates.

"It (misinformation) is increasingly a major problem, anti-vaxers have been around for many years, but I hear misinformation and just plain nonsense on a daily basis about why patients won't have vaccines, I think Governments have to address this quickly."

Jennifer, 39, GP, Toowoomba QLD

"Absolutely it is, nowadays it is common to have people in their 50s, 60s and 70s citing clear misinformation that they got from the Internet, or family, or friends, about the reasons why they don't want to receive a vaccine, five years ago that was quite rare."

Nicola, 46, GP, Castle Hill (Sydney) NSW



Social media & general community the main sources of misinformation

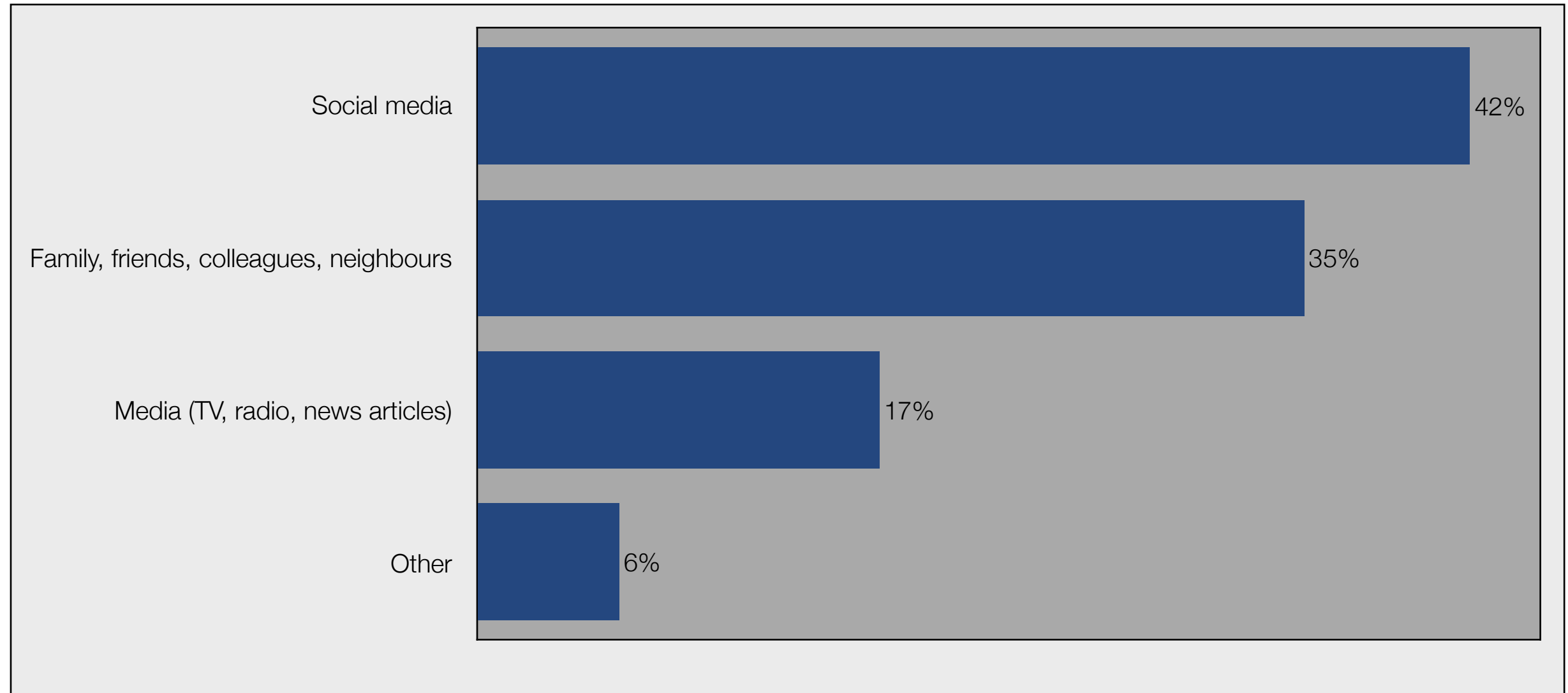
12. Where do you believe misinformation about vaccination is coming from?

Social media & personal contacts the main sources of misinformation

- This question was asked to the 73% who answered 'Yes' in the previous question, that in their opinion, misinformation is impacting vaccination rates.
- Illustrated in the chart opposite, are the sources where misinformation about vaccination is coming from, where:
 - 'Social media' was the main source, accounting for 42% of responses
 - 'Family, friends, colleagues, neighbours (general community) accounted for 35%
 - 'Media (TV, radio, news articles) (17%)
 - 6% answered 'Other'

Other reasons given

- 6% answered 'Other' and specified where they believed misinformation about vaccination was going from, the main being:
 - Government messaging (federal, States & territories)
 - ▶ There are differences between Governments concerning what vaccinations are funded, for example this year in Queensland it is free for everyone, it was free in Western Australia in May-June, but different in other States & territories
 - ▶ This lack of clear, unified messaging leads some people to think vaccination is more of a political issue than a health issue and is perceived as misinformation
 - Changing & conflicting information
 - ▶ During the pandemic there was changing and conflicting information about COVID-19 vaccination and this has stuck in many peoples minds, impacting on vaccination generally
 - Anti-vaxer activists & groups
 - ▶ Individual activists, often celebrities, public figures and influencers, in addition to organised groups are gaining prominence



“Many people don’t raise this, but there is so much mixed messaging from the Federal, State and Territory Governments, they promote vaccination to win votes like what is happening in Queensland this year with the free flu shot, but over the border in New South Wales and Victoria there isn’t a free flu shot this year, such differences make people think vaccination is also political and once this sets in the minds of people, misinformation grows a life of its own...there needs to be consistent messaging and actions from all Governments, like there was initially for COVID-19 vaccination.”

Jeffrey, 62, GP, Strathpine (Brisbane) QLD

“There are organised anti-vaxer groups emerging now, they even have supposedly scientific research articles that they make available on their websites, of course they are not credible but to non-medically trained people, they are readable and interpretable and they are definitely swaying people away from all types of vaccinations.”

Priya, 55, GP, Sunshine (Melbourne) VIC

69% believe future combination vaccines will increase vaccination rates

13. Do you think future combination vaccines will increase vaccination rates?

69% believe future combination vaccines will increase vaccination rates

- Overall, 69% answered 'Yes' that they think future combination vaccines will increase vaccination rates, with 31% answering 'No'.

Slightly higher amongst younger GP's and NP's

- There was a slightly higher incidence to answering 'Yes' amongst the younger age groups of GP's and NP's, evidenced in:
 - 70% of those aged <30 & 72% (30-39) answering 'Yes'
 - 66% (>70) & 68% (60-69) & >70 answering 'Yes'

