



Horizon Research

COVID-19 Vaccine

Produced for the Ministry of Health

In association with the School of Population Health
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EXECUTIVE SUMMARY

This online survey on New Zealanders' attitudes to a COVID-19 vaccine has a stratified sample of 1,438 respondents, consisting of 1,176 members of Horizon's national panels and 262 members of a third-party research panel (used for source diversity), all of which represent the New Zealand population 18+. Responses to the survey were received between December 1 and 4, 2020.

The sample is weighted on age, gender, highest education, personal income, employment and region and has a maximum margin of error at a 95% confidence level of $\pm 2.6\%$ overall.

Knowledge of vaccines in New Zealand

Respondents were given a list of statements about vaccines and asked which ones they thought were true. Correct statements about vaccine handling (70% believed) and Medsafe approval (69% believed) were top of respondents' minds, while two-thirds acknowledged that there was "no such thing as a totally safe vaccine".

Other statements which more than 60% of respondents believed to be true were "Only vaccines which meet acceptable standards of safety, quality and produce the desired result or effect (efficacy) are allowed to be used in New Zealand" and "Every vaccine available in New Zealand is expected to have greater benefits than risks if used in the right way".

34% believed that "Vaccines can be approved without knowing all the potential side effects."

53% believed that "The use of vaccines in New Zealand has been largely trouble-free in the past", while 10% believed that "The use of vaccines in New Zealand has mostly not been trouble-free in the past".

Confidence in a COVID-19 vaccine selected for New Zealand

69% overall were confident that a COVID-19 vaccine used in New Zealand would meet safety and quality standards. 66% were confident that it would provide protection from COVID-19. Note that the strength of confidence is weaker for protection than for safety and quality standards.

In general, those who were not confident in the safety and quality of a COVID-19 vaccine which could be offered in New Zealand were also not confident in the protection such a vaccine may provide.

Pasifika respondents were the least confident that any COVID-19 vaccine to be used in New Zealand would meet safety and quality standards, and least confident that it would provide protection.

Māori also had less confidence in both safety/quality and protection. Respondents of Asian and Indian ethnicities had the most confidence.

Factors affecting a decision to take a COVID-19 vaccine

Proof of safety was foremost in respondents' minds, with 60% choosing "Has been through extensive, properly conducted, clinical trials", 55% choosing "sufficient information on any side effects" and 54% choosing "Approved by MedSafe in New Zealand".

Providing the vaccine free was an important consideration for 50% of respondents.

Recommendations from others rate lower than safety, and will probably be secondary supporting messaging in any communications campaign. Note that, **overall, more respondents would be receptive to a recommendation from the Ministry of Health, the Director General of Health and the World Health organisation** than would be to a recommendation from the Prime Minister; Minister in charge of the COVID-19 response; friends, family and trusted others; iwi or hapū leaders; and church leaders.

When considering whether to take a COVID-19 vaccine, the top four thoughts that New Zealanders will have are about potential side effects.

Key messaging themes for individual ethnic groups are shown in the report.

Potential uptake of a COVID-19 vaccine

69% of respondents overall (the same as in September 2020, an estimated 2,487,900 adults) would be prepared to have a "well-tested and approved" COVID-19 vaccine, while 24% (an estimated 852,100 adults, up from 19% in September 2020) were unlikely to.

The comparison with the previous measure (supplied to MBIE and shared by MBIE with the Ministry of Health) indicates that New Zealanders may be becoming a little less definite about taking a COVID-19 vaccine.

34% of respondents, (an estimated 1,229,600 adults) said they would "definitely" take a vaccine. 11% (an estimated 391,900 adults) said they would definitely not.

9% (an estimated 309,200 adults) were unsure.

Māori, Pasifika and "Other European" respondents indicated lower levels of likely uptake than average (65%, 61% and 61% respectively).

The major reason for not wanting to take a vaccine continues to be a need to be assured about the vaccine's safety (an estimated 594,600 adults). As in September, this was particularly the case with female respondents (56% versus 45% for males).

48% overall, up from 37% in September, wanted to "wait and see if others have side effects" (an estimated 555,100 adults overall, 53% for females, 41% for males).

69% of those who chose safety as a reason also selected “I’d rather wait and see if others who have taken it suffer any side effects”.

Double or single dose?

While there was a preference for single dose (20%, an estimated 733,400 adults) over double dose (7%, an estimated 266,000 adults) 46% (an estimated 1,625,100 adults) would take both single or double or whatever was available at the time. This group is made up of 24% “either single dose or double dose” (848,500 adults) and 22% “whichever is available at the time” (776,600 adults) were willing to accept either type.

14% (an estimated 514,100 adults) said they would not take a COVID-19 vaccine, while 13% (an estimated 456,700 adults) were not sure.

Follow-up dose

72% overall (an estimated 2,574,200 adults) would be prepared to have a follow-up dose if required, while 18% (an estimated 652,600 adults), the same as in September 2020, were unlikely to do so.

Respondents of Māori, Pasifika and “Other European” ethnicities had lower than average willingness to take a follow-up vaccine.

Child vaccine

40% (an estimated 651,500 adults) said that “if an approved COVID-19 vaccine becomes available for younger children” they would have it given to a child or children for whom they were the caregiver.

33% of caregivers (an estimated 535,700 adults) said they were unlikely to have a COVID-19 vaccine given to a child and 24% (an estimated 430,700 adults) were unsure.

Offering a vaccine to some ahead of others

Respondents were asked if they would agree or disagree with a policy that offered the vaccine to some groups of people ahead of others.

71% of respondents said they agreed with that policy. 15% were neutral and 6% were not sure.

Only 8% disagreed with the policy.

The survey presented two scenarios to determine the priority order which respondents thought should be given to certain groups. The results were:

Scenario 1: COVID-19 largely being contained at the border when vaccines are available

If COVID-19 was largely being contained at the border when vaccines are available, respondents overall felt that priority should be given to:

- Those working at borders (airports, ports): 74% of respondents overall.
- Workers at isolation and quarantine facilities: 72% overall.
- Health workers (at hospitals, medical service providers) and home care givers: 69% overall.
- Those most at risk of getting COVID-19: 62% overall.
- People with pre-existing and chronic medical conditions with higher risk of dying: 62% overall.
- Those most at risk of dying from COVID-19: 62% overall.
- The elderly in rest homes and care: 55% overall.
- Frontline airline staff and crew: 55% overall.
- Aged care providers: 52% overall.
- Essential service workers: 50% overall.

Scenario 2: COVID-19 being transmitted within the community when vaccines are available

If COVID-19 was being transmitted in the community when vaccines are available, respondents overall felt that there were a different set of priorities. The top ten were largely consistent with those from Scenario 1, (“Those most likely to transmit COVID-19” was included, displacing “Frontline airline staff/crew”, which was in 13th position) but in a different order:

- Health workers (at hospitals, medical service providers) and home care givers: 62% of respondents overall.
- Those most at risk of dying from COVID-19: 59% overall.
- Those most at risk of getting COVID-19: 58% overall.
- Workers at isolation and quarantine facilities: 57% overall.
- People with pre-existing and chronic medical conditions with higher risk of dying: 56% overall.
- The elderly in rest homes and care: 52% overall.
- Essential service workers: 51% overall.
- Those working at borders (airports, ports): 51% overall.
- Aged care providers: 52% overall.
- Those most likely to transmit COVID-19: 45%.

Encouraging Māori to accept a COVID-19 vaccination

There appears to be a 3% lift overall in the number of Māori adults likely to take a vaccine if they could talk about it with someone first. Note that this lift is at the lower end of the likelihood range (i.e., not “definitely” nor “most likely”).

Access points for COVID-19 vaccines

There were 4 main places/people respondents would go to for a COVID-19 vaccine:

- Their doctor (general practitioner: 75% of respondents.
- A practice nurse: 45%.

- A medical specialist: 40%
- A nett 34% would use a “pop-up” service – for example, in malls, shopping centres, parks, hospitals, their street or neighbourhood.

Preference for “my doctor” increased with increasing age, while preference for house calls was strongest for those aged under 35 years and preference for vaccination services located in schools had higher preference among those aged under 55 years.

Above average preferences among ethnic groups were:

- Asian and Indian respondents had an above average preference for vaccines to be administered in schools (24% and 17% respectively, compared with 9% overall). There would be an estimated 6% gain for Asian New Zealanders by having “popup” services in their street or neighbourhood as well as in malls, shopping centres, parks, or hospitals.
- Indian and Pasifika respondents for local halls (14% and 18% respectively, compared with 7% overall).
- Asian and Pasifika respondents for retirement villages/rest homes (18% and 17% respectively compared with 10% overall).
- **Māori and Pasifika respondents (particularly females) for Māori health providers (24% and 20% compared with 12% overall).**
- Pasifika respondents preferred Pasifika health service providers (35%) over “popup” services and practice nurses, although “popup” services and practice nurses were still important in the preferred Pasifika mix. There would be an estimated 7% gain for Asian New Zealanders by having “popup” services in their street or neighbourhood as well as in malls, shopping centres, parks, or hospitals.
- There would be an estimated **3% gain for Māori by having “popup” services in their street or neighbourhood as well as in malls, shopping centres, parks, or hospitals.**
- There would be an estimated 5% gain for NZ European/Pakeha New Zealanders by having “popup” services in their street or neighbourhood as well as in malls, shopping centres, parks, or hospitals.

Media sources

41% of respondents (an estimated 1,459,700 New Zealand adults) sourced information about COVID-19 from print media.

71% of respondents (an estimated 2,563,400 New Zealand adults) had used on-air media to get information about COVID-19 in the past 30 days.

78% of respondents (an estimated 2,815,100 New Zealand adults) reported using online sources to get information about COVID-19 in the past 30 days.

Social media

68% of New Zealand adults (around 2,448,400 people 18+) read social media posts on COVID-19.

32% of respondents reported reading posts or viewing videos from friends and others on COVID-19 at least once a day: 15% “once daily” and 17% “several times a day”.

20% said they did not read any social media posts about COVID-19 and 11% said they did not use social media. 1% did not give a response.

Overall, 41% at least somewhat believed the posts, while 57% disbelieved them. Note that the average level of disbelief was stronger than the average level of belief.

It is clear that social media posts have the ability to influence decision making on a COVID-19 vaccine. A nett 21% overall said they would not take a COVID-a vaccine if a social media post or a video on social media alarmed them or was against COVID-19 vaccines and looked credible.

46% said they would look for official information if a social media post or video about COVID_19 vaccines concerned them, while 31% said they would still take a vaccine no matter what a social media post or video said.

Social media posts or videos have the ability to reduce uptake of a vaccine by around 270,500 adults. The effect is likely to be greatest where likelihood to take a vaccine is weakest.

Trusted to deliver information on COVID-19 vaccines:

Four people/organisations were most trusted to deliver information on COVID-19 vaccines to respondents:

- Ministry of Health: health.govt.nz
- My general practitioner (GP)
- Director General of Health
- Medical specialists

The second tier of trusted people/organisations was:

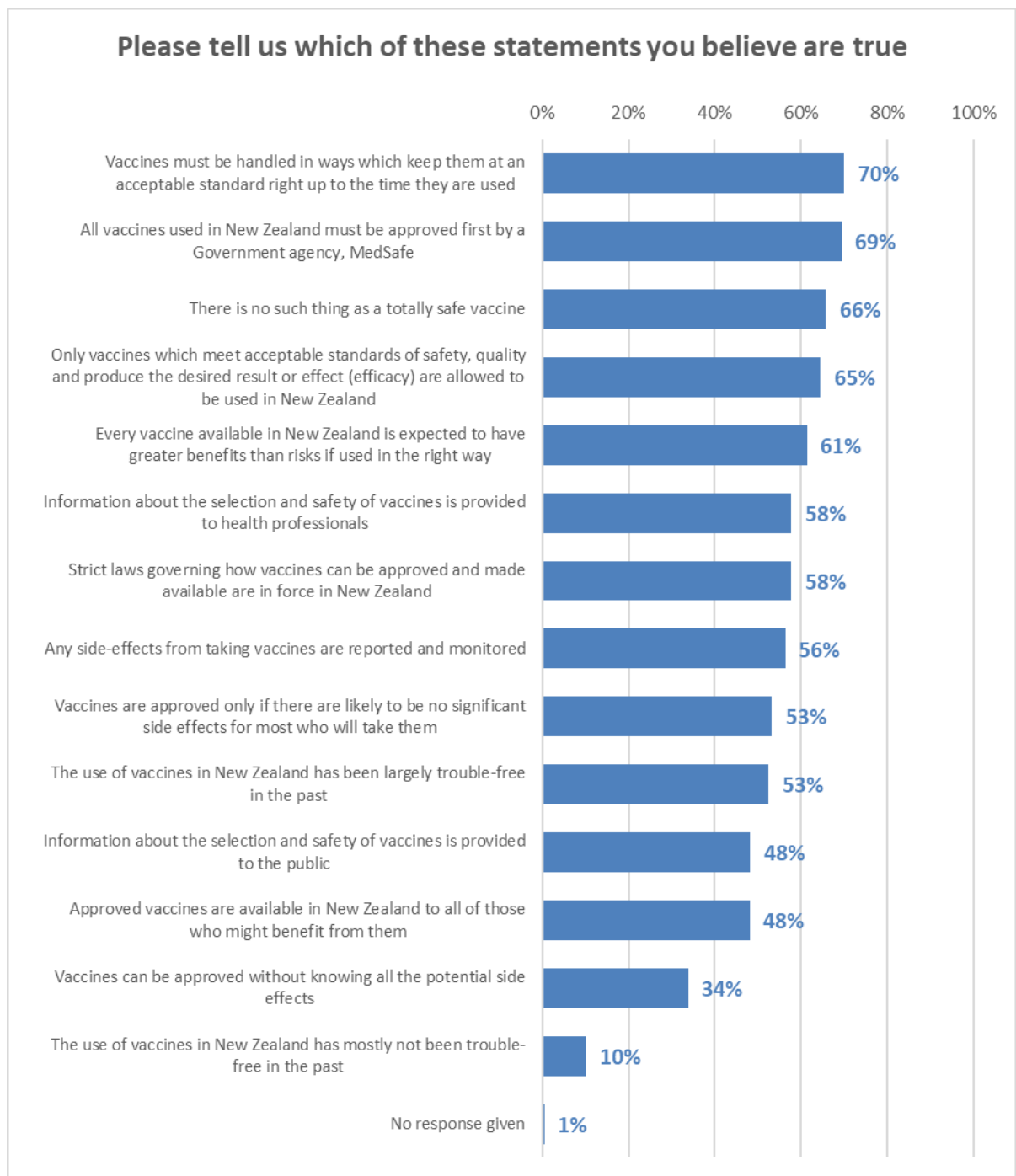
- World Health Organisation website
- Health and care providers
- The Prime Minister
- Nurses and registered nurse practitioners
- Unite against COVID-19 website: covid-19.govt.nz
- My local District Health Board
- Pharmacy
- Government telephone health line.

REPORT

1. Knowledge of vaccines in New Zealand

Respondents were given a list of statements about vaccines and asked which ones they thought were true.

As shown in the following chart, safe handling of vaccines and Medsafe approval were top of respondents' minds, while two-thirds acknowledged that there was "no such thing as a totally safe vaccine".



2. Confidence in a COVID-19 selected for New Zealand

Respondents were told:

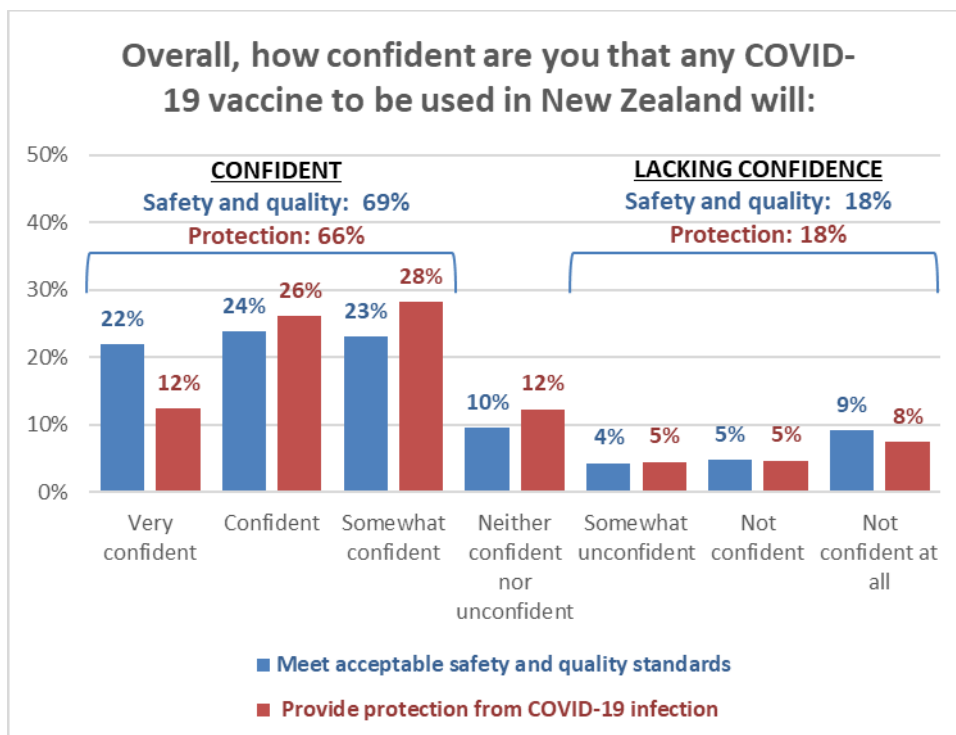
“The Government has signed agreements with vaccine makers for up to around 5 million doses of COVID-19 vaccines. They will have to be approved by Medsafe in New Zealand, following clinical trials, before they are accepted for use here.

