

Horizon Research

COVID-19 Vaccines Survey

Attitudes and tracking February 2021

Produced for the Ministry of Health

**In association with the School of Population Health
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EXECUTIVE SUMMARY

These results are from an online survey of 1,317 New Zealand respondents aged 16 years of age or over. The survey was conducted between 16 and 19 February 2021.

The sample is weighted on age, gender, employment status, highest educational qualification, personal income and region to match the 16+ population and at the most recent census. Although the survey was not specifically weighted on ethnicity, the weighted sample was in line with population ethnic mix.

At a 95% confidence level, the survey has a maximum margin of error of $\pm 2.7\%$ overall.

Some of the questions in the survey track willingness to take a COVID-19 vaccine, confidence in vaccines which are being made available in New Zealand and benchmark New Zealanders' knowledge and key information needs.

Key findings:

- 71% of respondents would take a COVID-19 vaccine – an estimated 2,662,700 New Zealanders aged 16 years or over. Note that this is not statistically different from the 69% in December 2020.
- 21%, an estimated 798,000 were unlikely to take a COVID-19 vaccine. **Overall, 10% would “Definitely not” take a COVID-19 vaccine**, an estimated 371,800 people 16+.
- 7%, an estimated 257,300, were unsure.

- Female respondents were generally more hesitant about taking a COVID-19 vaccine than male respondents.
- The major reason for hesitation is a perception that “It is too soon to see whether there are any long -term effects from the vaccine” (this was a new option not measured in December or September 2020).
- There continues to be a need for those who are hesitant to be assured about the vaccine’s safety (an estimated 594,600 adults). This also continues to be particularly the case with female respondents (48% of female respondents chose this option versus 40% of male respondents).
- “I don’t see the need to take a COVID-19 vaccine” has declined from 25% to 18% - a statistically significant drop.

- 71% of respondents were confident that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards. This is not statistically different from the 69% in December 2020.
- Strength of confidence in any vaccine use in New Zealand meeting safety and quality standards has increased.

- Two-thirds of respondents were confident that any vaccine made available in New Zealand would prevent COVID-19 infection or severe death/illness from COVID-19. However, a lower percentage, 58%, had confidence that a COVID-19 vaccine would prevent passing of COVID-19 infection to others.
- Overall, the top five factors influencing a decision to take a COVID-19 vaccine are:
 - The vaccine is free;
 - The vaccine has been through extensive, properly conducted, clinical trials;
 - Helping to reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm;
 - Helping to end the COVID-19 pandemic more quickly; and
 - Helping protect the health of my family and those closest to me.
- Respondents were primarily concerned about long term effects and side effects:
 - “I worry there will be unknown side effects”;
 - “It is too soon to see whether there are any long-term effects from the vaccine”;
 - “I worry how the side effects may affect me”;
 - “I'd rather wait, to see if it causes any problems for others”;
 - “I worry it might affect my health in other ways”;
 - “I'm concerned the vaccine may not be effective”.

Reassurance from the number of people who have been vaccinated worldwide

58% overall were reassured by COVID-19 vaccinations occurring overseas, but the percentage reassured dropped as likelihood to take a COVID-19 vaccine dropped: those who were unsure or unlikely to take a COVID-19 vaccine were generally not reassured by the volume of people around the world who have been vaccinated.

Having all the information needed to make a vaccination decision

24% overall said they definitely had all the information they needed to make a decision on whether to take a COVID-19 vaccine or not, but most of these people would either “Definitely” or “Definitely not” take a COVID-19 vaccine. The less likely respondents were to take a COVID-19 vaccine, the less they felt they had all the information needed to make a decision.

An estimated 234,600 (29%) of the 798,000 who are unlikely to take a COVID-19 vaccine say they either “Definitely” have all the information they need or feel they don't need to know more. Adding on those who “mostly” have all the information they feel they need and the estimate rises to 354,300 or 44% of the 798,000.

This is probably the core of those who will not be persuaded to take a COVID-19 vaccine (equivalent to 9.5% of the 16+ population).

Of the estimated 2,662,700 New Zealanders 16+ who will definitely or are likely to take a vaccine, only 18,600 said they did not need to know more, and an estimated 774,800 “Definitely” had all the information they needed to decide to take a COVID-19 vaccine.

This implies that 70% of those who are likely to take a vaccine need to know more (an estimated 1,869,300 people 16 years of age or over). **Their decision to take a vaccine needs to be reinforced.**

By ethnicity, the percentages who need more information are:

- Pasifika: 84%;
- Asian: 79%;
- Indian: 79%
- Māori: 70%;
- NZ European/Pakeha: 71%;
- Other European: 68%; and
- “Other” (e.g., Middle Eastern, African, etc): 52%.

Qualitative: information most sought.

Respondents were able to say in their own words what they would most like to know before deciding whether to take a COVID-19 vaccine. Their responses were grouped into 9 broad categories:

- Information on side effects/contraindications/adverse reactions: 50% overall;
- Vaccine efficacy (not including efficacy against new strains): 10% overall;
- Vaccine test results including data from the start of vaccinations: 8% overall;
- Vaccine safety: 7% overall;
- Effective against new strains: 5% overall;
- Data on deaths attributable to COVID-19 vaccines: 4% overall;
- More time required: 4% overall;
- Need all/full information: 3% overall; and
- What is in the vaccine: 2% overall.

Effect of misinformation on local communities

Using a projective technique, respondents were asked to think about their community and to use a 0 (“No impact at all”) to 10 (“Extremely high impact”) to rate the effect of misinformation on COVID-19 vaccine acceptance in their community.

The average impact was assessed at 6.7 out of 10, a relatively high effect. 56% overall rated the impact at 7 or higher, including 19% who rated the impact at 10 out of 10. 6% only thought it would have no impact at all.

Qualitative: What has been seen or heard

Overall, 24% reported that they had seen or heard something in social media or by talking with others about the COVID-19 vaccines which caused them concern and had reduced the likelihood of them taking a COVID-19 vaccine. The incidence was higher in regional cities and towns, and lower in rural areas.

The things they had seen or heard were grouped into themes, the top six, and the percentage they were reported by, being:

- Side effects/adverse reactions/harm: 33%;
- Vaccine causes deaths in those who have taken it: 19%;
- Insufficient time for long term studies on safety: 8%;
- Vaccine efficacy: 7%;
- General misinformation: 4%; and
- Vaccines alter DNA: 3%.

3% said that they had seen or heard nothing that would change their opinion. These were all people who would “Definitely” take a vaccine or were “Most likely” to do so.

Access points for COVID-19 vaccine

Seven places or people were selected by more than 25% of respondents as their preferred vaccination access points:

- My doctor (general practitioner) – this was in 1st place for all ethnic groups.
- Practice nurse.
- A medical specialist.
- Pharmacy.
- Hospital.
- District Health Nurse.
- 'Pop-up' vaccination service (e.g., malls, shopping centres, parks, hospitals).

More vaccination point options are likely to be needed for Pasifika people than other ethnicities, as they nominated an average of 5.3 places/people, compared with an overall average of 4.2.

District Health Nurses are in the top 5 access points for those in regional towns and “Rural but not remote” locations.

Results indicate that hospitals in the Lakes, Bay of Plenty, Taranaki, Hutt, Wairarapa, West Coast and Canterbury DHB areas could have above-average pressure on their vaccination services.

Vaccination services and experiences

In selecting the preferred services or experiences if the decision is made to have a COVID-19 vaccine, **personal convenience** appears to be key:

- Top of the list (51%) was the ability for respondents to “make an appointment online myself, where I can choose the time and place for a vaccination”; followed by
- “Short or no queues of people or vehicles” (48%);
- “My medical provider setting an appointment” (42%),
- “Able to get a vaccine on any day of the week” (40%);

- “No parking fees” (40%);
- “No or little waiting time when I have made an appointment” (38%); and
- “Able to go to a vaccination place without an appointment” (30%).

Pasifika respondents primarily wanted to be vaccinated by their GP and for the GP to set an appointment.

Travel to a vaccination centre

Overall, 87% expected that travel to a vaccination centre would be relatively easy for them. A further 6% said they could travel, but with some difficulty.

There were significant declines in the percentage willing to travel after distances of 2km, 3km, 5km and 10km and 15 minutes, 20 minutes and 30 minutes travel time.

A higher proportion of those who were not living in a “large city” would travel for longer to a vaccination centre.

Trust measures

Three trust measures were contained in the survey:

- Trust in the Ministry of Health and Government to manage the COVID-19 pandemic in a way which best protects New Zealanders.
- Trust in “Unite Against COVID-19” as a source of information.
- Trust in the trialled and approved COVID-19 vaccines which will be offered in New Zealand.

Trust in the Ministry of Health and Government to manage the COVID-19 pandemic in a way which best protects New Zealanders has the highest average levels of trust, with 81% of New Zealanders having some level of trust.

69% have some level of trust in the “trialled and approved” vaccines. 64% have some level of trust in “Unite against COVID” as a source of information.

Asian and Indian respondents have above-average trust levels on all 3 measures.

Māori have average trust in the Ministry of Health and Government management of the pandemic. They have lower than average trust in Unite Against COVID as a source of information and a slightly lower level of trust in the vaccine – as do NZ Europeans.

Pasifika have significantly lower levels of trust on all three measures, particularly with trust in the vaccine.

Those who are unlikely to take a vaccine have little trust across all three measures, with trust declining as willingness to take a vaccine declined.

Rating the management of the vaccination response

53% rated the management of the vaccination response at 8 out of 10 or above. The average rating was 7.2 out of 10.

Not surprisingly, those who are unwilling to take a COVID-19 vaccine rate the vaccination response to the COVID-19 pandemic very lowly. The average score for those who would definitely not take a COVID-19 vaccine was 63% lower than the overall average.

Māori rate the management of the vaccination response at an average of 7.3 out of 10. Pasifika rate it at 5.9 out of 10.

REPORT

In this report, strength of association between results is defined as follows:

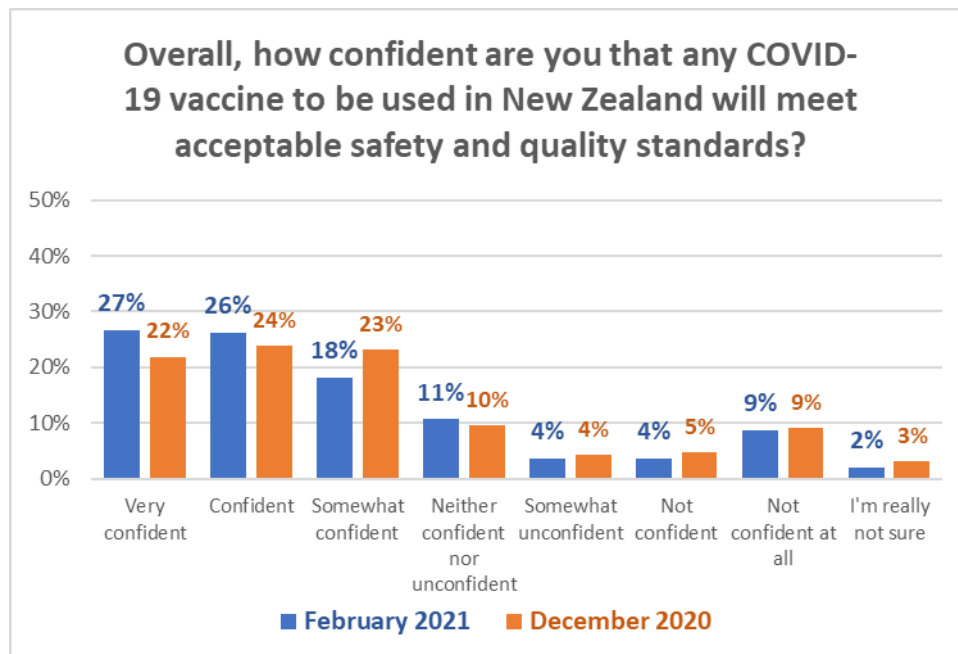
Correlation coefficient range	Strength of association
0	No association
0 to ± 0.25	Negligible association
± 0.25 to ± 0.50	Weak association
± 0.5 to ± 0.75	Moderate association
± 0.75 to ± 1	Strong association
1	Perfect association

1. Confidence that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards.

All respondents were asked “Overall, how confident are you that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards?”

Although there is an apparent increase since December 2020 in the percentage who are confident in the vaccine, this movement is not statistically significant.

However, the average strength of confidence has risen, as indicated in the following chart:



Note: Percentages may not sum to 100% owing to rounding

Analysis by likelihood to take a COVID-19 vaccine suggests that confidence in a COVID-19 vaccine meeting acceptable safety and quality standards reduces as likelihood to accept a COVID-19 vaccine reduces.

Overall, how confident are you that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards?	ALL	If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
		Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
Very confident	27%	56%	13%	6%	7%	1%	3%	4%
Confident	26%	37%	42%	20%	7%	1%	4%	7%
Somewhat confident	18%	5%	36%	40%	27%	14%	2%	24%
Neither confident nor unconfident	11%	2%	7%	21%	27%	35%	9%	25%
Somewhat unconfident	4%	0%	1%	8%	13%	7%	4%	9%
Not confident	4%	0%	0%	3%	13%	15%	12%	4%
Not confident at all	9%	0%	0%	2%	4%	16%	66%	11%
I'm really not sure	2%	0%	0%	1%	3%	10%	1%	16%

N (unweighted)	1,317	32	118	203	240	259	207	170
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Those who have lower than average confidence that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards are:

- Female respondents
- Respondents aged 45-64 years
- Respondents with household income below \$50,000 per annum
- Respondents with NECA Level 1 or School certificate only or no formal school qualifications
- Respondents in households with 3 or more children (two-parent or one-parent).
- Respondents of Pasifika and "Other" (e.g., Middle-Eastern, African, South American, etc) ethnicity
- Respondents in regional towns
- Respondents in Northland, Waikato, Taranaki, Hawke's Bay and Nelson/Marlborough/Tasman
- Respondents in the Northland, Waitemata, Auckland, Waikato, Taranaki, Hawke's Bay, Midcentral and Nelson-Marlborough DHB areas.

Those who are confident or very confident that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards are:

- More likely to be male than female
- Of average age
- More likely to have higher than average household and personal income
- Slightly more likely than average to be in professional, senior government official, business manager/executive and business proprietor or self-employed occupations

- Less likely than average to have children in their household
- Less likely to be of Pasifika ethnicity.

Those who are neither confident nor lacking in confidence that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards are:

- More likely to be female than male
- Of average age
- More likely to have lower than average household and personal income
- Less likely than average to be students, professionals, senior government officials, teachers, nurses, police or other trained service workers
- More likely than average to have children in their household
- More likely than average to be of NZ European/Pakeha or Pasifika ethnicity
- More likely than average to be living in the South Island.

Those who are not confident that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards are:

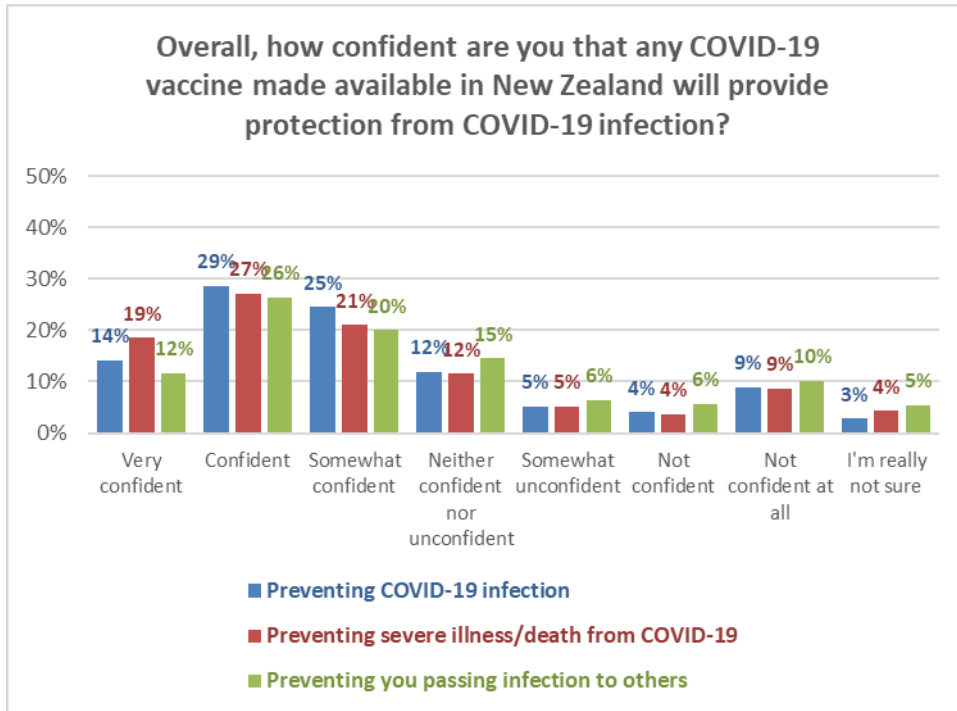
- More likely to be female than male
- Slightly younger than average age
- More likely to have lower than average household and personal income
- Less likely than average to be retired/superannuitants
- More likely than average to have children in their household
- More likely than average to be of NZ European/Pakeha or Pasifika ethnicity
- More likely than average to be living in the North Island.

