



**Optimise**

# CARE

## COVID-19 Attitudes, Resilience and Epidemiology

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Niamh Meagher  
Colin MacDougall  
Katitza Marinkovic Chavez  
Lauren Carpenter  
Stephanie Fletcher-Lartey  
Margaret Hellard  
David J. Price  
Lisa Gibbs  
Freya M. Shearer

# SUMMARY

The CARE survey was administered to 1,006 adult participants from the 13th to the 19th of July 2021. Key findings are summarised below.

## COVID-19 testing experience

- Symptoms:
  - 46.2% of all respondents reported having at least one symptom consistent with COVID-19 during the previous 4 weeks
- Test timing:
  - Most participants (71.5%) got tested within a day of symptom onset
- Reasons for not getting tested in those who reported symptoms but did not get tested:
  - Many participants (39.4%) thought that their symptoms were not related to COVID-19
  - Respondents provided detailed reasons for choosing not to get tested, informed by their knowledge of their body and symptoms
- Getting tested in specific scenarios:
  - Participants indicated that they are likely to seek a COVID-19 test if they visited an exposure site, regardless of symptom experience (79.0% when symptomatic; 75.9% with no symptoms)

## COVID-19 vaccination

- Proportion of participants vaccinated:
  - 40.3% reported having already received at least one dose of a COVID-19 vaccine
- Likelihood of getting vaccinated:
  - Most unvaccinated (384/601; 63.9%) respondents reported that they were definitely or probably going to get vaccinated.
- Perceived knowledge sufficiency for vaccination:
  - 57.8% of participants agreed that they had enough information about COVID-19 vaccines to decide whether to get vaccinated
  - 60.0% felt they had enough information about making a vaccination appointment
- Concerns surrounding COVID-19 vaccines:
  - Most respondents (63.3%) reported having at least one concern around COVID-19 vaccines
- Sources of information:
  - The majority (63.4%) get information from news media, although this was lower in the 18 to 34 age group (50.1%)

## Other public health measures & the return to 'normal'

- Reported cooperation with public health measures:
  - Many always or mostly wore a face mask (81.3%) and practiced hand hygiene (74.8%)
- Change in cooperation with public health measures after vaccination:
  - In both vaccinated and unvaccinated subgroups, most participants reported that their cooperation with public health measures would not change (73.6%)

# INTRODUCTION

The COVID-19 Attitudes, Resilience, and Epidemiology (CARE) study was established to gain real-time understanding of how people in Australia were thinking, feeling, and behaving in relation to the COVID-19 pandemic and the associated response measures. Over the course of 2020, two nationally representative online surveys were conducted, followed by a Victorian representative online survey combined with targeted interviewer-administered surveys with participants from multicultural communities. These surveys provided insights into the challenges faced by individuals and communities due to the pandemic and aimed to guide decision-making in relation to the management of disease transmission and promotion of community resilience. The Victorian component of CARE is conducted as part of the broader Optimise study, 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 Ethnicity and Health, and the Health Issues Centre.

Since the previous CARE surveys were conducted, effective COVID-19 vaccines have been developed and as of February 2021, vaccine rollout has commenced in Australia and Victoria. A major challenge over the next 12 months is ensuring timely vaccine rollout to eligible groups while managing the ongoing risk of COVID-19. This includes ensuring that the community remains engaged in transmission-reduction practices (such as hand washing and physical distancing) and that sufficient levels of testing are maintained to enable early detection of and rapid response to outbreaks. Understanding of community attitudes and behaviours in relation to COVID-19 and the associated interventions, which now includes vaccination, remain critical to the success of response efforts.

This report outlines the key findings from the fourth CARE survey, which intends to capture public sentiment around COVID-19 vaccines and cooperation with COVID-19 transmission reduction measures within Victoria. The findings of this rapid report are intended to help inform the Victorian Department of Health in policy decisions relating to COVID-19 testing, vaccinations, and other public health measures.

## Design Summary

- The total sample size of the survey was 1006 adults aged 18 years or greater
- The survey was carried out online from the Tuesday 13th to Monday 19th July, 2021
- Sampling of the population was proportional to the demographics of the Victorian adult population to ensure that the respondents were representative
  - Sampling quotas were based on age, gender and location (state and metropolitan or regional)
- Results have also been weighted<sup>1</sup> by age, gender, income and location

The study was approved by the University of Melbourne Human Research Ethics Committee (2056694).

## Survey Context

### Clinical guidance

The Australian Technical Advisory Group on Immunisation (ATAGI) provide clinical guidance to the Federal Minister for Health on the medical administration of vaccines available in Australia. The advice that ATAGI provide is continually updated in response to emerging evidence and current COVID-transmission in Australia.

At the time of survey, the clinical guidance provided by the ATAGI indicated that the preferred COVID-19 vaccine for those aged 16 to 60 years was Comirnaty (Pfizer), while AstraZeneca was the preferred COVID-19

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<sup>1</sup> Weights are fractional numbers used as balancing measures used to correct differences between the survey participants and the general population.

vaccine for those aged 60 or older. The difference in recommendation by age was in relation to the higher risk and observed severity of blood clots (thrombosis and thrombocytopenia syndrome) related to the use of AstraZeneca in younger age groups. Additionally, at the time of the survey, the ATAGI and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) recommended that pregnant women be routinely offered Comirnaty (Pfizer) at any stage of pregnancy.

### **Eligibility**

Each state government outlines eligibility criteria for vaccination based on the ATAGI recommendations, priority groups and vaccine supply. In Victoria (where this survey was implemented) at the time of the survey anyone in a priority group (e.g., healthcare workers, quarantine and border workers, aged care staff and residents, indigenous groups and those with serious health conditions) were eligible for vaccination. In the general population, anyone aged over 60 years was eligible to receive the AstraZeneca vaccine, whilst anyone aged 40 to 60 years eligible to receive the Comirnaty (Pfizer) vaccine. At the time of the survey, pregnant women were not eligible for vaccination in Victoria.

### **Restrictions**

Another important consideration in framing the results is that at the time of survey, as of the 16th of July 2021, Victorians were under strict stay-at-home orders due to local transmission of the Delta variant of SARS-CoV-2<sup>2</sup>. These restrictions included a 5km radius to limit travel, and permission to leave the home for only one of five permitted reasons (shopping for food and supplies, authorised work and education, care and caregiving, exercise, and getting tested or vaccinated for COVID-19).

## **Methodology**

### **Survey**

This survey was conducted using an online interview administered to members of the YouGov Plc Australian panel of 71,000+ individuals who have agreed to take part in surveys. The YouGov approach is to send emails to panellists selected at random from their base sample. The e-mail invites them to take part in a survey and provides a generic survey link. Once a panel member clicks on the link they are sent to the survey that they are most required for, according to the sample definition and quotas. (The sample definition could be “adult population” or a subset such as “adult females”). Invitations to surveys do not expire, and respondents can be directed to any available survey. The responding sample is weighted according to the profile of the sample definition to ensure a representative reporting sample. The profile is normally derived from census data or, if not available from the census, from industry accepted data.

Importantly, the study sampling strategy did not allow for surveying individuals without internet access, low literacy or limited English language skills, or communication or cognitive difficulties. It is acknowledged that people who register to do YouGov surveys may be different from the general population in ways that we cannot identify, and this may influence the findings.

### **Analysis**

Summary statistics and bar plots were produced to illustrate how participants responded. All values presented are weighted counts and percentages. This means that certain participants' responses have been more or less influential to account for under-represented or over-represented groups, respectively. Weighting has been used to account for slight differences between survey respondents and the general population.

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<sup>2</sup> Further details on restrictions at the time of survey can be found at: <https://www.reuters.com/world/asia-pacific/australia-tracking-fresh-covid-19-cluster-melbourne-linked-sydney-outbreak-2021-07-14/>

## Participant Demographics

Of the 1,006 participants surveyed, approximately 51.9% identified as female and 47.5% were male. 0.5% were trans or gender diverse. 1.7% of respondents identified as Aboriginal or Torres Strait Islander. Participants were approximately evenly distributed in age, with:

- 12.2% aged <24 years
- 19.2% aged 25-34 years
- 26% aged 35-49 years
- 22.7% aged 50-64 years and
- 19.9% aged 65 years or older

The majority of participants were located in metropolitan Melbourne (75.7%), with 7% living in provincial and 17.2% living in rural locations. 53.9% of participants were parents, with 3.4% currently expecting a baby. 42.9% of people were working full time, 25.5% were working part time, and 31.6% were not working at the time of surveying. Household income is broken down in the following table:

	Weighted N	Weighted %
<\$50K	212	21.1%
\$50K - \$99K	260	25.8%
\$100K - \$149K	196	19.4%
\$150K+	194	19.3%
Prefer not to say	145	14.4%

Broken down by education, 8.3% of participants completed primary school or some secondary school, 14.2% completed secondary school, 27.1% completed a certificate or diploma, 27.9% completed a bachelor's degree and 22.2% completed further graduate studies. A slight majority of participants owned their own home (27.5% owned outright and 29.8% owned with a mortgage), with 27% renting and 15% in other living situations.

