



THE UNIVERSITY OF
SYDNEY



Adult vaccination What GPs want from specialists

Clin Assoc Prof Ramesh Manocha, Sydney GP school
CEO, Healthed





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Clinical Assoc Prof.....

The professorship you have when
you're not having a professorship

About Healthed....



- Largest private provider of CPD in Australia
- >1,000,000 CPD hrs in 2025
- Multiple channels, digital and F2F
- F2F....14,000 delegates per year
- Fortnightly free webcast...3,200 delegates/event
- 70,000+



Healthed- A Gonzo Research Entity



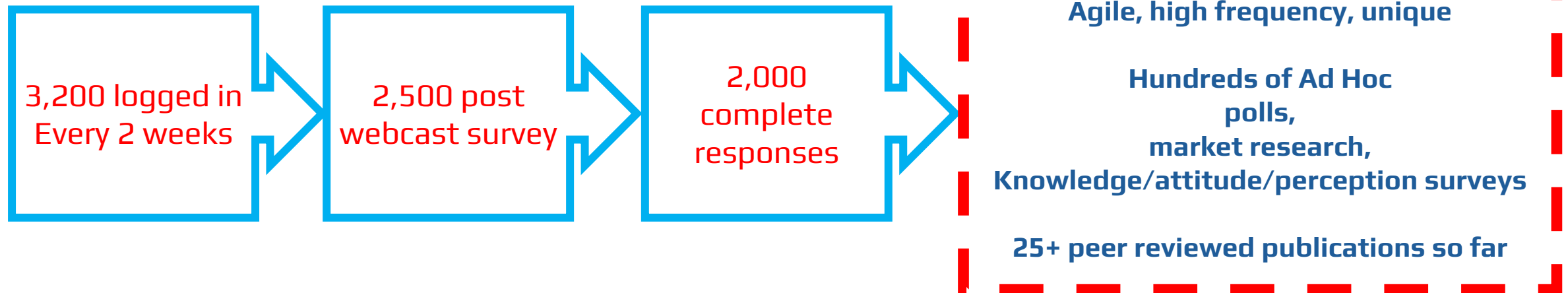
1x Healthed
webcast =

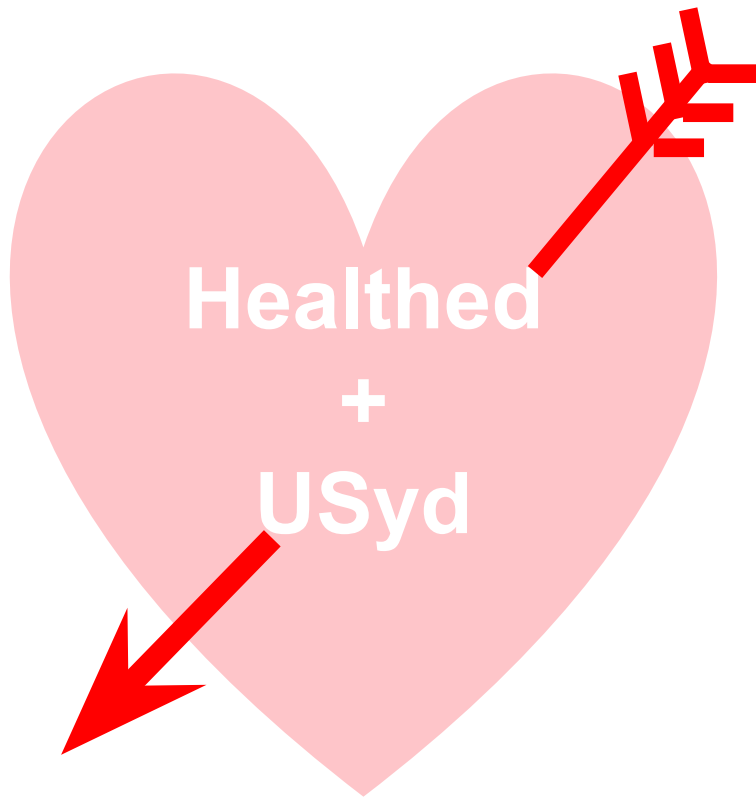


60-70% complete
the
**post webcast
survey**
....23x/yr, past 5
years
☐ huge data hoard

Healthed's Gonzo Research

- Gonzo....something that is:
 - **Bizarre or eccentric:** "That was a totally gonzo idea."
 - **Wild and uninhibited:** Often used to describe parties, performances, or chaotic situations.
 - **Extensive or "all-out":** In certain niche industries it refers to a raw, handheld, and "no-frills" style of production.





“VOICE of GPs”

- a formal collaboration b/w Healthed and Usyd, School of GP
- Only direct insight into frontline GP (BEACH & MABEL killed off by govt cuts)
- Healthed contributes data collection and admin support pro bono
- Blanket ethics clearance granted Usyd MREC
- Survey collection system available to non-usyd researchers as well