Various vaccines look likely to become available, possibly during the first three months of next year (2021).”

They were then asked how **confident** they were:

- That any COVID-19 vaccine used in New Zealand would meet acceptable safety and quality standards; and
- That any COVID-19 vaccine used in New Zealand would provide protection from COVID-19 infection.

As the chart below indicates, the total percentage of respondents who were confident that a COVID-19 vaccine used in New Zealand would meet safety and quality standards (69%) was similar to the percentage who were confident that it would provide protection from COVID-19, (66%) but the strength of confidence is weaker for protection than for safety and quality standards.



In general, those who were not confident in the safety and quality of a COVID-19 vaccine offered in New Zealand were also not confident in the protection such a vaccine may provide.

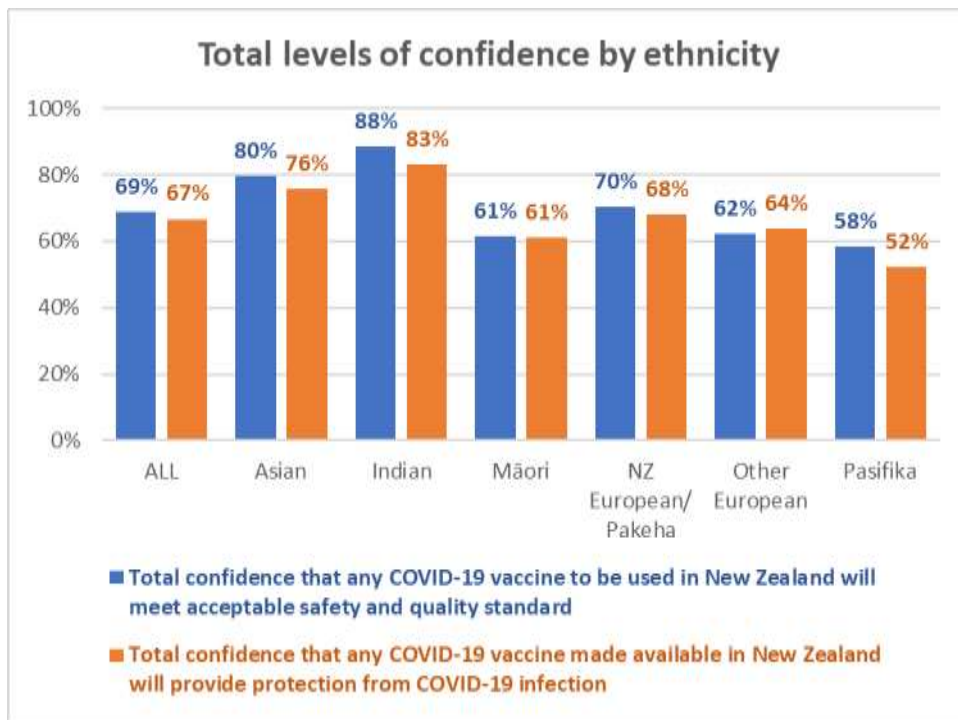
In terms of the statements shown in Section 1 of this report, the percentages of those who were not confident in the safety and quality of a COVID-19 vaccine compared with all respondents (figures in brackets):

Less likely to believe		More likely to believe	
The use of vaccines in New Zealand has been largely trouble-free in the past	20% (53%)	The use of vaccines in New Zealand has mostly <u>not</u> been trouble-free in the past	27% (10%)
Information about the selection and safety of vaccines is provided to the public	24% (48%)	Vaccines can be approved without knowing all the potential side effects	58% (34%)
Vaccines are approved only if there are likely to be no significant side effects for most who will take them	25% (53%)	There is no such thing as a totally safe vaccine	79% (66%)
Only vaccines which meet acceptable standards of safety, quality and produce the desired result or effect (efficacy) are allowed to be used in New Zealand	26% (65%)		
Approved vaccines are available in New Zealand to all of those who might benefit from them	27% (48%)		
Strict laws governing how vaccines can be approved and made available are in force in New Zealand	29% (58%)		
Every vaccine available in New Zealand is expected to have greater benefits than risks if used in the right way	30% (61%)		
Information about the selection and safety of vaccines is provided to health professionals	31% (58%)		
Any side-effects from taking vaccines are reported and monitored	31% (56%)		
All vaccines used in New Zealand must be approved first by a Government agency, MedSafe	42% (69%)		
Vaccines must be handled in ways which keep them at an acceptable standard right up to the time they are used	43% (70%)		

As shown in the following chart, Pasifika respondents were the least confident that any COVID-19 vaccine to be used in New Zealand would meet safety and quality standards, and least confident that it would provide protection.

Māori also had less confidence in both safety/quality and protection.

Respondents of Asian and Indian ethnicities had the most confidence.



N.B. Total confidence = "Very confident" plus "Confident" plus "Somewhat confident"

3. Key messaging

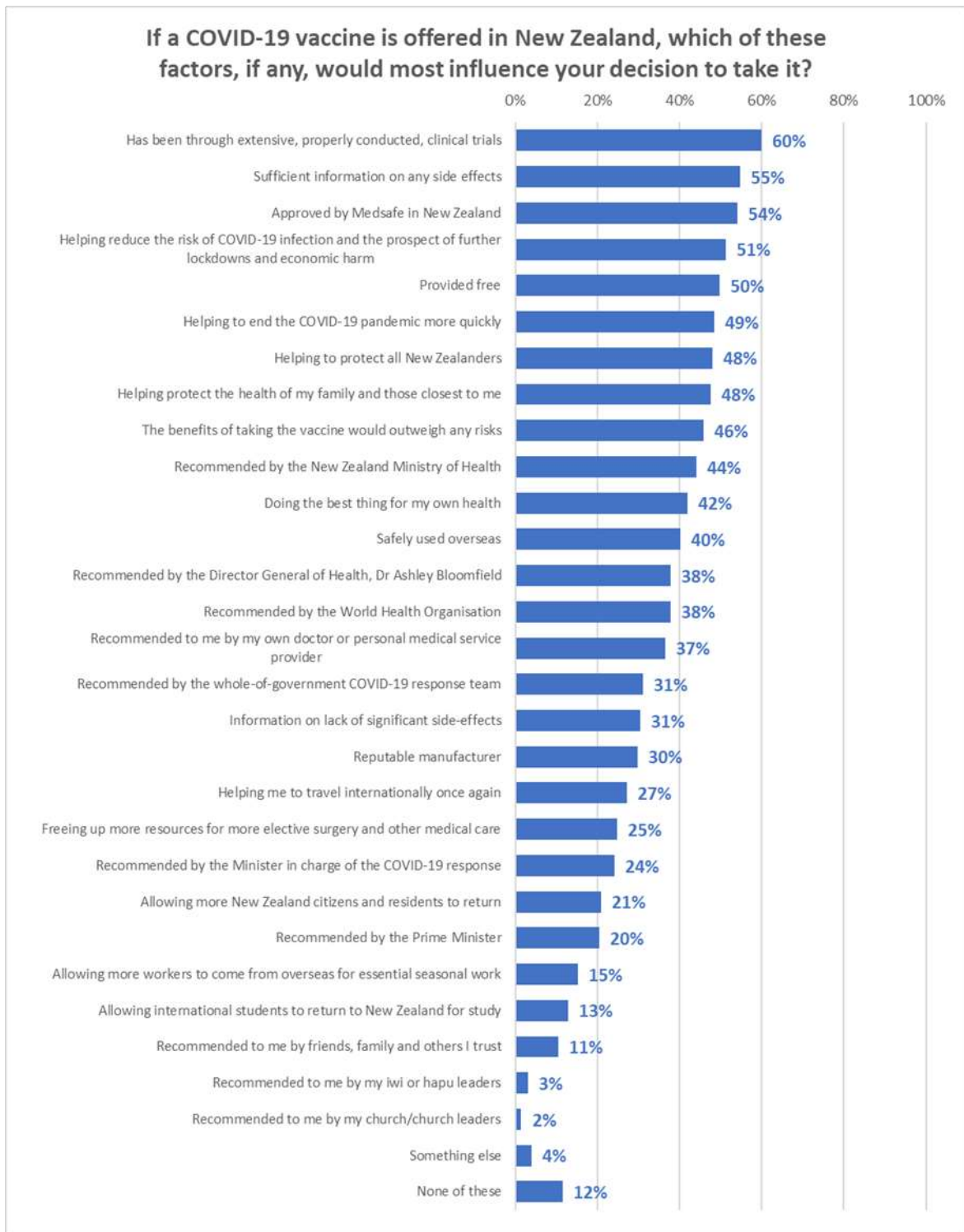
3.1 Factors affecting a decision to take a COVID-19 vaccine

Respondents were presented with a list of possible factors that people may take into account in deciding whether or not to take a COVID-19 vaccine. They were asked which, if any, would most influence their decision to take a vaccine.

Respondents were able to choose as many factors as they felt applied to them.

It was clear that proof of safety was foremost in respondents' minds, with 60% choosing "Has been through extensive, properly conducted, clinical trials", 55% choosing "sufficient information on any side effects" and 54% choosing "Approved by MedSafe in New Zealand".

Note that providing the vaccine free was an important consideration for 50% of respondents.

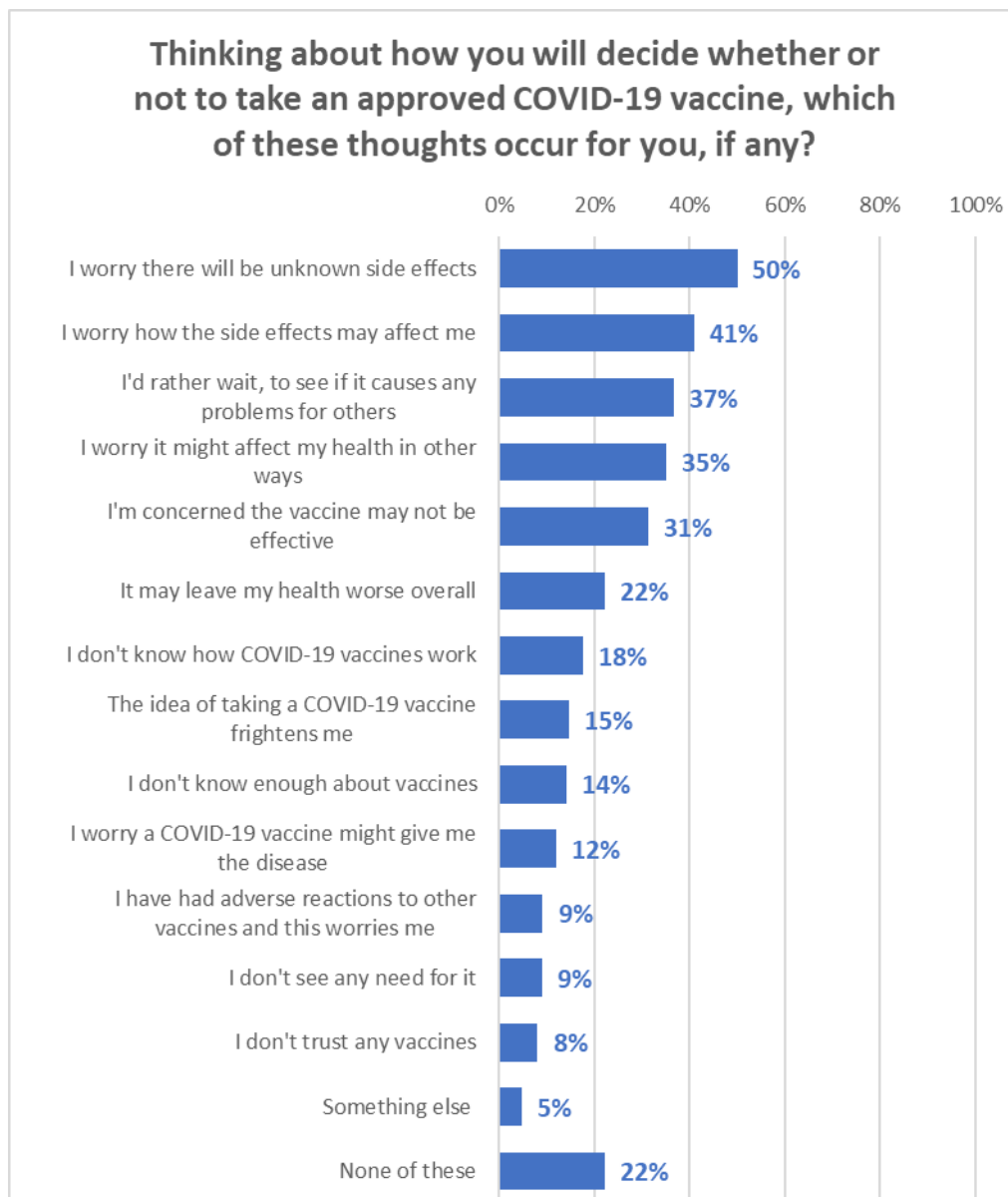


Recommendations rate lower than safety, and will probably be secondary supporting messaging in any communications campaign. Note that, **overall, more respondents would be receptive to a recommendation from the Ministry of Health, the Director General of Health and the World Health organisation** than would be to a recommendation from the Prime Minister; Minister in charge of the COVID-19 response; friends, family and trusted others; iwi or hapū leaders; and church leaders.

3.2 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.

As shown in the following chart, the top four thoughts that New Zealanders will have are about potential side effects. **In general, New Zealanders need reassurance.**



3.3 Key messaging themes and thoughts to address

Based on the result shown in the previous two sub-sections, key messaging themes and thoughts to address have been isolated for those who are not confident in the safety and quality of a COVID-19 vaccine and the six main ethnic groups in New Zealand. Key themes and

thoughts to address for age, gender, District Health Board areas, and other groups can be identified by referring to the tables in the attached table appendix.

Using the key messaging themes and thoughts, specific communications plans can therefore be developed to address the issues and concerns of specific individual groups or communities where uptake of the vaccine is likely to be low (e.g., the Lakes DHB area).

While the overall set of key messaging themes is relatively consistent across all groups, the priority each group puts on the themes is different, particularly across ethnicities. Note that Pasifika appear to have the highest number of factors that would influence their decision (10.6, on average).