Participants were asked about their self-reported health, including both physical and mental health status. These results are included in the next table:

	Physical Health		Mental Health	
	Weighted N	Weighted %	Weighted N	Weighted %
Excellent	106	10.6%	135	13.5%
Very good	320	31.8%	286	28.4%
Good	362	36%	296	29.4%
Fair	157	15.6%	193	19.2%
Poor	46	4.6%	85	8.5%
Don't know	7	0.7%	7	0.7%
I prefer not to answer	7	0.7%	3	0.3%

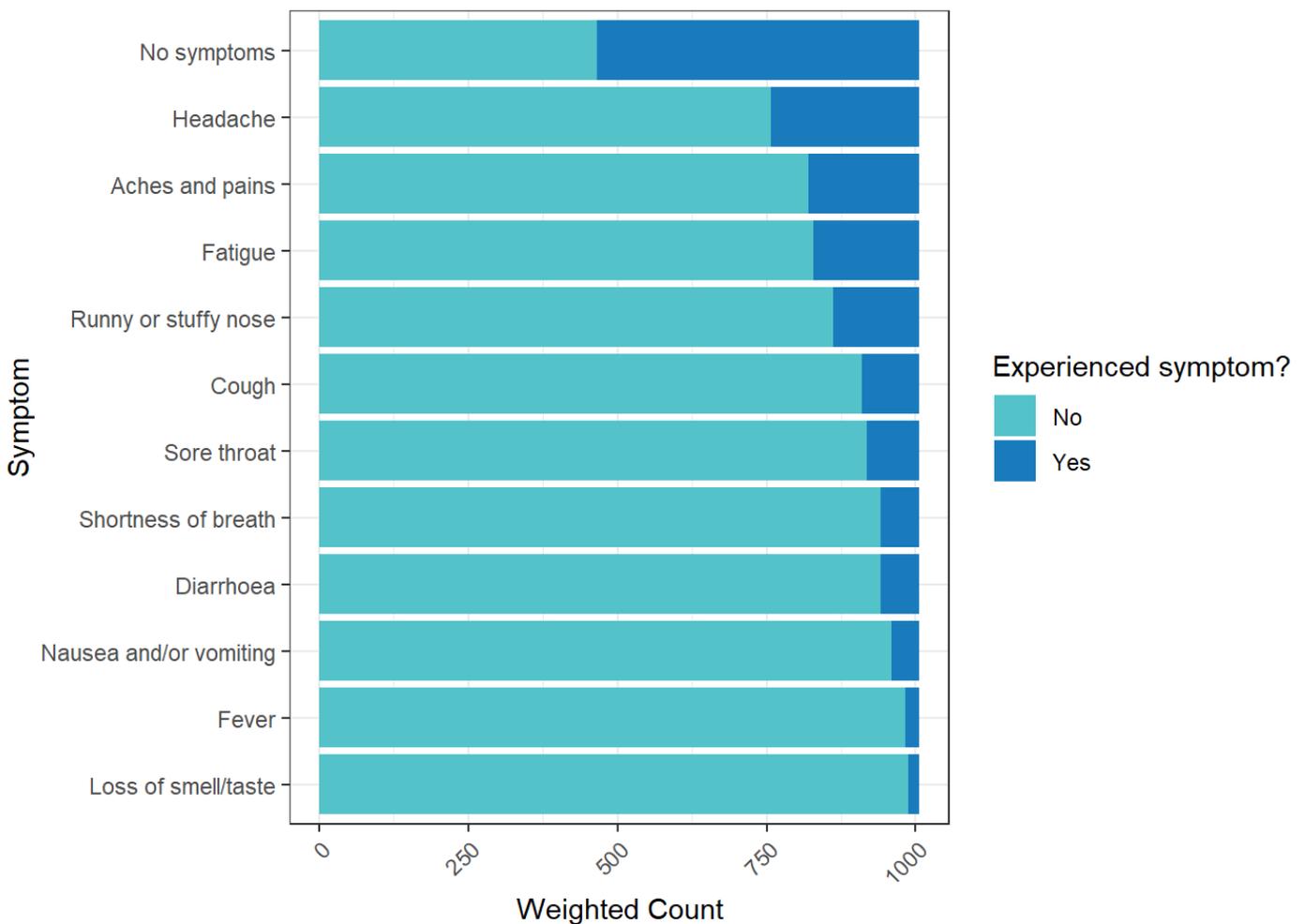
The following sections provide detailed findings from key questions included in the survey, including COVID-19 testing experience, thoughts on COVID-19 vaccination, and cooperation with other public health measures.

# COVID-19 TESTING EXPERIENCE

## Symptoms

Participants were asked whether they had experienced any symptoms of COVID-19 during the previous 4 weeks, allowing for selection of multiple options. Of the 1006 participants, 465 (46.2%) reported having at least one symptom. These included:

- Headache: 249 (24.7%)
- Aches and pains: 185 (18.4%)
- Fatigue: 178 (17.7%)
- Runny or stuffy nose: 145 (14.4%)
- Cough: 97 (9.6%)
- Sore throat: 88 (8.8%)
- Shortness of breath: 65 (6.5%)
- Diarrhoea: 65 (6.4%)
- Nausea and/or vomiting: 47 (4.6%)
- Fever: 23 (2.3%)
- Loss of smell or taste: 18 (1.7%)



## Test Timing

Of the 465 individuals who experienced symptoms in the previous 4 weeks, 97 (20.9%) got tested for COVID-19 (6 preferred not to respond to questions about testing). Those participants who did get tested were asked about the timing of their test in relation to their symptom onset - we found that most participants (71.5%) got tested rapidly, with 25.9% and 45.6% being tested on the same day and next day respectively. Interestingly, 11.4% reported getting tested for reasons other than experiencing symptoms (e.g. work-related, attendance at an exposure site or screening purposes).

Testing rates were similar among participants when stratifying by vaccination status. In the vaccinated and unvaccinated subgroups respectively, 19.0% (33/174) and 21.7% (63/290) of participants experienced relevant symptoms and got tested. Testing after experiencing symptoms was consistent among younger participants, with 23.3% (38/163) of participants aged 18 to 34 who experienced symptoms reporting getting tested.

## Reasons for Not Getting Tested

Of the 362 participants who experienced symptoms and did not get tested, the following reasons were given:

	Weighted N	Weighted %
Thought symptoms were not related to COVID (e.g. allergies, common cold)	143	39.4%
Other	118	32.6%
Symptoms were only mild	34	9.4%
Chose to stay home (self-isolate) instead	19	5.3%
I have been vaccinated for COVID-19 so I don't think a test is necessary	17	4.6%
Worried about being infected at testing centre	7	2.1%
Waiting time for test too long	5	1.5%
Did not think you were eligible for COVID testing	6	1.6%
Time constraints (e.g. work/care responsibilities)	5	1.4%
No private transport to get to testing centre	3	0.9%
Did not know where to go to have the test	2	0.6%
Did not want to isolate/quarantine after testing	1	0.4%
Fear of swab procedure/discomfort	1	0.2%
Testing centre too far away	1	0.2%
Total	362	100%

Note: weighted numbers have been rounded to the nearest integer and may not correspond exactly to the weighted percentages

A large proportion of the respondents chose "Other" and included further details about why they had decided not to get tested (see below and Appendix 1 for qualitative analysis of these responses).

Within the vaccinated subgroup, only 10.8% (15/140) reported not getting tested because they had been vaccinated for COVID-19. Within this subgroup, participants more commonly selected "Other" (37.0%; 52/140) and "Thought symptoms were not related to COVID (e.g. allergies, common cold)" (36.3%; 51/140).

## Qualitative Analysis

Examination of the responses to the question, "What was your reason for not getting tested for COVID-19?", revealed many chose "Other" and then provided a free text description of their reason for not getting tested. Frequently, they explained a decision making process elaborating upon a reason that had been provided as one of the survey response options. It seems reasonable to propose that they may have bypassed that option and chosen "Other" so that they could provide more details and justify their decision making. One respondent described their health condition to justify their decision and said *please don't freak [us] out like this, it is upsetting!* We intend to review the wording of the question for the next round of surveys to ensure it is not perceived as judgemental or accusatory.

We have categorised the free text responses below to align with the survey response options where relevant and indicated how many ticked the box for this option and how many chose instead to provide a free text response. Quotes from the free text responses are provided in Appendix 1. Appendix 1 shows that in addition to the 33 who ticked the "Mild symptoms" option, eight provided explanations based on mild symptoms. Similarly, 54 respondents chose "Other" in addition to the 139 who selected the "Pre-existing conditions" option. And while 19 agreed with the option "Chose to stay home (self-isolate) instead", three more made similar comments in the free text responses.

Thought symptoms were not related: 143 ticked option; 97 free text responses (see sub-categories below)