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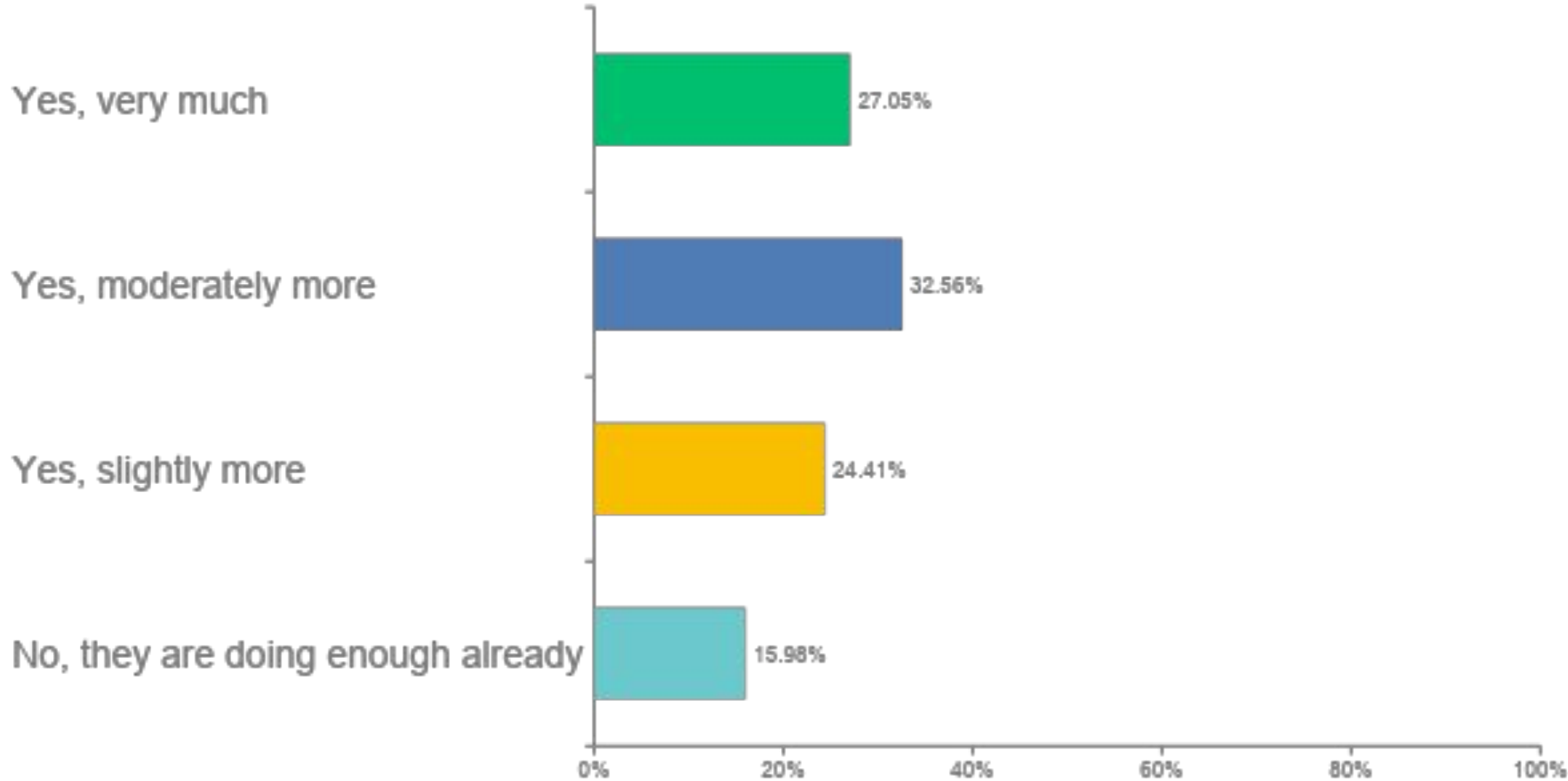


Survey #1
April 28, 2026
n=2,491



Q38: Generally speaking, do you think that the non-GP specialists that you refer to could be doing more to encourage vaccine uptake in the adult patients that you are referring to them?