2. Confidence that any COVID-19 vaccine made available in New Zealand will provide protection from COVID-19 infection

Respondents were asked “Overall, how confident are you that any COVID-19 vaccine made available in New Zealand will provide protection from COVID-19 infection?” and given three scenarios:

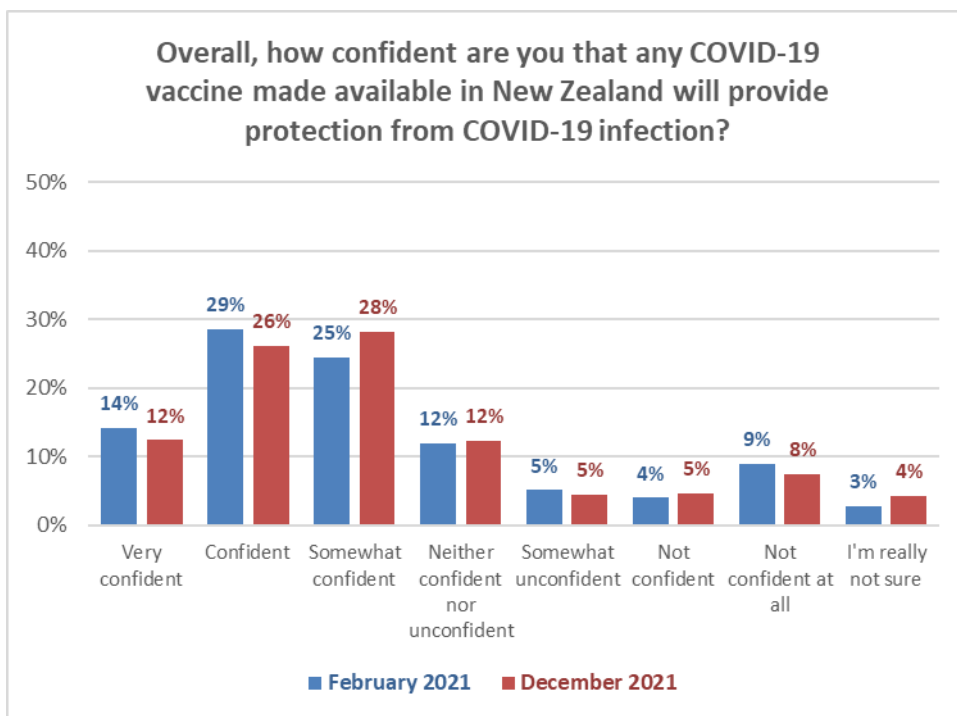
- Confidence that a COVID-19 vaccine will prevent COVID-19 infection;
- Confidence that a COVID-19 vaccine will prevent severe illness/death from COVID-19; and
- Confidence that a COVID-19 vaccine will prevent passing of COVID-19 infection to others.

As shown in the following chart, around two-thirds of respondents were confident that a vaccine would prevent COVID-19 infection or severe death/illness from COVID-19. However, a lower percentage, 58%, had confidence that a COVID-19 vaccine would prevent passing of COVID-19 infection to others.



On average, respondents had more confidence in a COVID-19 vaccine preventing severe illness and death, than in it preventing COVID-19 infection. Respondents had the least average confidence in a COVID-19 vaccine preventing the passing of COVID-19 infection to others.

Taking the first scenario as the comparison with the December 2020 survey, the same total percentage of respondents are confident (67%), but average confidence (among those who are confident) appears to have slightly strengthened.



As with confidence in a COVID-19 vaccine meeting acceptable safety and quality standards, confidence in a COVID-19 vaccine preventing infection, preventing serious illness/death or preventing passing of infection to others, reduces as likelihood to accept a COVID-19 vaccine reduces.

Note that there is a:

- Strong association between confidence that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards and confidence that a COVID-19 vaccine will both prevent COVID-19 infection and prevent severe illness/death from COVID-19.
- Moderate association between confidence that any COVID-19 vaccine to be used in New Zealand will meet acceptable safety and quality standards and confidence that a COVID-19 vaccine will prevent passing of COVID-19 infection to others.

3. Factors influencing a decision to take a COVID-19 vaccine

Respondents were asked *“If a COVID-19 vaccine is offered in New Zealand, which of these factors, if any, would most influence your decision to take it?”*. This is a tracking question. As shown in the following chart, results were largely similar to those in December 2020.

Note that the most important factor shown in this chart, “The vaccine is free (for both doses if two doses are required)”, is the nett of that option and the original option “Provided free” as used in the December 2020 survey and repeated in this survey for continuity. Both options are shown in the tables.

The top 5 influencing factors by likelihood to take a COVID-19 vaccine are as follows:

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm (72%).	The vaccine is free (72%).	Has been through extensive, properly conducted, clinical trials (53%).	Has been through extensive, properly conducted, clinical trials (40%).	Sufficient information on any side effects (45%).	Sufficient information on any side effects (14%).	Sufficient information on any side effects (55%).
Helping to protect all New Zealanders (71%).	Helping to end the COVID-19 pandemic more quickly (69%).	The vaccine is free (53%).	Vaccine is free (35%).	Has been through extensive, properly conducted, clinical trials (44%).	Has been through extensive, properly conducted, clinical trials (14%).	Helping reduce Has been through extensive, properly conducted, clinical trials (54%).
Helping to end the COVID-19 pandemic more quickly (71%).	Helping protect the health of my family and those closest to me: (68%).	Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm: (49%).	Sufficient information on any side effects (32%).	Vaccine is free (24%).	Vaccine is free (9%).	Vaccine is free (47%).
Helping protect the health of my family and those closest to me (67%).	Being vaccinated will help protect my family/whānau from COVID-19: (67%).	Approved by Medsafe in New Zealand (46%).	Information on lack of significant side-effects: (28%).	Information on lack of significant side-effects (24%).	Information on lack of significant side-effects (8%).	Information on lack of significant side-effects (46%).
The vaccine is free 66%	Has been through extensive, properly conducted, clinical trials: (67%).	Sufficient information on any side effects: (45%).	Helping protect the health of my family and those closest to me: (25%).	Reputable manufacturer (21%).	None of the factors listed (70%).	Doing the best thing for my own health (31%).

Note that the following considerations were also nominated by more than 60% of those:

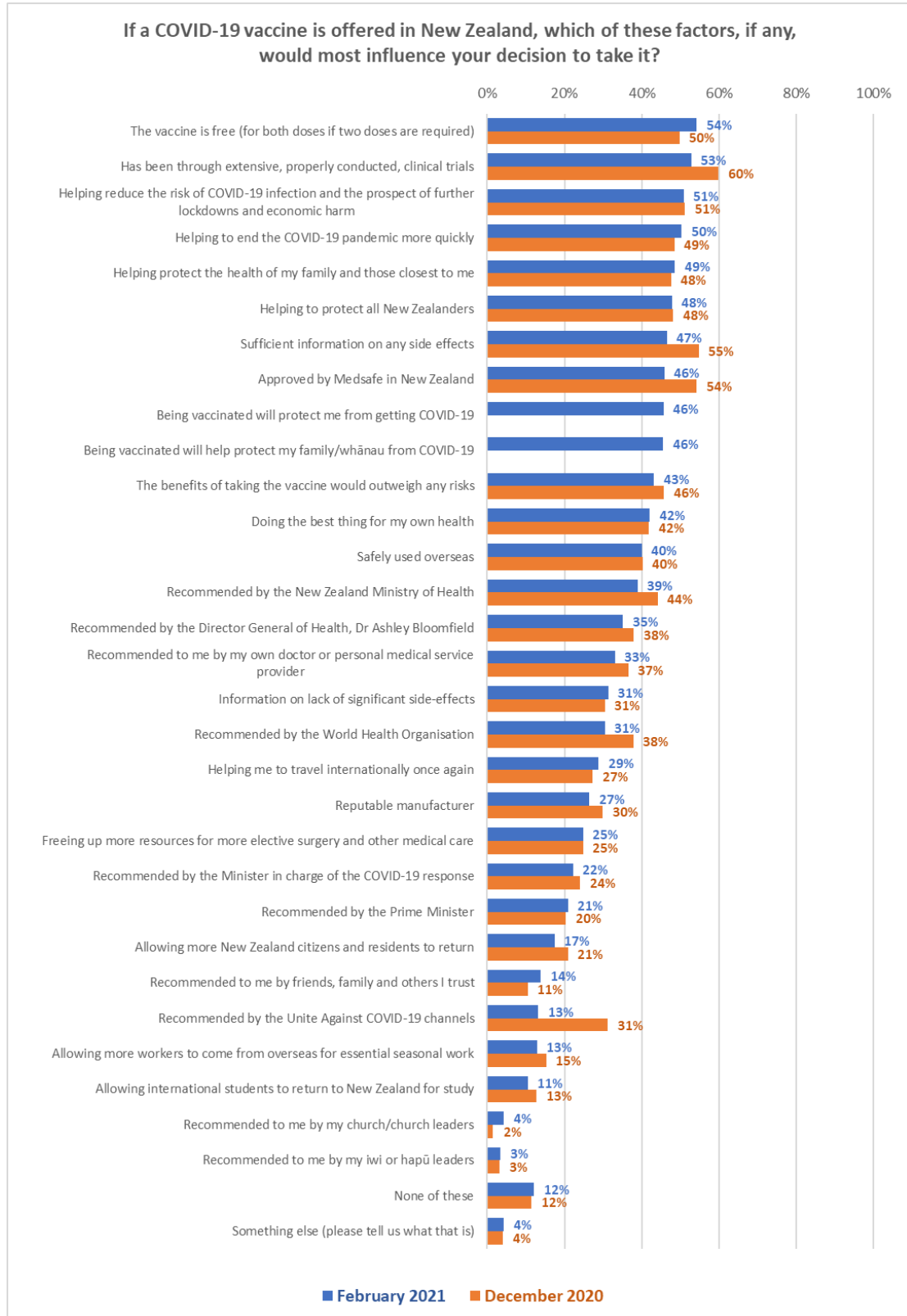
Who would “Definitely” take a vaccine:

- Being vaccinated will protect me from getting COVID-19: 65%
- Being vaccinated will help protect my family/whānau from COVID-19: 64%
- The benefits of taking the vaccine would outweigh any risks: 62%.
- Approved by Medsafe in New Zealand: 61%.
- Doing the best thing for my own health: 61%
- Recommended by the New Zealand Ministry of Health: 61%.

Who would be “Most likely” to take a vaccine:

- Has been through extensive, properly conducted, clinical trials: 67%
- Sufficient information on any side effects: 66%
- Approved by Medsafe in New Zealand: 65%

- Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm: 64%
- Being vaccinated will protect me from getting COVID-19: 63%
- Helping to protect all New Zealanders: 62%.



Note that “The vaccine is free” is common to the top 5 influences for all likelihoods to take a vaccine. “Has been through extensive, properly conducted, clinical trials”, “Sufficient information on any side effects” and “Information on lack of significant side-effects” are common to the more hesitant groups.

Most important influencing factors by ethnic group:

The following table shows the top 5 important influencing factors for each ethnic group. **Note the role that GPs and medical service providers have in reinforcing and/or influencing Pasifika decisions to take a COVID-19 vaccine. This is the only ethnic group where the recommendation of their GP/medical service provider is in the top 5 considerations.**

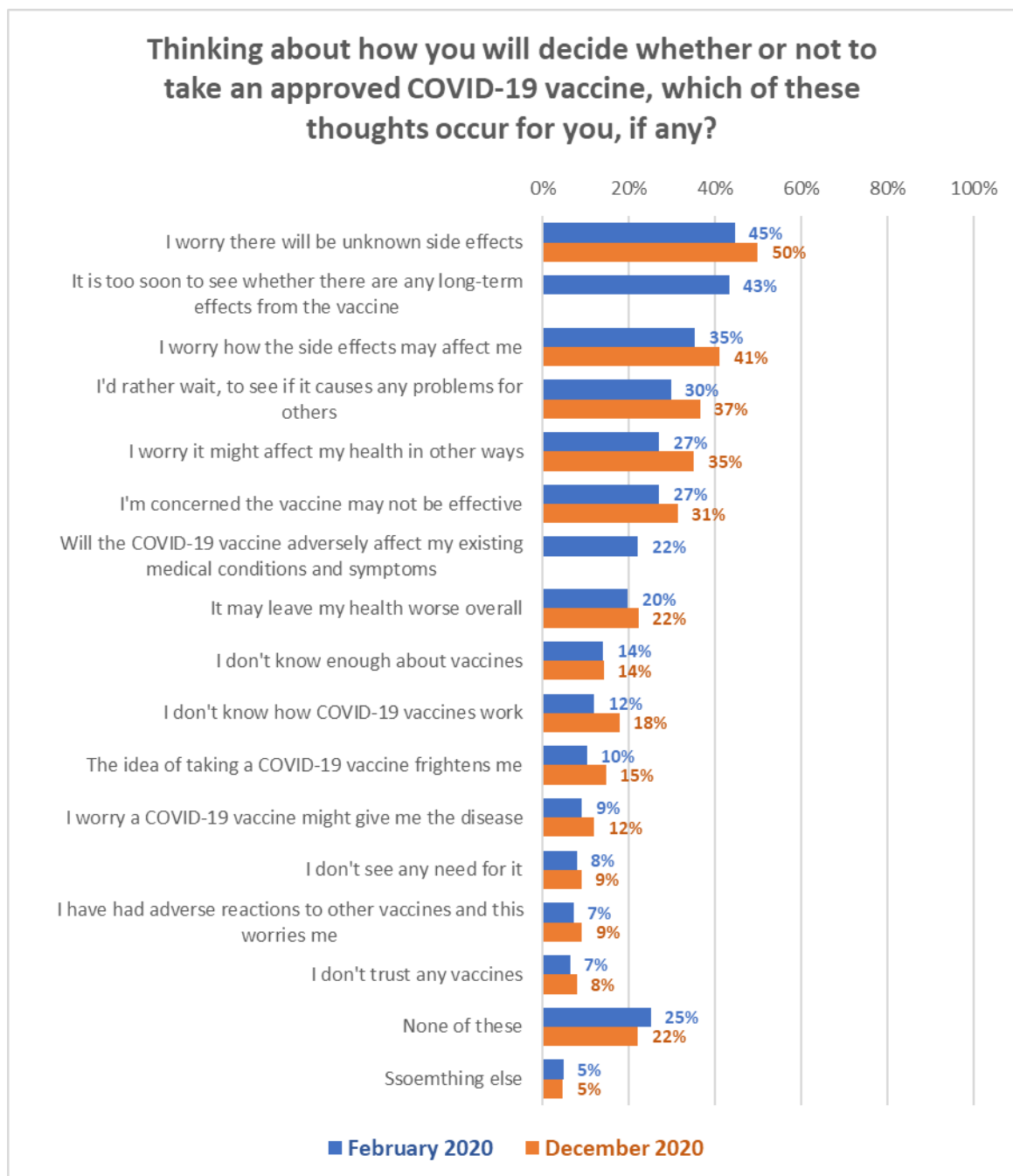
ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
Vaccine is free (69%)	Approved by Medsafe in New Zealand (58%)	Helping protect the health of my family and those closest to me (54%)	Has been through extensive, properly conducted, clinical trials (58%)	Helping to end the COVID-19 pandemic more quickly (66%)	Helping protect the health of my family and those closest to me (55%)	Approved by Medsafe in New Zealand (40%)
Being vaccinated will help protect my family/whānau from COVID-19 (58%)	Being vaccinated will protect me from getting COVID-19 (54%)	Vaccine is free (52%)	Vaccine is free (55%)	Helping protect the health of my family and those closest to me (60%)	Sufficient information on any side effects (54%)	Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm (37%)
Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm (53%)	Vaccine is free (69%)	Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm (51%)	Helping to end the COVID-19 pandemic more quickly (52%)	Vaccine is free (56%)	Vaccine is free (52%)	Has been through extensive, properly conducted, clinical trials (33%)
Helping to end the COVID-19 pandemic more quickly (52%)	Has been through extensive, properly conducted, clinical trials (58%)	Being vaccinated will help protect my family/whānau from COVID-19 (49%)	Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm (58%)	Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm (56%)	Recommended to me by my own doctor or personal medical service provider (50%)	Being vaccinated will help protect my family/whānau from COVID-19 (32%)
Helping to protect all New Zealanders (50%)	Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm (49%)	Helping to protect all New Zealanders (48%)	Helping to protect all New Zealanders (49%)	Sufficient information on any side effects (55%)	Being vaccinated will help protect my family/whānau from COVID-19 (50%)	Sufficient information on any side effects (31%)

4. Deciding whether to take a COVID-19 vaccine

Respondents were asked to think about how they would decide whether or not to take an approved COVID-19 vaccine, and to select from a pre-defined list which thoughts, if any, occurred to them.

There were two additions to the list used in December 2020.

Results are generally similar to December 2020. **Respondents were concerned about the effects of the vaccine: side effects and long-term effects. These are consistently in the top 5 concerns.**



Six thoughts were selected by more than 25% of respondents. Demographic characteristics of these top six thoughts are:

Thinking about how you will decide whether or not to take an approved COVID-19 vaccine, which of these thoughts occur for you, if any?					
I worry there will be unknown side effects	It is too soon to see whether there are any long-term effects from the vaccine	I worry how the side effects may affect me	I'd rather wait, to see if it causes any problems for others	I worry it might affect my health in other ways	I'm concerned the vaccine may not be effective
45%	43%	35%	30%	27%	27%
More likely to be female than male.	More likely to be female than male.	More likely to be female than male.	Marginally more likely to be female than male.	Marginally more likely to be female than male.	More likely to be female than male.
Average age.	Average age.	Average age.	3% younger than average age.	3% older than average age.	5% younger than average age.
7% lower household income and 10% lower personal income than average.	Average household income but 6% lower than average personal income.	14% lower household income and 10% lower personal income than average.	5% lower household income and 3% lower personal income than average.	10% lower household and personal income than average.	8% lower household income and 7% lower personal income than average.
No location or ethnic differences from average.	Slightly more likely than average to have school-level qualifications. Less likely than average to be Māori and more likely to be NZ European/Pakeha.	Slightly more likely than average to have school-level qualifications.	More likely to have children in the household.	No ethnic differences. Slightly more likely to be in Auckland.	More likely to have children in the household. No location or ethnic differences from average.
		No location or ethnic differences from average.	No location or ethnic differences from average.		