Highest in ACT, WA, VIC & NT

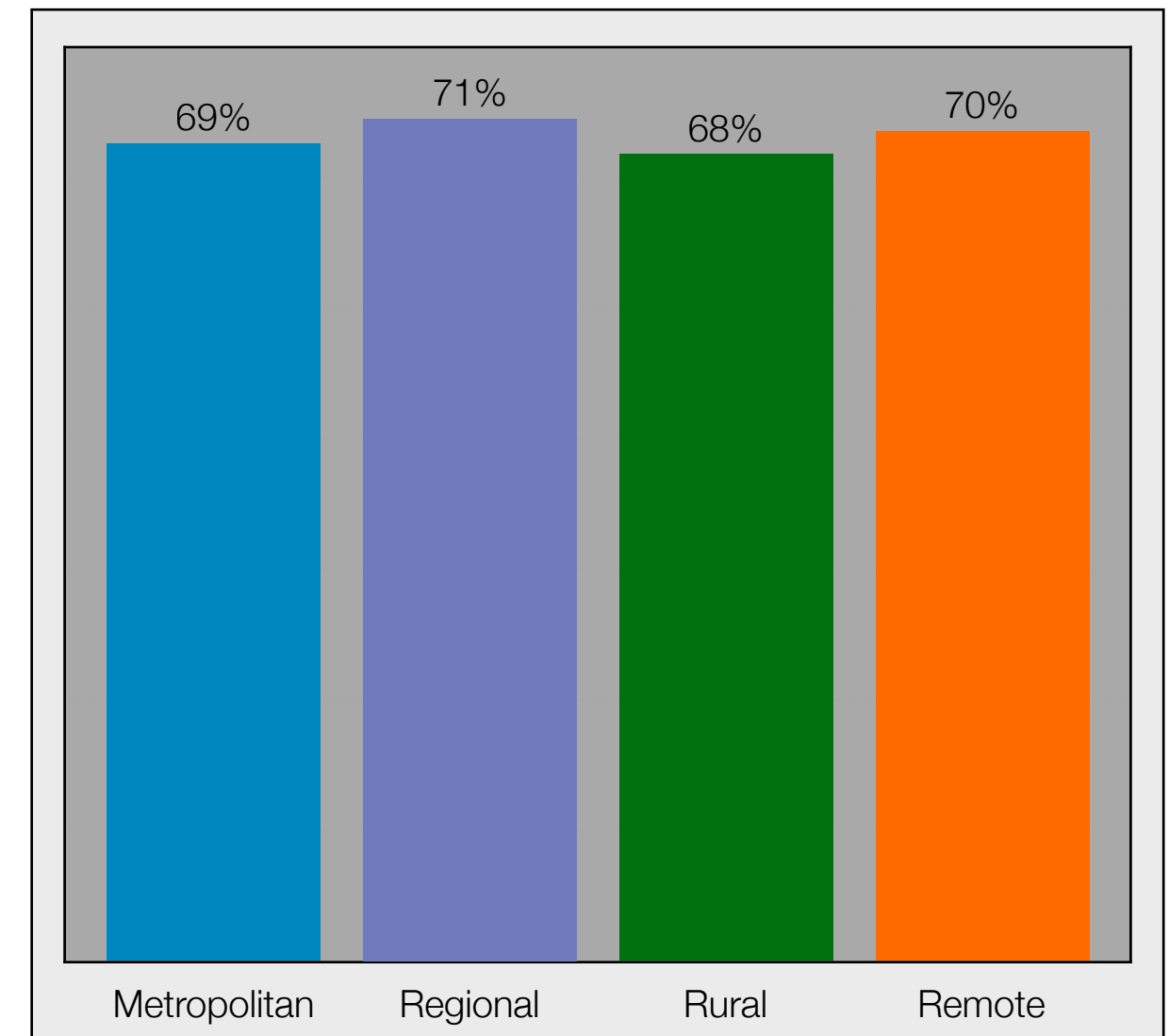
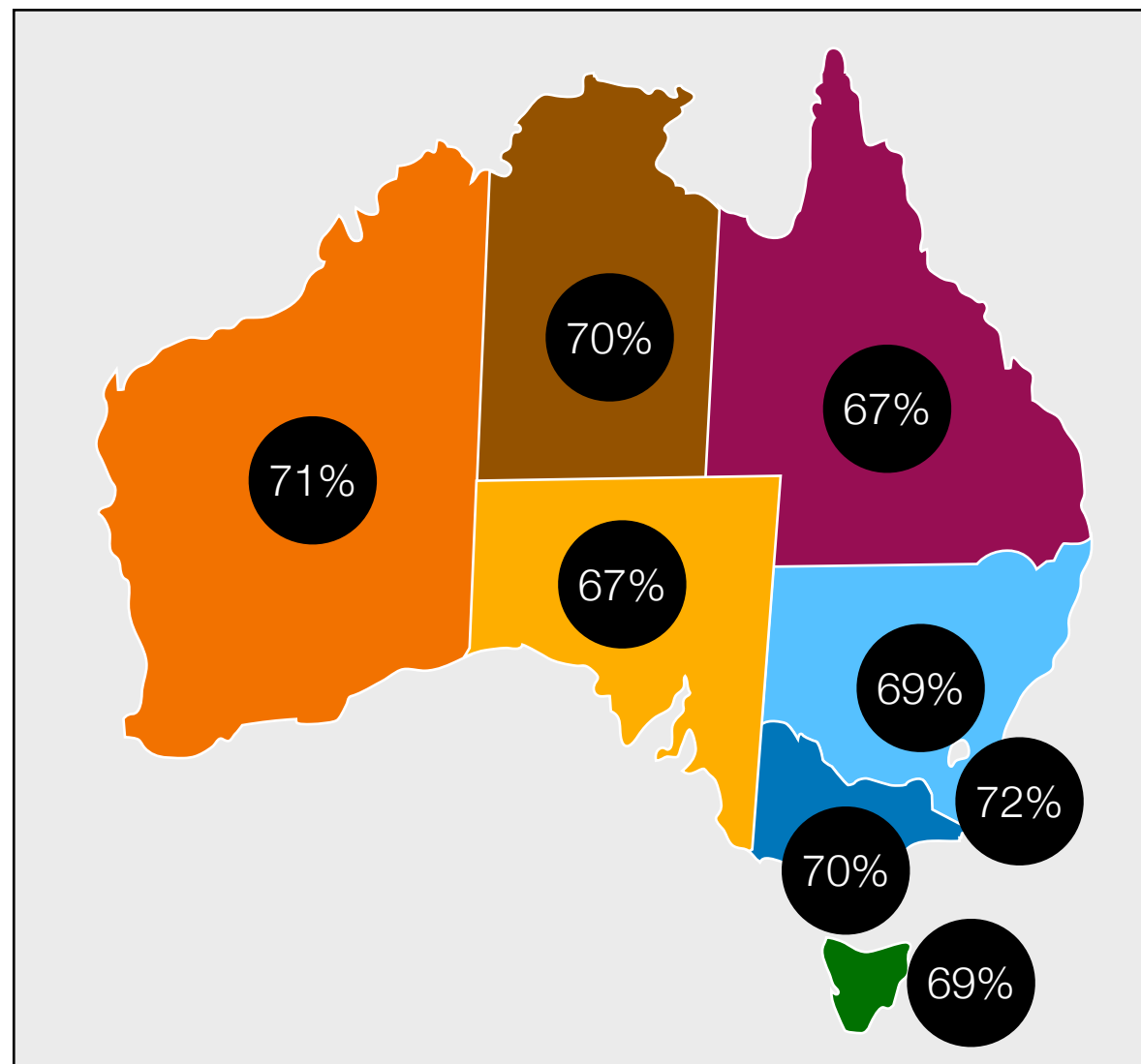
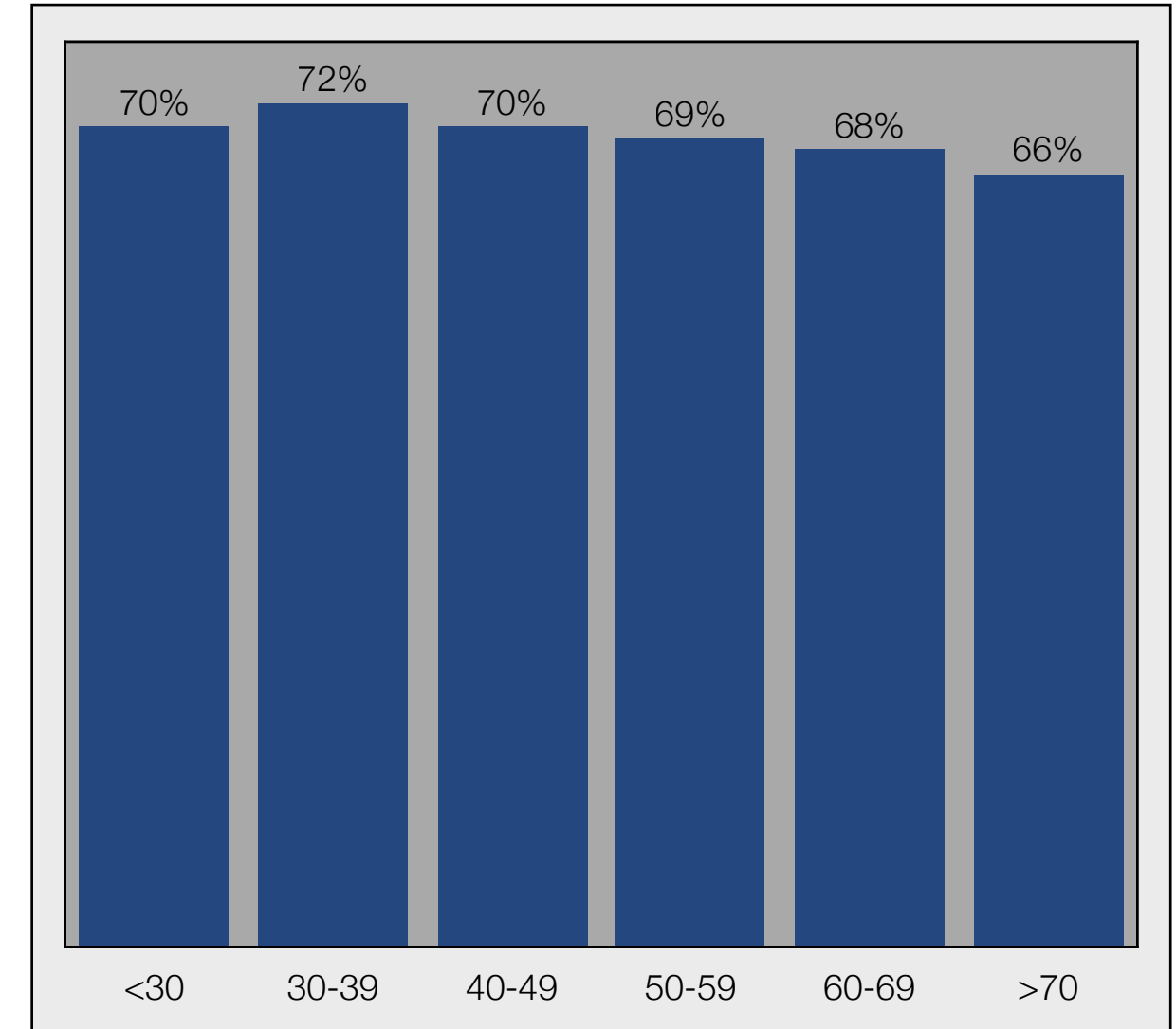
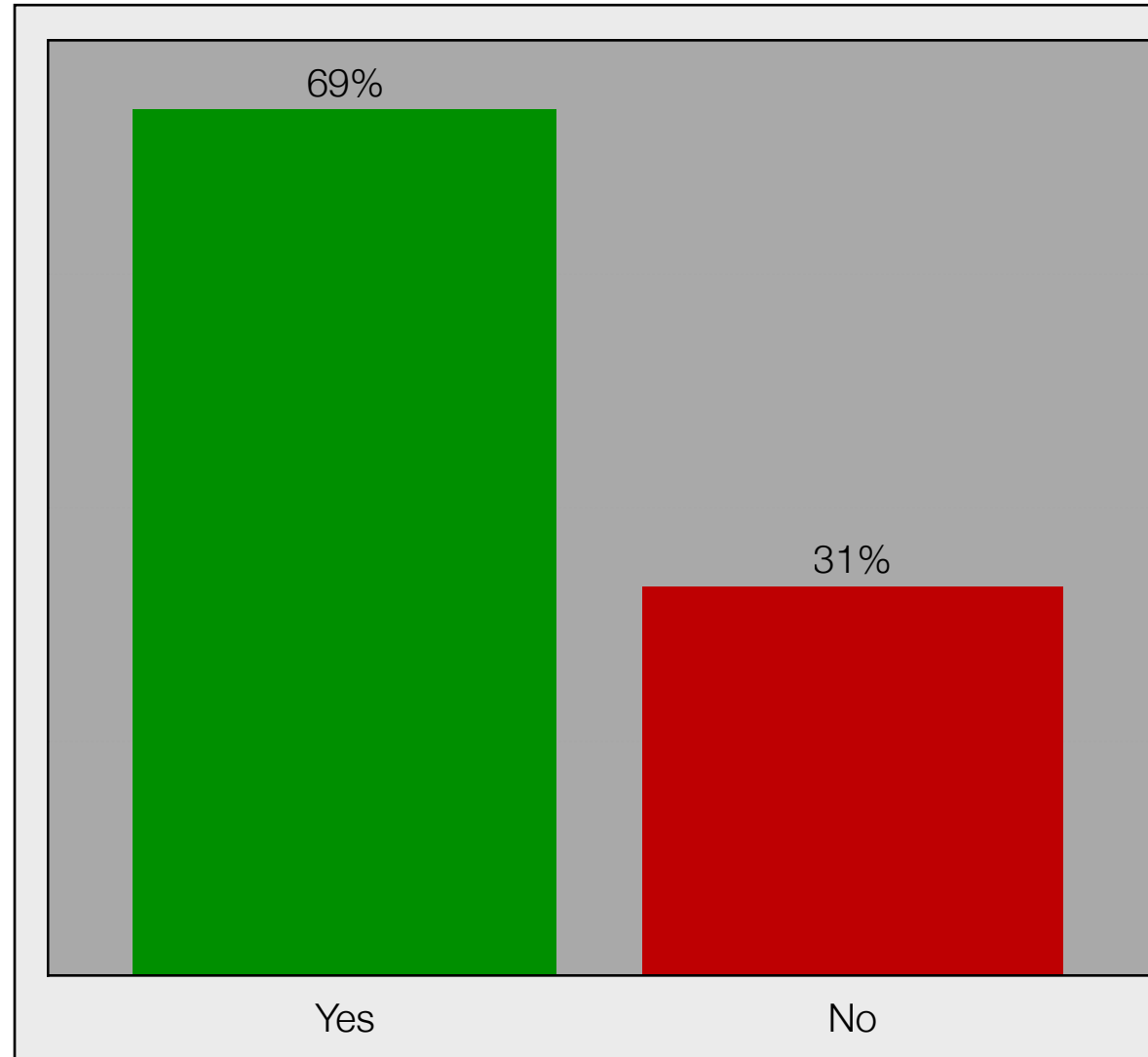
- There was a slightly higher response to 'Yes' amongst those from ACT (72%), WA (71%), VIC & NT (70%) and those in regional areas.

