
Flu Vaccination - Knowledge & Attitudes Survey

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Introduction

This year, as part of the response to the Coronavirus pandemic, flu vaccination is being offered to a wider range of people than previously. Over 50s, children in year 7, and households with a shielding person will qualify for a free vaccine in addition to the usual categories (children aged 2-3 & primary aged), people aged 65+, pregnant women, people of all ages with certain health conditions or in residential care, and health & social care workers). However, rates of vaccination in previous years have been below public health targets, and additionally – with the exception of vaccination for primary-aged children - are lower in Essex, Southend & Thurrock than in England or the East of England region. In order to explore knowledge and attitudes to the flu vaccine in the area, Mid & South Essex HCP and Mid & South Essex CCGs surveyed residents during September this year. This report summarises the findings of those surveys and associated focus groups.

Methodology

- The main survey was circulated through social media channels by the HCP, and shared by statutory partners, community and patient networks. The survey provided respondents with the opportunity to comment freely about the vaccine, its perceived availability, and also about health services more generally. There were 1590 responses collected between 8th September – 10th October.
- The Virtual views' survey was sent to the HCP's Citizen's Panel, and generated 142 responses over a two-week period in August. This survey included 3 additional questions, providing greater insight into attitudes to the vaccine and public awareness.
- In order to extend access to the survey, it was converted to an Easy Read format, which were completed by or on behalf of residents receiving support from services such as Peabody and EPUT. This generated 12 responses (a further 4 forms were submitted but these were blank).
- Additionally, SAVS (Southend Association of Voluntary Services) who represent the voluntary sector alongside Chelmsford CVS on the mid and south Essex Partnership Board, were asked to identify ways of engaging further into the community and work with wider CVS groups across mid and south Essex (financial support was available for this if required). They had conversations exploring key points and barriers to the flu vaccine with 41 adults from the Folk Like Us group, either by phone or whilst delivering home visits, held conversations (primarily by WhatsApp) with 3 Parent Champions, and conducted a specific online focus group for members of BAME communities with a speaker, which 3 members of the public attended. Feedback was of key points and barriers. In addition, Project 49 (a community service for adults with learning disabilities) supported 39 members by phone to complete the Easy Read survey.
- Total number of responses: 1732 online survey responses; 51 Easy Read surveys and key points from 3 focus groups.

Respondent demographics and characteristics

- More than two thirds of the total respondents (68%) were female. Ethnicity reporting was well-documented, with fewer than 1% not stating ethnicity. 3.8% identified as 'white other' but only 2.4% were from Asian, Black, mixed or other ethnic groups. In terms of age, around half were aged 60+, with the largest age-group 60-74. Age was slightly more spread in the Virtual Views group than the CCG survey.
- More than half the CCG responses (57%) and three quarters (76%) of the Easy Read surveys were from the Southend area. Mid Essex was the next largest group, representing a fifth of the CCG surveys. (Location information was not available for the Virtual Views survey).
- The surveys were open to all, regardless of eligibility for the flu vaccine. Each survey asked respondents about their eligibility, though in different ways. Overall, between 60-65% of CCG/Virtual Views respondents reported eligibility either on grounds of age or clinical risk, with eligibility higher for Easy Read respondents.

Results

- Over 60% overall identified as 'concerned about the risk of seasonal flu', though for the Virtual Views survey (with a higher proportion of younger respondents) the figure was closer to half.
- 81% of respondents to the Virtual Views survey stated they felt the flu vaccine was useful (other surveys did not ask this question).
- A high proportion (71% overall) of respondents reported receiving the vaccine in the past two years. and because from the comments, many were either ineligible or gave reasons for not having received it. These range from personal reasons (e.g. egg allergy) to not feeling that they needed it, to general expressions of distrust in vaccinations, the government or 'big Pharma' or scepticism about the efficacy of the vaccine. A few respondents query their eligibility, or suggest that they are unable to have the vaccine due to illness.

"Unsure of the benefits"

- Intent to receive the vaccine this year was even higher, at 76% overall. A sample analysis of men (111 men from the first 300 CCG survey responses, or around 17% of total respondents) suggests this intent is shared across genders), as of the 95% men eligible from this sample, 82% intended to obtain the vaccine this year, with some others not knowing they would be eligible. This high compliance rate may reflect the extended eligibility for flu vaccine this year, as 76% of respondents just exceeds the percentage of total respondents aged over 50¹. However, about 300 comments show a range of concerns. Some (for example that the vaccine results in flu symptoms) were similar to the previous question, but other issues arose. The most significant concern (n=88) of these was about supply of the vaccine, especially with the increase in eligibility. Other notable queries were about the process for obtaining

¹ Source population tables, Mid & South Essex STP Profile Pack
<https://democracy.thurrock.gov.uk/documents/s24283/Mid%20and%20South%20Essex%20STP%20Update%20supporting%20document.pdf>

the vaccine (n=61), and predictions about difficulties accessing appointments or contacting primary care (n=41). A number of people expressed concern about their capacity to manage queues at GP practices, either because of fears about social distancing or due to mobility problems and not being able to enter practices to wait.

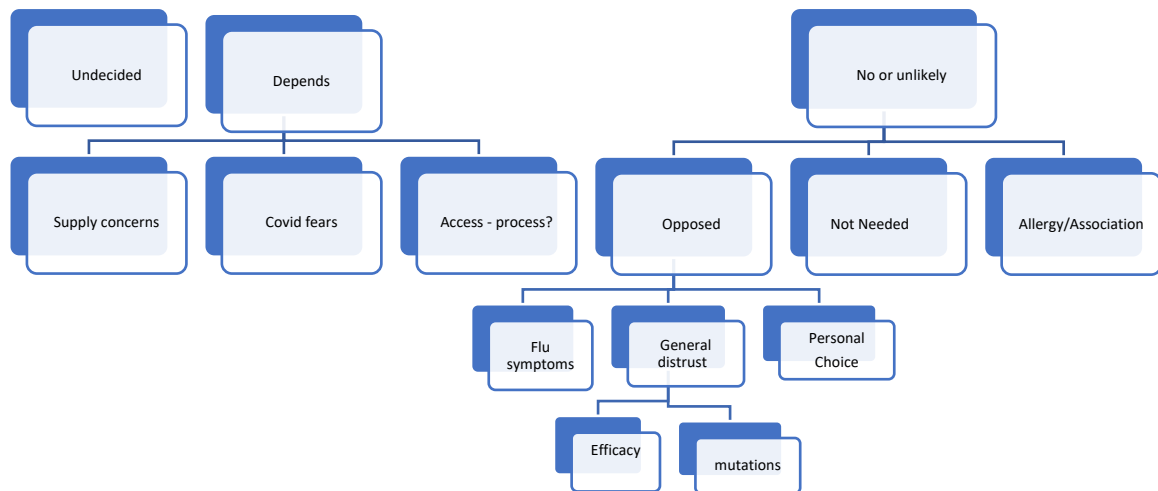


Fig. 1 Themes from negative comments about the flu vaccine.

- By far the most common reason chosen for receiving the vaccine was because 'it is free and will help protect me'. Altruistic reasons were next, closely followed by concerns about Covid. Comments fall into similar themes, as shown on figure 2.

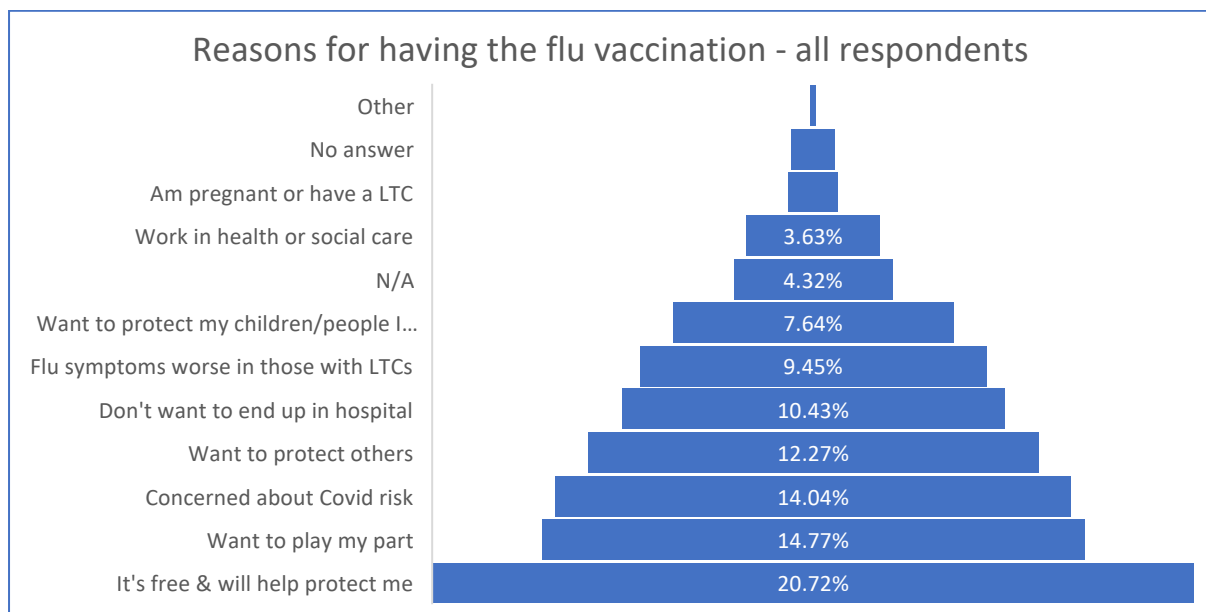


Fig. 2 Reasons for having the flu vaccine (multiple choice question)

57% felt that it would be 'very easy' or 'easy' to obtain the flu vaccine this year, but a significant minority (n=403) felt that it would be 'quite difficult' or 'very difficult'. Comments indicate significant concerns about supply (many respondents reported supply issues at pharmacies or more generally), uncertainty about the process (would surgeries contact them or vice versa) and problems accessing primary care. (Comments about access to primary care run throughout the surveys and in particular concern difficulties getting through on phone systems, and capacity for appointments.) A small number of people expressed significant concerns about access due to restricted mobility (a particular issue when having to queue outside), being fearful of using public transport currently, being unable to have the vaccine due to allergies, or being uncertain if they can have the vaccine because of particular health conditions.