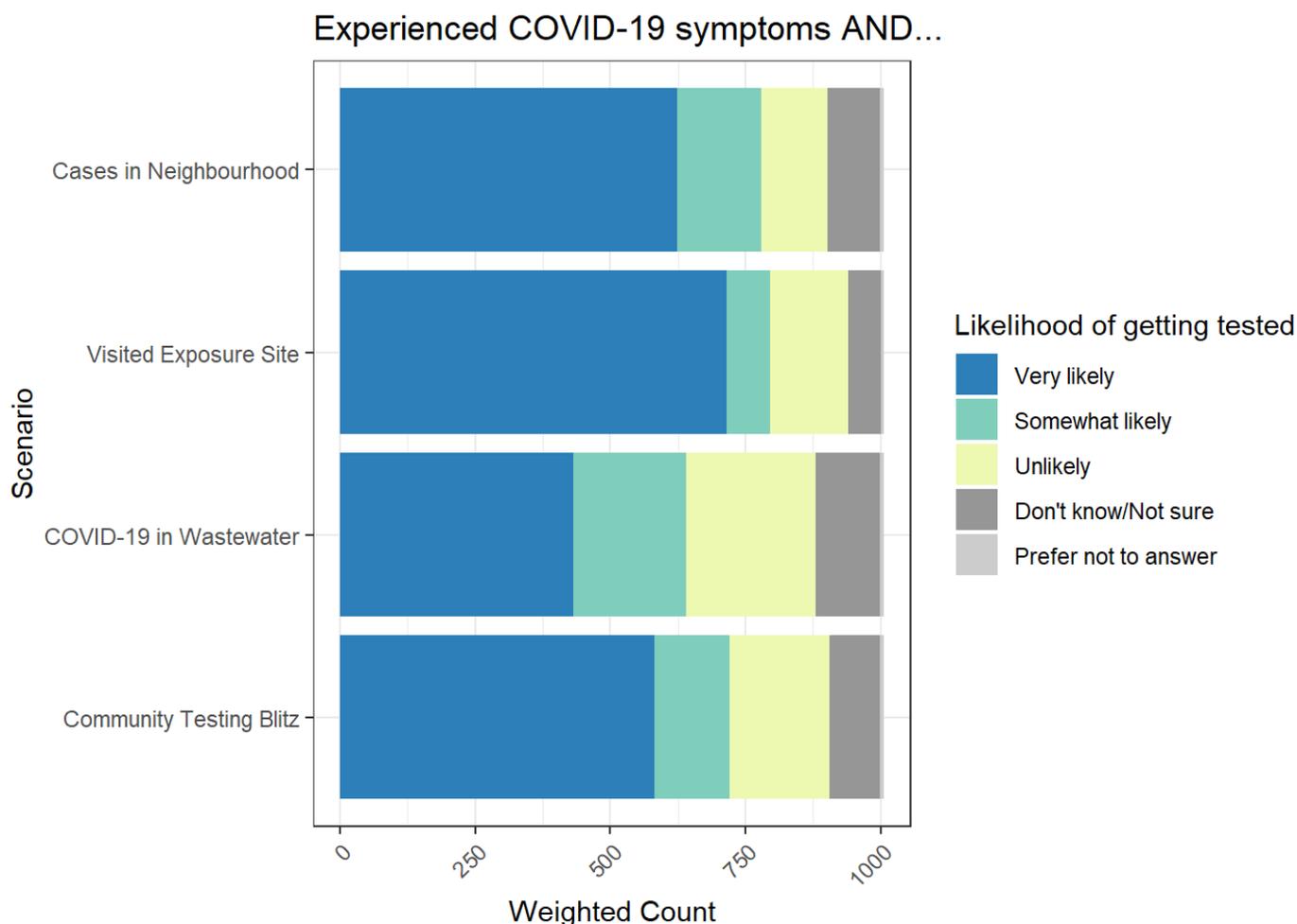
- 143 ticked the option "Thought symptoms were not related to COVID". However, 54 free text responses were very similar to this option and most were precise or detailed and referred to existing conditions. Many appeared to have resulted from long-term interactions with the health system about named conditions. Some involve the respondent knowing their body as a basis for when not to get tested.
- Mild symptoms: 34 ticked option; eight free text responses. All but one described headache.
- Current conditions explicable by the respondent: 35 free text responses  
These were similar to pre-existing conditions, the difference being that they were recent and more time-limited or acute.
- Seasonal/regular symptoms: four free text responses  
These are predictable events of short duration with COVID-19 like symptoms but a logical explanation.
- Explained by behaviour or circumstances: four free text responses  
These were similar to the option of being in isolation and respondents theorised that because of their behaviour or circumstances they did not need to be tested.
- Don't believe in COVID-19: three free text responses  
There were very few responses suggesting anti-science or conspiracy theories.
- Miscellaneous: eight free text responses

**Summary:** The majority of responses provided cogent explanations for the decision not to test. Much of the reasoning was informed by their knowledge about their body and their symptoms, often honed by sustained interaction with the health system. It shows how individuals' theories (ordinary theory) based on life experience is weighed against scientific theories and evidence to make decisions. This highlights the importance of crafting COVID-19 public health messages that account for people's other health conditions: long term, acute, seasonal or periodical. It also highlights that effective public health messages should build on the principle of involving people in their own care by enabling them to make differential diagnoses between symptoms that might indicate COVID-19 and conditions with plausible alternative explanations.

## Testing in Specific Scenarios

We asked about four specific situations, and whether participants were likely to seek a test in these scenarios when they (a) had symptoms and (b) had no symptoms. The scenarios included:

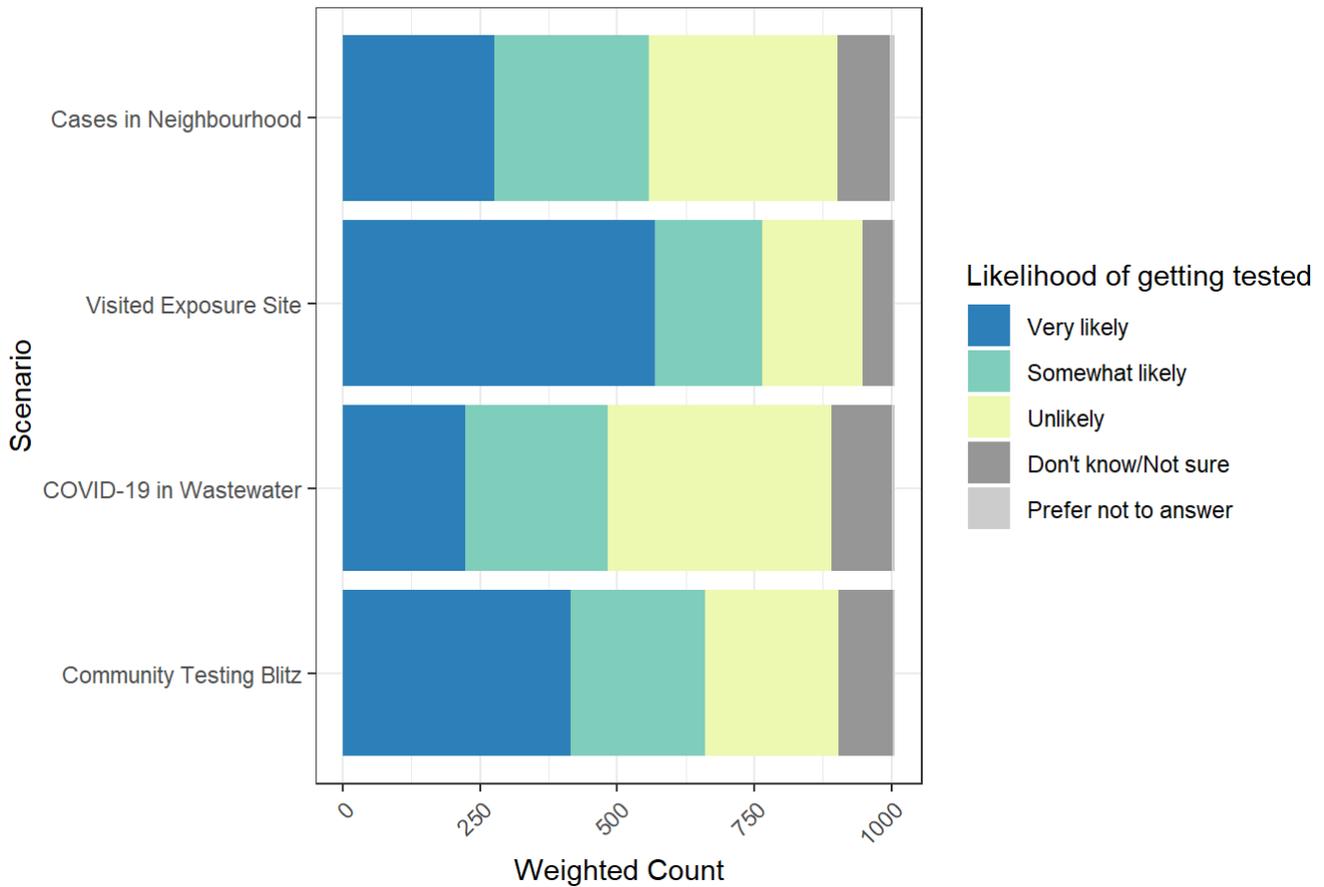
1. There were confirmed COVID-19 cases in my neighbourhood
2. I visited an exposure site listed by the Department of Health
3. The COVID-19 virus was detected in wastewater in my area
4. There was a community testing blitz (door knocking)



When experiencing symptoms, most participants reported being somewhat or very likely to seek a COVID-19 test when there were cases in the neighbourhood (15.4% somewhat likely; 62.0% very likely), if they visited an exposure site (8.0% somewhat likely; 71.0% very likely) or if there was a community-testing blitz (13.7% somewhat likely; 57.9% very likely). This was consistent between Melbourne-based and regional participants and for participants aged 18 to 34. Perceived test-seeking behaviour was slightly higher in the vaccinated subgroup (e.g. cases in the neighbourhood: 15% somewhat likely; 71.7% very likely) and tested subgroup (e.g. cases in the neighbourhood: 13.8% somewhat likely; 71.1% very likely) for these scenarios.

Participants were less certain about the wastewater scenario, with 23.8% reporting they were unlikely and 11.8% being unsure if they would seek a test even if they experienced symptoms of COVID-19. The CARE study intends to further explore the perceptions and understanding of wastewater testing in community engagement groups in coming months.

### Experienced no COVID-19 symptoms AND...



In comparison to the previous results, participants were typically less likely to seek a test in these hypothetical scenarios when they were not experiencing symptoms. This difference was less pronounced for the exposure site and community testing blitz scenarios. The following table compares the proportion of somewhat likely or very likely responses for each scenario by experience of symptoms:

	Experienced symptoms, weighted N (weighted %)	Did not experience symptoms, weighted N (weighted %)
There were confirmed COVID-19 cases in my neighbourhood	779 (77.4%)	557 (55.4%)
I visited an exposure site listed by the Department of Health	795 (79.0%)	764 (75.9%)
The COVID-19 virus was detected in wastewater in my area	641 (63.7%)	482 (48.0%)
There was a community testing blitz (door knocking)	720 (71.6%)	659 (65.6%)

# COVID-19 VACCINATION

## Proportion of Participants Vaccinated

Of the 1006 participants, 405 (40.3%) reported having already received at least one dose of a COVID-19 vaccine. In examining the unvaccinated participants, most reported that they were definitely going to get vaccinated (27.9%).