Strong consensus amongst those interviewed

- Through the face-to-face in-depth interviews, there was strong consensus that future combination vaccines will increase vaccination rates.

"I have no doubt that they (future combination vaccines) will increase vaccination rates, for instance if the latest COVID booster was combined with the the latest Influenza vaccine, then that would definitely have an increase in the vaccination rates for both, this has been talked about for the last few years and hopefully it is not far off."

Hannah, 51, GP, Lindisfarne (Hobart) TAS



Combination vaccines offer convenience & reduced cost to patients

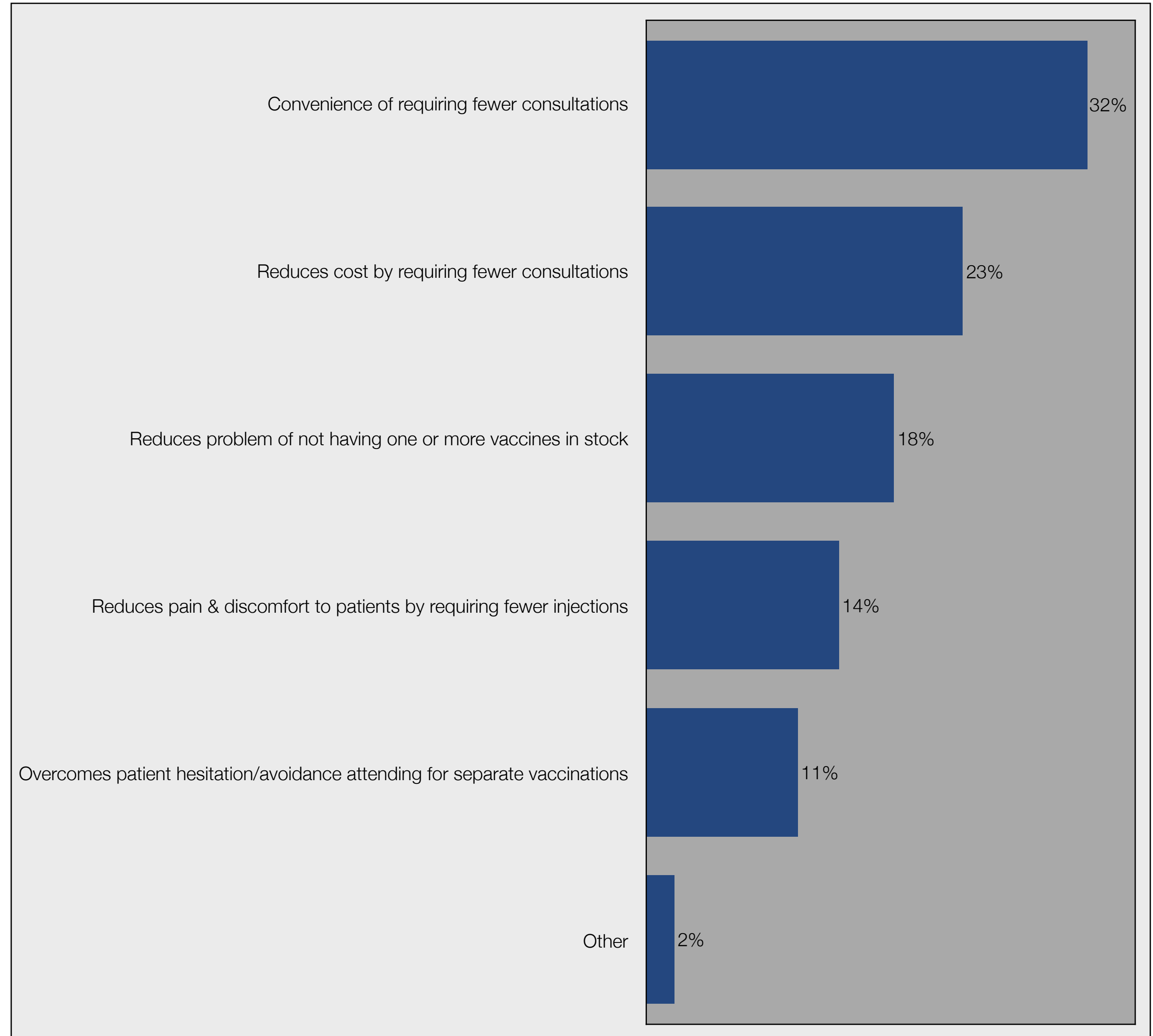
14. Why do you think future combination vaccines will increase vaccination rates?

Asked to those who do not think the public are sufficiently informed before new vaccines become available

- This question was asked to the 69% who answered 'Yes' in the previous question, that they think future combination vaccines will increase vaccination rates.

Convenience & reduced cost the main reasons for increased vaccination rates from future combination vaccines

- The findings, illustrated in the chart opposite:
 - 'Convenience of requiring fewer consultations' was the the main reason given, accounting for 32% of overall responses
 - 'Reduces cost by requiring fewer consultations' (23%)
 - 'Reduces problem of not having one or more vaccines in stock' (18%)
 - 'Reduces pain & discomfort to patients by requiring fewer injections' (14%)
 - 'Overcomes patient hesitation/avoidance attending for separate vaccinations' (11%)
 - 2% gave other reasons



84% think State/Territory and/or Federal Governments should play a greater role

15. Do you think the State/Territory and/or Federal Governments should play a greater role in engaging with the public to increase vaccination rates?

84% think the State/Territory and/or Federal Governments should play a greater role in engaging with the public to increase vaccination rates