“The surgery is closed. I’m not willing to wait on the street. I’d rather take my chance with flu than be treated like a biohazard. The NHS is closed”

- These comments were echoed when respondents were asked if anything prevented them from obtaining the flu vaccine. 17% felt they would actually be prevented from obtaining a flu vaccine.

“Dr’s doing drop-in clinics, is difficult for me to stand in the queue”

- Despite concerns about accessing GP surgeries which were expressed consistently throughout the survey, GP practice was the most preferred venue for receiving the flu vaccination, for just over 1/3 of responses. Interestingly comments throughout the surveys suggest that some people feel safer visiting pharmacies than GP practices currently. A few people made suggestions for alternative venues, including 'at work', the library, and paying to receive the vaccine at school alongside their children. One respondent suggested publicising the flu vaccination programme on letters sent out (in August/September) by councils to update the electoral register.

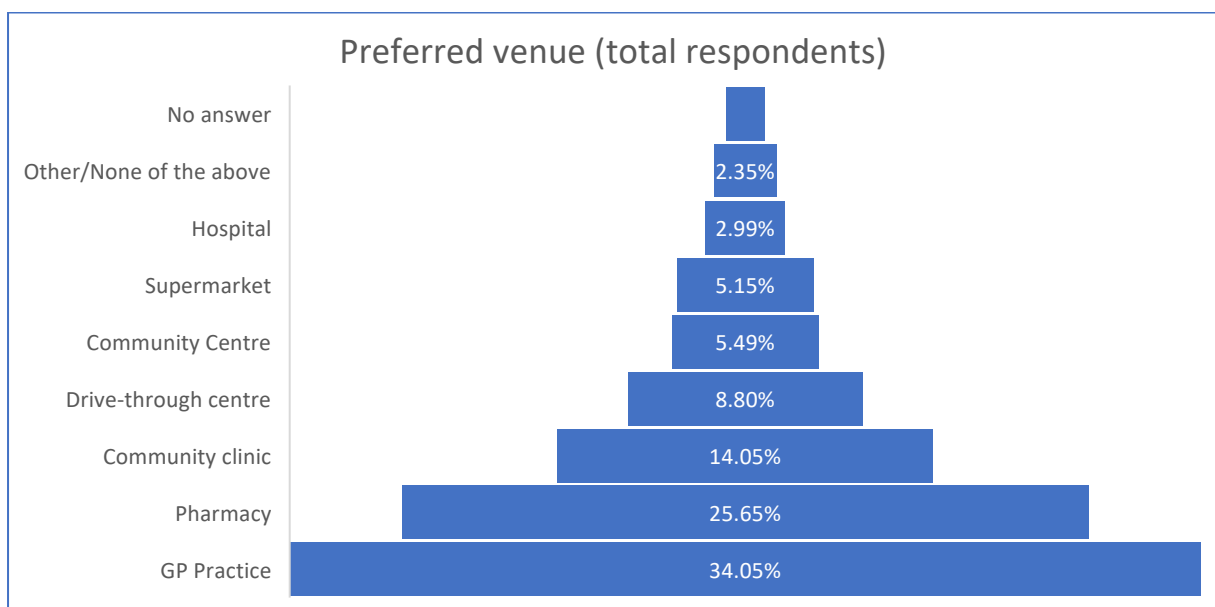


Fig. 3 preferred venue for flu vaccination

- There were 567 comments about health services in general. Negative impacts of Covid on other health services were the most common, followed by positive comments about the NHS (mostly very generalised) then concerns about primary care (phone systems, lack of appointments and general lack of access to GPs and face to face appointments in particular). Several comments suggest anger at what is perceived as health and council staff remaining 'closed' whilst others are back at the workplace.

“Must get back to National Health Service, we seem to have become a Covid Health Service”

Additional findings – Easy Read and focus groups

On the whole, the findings of the Easy Read surveys are similar to the other surveys, though these are small samples. One notable point is that 4 respondents from Project 49 stated they were opposed to having the jab because of fear of needles, but 3 of these stated they would accept the jab in another form such as the spray.

The themes from survey responses were echoed by the discussions organised by SAVS. However, responses from four of the 'Folk like us' group, which stem from in-person or phone conversations, suggest that negative attitudes to flu vaccine may be overcome through conversations with medical professionals. Interestingly 27 (66%) of this group had already had, or booked, their flu jab during September, with 6 more waiting to be contacted by their surgery.

The BAME focus group (attended by 2 organisers, 1 speaker and 3 members of the public) introduced three further points:

- The need for communications about the flu vaccine to be distributed to supermarkets and places of worship accessed by people from BAME communities
- translated information to be provided
- Engagement to start earlier – late spring.

The other issue raised at the BAME event was a more general concern about the entitlement of carers (of all ages and status) to be vaccinated, and the need to review communications to ensure that messages are clear on when and where to obtain the vaccine, that proprietors ensure carers are a priority group for vaccination, and the need for more engagement to identify informal and young carers.

“There is still not enough information and generally speaking very little awareness among my friends and co-workers”

Key Themes

On the whole, the surveys suggest a high level of interest in receiving the flu vaccine, and higher levels of prior vaccination than in the eligible population as a whole. Despite the wider age range of respondents, 71% report having had the vaccine in the last two years, which is higher than levels of vaccine coverage for people aged 65 or over last year (which was 65.6% for Southend), and significantly higher than the reported rate for people in

clinical risk groups (source Public Health Outcomes Indicators)². And higher numbers anticipate receiving the vaccine this year. It may be that despite being an online survey (and therefore less likely to be completed by many of the most elderly people who qualify for a flu jab), the survey may have attracted responses from those with an interest in receiving the vaccine (including some who are prepared to pay for it).

The comments about access, availability of appointments and concerns about supply that run through the surveys are somewhat at odds with the ease with which most respondents expect to obtain the flu jab. Comments strongly suggest fears over capacity in primary care confusion over the process of obtaining a jab, as well as concerns about prioritisation for those with greatest clinical need, supply problems already experienced in pharmacies, and access for carers, homeless people, and also for dental staff. In addition, there are a number of queries about eligibility for the vaccine (for example for people with cancer or Crohn's, or receiving immunosuppressants). Given the uncertainty expressed, some of these queries may require a conversation to resolve rather than centralised advice.

Comments reiterated throughout the surveys suggest that a significant minority of people are opposed to the flu vaccine, are convinced that it has given them (or people they know) flu, or do not perceive it as necessary due to being in good health (irrespective of age). These views appear entrenched and difficult to shift. Some of the comments received at the end of the survey seek to counter these views, with many respondents suggesting an information campaign is required – both to address the necessity of the vaccine, to 'myth-bust', to highlight the benefits, and to clarify the process for obtaining the jab.

There are only a few comments that suggest Covid-19 has increased people's interest in receiving a flu jab, though more which reveal fears about going out to receive one (and indeed a few which suggest conspiracy theories, or muddle flu and Covid). However when given the opportunity to comment freely about health services in general, the negative impact of Covid on other health services is clear, with a number of examples of delays in treatment or diagnosis, or having to go through traumatic experiences alone. The other principal source of concern is capacity and access to primary care. However, it is noticeable that most of the negative comments about the NHS concern views on administration, systems, or funding – these are generally balanced out by very positive comments about clinical staff.

"I find the staff that I come into contact with in all health settings are professional, friendly and caring and I always leave with a renewed faith in humanity"

Barriers

These are drawn from the comments.

² Public Health Outcomes Framework (Health Protection Indicators) Available at <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000006/ati/302/are/E10000012/cid/4/page-options/ovw-do-0>

- Misunderstanding about the vaccine, how it works and the time it takes to take effect;
- Perception of flu-like symptoms experienced after having the virus as ‘having flu’;
- Lack of clarity about the process – who contacts whom and when, who gets priority, and differences in the process between practices causing confusion. Whilst this may not reduce people’s intent to obtain a vaccine, it may prevent some from accessing one;
- Limited supply especially given increased eligibility and lack of information about prioritisation;
- Mobility and social distancing concerns regarding queues for vaccination at practices
- Working from home instead of receiving the vaccine at a workplace
- More information is needed about the availability of an egg-free vaccine for those with allergies. Similarly, it would be useful to explore any alternative vaccine for people with needle phobias, particularly for those with learning disabilities (who are often more at risk from respiratory illnesses).

“I had flu during an epidemic when I was in my 20s and I was very ill indeed. It’s the only time in my life I have ever passed out. I think you could use memories like these to alert older people to how ill you can be.”

Limitations of this Report

Participant bias:

- The bulk of responses to this survey were generated on social media. Whilst on the one hand this opens up the survey to the general population, including people who may not be viewing health websites, or otherwise engaged in health issues, it does also present an opportunity for people with polarised views (both pro- and anti-vaccine) to put them forward (and potentially to circulate the survey to others they know to have similar views). Survey respondents are therefore not a random sample of the population.
- The Virtual Views Citizens Panel is a panel of residents from across the mid and south Essex area, which recruits a balanced mix of members from different ages, backgrounds and localities. Respondents from this group are more demographically mixed than from the CCG survey. However, people who come forward for such panels (and who then opt to complete surveys), may be more interested in health services than other people. They are also likely to be more health-literate, and may therefore have more understanding of how to navigate health systems.