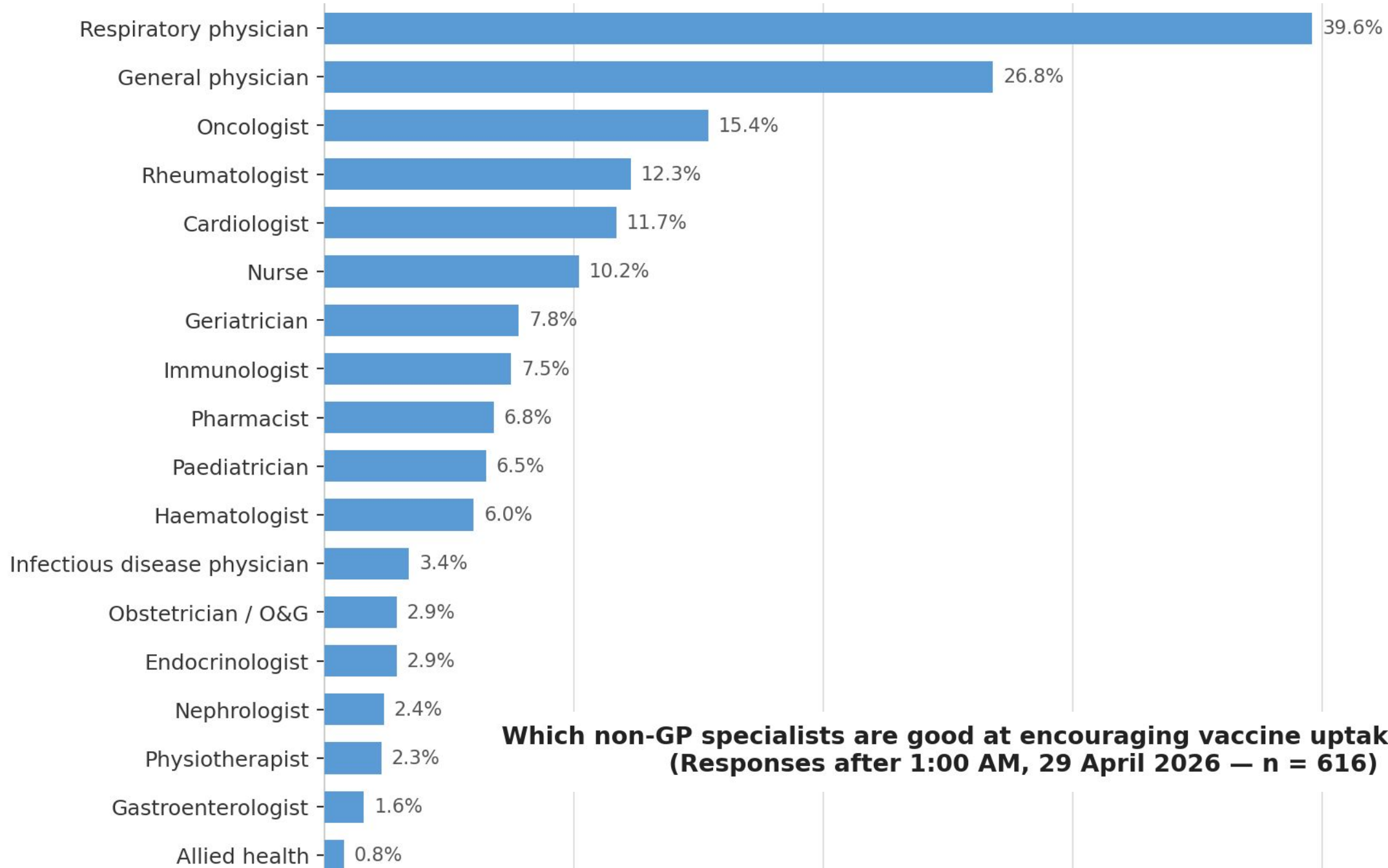
Answered: 1852 ,: 283



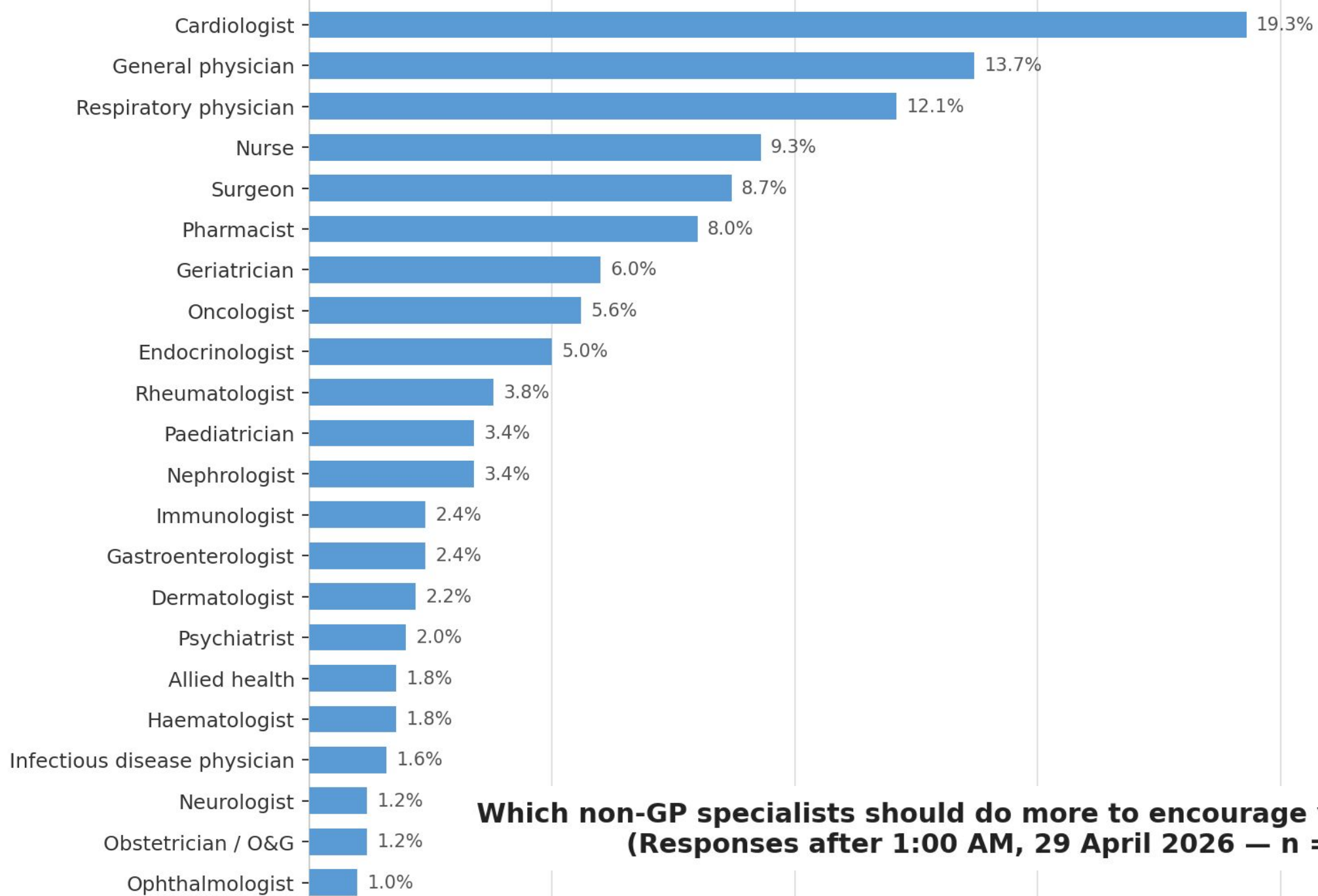
With regard to ADULT VACCINATION and the non-GP SPECIALISTS that you refer your patients to, which of the following strategies/actions do you think are most important to improve vaccination rates in those patients? (Select all that apply)

Answered: 1843 ,: 292

ANSWER CHOICES	%	
Encouraging vaccination in general, whenever possible	69%	1274
Checking patients immunisation ELIGIBILITY as part of all consultations	54%	996
Helping patients who are opposed/hesitant/anxious regarding vaccination to overcome their objections	53%	983
Checking patients immunisation STATUS on the registry as part of all consultations	50%	930
Using more effective PRACTICE SYSTEMS to remind eligible patients to see their GP	49%	912
Explaining/encouraging the value of National Immunisation Program-NIP vaccines	48%	883
Actively reinforce GPs message and role regarding adult vaccination	48%	880
Provide a list to patients of their recommended vacc's for their age and whether they have had them or not	44%	811
Using more effective systems to identify eligible patients for vaccination	44%	807
Educating and updating local GPs regarding vaccines and vaccine-preventable disease	38%	696
Asking specialists to comment or discuss with patients about vaccinations	32%	589
Using systems that work with referring GPs to prevent patients from "falling through the cracks"	30%	558
Contacting the GP directly if a patient has missed a vaccination so the patient can be followed up by the GP	23%	422
Listing recent vaccinations from last ten years in any referral to non-GP specialists	22%	412
TOTAL		11153



**Which non-GP specialists are good at encouraging vaccine uptake in adults?
(Responses after 1:00 AM, 29 April 2026 — n = 616)**



**Which non-GP specialists should do more to encourage vaccine uptake?
(Responses after 1:00 AM, 29 April 2026 — n = 503)**