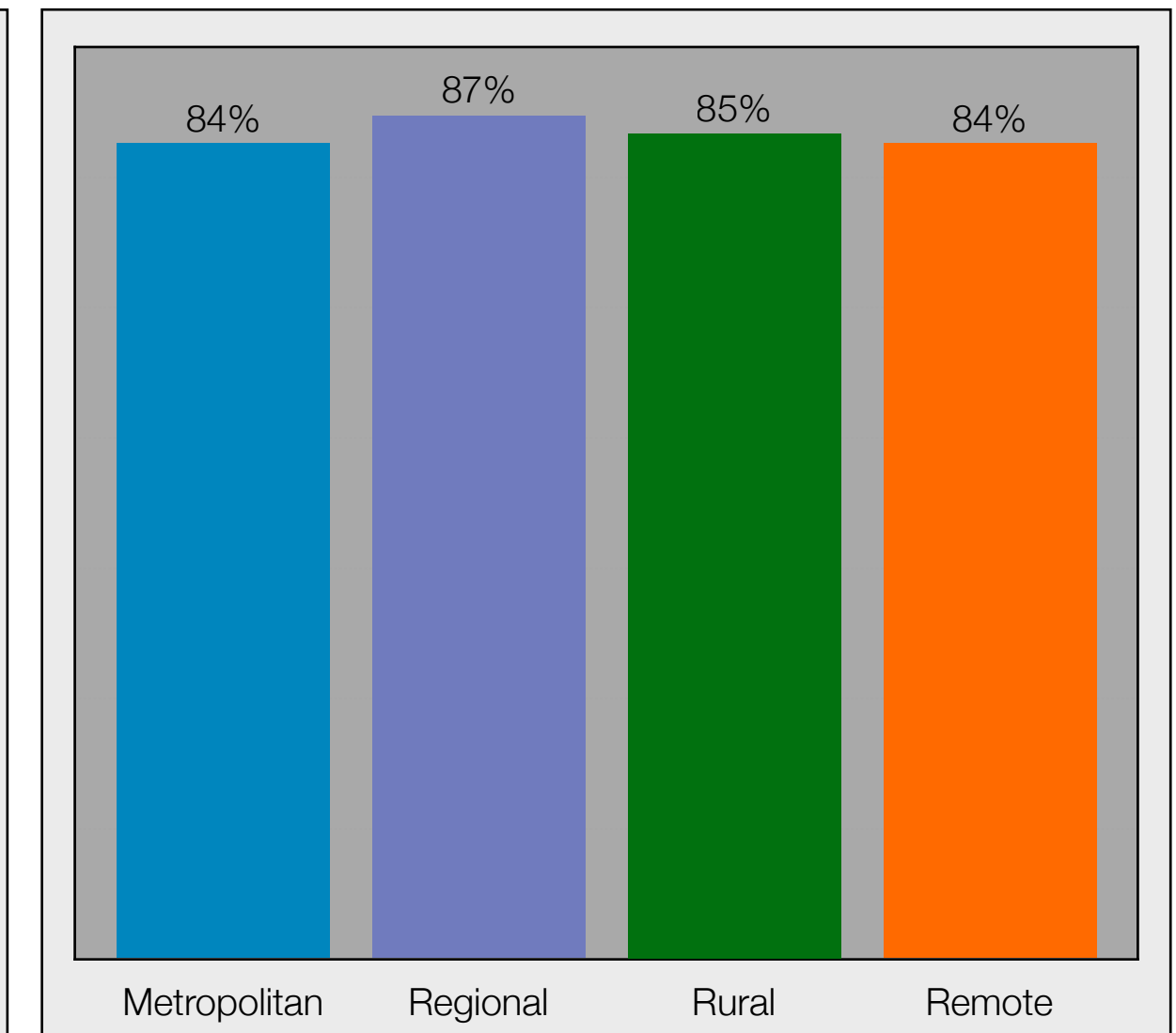
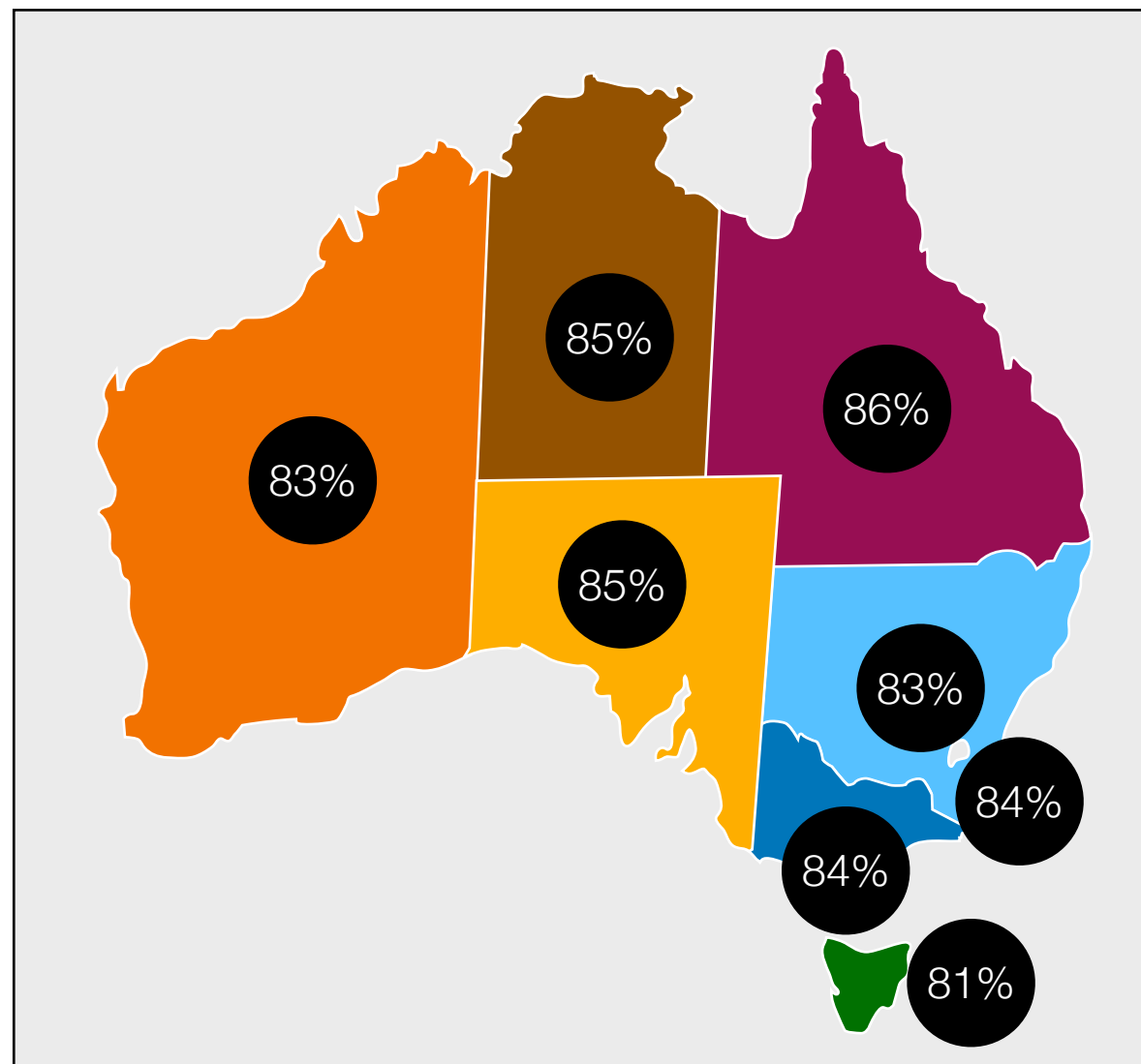
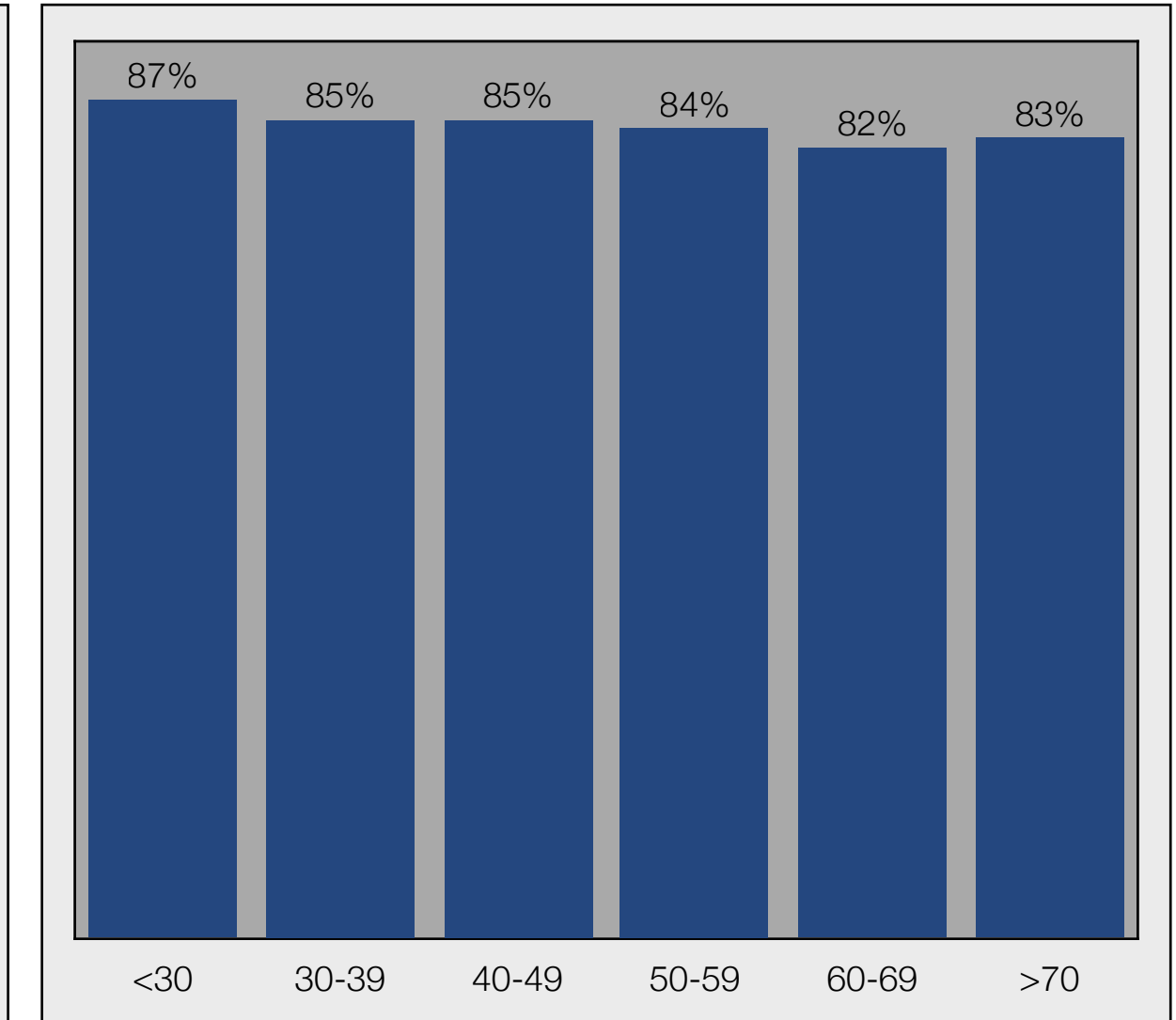
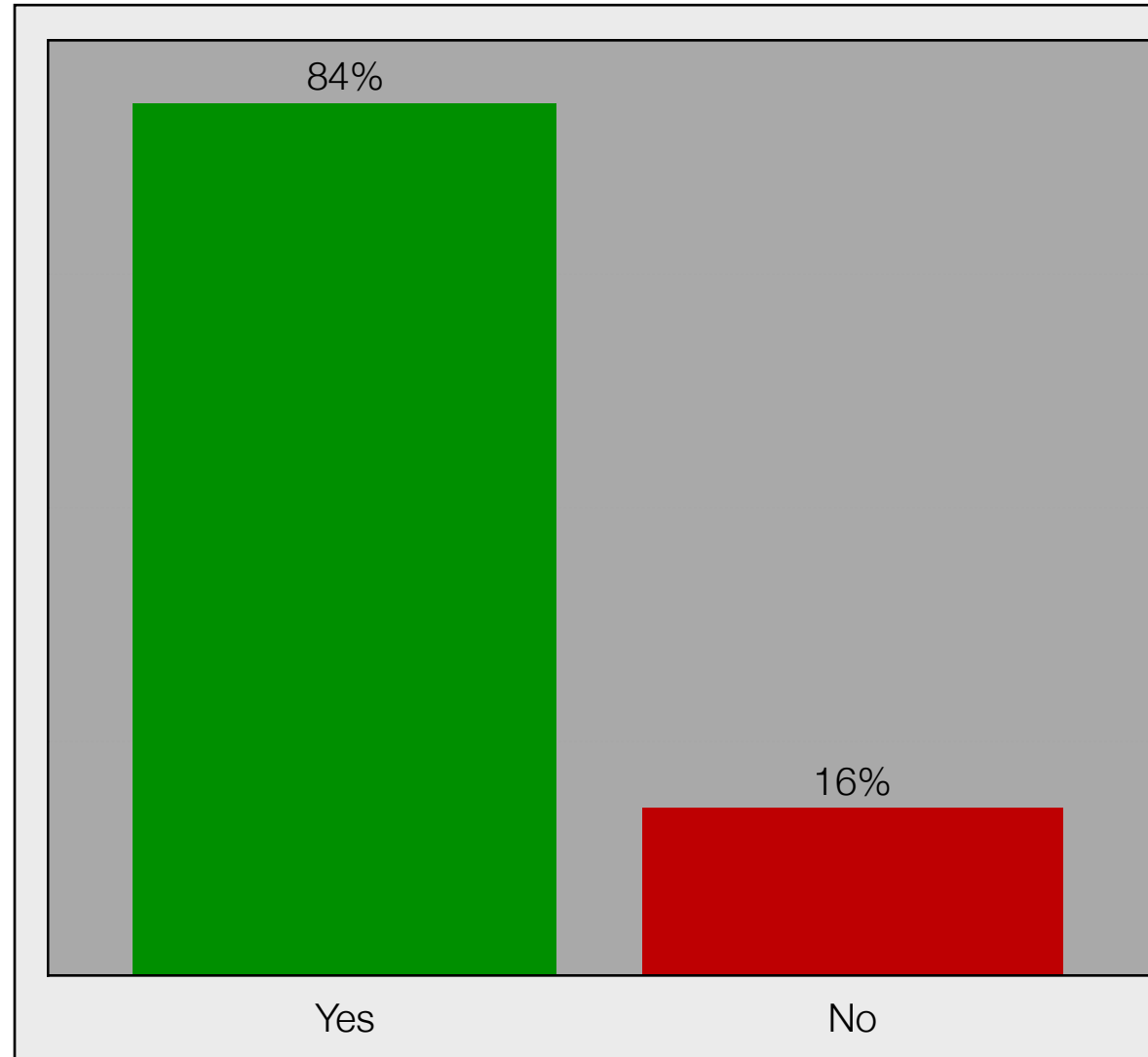
- Overall, 84% answered 'Yes' that they think the State/Territory and/or Federal Governments should play a greater role in engaging with the public to increase vaccination rates, with 16% answering 'No'.

Slightly higher amongst younger GP's and NP's

- There was a slightly higher incidence to answering 'Yes' amongst the younger age groups of GP's and NP's, evidenced in:
 - 87% of those aged <30 & 85% (30-39 & 40-49) answering 'Yes'
 - 82% (60-69) & 83% (>70) answering 'Yes'

Highest in QLD, SA & NT

- There was a slightly higher response to 'Yes' amongst those from QLD (86%), SA & NT (85%).
- There was minimal variation across geographic areas, apart from a higher response (87%) amongst those from regional areas.