Technological constraints:

- With the exception of the surveys and groups conducted by SAVS and Project 49, the surveys were only available online, so potential respondents needed both access to the internet, and confidence and willingness to engage online. Whilst the proportion of respondents aged 75+ is in line with the general population in mid and south Essex, this age group make up a large part of those qualifying for a free flu vaccination. Their views may therefore be under-represented in this survey.

Conclusions

Survey responses are biased towards females and residents of Southend, though are spread across the age range. There are too few responses from people from BAME communities or people with other protected characteristics to perform any sub-set analysis. However, responses across the survey show a consistent and surprisingly positive response (contrary to public health indicators) towards receiving the flu jab from a majority of respondents, and this appears (from a sample of respondents) to apply to both men and women, though this would merit further exploration. The surveys do, however, highlight common misconceptions about the flu jab, and reveal a number of barriers – not least about the process for obtaining the jab.

The surveys also reveal considerable concerns about the impact of Covid-19 on other health services, and about access to primary care. These concerns are general, not limited to the flu vaccine, but may act as additional barriers for people unsure of the process for obtaining a flu jab or who feel disengaged from health services as a result of Covid-19.

These surveys were completed during August (Virtual Views) and September – early October (CCG and Easy Read), so some of the concerns about supply and access arrangements may by now have been addressed. However, there is an evident need for increased and clear communications about the process for obtaining the flu vaccine and availability of supply, and for stronger messaging about the purpose and efficacy of the flu vaccine.

“Just encourage as many people to take the flu vaccination – make it a positive decision”

Recommendations

Process:

1. Information about the process for obtaining a ‘flu vaccine should be clearer. This should include any prioritisation by age group or risk group.
2. Where possible, practices should consider adopting a similar timeline and prioritisation process in order to lessen confusion about the process.
3. Some respondents, not eligible for a free vaccine, are keen to pay for one. The CCG should ensure that clear information is available for the public about who might benefit, how to do this, and at the same time reassure those eligible for a free vaccine that supply will not be compromised.
4. Some respondents with an egg allergy (or who are vegan) do not appear to know that an egg-free vaccine is now available. This – and any specific information on how/where to obtain an egg-free vaccine – should be more widely publicised.
5. Information about the process for getting the flu vaccine needs to be made available *away from* GP surgeries (particularly this year) – for example at local shops, and on social media.

6. Consider using trusted contacts in BAME communities to disseminate information about the flu vaccine. This may require prior discussion to ensure community leaders and trusted contacts are able to 'myth-bust' and explain the process for obtaining the vaccine.

Rationale for the flu vaccine

7. Comments suggest considerable levels of distrust in the efficacy and side effects of the flu vaccine amongst those opting not to be vaccinated. There is a clear need for increased communications (avoiding technical language where possible) about the difference between the perception that the vaccine gives people flu, and the 'standard immune response' that some people may experience to the vaccine.
8. Myth-busting needs to differentiate between the flu and Coronavirus, and to dampen any myths (strongly held by a small minority) that the flu virus is a Covid virus in disguise.
9. Clear and unambiguous information is also needed about the *benefits* of the flu vaccine for both individuals and the community as a whole.
10. A number of respondents were unclear about whether they should have a 'flu vaccine or not, due to other health conditions. Practices need to be able to respond consistently to these queries, including being clear about ongoing eligibility (or not) for the vaccine once any treatment has finished.

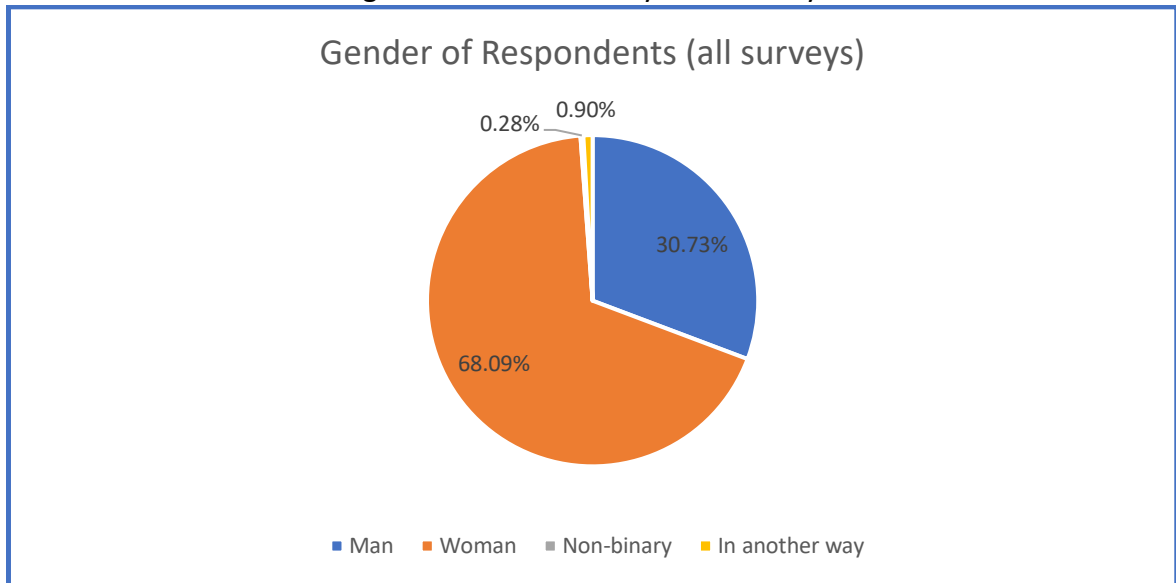
Emma Bishton
October 2020

Appendix

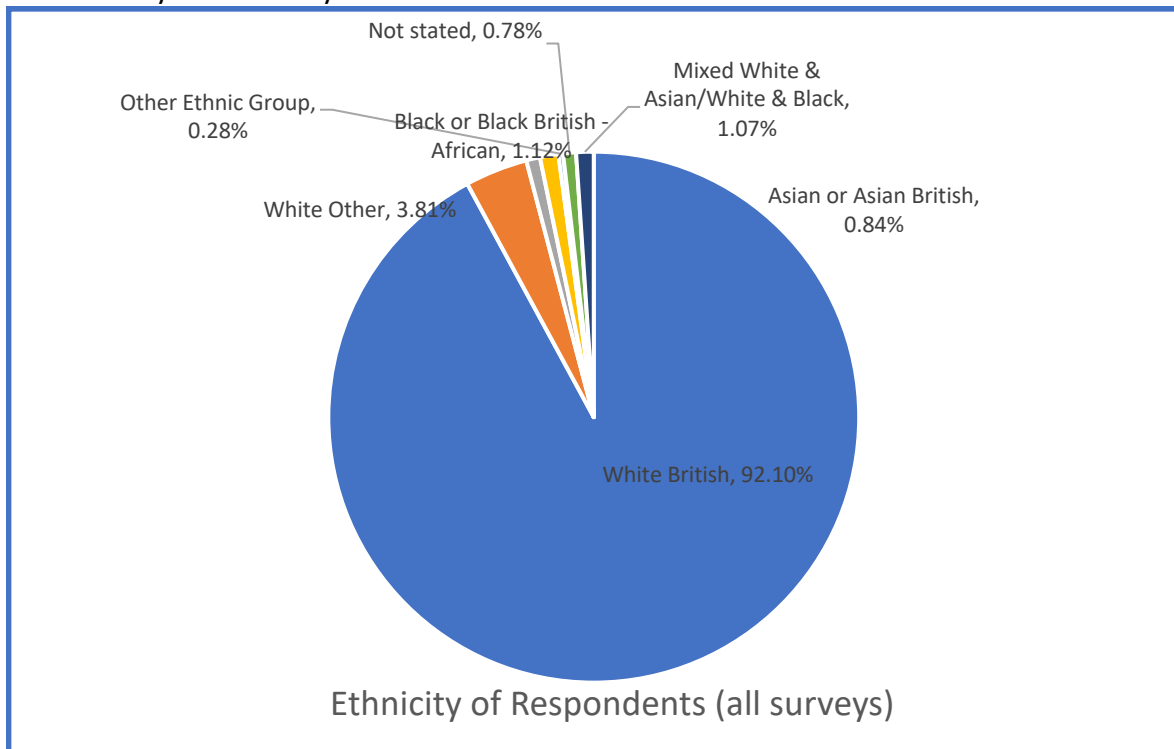
Question summaries

Please note that there were some differences between the questionnaires in the sequencing of questions, options for commenting, and three additional questions in the Virtual Views survey. Question numbers do not therefore correspond to those in the surveys.