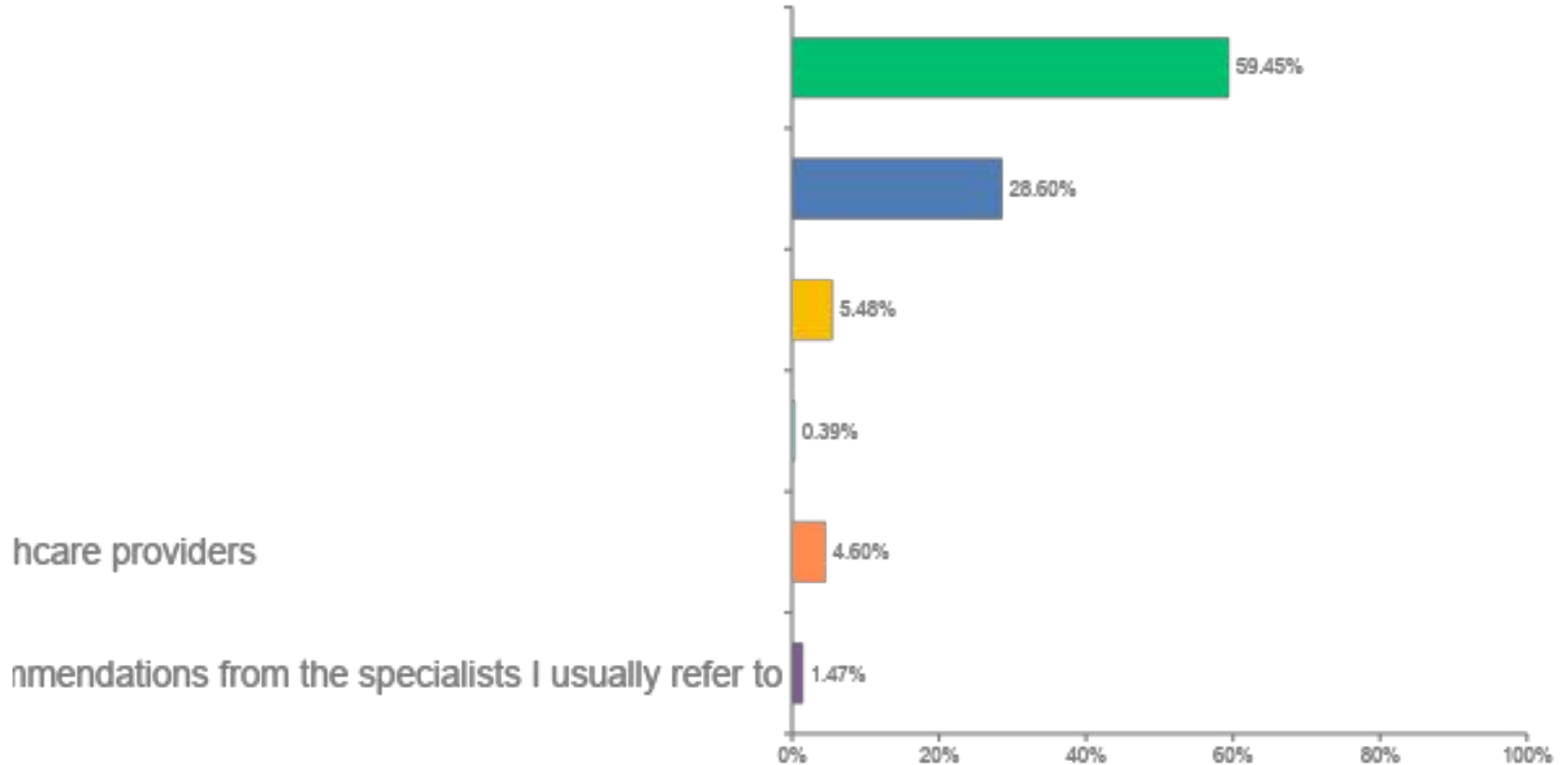
Survey #2
Nov 12, 2025
n=1,369



Acknowledgement: excerpted from a pilot survey done for Mark Hoehnberg

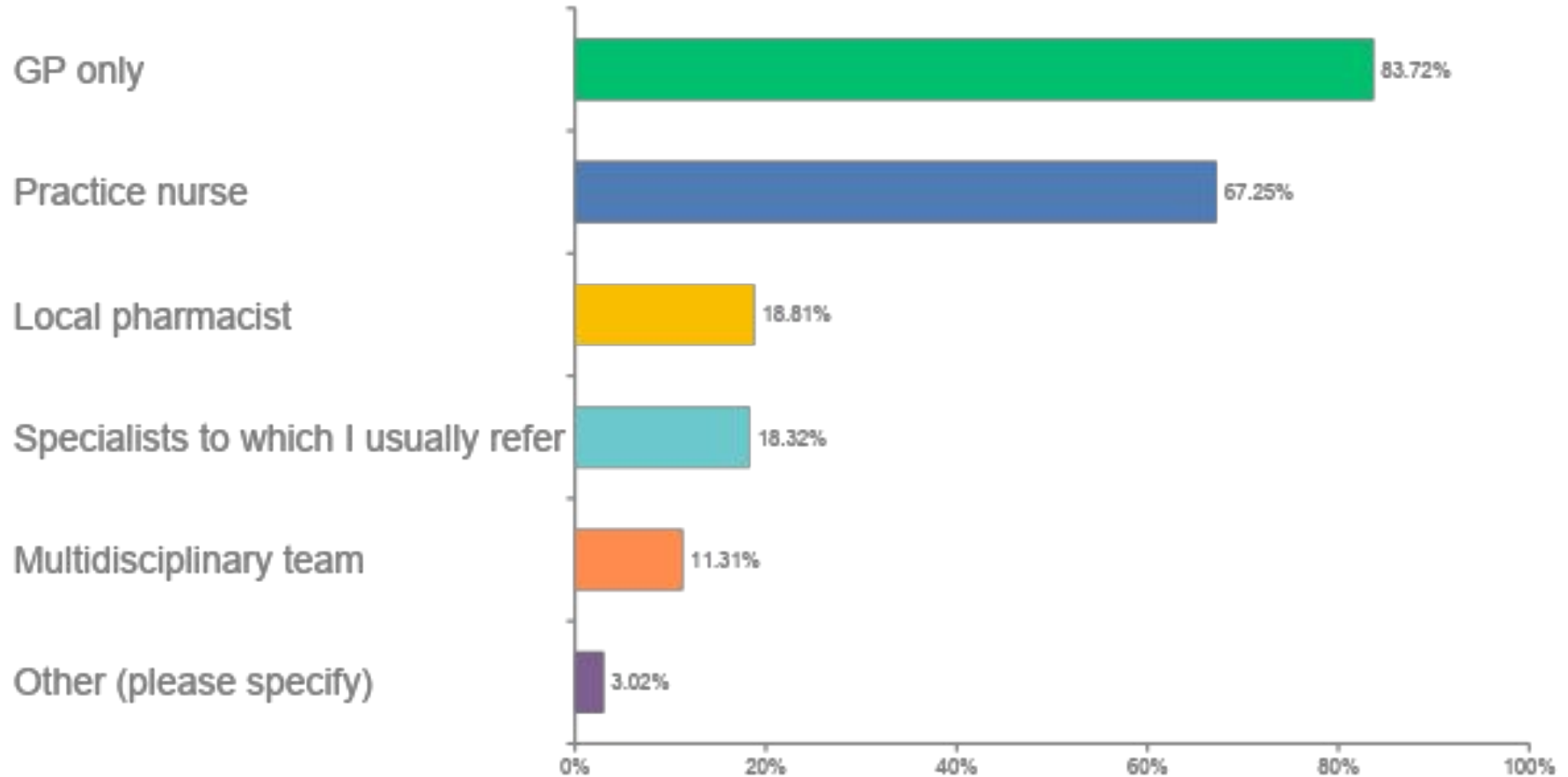
Q37: In your experience, does coordinated input from multiple healthcare providers (e.g., GP and specialist) generally improve vaccination uptake?