86% believe information from Governments is sufficient

16. Is the medical information about vaccines/vaccination programs and initiatives available to you from Federal and State/Territory Governments sufficient?

86% believe the medical information about vaccines/vaccination available from Federal & State/Territory Governments is sufficient

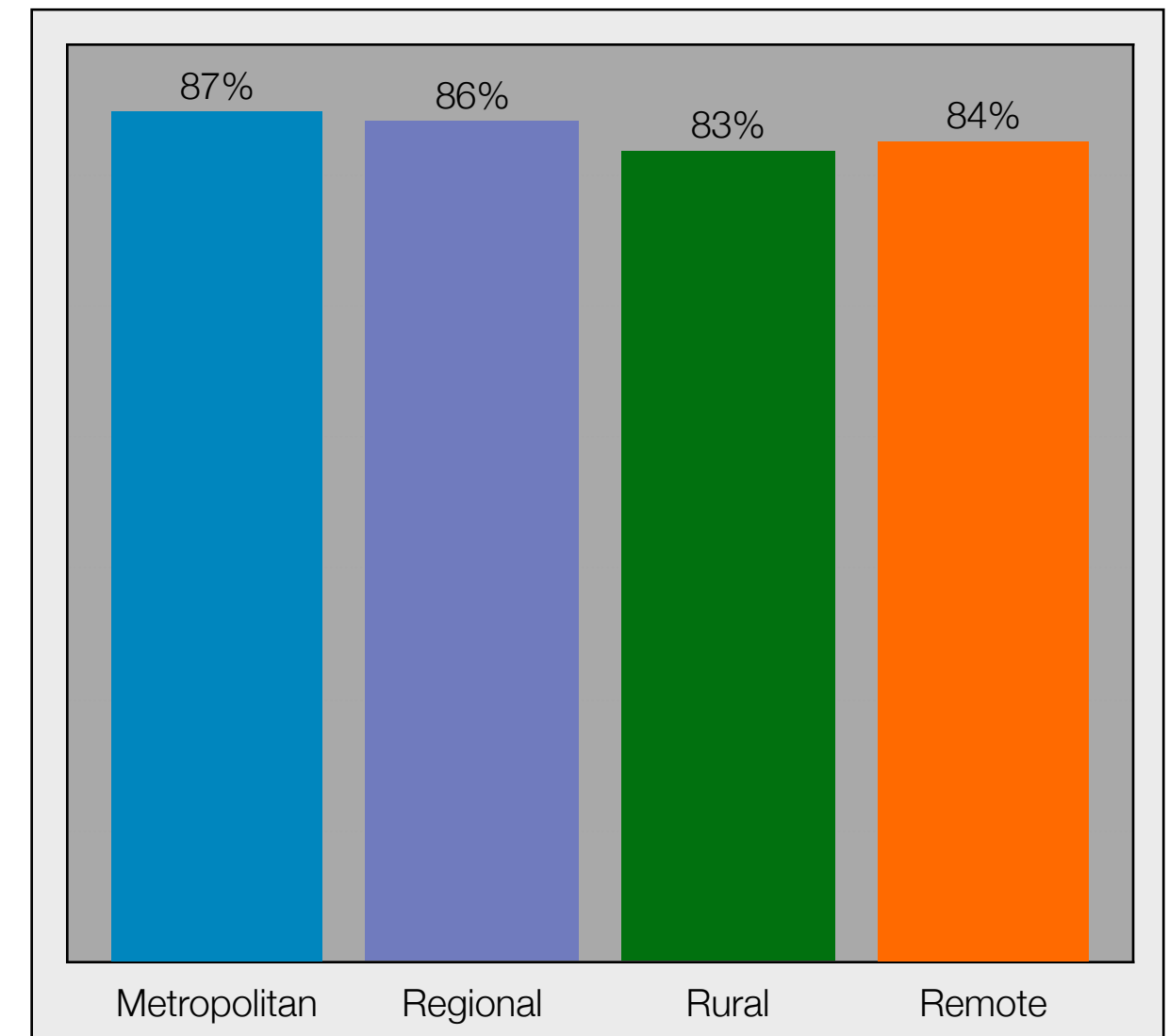
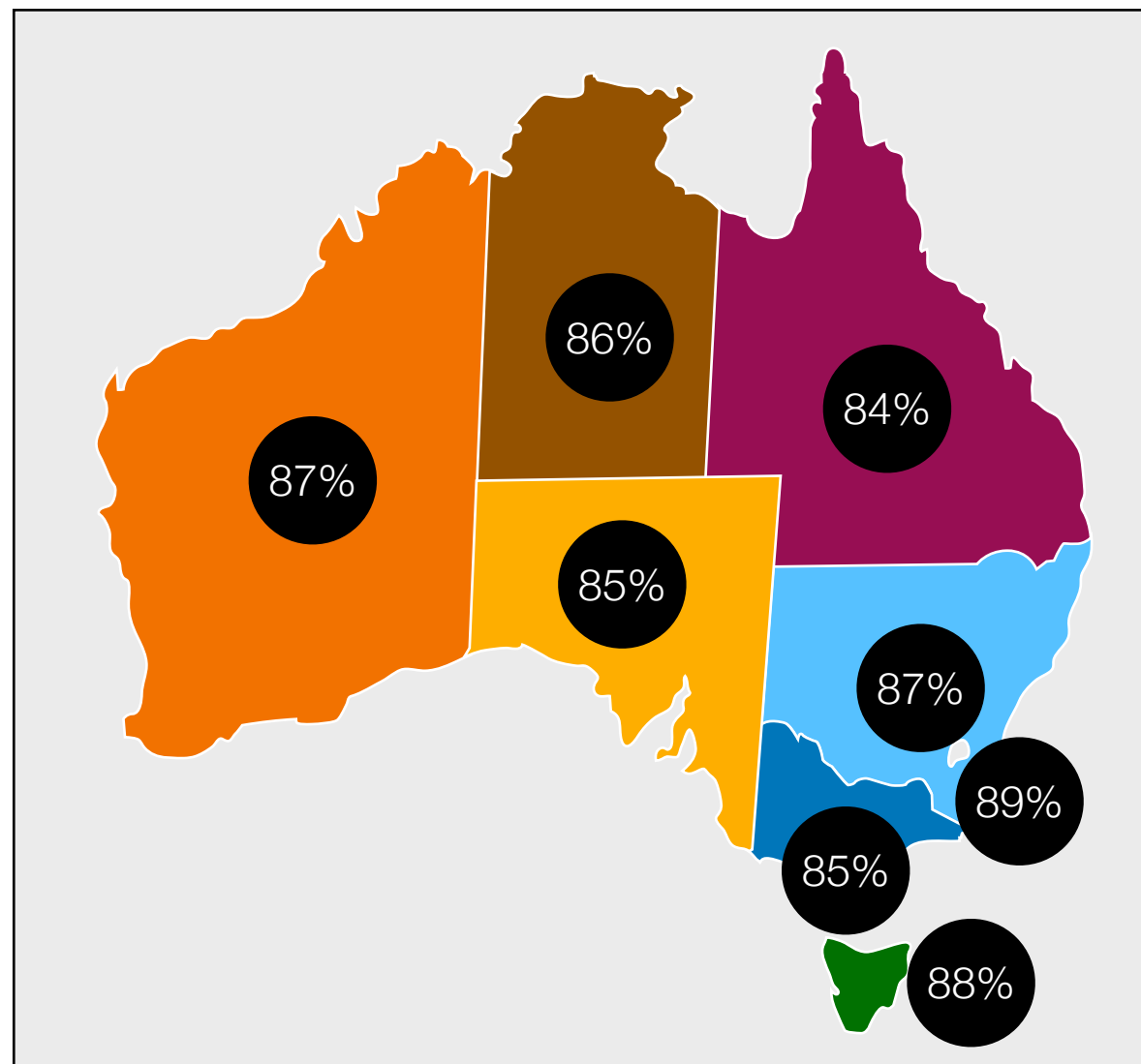
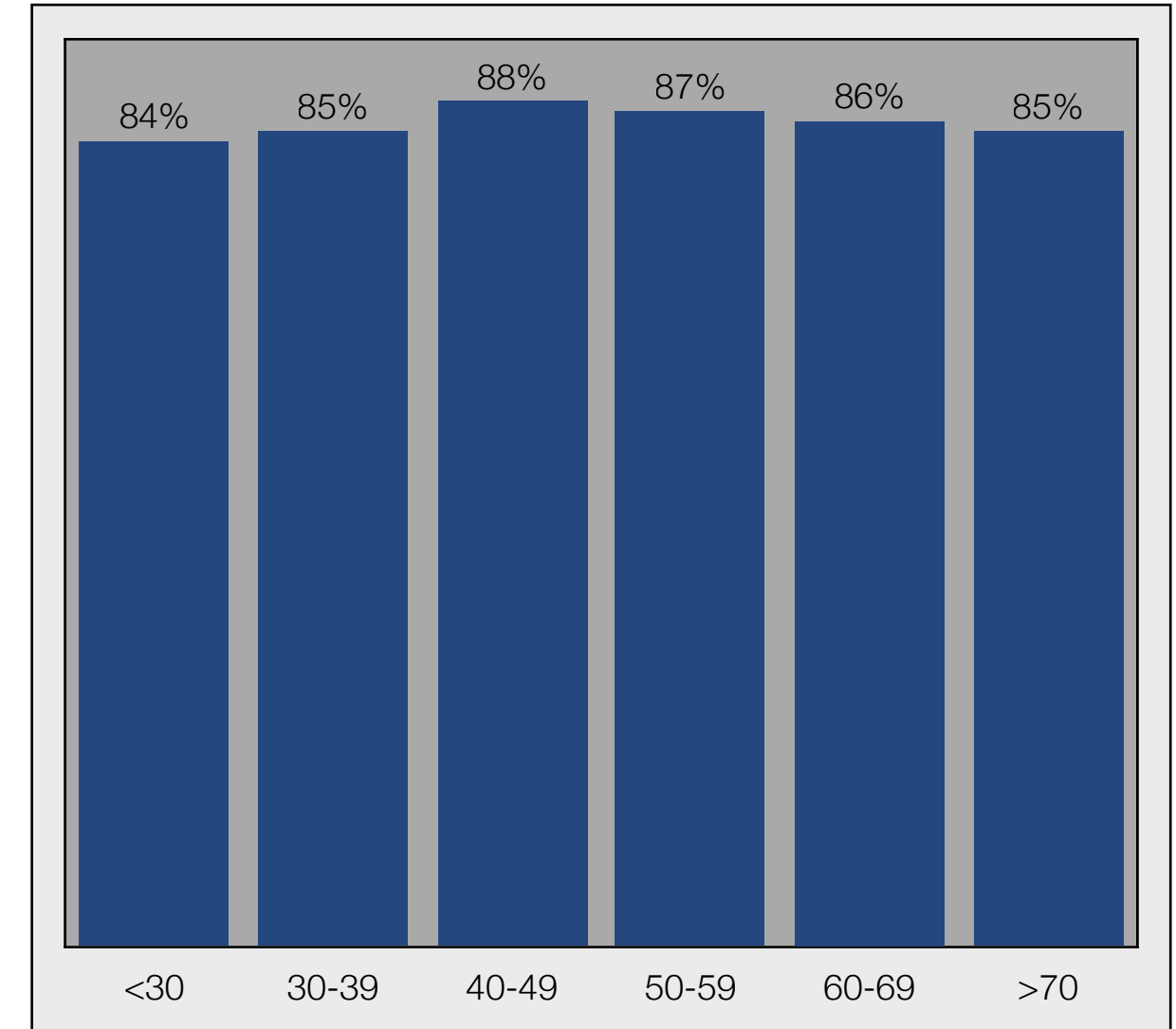
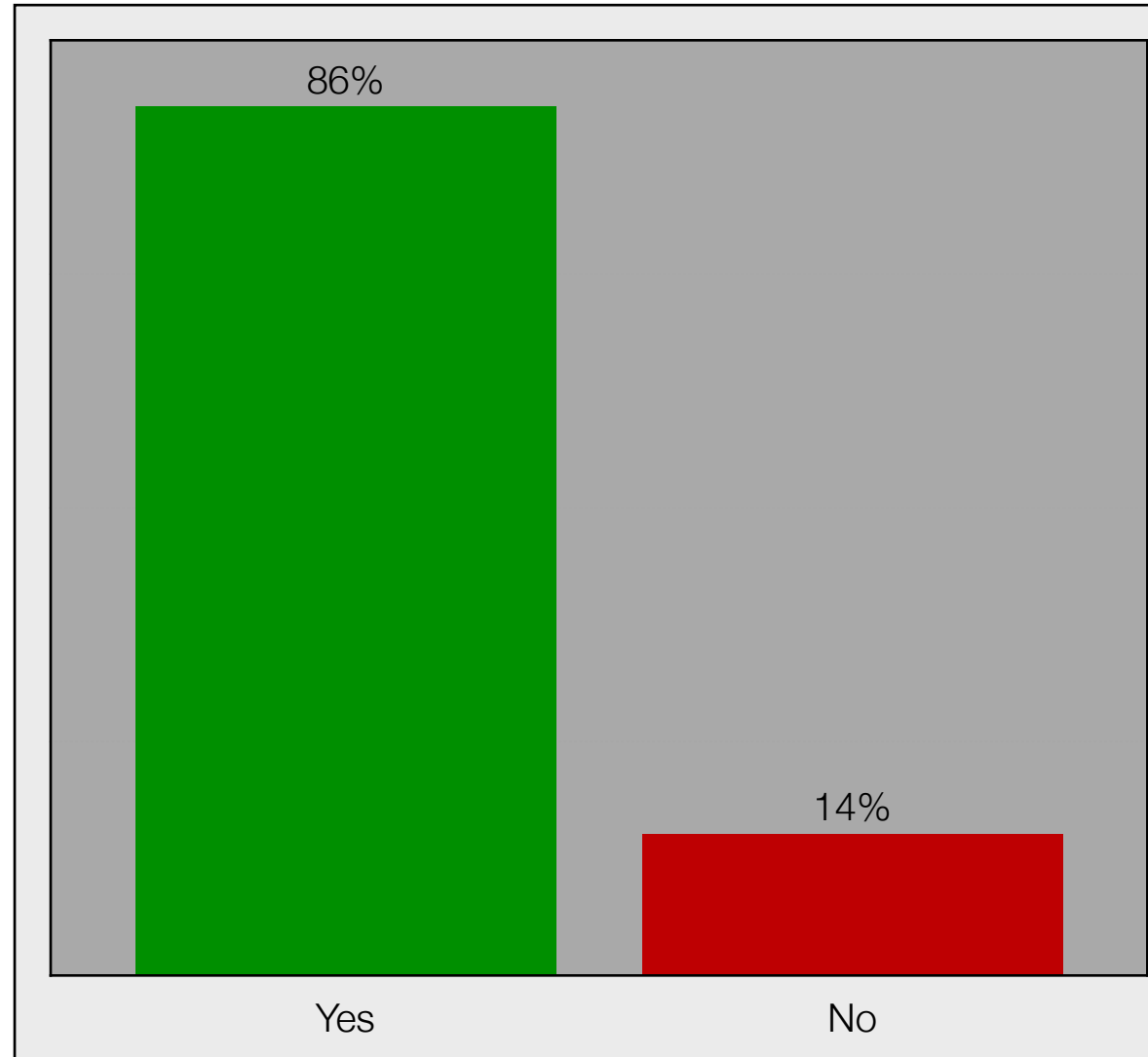
- Overall, 86% answered 'Yes' that believe the medical information about vaccines/vaccination programs and initiatives available to them from Federal and State/Territory Governments is sufficient, with 14% answering 'No'.