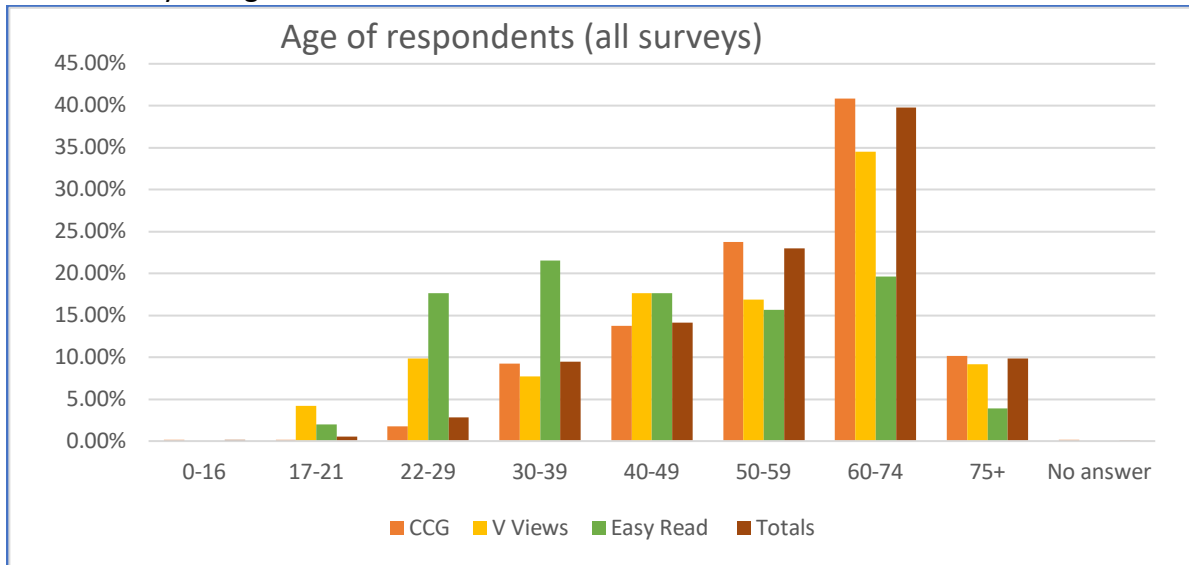
1. Which of the following best describes how you think of yourself? n=1783



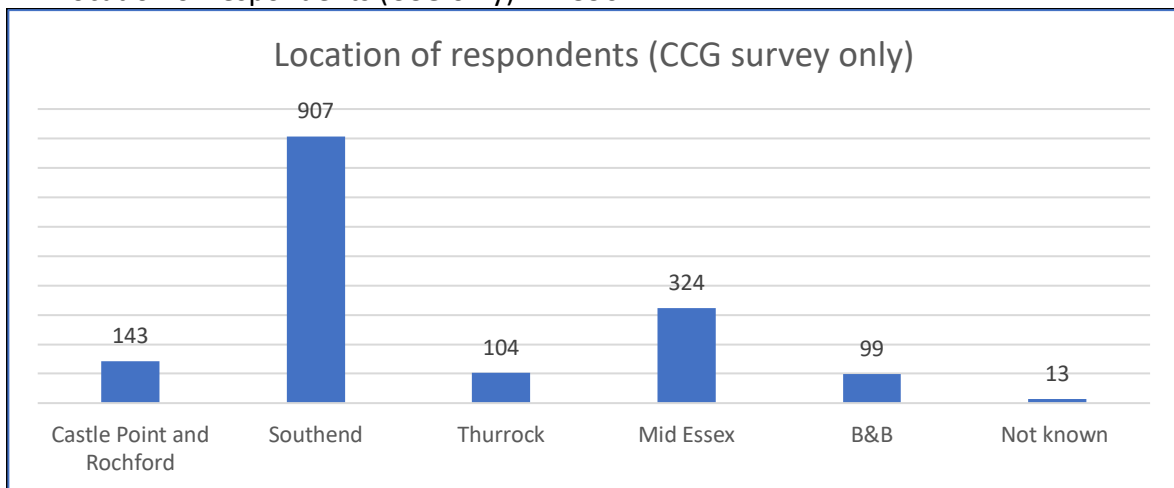
2. What is your ethnicity? n=1783



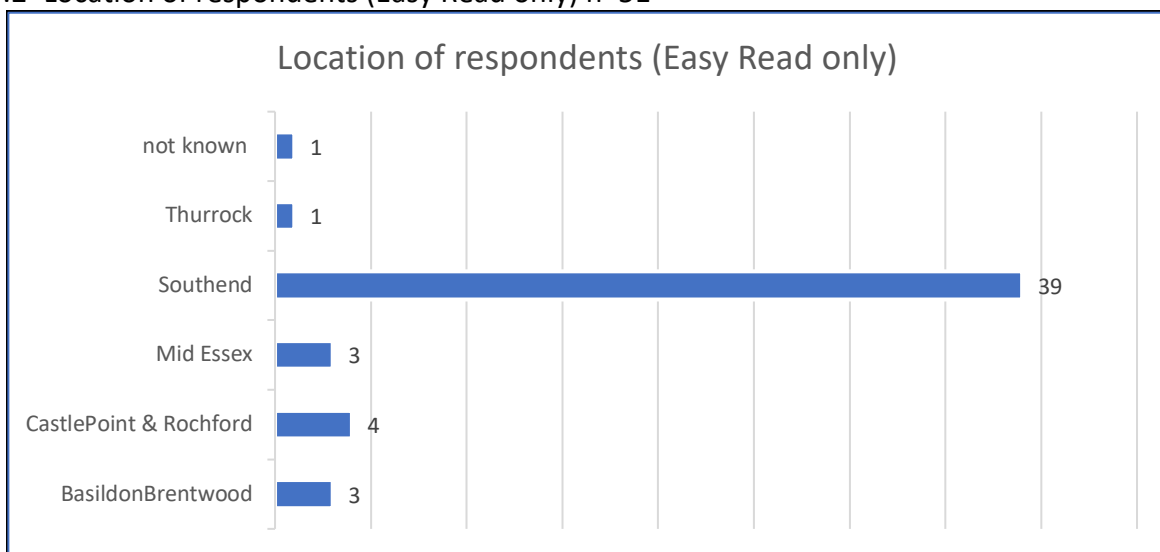
3. What is your age? n=1783



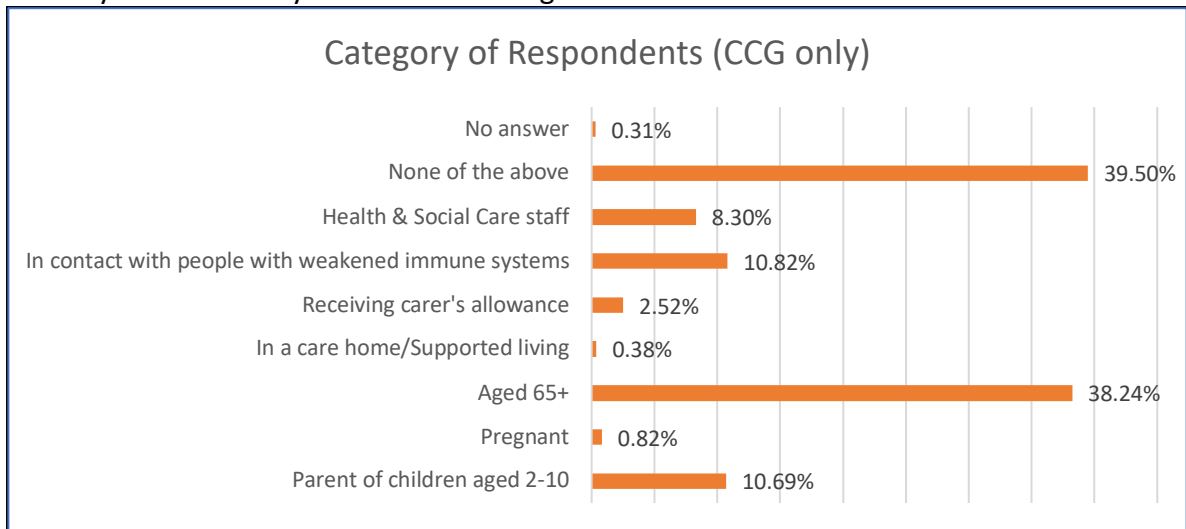
4.1 Location of respondents (CCG only) n=1590



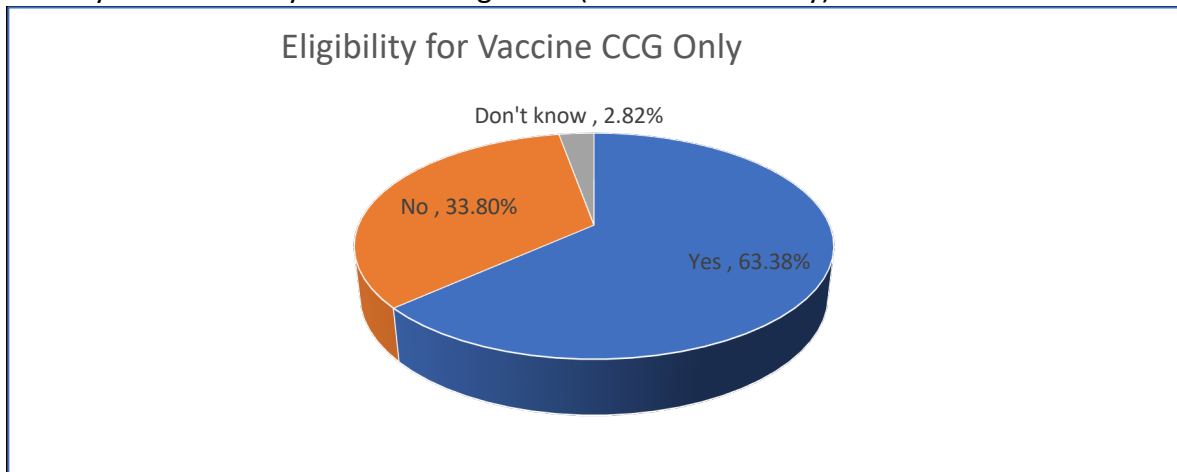
4.2 Location of respondents (Easy Read only) n=51