These six all occur in the “top five” thoughts by likelihood to take a COVID-19 vaccine.

“I worry how the side effects may affect me”, “It is too soon to see whether there are any long-term effects from the vaccine” and “I worry there will be unknown side effects” are consistent top five thoughts **which occur regardless of respondents’ likelihood to take a COVID-19 vaccine.**

“I'd rather wait, to see if it causes any problems for others” is in the top 5 thoughts for all except those who would definitely not take a vaccine.

Top five thoughts by likelihood to take a COVID-19 vaccine are shown in the following table.

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
It is too soon to see whether there are any long-term effects from the vaccine (23%)	I worry there will be unknown side effects (57%)	I worry there will be unknown side effects (64%)	I worry there will be unknown side effects (65%)	It is too soon to see whether there are any long-term effects from the vaccine (74%)	It is too soon to see whether there are any long-term effects from the vaccine (62%)	I worry there will be unknown side effects (69%)
I worry there will be unknown side effects (22%)	It is too soon to see whether there are any long-term effects from the vaccine (54%)	It is too soon to see whether there are any long-term effects from the vaccine (51%)	It is too soon to see whether there are any long-term effects from the vaccine (61%)	I worry there will be unknown side effects (63%)	I worry there will be unknown side effects (50%)	It is too soon to see whether there are any long-term effects from the vaccine (62%)
I worry how the side effects may affect me. (15%)	I worry how the side effects may affect me (49%)	I worry how the side effects may affect me (47%)	I worry how the side effects may affect me (57%)	I worry how the side effects may affect me (59%)	It may leave my health worse overall (48%)	I'd rather wait, to see if it causes any problems for others (57%)
I'm concerned the vaccine may not be effective (14%)	I'm concerned the vaccine may not be effective (42%)	I'd rather wait, to see if it causes any problems for others (41%)	I'd rather wait, to see if it causes any problems for others (54%)	I'd rather wait, to see if it causes any problems for others (59%)	Information on lack of significant side-effects (8%).	I worry how the side effects may affect me (54%)
Will the COVID-19 vaccine adversely affect my existing medical conditions and symptoms (12%)	I'd rather wait, to see if it causes any problems for others (38%)	I worry it might affect my health in other ways (39%)	I worry it might affect my health in other ways (41%)	I worry it might affect my health in other ways (38%)	I worry how the side effects may affect me (40%)	I worry it might affect my health in other ways (37%)

By ethnic group there was a degree of consistency for all except “Other” ethnicities (e.g., Middle Eastern, African, etc).

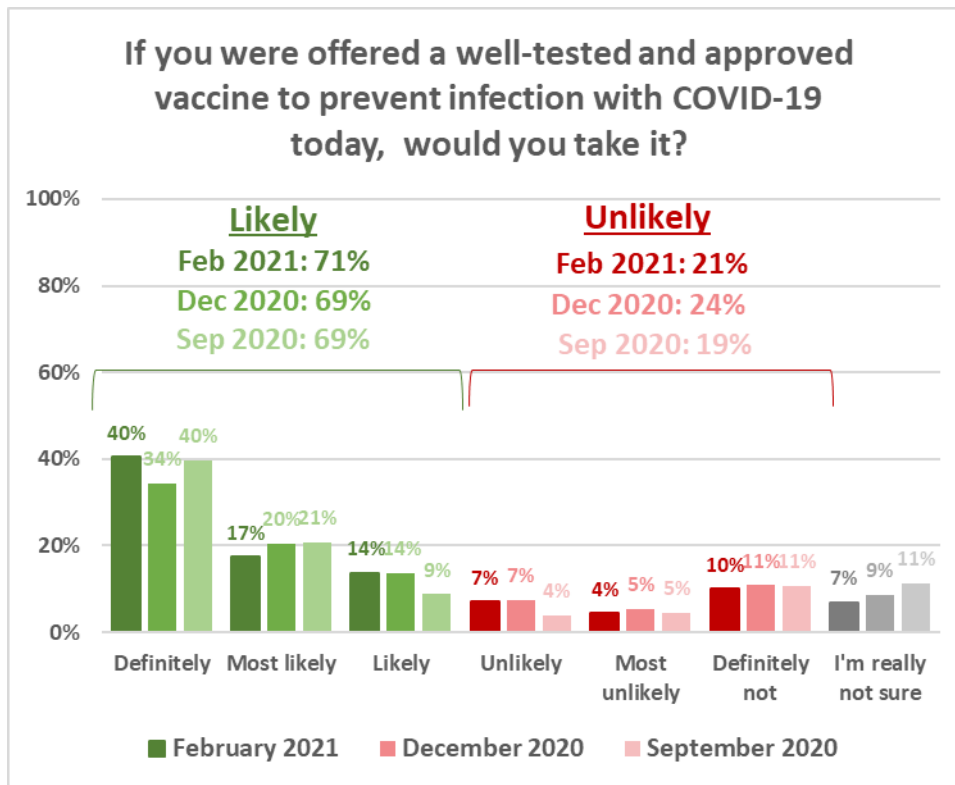
ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
I worry there will be unknown side effects (53%)	I worry how the side effects may affect me (35%)	I worry there will be unknown side effects (41%)	It is too soon to see whether there are any long-term effects from the vaccine (48%)	I worry there will be unknown side effects (48%)	I worry there will be unknown side effects (54%)	I worry there will be unknown side effects (64%)
I worry how the side effects may affect me (50%)	I'd rather wait, to see if it causes any problems for others (35%)	I worry how the side effects may affect me (35%)	I worry there will be unknown side effects (45%)	It is too soon to see whether there are any long-term effects from the vaccine (41%)	I worry how the side effects may affect me (49%)	It is too soon to see whether there are any long-term effects from the vaccine (51%)
It is too soon to see whether there are any long-term effects from the vaccine (39%)	I worry there will be unknown side effects (33%)	It is too soon to see whether there are any long-term effects from the vaccine (32%)	I worry how the side effects may affect me (35%)	I worry how the side effects may affect me (33%)	I'm concerned the vaccine may not be effective (47%)	I worry a COVID-19 vaccine might give me the disease (45%)
I worry it might affect my health in other ways (37%)	I worry it might affect my health in other ways (26%)	I'd rather wait, to see if it causes any problems for others (26%)	I'd rather wait, to see if it causes any problems for others (30%)	I'd rather wait, to see if it causes any problems for others (32%)	I'd rather wait, to see if it causes any problems for others (37%)	The idea of taking a COVID-19 vaccine frightens me (40%)
I'd rather wait, to see if it causes any problems for others (36%)	It is too soon to see whether there are any long-term effects from the vaccine (25%)	I worry it might affect my health in other ways (25%)	I worry it might affect my health in other ways (28%)	I'm concerned the vaccine may not be effective (28%)	It is too soon to see whether there are any long-term effects from the vaccine (36%)	Will the COVID-19 vaccine adversely affect my existing medical conditions and symptoms (35%)

5. Potential uptake of vaccine

As in September 2020 and December 2020, respondents were asked “If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?”.

Although there is an apparent increase in the percentage who are likely to take a vaccine, this movement is not statistically significant.

Note that the percentage who would “Definitely” take a COVID-19 vaccine has moved back up to the September 2020 level (40%).



Note: December 2020 and September 2020 results are for respondents 18 years of age or over. February 2021 results are for respondents 16 years of age or over.

An estimated 2,662,700 New Zealanders aged 16 years of age or more¹ would be likely to have a “well tested and approved” COVID-19 vaccine. An estimated 798,000 were unlikely to (including an estimated 371,800 who would “definitely not” take a COVID-19 vaccine), while an estimated 257,300 were unsure.

The age breakdown of those who would “Definitely” take a COVID-19 vaccine is as follows – a total of 1,721,600 New Zealanders aged 16 years of age or over. Note that the percentage of 18–24-year-olds is at 48%, up from 28% in December 2020.

Age group	% Definitely take vaccine	Estimated definite uptake
16-17 years	37%	164,000
18-24 years	48%	314,200
25-34 years	38%	253,400
35-44 years	30%	175,400
45-54 years	37%	231,200
55-64 years	34%	193,900
65-74 years	48%	198,900
75 years or over	63%	190,600

¹ Census 2018 shows 3,718,000 New Zealanders 16+ rounded to the nearest 100 (StatsNZ).

Vaccine acceptance by ethnicity

The following table shows the December 2020 uptake by ethnicity.

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?	ALL	ETHNIC GROUP						
		Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika	Other
Definitely	40%	34%	36%	43%	42%	48%	27%	29%
Most likely	17%	34%	22%	14%	16%	16%	19%	5%
Likely	14%	8%	33%	12%	14%	9%	22%	20%
Unlikely	7%	8%	4%	8%	7%	7%	16%	2%
Most unlikely	4%	0%	0%	4%	5%	5%	4%	3%
Definitely not	10%	5%	0%	11%	11%	7%	7%	34%
I'm really not sure	7%	9%	6%	7%	6%	8%	4%	7%
Total likely	71%	77%	91%	70%	72%	73%	68%	54%
Total unlikely	21%	14%	4%	23%	22%	19%	28%	39%
N (unweighted)	1,317	87	51	298	918	104	55	25

There are no statistically significant changes in acceptance by ethnicity in comparison with December 2020.

Profiles: Total “Unlikely” and “Unsure”

The following are profiles of those who were “unlikely” to take a vaccine or were not sure, to aid communications targeting. These are similar to the profiles reported in December 2020.

Overall, those who are unlikely to take an offered COVID-19 vaccine were:

- More likely to be female than male
- Likely to have lower household income: around 25% lower, on average, than respondents overall
- Likely to have lower personal income: around 17% lower than the overall average
- Likely to have lower educational qualifications than those who are likely to take a vaccine if offered: 56% have sixth form/UE/NCEA Level 2 or less, compared with an overall average of 44%
- More likely to be a parent with children in their household: 48% compared with 39% for those who would definitely have a COVID-19 vaccine
- 50% are in the North Island excluding Auckland, in comparison with 43% for respondents overall and 40% for those who are likely to take a vaccine
- There are no significant differences by ethnicity.

Those who are unsure whether they would take an offered COVID-19 vaccine were:

- More likely to be female than male
- Close to average age

- As in December 2020, more likely to be on lower household and personal incomes than respondents overall (household incomes around 9% lower, on average, and personal incomes around 11% lower, on average). In contrast, all those who said they would be likely to have a COVID-19 vaccine (“definitely” plus “most likely” plus “likely”) have higher household and personal incomes than respondents overall (household incomes around 9% higher, on average, and personal incomes around 6% higher, on average)
- More likely to have lower educational qualifications than those who are likely to take a vaccine if offered: 55% have sixth form/UE/NCEA Level 2 or less, compared with 40% of all those who are likely to take a vaccine
- More likely to be a parent with children in their household: 61% compared with 39% for those who are likely to take a vaccine
- There were no apparent location or ethnic differences.

Acceptance by DHB area

The Lakes DHB area, reported in December 2020 as less likely than average to take a vaccine, is now at average level. Respondents in the Whanganui, Midcentral and Hutt DHB areas have lower than average levels of uptake while, as in December 2020, residents in the Capital and Coast DHB area were more likely to do so.

6. Reasons for being unlikely to accept a COVID-19 vaccine or unsure whether to do so

Respondents who said they were unlikely to accept a COVID-19 vaccine (“unlikely”, “most unlikely”, “definitely not”), or were unsure if they would do so were asked why that was.

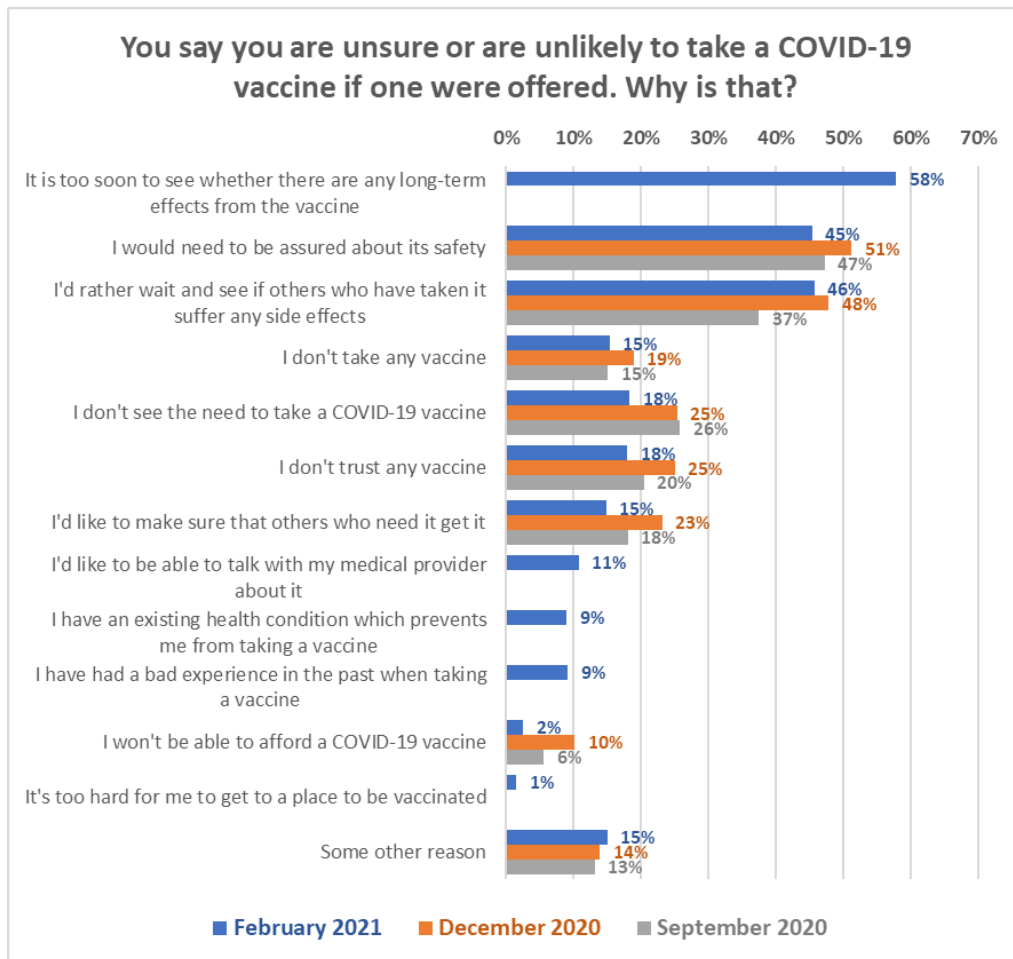
Respondents were able to choose as many listed reasons as they thought applied and were able to give their own reasons where they thought the listed options had not adequately explained how they felt.

Main reasons for hesitation:

The major reason for hesitation is a perception that “It is too soon to see whether there are any **long-term effects** from the vaccine”. This was a new option not measured in December or September 2020.

There continues to be a need for those who are hesitant to be assured about the vaccine’s safety (an estimated 594,600 adults). This also continues to be particularly the case with female respondents (48% of female respondents chose this option versus 40% of male respondents).

Note that “I don’t see the need to take a COVID-19 vaccine” has declined from 25% to 18% - a statistically significant drop.



There is a weak to moderate association between “It is too soon to see whether there are any long-term effects from the vaccine” and “I'd rather wait and see if others who have taken it suffer any side effects”.

There is a weak association between:

- “I'd rather wait and see if others who have taken it suffer any side effects” and “I would need to be assured about its safety”
- “I'd rather wait and see if others who have taken it suffer any side effects” and “I'd like to make sure that others who need it get it”
- “I have an existing health condition which prevents me from taking a vaccine” and “I have had a bad experience in the past when taking a vaccine”
- “I don't take any vaccine” and “I don't trust any vaccine”.

All other statements have negligible association between them. It is, therefore, difficult to assess the drivers of “unlikely to take a vaccine” or “unsure whether to take a vaccine” from this question. Depth interviews or other qualitative approaches would be necessary to identify the key reasons so that they can be measured and to assess the degree to which they drive hesitancy.

The following table shows the demographic characteristics of those who selected the top 3 reasons for being unsure or unlikely to take a COVID-19 vaccine.

You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?		
It is too soon to see whether there are any long-term effects from the vaccine	I would need to be assured about its safety	I'd rather wait and see if others who have taken it suffer any side effects
<p>Significantly more likely to be female than male</p> <p>5% older than the average age: 64% are 45 years or older.</p> <p>17% lower than average household income and 15% lower than average personal income.</p> <p>Significantly more likely than average to have school- level qualifications (53%: particularly NCEA 1 /School Certificate level) or to have no formal school qualifications (17%).</p> <p>Significantly more likely to have children in their household (59% compared with 44% overall).</p> <p>Marginally more likely to be NZ European/Pakeha.</p> <p>Less likely than average to be living in large cities; marginally more likely than average to be living in regional cities or towns.</p>	<p>Significantly more likely to be female than male</p> <p>Around average age.</p> <p>11% lower than average household income and 13% lower than average personal income.</p> <p>Significantly more likely than average to have school- level qualifications (53%: particularly NCEA 1 /School Certificate level) or to have no formal school qualifications (17%).</p> <p>Significantly more likely to have children in their household (59% compared with 44% overall).</p> <p>Marginally more likely than average to be Māori.</p> <p>Marginally more likely than average to be living in regional towns.</p>	<p>Significantly more likely to be female than male</p> <p>Around average age.</p> <p>13% lower than average household income and 15% lower than average personal income.</p> <p>Significantly less likely to be in professional, senior government official, business manager/executive, business proprietor or self-employed roles.</p> <p>Significantly more likely than average to have school- level qualifications (58%: particularly NCEA 1 /School Certificate level) or to have no formal school qualifications (16%).</p> <p>Significantly more likely to have children in their household (58% compared with 44% overall).</p> <p>Marginally more likely to be NZ European/Pakeha.</p> <p>Marginally more likely than average to be living in regional towns.</p>

The following table shows the reasons for being unsure or unlikely to take a COVID-19 vaccine by ethnicity. Note that for Asian, Indian, Other European, Pasifika and “Other” ethnicities, these results are indicative only, because of smaller respondent numbers.