Slightly higher amongst middle-aged GP's and NP's

- There was a slightly higher incidence to answering 'Yes' amongst the middle-age groups of GP's and NP's, evidenced in:
 - 88% of those aged 40-49 & 87% (50-59) answering 'Yes'
 - 84% (<30) & 85% (30-39 & >70) answering 'Yes'

Highest in ACT & TAS

- There was a slightly higher response to 'Yes' amongst those from ACT (89%) & TAS (88%).
- There was slight variation across geographic areas, slightly higher amongst those from metropolitan and regional areas.



Provide awareness campaigns with clear, consistent messaging

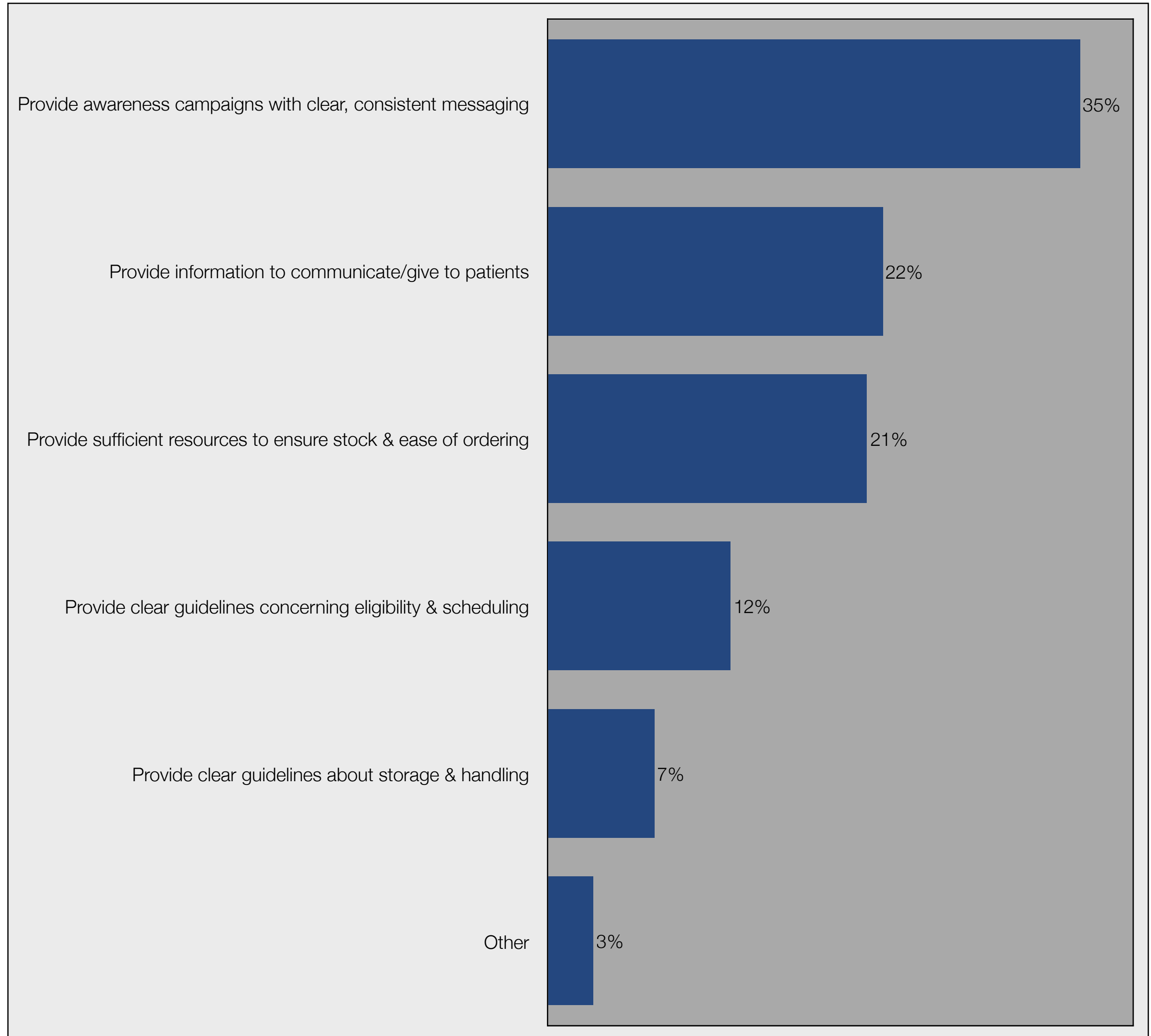
17. What are the main things that the Federal and State/Territory Governments could do to make a significant difference to you concerning medical information about vaccines/ vaccination programs and initiatives?

Asked to those who do not believe the medical information about vaccines/vaccination programs and initiatives provided is sufficient

- This question was asked to the 14% who answered ‘No’ in the previous question, that they do not believe the medical information about vaccines/vaccination programs and initiatives available to them from Federal and State/Territory Governments is sufficient.

Provide awareness campaigns with clear, consistent messaging

- The findings, illustrated in the chart opposite:
 - ‘Provide awareness campaigns with clear, consistent messaging’ was the the main suggestion given, accounting for 35% of overall responses
 - ‘Provide information to communicate/give to patients’ (22%)
 - ▶ Leaflets, brochures etc that can be provided to patients post-vaccination (providing more in-depth information about the vaccine & listing common side effects)
 - ▶ Leaflets, brochures etc that can be provided to patients considering the vaccine/s (providing more in-depth information about the vaccine, reasons why it is important & addressing safety concerns)
 - ‘Provide sufficient resources to ensure stock & ease of ordering’ (21%)
 - ‘Provide clear guidelines concerning eligibility & scheduling’ (12%)
 - ‘Provide clear guidelines about storage & handling’ (7%)
 - 3% gave other reasons, the main being:
 - ▶ Ease of recording in AIR
 - ▶ Notification of new vaccine roll-outs or changes in eligibility for existing vaccines at 2-3 months in advance of these events



57% believe vaccine information provided from their State/Territory Government sufficient

18. Is the vaccine information provided to patients (leaflet's, information packs etc) from your State/Territory Government sufficient?

