

# Vaccine advocacy and overcoming vaccine hesitancy among older adults

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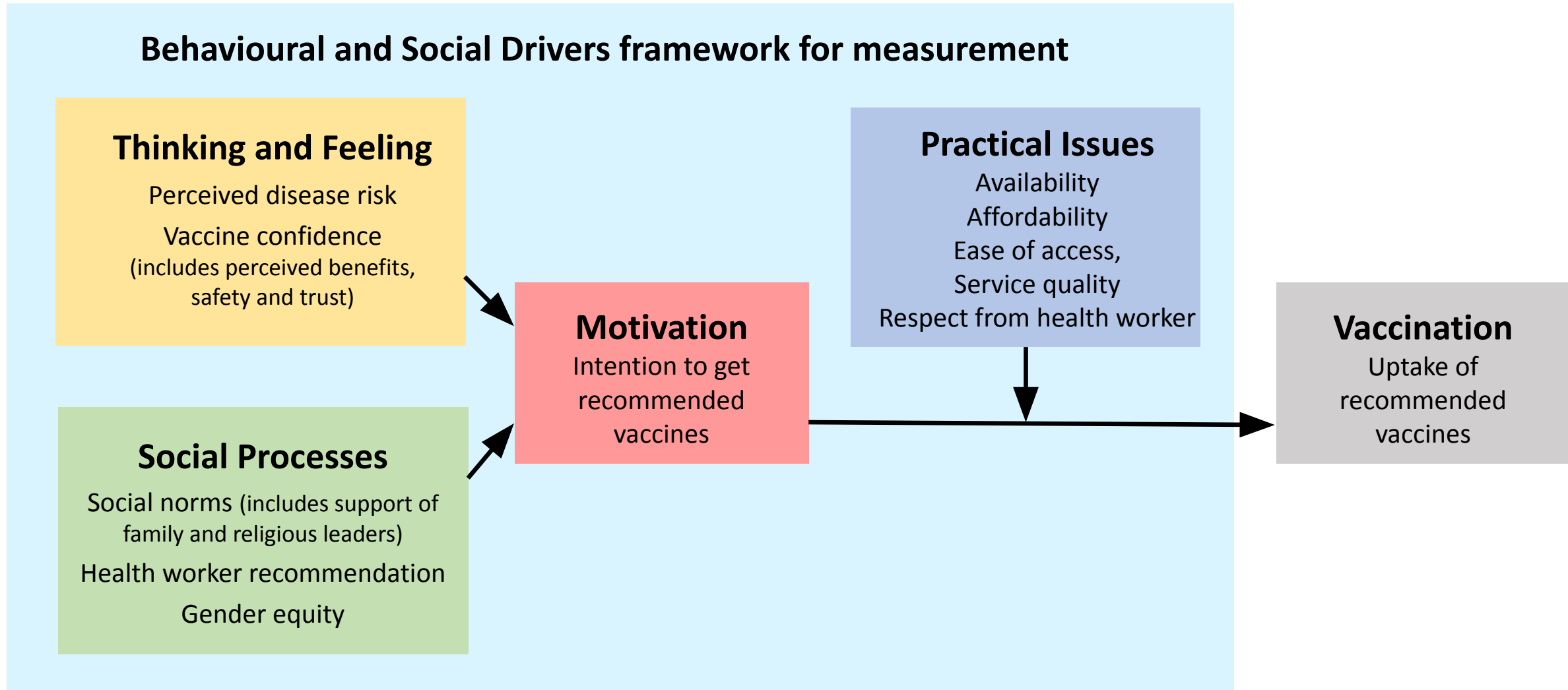
*Immunisation Coalition Masterclass Meeting, May 8 2026*



COI: I have received an honorarium from Pfizer for developing healthcare provider education

# Drivers of uptake

# It's more than just 'hesitancy'



# Barriers to older adult vaccine uptake: global literature

- Lack of or inconsistent healthcare provider recommendation
- Low perceived disease risk
- Lack of awareness / perception of vaccines as “paediatric issue”
- Concerns about vaccine efficacy (particularly flu)
- Concerns about side effects and interaction with existing conditions/treatments
- Needle phobia
- Previous negative experiences with health providers and/or vaccines
- Accessibility, transport, cost
- Health literacy and language