Those living outside of Melbourne reported slightly higher vaccination rates (47.6%) than those within Melbourne (37.9%). This could potentially be attributed to different age demographics in these areas, as 51.0% of regional participants were aged 50 or older, compared to 40.0% in metropolitan areas. However, even among the 50+ age group, vaccination rates were slightly lower in Melbourne, with 68.8% of regional respondents aged 50 or older were vaccinated compared to 58.2% of the same age group in Melbourne.

*Do you think you would have a COVID-19 vaccine?*

	Weighted N	Weighted %
I have already been vaccinated	405	40.3%
Definitely yes	280	27.9%
Probably yes	104	10.3%
I'm not sure yet	115	11.4%
Probably not	38	3.8%
Definitely not	55	5.4%
Prefer not to say	9	0.9%

The above numbers are also provided for the following subgroups of interest:

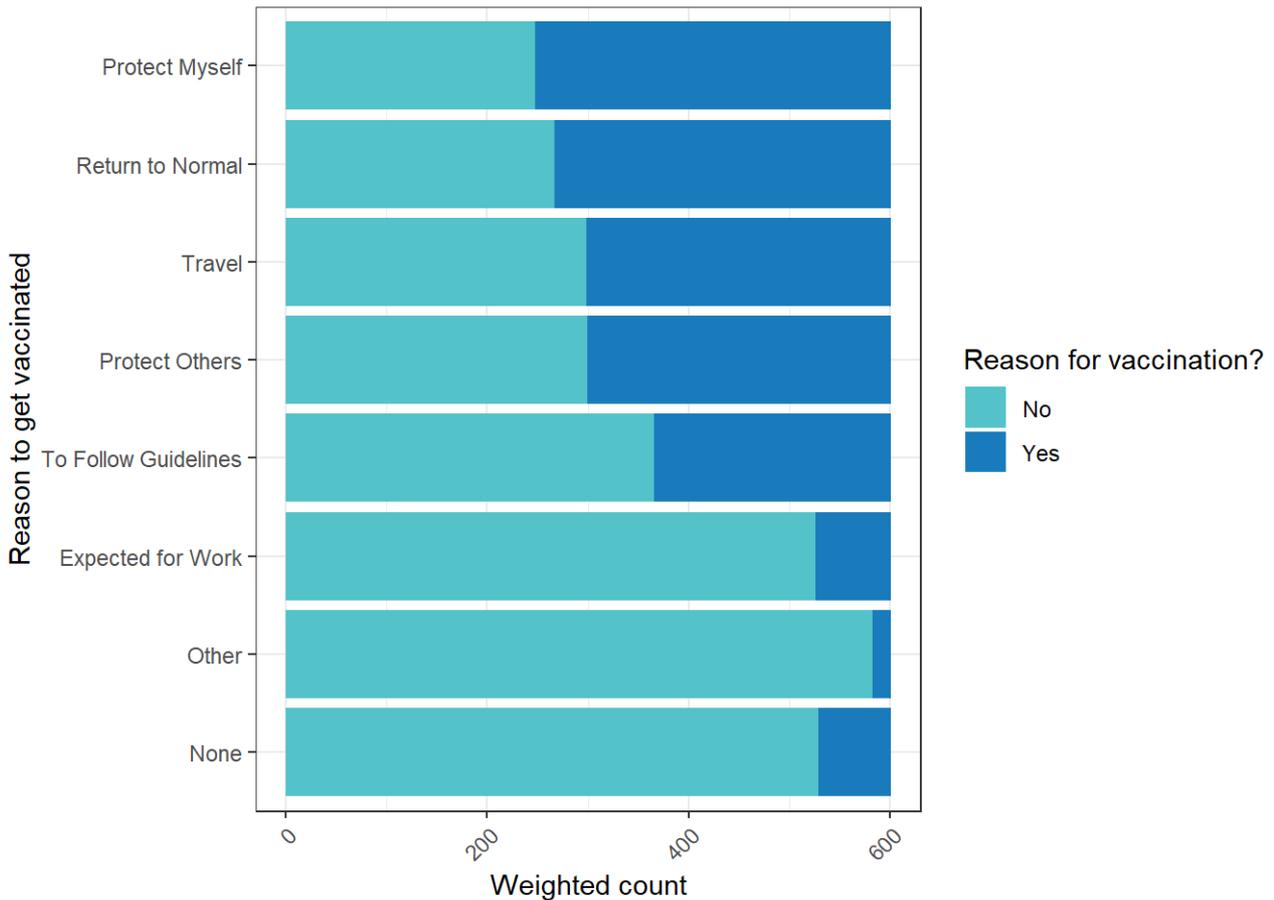
- Tested for COVID-19 in the past 4 weeks
- Not tested for COVID-19 in the past 4 weeks
- Living in Melbourne
- Living outside of Melbourne (regional Victoria)
- Age group 18 to 34

	Weighted N (Weighted %)				
	Tested	Untested	Melbourne	Regional VIC	Age 18-34
I have already been vaccinated	69 (43.0%)	335 (40.3%)	289 (37.9%)	116 (47.6%)	44 (14.1%)
Definitely yes	48 (30.1%)	229 (27.5%)	230 (30.1%)	51 (20.7%)	137 (43.4%)
Probably yes	15 (9.6%)	87 (10.5%)	83 (10.9%)	21 (8.6%)	53 (16.9%)
I'm not sure yet	17 (10.7%)	95 (11.4%)	81 (10.7%)	34 (13.7%)	45 (14.3%)
Probably not	3 (2.1%)	34 (4.1%)	28 (3.7%)	10 (4.3%)	12 (3.7%)
Definitely not	7 (4.4%)	47 (5.6%)	43 (5.7%)	11 (4.6%)	18 (5.8%)
Prefer not to say	0 (0.0%)	4 (0.5%)	8 (1.1%)	1 (0.4%)	6 (1.8%)
<b>Total Weighted N</b>	159	831	762	244	315

## Reasons for and against Vaccination

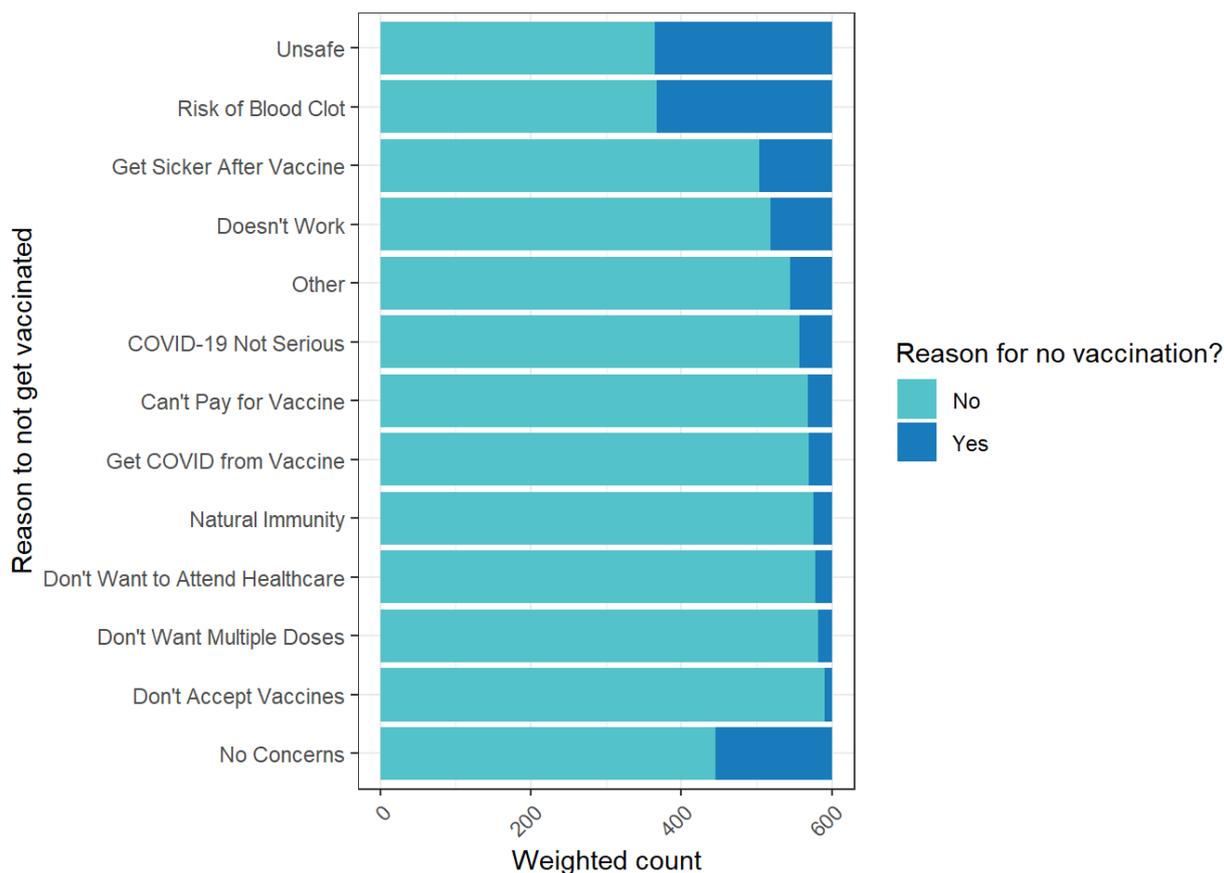
Looking at the 601 unvaccinated participants, there were a wide range of reasons for and against getting vaccinated. Participants could select all response that they felt applied to them.

The most common reasons for getting vaccinated were *"I want to protect myself against COVID-19"* (58.8%) and *"I want life to return to normal"* (55.6%). This was followed by *"I want to be able to travel"* (50.3%) and *"I want to protect others from COVID-19"* (50.2%), then *"I will follow public health guidelines"* (39.1%). The most common reason to NOT get vaccinated related to safety concerns, namely *"I am worried that is not safe and hasn't been tested enough for safety"* (39.2%) and *"I am worried that I may develop a blood clot after getting the COVID-19 vaccine"* (38.8%).



