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Intention to vaccinate against COVID-19 in Australia

As the COVID-19 pandemic continues, we eagerly await the arrival of safe and effective COVID-19 vaccines. However, the success of any vaccination programme depends on high vaccine acceptance and uptake. Previously, Rachael Dodd and colleagues¹ reported that 4.9% of adults in Australia would refuse a vaccine, which is low compared with estimates in the USA (20%)² and France (27%).³ The Australian data were collected in April, 2020, 4 weeks after lockdown measures commenced, which was at a time when community transmission was perceived to be high.

As part of the Royal Children's Hospital National Child Health Poll,⁴ we did an intention-to-vaccinate analysis in a nationally representative sample of Australian parents (n=2018) during June 15–23, 2020, and collected data via an online survey. At this time, restrictions had been eased throughout Australia and there was minimal community transmission. Compared with the earlier Australian estimates,¹ the weighted proportion of people in our study indicating that they were unsure or unwilling to accept a COVID-19 vaccine had increased by 10.0% (14.2% in April¹ to a weighted proportion of 24.2% in June [95% CI 7.9–12.1]; p<0.0001). Among parents

who were unsure (320 [16.7%]) or unwilling (138 [7.6%]) to accept a COVID-19 vaccine, 379 (82.8%) were concerned about vaccine efficacy and safety, and 123 (26.9%) believed that a COVID-19 vaccine was unnecessary.

Similar to the data from France,³ our findings show that women, who play a crucial role in childhood vaccination, and people with a lower socioeconomic status, might be less likely to accept a COVID-19 vaccine than men and people with a higher socioeconomic status (appendix p 1). Furthermore, similar to the earlier Australian estimates,¹ vaccine hesitancy or refusal was associated with being younger than 60 years of age, having a lower level of education, and having inadequate knowledge about the recommended actions required by a person if they were to develop symptoms consistent with COVID-19 infection. We did not find an association between cultural background (ie, country of birth or language spoken at home) and vaccine acceptance.

The observed decrease in the proportion of people who would accept a COVID-19 vaccine over 2 months in Australia could be associated with the perception of a reduced risk of infection and disease severity of COVID-19. Population attitudes towards COVID-19 vaccine uptake will fluctuate with the waves of the pandemic, necessitating regular tracking of vaccine confidence among

different population groups to ensure public health campaigns remain responsive to community vaccine sentiments. Given the potential impact of vaccine hesitancy on the required population herd immunity threshold, we need to understand the attitudinal and behavioural drivers in order to inform community-led communication strategies to build trust and optimise COVID-19 vaccine uptake.

We declare no competing interests.

***Anthea Rhodes, Monsurul Hoq, Mary-Anne Measey, Margie Danchin**
anthea.rhodes@rch.org.au

Department of Paediatrics, University of Melbourne, Melbourne, VIC, Australia (AR, MH, MD); Murdoch Children's Research Institute, Melbourne, VIC, Australia (AR, MH, M-AM, MD); and Department General Medicine (AR, MD), and Health Services Research Unit (AR, M-AM), The Royal Children's Hospital Melbourne, Melbourne, VIC 3052, Australia

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See Online for appendix