57% believe vaccine information provided to patients from their State/Territory Government to be sufficient

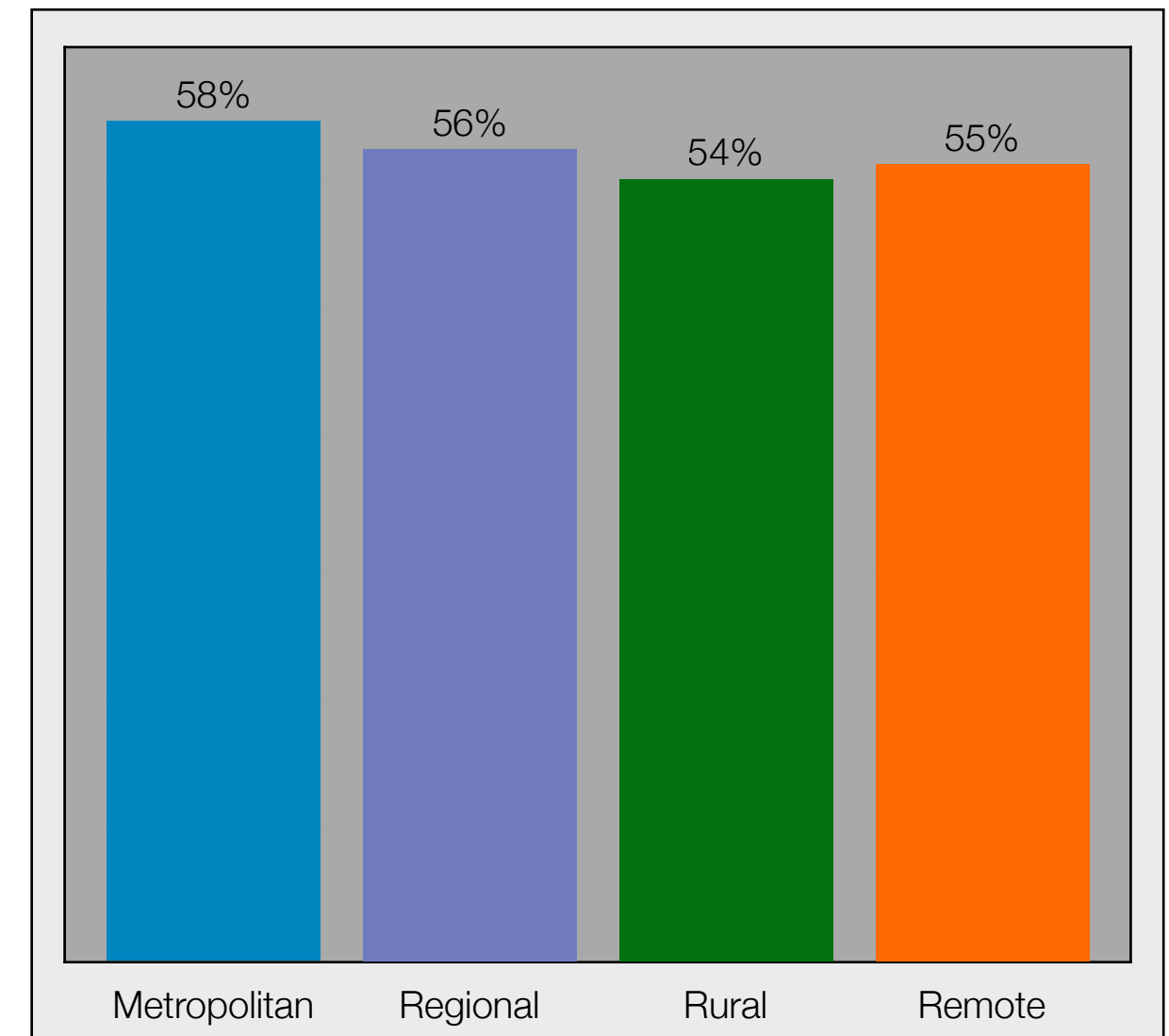
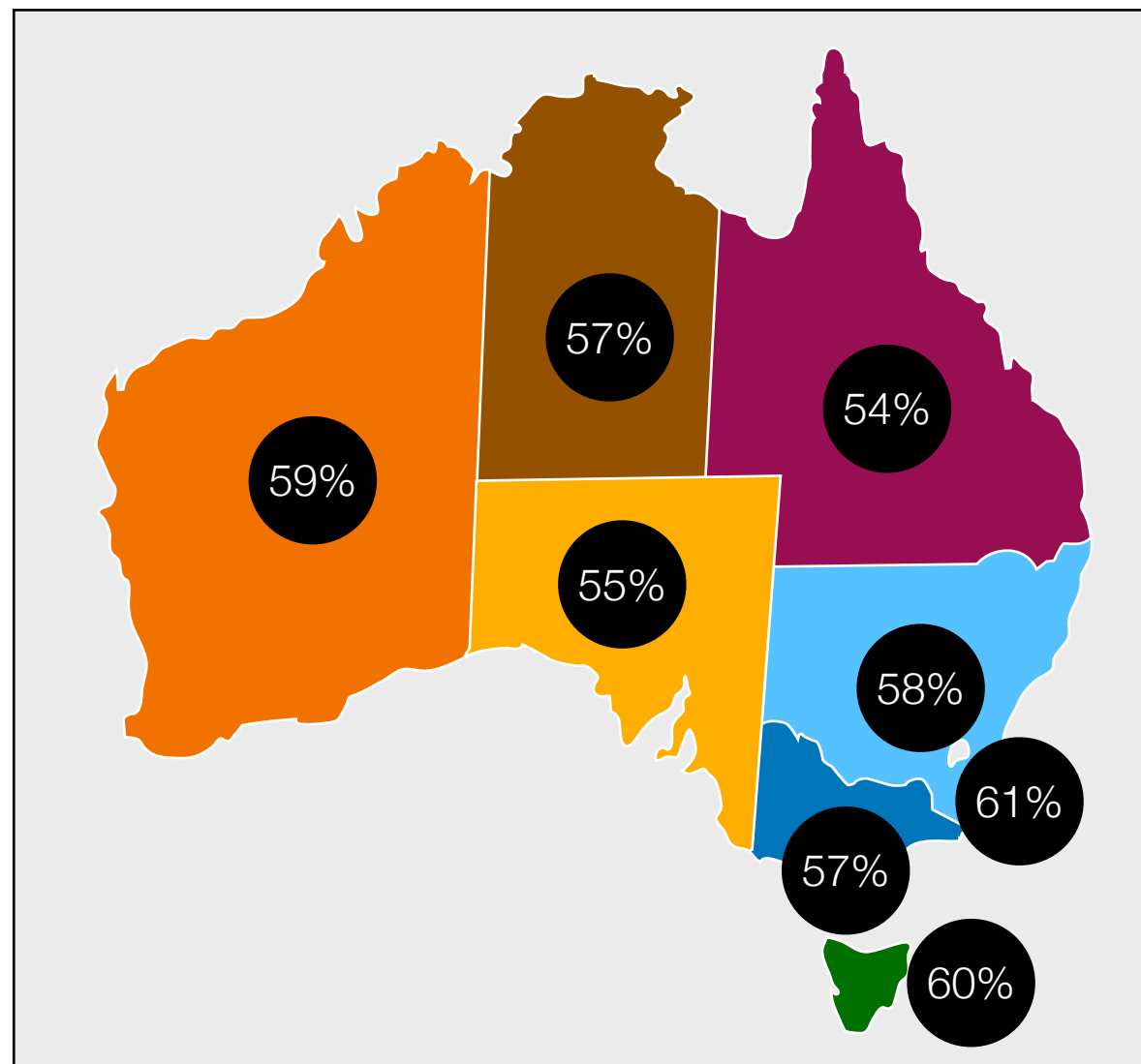
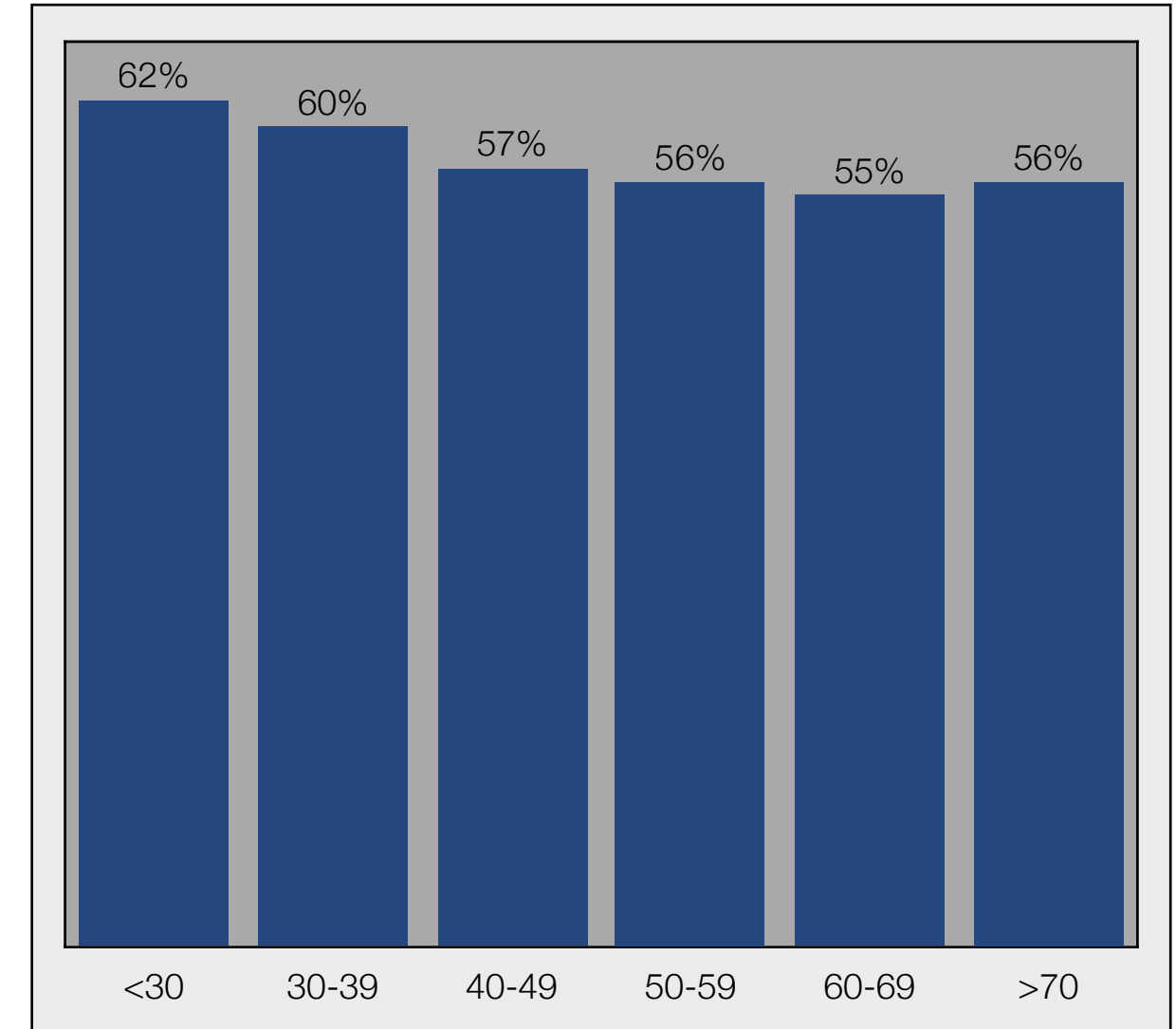
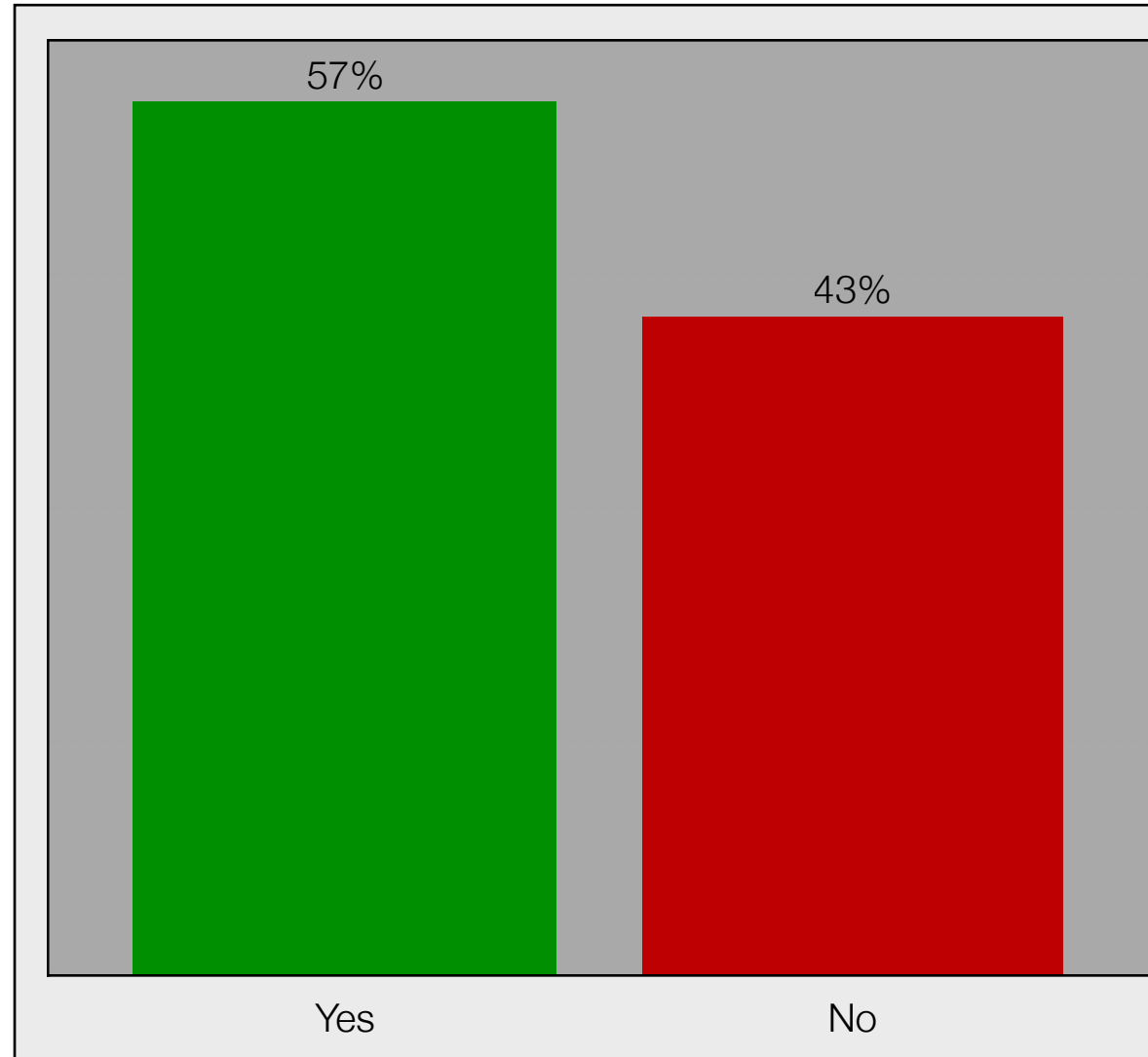
- Overall, 57% answered 'Yes' that the vaccine information provided to patients from their State/Territory Government was sufficient, with 43% answering 'No'.