5.1 Do you fall into any of the below categories? n=1590



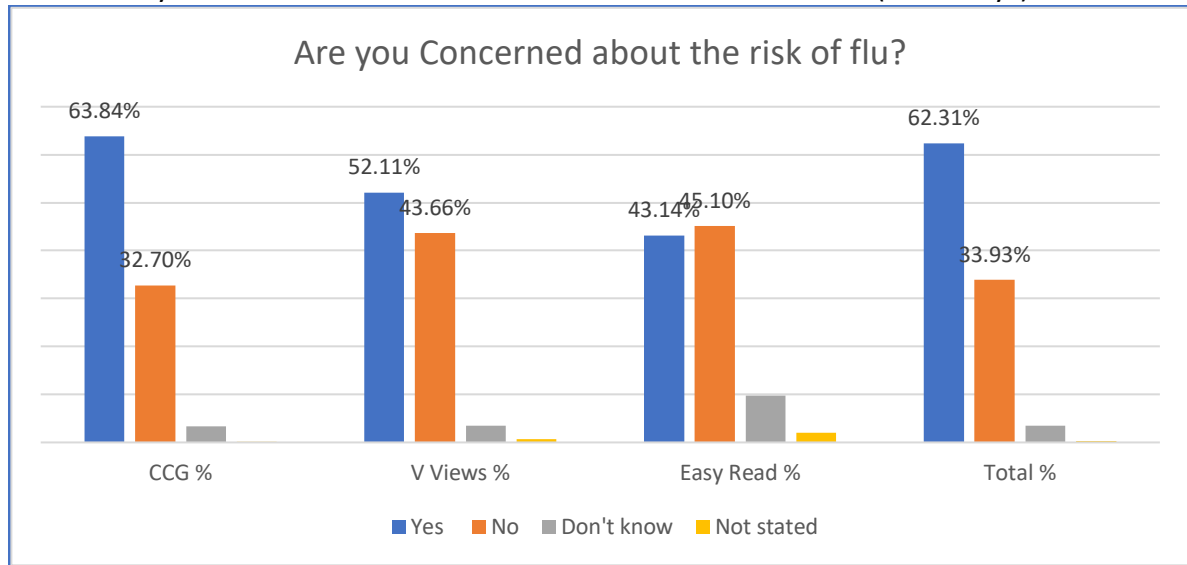
5.2 Do you fall into any of these categories? (Virtual Views only) n=142



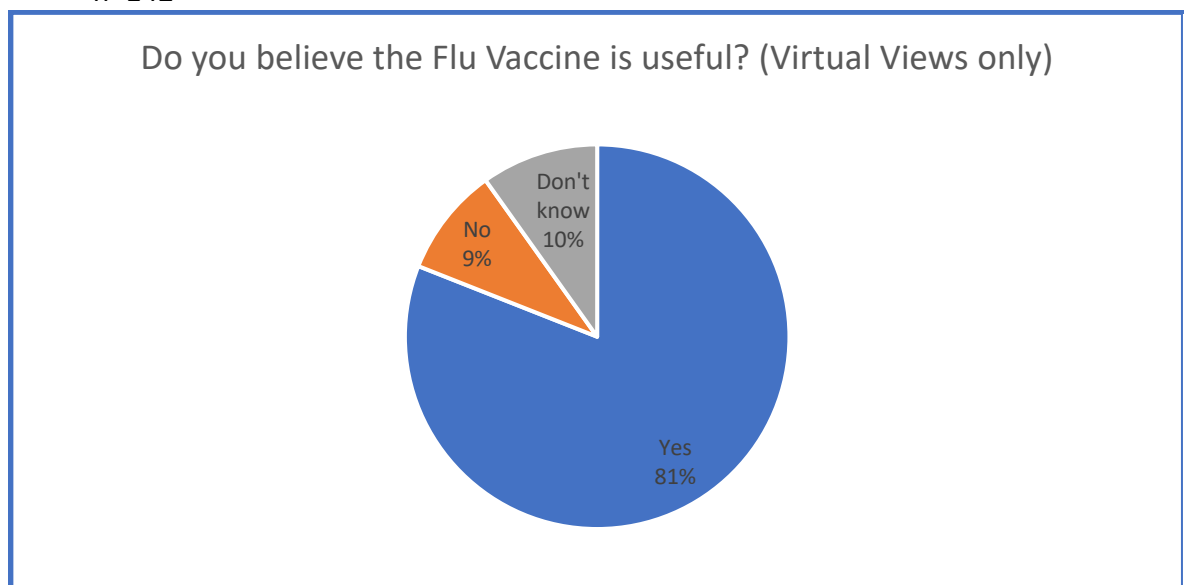
5.3 Are you under 65 years in one of the following clinical risk groups? (Easy Read only) n=51



6 Are you concerned about the risk of seasonal flu infection? (all surveys) n=1783



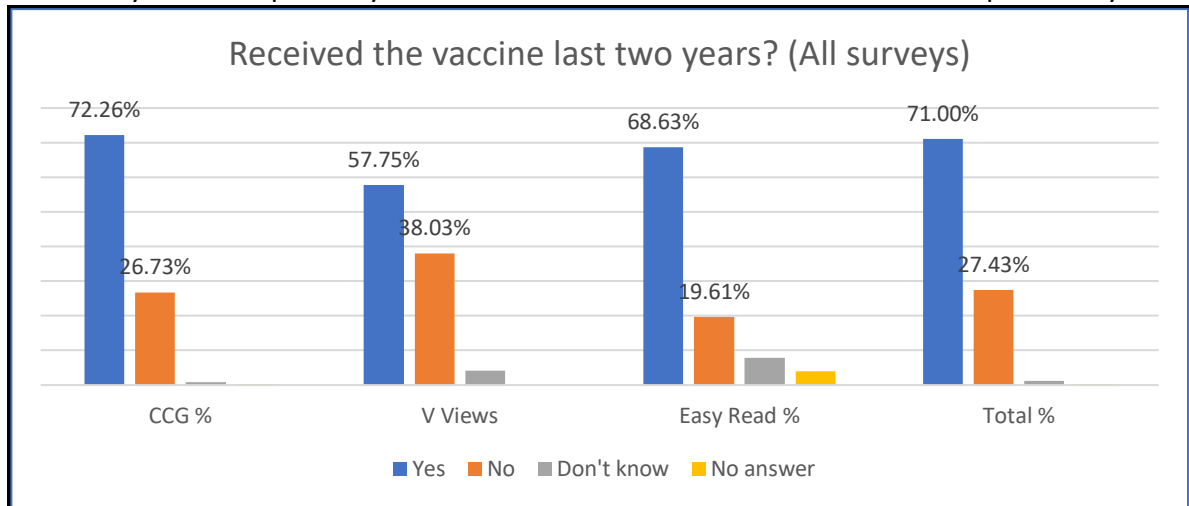
7 Virtual Views survey only: Do you believe that the seasonal flu vaccination is useful? n=142



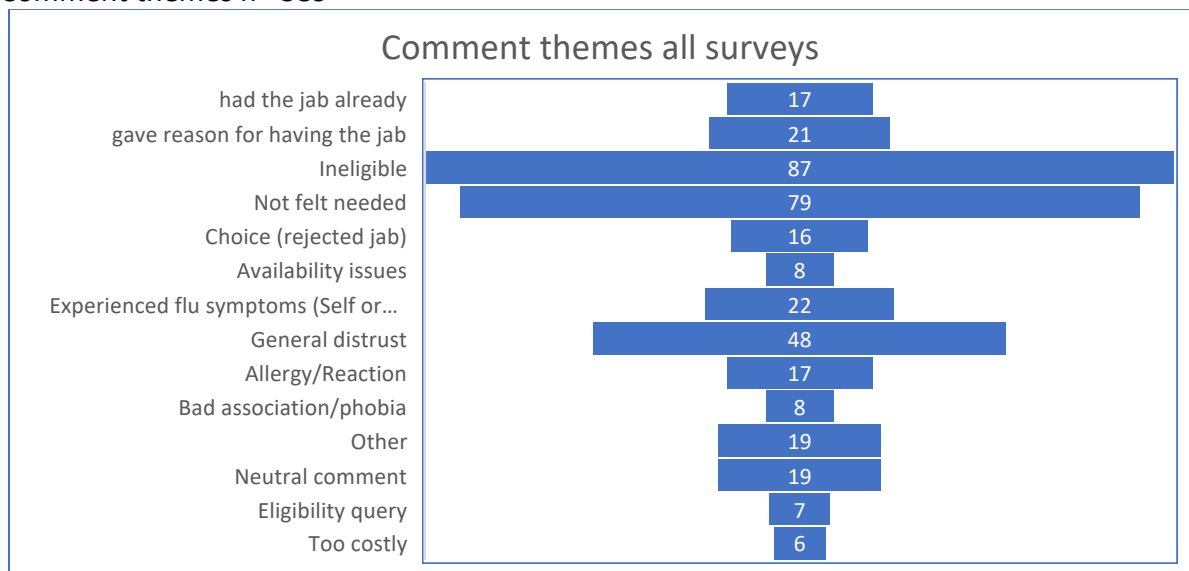
Comments n= 15

Nine of these stated that they had subsequently had flu, or symptoms, or questioned the efficacy of the vaccine. Other comments were mixed.

