

Research Insights

How has the Victorian outbreak of COVID-19 changed Australians' vaccination uptake and vaccine choice?

The most recent Victorian outbreak of COVID-19 has dramatically increased vaccinations in Victoria compared to the rest of Australia. People who were previously unsure about whether they wanted to be vaccinated against COVID-19 are now getting vaccinated. However, those previously refusing to get the vaccine have not changed their minds despite the harsh lockdown and more contagious variant. Australians show a very strong preference for the Pfizer vaccine over AstraZeneca, despite equivalent effectiveness and the very small risk from AstraZeneca. Overall, people across Australia are now more eager to get vaccinated following the Victorian outbreak.

Background

In the midst of another lockdown in Victoria, the demand for vaccination has increased sharply with governments scrambling to increase access and supply. However, Australians' access to vaccines is still limited by an insufficient and patchy supply of vaccines and the clear failure of a coherent national plan for increasing vaccination rates quickly in the event of an outbreak. Governments seem to have been complacent in vaccine rollout and in assuring vaccine supply because of the success of border closures in keeping the virus at bay. The increasingly dysfunctional relationship between Commonwealth and States and Territories has compounded these problems, with the blame game in full flight and divided responsibilities leading to further delays and confusion. Worryingly, even in the midst of an outbreak triggered by more contagious variants, vaccine hesitancy persists.

Before the latest outbreak in Victoria, and following the safety concerns with the AstraZeneca vaccine, vaccine complacency extended to those who wanted to be vaccinated but had decided to wait until they could get the Pfizer or another vaccine. For most people, there was no compelling reason to get the vaccine straight away, or they may have been happy to wait as other priority groups were vaccinated first. But the situation, as we were warned by medical experts and with winter upon us, has changed rapidly.

In our research we use several waves of data from the Taking the Pulse of the Nation (TTPN) survey, including data before the recent Victorian outbreak and during the first week of lockdown, to draw four key insights on Australia's behaviour and attitudes towards the COVID-19 vaccines.

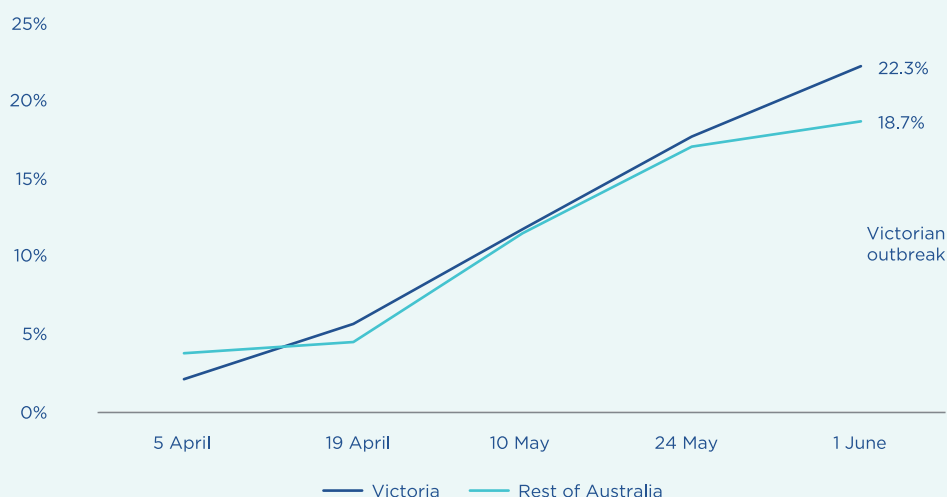
Key Insights

- 1** 20 per cent of the adult population have had a vaccine. During the outbreak in Victoria, vaccination rates grew over twice as fast compared to the rest of Australia.

National data show that over 5 million vaccine doses had been administered by 7 June¹. Our TTPN data show that 20.4 per cent of adults aged over 18 have received at least one dose. Figure 1 shows that in the first week after lockdown began in Victoria on 28 May, the proportion of people vaccinated in Victoria increased from 17.7 per cent to 22.3 per cent (4.6 percentage points). This is compared to an increase from 17.1 per cent to 18.7 per cent in the rest of Australia

(1.6 percentage points). During the recent outbreak in Victoria, Victorians were getting vaccinated more than twice as fast as the rest of the Australian population. This reflects an increase in demand because of the outbreak, the decision to make vaccination one of the five reasons to leave home during this lockdown, and the special efforts to make vaccines available in Victoria by State and Commonwealth governments.

Figure 1. Percentage of the population who have been vaccinated at least once



Source: Taking the Pulse of the Nation survey Wave 34 (31 May – 5 June 2021), surveying a random sample of 1200 Australians. All data reported are weighted to ensure representativeness.

2

Vaccine hesitancy remains stubbornly high. But there is evidence that after the Victorian outbreak, some of those who were previously unsure about getting vaccinated have changed their minds.