3.3.1 Key messaging themes for those who were not confident in the safety and quality of a COVID-19 vaccine are:

- “Has been through extensive, properly conducted, clinical trials”
- “Sufficient information on any side effects”
- “Provided free”
- “Information on lack of significant side-effects”
- “Safely used overseas”

Key thoughts to address:

- “I worry there will be unknown side effects”
- “I worry it might affect my health in other ways”
- “I’d rather wait, to see if it causes any problems for others”
- “I worry how the side effects may affect me”
- “It may leave my health worse overall”
- “I’m concerned the vaccine may not be effective”

3.3.2 Key messaging themes for Māori are (in reducing priority order):

- “Has been through extensive, properly conducted, clinical trials”
- “Provided free”
- “Helping to protect all New Zealanders”
- “Approved by Medsafe in New Zealand”
- “Sufficient information on any side effects”
- “Recommended by the New Zealand Ministry of Health”
- “Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm”
- “Helping protect the health of my family and those closest to me”
- “Helping to end the COVID-19 pandemic more quickly”
- “Doing the best thing for my own health”

Key thoughts to address:

- “I worry there will be unknown side effects”
- “I worry how the side effects may affect me”

- “I worry it might affect my health in other ways”
- “I’m concerned the vaccine may not be effective”
- “I’d rather wait, to see if it causes any problems for others”
- “I don’t know how COVID-19 vaccines work”
- “It may leave my health worse overall”

3.3.3 Key messaging themes for those of Pasifika ethnicity are (in reducing priority order):

- “Sufficient information on any side effects”
- “Has been through extensive, properly conducted, clinical trials”
- “Helping protect the health of my family and those closest to me”
- “Helping to protect all New Zealanders”
- “Provided free”
- “Approved by Medsafe in New Zealand”
- “Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm”
- “Recommended by the New Zealand Ministry of Health”
- “Safely used overseas”
- “Recommended by the Director General of Health, Dr Ashley Bloomfield”
- “Recommended by the whole-of-government COVID-19 response team”
- “Helping to end the COVID-19 pandemic more quickly”
- “The benefits of taking the vaccine would outweigh any risks”
- “Recommended by the World Health Organisation”
- “Recommended to me by my own doctor or personal medical service provider”
- “Doing the best thing for my own health”

Key thoughts to address:

- “I worry there will be unknown side effects”
- “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”
- “It may leave my health worse overall”
- “I worry a COVID-19 vaccine might give me the disease”

3.3.4 Key messaging themes for those of Asian ethnicity are (in reducing priority order):

- “Sufficient information on any side effects”
- “Safely used overseas”
- “Has been through extensive, properly conducted, clinical trials”
- “Approved by Medsafe in New Zealand”
- “Provided free”
- “Helping me to travel internationally once again”
- “Helping to end the COVID-19 pandemic more quickly”
- “The benefits of taking the vaccine would outweigh any risks”

- “Recommended to me by my own doctor or personal medical service provider”

Key thoughts to address:

- “I worry it might affect my health in other ways”
- “I'd rather wait, to see if it causes any problems for others”
- “I'm concerned the vaccine may not be effective”
- “I worry there will be unknown side effects”
- “I worry how the side effects may affect me”

3.3.5 Key messaging themes for those of Indian/Pakistani ethnicity are (in reducing priority order):

- “Approved by Medsafe in New Zealand”
- “Helping to end the COVID-19 pandemic more quickly”
- “Helping to protect all New Zealanders”
- “Recommended by the New Zealand Ministry of Health”
- “Sufficient information on any side effects”
- “Has been through extensive, properly conducted, clinical trials”
- “Provided free”
- “Recommended by the World Health Organisation”
- “Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm”
- “Safely used overseas.”

Key thoughts to address:

- “I worry there will be unknown side effects”
- “I'd rather wait, to see if it causes any problems for others”
- “I worry how the side effects may affect me”

3.3.6 Key messaging themes for those of “Other European” ethnicity are (in reducing priority order):

- “Has been through extensive, properly conducted, clinical trials”
- “Provided free”
- “Helping reduce the risk of COVID-19 infection and the prospect of further lockdowns and economic harm”
- “Sufficient information on any side effects”
- “Helping protect the health of my family and those closest to me”
- “Approved by Medsafe in New Zealand”
- “Helping to protect all New Zealanders”
- “The benefits of taking the vaccine would outweigh any risks”
- “Helping to end the COVID-19 pandemic more quickly”
- “Doing the best thing for my own health”
- “Recommended by the New Zealand Ministry of Health”
- “Safely used overseas”

- “Information on lack of significant side-effects”

Key thoughts to address:

- “I worry there will be unknown side effects
- “I worry it might affect my health in other ways”
- “I worry how the side effects may affect me
- “I'd rather wait, to see if it causes any problems for others”

3.3.7 Key messaging themes for those of NZ European ethnicity are (in reducing priority order):

- “Has been through extensive, properly conducted, clinical trials”
- “Approved by Medsafe in New Zealand”
- “Sufficient information on any side effects”
- “Helping 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”
- “Helping to protect all New Zealanders”
- “The benefits of taking the vaccine would outweigh any risks”
- “Helping protect the health of my family and those closest to me”
- “Provided free”
- “Recommended by the New Zealand Ministry of Health”
- “Doing the best thing for my own health”
- “Safely used overseas”
- “Recommended by the Director General of Health, Dr Ashley Bloomfield”
- “Recommended by the World Health Organisation”

Key thoughts to address:

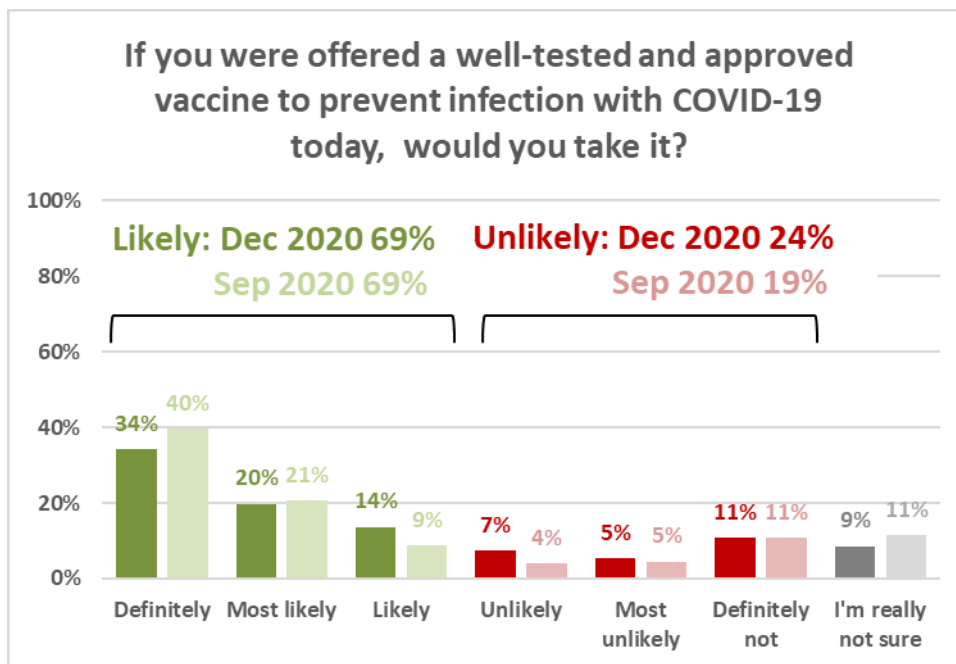
- “I worry there will be unknown side effects”
- “I worry how the side effects may affect me”
- “I'd rather wait, to see if it causes any problems for others”
- “I worry it might affect my health in other ways”.

4. Potential uptake of vaccine

Respondents were asked “If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?”.

As shown in the chart below, 69% overall (the same as in September 2020, an estimated 2,487,900 adults) would be prepared to have a “well-tested and approved” COVID-19 vaccine, while 24% (an estimated 852,100 adults, up from 19% in September 2020) were unlikely to.

The comparison with the previous measure (supplied to MBIE and shared by MBIE with the Ministry of Health) indicates that New Zealanders may be becoming a little less definite about taking a COVID-19 vaccine. Further research would be needed to explore the reasons for that.



Note that 9% (an estimated 309,200 adults, down from 11% and an estimated 413,500 adults) were unsure.

An estimated 1,229,600 adults said they would “definitely” take a vaccine – around 64% more than the number of people who could be vaccinated from the initial vaccine supply. This breaks down by age as follows:

Age group	% Definitely take vaccine	Estimated definite uptake
18-24 years	28%	148,600
25-34 years	40%	228,700
35-44 years	24%	137,700
45-54 years	37%	234,700
55-64 years	29%	171,900
65-74 years	39%	194,100
75 years or over	61%	114,300

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	ETHNICITY					
		Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika
Definitely	34%	23%	27%	33%	38%	24%	31%
Most likely	20%	24%	27%	19%	19%	24%	16%
Likely	14%	19%	31%	12%	12%	14%	14%
Unlikely	7%	1%	3%	9%	8%	7%	7%
Most unlikely	5%	9%	7%	5%	5%	7%	7%
Definitely not	11%	9%	4%	13%	10%	17%	20%
I'm really not sure	9%	15%	2%	9%	8%	7%	5%
Total likely	68%	65%	84%	65%	69%	61%	61%
Total unlikely	24%	19%	14%	27%	23%	32%	34%
N (unweighted)	1,438	82	61	293	971	110	55

Acceptance by DHB

Respondents resident in the Lakes DHB area were less likely than average to take a vaccine, while those resident in the Capital and Coast DHB area were more likely to do so.

Among the 3 DHB's in the Auckland area, Waitemata and Counties-Manukau DHBs appear to have greater potential uptake (an estimated 175,300 and 111,700 adults respectively) than Auckland DHB (around an estimated 98,400 adults).

Profiles: "Unlikely" and "Unsure"

There is a greater probability of convincing those who said they were "unlikely" to take a COVID-19 vaccine (or who were unsure whether they would do so) to actually take a vaccine, than convincing those who answered "most unlikely" or "definitely not".

The following are profiles of those who were "unlikely" to take a vaccine or were not sure, to aid communications targeting.

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

- More likely to be female than male.
- Younger New Zealanders: 62% were below 45 years of age and their average age was around 13% lower than respondents overall.
- Likely to have lower household income: around 21% lower, on average, than respondents overall. In contrast, those who would be likely to take an offered vaccine have around 12% higher household incomes, on average, than respondents overall.

- Likely to have lower educational qualifications than those who are likely to take a vaccine if offered: 57% have sixth form/UE/NCEA Level 2 or less, compared with 45% of all those who are likely to have a COVID-19 vaccine.
- More likely to be a parent with children in their household: 47% compared with 36% for those who would definitely have a COVID-19 vaccine. Note that 55% of those who say they would definitely not have a vaccine have children in their household.
- 25% are in the upper North Island (Taupo north, excluding Auckland) in comparison with 20% for respondents overall and 19% for those who are likely to take a vaccine.
- Less likely than average to be of Asian ethnicity; slightly more likely to be Māori.

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

- Close to average age.
- More likely to be on significantly lower household and personal incomes than respondents overall: household incomes around 31% lower, on average, and personal incomes around 33% 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 12% higher, on average, and personal incomes around 7.5% higher, on average.
- More likely to have lower educational qualifications than those who are likely to take a vaccine if offered: 58% have sixth form/UE/NCEA Level 2 or less, compared with 45% of all those who are likely to take a vaccine.
- More likely to be a parent with children in their household: 57% compared with 39% for those who are likely to take a vaccine if offered.
- Slightly more likely than respondents overall to be living in the South Island.

5. 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 (an estimated 1,161,300 adults overall) 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.

The results were again compared with the September 2020 measure (supplied to MBIE and shared by MBIE with the Ministry of Health).

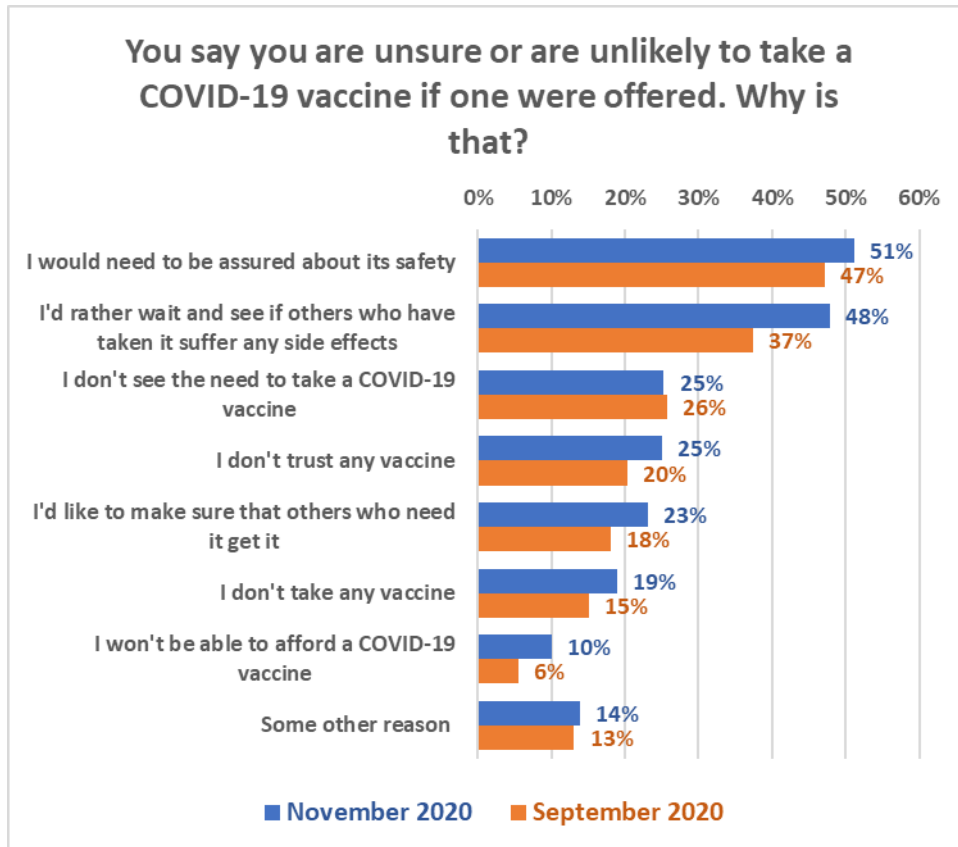
As shown in the following chart, the major reason for hesitation by these people continues to be a need to be assured about the vaccine’s safety (an estimated 594,600 adults). As in September, this was particularly the case with female respondents (56% versus 45% for males).

48% overall, up from 37% in September, wanted to “wait and see if others have side effects” (an estimated 555,100 adults overall, 53% for females, 41% for males). 69% of those who chose safety as a reason also selected “I’d rather wait and see if others who have taken it suffer any

side effects". (Continued monitoring of the influence of vaccination experiences overseas is suggested. Vaccinations started after the survey ended).

25% selected "I don't trust any vaccine" (an estimated 290,300 adults). Note that 4 out of 10 people who selected this option also selected "I don't see the need to take a COVID-19 vaccine", which was also selected by 25% overall.

23% (an estimated 263,800 adults) preferred to let others who needed it get a COVID-19 vaccine first, while 19% (an estimated 219,500 adults) did not take any vaccine.



The 14% "other reasons" given included comments ranging from anti-vaccine and COVID-19 disbelief to those who had a medical reason for being cautious. These are summarised below:

Anti-vaccine

"Stop destroying our immune system with poisons."

"Because you can't be vaccinated from COVID because it is a cold."

"I know too well the damage any vaccine can cause."

Conspiracy theories

"COVID is a scam."

"COVID is a scam. Nobody knows truthfully what's in them and it's just a cold. Statistics tell us many more people die on an average flu year. something (sic) isn't right and initiated by those who might profit from vaccine sales."

"I as an affient (sic) living being of the land claim my God given Right to denial of consent."

"I believe the new world order orchestrated the world COVID-19 pandemic to use a vaccine to inject microchips in to all humans who take it to track and spy on the world population of civilians."

"I do not believe the reporting and tracking is accurate. By the time a vaccine is tested properly COVID may not be an issue."

Suspicious

"Because if it was available, I know it would be forced on everyone and that is just wrong."

"I do not trust those with agenda's (sic) and vested interests. It is extremely rare to hear true, or even unbiased information now. That is especially true of the Media, but Science and Politicians all sing from the same song sheet. They cannot be trusted. There are always agendas at play; some will be making millions on the back of this. Look at what happened in the past with Thalidomide and other vaccines."

"If I don't have COVID-19, why do I need a vaccine?"

Time scale

"Any vaccine won't have any long-term studies of side effects or potential risks so I consider that to be unreliable and potentially dangerous."

"Any vaccine with less than 10 years, and in some cases 20-30 years, testing, cannot be considered well-tested and approved vaccine."

"Compared to normal time to make a vaccine, COVID-19 vaccines seem very, very rushed."

"I do not trust such a hastily produced vaccine."

"I feel it has been rushed and am not sure we can trust the testing done."

"it is unproven and that takes time (years, not days)."

"It won't have had extensive trials if it is available in the next 6 months."

"In use safely for at least 2 years."

Cautious

"I think the vaccines have been rushed and proper testing hasn't been done and no-one knows what the long-term effects might be."

"I won't take it for a year or more to see side effects"

"I would need full information before making a decision."

"I would need some time to think about it."

"I would need to know about its effectiveness."

"I would seek advice of my Dr and specialist."

"I would weigh up the risks of contracting the disease."

I'd like to read the peer review results - I really don't trust the corporations making it."

Medical reasons

"Don't know how it would affect me, have had cancer surgeries & treatment."

"Have had previous serious adverse reaction to vaccines."

"Have reacted to vaccines in the past."

"I am already ill & suffer side effects from medication of any type."

"I have disabling health conditions and I am afraid the vaccine could make me worse off."

"I have had bad reaction to the flu vaccine and many antibiotics."

"I have simply pre-existing health conditions and multiple allergies I don't want to do anything that may add to this further and often when people said there are little or no reactions to this I have reacted."

"I reacted to an MMR booster last year which triggered an autoimmune disease and I couldn't walk for 6 months without severe pain and I was incapacitated. And, I'm fairly certain they won't have tested it on people with autoimmunity as the inclusion criteria for the trials will be otherwise healthy individuals. The first phase of the vaccine going out to the public will likely pick up how people who are less than perfectly healthy actually respond to the vaccine. So, until there is more information about how people with autoimmunity respond to it, I have no plans to take it."