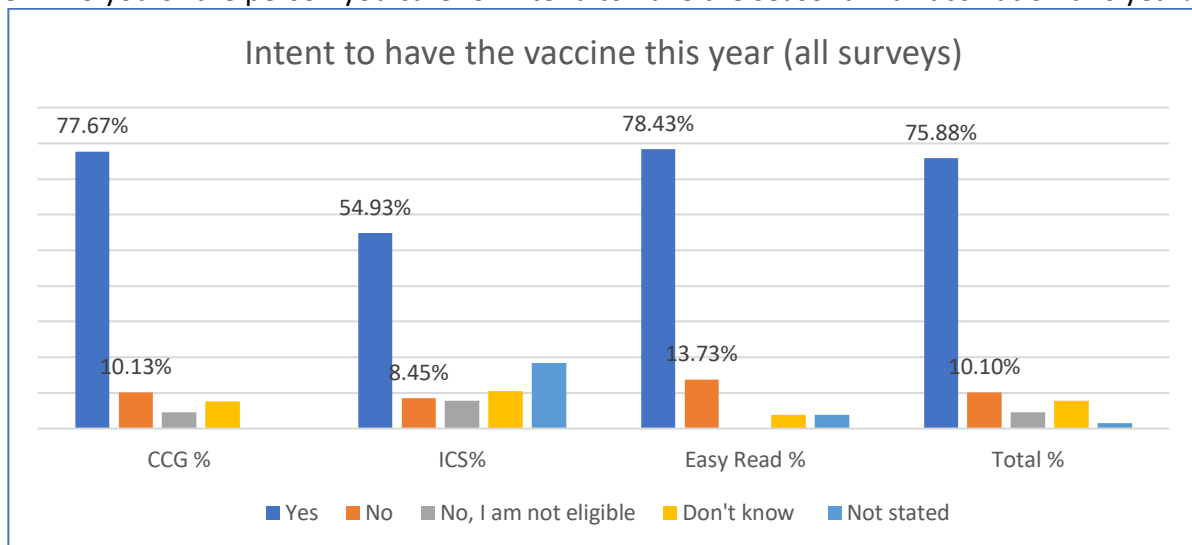
8 Have you or the person you care for had the seasonal flu vaccine in the past two years?



Comment themes n= 389

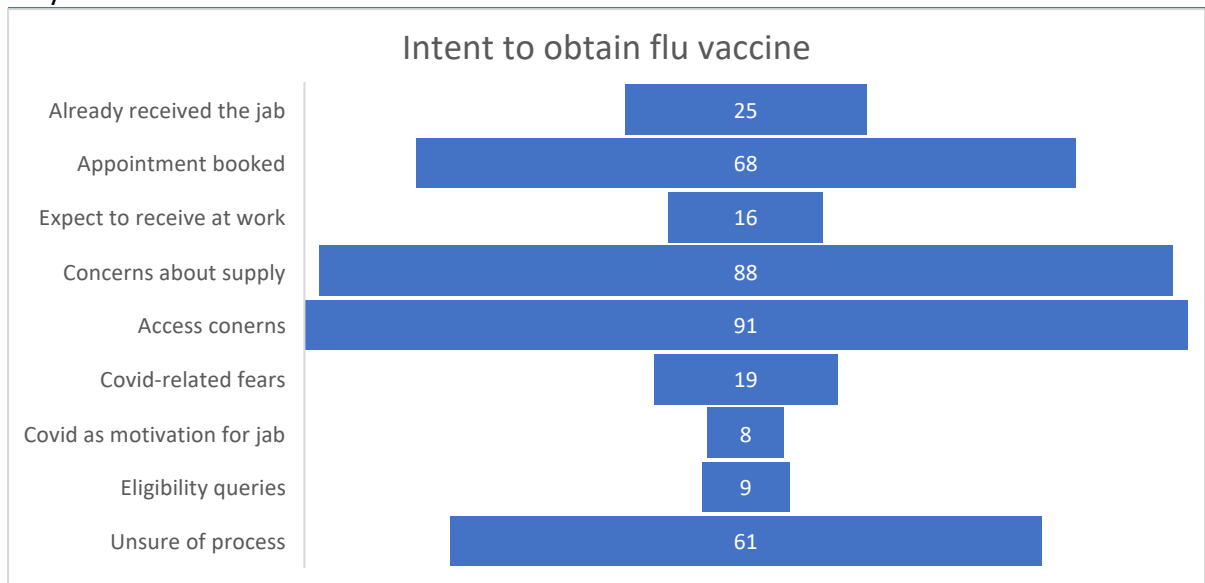


8 Do you or the person you care for intend to have the seasonal flu vaccination this year?



Comment themes:

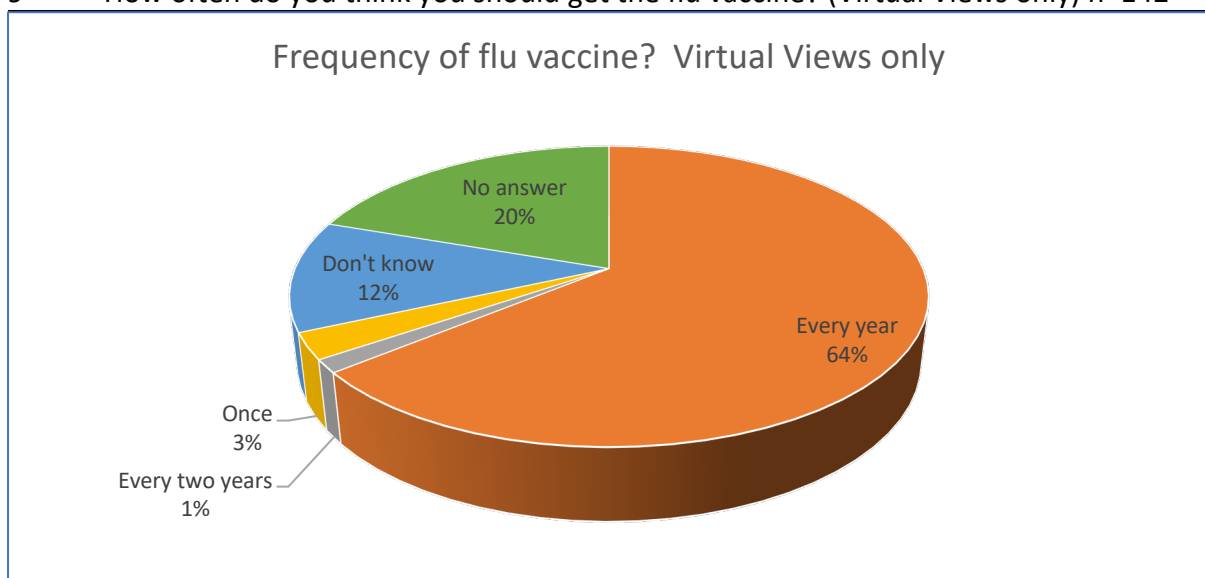
9.1 If you answered “no” or “don’t know” to the above question, please state the reason why’ n=385



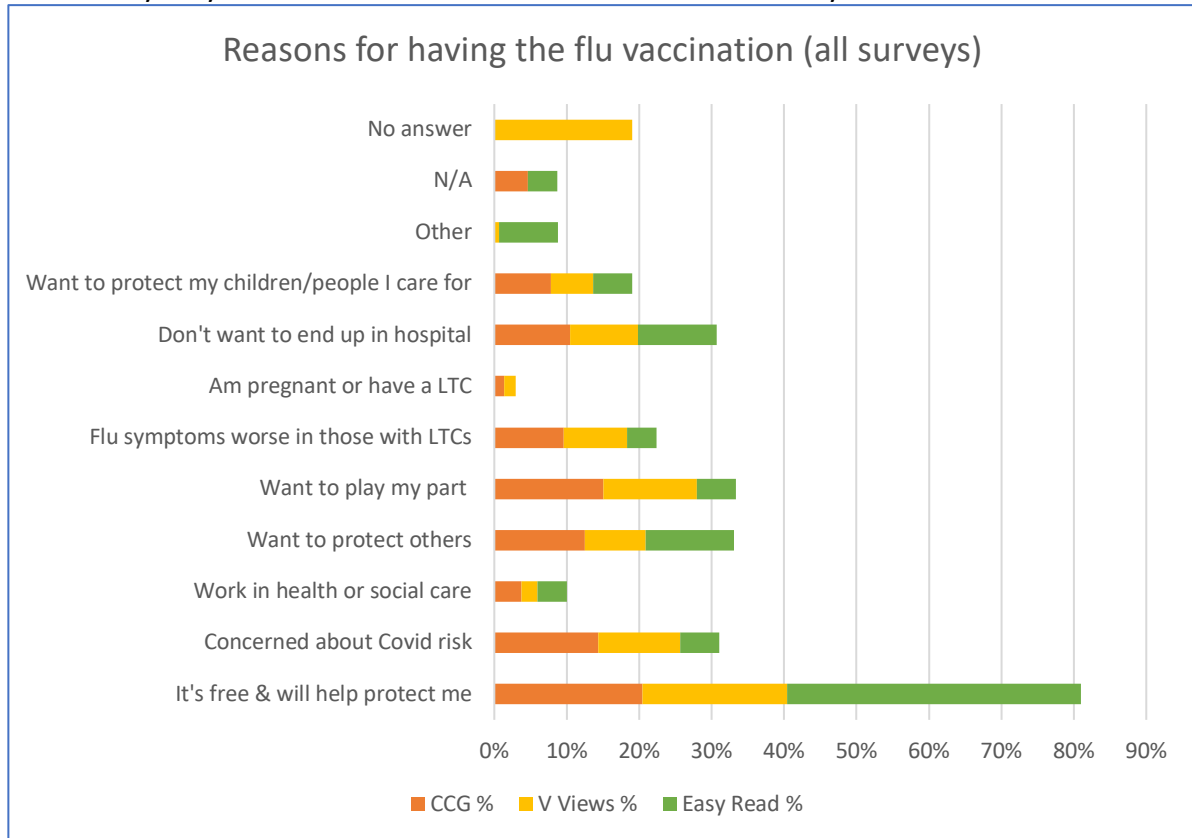
9.2 If you answered “Yes” please state the reason why: (n=89)

22 respondents gave a health reason for having the vaccine; 16 commented in ways that suggested they wished to protect their health; 17 in ways that suggested they wanted to protect others, or that it was common sense to do so; 4 cited their past experience of flu as a reason for having the vaccine; 9 expected to receive it because of their work role, and there were 5 other comments.