You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?	ALL	ETHNIC GROUP						
		Asian	Indian	Māori	NZ Euro- pean/ Pakeha	Other Euro- pean	Pasifika	Other
It is too soon to see whether there are any long-term effects from the vaccine	58%	53%	51%	52%	61%	86%	49%	19%
I'd rather wait and see if others who have taken it suffer any side effects	46%	43%	53%	34%	50%	60%	61%	8%
I would need to be assured about its safety	45%	71%	62%	49%	45%	40%	44%	11%
I don't see the need to take a COVID-19 vaccine	18%	11%	0%	10%	19%	31%	1%	74%
I don't trust any vaccine	18%	18%	0%	18%	14%	37%	23%	72%
I don't take any vaccine	15%	15%	12%	14%	14%	28%	0%	63%
I'd like to make sure that others who need it get it	15%	3%	12%	12%	15%	36%	43%	0%
I'd like to be able to talk with my medical provider about it	11%	0%	53%	15%	8%	14%	11%	0%
I have had a bad experience in the past when taking a vaccine	9%	3%	0%	10%	11%	0%	6%	0%
I have an existing health condition which prevents me from taking a vaccine	9%	9%	12%	11%	8%	28%	4%	0%
I won't be able to afford a COVID-19 vaccine	2%	2%	12%	4%	1%	18%	16%	0%
It's too hard for me to get to a place to be vaccinated	1%	3%	12%	0%	2%	0%	0%	0%
Some other reason (please tell us what that is)	15%	0%	0%	21%	18%	14%	28%	14%
No response given	0%	0%	0%	0%	0%	0%	0%	0%
N (unweighted)	285	18	6	74	196	20	13	8

7. Reassurance from the number of people who have been vaccinated worldwide

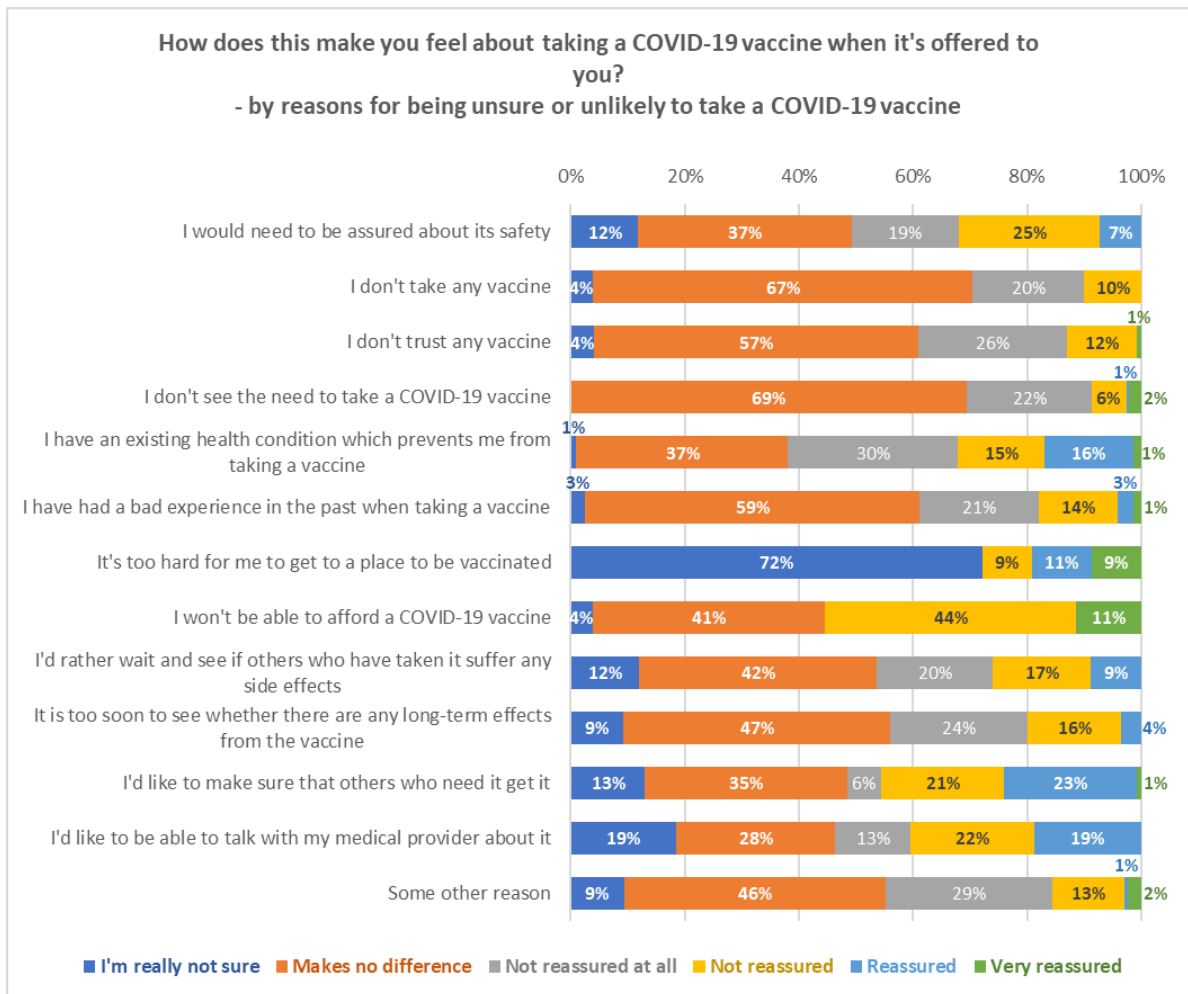
Respondents were told “As at 10 February 2021, 147 million doses of COVID-19 vaccines had been given worldwide”. They were asked how that made them feel about taking a COVID-19 vaccine when it's offered to them.

58% overall were reassured by the information, but as shown in the following table, reassurance dropped as likelihood to take a COVID-19 vaccine dropped.

How does this make you feel about taking a COVID-19 vaccine when it's offered to you?	ALL	If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
		Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
Very reassured	23%	51%	8%	2%	3%	1%	0%	0%
Reassured	35%	41%	68%	34%	10%	1%	1%	10%
Not reassured	11%	2%	5%	36%	32%	14%	2%	12%
Not reassured at all	8%	0%	3%	7%	30%	20%	17%	18%
Makes no difference	18%	4%	10%	12%	19%	50%	77%	30%
I'm really not sure	7%	2%	7%	9%	6%	13%	3%	30%

N (unweighted)	1,317	606	237	186	80	47	87	71
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The following chart shows reassurance levels by reasons for not taking a vaccine. **Those who were unsure or unlikely to take a COVID-19 vaccine were generally not reassured** by the volume of people around the world who have been vaccinated.



8. Having all the information needed to make a vaccination decision

Respondents were asked “Do you feel you have all the information you need before deciding whether or not to take a COVID-19 vaccine?”.

24% overall said they definitely had all the information they needed, but most of these people were either “Definitely” taking a vaccine or “Definitely not” taking it. Feeling they had all the information needed dropped by reducing likelihood to take a vaccine.

Do you feel you have all the information you need before deciding whether or not to take a COVID-19 vaccine?	ALL	If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
		Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
Definitely	24%	49%	6%	1%	2%	8%	29%	2%
Mostly	32%	40%	48%	25%	13%	28%	11%	10%
Not quite	20%	8%	34%	39%	29%	9%	11%	32%
I need to know more	20%	3%	11%	35%	52%	53%	24%	48%
I don't need to know more	4%	1%	1%	0%	4%	2%	25%	8%
N (unweighted)	1,317	606	237	186	80	47	87	71

The results quantify the number of vaccine hesitant people who are open to receiving more information, saying they need to know more. This question will become a tracking one to measure the extent to which information needs are being met.

Estimated numbers of people in the different categories, by broad likelihood to take a COVID-19 vaccine, are as follows:

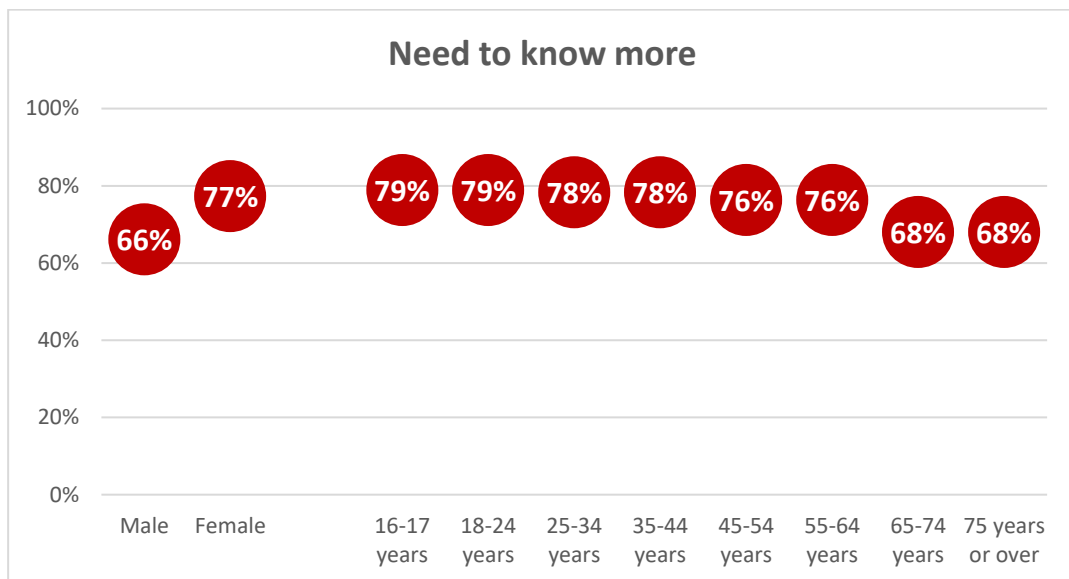
Do you have all the information you need?	TOTAL	Broad likelihood to take a COVID-19 vaccine		
		Likely	Unlikely	Unsure
Definitely	906,800	774,800	126,900	5,100
Mostly	1,177,100	1,033,200	119,700	24,200
Not quite	753,000	540,500	131,700	80,800
I need to know more	735,000	295,600	312,000	127,400
I don't need to know more	146,100	18,600	107,700	19,800

Note that an estimated 234,600 (29%) of the 798,000 who are unlikely to take a COVID-19 vaccine say they either “Definitely” have all the information they need or feel they don't need to know more. Add in those who “mostly” have all the information they feel they need and the estimate rises to 354,300 or 44%. This is probably the core of those who will not be persuaded to take a COVID-19 vaccine (equivalent to 9.5% of the 16+ population).

Also note that of the estimated 2,662,700 New Zealanders 16+ who will definitely or are likely to take a vaccine, only 18,600 said they did not need to know more, and an estimated 774,800 “Definitely” had all the information they needed to decide to take a COVID-19 vaccine.

This implies that 70% of those who are likely to take a vaccine need to know more (an estimated 1,869,300 people 16 years of age or over). Their decision to take a vaccine needs to be reinforced.

The following chart shows the percentage of respondents who need to know more (i.e., did not indicate that the “Definitely” had all the information they needed or did not need to know more) by gender² and age group.



The results of this question by ethnic group are as shown below.

Do you feel you have all the information you need before deciding whether or not to take a COVID-19 vaccine?	ALL	ETHNIC GROUP						
		Asian	Indian	Māori	NZ Euro-pean/ Pakeha	Other Euro-pean	Pasifika	Other
Definitely	24%	20%	21%	23%	25%	29%	9%	48%
Mostly	32%	30%	39%	34%	31%	34%	25%	25%
Not quite	20%	35%	35%	16%	20%	17%	29%	3%
I need to know more	20%	14%	5%	20%	20%	16%	30%	24%
I don't need to know more	4%	1%	0%	7%	4%	3%	7%	0%

N (unweighted)	1,317	87	51	298	918	104	55	25
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² “Gender diverse” is not shown because of the small number of respondents.

8.1 Information required

All respondents were asked to say, in their own words, what else they would most like to know, if anything, before deciding whether to take a COVID-19 vaccine.

Of the 1,317 respondents, 809 left comments. Of those, 8% said they did not need any more information – 10% of males and 5% of females who answered the question.

The remainder left comments that were classified into the following categories.

The comments indicate that New Zealanders generally want to be able to make informed choices about whether or not to take a COVID-19 vaccine.

8.1.1 Information on Side effects/contraindications/adverse reactions: 50% overall

Respondents across all age groups and ethnicities requested this information, particularly those under 25 years of age, Māori and Pasifika. It is also the key issue for those who are not currently committed to taking a COVID-19 vaccine.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
43%	56%	63%	64%	45%	51%	50%	45%	39%	50%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
50%	50%	54%	38%	43%	64%	55%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
46%	45%	62%	63%	60%	25%	55%

Typical comments were:

“Specific side effects for the type of COVID 19 vaccine to be given - not general. Data and Stats showing its effectiveness. Any abnormalities or outliers related to the vaccine so I can make a properly informed choice.”

“Side effects worldwide; protection rates worldwide (not from study but in real life); WHO recommendations for vaccine and which type of person best matches a vaccine type. Simple lay-person explanation about how the vaccine works to provide protection.”

“Some specialist to explain what he/she thinks I should expect once I have had the vaccine as they would have given to some other person prior to me; if one or some them had any bad reactions.”

“Some long-term study (i.e., over at least a year) to show both effectiveness and no adverse side-effects.”

“Side effects is the major one, more needs to be known. I've heard it doesn't stop you passing it on if you have it?”

“Side effects is more my worry. It's quite frightening. COVID is the worst nightmare ever.”

“It's effect on auto immune diseases and any contraindications for prescribed medications for those conditions.”

“It would be nice to see the potential side effects (negative and positive). Other than that, not much. I generally trust vaccines, but I think hearing other New Zealanders' experience with the vaccine would be a bit more reassuring.”

“If it's alright to have as I suffer with arrhythmia and high blood pressure.”

“If it would cause any of my pre-existing health conditions to get worse, and how effective long term. Also, a bit concerned re anaphylactic reaction.”

“I'd like to know the possible side effects as I have an already compromised immune system, have heart and lung health issues (including COPD) and - most importantly - need to weigh up the risks to myself, and my son who is a kidney transplant patient who CANNOT have the vaccine.”

“I would like to know if or how it might affect someone with Fibromyalgia, either immediately or in the long term.”

“How it will affect my condition. CFS/ myalgic encephalopathy.”

“How it reacts with Arthritis and its medications.”

“It's effect to the next generation - if my child is vaccinated, would their babies be perfectly fine? No effect to unborn babies/eggs/sperm?”

“Effect on reproductive system.”

“That the vaccine was developed so quickly and only had limited clinical trials means there has been no long-term research into other side effects in a year / two years etc and how it may adversely affect people's health overall, so I'd like to see proof that it isn't going to do this.”

“It would be nice to see the potential side effects (negative and positive). Other than that, not much. I generally trust vaccines, but I think hearing other New Zealanders' experience with the vaccine would be a bit more reassuring.”

“The long-term effects of the vaccine. I am not an anti-vaxxer, just nervous about the speed at which the whole vaccine program globally has been rolled out. We often hear the vaccine is safe but hear very little about the side effects. Being pregnant currently also makes me nervous about getting the vaccine.”

“I would feel reassured to know the proven side effects and a professional opinion on this. This is because currently there is a lot of hearsay about adverse side effects. But other than that, I would be very willing to have a vaccine for the greater good of the community.”

8.1.2 Vaccine efficacy (not including efficacy against new strains): 10% overall

Respondents across all age groups up to 74 years, and most ethnicities requested this information, particularly those aged 25-54 years and Asian respondents. It is of most interest to those who are unsure whether to take a COVID-19 vaccine or not.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
8%	12%	10%	9%	12%	13%	13%	8%	6%	3%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
16%	8%	11%	6%	8%	5%	3%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
12%	10%	11%	10%	1%	7%	13%

Typical comments were:

"I would like to know a bit more about how effective it is, is. How likely am I to get COVID once I have had two doses of the vaccine?"

"We have data on how many people have been vaccinated but have no information on if those vaccinated people have since contracted or even died from COVID since being vaccinated. What are the rates of infection after being vaccinated? How many vials of vaccine have been checked for viability since being shipped for use, etc. For all other vaccines there is a lengthy period of clinical trials but this one has been rushed and I am not going to be an unpaid guinea pig."

"How effective it's been in slowing or stopping the spread of COVID-19."

"Effectiveness, side effects, benefits."

"I need more information about side effects, long term health effects and whether it is actually effective against the disease."

"100% guaranteed safe and effective against COVID 19. 100% no side effects."

"How effective will it be for those with underlying conditions and how sure are they that it won't affect you further or kill you? Why has it not gone through the FDA? What are they actually injecting us with, what are the ingredients? Just because it won't affect some, how can they prove it won't affect others?"

"Does it actually work for everybody?"

8.1.3 Vaccine test results including data from the start of vaccinations: 8% overall

Respondents across all age groups except 16–17-year-olds are interested in this. It is of most interest to those who are “Most likely” to take a COVID-19 vaccine.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
6%	10%	1%	9%	10%	10%	9%	7%	6%	11%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
5%	3%	9%	7%	7%	9%	3%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
8%	14%	7%	4%	1%	1%	10%

Typical comments were:

“I'd like to know if the people who still get symptomatic COVID post-vaccine are still getting long COVID, and at what rate. I'd like to know if anyone is getting long COVID as a result of the vaccine (none of these questions seem to be available in any of the evidence I have been able to find). I would need the RNA vaccine trials to include people with serious autoimmune disorders before I could consider taking the Moderna or Pfizer vaccines (the trials do not, and it is a new technology that could theoretically trigger autoimmune conditions in vulnerable people like myself). Basically, I'd like to know whether my risk of long COVID is greater from getting COVID or getting the vaccine. No one can tell me because none of the vaccines have been studied in my condition. i.e., they haven't been sufficiently studied.”