Other reasons

"Am fully vaccinated as is my son but it doesn't not have long term effectiveness or safety proof and that only comes with time."

"A virus mutates so this vaccine will always change."

"Depends on where the vaccine is from."

"I'm needle phobic."

"I'd only take it if there was a high enough risk of coming into contact with the virus."

"I'm not in a hurry for one, and until borders are open for business travel, I don't appear to have a need for it."

"I'm not under any direct fear of COVID. I believe only those at the borders and high-risk people need to take vaccine. This will also prevent it from coming to the community. Those travelling to NZ should also be vaccinated."

"Inadequate appreciation of overall implications on any person's body. Insufficient interest by all decision makers to locate and make available information about maintaining balanced health and natural alternatives. No information in Govt funded arena about herbal alternatives or news published about clinics around the world healing people quickly and effectively with alternative options."

"It's my choice."

"Kaumatua a priority 60+"

“Immunity needs to be built up.”

“There are other treatments that work but have not been promoted. Vitamin C vitamin D, Melatonin (which is prescription only in NZ) plus nebulised hydrogen peroxide have all been proven to work.”

Among those who were unsure or unlikely to take a vaccine there were indications¹ that:

- Māori and “Other Europeans” were the most likely not to take any vaccine.
- All ethnicities needed to be assured about a COVID-19 vaccine’s safety.
- Those of Asian, NZ European/Pakeha and “Other European” ethnicities were the most likely not to see a need to take a COVID-19 vaccine.
- Those of “other European” and Pasifika ethnicities had the highest distrust of vaccines.

Overall, those who needed to be assured about a COVID-19’s safety were:

- More likely to be female (64%) than male (36%).
- 7% younger than average.
- More likely to be on lower household and personal incomes than respondents overall: household incomes around 24% lower, on average, and personal incomes around 16% lower, on average.
- More likely to be a parent with children in their household: 54% compared with 44% overall.
- 73% located in the North Island (33% Auckland, 22% Upper North Island excluding Auckland, 18% lower North Island) and 27% in the South Island.

Those who would rather wait and see if others who have taken it suffer any side effects were:

- More likely to be female (66%) than male (34%).
- 6% younger than the average age.
- More likely to have lower household and personal incomes than respondents overall: household incomes around 24% lower, on average, and personal incomes around 16% lower, on average.
- More likely to be a parent with children in their household: 54% compared with 44% overall.
- 73% located in the North Island (28% Auckland, 24% Upper North Island excluding Auckland, 21% lower North Island) and 27% in the South Island.

Those who chose “I don’t trust any vaccine” were:

- 5% younger than the average age.
- Much more likely to have lower household and personal incomes than respondents overall: household incomes around 40% lower, on average, and personal incomes around 24% lower, on average.
- More likely than average (19% v 12% overall) to be in one-parent households.

¹ Small base, indications only.

- Likely to have lower educational qualifications than those who are likely to take a vaccine if offered: 60% have sixth form/UE/NCEA Level 2 or less, compared with 50% overall.
- More likely than average to live in the Upper North Island (excluding Auckland); 72% live in the North Island, with 25% in Auckland, 28% in upper North Island excluding Auckland, 20% in the lower North Island and 28% in the South Island.
- More likely than average to be of “Other European” or Pasifika ethnicity.

The following table shows the reasons by likelihood to not take a vaccine (including those who are unsure).

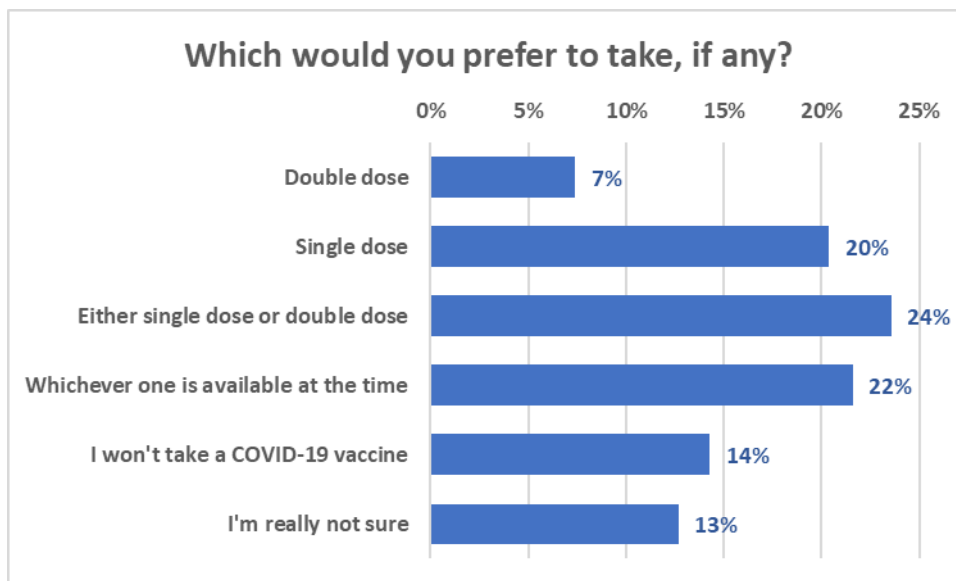
You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?	ALL	If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 today would you take it?			
		Unlikely	Most unlikely	Definitely not	I'm really not sure
I would need to be assured about its safety	51%	60%	56%	24%	76%
I don't take any vaccine	19%	17%	7%	37%	5%
I don't trust any vaccine	25%	17%	19%	47%	9%
I don't see the need to take a COVID-19 vaccine	25%	14%	14%	50%	11%
I won't be able to afford a COVID-19 vaccine	10%	11%	10%	6%	16%
I'd rather wait and see if others who have taken it suffer any side effects	48%	60%	61%	35%	45%
I'd like to make sure that others who need it get it	23%	31%	19%	12%	33%
Some other reason	14%	9%	15%	15%	15%
N (unweighted) - unlikely or unsure	372	103	61	111	97

6. Double or single dose?

All respondents were asked whether they would prefer to take a double-dose vaccine or a single dose vaccine.

While there was a preference for single dose (20%, an estimated 733,400 adults) over double dose (7%, an estimated 266,000 adults), 46% (an estimated 1,625,100 adults), made up of 24% “either single dose or double dose” (848,500 adults) and 22% “whichever is available at the time” (776,600 s) were willing to accept either type.

14% (an estimated 514,100 adults) said they would not take a COVID-19 vaccine, while 13% (an estimated 456,700 adults) were not sure.



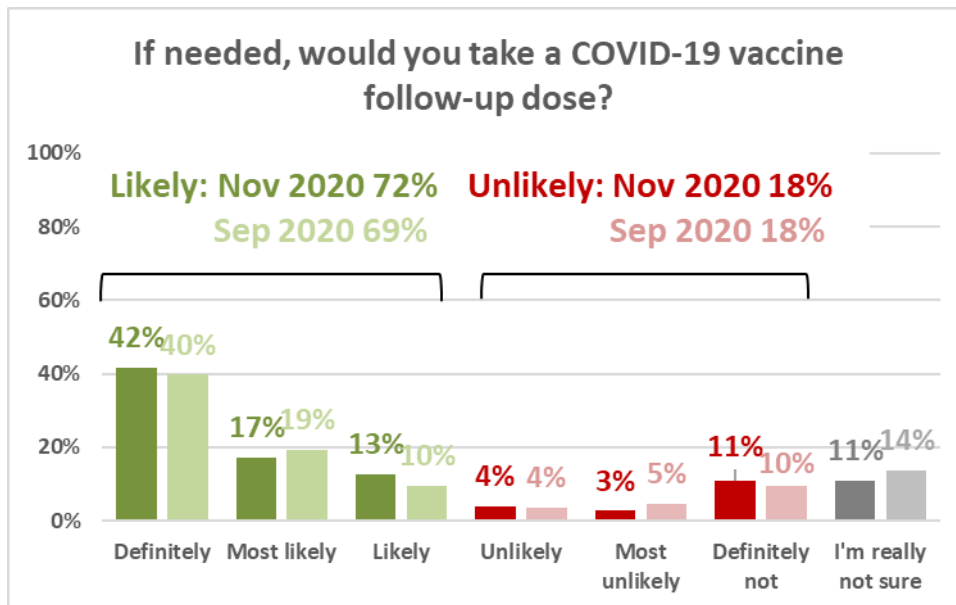
Note that:

- 71% of those who would definitely take a vaccine would accept either single or double dose (35% “single or double dose”, 36% “whichever one is available at the time”).
- Preference for a single dose vaccine increases among those who are likely to take a vaccine, as likelihood to take a vaccine decreases:
 - Definitely take: 16%
 - Most likely take: 25%
 - Likely take: 30%
- Among those who said they are “unlikely” to take a COVID-19 vaccine, 32% preferred a single dose.

7. Follow-up dose

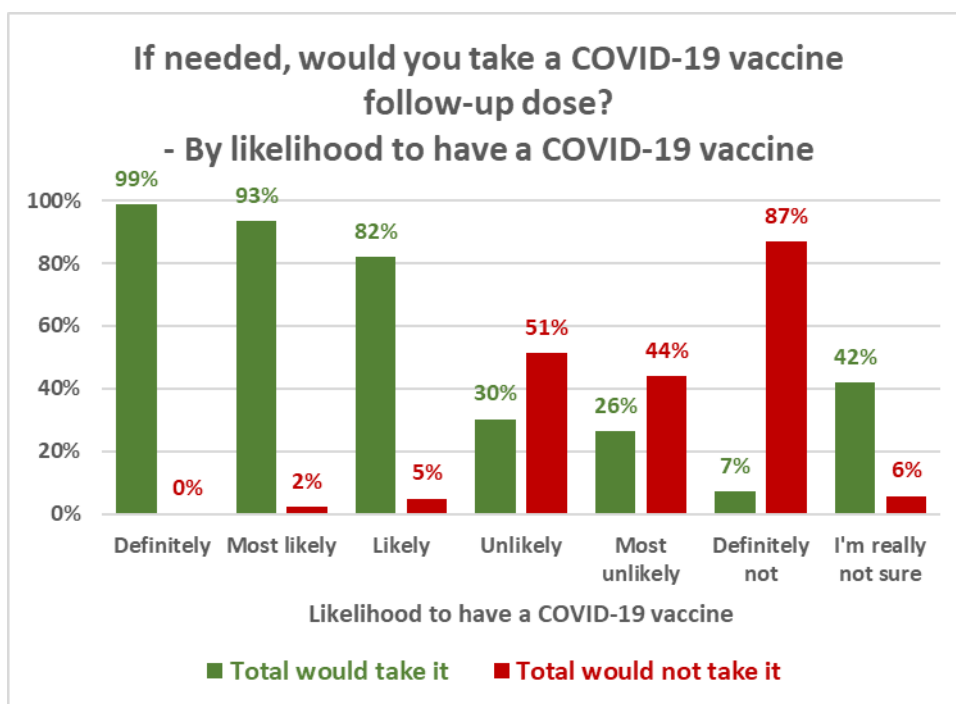
Respondents were asked “If needed, would you take a COVID-19 vaccine follow-up dose?”.

As shown in the chart below, 72% overall (an estimated 2,574,200 adults), slightly up on September 2020’s 69%, would be prepared to have a follow-up dose if required, while 18% (an estimated 652,600 adults), the same as in September 2020, were unlikely to do so.



NOTE: Percentages in this chart do not sum to 100% or to the totals shown owing to rounding

Note that, as In September 2020, willingness to have a follow-up dose if needed declined with decreasing willingness to actually have a COVID-19 vaccine.



42% of respondents (an estimated 1,499,200 adults) would “definitely” have a follow-up dose if needed. By age, the numbers who would definitely have a follow-up dose are:

Age group	% Definitely take a follow-up dose if needed	Estimated number of adults
18-24 years	37%	197,900
25-34 years	40%	227,900
35-44 years	34%	199,400
45-54 years	51%	328,300
55-64 years	36%	211,400
65-74 years	45%	227,900
75 years or over	57%	106,400

Respondents of Māori, Pasifika and “Other European” ethnicities had lower than average willingness to take a follow-up vaccine.

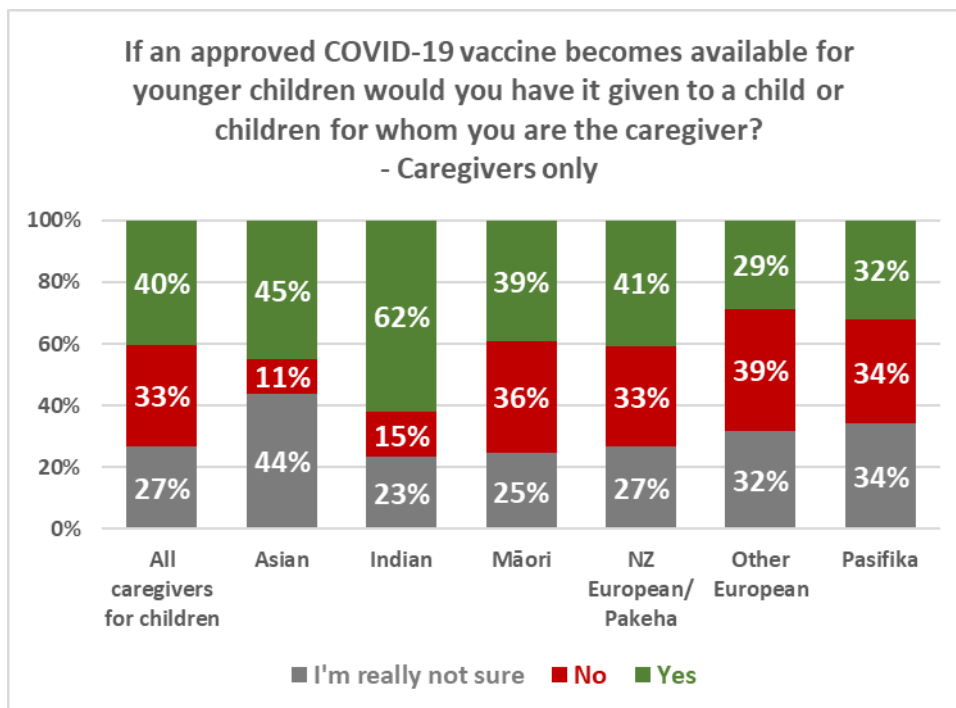
If needed, would you take a COVID-19 vaccine follow-up dose?	ALL	ETHNICITY					
		Asian	Indian	Māori	NZ Euro- pean/ Pakeha	Other Europea n	Pasifika
Definitely	42%	36%	27%	31%	47%	36%	29%
Most likely	17%	20%	19%	21%	17%	16%	8%
Likely	13%	15%	43%	13%	11%	12%	18%
Unlikely	4%	1%	4%	6%	3%	2%	6%
Most unlikely	3%	5%	0%	3%	2%	2%	8%
Definitely not	11%	3%	3%	11%	11%	18%	20%
I'm really not sure	11%	20%	4%	15%	10%	15%	10%
Would take a follow-up dose	72%	72%	89%	65%	75%	64%	56%
Would not take a follow-up dose	17%	9%	6%	20%	16%	21%	35%
N (unweighted)	1,438	82	61	293	971	110	55

8. Child vaccine

45% of respondents overall (an estimated 1,617,900 adults) said they were caregivers for a child or children. Of those, 40% (an estimated 651,500 adults), down from 49% (estimated at 801,800 adults) in September 2020, said that “if an approved COVID-19 vaccine becomes available for younger children” they would have it given to a child or children for whom they were the caregiver.

33% of caregivers (an estimated 535,700 adults), up from 27% (estimated at 435,000 adults) in September 2020, said they were unlikely to have a COVID-19 vaccine given to a child and 24% (an estimated 430,700 adults) were unsure.