# National Vaccination Insights Project: Australian data



## National Vaccination Insights Project

A collaboration between



- Serial assessment of vaccination drivers and barriers to **adult flu vaccination** (plus child NIP and flu)
- Uses validated tools
- 2024, 2025 and 2026 surveys of >2000 adults

### Investigators:



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# Key findings from Vaccination Insights Project



IMMUNISATION  
COALITION

- From 2024 to 2025:
  - Increased trust in healthcare professionals (80.0% to 86.5%)
  - Increased belief in flu vaccine safety (75.0% to 78.3%)
- In 2025, 31% said it was hard to get a flu vaccine due to:
  - Cost
  - Difficulty making an appointment
  - Inconvenient opening times
  - Not being able to take time away from work
- Preliminary findings over three years:
  - Influence of social responsibility on intention to vaccinate declined markedly



2024 and 2025 data

Christou-Ergos et al, 2026

# **Practical strategies to improve uptake**

# Recommend vaccination strongly and consistently

- Provider recommendation is strongest predictor of vaccine uptake
- GP recommendation most important but need consistency
  - Some GPs may not be confident to vaccinate without specialist input
- Check eligibility and recommend vaccination in every appointment

*“You’ve got an unusual health condition, a particular health concern, talk to your GP, but your GP might not feel comfortable giving that vaccine.”*

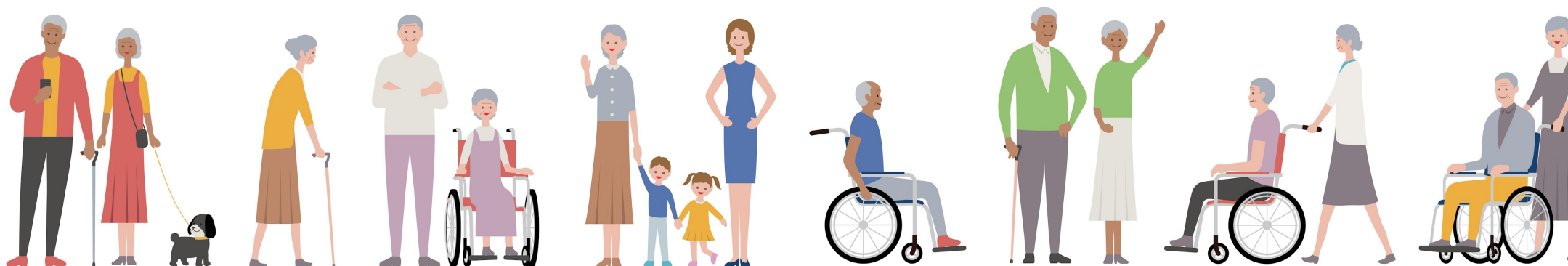
Front. Public Health, 04 February 2022  
Sec. Infectious Diseases: Epidemiology and Prevention  
Volume 9 – 2021 | <https://doi.org/10.3389/fpubh.2021.801176>

The Pendulum Has Swung: How Do We Ensure a Life Course Approach to Immunisation in Australia?

Holly Seale <sup>1\*</sup> Kathleen McFadden <sup>2</sup> Amalie Dyda <sup>3</sup>  
Jessica Kaufman <sup>4,5,6</sup> Anita Heywood <sup>1</sup>