Some participants were concerned that the vaccine may not work well enough to be worth having (13.7%), while 16.2% responded "yes" to the *"I am worried that I would get sicker if I got COVID after the vaccine"* option. A quarter (25.8%) of the unvaccinated participants reported that they had no concerns about the COVID-19 vaccine.

A separate question asked the unvaccinated participants specifically about why they had not yet been vaccinated, which included options for practical barriers to vaccination. The majority (29.5%) reported that the reason was that they were not yet eligible for COVID-19 vaccinations. 13.4% reported that they did not intend to get vaccinated for COVID-19.



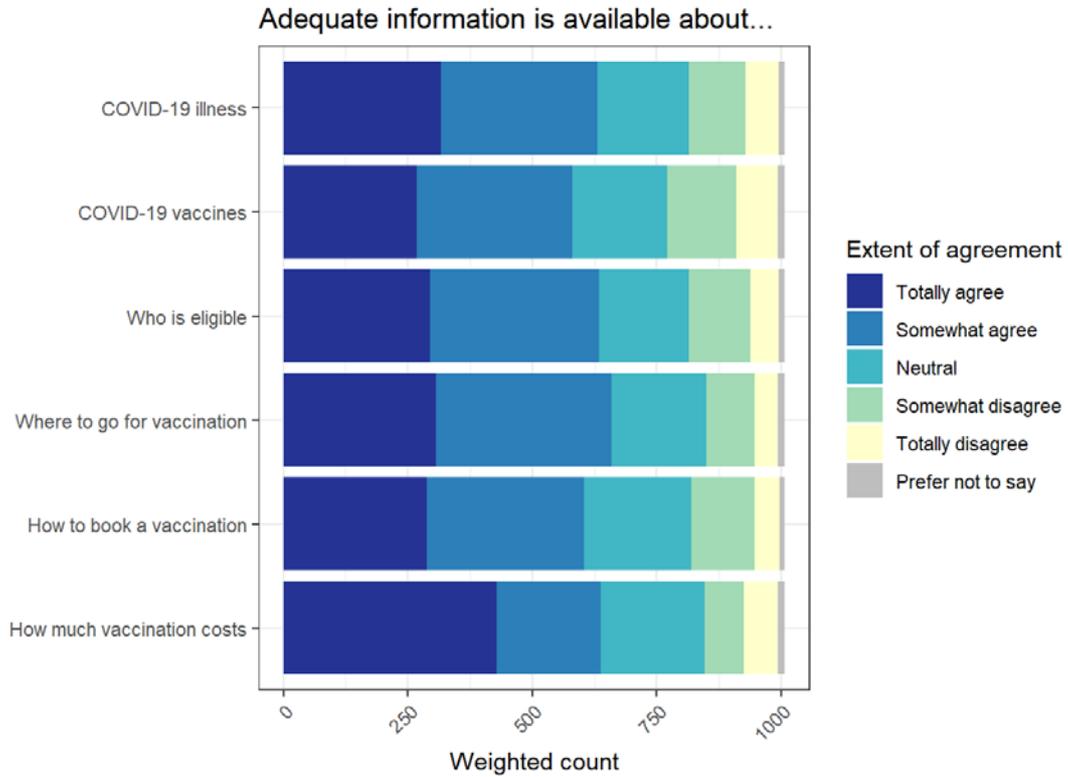
	Weighted N	Weighted %
I do not believe I am currently eligible for COVID-19 vaccines	177	29.5%
I do not intend to get the COVID-19 vaccine	81	13.4%
I would prefer to choose which vaccine I receive, and I was unable to do so	70	11.7%
I'm booked to receive it in the coming weeks	70	11.6%
I have not been able to get a booking	54	8.9%
I believe I am currently eligible but have not yet booked an appointment	54	9%
I do not have a vaccine centre/GP nearby	15	2.5%
I was offered a vaccine, but I declined	9	1.6%
I am unable to get to a vaccine centre	4	0.7%
I don't know/unsure	49	8.1%
Prefer not to say	17	2.9%

### Perceived Knowledge Sufficiency for Vaccination

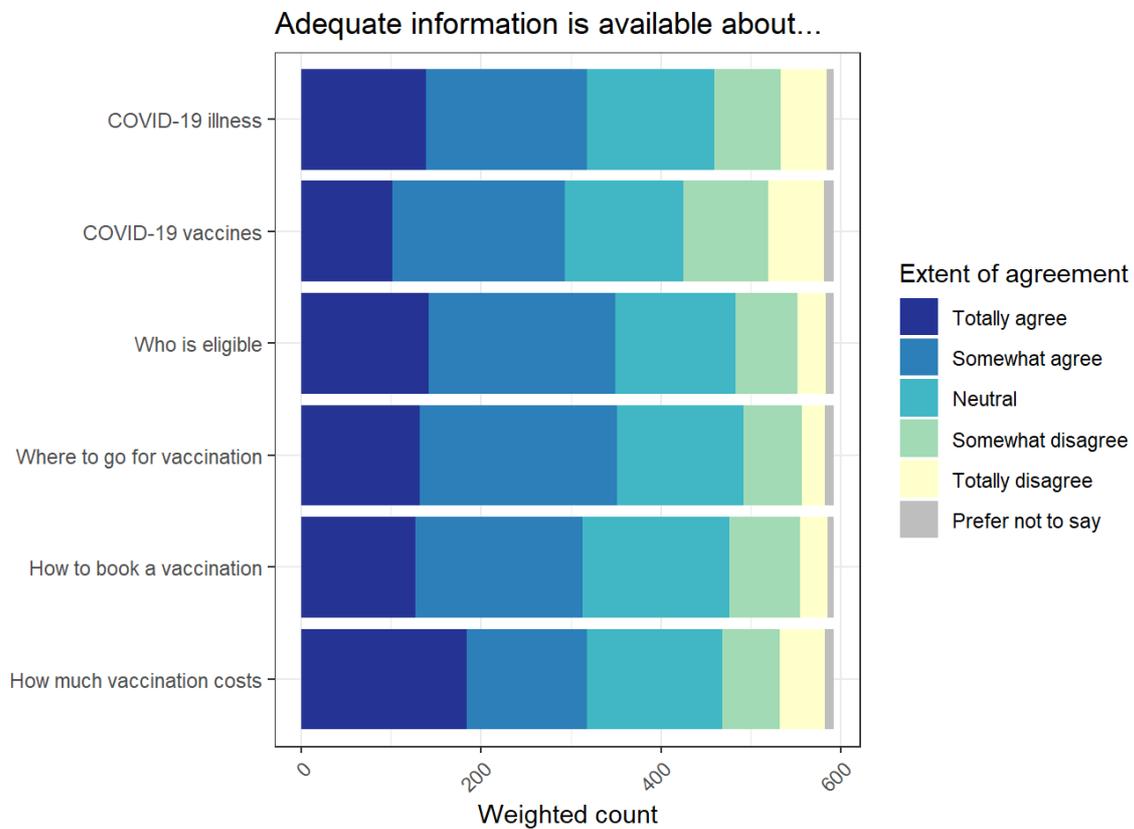
We asked participants whether they felt that they had enough information to make the decision to get vaccinated, and how to go about getting vaccinated once this decision was made. The responses highlighted that many participants did not feel that adequate information was available to inform these decisions.

Only 57.8% of participants agreed that they had enough information about COVID-19 vaccines to decide, while 60.0% had sufficient information about making an appointment to receive a vaccination. These proportions

were lower within the unvaccinated subgroup, with 49.6% reporting that they felt there was adequate information to make a decision on vaccination and 52.9% having enough information about making an appointment to receive the vaccine.