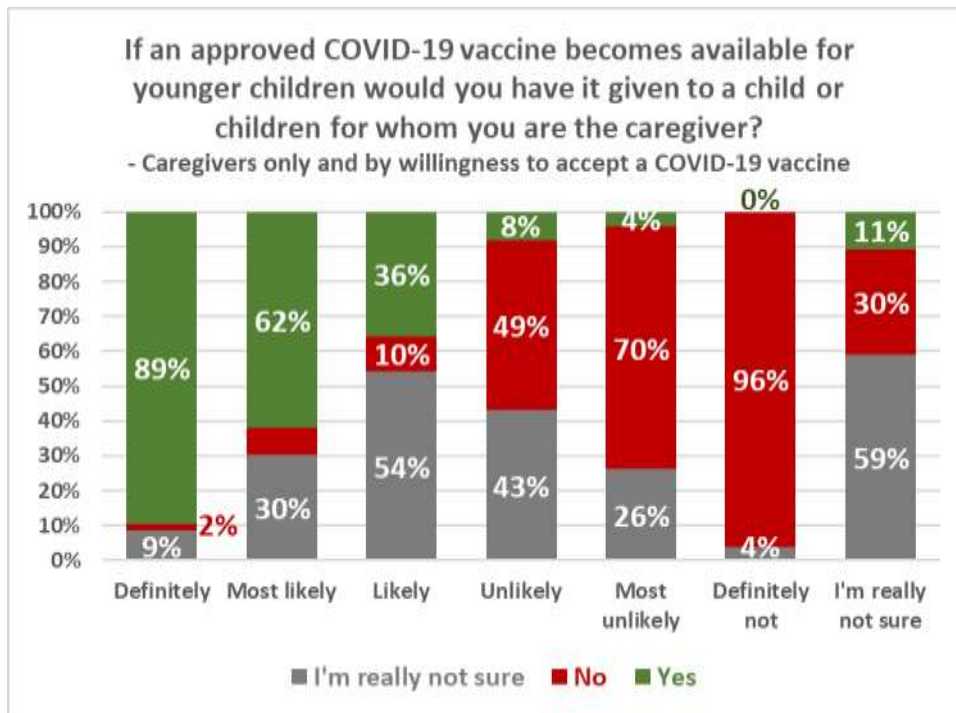
As shown in the following chart, Indian respondents were the most likely to do this; Pasifika and “Other Europeans” the least likely. Māori willingness to have a child for whom they were the caregiver vaccinated has not changed since September 2020. However, opposition to having a child vaccinated among Māori has increased from 31% in September to 36%.



As in September 2020, willingness to give a child an approved COVID-19 vaccine declines as the willingness to accept a COVID-19 vaccine themselves declines.

89% of the caregivers who would “definitely” accept a COVID-19 vaccine themselves would have it given to the child/children for whom they are caregivers (up from 86% in September). 5% would not have it given and 9% were unsure.

At the other end of the spectrum, however, none of those who would “definitely not” accept a COVID-19 vaccine themselves would have a suitable vaccine given to the child/ children for whom they are caregivers, although 4% were not sure



9. Offering a vaccine to some ahead of others

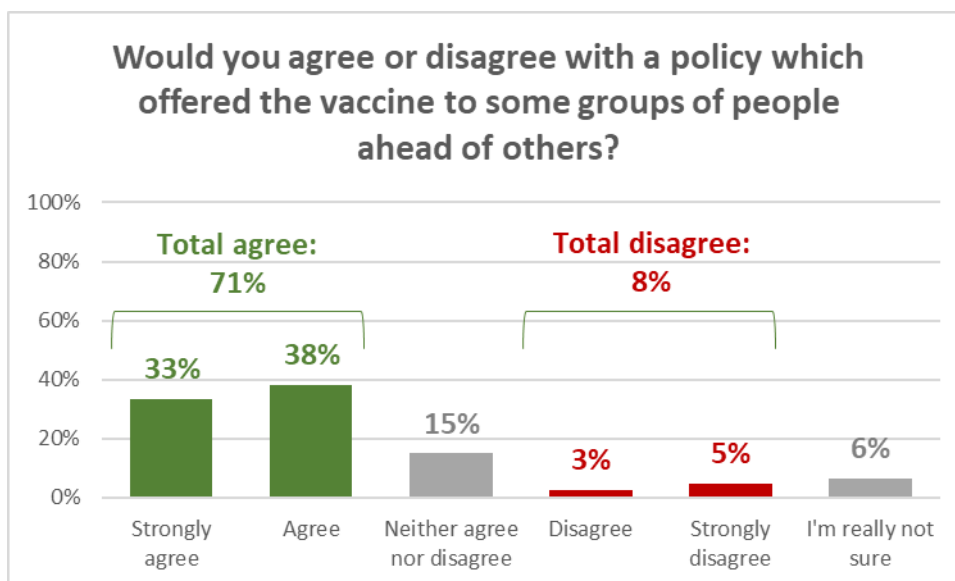
9.1 Overall agreement with policy

Respondents were told “If a COVID-19 vaccine is made available in New Zealand, there are not likely to be enough doses for everyone to get it at the same time”.

They were asked if they would agree or disagree with a policy that offered the vaccine to some groups of people ahead of others.

71% of respondents said they agreed with that policy. 15% were neutral and 6% were not sure.

Only 8% disagreed with the policy.



As shown in the following table, Māori and Pasifika respondents were less likely to agree with the policy, although a majority of Māori did agree with it.

Would you agree or disagree with a policy which offered the vaccine to some groups of people ahead of others?	ALL	ETHNICITY					
		Asian	Indian	Māori	NZ European / Pakeha	Other European	Pasifika
Strongly agree	33%	45%	24%	28%	37%	29%	17%
Agree	38%	43%	43%	33%	40%	35%	29%
Neither agree nor disagree	15%	11%	23%	17%	13%	20%	23%
Disagree	3%	0%	4%	6%	2%	2%	3%
Strongly disagree	5%	0%	5%	5%	3%	6%	14%
I'm really not sure	6%	0%	2%	12%	5%	9%	15%

Total agree	71%	88%	66%	61%	77%	64%	45%
Total disagree	7%	0%	9%	11%	5%	7%	17%

N (unweighted)	1,438	82	61	293	971	110	55
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Overall, those who did not agree with the policy (“disagree” plus “strongly disagree”) were:

- More likely to be female (60%) than male (39%).
- Of average age.
- More likely to be on lower household and personal incomes than respondents overall: household incomes around 27% lower, on average, and personal incomes around 3% lower, on average.
- Less likely to be in a skilled trades occupation.
- More likely to have lower educational qualifications: 69% have NCEA2 or lower, compared with 50% of respondents overall.

- More likely to be a parent with children in their household: 51% compared with 44% overall.
- More likely to have 3 or more children in their household: 24% compared with 11% overall.
- More likely to be Māori (37%) than respondents overall (25%).
- 81% located in the North Island (38% Auckland, 19% Upper North Island excluding Auckland, 23% lower North Island) and 19% in the South Island.

9.2 Who should have priority

Respondents were asked about two scenarios:

- If COVID-19 was largely being contained at the border when vaccines are available; and
- If COVID-19 is being transmitted within the community when vaccines are available.

These scenarios are discussed separately below.

9.2.1 Scenario 1: COVID-19 largely being contained at the border when vaccines are available

If COVID-19 was largely being contained at the border when vaccines are available, respondents overall felt that priority should be given to:

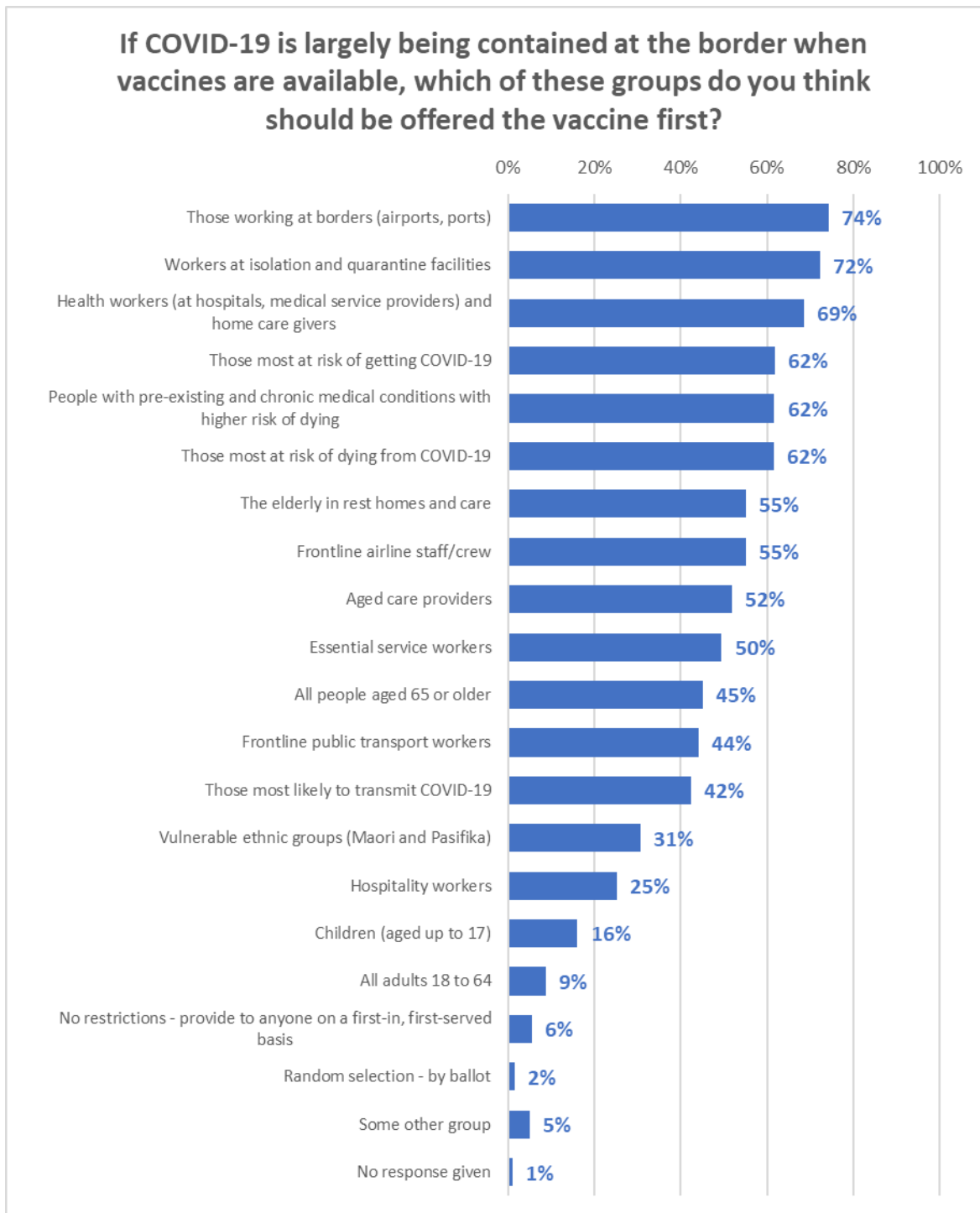
- Those working at borders (airports, ports): 74% of respondents overall.
- Workers at isolation and quarantine facilities: 72% overall.
- Health workers (at hospitals, medical service providers) and home care givers: 69% overall.
- Those most at risk of getting COVID-19: 62% overall.
- People with pre-existing and chronic medical conditions with higher risk of dying: 62% overall.
- Those most at risk of dying from COVID-19: 62% overall.
- The elderly in rest homes and care: 55% overall.
- Frontline airline staff and crew: 55% overall.
- Aged care providers: 52% overall.
- Essential service workers: 50% overall.

6% thought there should be no restrictions, with the COVID-19 vaccine being provided to everyone on a “first in, first served” basis. 2% thought there should be random selection by ballot.

The top ten priorities were generally consistent across gender, age and ethnicity groups (although they were ordered differently in some groups), but there were some differences:

- Respondents of Asian and Indian ethnicities had “Those most likely to transmit COVID-19” in their top ten, displacing “Aged care providers”.
- Pasifika respondents had “Frontline public transport workers” in their top ten, displacing “Aged care providers”.

- Respondents of “Other European” ethnicity had “All people aged 65 or older”, “Frontline public transport workers” and “Those most likely to transmit COVID-19” ahead of “Aged care providers”.



9.2.2 Scenario 2: COVID-19 being transmitted within the community when vaccines are available

If COVID-19 was being transmitted in the community when vaccines are available, respondents overall felt that there were a different set of priorities. The top ten were largely consistent with those from Scenario 1, (“Those most likely to transmit COVID-19” was included, displacing “Frontline airline staff/crew”, which was in 13th position) but in a different order:

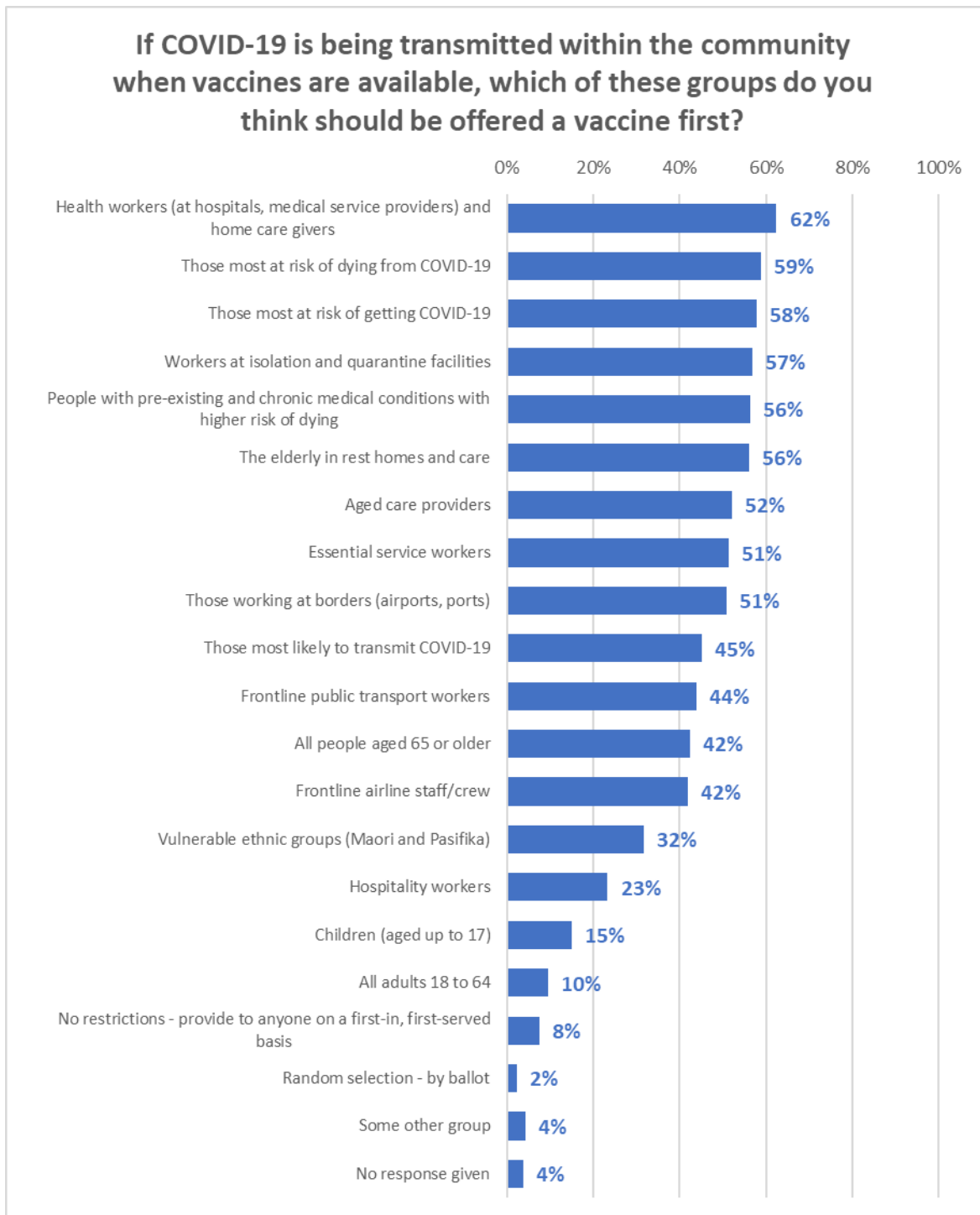
- Health workers (at hospitals, medical service providers) and home care givers: 62% of respondents overall.
- Those most at risk of dying from COVID-19: 59% overall.
- Those most at risk of getting COVID-19: 58% overall.
- Workers at isolation and quarantine facilities: 57% overall.
- People with pre-existing and chronic medical conditions with higher risk of dying: 56% overall.
- The elderly in rest homes and care: 52% overall.
- Essential service workers: 51% overall.
- Those working at borders (airports, ports): 51% overall.
- Aged care providers: 52% overall.
- Those most likely to transmit COVID-19: 45%.

8% thought that under this scenario, there should be no restrictions, with the COVID-19 vaccine being provided to everyone on a “first in, first served” basis. 2% thought there should be random selection, by ballot.

As with Scenario 1, the top ten priorities were generally consistent across gender, age and ethnicity groups (although they were ordered differently in some groups), but some differences were evident:

- Female respondents had “Frontline public transport workers” in their top ten, displacing “Those most likely to transmit COVID-19”, which was just outside the top ten and equal with “Frontline airline staff/crew”.
- For Māori respondents, “All people aged 65 or older” was 10th equal.
- 18-24-year olds, Pasifika and “Other European” respondents had “All people aged 65 or older” in their top ten, displacing “Those working at borders (airports, ports)”.
- 25-34-year olds, 45-54-year olds and 65-74-year olds had “Frontline public transport workers” in their top ten, displacing “Those most likely to transmit COVID-19”.
- 35-44-year olds had “All people aged 65 or older” in their top ten, displacing “Essential service workers”.
- 55-64-year olds had “Frontline airline staff/crew” in their top ten, displacing “Those most likely to transmit COVID-19”.