“I have a lot of info and do a lot of reading. Any short-term peer reviewed trials would be good.”

“How the vaccine has affected NZer's who have taken it.”

“Other vaccines are tested over many years. How do we know the COVID vaccine is safe after such a short period of testing?”

“How the vaccine affects others who have had it already”

“I would just like to know more about the trials and statistics of the particular vaccine. As I haven't been able to keep up with how it has gone in trials and its effectiveness on a biological scale.”

“Hah!! I want to watch what happens to others who have taken it! That is, accurately recorded results from many sources where the vaccine has been in use for at least a few weeks! The one we are getting here in NZ is quite a lot different than our regular 'flu-shot' so I feel a bit cautious about it.”

8.1.4 Vaccine safety: 7% overall

Vaccine safety is of more interest to male respondents who commented than to female respondents. 16–17-year-olds and 25–34-year-olds have higher interest in this and it is the second highest area commented on by 16-17 year olds. It is of most interest to those who are “Likely” to take a COVID-19 vaccine.

Safety appears to be linked to side-effects for a number of respondents.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
10%	5%	11%	2%	10%	5%	8%	7%	8%	4%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika	Other
5%	3%	8%	5%	9%	3%	15%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
8%	5%	12%	8%	1%	8%	2%

Typical comments were:

*“We need many more people to take it (under *proper* medical supervision) over at least a year to know whether this hastily rushed-through political experiment is in fact safe.”*

“Proven long term safety. The virus has only existed for a year, never mind the vaccine. Long term studies have not been completed as the virus itself hasn’t existed long term.”

“I am currently pregnant so would like to know the effects on having the vaccine while pregnant and if the vaccine is safe enough for new-born’s and also toddlers.”

“I would like to know definitely if it is safe or not. What can the side effects be?”

“It hasn’t had enough research afterwards i.e., side effects or reactions etc. It’s likely it is safe and fine but it is hard to go blindly into taking a new vaccine.”

“Long term side effects are unknown. It doesn’t matter 147million of rest of world have taken it, they are in a 'no other option' scenario with high death rates. This doesn’t tell me it’s safe, just that the rest of the world is desperate for any relief. We don’t know the long-term effects cause there hasn’t been time to measure under controlled studies.”

“Having heard of a lot of overseas cases caused (or maybe caused) by taking the vaccine, I do feel a bit uncertain. Would like to know comprehensive and overseas data-based reports from our government or agencies regarding (1) the safety and (2) the effectiveness of the vaccine, by the types of the vaccine and manufacturer. News conference releases and verbal reassurances are not good enough.”

8.1.5 Effective against new strains: 5% overall

Effectiveness against new strains is of more interest to 35–44-year-olds and Asian respondents. It is of interest to those who will “Definitely” take a COVID-19 vaccine or are “Most likely” to do so.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
3%	6%	0%	3%	2%	15%	4%	5%	3%	1%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
8%	3%	5%	6%	3%	3%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
7%	8%	2%	2%	2%	3%	3%

Typical comments were:

“Will it be effective against the new strains?”

“Which strains of COVID it is effective against and possible side effects.”

“Whether the new strains are preventable with the vaccine.”

“Whether it'll protect us from other strains. Side effects (in detail).”

“That it will work on all COVID strains, which at this point in time it does not.”

“There are now several variants of covid-19 floating around. Is this vaccine given to NZers effective against ALL strains of COVID-19?”

“Ingredients/contents. How will it affect me and my health? Will it prevent COVID-19? Will it prevent me passing it on to others? Will it be 100% effective at preventing all strains both now and in the future without needing boosters?”

“Any side effects and does the vaccine protect against all strains equally. More info on asymptomatic COVID and transmission.”

“There is already evidence that the Oxford-AstraZeneca vaccine does not protect against the South African strain and a similar report that the efficacy of the Pfizer vaccine drops by two-thirds with the South African strain. I want to know that the vaccine can handle other strains. Furthermore, there simply has not been enough time to see if there are any long-term effects on having an mRNA vaccine, which is a new type of vaccine.”

“Whether it would cover all strains...and would eradicate the virus...or do we need vaccines every time a new strain pops up. Are there any long-term side effects?”

8.1.6 Data on deaths attributable to COVID-19 vaccines: 4% overall

Data on deaths attributable to COVID-19 vaccines was of more interest to 55–64-year-olds than to respondents in other age groups. It is of most interest to those who will “Definitely not” take a COVID-19 vaccine.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
2%	5%	2%	4%	4%	5%	3%	7%	0%	4%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
1%	6%	4%	3%	5%	1%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
1%	6%	1%	5%	2%	11%	3%

Typical comments were:

“Info/Stats on how effective the vaccine is, side effects, deaths, particularly for Maori and those with chronic respiratory conditions Is it too early to truly know how effective the vaccine is?”

“People over 60 have died taking the vaccine. I would need reassurance that I won’t die from taking the vaccine - I mean I don’t have COVID; why would I risk my life taking a vaccine for something I don’t have.”

“If anyone has died or become more sicker when they have taken the COVID-19 vaccine.”

“Extensive research into the vac and side effects, All info re total deaths and major side effects numbers ages nationality sex and dates. Contents ingredients of said Vac.”

“The possible side effects and if anyone has died taking this specific vaccine.”

8.1.7 More time required: 4% overall

Data on deaths attributable to COVID-19 vaccines was of more interest to 55–64-year-olds and those 75 years of age or older than to respondents in other age groups.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
4%	3%	0%	4%	1%	5%	4%	7%	1%	9%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika	Other
5%	4%	4%	5%	3%	1%	3%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
4%	4%	5%	1%	6%	5%	1%

Typical comments were:

“Hopefully by the time the vaccine is available to me enough time would have passed to gauge any side effects.”

“It seems to have come round very quickly so there are some doubts about its efficacy, however standard flu vaccines are revised every 12 months based on new variants which is a similar time frame. I guess it seems unrealistic to think that enough vaccine will be produced to vaccinate enough people to stop this virus. especially as there are so many people who are anti vaccine. As in the case of the resurgence of other previously almost eradicated diseases like measles, simply because people don't believe in the vaccines. This suggests that unless EVERYONE is vaccinated COVID is still going to have a foothold.”

“Time and testing. Pressure and expectations where delay and failure were not an option are not good grounds to create a vaccine. I worry it was a race to be first rather than be the most tested and trusted vaccine. Typically taking a lot longer to make any other vaccines, how many short cuts were taken. Is this really a case of people working together or huge financial incentives to find a cure. And while it may well cure the current strains, the time hasn't allowed for checks and tests to delayed side effects. So while safe in NZ, I have no fear of COVID and no rush for the vaccine. I will wait.”

“I feel like time is everything. Just to wait it out a little and see how time is on the bodies of those who had taken the vaccine.”

8.1.8 Need all/full information: 3% overall

Access to full information or all the information available on COVID-19 vaccines was of more interest to 16-17 and 18–24-year-olds and those who are “Unlikely” to take a COVID-19 vaccine.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
3%	3%	6%	6%	4%	1%	2%	4%	3%	0%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
1%	5%	3%	2%	5%	2%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
3%	2%	3%	9%	0%	3%	3%

Typical comments were:

“Probably more information on any side effects/long term effects. I feel like there is a lot of misinformation on Facebook and social media and not much information on this coming from reputable sources.”

“More information on whether it is going to decrease the likelihood of catching the virus, but most importantly, transmitting the virus if you do catch it.”

“More information on how vaccine works. More accurate details on % immunity it will provide. (I know that the difference types have different protection ratios). More testing on likely side effects.”

“More information on long term effects if have a pre-existing health condition.”

“More information from govt.”

“I’d like to know what strains it is for and how it will protect me. I have heard of side effects already so would like more information on this.”

“Everything...”

“Clinical trial results, more information about possible side effects. How is the vaccine meant to actually work? Why are there many vaccines?”

“Everything about approved vaccines, including side effects. Worried that it is too rushed and not enough is known.”

“More information.”

“More data.”

“I’d like more information on overall efficacy in a similar population, and more information on possible side effects.”

8.1.9 What is in the vaccine: 2% overall

35–54-year-olds are more interested than other age groups in what the vaccine contains. It is of most interest to those who unsure whether to take a COVID-19 vaccine or not.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
2%	3%	0%	0%	1%	5%	4%	2%	1%	3%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
1%	0%	3%	4%	2%	2%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
1%	2%	1%	5%	5%	2%	6%

Typical comments were:

“What are the chemicals in the vaccines and what are the possibility of (these) vaccines altering our immune system to be too weak to fight against the virus?”

“What’s it made of?”

“The country has to be open about which vaccines use aborted foetus cell lines and not purchase those.”

“Exactly how it works and what adjuvants are in it.”

“If it has blood products in it, and what exactly is in the vaccine?”

“Ingredients, as I react to some vaccines and need to know what's in it.”

“What is in it?”

“If there was a website set up with all the information about the vaccine on it, what's in it, what's it made of/ingredients and a full list of possible side effects and any side effects that other people have already suffered.”

“Is it true there is aborted babies material in it.”

“Where it was made. What is in it.”

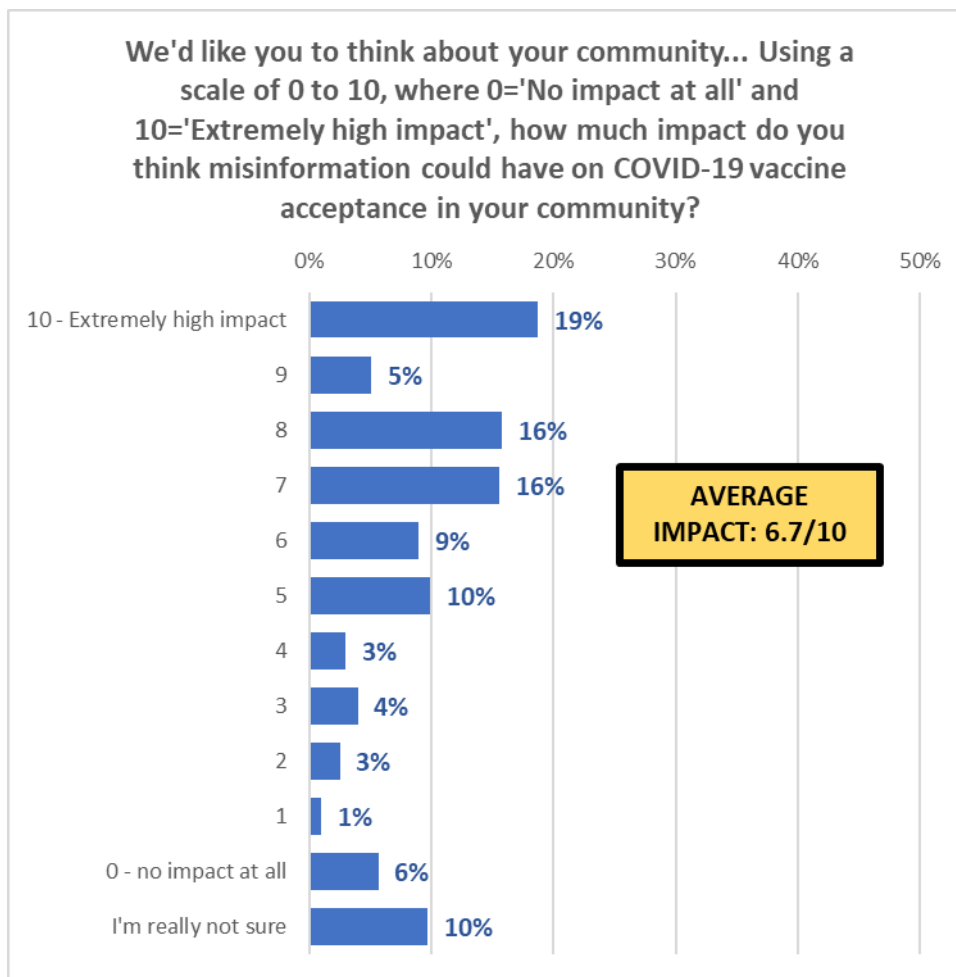
“Does the vaccine contain formaldehyde, mercury or aluminium compounds?”

9. Effect of misinformation on local communities

Using a projective technique, respondents were asked to think about their community and to use a 0 (“No impact at all”) to 10 (“Extremely high impact”) to rate the effect of misinformation on COVID-19 vaccine acceptance in their community.

As shown in the following chart, the average impact was assessed at 6.7 out of 10, a relatively high effect.

Note that 56% overall rated the impact at 7 or higher, including 19% who rated the impact at 10 out of 10. Only 6% thought it would have no impact at all.



Note: Percentages may not sum to 100% owing to rounding

The impact was assessed as above average by those living in regional cities and “Rural and remote” areas. Particular DHB areas where above average impacts were indicated³ were Waitematā, Bay of Plenty, Tairāwhiti, Taranaki, Midcentral, Hutt and South Canterbury.

³ Small bases for some DHB areas, indications only.

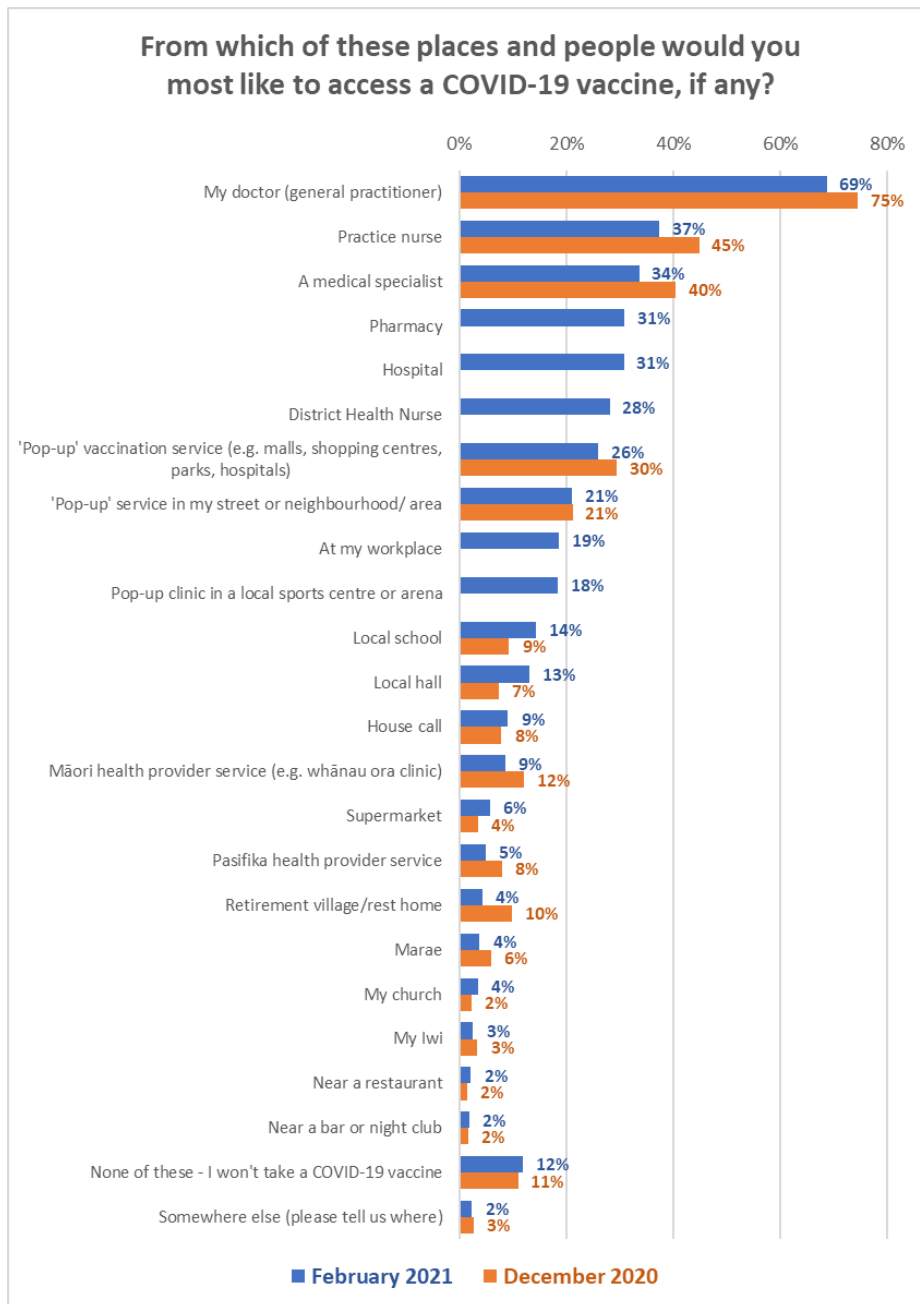
There were no significant differences by ethnic group.

Note that the average effect of misinformation on communities declined as likelihood to accept a COVID-19 vaccine declined. 35% of those who would “Definitely Not” take a COVID-19 vaccine assessed the impact as “No impact at all”.

10. Access points for COVID-19 vaccine

As in December 2020, respondents were asked where and from whom they would you most like to access a COVID-19 vaccine, if any.

The top 3 from December 2020 are still the top 3 access points, but newly-included access points “Pharmacy, “Hospital” and “District Health Nurse” have slipped in ahead of “pop-up services”.



As likelihood to take a COVID-19 vaccine decreases, so does the average number of acceptable access points. The average number of acceptable access points is:

- Around 5 for those who would “Definitely” or “Most likely” take a COVID-19 vaccine
- Around 4 for those who would be “likely” to take a COVID-19 vaccine
- 3 for those who are “unlikely”
- Less than 2 for those who are “Most unlikely”
- Less than 1 for those will “Definitely not” take a COVID-19 vaccine.