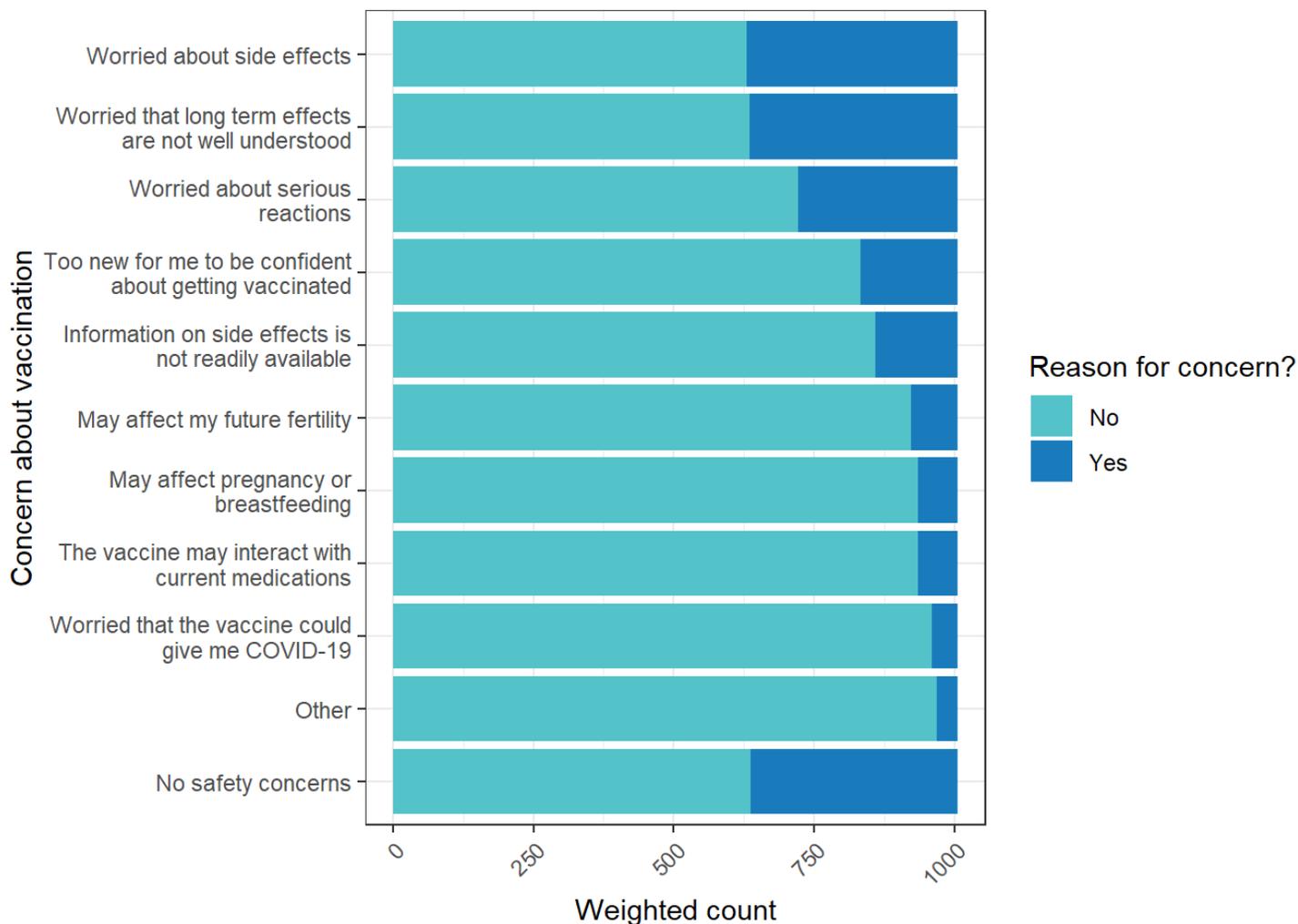


**Within the unvaccinated subgroup:**



## Concerns Surrounding COVID-19 Vaccines

A significant number of participants (63.3%) reported having one or more concerns around the vaccine. Participants were able to select all concerns that they felt applied to them. Most commonly reported worries were about potential side effects (37.3%), concerns that the long-term effects of vaccination are not well understood (36.8%), and worries about serious reactions (28.3%).



Similar themes were present in the next most commonly reported concerns, with 17.1% of participants reporting that "A COVID-19 vaccination is too new for me to be confident about getting vaccinated with it" and 14.5% reporting that "Information on side effects following immunisation is not readily available".

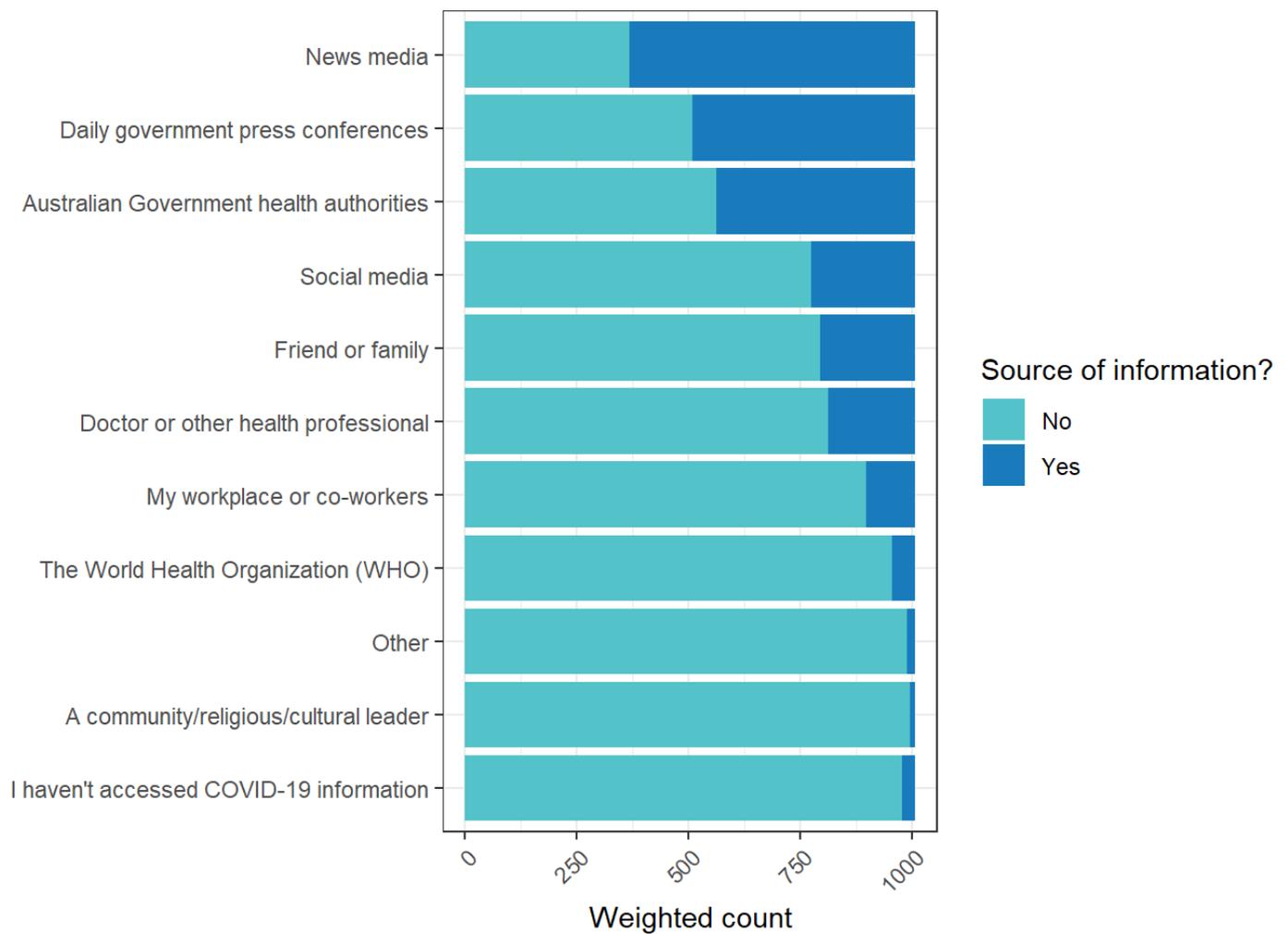
There was a clear difference in between the vaccinated and unvaccinated subgroups, with 80.2% of the unvaccinated group reporting having at least one safety concerns, compared to 39.1% of the vaccinated group.

Reported concerns were largely similar amongst the other subgroups examined, including the Melbourne and regional subgroups, the tested and untested subgroups, and the 18-34 age group.

## Information Sources

We asked respondents about the main places that they accessed information to stay informed about COVID-19 vaccines. Participants were able to select multiple information sources, with 63.4% of participants getting information from news media (including online, television, radio and print), 49.4% from daily government press conferences or media releases and 44.2% accessing information from Australian Government health authorities.

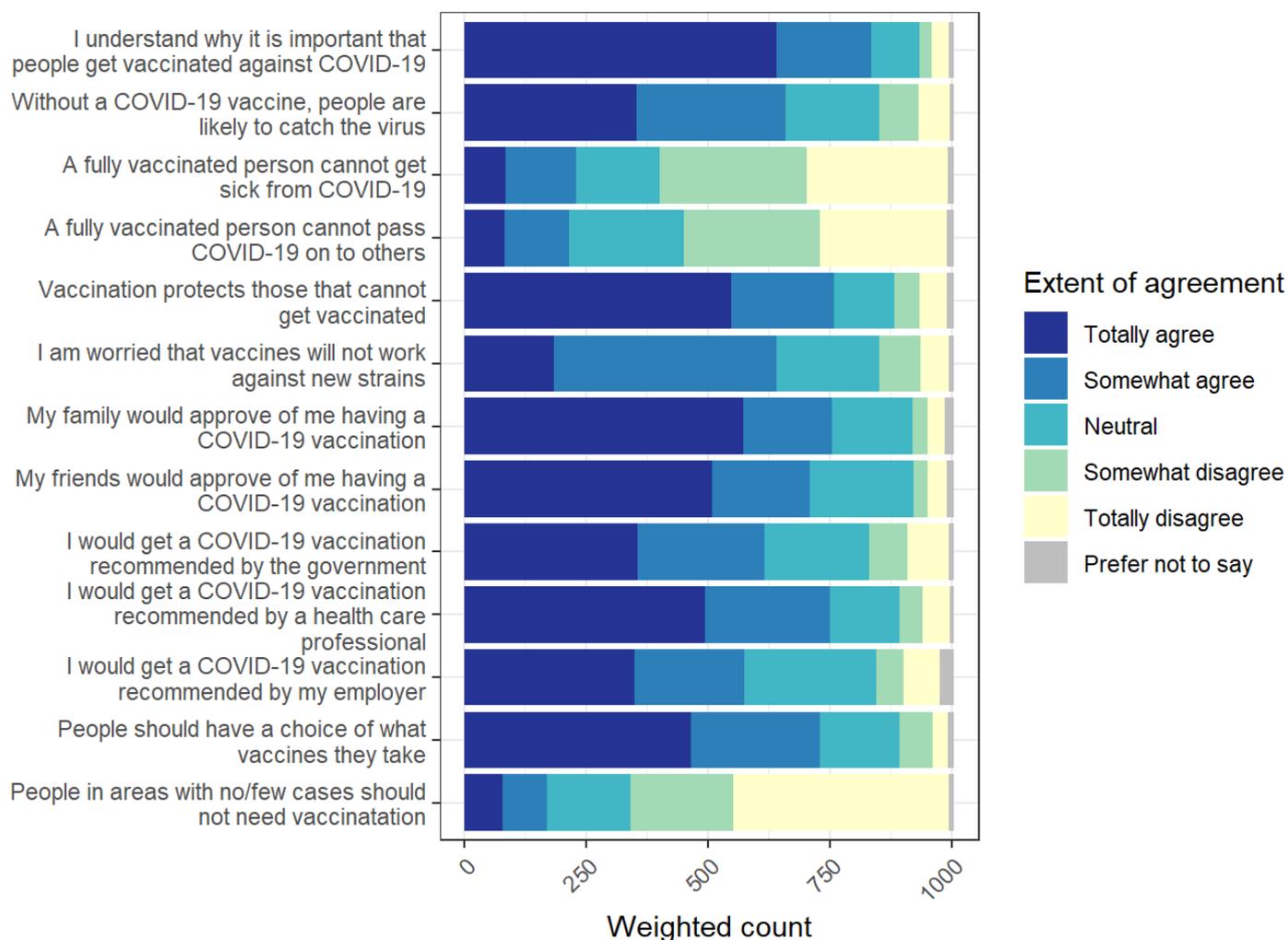
Those aged 18 to 34 had slightly different sources of information to the overall survey sample, with fewer reporting that they get information from daily government press conferences (42.3%) or news media (50.1%). Instead, the 18 to 34 year old subgroup more commonly reported getting information from social media (36.2% compared to 23.0% overall) or from friends or family member (28.3% compared to 21% overall).