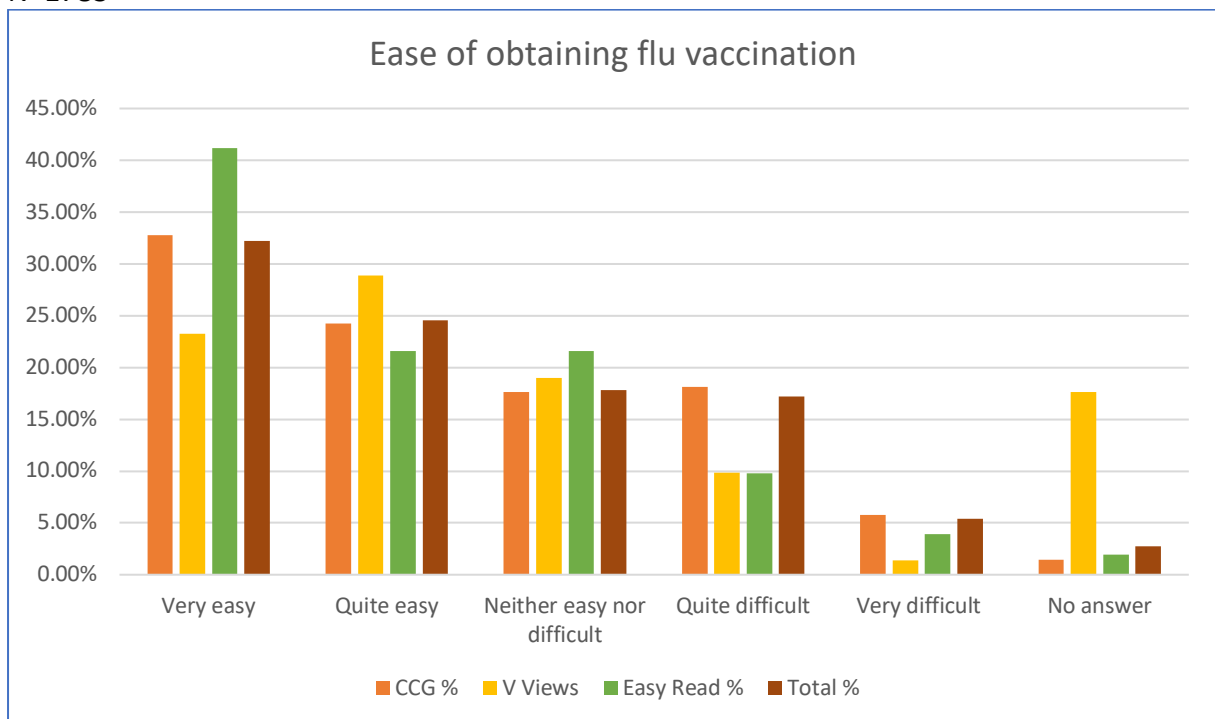
9 How often do you think you should get the flu vaccine? (Virtual Views only) n=142



10 Why do you intend to have the seasonal flu vaccine this year?



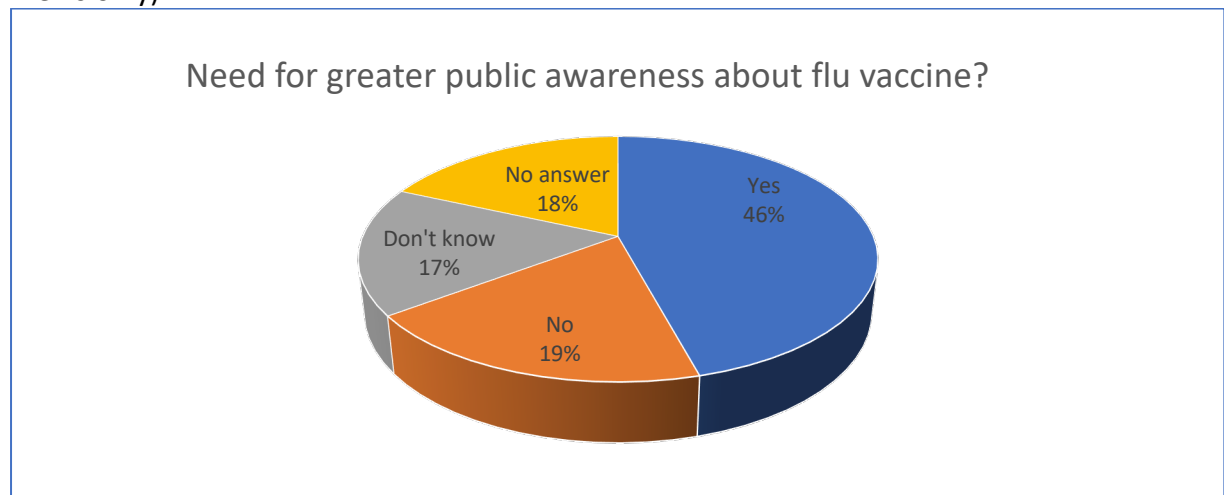
11 How easy or difficult do you think it will be to get a seasonal vaccine this year?
N=1783



12.1 Comment themes (CCG and Easy Read Surveys only)

Already received jab
Booked or Intent <ul style="list-style-type: none">•Motivated by Covid•Expect to receive at work
Concerns <ul style="list-style-type: none">•Supply•Access - Process/Primary Care capacity/Other individual problem•Eligibility query•Working from home - lack of access•Covid fears
Reject jab

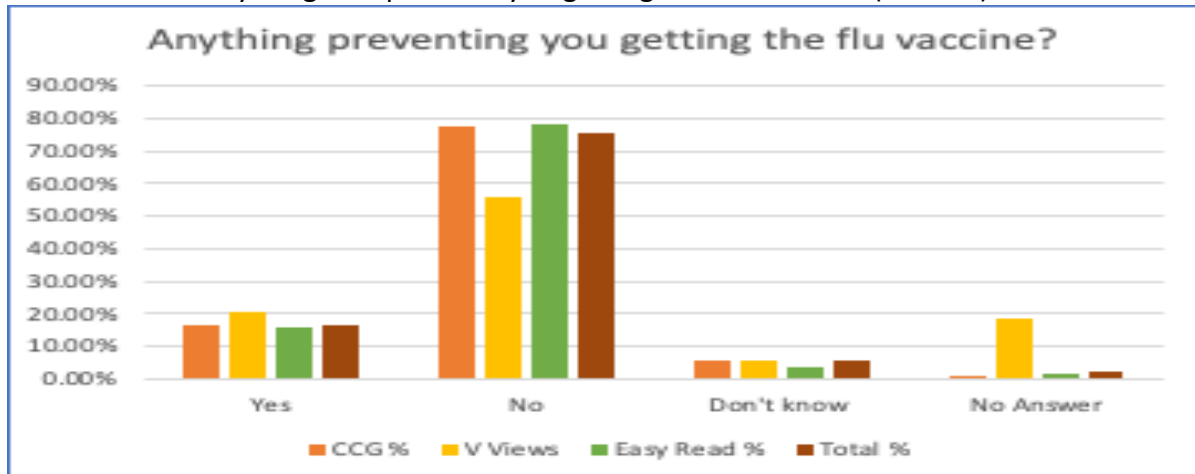
13 Do you think that greater public awareness is needed about the flu vaccine? (Virtual Views only) n= 142



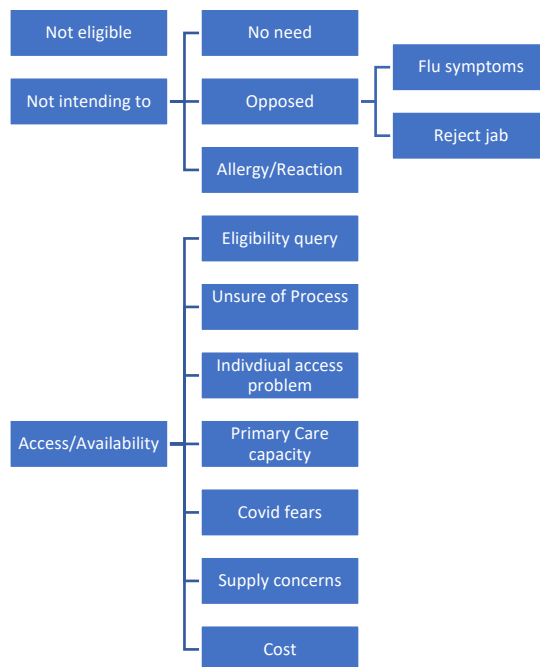
Comments themes: (n=58)

These are broadly categorisable as 'reasons to have the jab' (n=36) – both myth-busting and talking about the benefits of the vaccine; the need for better information (n=13) about how to obtain the vaccine, and suggestions for expanding eligibility, and a few general observations.