Common to the top 6 preferred vaccination points all of these groups however, are GPs, practice nurses and medical specialists. These are also common to the Top 6 for all ethnic groups.

“My doctor (general practitioner)” is ranked highest for all ethnic groups. Note the different access priorities shown by ethnic group in the following table:

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
My doctor (general practitioner) (57%)	My doctor (general practitioner) (62%)	My doctor (general practitioner) (64%)	My doctor (general practitioner) (71%)	My doctor (general practitioner) (81%)	My doctor (general practitioner) (66%)	My doctor (general practitioner) (48%)
Pharmacy (36%)	Hospital (53%)	Practice nurse (32%)	Practice nurse (41%)	Practice nurse (47%)	Hospital (49%)	Pharmacy (41%)
Hospital (33%)	A medical specialist (45%)	A medical specialist (28%)	A medical specialist (33%)	Pharmacy (43%)	District Health Nurse (48%)	'Pop-up' vaccination service (e.g., malls, shopping centres, parks, hospitals) (39%)
District Health Nurse (32%)	Pop-up clinic in a local sports centre or arena (31%)	Hospital (27%)	Pharmacy (32%)	Hospital (36%)	A medical specialist (44%)	Hospital (38%)
'Pop-up' vaccination service (e.g., malls, shopping centres, parks, hospitals) (30%)	'Pop-up' service in my street or neighbourhood/ area (30%)	District Health Nurse (27%)	Hospital (28%)	I'm concerned the vaccine may not be effective (28%)	Pasifika health provider service (36%)	A medical specialist (36%)
A medical specialist (28%)	'Pop-up' vaccination service (e.g., malls, shopping centres, parks, hospitals) (28%)	Māori health provider service (e.g., whānau ora clinic) (23%)	District Health Nurse (34%)	A medical specialist (29%)	'Pop-up' vaccination service (e.g., malls, shopping centres, parks, hospitals) (35%)	District Health Nurse (34%)

26% of Pasifika nominated a house call as their preferred vaccination point, 16% a Pasifika Health provider, 16% a Māori health provider, and 14% their church.

More vaccination options are likely to be needed for Pasifika people than other ethnicities, as indicated by the average number of places/people nominated by ethnic groups:

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
4.2	4.5	3.5	3.8	4.0	5.3	4.9

Local schools, workplaces and a “Pop-up’ service in my street or neighbourhood/ area” rank third, fourth and fifth priority access points for “Rural and remote” respondents.

District Health Nurses are in the top 5 access points for those in regional towns and “Rural but not remote” locations.

Results indicate that hospitals in the Lakes, Bay of Plenty, Taranaki, Hutt, Wairarapa, West Coast and Canterbury DHB areas could have above-average pressure on their vaccination services.

There are also higher than average expectations of District Health Nurses providing vaccinations among respondents living in the Northland, Counties-Manukau, Bay of Plenty, Tairāwhiti, West Coast and Southern DHB areas.

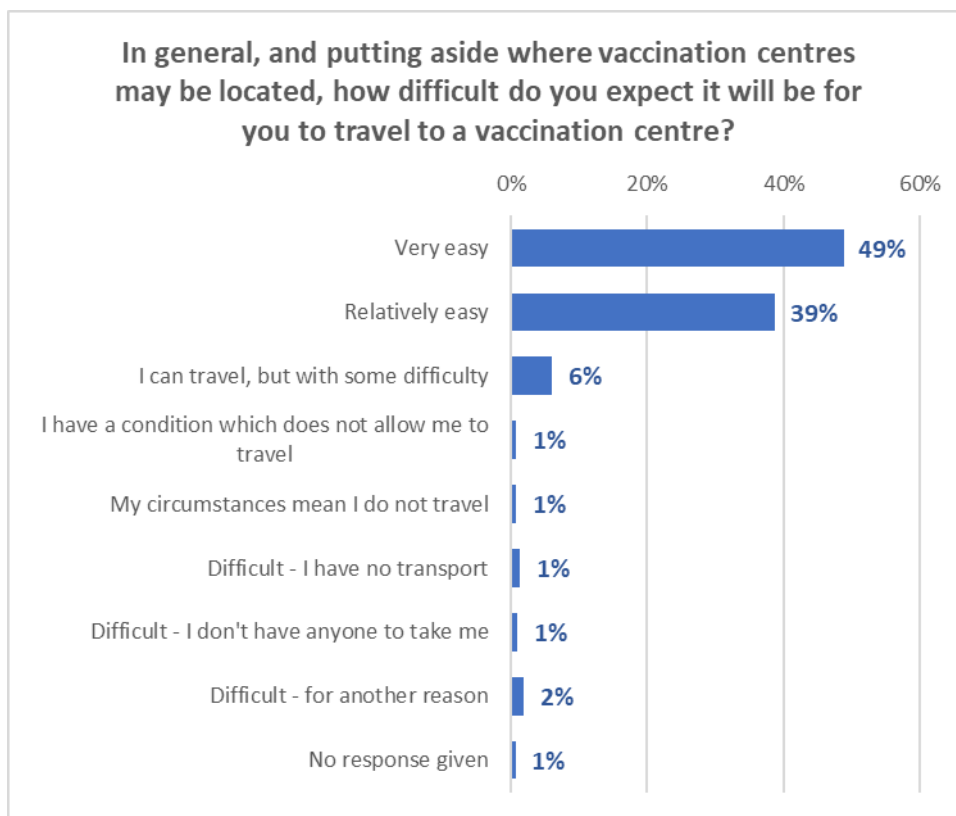
11. Travel to a vaccination centre

There were 3 questions around the location of COVID-19 vaccination centres. A brief summary of the results of the questions is:

- 87% of respondents (an estimated 2,780,800 people 16+) expected it would be relatively easy for them to travel to a vaccination centre. A further 6% (an estimated 190,700 people) said they could travel, but with some difficulty.
- 92% (an estimated 2,911,000 people 16+) would be prepared to travel up to 1 km and 89% (an estimated 2815700) would be prepared to travel up to 2km. There were significant declines in the percentage willing to travel distances of more than 2km, more than 3km, more than 5km and more than 10km.
- 92% (an estimated 2,911,000 people 16+) would be prepared to travel for up to 10 minutes and 82% (an estimated 2,590,100 people) would be prepared to travel up to 15 minutes. There were significant declines in the percentage willing to travel for more than 15 minutes, more than 20 minutes and more than 30 minutes.

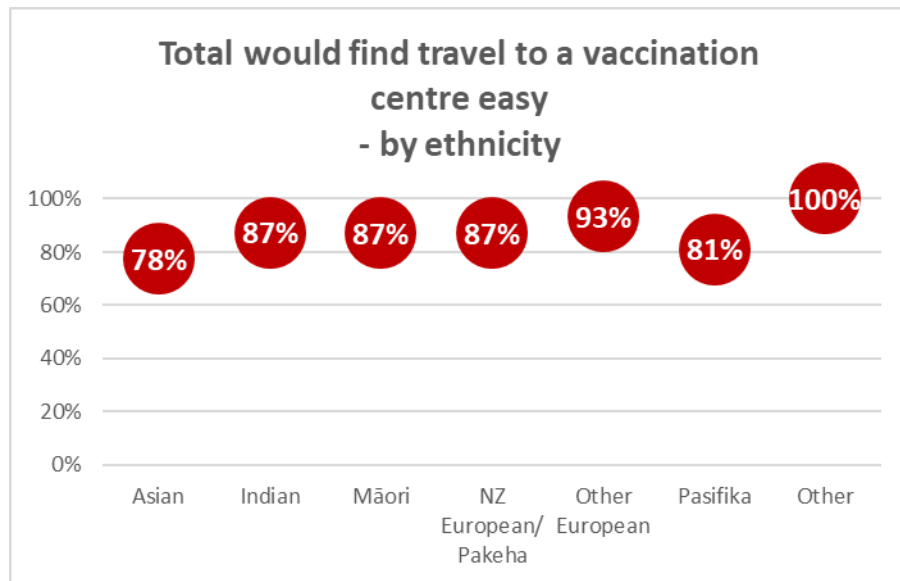
11.1 Expectations of how difficult it would be to travel to a vaccination centre.

Overall, 87% (an estimated 2,780,800 people) felt it would be at least relatively easy for them. 6% said they could travel, but with some difficulty (an estimated 190,700 people). 6% said travel would be difficult.



Note: Percentages may not sum to 100% owing to rounding

Travel to a vaccination centre does not appear to be an issue for any ethnic group but note that 14% of Asian respondents said they could travel, but with some difficulty.

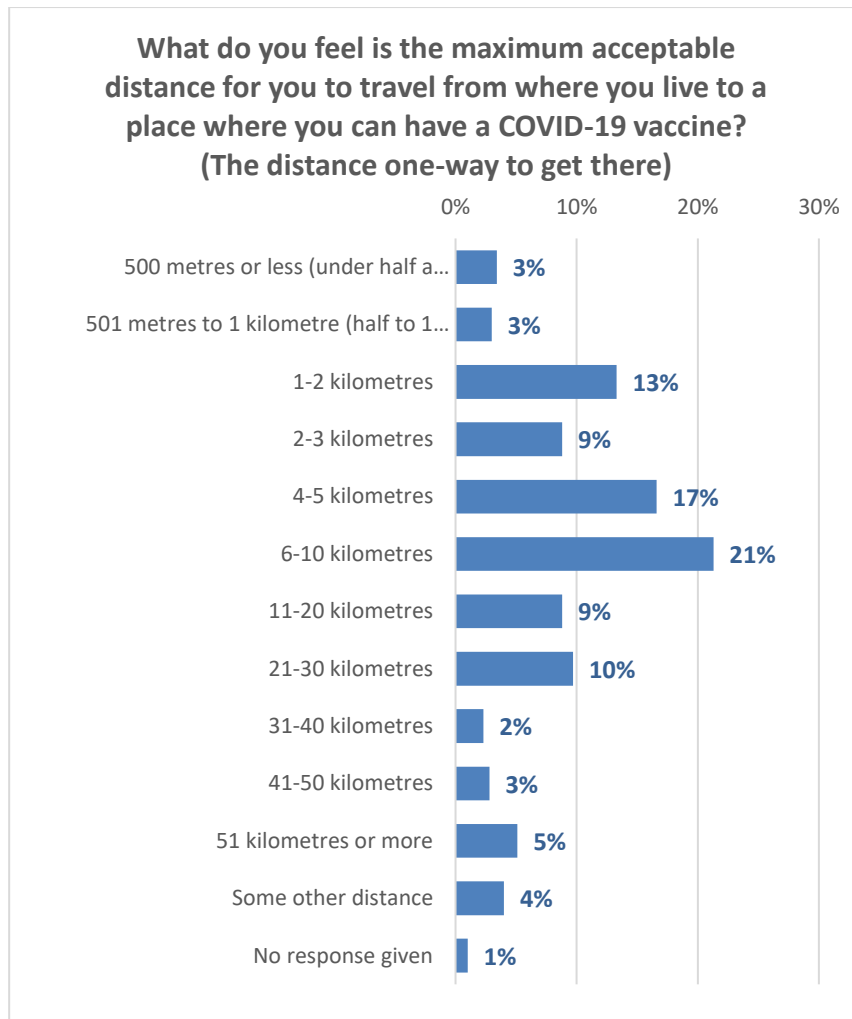


11.2 Maximum acceptable travel distance

Respondents were asked about the maximum acceptable distance to travel from where respondents were living to a place where they could have a COVID-19 vaccination.

92% (an estimated 2,911,000 people 16+) would be prepared to travel up to 1 km and 89% (an estimated 2,815,700) would be prepared to travel up to 2km. There were significant declines in the percentage willing to travel distances of more than 2km, more than 3km, more than 5km and more than 10km.

The following chart shows the distribution of travel distances.



Cumulatively:

- 95% of all respondents would travel 500 metres or less.
- 92% would travel up to 1 km.
- 89% would travel up to 2 km.
- 75% would travel up to 3 km.
- 67% would travel up to 5 km.
- 50% would travel up to 10 km.
- 29% would travel up to 20 km.
- 20% would travel up to 30 km.
- 10% would travel up to 40 km.
- 8% would travel up to 50 km.
- 5% would travel more than 50 km.

Note the significant declines after 2km, 3km, 5km and 10km.

A higher proportion of those in “regional towns”, “rural but not remote” and “rural and remote” areas would travel longer distances.

The following tables show those prepared to travel the various distances by ethnicity and area type.

What do you feel is the maximum acceptable distance for you to travel from where you live to a place where you can have a COVID-19 vaccine? (The distance one-way to get there) - CUMULATIVE PERCENTAGES SHOWN	ALL	ETHNIC GROUP						
		Asian	Indian	Māori	NZ Euro-pean/ Pakeha	Other Euro-pean	Pasifika	Other
500 metres or less (under half a kilometre)	95%	94%	99%	91%	94%	96%	93%	95%
501 metres to 1 kilometre (half to 1 kilometre)	92%	88%	94%	88%	91%	94%	89%	95%
1-2 kilometres	89%	84%	91%	86%	88%	94%	78%	89%
2-3 kilometres	75%	72%	80%	69%	77%	77%	50%	74%
4-5 kilometres	67%	62%	71%	61%	68%	72%	37%	73%
6-10 kilometres	50%	48%	39%	47%	51%	54%	28%	58%
11-20 kilometres	29%	27%	20%	26%	30%	32%	7%	41%
21-30 kilometres	20%	15%	7%	20%	21%	22%	4%	32%
31-40 kilometres	10%	11%	3%	12%	10%	8%	3%	31%
41-50 kilometres	8%	10%	3%	10%	7%	8%	3%	29%
51 kilometres or more	5%	8%	0%	7%	4%	4%	2%	29%
N (unweighted)	1,317	87	51	298	918	104	55	25

What do you feel is the maximum acceptable distance for you to travel from where you live to a place where you can have a COVID-19 vaccine? (The distance one-way to get there) - CUMULATIVE PERCENTAGES SHOWN	ALL	AREA TYPE				
		Large city	Regional city	Regional town	Rural but not remote	Rural and remote
500 metres or less (under half a kilometre)	95%	95%	96%	97%	93%	82%
501 metres to 1 kilometre (half to 1 kilometre)	92%	92%	93%	93%	90%	80%
1-2 kilometres	89%	89%	90%	88%	90%	80%
2-3 kilometres	75%	75%	78%	71%	84%	80%
4-5 kilometres	67%	64%	66%	68%	80%	80%
6-10 kilometres	50%	44%	50%	52%	73%	72%
11-20 kilometres	29%	22%	27%	31%	57%	48%
21-30 kilometres	20%	14%	16%	23%	47%	48%
31-40 kilometres	10%	8%	4%	14%	19%	24%
41-50 kilometres	8%	7%	2%	11%	15%	16%
51 kilometres or more	5%	5%	1%	6%	8%	12%

N (unweighted)	1,317	717	207	239	137	17
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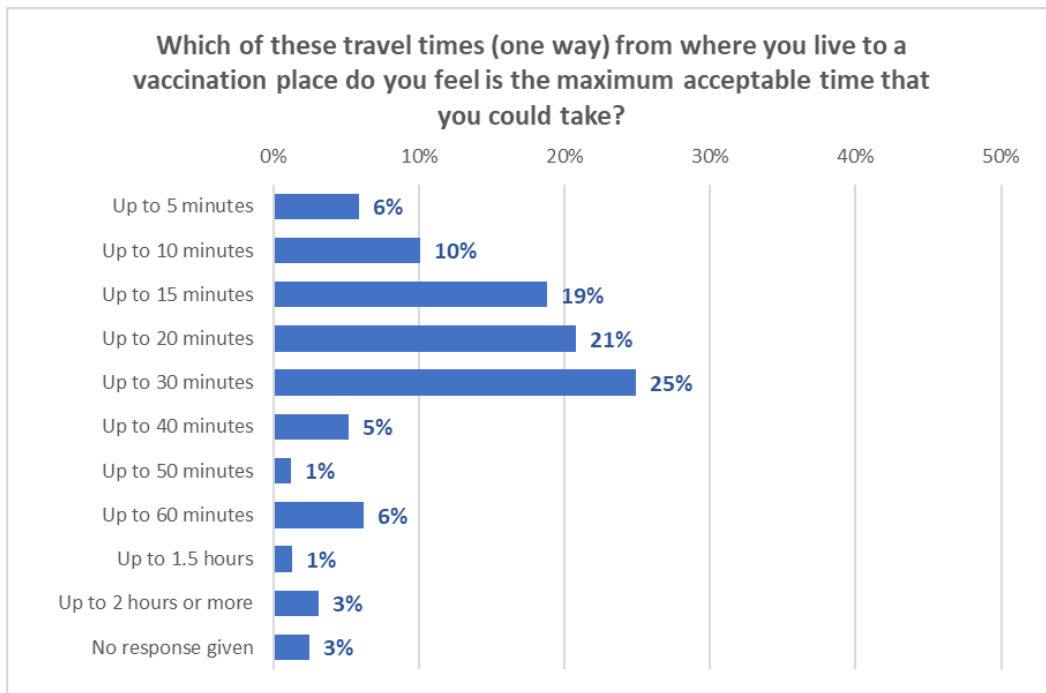
In general, respondents in the Northland, Taranaki, Whanganui, Nelson-Marlborough, West Coast and Southern DHB Areas indicated that they would travel greater distances to a vaccine centre.

11.3 Maximum acceptable travel time

Respondents were also queried about their perceived maximum acceptable travel time to a vaccination place.

92% (an estimated 2,911,000 people 16+) would be prepared to travel for up to 10 minutes and 82% (an estimated 2,590,100 people) would be prepared to travel up to 15 minutes. There were significant declines in the percentage willing to travel for more than 15 minutes, more than 20 minutes and more than 30 minutes.