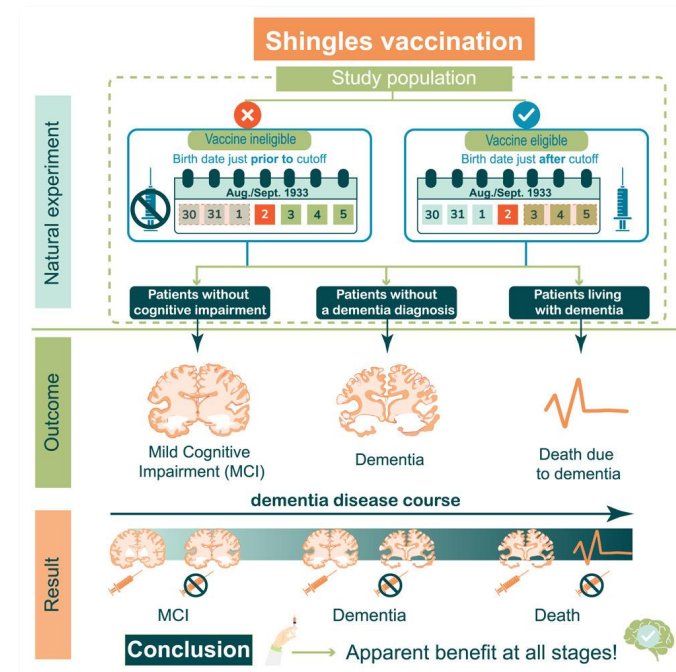
# Personalise discussion

- Age group  $\neq$  identity; want to be treated as individuals
- Raise awareness of disease severity and susceptibility, personalised to existing conditions, risk factors, goals
- Discuss funded and unfunded vaccines – some people want options
- Share personal stories



# Frame positively

- **Motivators:** independence, community contribution, healthy ageing
- Describe benefits beyond disease prevention:
  - Shingles vaccination associated with lower dementia risk ([Taquet 2024](#)) and may slow disease course ([Xie 2025](#))
  - Influenza vaccination reduces risk of major adverse cardiovascular events and mortality ([De Wals 2023](#))
- Avoid over-claiming



Xie 2025

# Recognise negative previous experiences

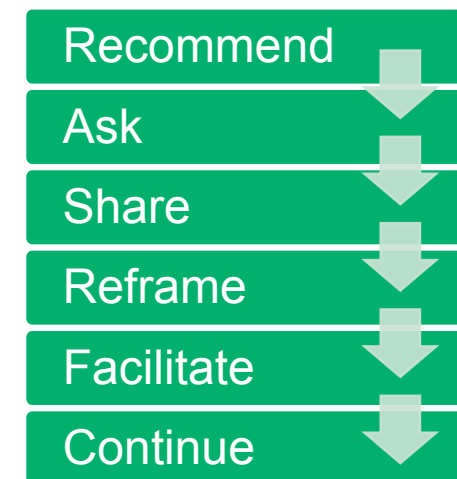
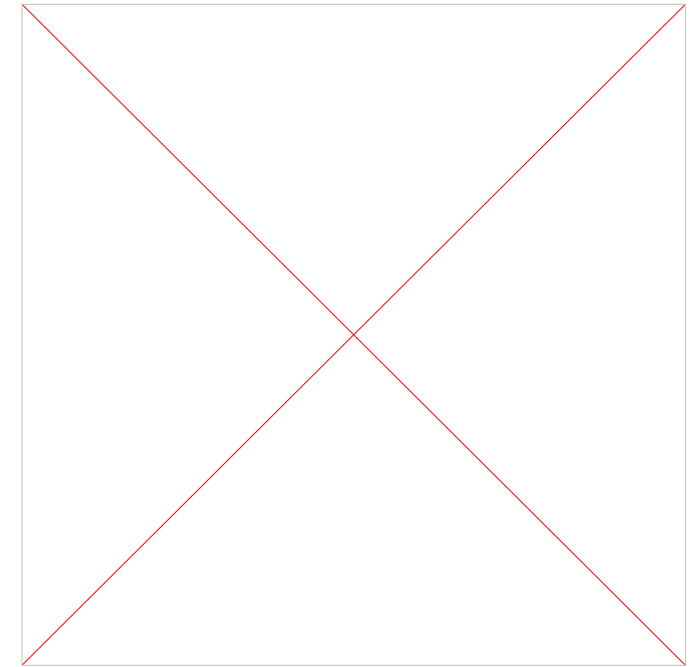
- Negative experiences, needle phobia or medical trauma are barriers
- Explain what to expect (side effects)
- Follow up after vaccination if possible