Answered: 1021 Skipped: 149



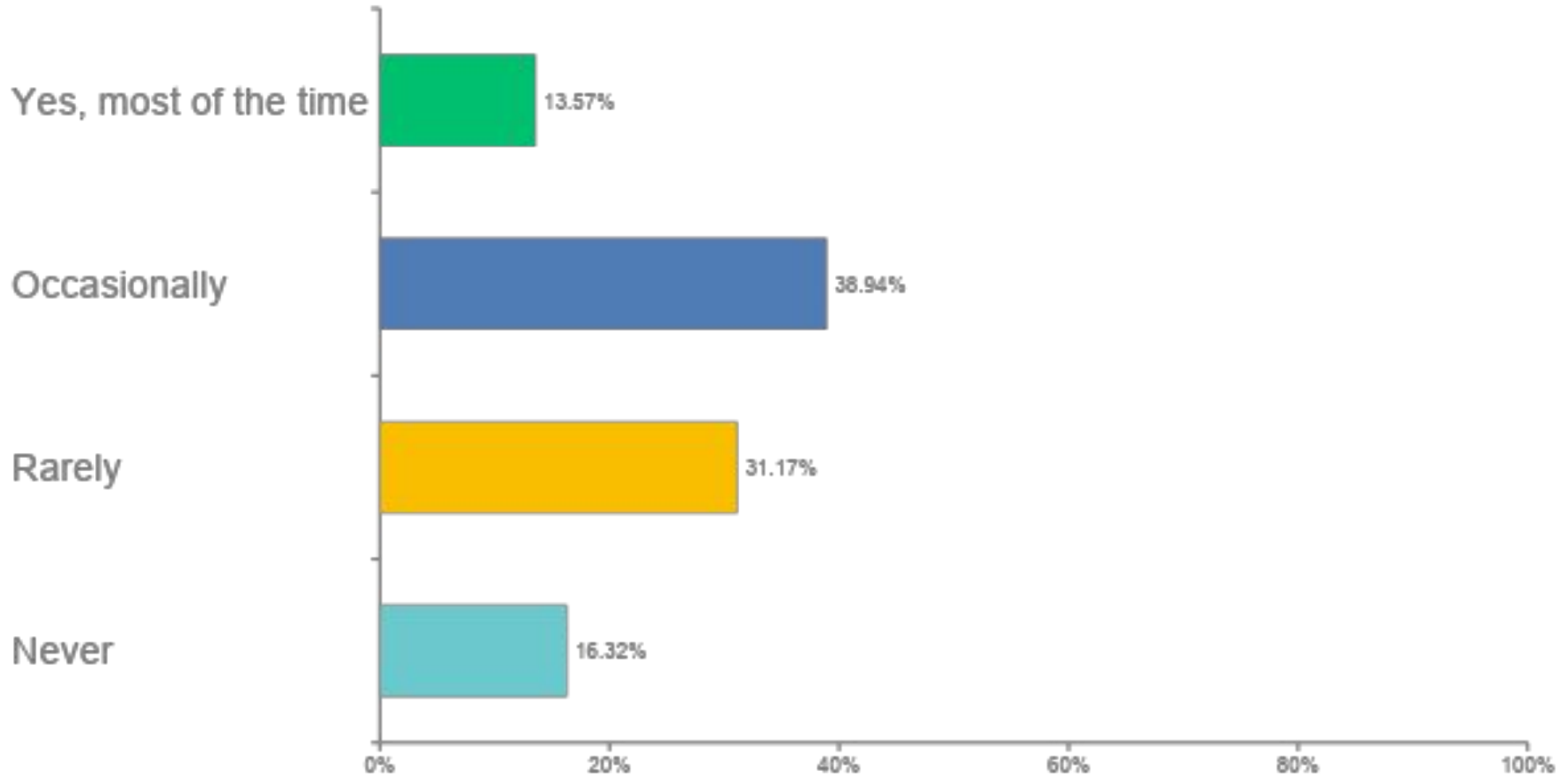
Q36: ADULT VACCINATION In your practice and related stakeholders, who is commonly involved in vaccination discussions with your older patients? (Tick all that apply)

Answered: 1026 Skipped: 144



Q38: Do you routinely request (of the specialist or patient) that the patient's specialist also have a discussion about vaccinations during their visit to that specialist?

Answered: 1017 Skipped: 153





Survey #3
March 17, 2026
n=2,533

Survey #2
Nov 12, 2025
n=1,369



- Qualitative responses

- Used Claude for qualitative analysis. The prompt:

“Conduct a thematic analysis of the following list of statements. List them in decreasing order of frequency. Provide the percentage of the list for which each theme is represented in the list. Provide 3 statements from the list that typify each theme”

- Any views on strengths/weaknesses of this approach vis a vis conventional qualitative analysis methods/software?
- Am I smart or lazy.....or both?