## Beliefs Around COVID-19 Vaccination

We asked all participants on the extent they agreed with certain opinions or beliefs around COVID-19 vaccines. These are intended to provide an insight into the attitude of the public towards aspects of COVID-19 vaccines.

### Beliefs around the COVID-19 vaccination



Encouragingly, most participants (83.0%) report understanding the reasons for Australians to get vaccinated. Many of the respondents also understand that current low numbers of cases should not preclude the need for vaccination (65.0%), and that fully vaccinated people are still at risk of contracting (58.8%) and passing on the virus (53.6%).

A majority of respondents report that their friends (70.5%) and family (75.1%) would approve of them being vaccinated, with most reporting that they would get a COVID-19 vaccine if recommended by a health care professional (74.6%).

Many participants are worried about the efficacy of vaccines against the emerging strains of COVID-19 (63.8%) and agree that they should have a choice in which vaccine they receive (72.7%), although opinions are mixed on whether people are likely to catch the virus without a COVID-19 vaccine. These are nuanced questions which are influenced by personal circumstances and opinions, as well as the broader situation within Victoria and the specific community of each respondent. To further investigate these beliefs, the CARE study intends to explore these questions through community engagement groups in coming months.

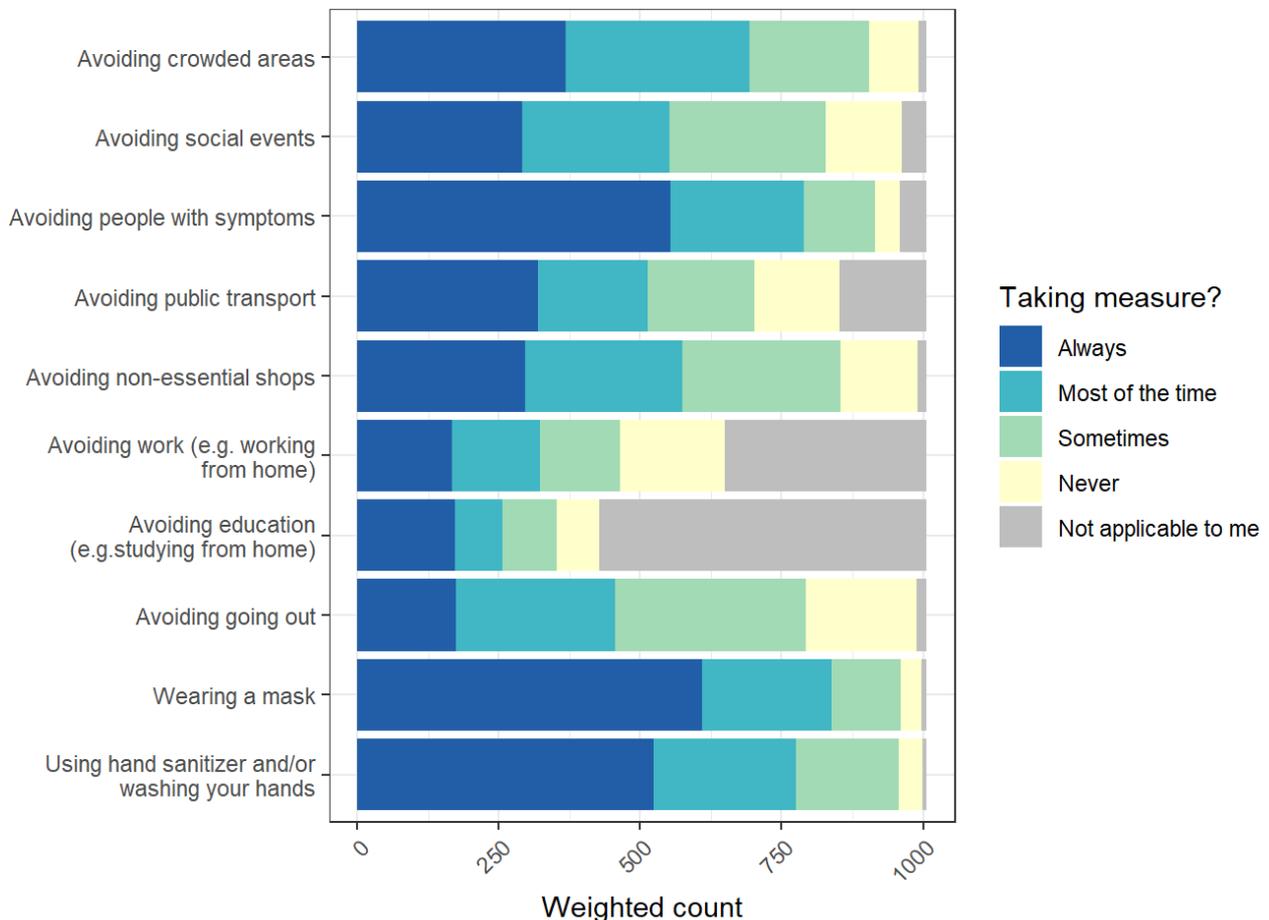
# OTHER PUBLIC HEALTH MEASURES & THE RETURN TO 'NORMAL'

## Reported Cooperation with Public Health Measures

Participants were asked about how frequently they were undertaking other measures to protect themselves and others from COVID-19, including the following behaviours:

- Avoiding crowded areas
- Avoiding social events
- Avoiding people who have a fever or respiratory symptoms
- Avoiding taking public transport
- Avoiding non-essential shops (and markets)
- Avoiding going to work (e.g. working from home)
- Avoiding going to University or other education setting (e.g. studying from home)
- Avoiding going out in general
- Wearing a face covering in public
- Using hand sanitizer and/or washing your hands immediately after being in a public place

Another public health measure to be considered for inclusion in future reports relates to checking in when attending a public venue (e.g. shop or workplace) via QR codes or sign-in sheets.



Many participants always or mostly cooperated with recommendations to wear a face mask (81.3%) and practice hand hygiene (74.8%), as well as avoiding crowded areas (68.9%) and contact with people that had fever or respiratory symptoms (78.5%).

We also asked respondents about their contact with non-household members. This was addressed at two levels using the following questions:

1. In the past 24 hours, how many people, excluding members of your household, have you had contact with between 5am yesterday and 5am today? (i.e., is the participant engaging in macro-distancing?)
2. Are you staying 1.5m away from people who are not members of your household? (i.e., is the participant practicing micro-distancing?)

Overall, most respondents (71.9%) had 5 or fewer non-household contacts in the 24 hour period prior to when they were asked this question. The majority of participants also report often or always staying 1.5 metres away from non-household contacts.

*Thinking about the past 24 hours, how many people, excluding members of your household, have you had contact with between 5am yesterday and 5am today?*

	Weighted N	Weighted %
0	306	30.4%
1	101	10.0%
2	98	9.7%
3	79	7.9%
4	48	4.8%
5	92	9.1%
6 to 10	131	13.0%
11 to 20	71	7.1%
21 to 50	48	4.8%
51 to 999	32	3.1%