*"Seniors should be followed up after vaccination to see if they are coping okay and if they need any assistance."*

(Senior participant, unpublished data from a 2025 WhatsApp focus group study led by Dr Sarah McGuinness)

# Communication

- Begin with presumptive approach but pivot to Motivational Interviewing for hesitancy
- Prioritise interaction - don't rely on passive informational materials
- Emphasise personal risks and benefits over debunking myths
- Engage family members



# Partner with communities

- Community engagement strategies can make vaccination more accessible, fight misinformation, and overcome linguistic and cultural barriers
- Engage bilingual staff or community educators
- Conduct outreach clinics or education sessions
- Offer well-translated informational resources
- Tailor communication to the population



**COVID-19 vaccination  
glossary to help non-  
English speakers**

The glossary will be translated into  
31 languages.



# Vaccinate opportunistically

- Key barriers to uptake include cost, travel, and appointment scheduling, so make the most of every encounter
- Co-administer vaccines
- Promote vaccination throughout the clinic
- Remind and/or recall where possible

Minimising missed opportunities to promote and deliver immunization services to middle and older age adults: Can hospital-based programs be a solution?

Kathleen McFadden <sup>a</sup>, Anita Heywood <sup>a</sup>, Amalie Dyda <sup>b</sup>, Jessica Kaufman <sup>c d e</sup>, Holly Seale <sup>a</sup>  

**Vaccine co-administration in adults: An effective way to improve vaccination coverage**

Paolo Bonanni, Robert Steffen, Jörg Schelling, Lina Balaisyte-Jazone, Inga Posiuniene , Maciej Zatoński & ...show all

# Resources

- NSW Health: [vaccine information in easy read format and different languages](#)
- Better Health Channel: [immunisations for older people](#) including infographic
- Melbourne Vaccine Education Centre: [vaccine guide for older adults](#)
- Sharing Knowledge About Immunisation (SKAI): public resources tailored for childhood and maternal vaccination but [healthcare provider conversation guides](#) are adaptable for older adult discussions
- AusVaxSafety: [safety data](#)

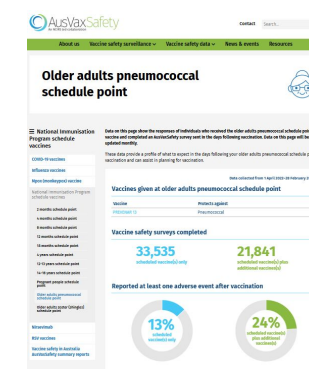
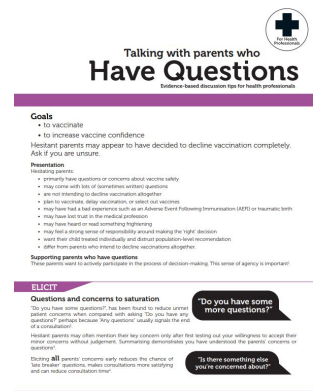
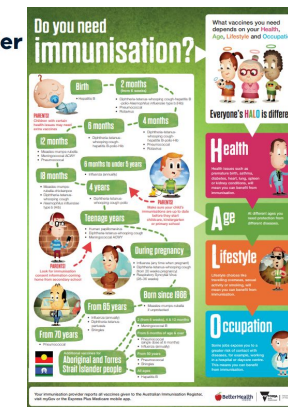


## Adult vaccination fact sheet

The [adult vaccination fact sheet](#) summarises the recommended influenza, pneumococcal, shingles, whooping cough and DT how to keep your records up to date.

It is available in 14 other languages:

- Arabic | العربية
- Bangla | বাংলা
- Chinese-Simplified | 简体中文
- Chinese-Traditional | 繁體中文
- Fijian | Niua vaka vaka-Viti
- Hindi | हिन्दी
- Korean | 한국어
- Mongolian | Монгол Хэл
- Nepali | नेपाली
- Portuguese | Português
- Samoan | Gagana Samoa
- Spanish | Español
- Tongan | Lea fakatonga
- Urdu | اُردو
- Vietnamese | Tiếng Việt



# Thank you!

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