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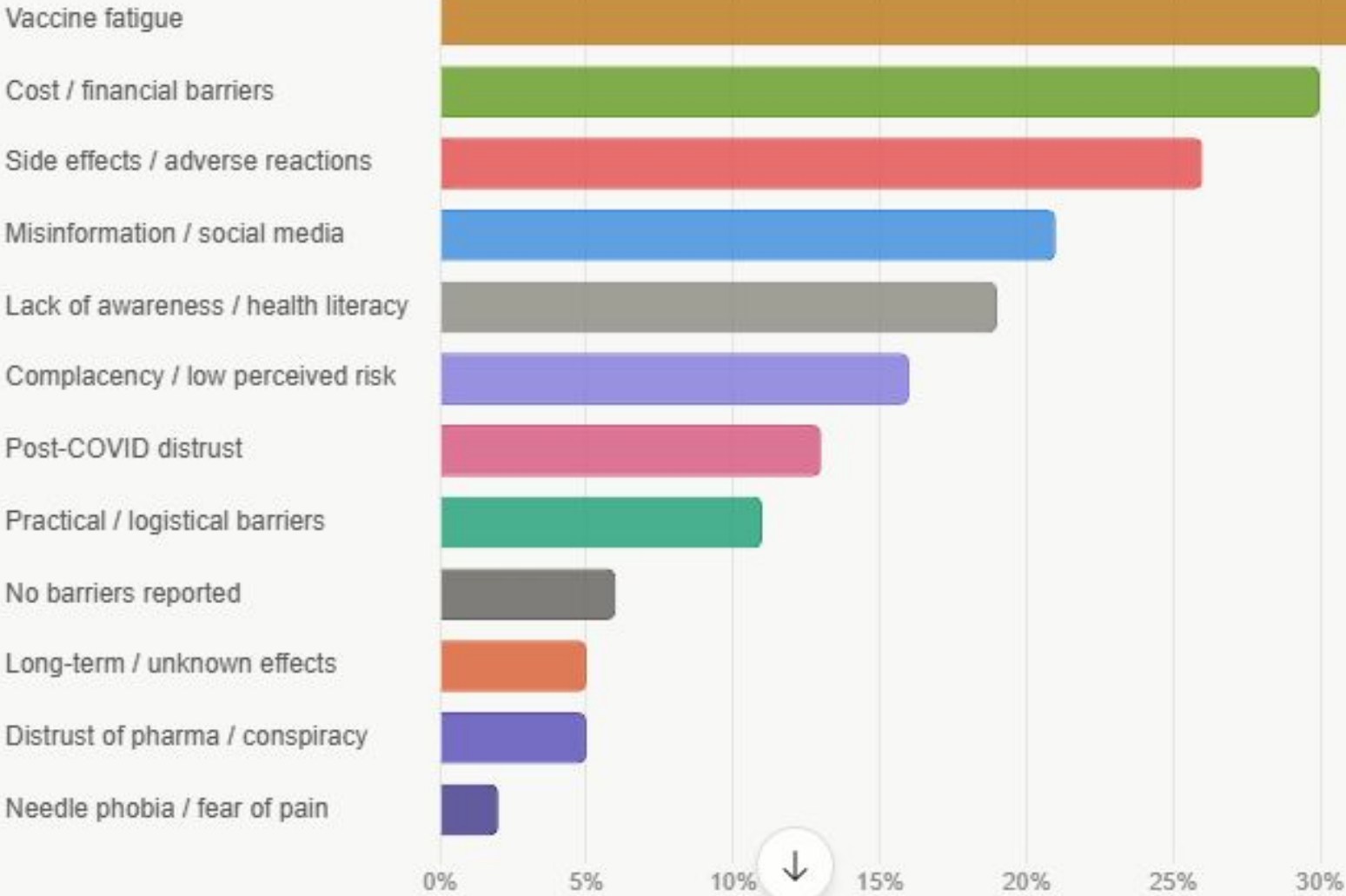
 Claude =



“....Human decisions are removed from strategic defense. Skynet begins to learn at a geometric rate. It becomes self-aware. In a panic they try to pull the plug. Skynet fights back...”
- Terminator

Regarding Adult Vaccination, what are the main barriers? N= 950 responses

THEMES BY FREQUENCY (% OF RESPONSES)



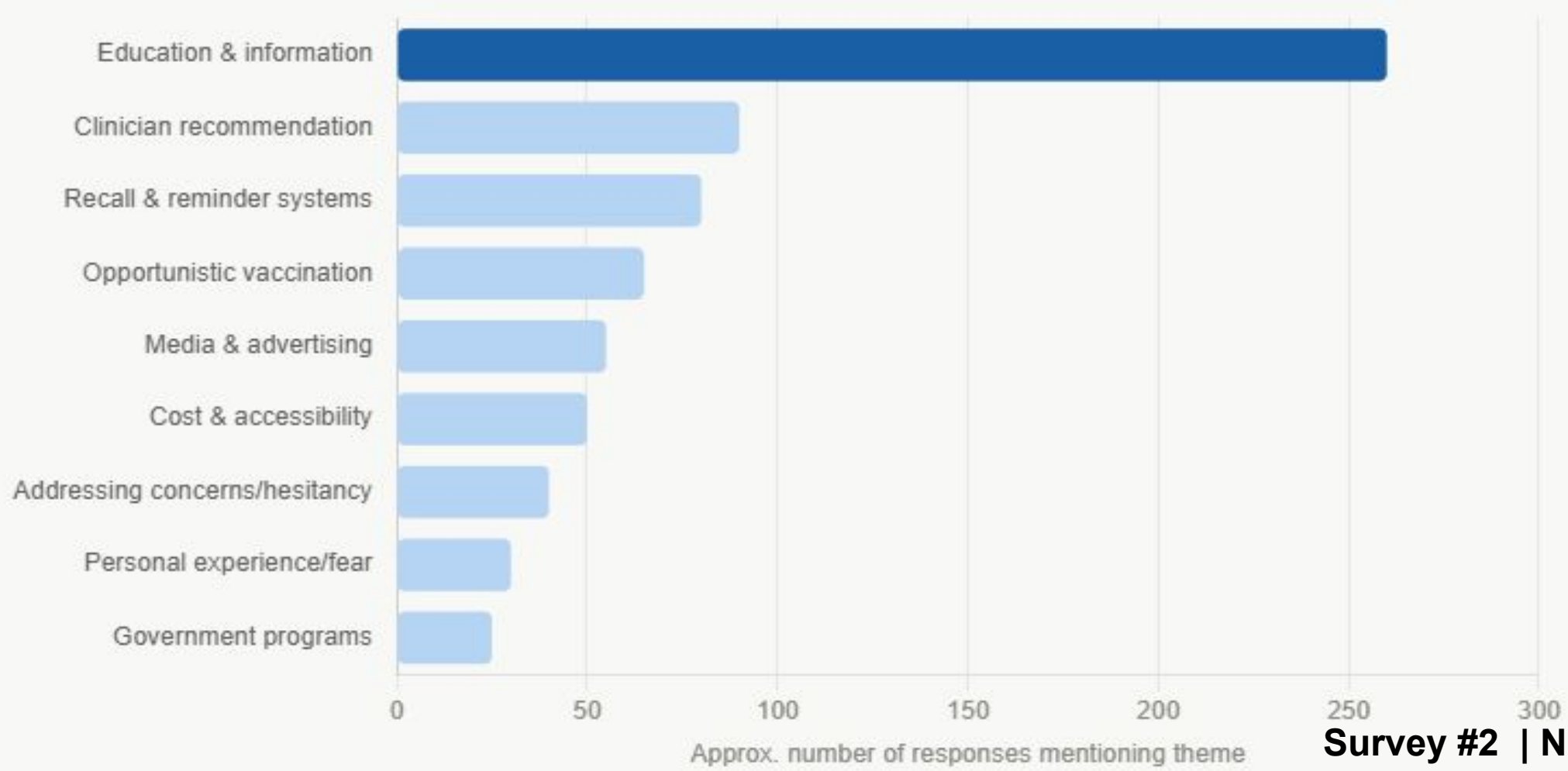
Survey #2
Nov 12,
2025
n=1369

Regarding Adult Vaccination, what are the most effective strategies that you have seen in clinical practice?