The following chart shows the distribution of travel times.



Cumulatively:

- 98% of respondents would travel up to 5 minutes.
- 92% would travel up to 10 minutes.
- 82% would travel up to 15 minutes.
- 63% would travel up to 20 minutes.
- 42% would travel up to 30 minutes.
- 17% would travel up to 40 minutes.
- 12% would travel up to 50 minutes.
- 11% would travel up to 60 minutes.
- 4% would travel up to 1.5 hours.
- 3% would travel up to 2 hours or more.

Note the significant declines after 15 minutes, 20 minutes and 30 minutes travel times.

A higher proportion of those who were not living in a “large city” would travel for longer to a vaccination centre.

The following tables show those who are prepared to travel for the various times by ethnicity and area type.

Which of these travel times (one way) from where you live to a vaccination place do you feel is the maximum acceptable time that you could take? - CUMULATIVE PERCENTAGES SHOWN	ALL	ETHNIC GROUP						
		Asian	Indian	Māori	NZ Euro-pean/Pakeha	Other Euro-pean	Pasifika	Other
Up to 5 minutes	98%	97%	98%	99%	98%	99%	99%	100%
Up to 10 minutes	92%	92%	95%	90%	91%	91%	90%	90%
Up to 15 minutes	82%	83%	81%	77%	88%	85%	86%	87%
Up to 20 minutes	63%	60%	62%	63%	78%	79%	85%	90%
Up to 30 minutes	42%	40%	39%	39%	59%	59%	65%	71%
Up to 40 minutes	17%	14%	18%	19%	24%	26%	29%	32%
Up to 50 minutes	12%	10%	15%	14%	13%	15%	16%	17%
Up to 60 minutes	11%	9%	14%	11%	13%	14%	15%	15%
Up to 1.5 hours	4%	4%	4%	5%	7%	8%	9%	10%
Up to 2 hours or more	3%	3%	3%	3%	7%	7%	8%	9%

N (unweighted)	1,317	87	51	298	918	104	55	25
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Which of these travel times (one way) from where you live to a vaccination place do you feel is the maximum acceptable time that you could take? - CUMULATIVE PERCENTAGES SHOWN	ALL	AREA TYPE				
		Large city	Regional city	Regional town	Rural but not remote	Rural and remote
Up to 5 minutes	98%	97%	98%	99%	98%	85%
Up to 10 minutes	92%	92%	95%	90%	91%	85%
Up to 15 minutes	82%	83%	81%	77%	88%	85%
Up to 20 minutes	63%	60%	62%	63%	78%	77%
Up to 30 minutes	42%	40%	39%	39%	59%	66%
Up to 40 minutes	17%	14%	18%	19%	24%	28%
Up to 50 minutes	12%	10%	15%	14%	13%	19%
Up to 60 minutes	11%	9%	14%	11%	13%	17%
Up to 1.5 hours	4%	4%	4%	5%	7%	3%
Up to 2 hours or more	3%	3%	3%	3%	7%	3%

N (unweighted)	1,317	717	207	239	137	17
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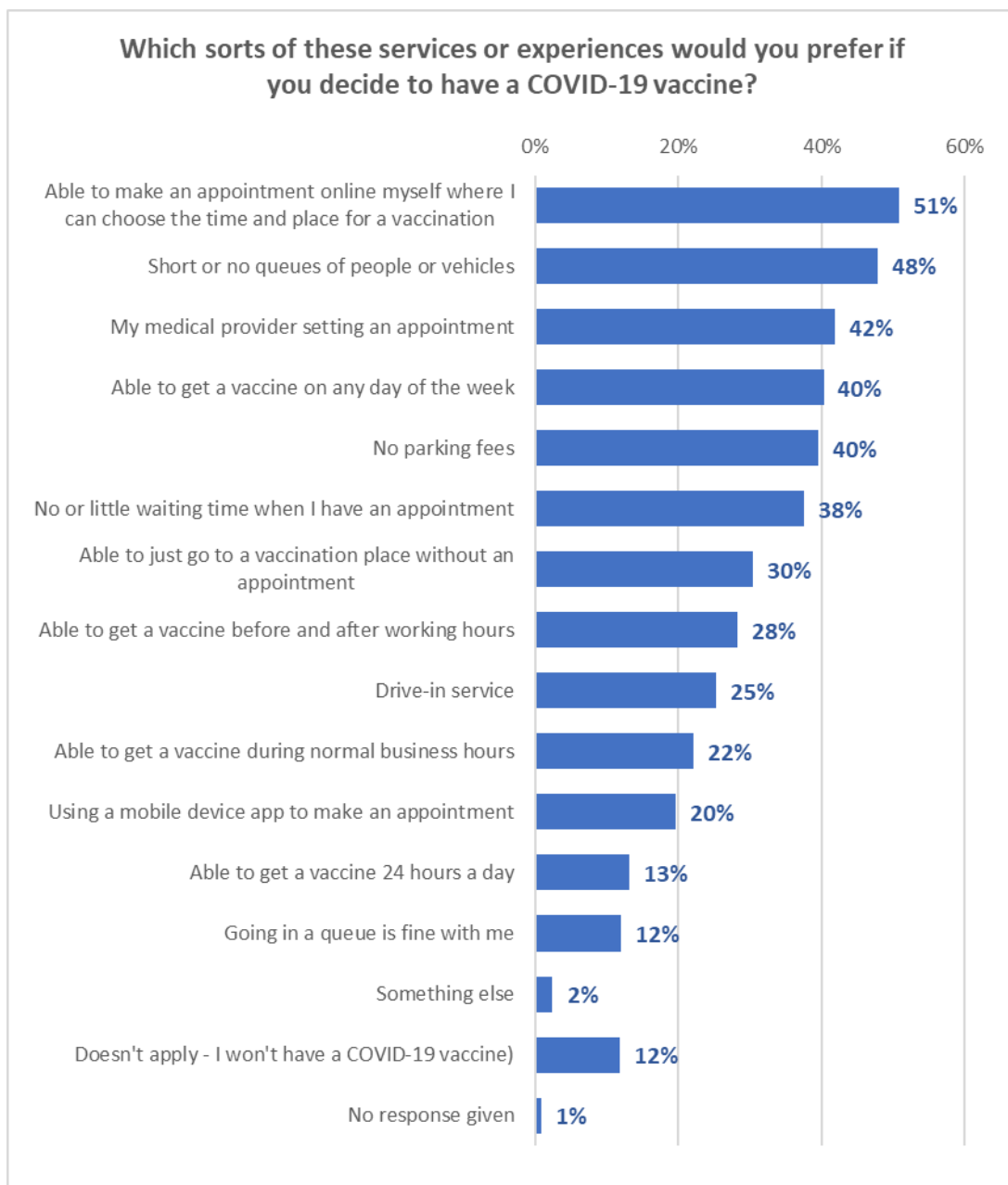
In general, respondents in the Waikato, Lakes, Whanganui, Capital and Coast, Nelson-Marlborough, West Coast and Southern DHB Areas indicated that they would travel for longer to a vaccine centre.

12. Vaccination services and experiences

Respondents were asked “Which sorts of these services or experiences would you prefer if you decide to have a COVID-19 vaccine?”.

Personal convenience appears to be key. Top of the list (51%) was the ability for respondents to make an appointment online themselves. The second most important was “Short or no queues of people or vehicles”.

Note that 30% wanted to be able to go to a vaccination point without an appointment.



Being able to get a vaccine on any day of the week and before or after working hours appeals to 22% of respondents.

Services/experiences are generally similar across ethnic groups but there are different priorities by ethnicity.

Common to the top seven services/experiences for all of ethnic groups was the ability to “make an appointment online myself where I can choose the time and place for a vaccination”, “short or no queues of people or vehicles”, “my medical provider setting an appointment” and “no parking fees”.

ETHNIC GROUP						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
Short or no queues of people or vehicles (61%)	Short or no queues of people or vehicles (55%)	Able to make an appointment online myself where I can choose the time and place for a vaccination (47%)	Able to make an appointment online myself where I can choose the time and place for a vaccination (53%)	Able to make an appointment online myself where I can choose the time and place for a vaccination (66%)	My medical provider setting an appointment (47%)	Short or no queues of people or vehicles (43%)
Able to make an appointment online myself where I can choose the time and place for a vaccination (58%)	Able to make an appointment online myself where I can choose the time and place for a vaccination (53%)	My medical provider setting an appointment (45%)	Short or no queues of people or vehicles (50%)	Short or no queues of people or vehicles (55%)	No parking fees (45%)	Able to make an appointment online myself where I can choose the time and place for a vaccination (43%)
No parking fees (52%)	My medical provider setting an appointment (44%)	No parking fees (39%)	Able to get a vaccine on any day of the week (42%)	No parking fees (54%)	Drive-in service (41%)	No or little waiting time when I have an appointment (42%)
Able to just go to a vaccination place without an appointment (45%)	Able to get a vaccine on any day of the week (40%)	Able to get a vaccine on any day of the week (39%)	No or little waiting time when I have an appointment (41%)	Able to get a vaccine on any day of the week (52%)	Able to make an appointment online myself where I can choose the time and place for a vaccination (41%)	Able to get a vaccine during normal business hours (41%)
My medical provider setting an appointment (44%)	No parking fees (38%)	Short or no queues of people or vehicles (38%)	My medical provider setting an appointment (41%)	No or little waiting time when I have an appointment (47%)	Short or no queues of people or vehicles (40%)	No parking fees (41%)
Able to get a vaccine on any day of the week (42%)	Drive-in service (36%)	Able to just go to a vaccination place without an appointment (36%)	No parking fees (39%)	My medical provider setting an appointment (45%)	Able to get a vaccine on any day of the week (30%)	My medical provider setting an appointment (40%)
Able to get a vaccine before and after working hours (26%)	Able to just go to a vaccination place without an appointment (27%)	No or little waiting time when I have an appointment (32%)	Able to just go to a vaccination place without an appointment (30%)	Able to just go to a vaccination place without an appointment (33%)	Able to just go to a vaccination place without an appointment (27%)	Using a mobile device app to make an appointment (33%)

Common to all area types are:

- Able to make an appointment online myself where I can choose the time and place for a vaccination
- Short or no queues of people or vehicles
- My medical provider setting an appointment
- Able to get a vaccine on any day of the week
- No parking fees
- No or little waiting time when I have an appointment.

Respondents in large cities, regional cities and regional towns rank “Able to just go to a vaccination place without an appointment” in 7th place. Rural but not remote residents rank “Able to get a vaccine before and after working hours” in 7th place and rural and remote residents have “Going in a queue is fine with me” in 7th place.

13. Trust

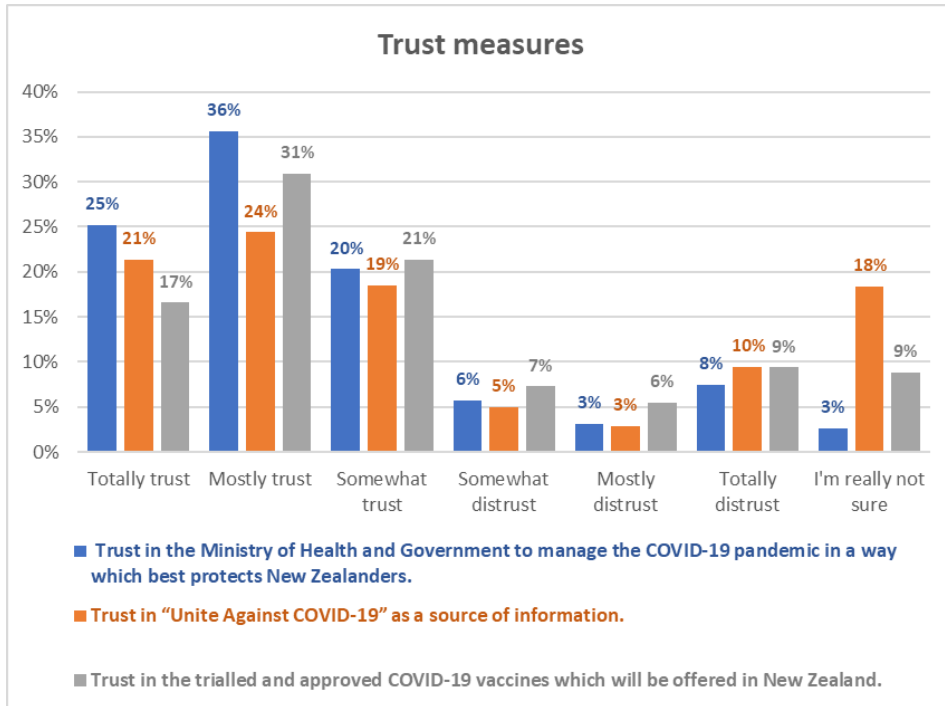
Three trust measures were contained in the survey:

- Trust in the Ministry of Health and Government to manage the COVID-19 pandemic in a way which best protects New Zealanders.
- Trust in “Unite Against COVID-19” as a source of information.
- Trust in the trialled and approved COVID-19 vaccines which will be offered in New Zealand.

Trust in the Ministry of Health and Government to manage the COVID-19 pandemic in a way which best protects New Zealanders has the highest average levels of trust, with **81% of New Zealanders having some level of trust.**

69% have some level of trust in the “trialled and approved” vaccines.

64% have some level of trust in “Unite against COVID” as a source of information.



Average levels of trust, using weightings of 1 for "Totally distrust" to 6 for "Totally trust", are:

- 4.5 out of 6 for "trust in the Ministry of Health and Government to manage the COVID-19 pandemic in a way which best protects you and other New Zealanders".
- 4.3 out of 6 for "trust in Unite Against COVID-19 as a source of information".
- 4.2 out of 6 for "trust in the trialled and approved COVID-19 vaccines which will be offered in New Zealand".

The following chart shows the variation in trust by ethnic group from these overall average trust levels.

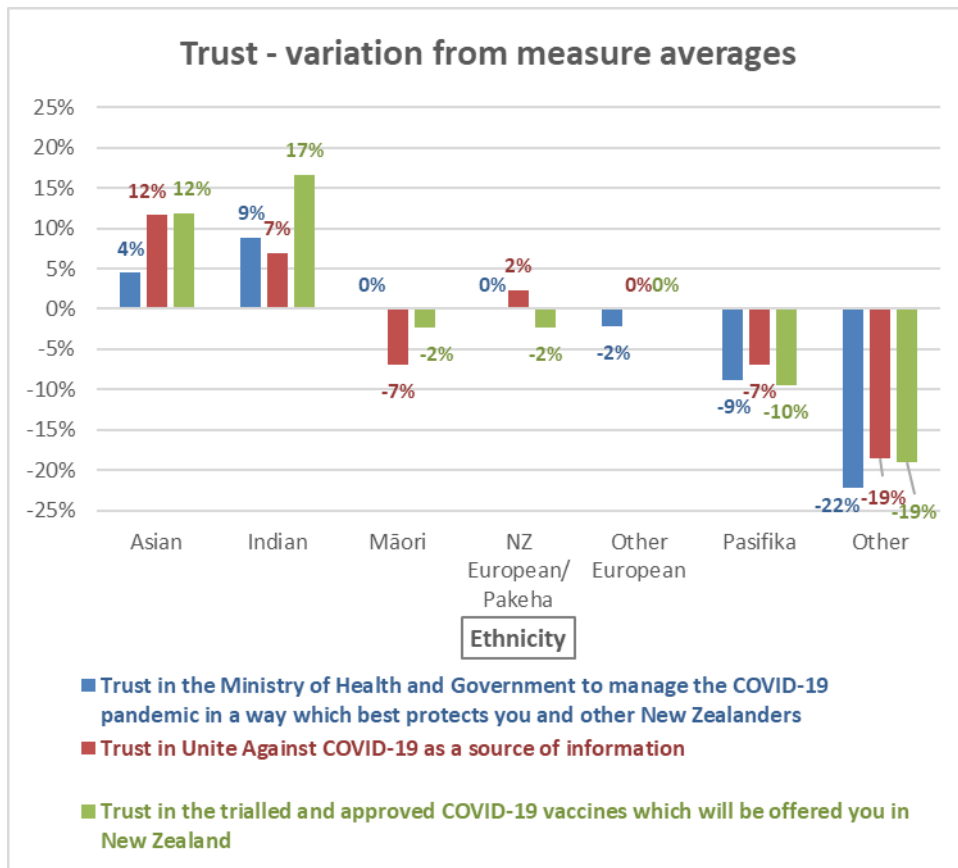
Asian and Indian respondents have above-average trust levels on all 3 measures.

Māori have average trust in the Ministry of Health and Government management of the pandemic. They have lower than average trust in Unite Against COVID as a source of information and a slightly lower level of trust in the vaccine – as do NZ Europeans.

Pasifika have significantly lower levels of trust on all three measures, particularly with trust in the vaccine.