- Those 75 years or over had “All people aged 65 or older” in their top ten, with “Those most at risk of getting COVID-19” and “Those most likely to transmit COVID-19” 10th equal and just ahead of “Frontline airline staff/crew”.

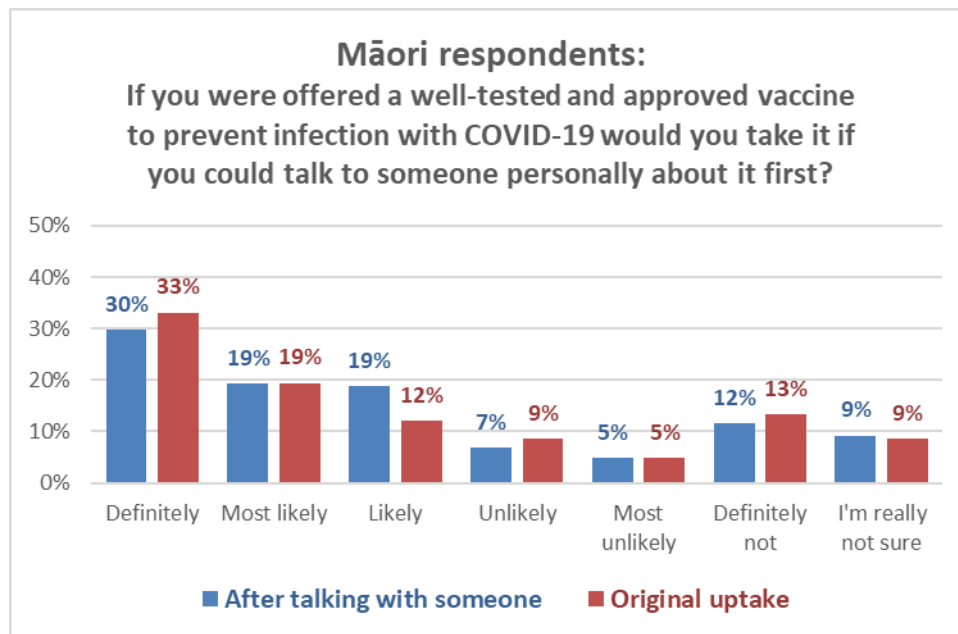


10. Encouraging Māori to be accept vaccination

Maori are regarded as a group more likely to contract COVID-19 and suffer from COVID-19 if there is community transmission. Given that some approaches have been taken in the past which have lifted Maori immunisation rates (including giving vaccines while seeing a doctor for some other reason, or telephoning individuals), Māori respondents were asked “If you were offered a well-tested and approved vaccine to prevent infection with COVID-19 would you take it if you could talk to someone personally about it first?”.

Results were compared with the Māori response to the first question on uptake (Section 4).

There appears to be a 3% lift overall in Māori likely to take a vaccine if they could talk about it with someone first. Note that this lift is at the lower end of the likelihood range (i.e., not “definitely” nor “most likely”).



11. Access points for COVID-19 vaccine

Respondents were asked where (a list of places and people) they would you most like to access a COVID-19 vaccine, if any².

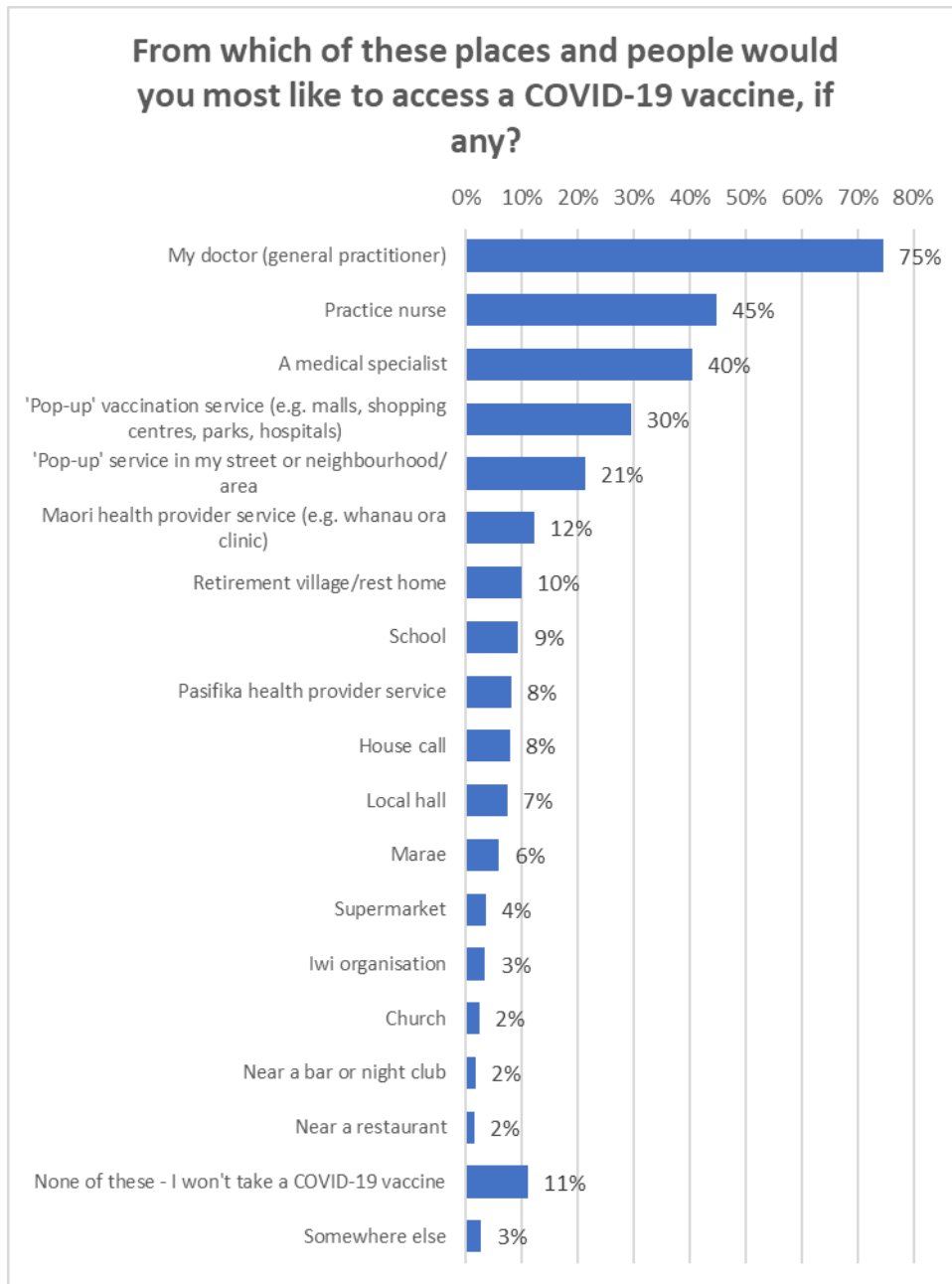
There were 4 main places/people respondents would go to for a COVID-19 vaccine:

- Their doctor (general practitioner: 75% of respondents.
- A practice nurse: 45%.
- A medical specialist: 40%
- A nett 34% would use a “pop-up” service – for example, in malls, shopping centres, parks, hospitals, their street or neighbourhood.

² Māori were asked this in a separate question but with the same options. The results have been combined to produce this analysis.

Note that Pasifika respondents preferred Pasifika health service providers over “popup” services and practice nurses, although “popup” services and practice nurses were still important in the preferred Pasifika mix.

Preference for “my doctor” increased with increasing age, while preference for house calls was strongest for those aged under 35 years and preference for vaccination services located in schools had higher preference among those aged under 55 years.



Note that the gain made from having pop-up services in streets/neighbourhoods as well as malls, shopping centres, parks and hospitals, was highest for Pasifika respondents:

Ethnicity	Nett use a popup service	Gain from having both types of popup venue
Total	34%	5%
Asian	28%	6%
Indian	28%	0%
Māori	30%	3%
NZ European/Pakeha	36%	5%
Other European	31%	4%
Pasifika	29%	7%

Above average preferences among ethnic groups were:

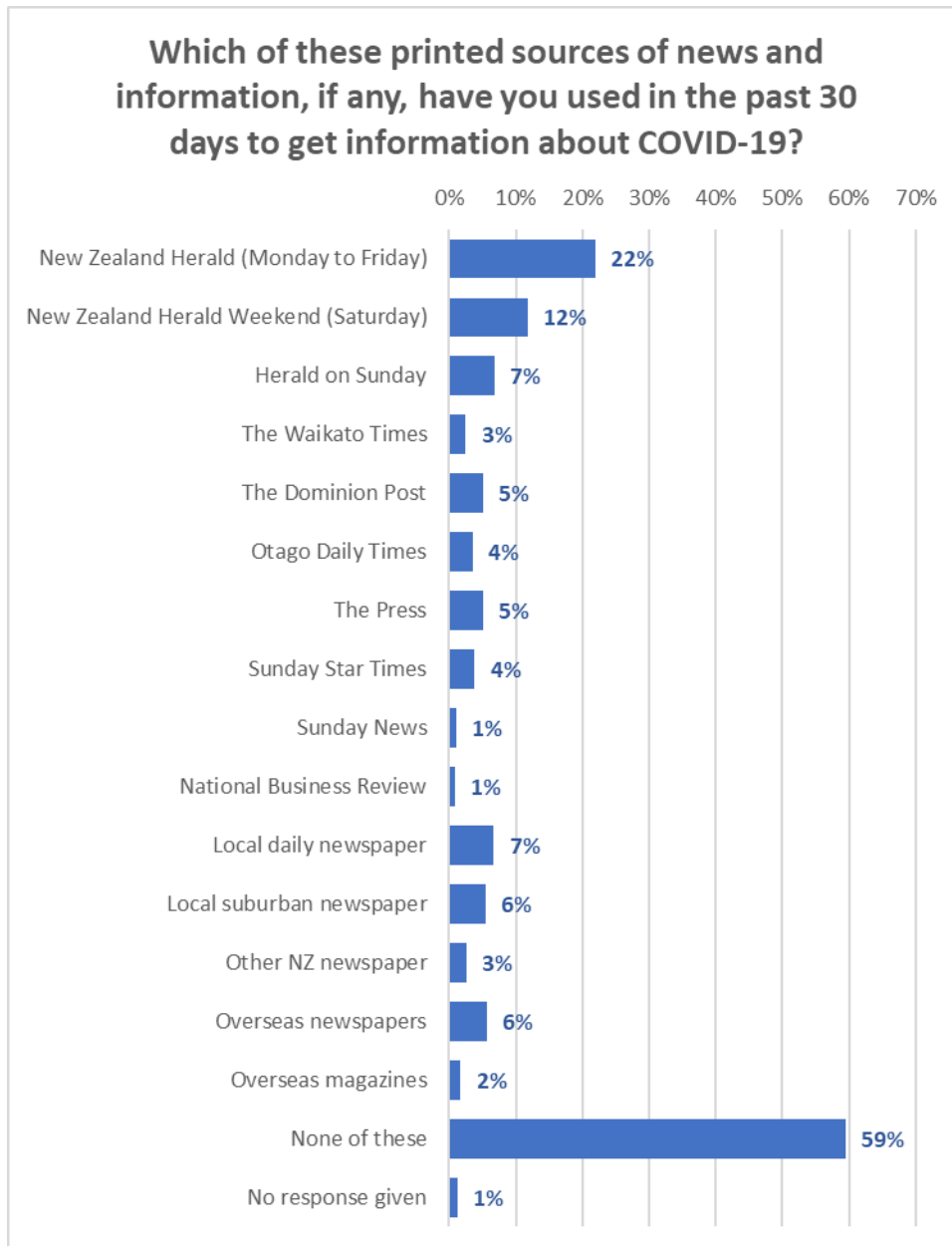
- Asian and Indian respondents had an above average preference for vaccines to be administered in schools (24% and 17% respectively, compared with 9% overall).
- Indian and Pasifika respondents for local halls (14% and 18% respectively, compared with 7% overall).
- Asian and Pasifika respondents for retirement villages/rest homes (18% and 17% respectively compared with 10% overall).
- Māori and Pasifika respondents (particularly females) for Māori health providers (24% and 20% compared with 12% overall).
- Pasifika respondents for Pasifika health providers (35% compared with 8% overall).

12. Media sources

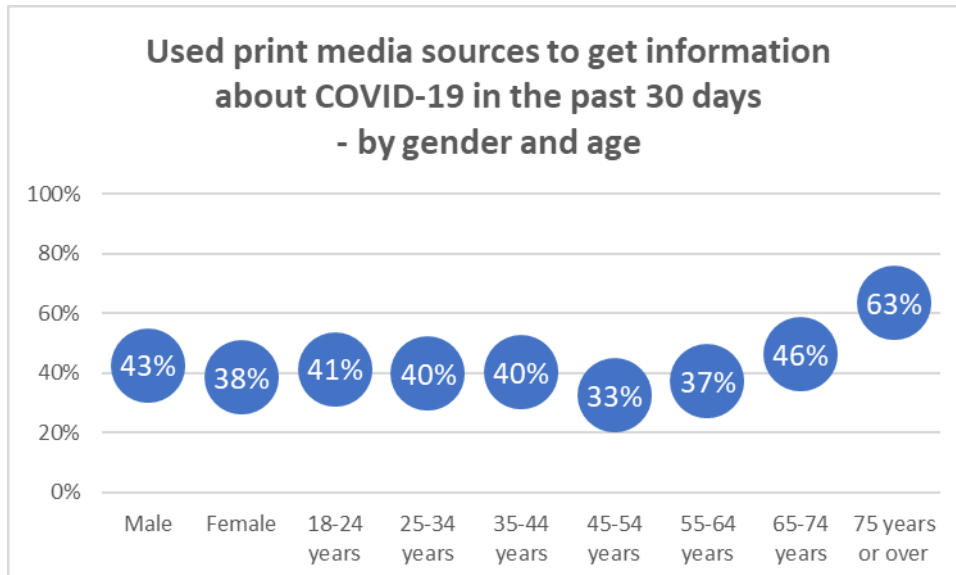
Respondents were asked how they accessed information about COVID-19 in the media.

12.1 Print media sources

41% of respondents (an estimated 1,459,700 New Zealand adults) had sourced information about COVID-19 from print media in the past 30 days.

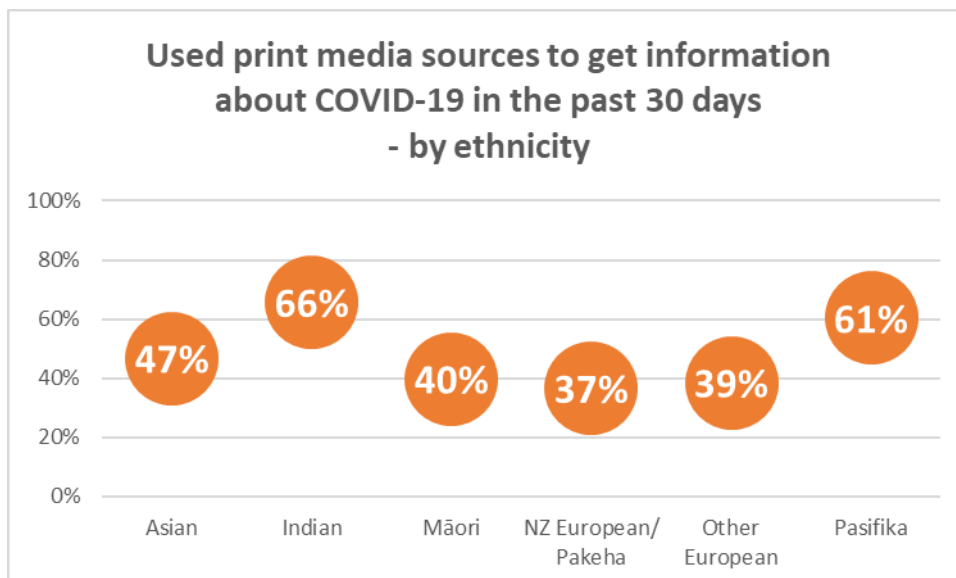


Use of print media to get news about COVID-19 was lower for females than for males, and was higher among those 65 years or over.