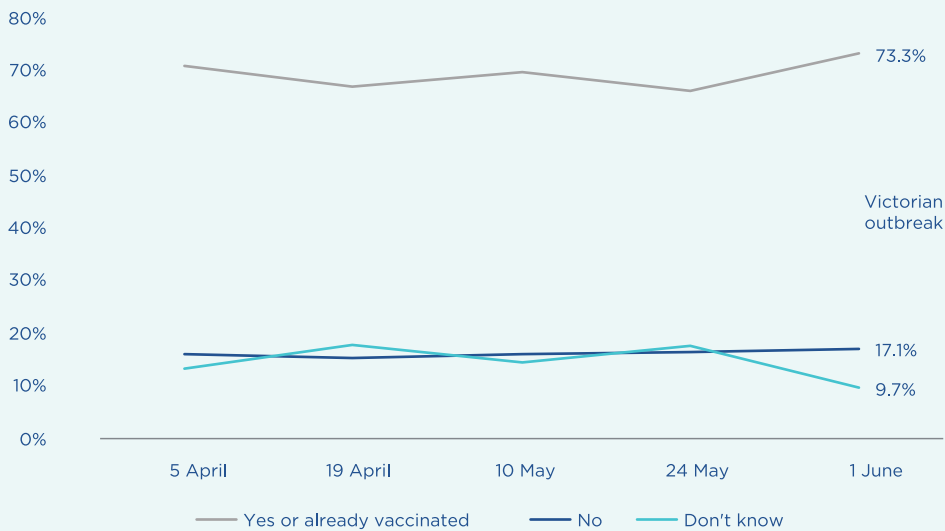
The proportion of Victorians willing to be vaccinated (including those who already had the vaccine) in the week before the outbreak was 66 per cent, and this increased to 73 per cent in the first week of lockdown (Figure 2). This increased from 66 per cent to 69 per cent in the rest of Australia. Since February, on average Victorians have been slightly more willing to be vaccinated than the rest of the country.

Our data captures those who said they are not willing to be vaccinated and those who are unsure. The proportion of Victorians who said they are not sure about being vaccinated was 17 per cent just before the Victorian lockdown and has fallen to 10 per cent in the first week of lockdown. It seems that the outbreak

in Victoria persuaded around 7 per cent of Victorians to become willing to be vaccinated. There was no such fall in the rest of Australia.

However, despite the outbreak in Victoria, vaccine hesitancy remains high (Figure 2). The proportion of Victorians who said they are not willing to be vaccinated has been slightly higher in Victoria compared to the rest of Australia. The proportion unwilling to be vaccinated has been slowly increasing in Victoria, even after the Victorian outbreak, and was 17 per cent in the first week of June (Figure 2). However, in the rest of Australia the percentage of those who do not want to be vaccinated fell from 19.5 per cent to 15.9 per cent in the first week of June.

Figure 2. 'Are you willing to be vaccinated?' (Victoria)



Source: *Taking the Pulse of the Nation* survey Wave 34 (31 May – 5 June 2021), surveying a random sample of 1200 Australians. All data reported are weighted to ensure representativeness.

3

The unvaccinated Australian population have a very strong preference for the Pfizer vaccine over AstraZeneca.

For those adults who have not yet been vaccinated but want to be, only 19.3 per cent would be willing to have any type of vaccine. Of the 80.7 per cent of this group who expressed a preference for a specific type, 77.9 per cent prefer Pfizer, 15.5 per cent prefer AstraZeneca and 6.5 per cent prefer Moderna. These figures are similar for those over 50 years old and who were eligible at the time of the survey.

It remains unclear the extent to which those 50 years old and over, who can at the moment only get AstraZeneca, would accept AstraZeneca even if they prefer Pfizer. Unless vaccine eligibility changes, these numbers suggest securing a higher supply of the Pfizer vaccine (and potentially other vaccines) could speed up the vaccination rollout. Another option could be to provide reassurance of the overall safety

of the AstraZeneca vaccine, including more research, although changing Australians' perceptions in this regard could prove difficult.

For those who have already been vaccinated and are over 50 years old, 47.7 per cent would have been happy with any vaccine whilst 52.3 per cent expressed a preference. Of those who expressed a preference, 55.7 per cent would have preferred Pfizer, 40.3 per cent would have preferred AstraZeneca, and 4 per cent would have preferred another vaccine. Those already vaccinated had a weaker preference for Pfizer compared to those who have not yet been vaccinated. This suggests that many people were happy to receive AstraZeneca as that is all they were offered, even though they would have preferred Pfizer.

Figure 3. Percentage of those willing to be vaccinated and who are willing to wait



Source: *Taking the Pulse of the Nation* survey Wave 34 (31 May – 5 June 2021), surveying a random sample of 1200 Australians. All data reported are weighted to ensure representativeness.