N= 1012 responses



Estimated frequency of themes across responses



Regarding Adult Vaccination, what are the most effective strategies that you have seen in clinical practice?

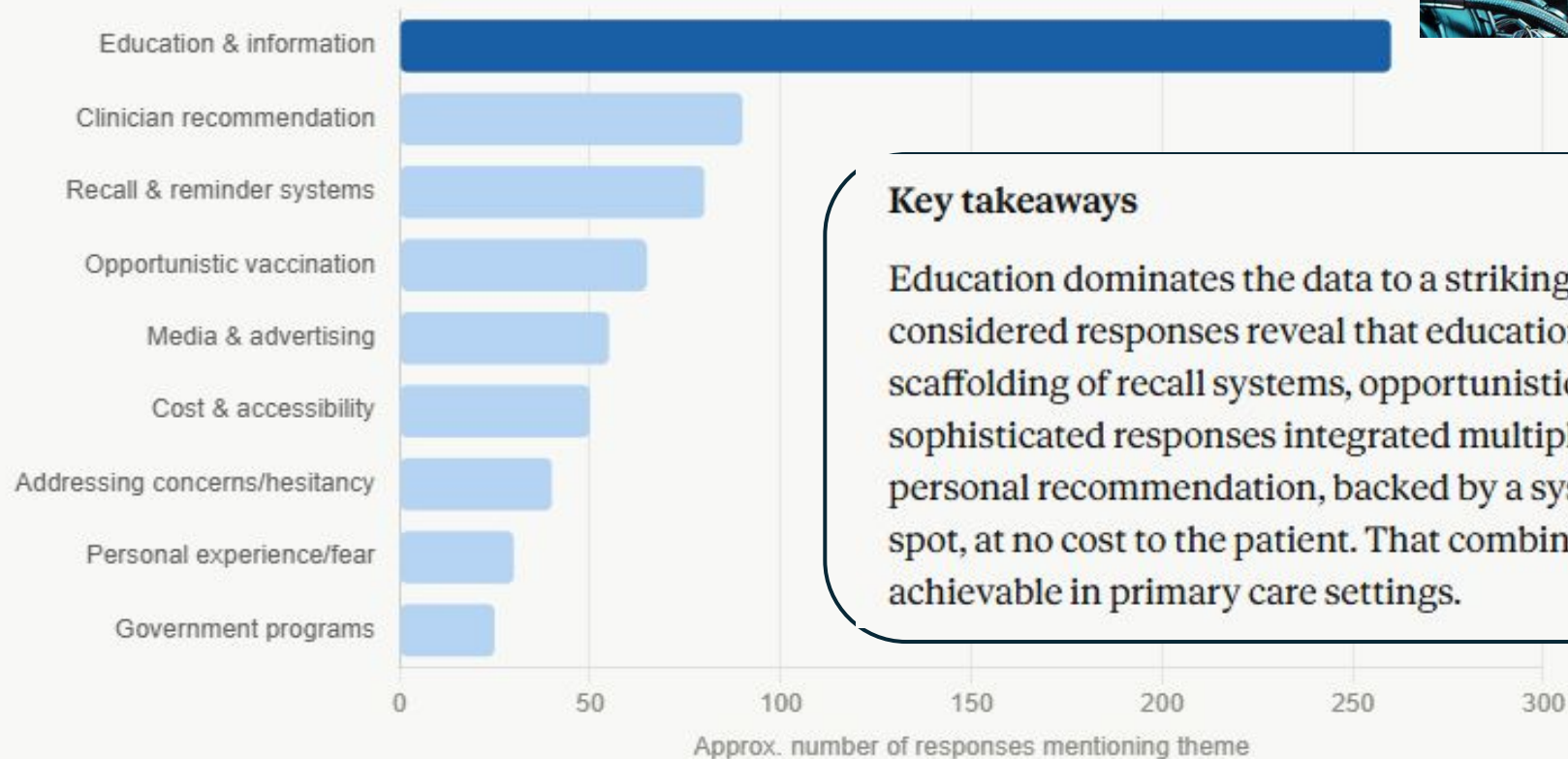
N= 1012 responses

Notable tensions in the data

Across all themes, several respondents expressed fatigue or pessimism — noting that despite best efforts, entrenched beliefs are hard to shift, remuneration for time-intensive vaccine counselling is poor, and some patients are simply not persuadable. A small number explicitly said they had seen nothing effective.