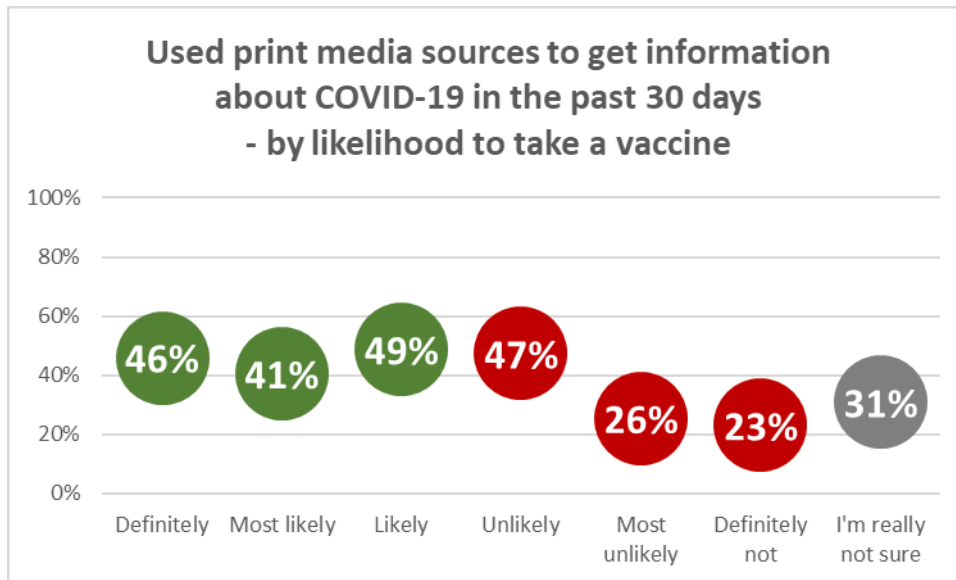


NB: Base for "Gender diverse" is too small for results to be significant

Māori, NZ European/Pakeha and "Other European" respondents all had around average use of print media to get news about COVID-19. Indian and Pasifika respondents had above average use.

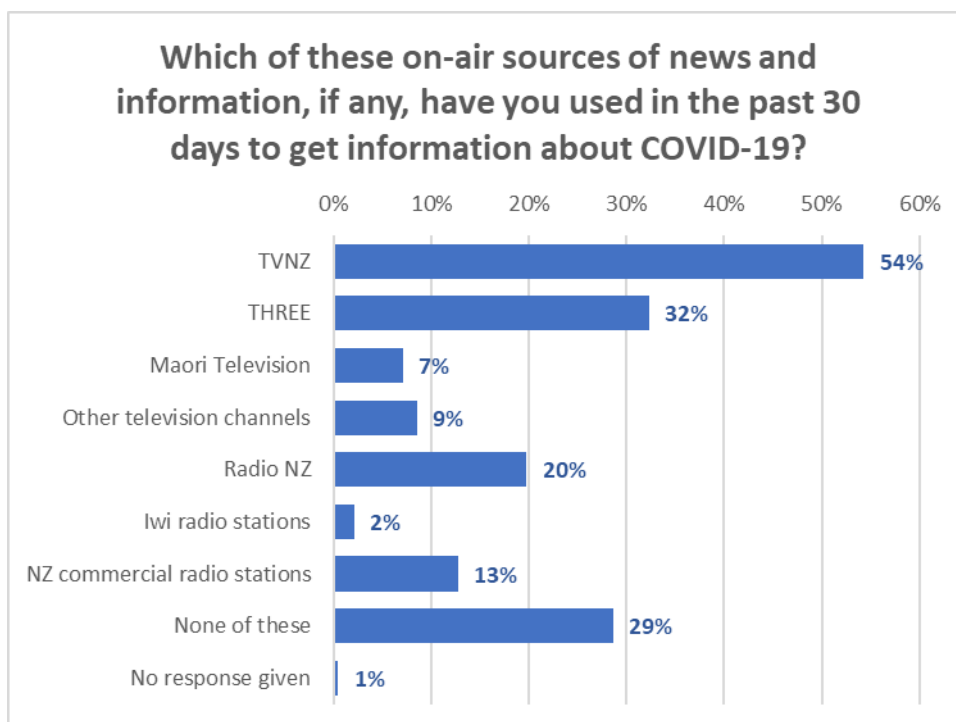


Print media use for news about COVID-19 is above average for those who are likely to take a vaccine and those who are “unlikely” to (possibly the easiest of the hesitant groups to convince to take a vaccine). It is below average for those who selected “most unlikely” and “definitely not”, and also for those who are unsure whether they will take it or not.

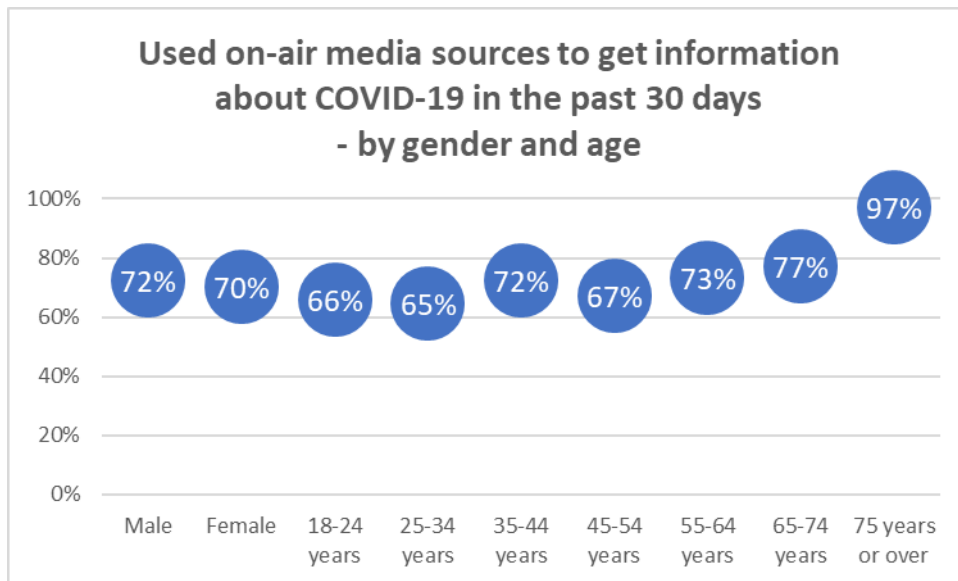


12.2 On-air media sources

71% of respondents (an estimated 2,563,400 New Zealand adults) used on-air media to get information about COVID-19 in the past 30 days.



Use of on-air media to get news about COVID-19 was lower than average among those under 35 years and higher than average among those 65 years or over.

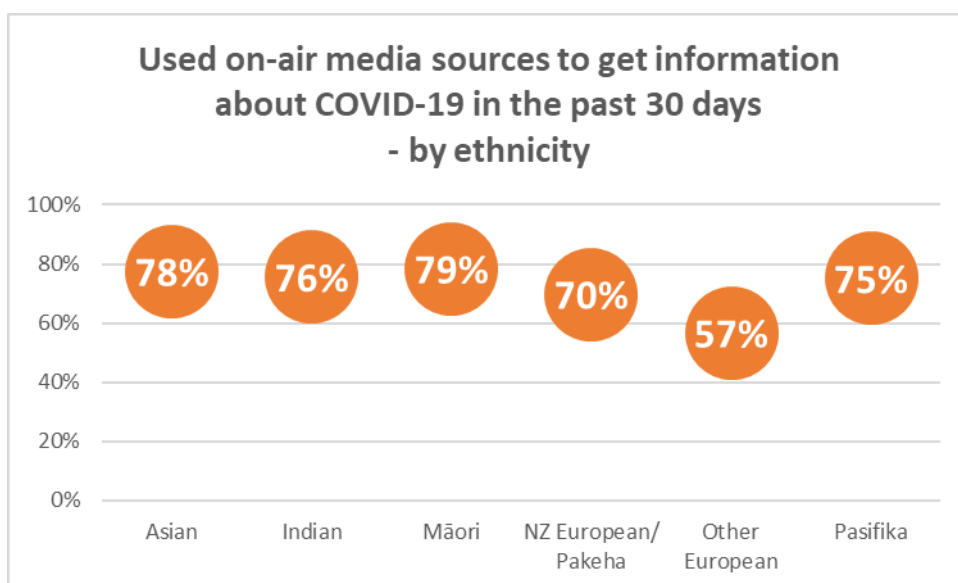


NB: Base for "Gender diverse" is too small for results to be significant

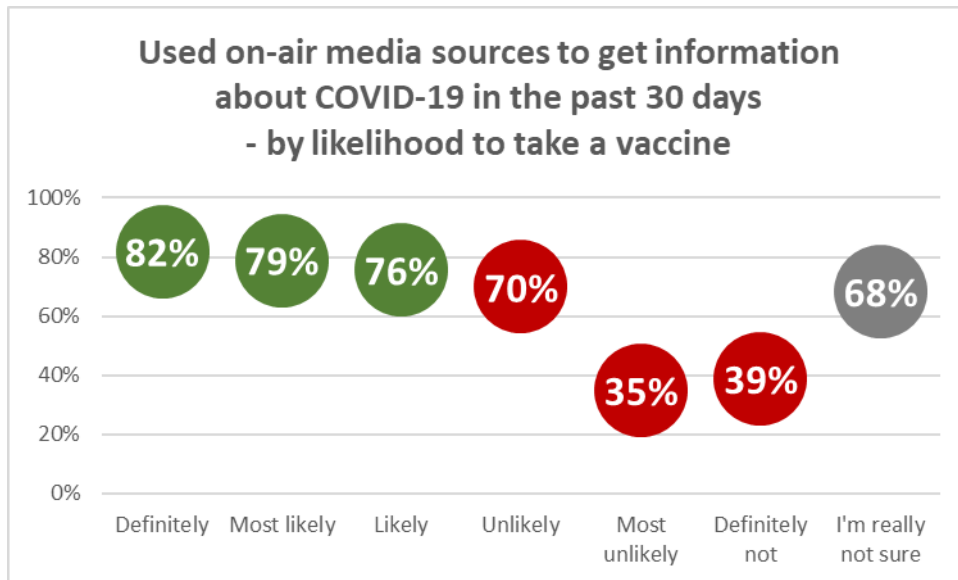
Māori and Pasifika respondents who used on air media reported using more sources (an average of 2.2 sources) than other ethnic groups (around 1.7 sources).

23% of Māori used Māori Television to get news about COVID-19 in the past 30 days. 33% of Pasifika respondents reported using Radio NZ – the highest proportion of any ethnic group.

Note how "Other European" respondents were much less likely than average to use on-air media to get news about COVID-19 in the past 30 days, with Māori a little above average.



As with print media, use of on-air media for news about COVID-19 is above average for those who are likely to take a vaccine. It is at an average level for those who are “unlikely” and those who were unsure whether they will take a vaccine or not. On-air media use is significantly below average for those who selected “most unlikely” and “definitely not”.



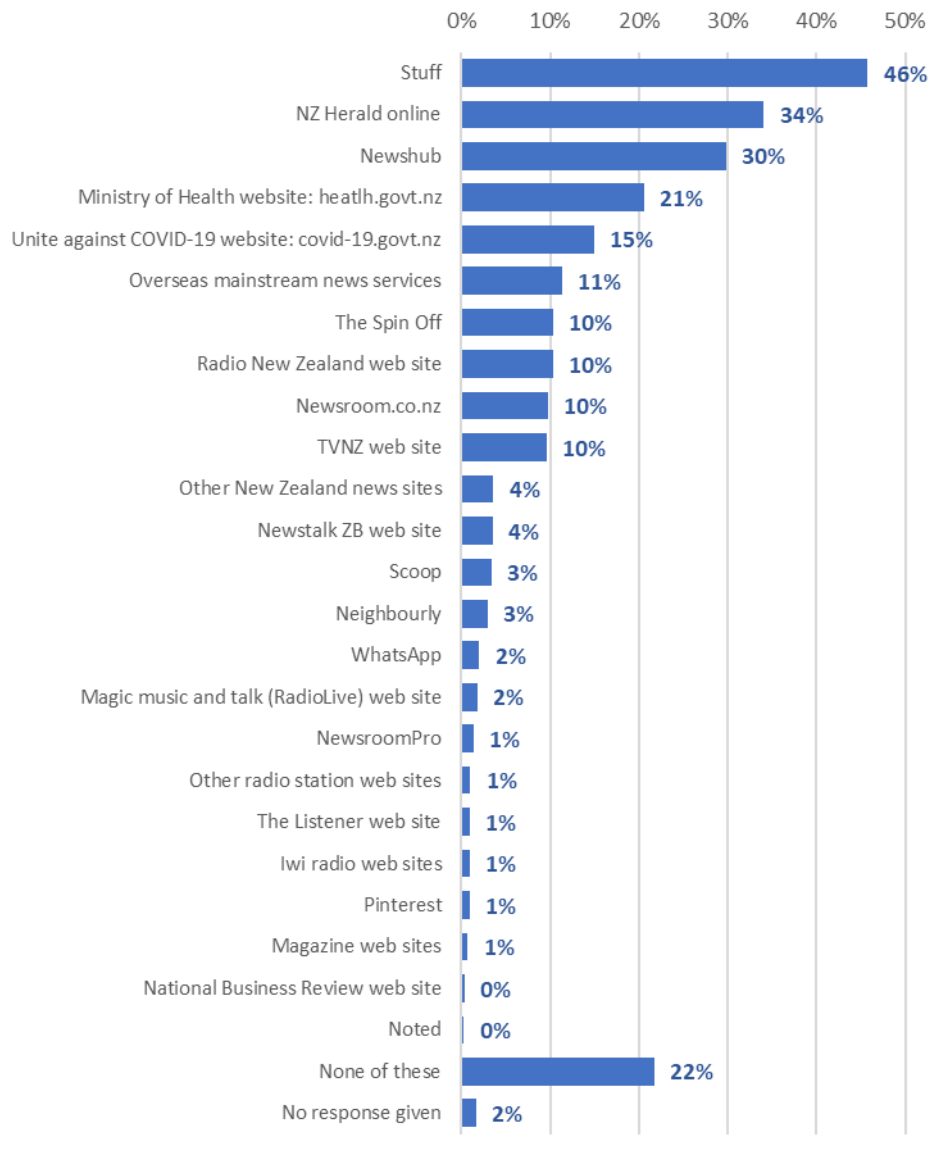
12.3 Online media sources

Use of online sources was greater than use of on-air or print sources: 78% of respondents (an estimated 2,815,100 New Zealand adults) reported using online sources to get information about COVID-19 in the past 30 days. On average, respondents used 2.8 different online sources.

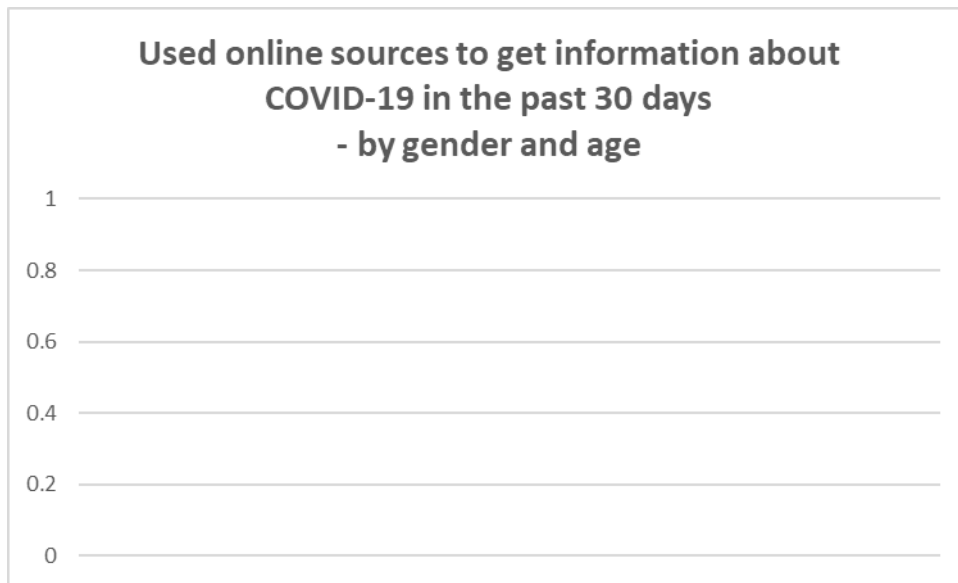
Use of Stuff was 46% - the highest of all online sources. Use of NZ Herald Online was 55% greater than use of the NZ Herald print edition.

Overseas mainstream news services were the 6th most used online source.

Which of these online sources of news and information, if any, have you used in the past 30 days to get information about COVID-19?