4 Impatience about getting vaccinated has increased across all of Australia, but more so in Victoria.

In Victoria before the outbreak, almost 37.4 per cent of people were willing to wait to get vaccinated (39.4 per cent for those aged over 50 years old). During the first week of the outbreak, the percentage willing to wait in Victoria dropped sharply by 8.3 percentage points (from 37.4 per cent to 29.1 per cent) for all adults, and by a very large 17.8 percentage points (from 39.4 per cent to 21.6 per cent) for those aged over 50 years old. More people in Victoria want the vaccine now.

Impatience to get vaccinated has also increased in the rest of Australia before and after the Victorian outbreak, but not as much as in Victoria. For all Australian adults, the proportion willing to wait fell by 6 percentage points, from 34.3 per cent to 28.3 per cent. This fall was slightly higher for those 50 years old and over, by 9.1 percentage points from 41 per cent to 31.9 per cent.

The outbreak in Victoria has reduced all Australians' willingness to wait to get vaccinated and increased their impatience, and this is especially so for older Victorians.

What have we learned from the Victorian outbreak and what's next in the vaccine rollout?

While the outbreak in Victoria seems to have persuaded many Victorians who used to be unsure about vaccination to be willing to get the jab, the stubbornly high vaccine hesitancy is concerning and reflects an urgent need for a more effective and better coordinated vaccination strategy at all levels of government. Unfortunately, such an effective campaign still seems to be far out of reach with ongoing problems with supply and a disappointing increase in the lack of co-operation between Commonwealth and States.

There is also a strong sentiment against the AstraZeneca vaccine across Australia, with the vaccine Australia is most invested in now regarded as too risky. The strength of the preference against AstraZeneca is over-inflated relative to the actual very small risks of these rare blood clots - as low as 4-6 people in every million after being vaccinated.² The vaccine compares very favourably, in terms of its effectiveness for individuals and in reducing transmission, to other vaccines that have been rolled out. Much of this negative sentiment can be traced back to governments' complacency in encouraging vaccination, the ill-fated decision to rely largely on one vaccine, and an apparent lack of a well thought through and evidence-based public education campaign. Correcting these policy failures is crucial for getting to a truly COVID-safe Australia as soon as possible.

The outbreak in Victoria has created a sense of urgency amongst the population to get vaccinated and so seems to have accelerated the national vaccine rollout in Victoria as well as in other states and territories. It seems to have increased willingness to be vaccinated and reduced the number of people willing to put it off, both in Victoria and in the rest of Australia. The current Victorian outbreak has shown, once again, that governments have not been prepared for the vaccine roll out. Even though we were warned by government medical advisors that outbreaks can happen at any time, we remain unprepared. Governments need to build on people's willingness to get vaccinated, whilst also using behavioural economics principles to nudge people. Persuading those who persistently refuse to be vaccinated is a longer-term strategy.³

Understanding the cause of vaccine hesitancy is the first step in designing strategies and policies to reduce it. A clear plan to research and address this concerning trend should have been put in place last year but is still nowhere in sight. In the meantime, the cost of prevailing low vaccination rates becomes increasingly large when outbreaks occur. Lockdowns can be avoided. Incentives are being suggested and used in some countries, including whether people should be able to work without vaccination, and whether they should be able to travel or go to restaurants or sporting events. Softer and more positive 'carrots' rather than 'sticks' include vouchers, discounts, perks, lotteries, or cash payments.⁴ Though these may encourage people to get vaccinated more quickly, or encourage some who are unsure, it is unclear whether they would influence those who are persistently refusing to be vaccinated. It remains a mystery to many why some people think only about themselves when deciding to get vaccinated, and not about the danger they pose to their loved ones and others.

Further Information

Datasets

This research uses data from the Taking the Pulse of the Nation survey run by the Melbourne Institute: Applied Economic & Social Research at the University of Melbourne. We use data from multiple waves, with each wave surveying a random sample of 1200 Australians. All data reported are weighted to ensure representativeness. Thanks to Tanya Gupta for research assistance.

Authors

Anthony Scott, Ou Yang

Melbourne Institute: Applied Economic & Social Research

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References

1. Australian Department of Health. (2021). [Australia's vaccine rollout](#).
2. Australian Department of Health. (2021) [COVID-19 vaccines – Is it true? Does the Astra Zeneca vaccine cause blood clots](#).
3. Seale H, Leask J, Danchin M, Attwell K, Clark K, Cashman P, Frawley J, Kaufman J, Wiley K, for the Collaboration on Social Science in Immunisation. (2020) [A COVID-19 vaccination strategy to support uptake amongst Australians](#). Working Paper.
4. Scott A. (2021) [Should we pay Australians to get vaccinated? Pursuit](#). The University of Melbourne.

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