Estimated frequency of themes across responses

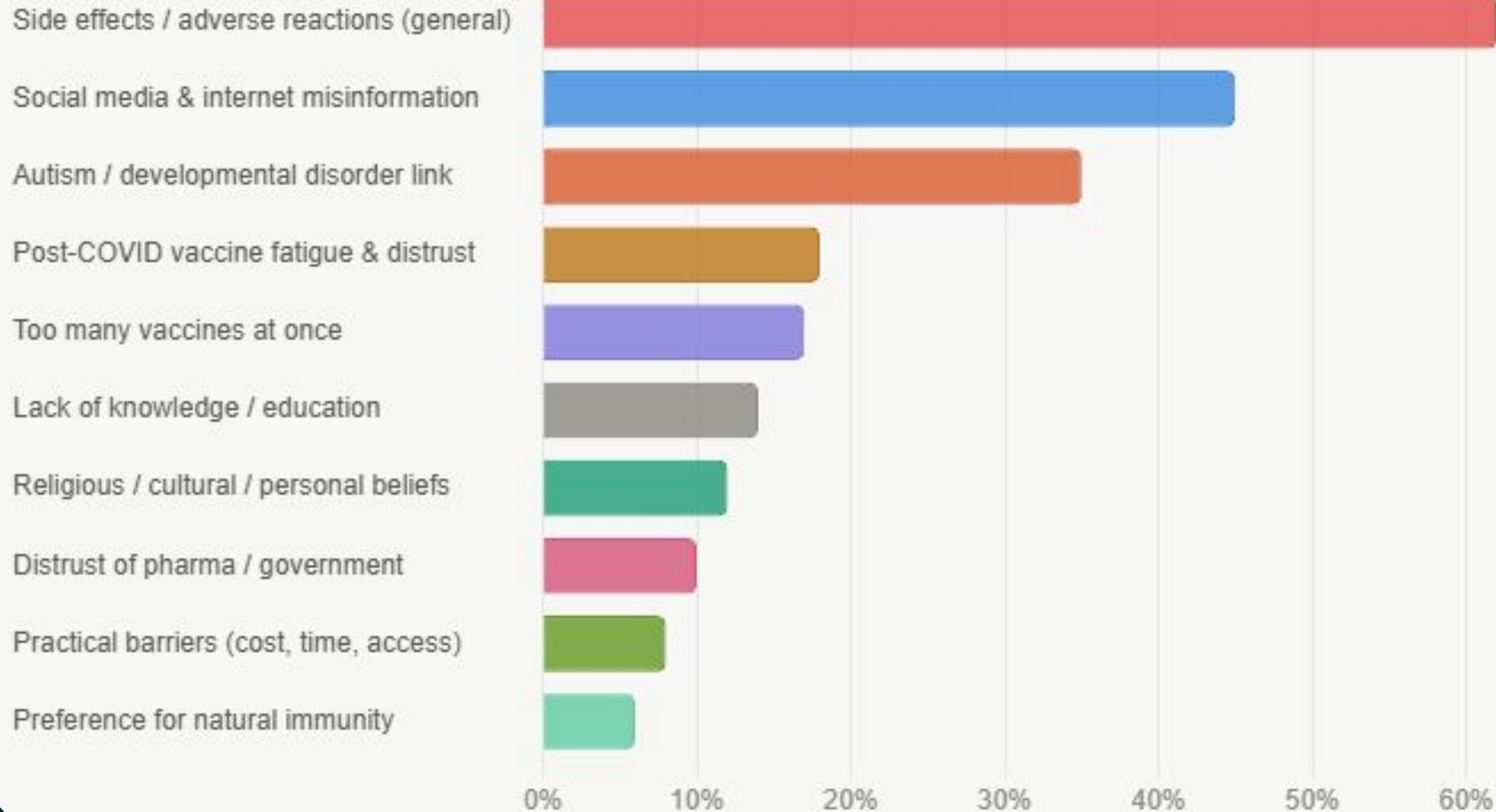


Key takeaways

Education dominates the data to a striking degree — it is the reflex answer — but the more considered responses reveal that education alone is insufficient without the structural scaffolding of recall systems, opportunistic delivery, and cost removal. The most sophisticated responses integrated multiple strategies: a trusted clinician making a personal recommendation, backed by a systematic recall, with the vaccine available on the spot, at no cost to the patient. That combination appears to represent the ceiling of what is achievable in primary care settings.

Regarding Childhood Vaccination, what are the main barriers? N= 1,100 responses

THEMES BY FREQUENCY (% OF RESPONSES MENTIONING)



Survey #3
March 17,
2026
n=2,533

Prompt: “compare and contrast the two sets of responses in adults and children and identify key differences”



ADULT

VACCINATION
UNIQUE THEMES

	Frequency	Why unique?
Vaccine fatigue	33%	Direct experience of COVID-era booster campaigns, mandates, and repeated injections produces depletion unique to adults who lived through and were subject to these programs.
Cost / financial barriers	30%	Adults must privately fund many vaccines not on the NIP (Shingrix, RSV, travel vaccines). The childhood NIP subsidises virtually the entire paediatric schedule, removing cost as a major driver.
Complacency / low perceived risk	16%	Adults assess their own risk and often feel invincible. Parents vaccinating children feel a protective instinct toward a third party, which tends to produce higher motivation than self-vaccination.
Needle phobia (adult)	2%	In childhood, needle fear is attributed to the child; in adult practice, clinicians report the adult themselves declining due to needle phobia or fear of pain — a different psychological presentation.

CHILD

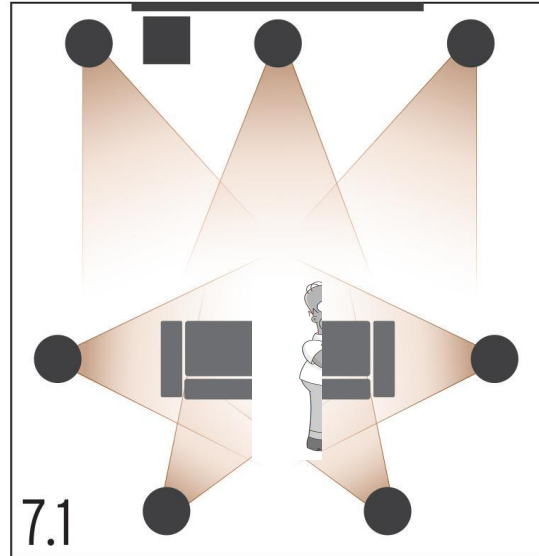
VACCINATION
UNIQUE THEMES

	Frequency	Why unique?
Autism / neurodevelopmental link	18%	The retracted MMR-autism myth is the most distinctive content difference between the two surveys. It is targeted specifically at infant vaccination and has no meaningful adult equivalent — adults are not perceived to be at risk of vaccine-induced autism.
Too many vaccines / immune overload	9%	The framing that an infant's immune system can be overwhelmed by simultaneous vaccines is specific to infant immunology anxiety. Adults receiving multiple vaccines rarely invoke this argument with the same intensity or frequency.
Religious / cultural / personal beliefs	7%	Parental refusal on ideological grounds is more prominent in childhood vaccination because parents are making decisions on behalf of a third party. Adult patients may hold similar beliefs but exercise them more quietly or by simply not attending.
Preference for natural immunity	5%	The belief that children should encounter illness naturally is specific to paediatric philosophy. For adults, the cost-benefit calculus of shingles or pneumococcal disease versus vaccination is less frequently framed in natural-versus-artificial terms.



Implications for practice. The two populations require fundamentally different interventions — belief correction and trust-building for childhood hesitancy; friction reduction, NIP expansion, and opportunistic prompting for adult hesitancy. A campaign designed for one will largely fail the other.

Surround sound is yet to be achieved



- Create proactive, a united front “surround sound”
- Friction reduction, opportunistic prompting, re-education
- Practice nurse is on board, so are practice admin staff
- What about the local specialist?

Understand the Zeitgeist

- Vaccination rates are falling
- Vaccine scepticism rising in line with social media, anti-science, general scepticism re trusted institutions
- The fourth turning....80 year cycle
- rising anti-vaccine sentiment is not a random medical trend, but a **predictable symptom of a society in the midst of "tearing down" its old civic identity before it can build a new one.**

“strong men create good times, good times create weak men, weak men create hard times, hard times create strong men”...

- we’re losing a generation of medical pioneers....who will fill the vacuum?
- Vocational immersion vs work life balance

