

## Willingness to vaccinate against COVID-19 in Australia

More than half of the world's population faces long-term restrictions as the new normal to prevent the spread of COVID-19. If a vaccine becomes available, it might be possible to develop herd immunity and protect those who are most vulnerable to serious consequences of COVID-19. The population coverage required to achieve herd immunity through vaccination varies across diseases and is dependent on the basic reproduction number ( $R_0$ ).<sup>1</sup> Modelling estimates  $R_0$  to be around 2.5 for severe acute respiratory syndrome coronavirus 2 when no restrictions or physical distancing measures are in place,<sup>2</sup> and  $R_0$  reached almost 4.0 in Wuhan in early-mid January, 2020.<sup>3</sup> Vaccination uptake for herd immunity would need to be at least 67% with an  $R_0$  of 3.0.<sup>1</sup> In their Comment, the COCONEL Group reported that 26% of French adults would not accept a COVID-19 vaccine.<sup>4</sup> We similarly explored this question among a diverse sample of Australian adults.

We conducted an online survey of 4362 Australians aged 18 years and older during April 17–21, approximately 4 weeks after lockdown measures had been activated in Australia and

at a time when potential deaths and health system capacity were still of great concern. We asked participants about actions or intentions toward the flu vaccine ("I have or I will get the flu vaccine this year") and a potential COVID-19 vaccine ("If a COVID-19 vaccine becomes available, I will get it").

In this sample, 630 (14.4%) participants said they would not get the flu vaccine this year, 394 (9.0%) were indifferent, and 3338 (76.5%) said they have or will get the flu vaccine this year. For a COVID-19 vaccine, 213 (4.9%) said they would not get the vaccine, 408 (9.4%) were indifferent, and 3741 (85.8%) said they would get the vaccine if it became available. Individuals who said they would not get a COVID-19 vaccine were more likely to believe the threat of COVID-19 has been exaggerated (43.7% [93/213]) than those who said they would get the vaccine if it became available (11.5% [429/3741]) and those who were indifferent (19.9% [81/408]). Inadequate health literacy and lower education level were significantly associated with a reluctance to be vaccinated against both influenza and COVID-19 ( $p < 0.001$ ; appendix). Notably, a high proportion overall were confident in the state (75.4% [3288/4362]) and federal (65.2% [2845/4362]) government's response.

In Australia, attitudes towards a COVID-19 vaccine appear to be more

positive than reported in France in late March,<sup>4</sup> which might in part reflect greater confidence in the government. However, our data show efforts are needed to target vaccine education to those with lower education and health literacy.<sup>5</sup> It remains to be seen whether Australia's high intentions towards vaccine uptake will remain when restrictions are relaxed and the immediate perceived threat diminishes.

We declare no competing interests.

\*Rachael H Dodd, Erin Cvejic, Carissa Bonner, Kristen Pickles, Kirsten J McCaffery, for the Sydney Health Literacy Lab COVID-19 group†  
rachael.dodd@sydney.edu.au

†Members are listed in the appendix

Sydney Health Literacy Lab, Sydney School of Public Health, Faculty of Medicine and Health, University of Sydney, NSW 2006, Australia

- 1 Randolph H, Barreiro L. Herd immunity: understanding COVID-19. *Immunity* 2020; **52**: 737–41.
- 2 Ferguson NM, Laydon D, Nedjati-Gilani G, et al. Report 9. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. <https://doi.org/10.25561/77482> (accessed May 27, 2020).
- 3 Inglesby TV. Public health measures and the reproduction number of SARS-CoV-2. *JAMA* 2020; published online May 1. DOI:10.1001/jama.2020.7878.
- 4 The COCONEL Group. A future vaccination campaign against COVID-19 at risk of vaccine hesitancy and politicisation. *Lancet Infect Dis* 2020; **20**: 769–70.
- 5 Lin L, Savoia E, Agboola F, Viswanath K. What have we learned about communication inequalities during the H1N1 pandemic: a systematic review of the literature. *BMC Public Health* 2014; **14**: 484.



*Lancet Infect Dis* 2020

Published Online

June 30, 2020

[https://doi.org/10.1016/S1473-3099\(20\)30559-4](https://doi.org/10.1016/S1473-3099(20)30559-4)

See Online for appendix