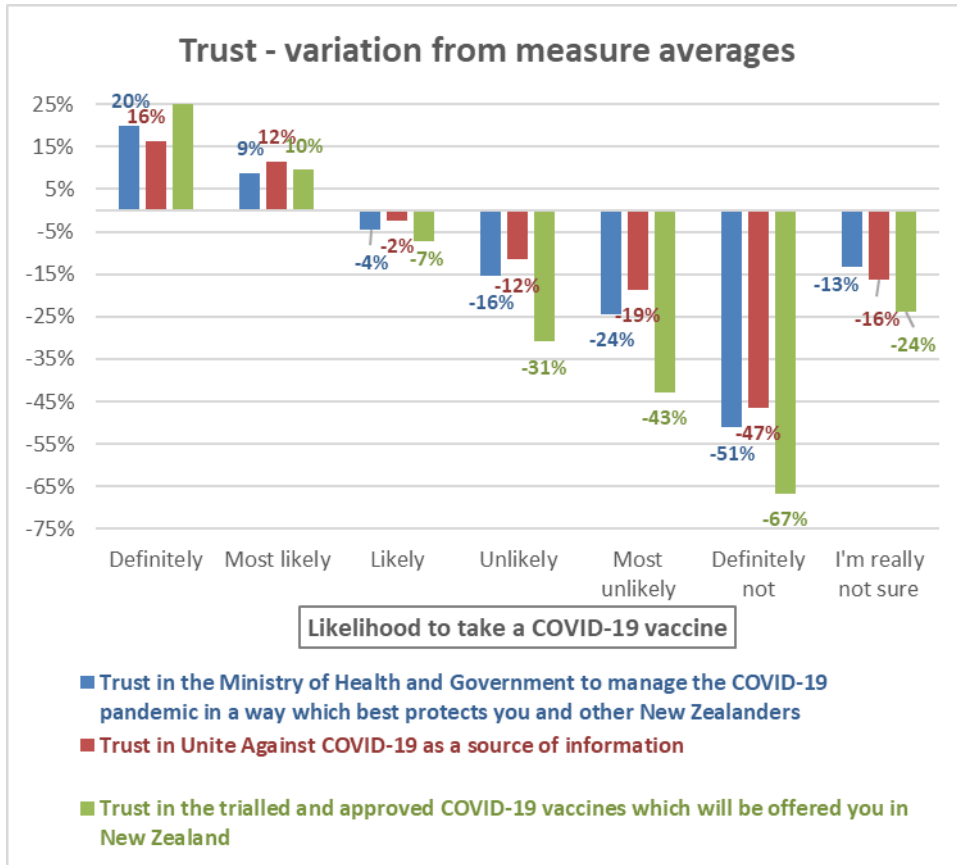
Respondents of "Other" ethnicity (e.g., Middle Eastern, African, etc) have significantly less trust overall⁴.

⁴ Indication, small base.



Looking at levels of trust by willingness to take a vaccine indicates that those who are unlikely to take a vaccine have little trust across all three measures, with trust declining (and the variance from the average trust level growing negatively) as willingness to take a vaccine declines.

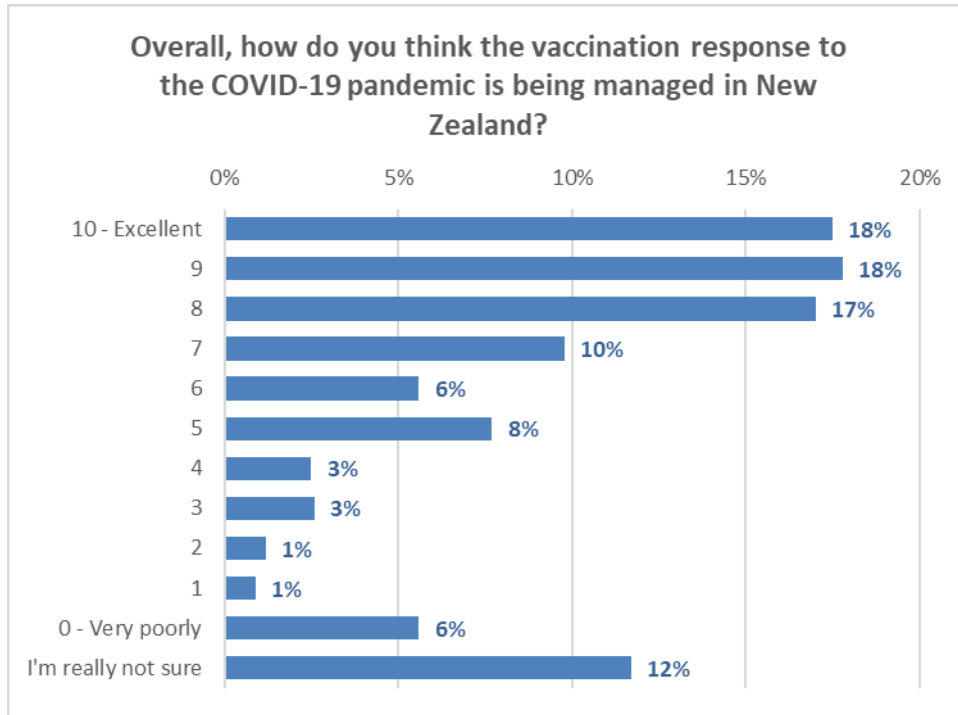
Note that those who are likely to take a vaccine have lower than average trust on all 3 measures, but less than those who are unlikely to take a COVID-19 vaccine.



14. Rating the management of the vaccination response

Respondents were asked to use a 0 (“Very poorly”) to 10 (“Excellent”) scale to give their perception of the management of the vaccination response.

53% rated the management of the vaccination response at 8 out of 10 or above. The average rating was 7.2 out of 10.



The following tables show average scores out of 10.

Not surprisingly, those who are unwilling to take a COVID-19 vaccine rate the vaccination response to the COVID-19 pandemic very lowly. The average score for those who would definitely not take a COVID-19 vaccine was 63% lower than the overall average.

Likelihood to take a COVID-19 vaccine							
Overall	Definitely	Most likely	Likely	Unlikely	Most Unlikely	Definitely not	Unsure
7.2	8.3	7.8	6.9	5.8	5.6	2.7	6.6

ETHNIC GROUP							
Overall	Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika	Other
7.2	7.6	7.0	7.3	7.1	6.9	5.9	4.1

Overall	Area Type				
	Large city	Regional City	Regional town	Rural but not remote	Rural and remote
7.2	7.2	7.5	6.9	6.9	7.1

The lowest score by region is in Northland: 6.5 out of 10.

15. Hearing or seeing something causing concern.

Respondents were asked whether they had seen or heard anything in social media or by talking with others about the COVID-19 vaccines which caused them concern and had reduced the likelihood of them taking a COVID-19 vaccine.

Overall, 24% reported that they had seen or heard something. The incidence was higher in regional cities and towns, and lower in rural areas.

Is there anything that you have seen or heard in social media or by talking with others about the COVID-19 vaccines which causes you concern and reduces the likelihood that you will take a vaccine if offered?	ALL	AREA TYPE				
		Large city	Regional city	Regional town	Rural but not remote	Rural and remote
Yes	24%	22%	28%	29%	20%	16%
No	76%	78%	72%	71%	80%	84%
N (unweighted)	1,317	717	207	239	137	17

The incidence grew as likelihood to accept a COVID-19 vaccine decreased.

Is there anything that you have seen or heard in social media or by talking with others about the COVID-19 vaccines which causes you concern and reduces the likelihood that you will take a vaccine if offered?	ALL	If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
		Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
Yes	24%	10%	20%	34%	41%	35%	50%	38%
No	76%	90%	80%	66%	59%	65%	51%	62%

N (unweighted)	1,317	606	237	186	80	47	87	71
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Note that 36% of Pasifika reported having heard or seen something in social media or by talking with others about the COVID-19 vaccine which caused them concern.

Is there anything that you have seen or heard in social media or by talking with others about the COVID-19 vaccines which causes you concern and reduces the likelihood that you will take a vaccine if offered?	ALL	ETHNIC GROUP						
		Asian	Indian	Māori	NZ Euro- pean/ Pakeha	Other Euro- pean	Pasifika	Other
Yes	24%	33%	27%	25%	23%	12%	36%	41%
No	76%	68%	74%	75%	77%	88%	64%	59%

N (unweighted)	1,317	87	51	298	918	104	55	25
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Respondents who answered “Yes” to the question were asked what it was about the things they had heard or seen about COVID-19 vaccines that caused them concern. Their responses were grouped into 12 categories, as follows:

15.1.1 Side effects/adverse reactions/harm: 33% overall

Female respondents, 16–25-year-olds and 55–64-year-olds, and Asian respondents were the most likely to report that they had seen or heard something about side effects which concerned them. Seeing or hearing something about side effects had the most impact on those who are “Likely” or “unlikely” to take a COVID-19 vaccine – the middle groups and potentially the most likely to be swayed either way.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
19%	45%	48%	40%	25%	38%	28%	40%	16%	29%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika	Other
55%	26%	25%	33%	36%	36%	2%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
23%	31%	51%	54%	26%	18%	27%

Typical comments were:

“That the vaccines cause just as much disease as the disease itself. People over 60 are high risk; people over 60 with other conditions should not have a vaccine.

“People dying of having adverse effects.”

“That we may not be able to use our usual immuniser - at the local pharmacy and we may be allocated somewhere else to go.”

“Side effects and the fact you can still carry the disease and pass it on to others.”

“That there are long-lasting side effects”

“Adverse reactions in otherwise healthy people.”

“The lack of longitudinal trials. The rapid mutation of the virus to new variants which may make current vaccine ineffective Adverse reactions to vaccines in Europe.”

“Friends overseas and doctors that have had bad reaction and effects from taking the vaccine.”

“There is one brand of the vaccine (and I can’t remember its name) that is not been given to elderly in overseas countries due to deaths and side effects. Also, the current one has caused issues in people who have allergic reactions to other things in their lives. It just makes me think that they haven’t been researched enough. It’s a worry for me.”

“That in normal terms the vaccine is still in a trial and it’s not until about 4 years that all negative side effects are known so by having the vaccine now in its early stage the side effects are unknown and a person who suffers side effects may not be converted by ACC in the future.

“Severe reactions and death from the Vac. The elderly were targeted 1st why? What about babies? Borders should have been shut down with no access at all (large facilities for returning locals) for a period of a month doing tests till cleared - then monitored for several months.”

“Concern about speed at which vaccine is produced and possible long term side effects from lack of testing.”

“About possible unknown side effects that may impact on my already poor health.”

“A batch of COVID vaccine in California that severely harmed people and had to be recalled”

“Effects overseas. Reactions, deaths etc.”

“Science is very justified in dealing with the physical pandemic but there are other reasons of a spiritual origin behind this pandemic too that are not being seen. History shows if we vaccinate against one thing then mutations and other factors increase the possibility of new more virulent forms of disease manifest....and we are already seeing that with COVID variants. Vaccination will not, in fact cannot, eliminate this pandemic.”

“Side effects, fertility effects”

“A HUGE number of deaths and injuries, anecdotal and via VAERS. The FACT that the MOH, UN, WHO are all lying to us! The 'virus' has never been isolated to be identified - everything is based upon the PCR test which is completely unable to identify any specific virus - this virus has a 99 percent survival rate, is no more dangerous than the standard flu, which ALWAYS replicates unpredictably and is EASILY and EFFECTIVELY treated but Nazi like censorship is removing this information and censoring the GOOD AND HONEST doctors using it - cures both pharmaceutical and herbal and nutritional are being censored - WHY? Because this is a huge globalist hoax on humanity. This is tyranny, this is a crime against humanity, this is EVIL. Purely evil. They took the flu, rebranded it and laced it with media fear porn to lock down a healthy population with irrational fear - masks are dangerous, the vaccine is a killer. You'd have to be simple minded if not a completely brain washed minion to accept something like this into your body! From a fraudulent, liability free industry?! There is a larger agenda at play here. We are in trouble deep if we believe the government in these times.”

15.1.2 Vaccine causes deaths in those who have taken it: 19% overall

25–34-year-olds and 55-64 year olds, Indian respondents and those who would “Definitely not” take a vaccine were the most likely to report that they had seen or heard something about the vaccine causing death which concerned them.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
23%	15%	4%	16%	24%	21%	21%	26%	11%	0%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
22%	46%	13%	19%	13%	0%	73%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
18%	14%	7%	14%	0%	36%	19%

Typical comments were:

“Reported deaths overseas. Scientific information needed in actual incidences of a range of side effects.”

“A number of deaths amongst older people overseas at the beginning of vaccination.”

“People died after taking COVID vaccine.”

“Reported cases of severe side effects and deaths.”

“False news with overseas deaths.”

“People say COVID vaccine can kill some people.”

“People getting sick once they got it. Slowly kills your heart - no thanks, there’s no point getting it - once you get it can still get COVID and man died of vaccine.”

“Overseas in Europe, they said the vaccine was harmful to the Elderly, and some were passing away like, the next day! The media stopped showing it. A lot of Maori People I know are not going to have it... mainly because of the lack of information and proof that it can help!? Or that it will work... without ‘side effects’...”

“I heard some people died after being vaccinated.”

“Nurse died; people hospitalized from side effects.”

“Kills elderly and vulnerable health related people.”

“Experimental, untested, too many people have died from taking it.”

15.1.3 Insufficient time for long term studies on safety: 8% overall

Female respondents, 55–64-year-olds, Other European respondents and those who were “Likely” to take a vaccine or were unsure whether to do so were the most likely to report that they had seen or heard something about the vaccine causing death which concerned them.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
2%	14%	0%	5%	9%	5%	11%	17%	0%	5%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika	Other
1%	0%	4%	10%	29%	0%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
7%	10%	13%	3%	5%	5%	11%

Typical comments were:

“Older friends are concerned about unknown long-term effects, and refer to thalidomide.”

“That there are long lasting side effects.”

“Long term effects unknown.”

“Lack of long-term test data, will the vaccine protect against all strains, will this before a yearly jab?”

“Concern about speed at which vaccine is produced and possible long term side effects from lack of testing.”

“That it hasn’t been trialled for long term effects.”

“Not enough time, the government is being far too hasty.”

“That it hasn't been out long enough or tried and tested.”

“Just general untrust and no long-term side effects are proven - what if something happens 12 months down the track?”

“I have seen a lot of misinformation around long term side effects. Especially around fertility. Even though these are rumours it causes great concern because it makes me dubious of the vaccine. However, a professional opinion on the matter would reassure me.”

15.1.4 Vaccine efficacy: 7% overall

16–17-year-olds, 35-44 year olds, Māori and those who would “Definitely” or “Definitely not” take a vaccine, were “Likely” to take a vaccine or were unsure whether to do so were the most likely to report that they had seen or heard something about vaccine efficacy which concerned them.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
6%	7%	17%	0%	5%	21%	3%	3%	7%	0%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
5%	0%	10%	6%	5%	0%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
16%	3%	10%	0%	1%	15%	16%

Typical comments were:

“Some vaccines ineffective against some strains.”

“That is has been created too quickly, it might not be effective. That it is hard to transport because of the temp it must be at.”

“That it was ineffective in South Africa.”

“Astrazeneca, lower effectiveness.”

“Whether it is effective against variants and whether it would mean having to have a new dose each year as with the flu shot.”

“Will it work?”

“Not working overseas.”

“It makes you worse.”

“Although I don’t believe the hype that gets spread by anti-vaxxers, I still hear the discussions and as much as I try to put it aside, they do still get heard. From side effects to possible lack of effectiveness against the various strains.”

15.1.5 General misinformation: 4% overall

55–64-year-olds and those who would “Definitely” take a vaccine were the most likely to report that they had seen or heard general misinformation about COVID-19 vaccines.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
6%	2%	0%	5%	1%	0%	3%	10%	0%	14%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
5%	0%	5%	5%	0%	0%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
11%	4%	3%	2%	0%	4%	0%

Typical comments were:

“Misinformation.”

“The level of misinformation and the people actually taking notice of it.”

“Misinformation & scare-mongering by those that don't like the govt.”

“Misinformation that is being spread by callers to talkback radio.”

“Nothing can be trusted. We hear the Government/Official line talking about misinformation. When they talk of misinformation, they claim that the misinformation is the information provided by any source other than 'official sources' - those official sources are of course either the Government or some Biomedical Health service. History shows that both the Government and the medical field cannot be trusted. Look at the uncertainty, the spin doctoring that has already occurred, specifically the origin for the virus they claim and then refute, the involvement of the USA, the involvement of business.”

15.1.6 Vaccines alter DNA: 3% overall

45–54-year-olds and those who were “Likely” to take a vaccine were the most likely to report that they had seen or heard something about vaccine efficacy which concerned them.

GENDER		AGE GROUP							
Male	Female	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
4%	2%	0%	0%	0%	0%	10%	5%	0%	0%

ETHNIC GROUPS						
Asian	Indian	Māori	NZ European/ Pakeha	Other European	Pasifika	Other
0%	0%	4%	4%	20%	0%	0%

If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?						
Definitely	Most likely	Likely	Unlikely	Most unlikely	Definitely not	I'm really not sure
2%	0%	9%	3%	4%	2%	0%

Typical comments were:

“it seems to be genes from aborted babies genetically modified and cloned therefore has an ability to alter DNA.”

“Changing DNA or medical info in my body.”

“Qualified bio-chemists & other qualified medical professionals who will not touch the new vaccines. Due to the DNA altering nature of the new variants, they cannot be switched off. They could alter stem cells in youth and not enough tests have been done when 10years is not uncommon for a new product such as this. Note, like me , they’re not anti-vaxxers.”

“Changes to DNA structure.”

The remaining six areas of comments were all reported by less than 3% of those who had seen or heard something in social media or by talking with others about the COVID-19 vaccines which caused them concern. They were:

- The vaccine is experimental;
- Generally negative comments about the vaccine;
- General trust in vaccine;
- COVID-19 is no worse than the ‘flu’;
- Conspiracy theories;
- Anti-vaccination.

3% said that they had seen or heard nothing that would change their opinion. These were all people who would definitely take a vaccine or were “Most likely” to do so.

APPENDIX 1 – SAMPLE

1,317 people aged 16+ who are members of the nationwide HorizonPoll and Horizon Research Māori panels and a third-party respondent panel, responded to this online survey between 16 and 19 February 2021. 16–17-year-olds, completed the survey with parental permission.

The total sample is weighted on age, gender, employment status, highest educational qualification, personal income and region to match the adult population at the most recent census. Although the survey was not specifically weighted on ethnicity, the weighted sample was in line with population ethnic mix.

At a 95% confidence level, the survey has a maximum margin of error of $\pm 2.7\%$ overall.

Contact

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