Higher amongst younger GP's and NP's

- There was a higher incidence to answering 'Yes' amongst the younger age groups of GP's and NP's, evidenced in:
 - 62% of those aged <30 & 60% (30-39) answering 'Yes'
 - 55% (60-69) & 56% (50-559 & >70) answering 'Yes'

Highest in ACT & TAS, lowest in QLD & SA

- There was a higher response to 'Yes' amongst those from ACT (61%) & TAS (60%).
- The lowest response to 'Yes' was amongst those from QLD (54%) & SA (55%).
- There was a higher response to 'Yes' amongst those in metropolitan areas.



Address common concerns, misconceptions & misinformation

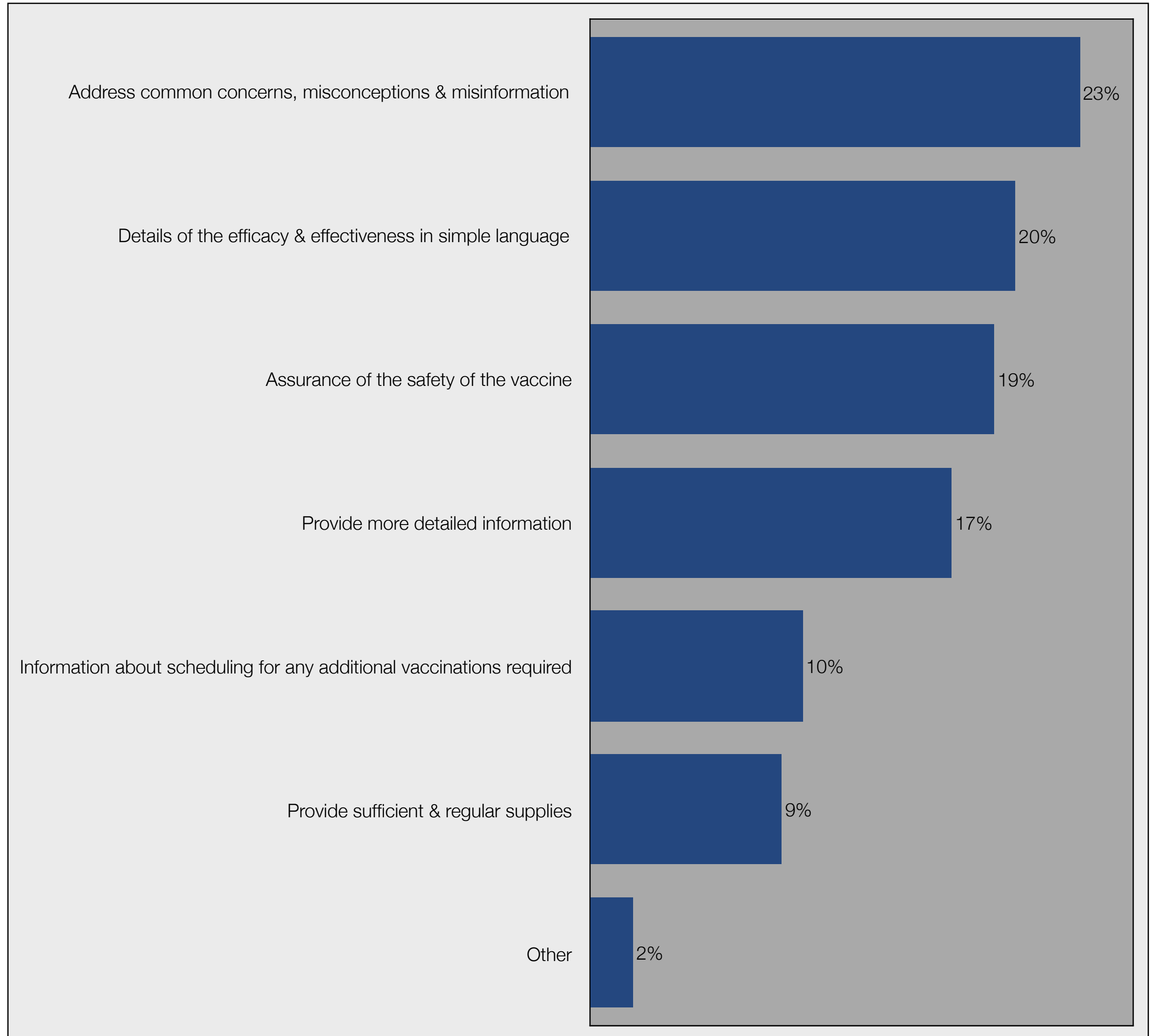
19. What are the main things that your State/Territory Government could do to make a significant difference to the vaccine information that is provided to patients (leaflet's, information packs etc)?

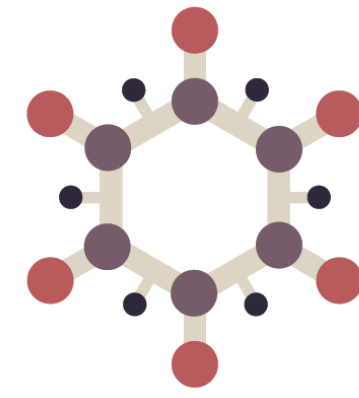
Asked to those who do not believe the vaccine information provided to patients from their State/Territory Government to be sufficient

- This question was asked to the 43% who answered 'No' in the previous question, that they do not believe the vaccine information provided to patients (leaflet's, information packs etc) from their State/Territory Government to be sufficient.

Address common concerns, misconceptions & misinformation

- The findings, illustrated in the chart opposite:
 - 'Address common concerns, misconceptions & misinformation' was the the main suggestion given, accounting for 23% of overall responses
 - 'Details of the efficacy & effectiveness in simple language' (20%)
 - 'Assurance of the safety of the vaccine' (19%)
 - 'Provide more detailed information' (17%)
 - ▶ Often it is too simplistic and patients have questions which could have been addressed in the leaflet/brochure, such as the composition and mechanism of action
 - ▶ List the common side effects
 - 'Information about scheduling for any additional vaccinations required' (10%)
 - ▶ For example the 2nd Shingrix vaccination, when it should be administered after the initial vaccination and why it is required
 - 'Provide sufficient & regular supplies' (9%)
 - 2% gave other reasons





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