*Are you staying 1.5m away from people who are not members of your household?*

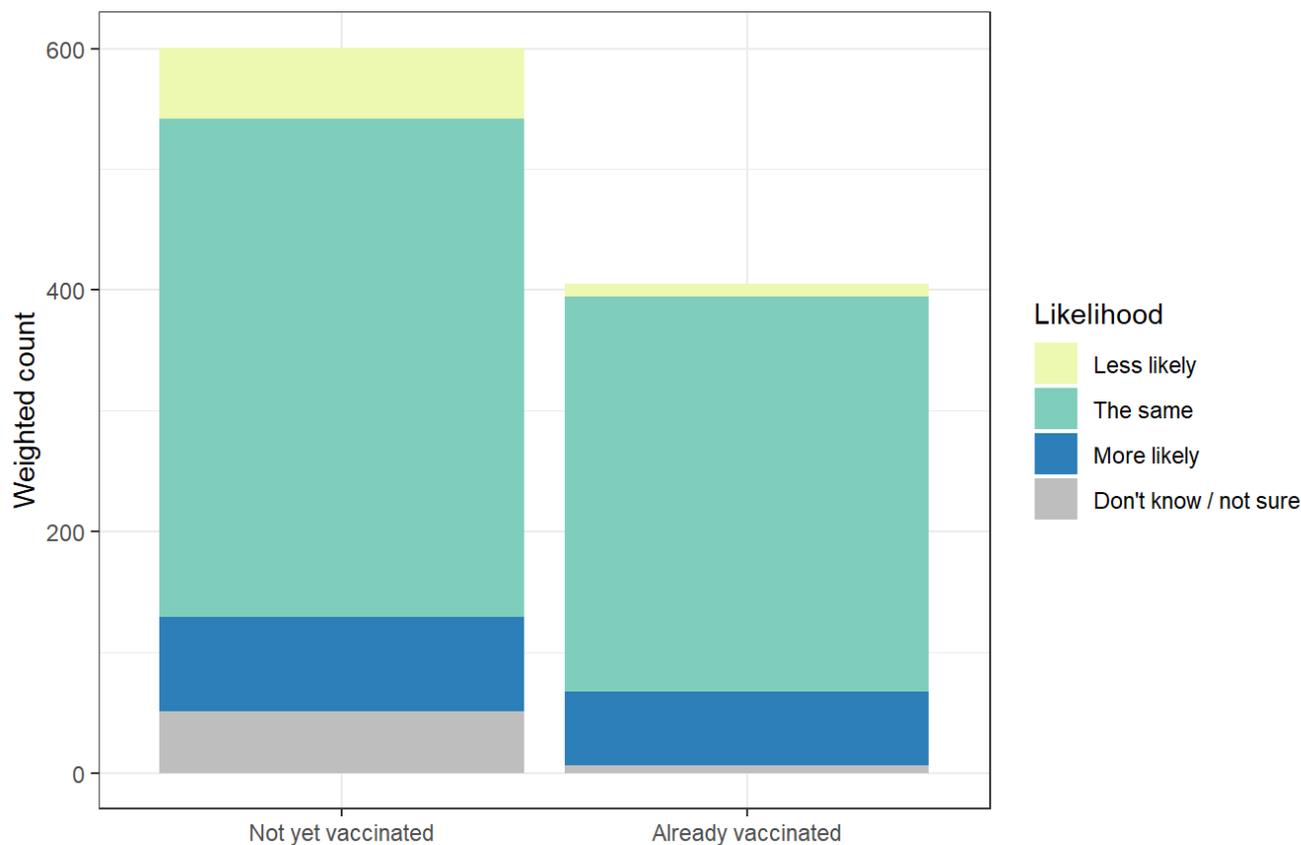
	Weighted N	Weighted %
Always	281	28.0%
Often	358	35.6%
Sometimes	213	21.1%
Rarely	73	7.3%
No	81	8.0%

### **Change in Cooperation with Public Health Measures After Vaccination**

The vaccinated and unvaccinated cohort were asked about their perceived change in behaviours to stop the spread of COVID-19 after getting vaccinated. Across both groups, most participants reported that their behaviours would not change (73.6%).

Very few of the vaccinated group (2.7%) reported that they were less likely to follow public health guidelines after vaccination. Interestingly, 13.8% of participants reported that they were or are more likely to follow guidelines after vaccination.

## Likelihood of Following COVID-19 Prevention Guidelines After Vaccination



### **Beliefs on the Return to 'Normal'**

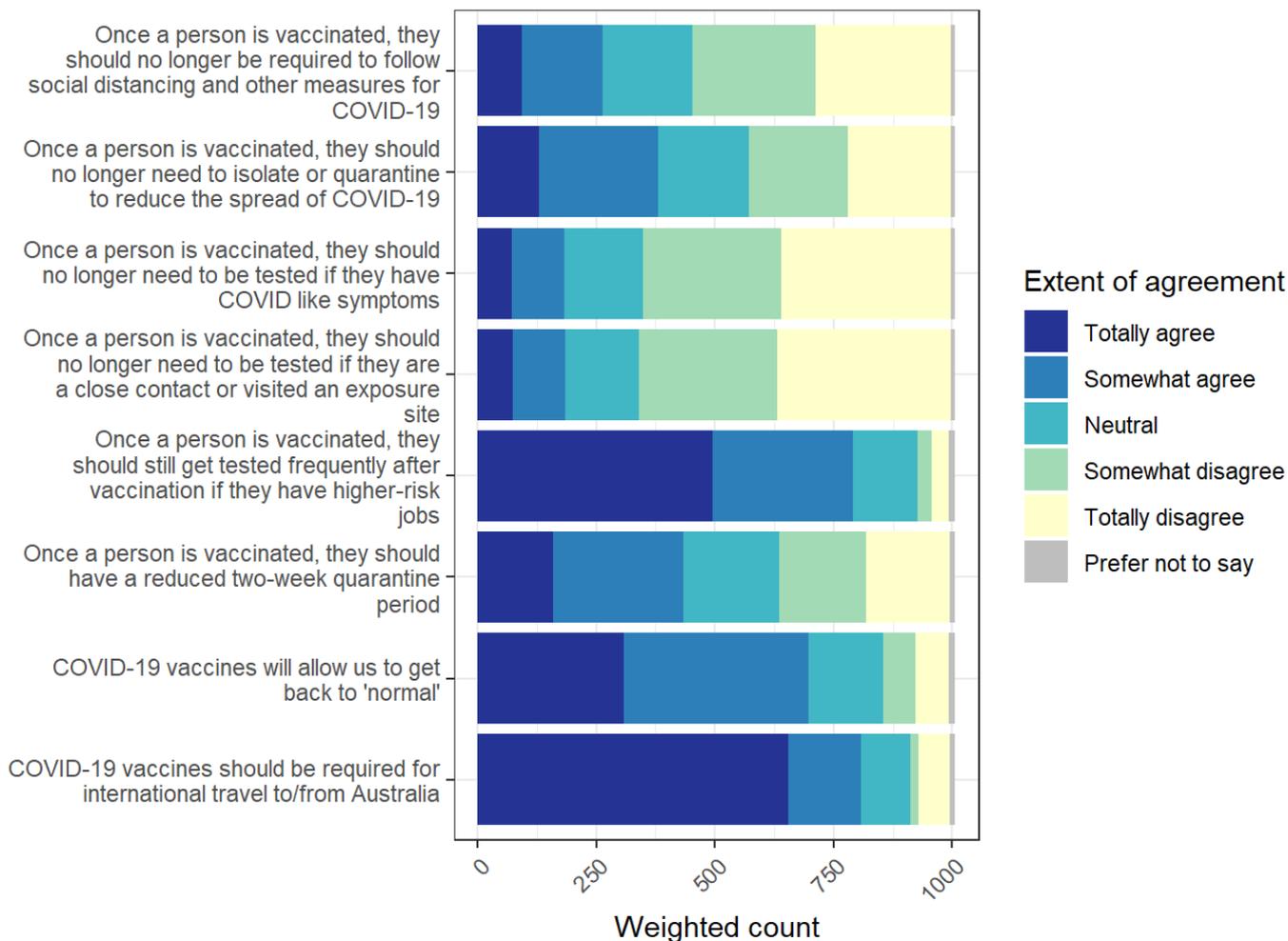
We asked respondents on the extent they agreed with certain opinions or beliefs around how vaccination will impact the return to 'normal'. Most participants believe that people still need to be tested for COVID-19 even after they are fully vaccinated if they exhibit symptoms (64.5%) or are a close contact of a positive case or visit an exposure site (65.3%).

The majority also agreed that those in higher-risk jobs, such as working in hotel quarantine or aged care, should still be regularly tested even if vaccinated against COVID-19 (78.7%). Most respondents agreed that COVID-19 vaccines will allow us to get back to normal (69.4%) and that vaccination should be required for international travel to or from Australia (80.3%).

There are some statements which evoked mixed responses from the participants, such as:

- "Once a person is vaccinated, they should no longer be required to follow social distancing and other measures for COVID-19" (54.2% disagree, 18.6% neutral and 26.2% agree);
- "Once a person is vaccinated, they should no longer need to isolate or quarantine to reduce the spread of COVID-19" (42.2% disagree, 19.1% neutral and 37.8% agree), and;
- "If you were vaccinated overseas, the two-week quarantine period should be reduced" (35.7% disagree, 20.1% neutral and 43.2% agree)

These statements are addressing complex issues, and so it is expected that there would not be unanimity in beliefs among the respondents. Opinions on these attitudes are likely to be influenced by an individual's health status, employment or financial situation, as well as their own personal beliefs or opinions of their social circle.



## CONCLUSION

This study has provided some important insights into the public sentiment around COVID-19 testing and vaccines, as well as cooperation with COVID-19 transmission reduction measures within Victoria. Since the study was carried out concurrently with the fifth lockdown in Victoria, the findings represent a good gauge of the community's responses.

Some interesting results around testing behaviours indicated that people are assessing their health and personal situation in deciding whether to get tested for COVID-19. Opinions and attitudes towards vaccination and testing are likely to be influenced by an individual's health status, employment or financial situation, as well as their own personal beliefs or opinions of their social circle. Health messaging and community engagement is important to understand these complex interactions and to help develop clearer messaging to support people's ability to act in favour of pandemic preventive measures.

Repeat CARE surveys will help to understand how reported opinions and behaviours change over time. These topics and others will be further explored with community engagement groups where community members will have the opportunity to further our understanding on these issues.

### **Suggested citation**

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**Burnet Institute  
85 Commercial Road  
Melbourne, Australia, 3004**

**[burnet.edu.au](http://burnet.edu.au)**

**The Peter Doherty Institute  
for Infection and Immunity  
729 Elizabeth Street  
Melbourne, Australia, 3000**

**[doherty.edu.au](http://doherty.edu.au)**

**For more information on:**

**CARE:**

**Dr Freya Shearer  
[freya.shearer@unimelb.edu.au](mailto:freya.shearer@unimelb.edu.au)**

**Optimise:**

**Professor Margaret Hellard AM  
[margaret.hellard@burnet.edu.au](mailto:margaret.hellard@burnet.edu.au)  
+61 3 9282 2111**

**Dr Katherine Gibney  
[katherine.gibney@unimelb.edu.au](mailto:katherine.gibney@unimelb.edu.au)**