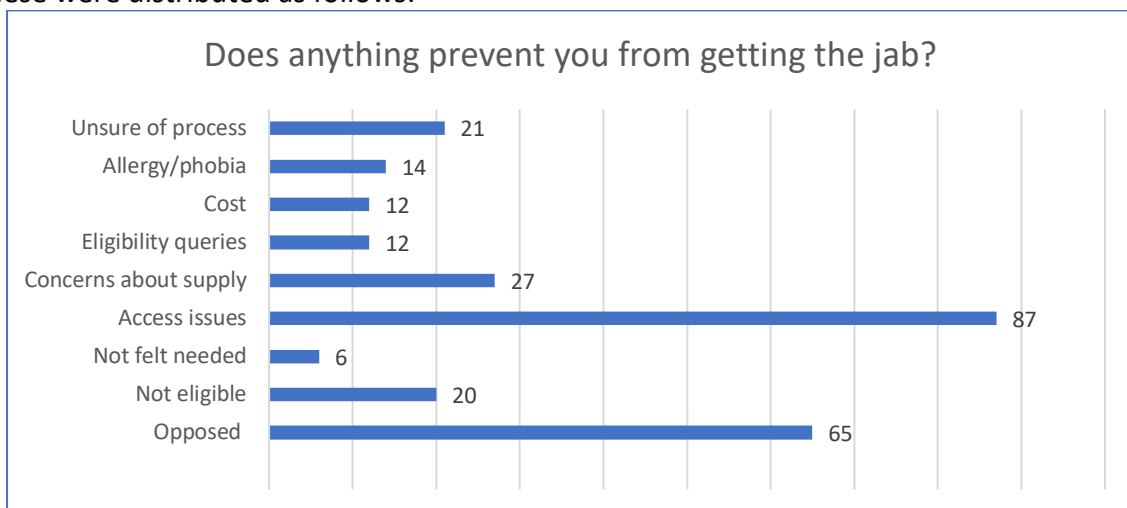
14 Is there anything that prevents you getting the flu vaccine? (n=1783)



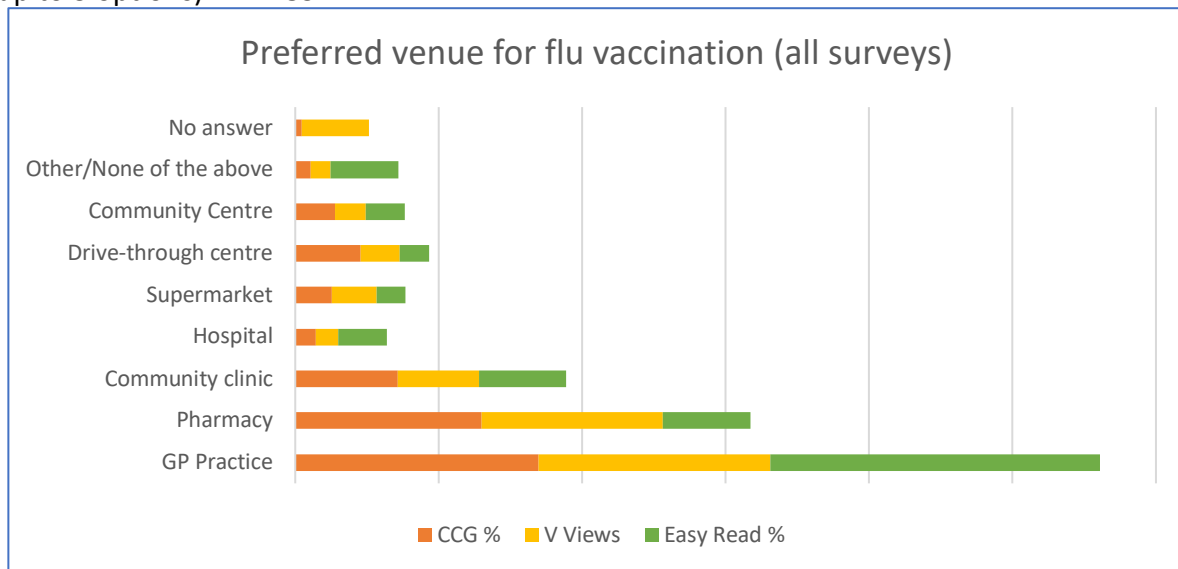
14.1 Comment themes



These were distributed as follows:



15. Which of the following would be your preference for having a flu vaccination? (select up to 3 options). n=1783



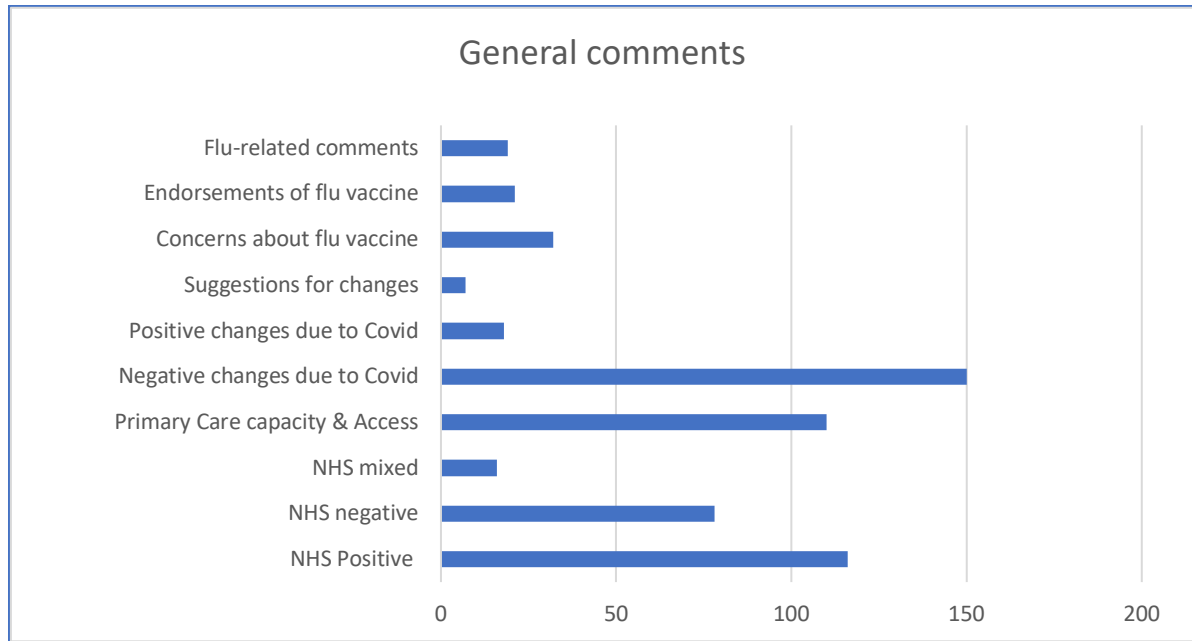
Comments for ‘other” included at work (37), at home (17) and suggestions including fire stations, same location as polling station, pop-up shop (and shops open late), library and at school alongside children.

16. “We value your thoughts on all health services. Is there any information you would like us to know about your wider experiences?” n=567

Comment themes

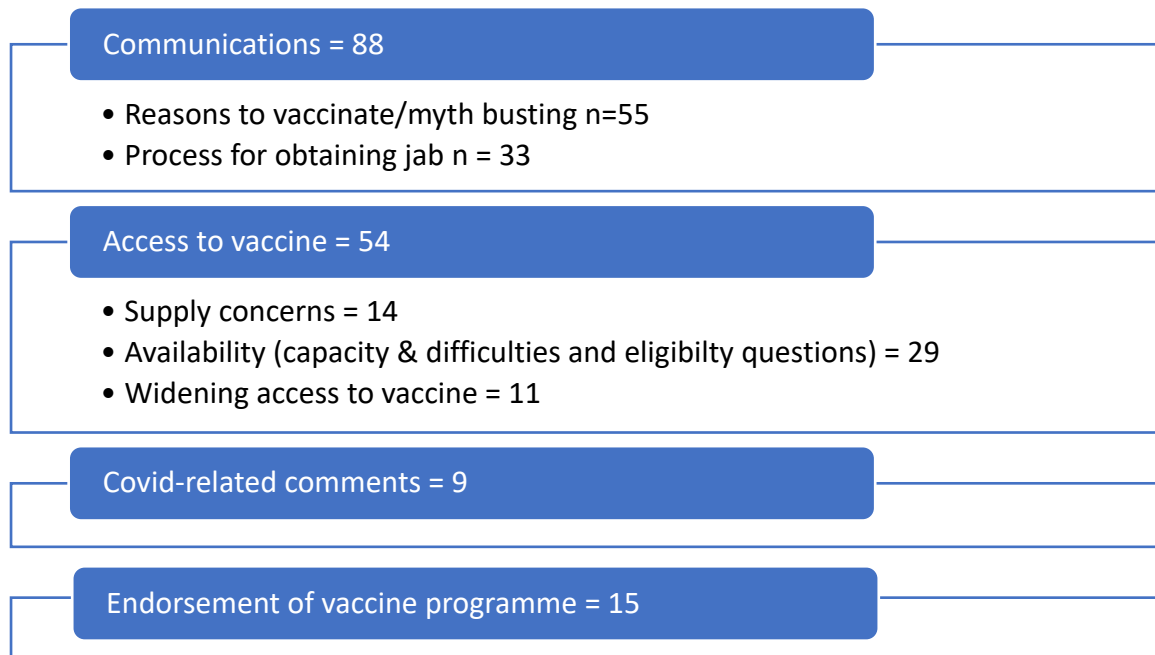
- General NHS comments**
 - positive comments, some outlining personal experiences
 - negative comments about the NHS, some outlining personal experiences
 - General comments about the NHS expressing both positive and negative views
 - Suggested improvements to NHS services
- Primary Care**
 - Access (incl telephone systems)
 - Capacity
- Covid-related comments**
 - Negative - impact on other health services
 - Positive - changes to services due to Covid
- Flu-related**
 - Endorsements of vaccination/programme
 - Negative comments about vaccination/programme
 - General (neutral) comments

These were distributed as follows:



17. Please use the following space to share any other information with us that you think would be useful as part of this research

Comment themes (n= 166)



**An External Report completed by
Emma Bishton**

**Enable East, Severalls House, 2 Boxted Road, Mile End,
Colchester, Essex, CO4 5HG
t: 01206 489913 e: enableeast@enableeast.org.uk**