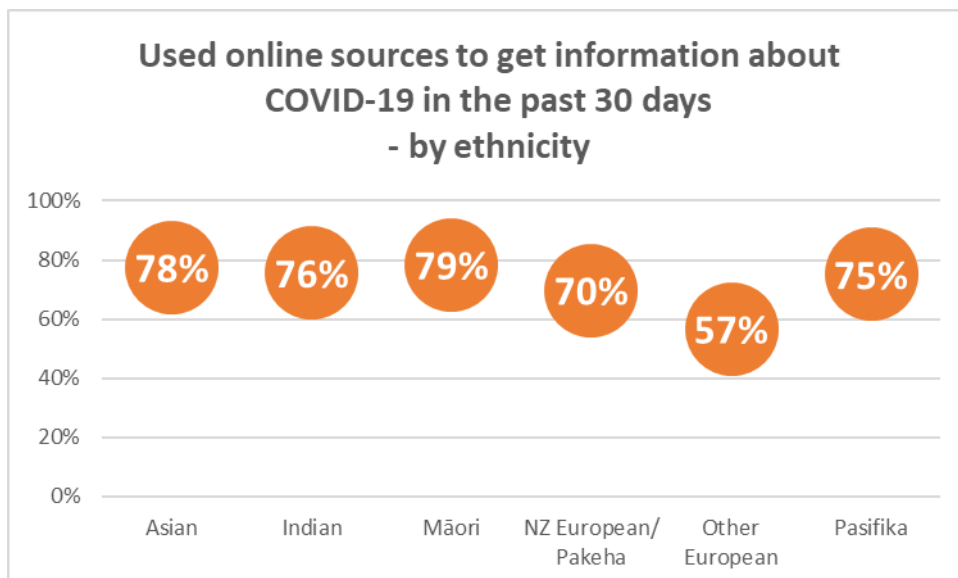
Use of online sources to get news and information about COVID-19 was highest among those aged 35-44 years and lowest among those aged 55-74 years.



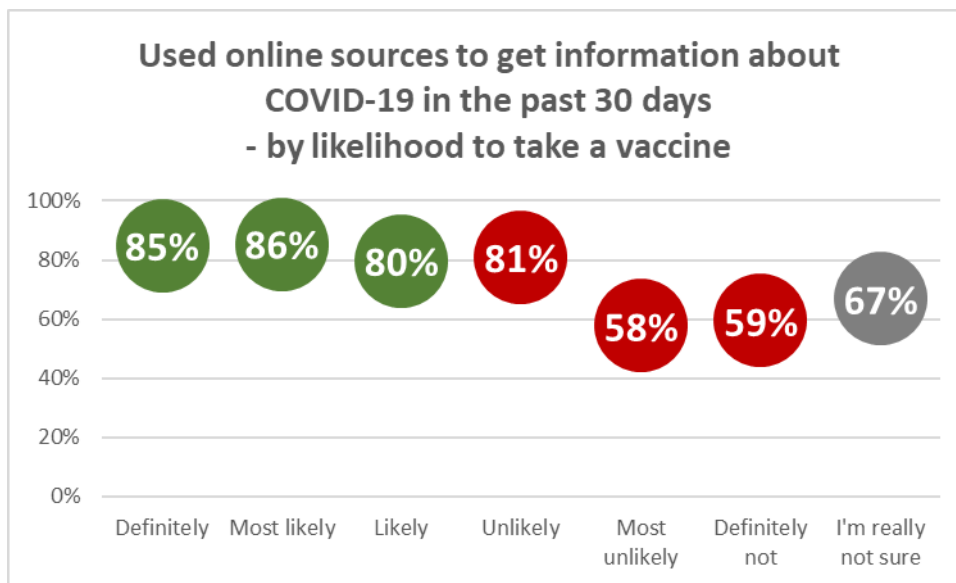
NB: Base for "Gender diverse" is too small for results to be significant

Pasifika respondents who used on online sources reported using more sources (an average of 3.9 sources) than other ethnic groups (around 2.8 sources).

Respondents of Indian, Māori and Other European ethnicities reported using Stuff less than other ethnic groups.



Use of online sources news and information about COVID-19 was above average for those who are “definitely” and “most likely” to take a vaccine. It is at an average level for those who are “likely” and “unlikely”, but below average for those who selected “most unlikely” and “definitely not” or who were unsure whether they will take a vaccine or not.



13. Social media

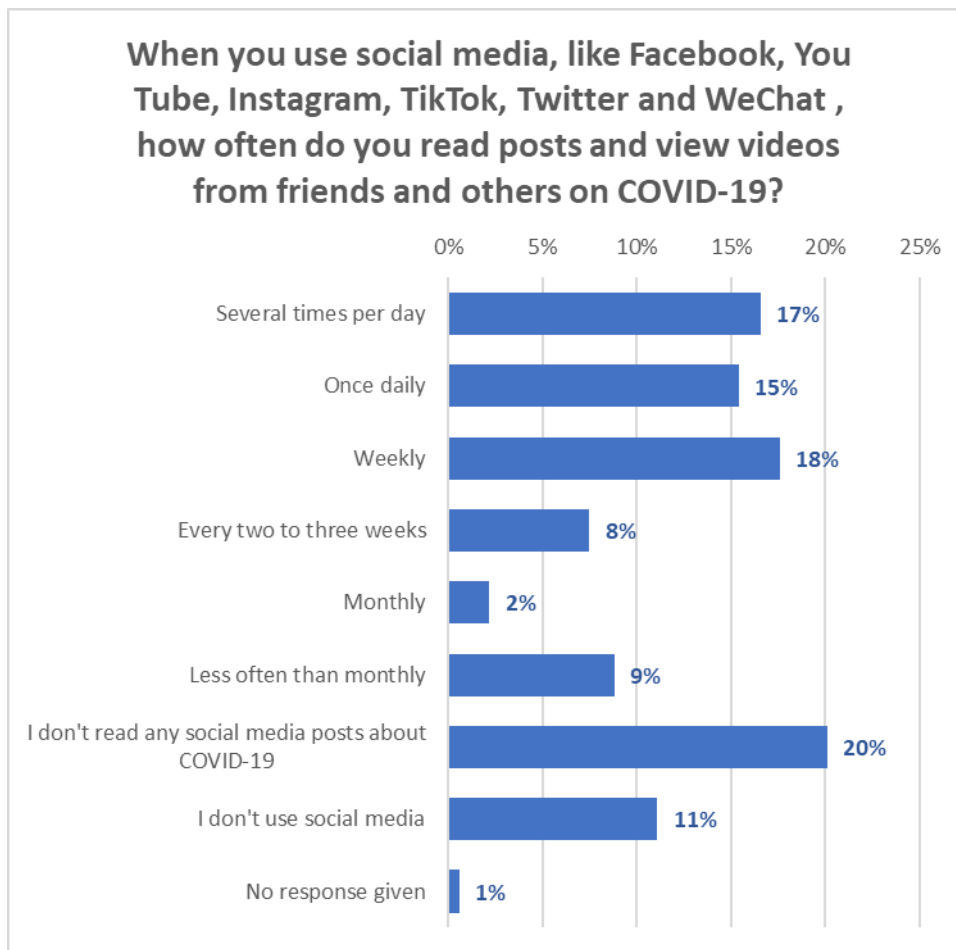
Respondents were asked about their social media use and the extent to which they believed social media posts about COVID-19.

13.1 Frequency of reading posts

32% of respondents reported reading posts or viewing videos from friends and others on COVID-19 at least once a day: 15% “once daily” and 17% “several times a day”.

20% said they did not read any social media posts about COVID-19 and 11% said they did not use social media. 1% did not give a response.

This suggests that 68% of New Zealand adults (around 2,448,400 people 18+) do read social media posts on COVID-19.



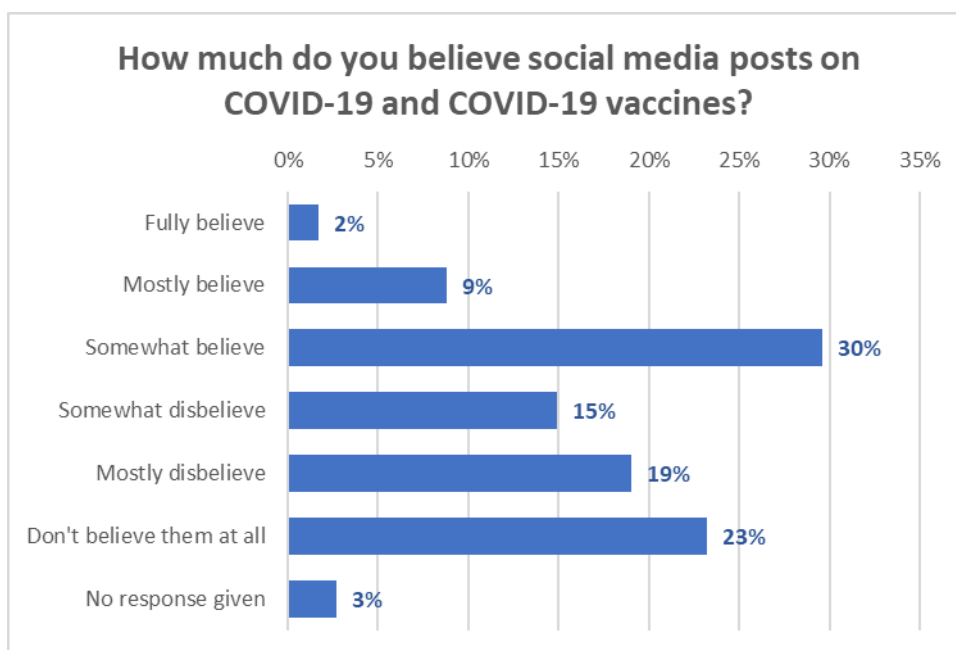
Post reading and video viewing frequency differences for age, gender, ethnic groups and willingness to take a COVID-19 vaccine were as follows:

Less than average	Average frequency	More than average
Females	65-74 years	Males
35-44 years	"Other European"	18-24 years
45-54 years	Most likely take vaccine	25-34 years
Māori	Unlikely to take vaccine	75 years or over
NZ European/Pakeha	Definitely not take vaccine	Asian
Likely to take vaccine		Indian
Most unlikely to take vaccine		Pasifika
Not sure on vaccine		Definitely take vaccine

13.2 Belief in social media posts on COVID-19 and COVID-19 vaccines

Respondents were asked how much they believed social media posts on COVID-19 and COVID-19 vaccines.

Overall, 41% at least somewhat believed the posts, while 57% disbelieved them. Note that the average level of disbelief was stronger than the average level of belief



Respondents under 45 years of age and over 75 years of age tended to believe social media posts on COVID-19 and COVID-19 vaccines more than those aged 45-74. 45-54-year olds were the most sceptical.

Asian respondents tended to have greater belief in social media posts on COVID-19 and COVID-19 vaccines, with 68% believing them and 27% disbelieving.

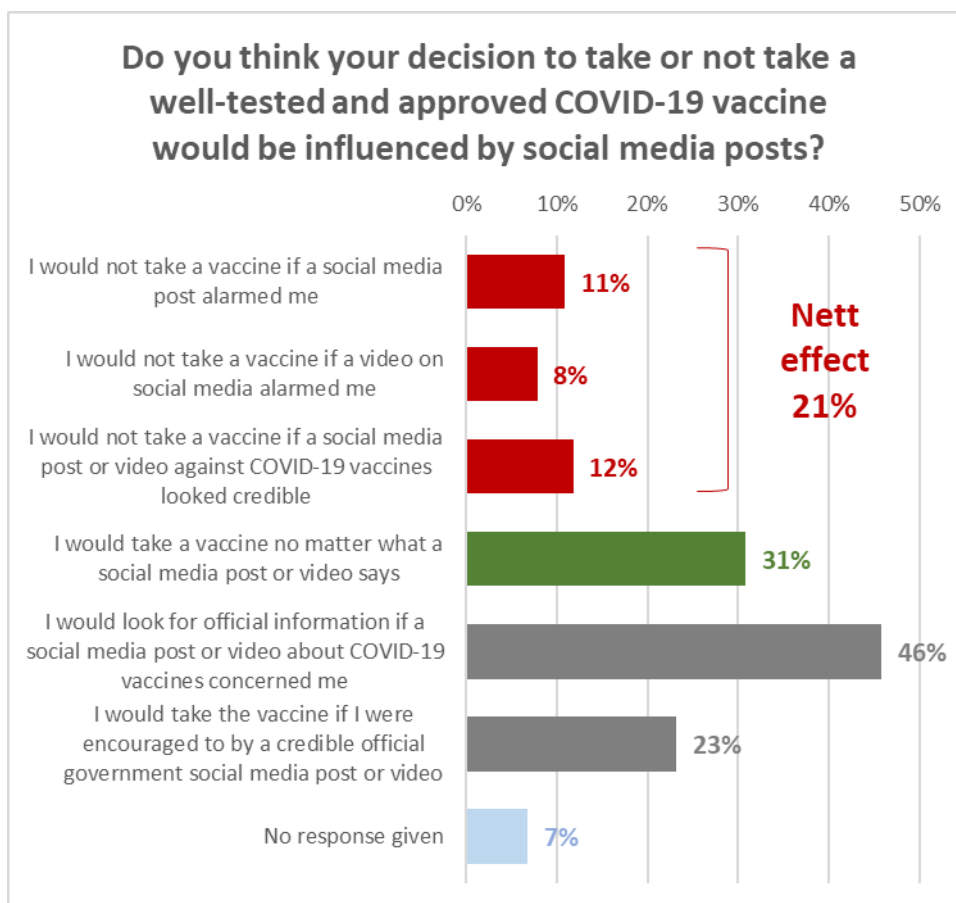
There were no significant differences in belief in social media posts about COVID-19 and COVID-19 vaccines by likelihood to take a COVID-19 vaccine.

Note that belief in social media posts increases as the frequency of reading posts and viewing videos from friends and others on COVID-19 increases.

13.3 Influence of social media posts

It is clear that social media posts have the ability to influence decision making on taking a COVID-19 vaccine. A nett 21% overall said they would not take a COVID-19 vaccine if a social media post or a video on social media alarmed them or was against COVID-19 vaccines and looked credible.

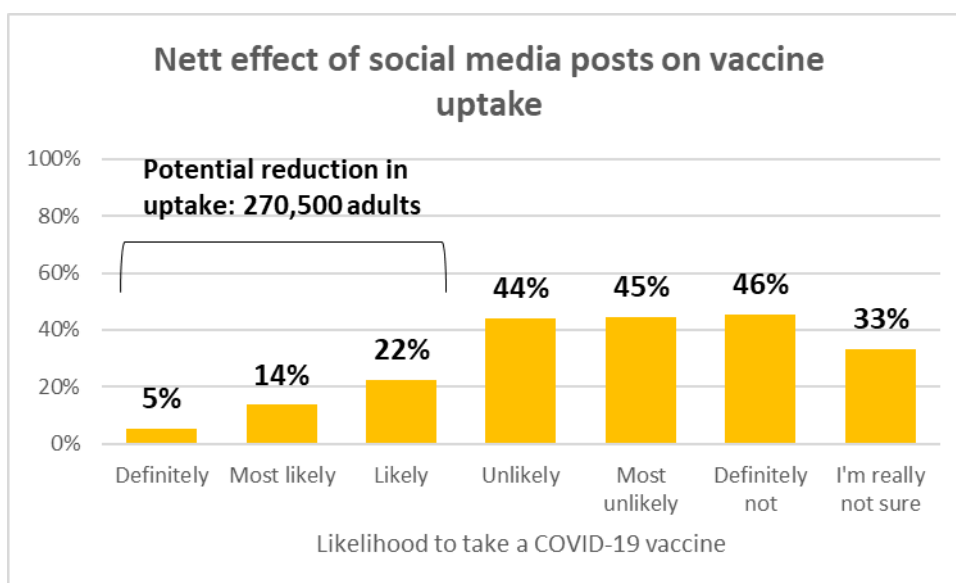
46% said they would look for official information if a social media post or video about COVID-19 vaccines concerned them, while 31% said they would still take a vaccine no matter what a social media post or video said.



All ethnic groups were affected; Pasifika particularly so.

Do you think your decision to take or not take a well-tested and approved COVID-19 vaccine would be influenced by social media posts?	ALL	ETHNICITY					
		Asian	Indian	Māori	NZ European/Pakeha	Other European	Pasifika
I would not take a vaccine if a social media post alarmed me	11%	17%	3%	14%	10%	15%	21%
I would not take a vaccine if a video on social media alarmed me	8%	12%	8%	11%	6%	11%	13%
I would not take a vaccine if a social media post or video against COVID-19 vaccines looked credible	12%	18%	23%	10%	11%	8%	22%
I would take a vaccine no matter what a social media post or video says	31%	19%	30%	30%	32%	37%	19%
I would look for official information if a social media post or video about COVID-19 vaccines concerned me	46%	42%	33%	37%	49%	33%	46%
I would take the vaccine if I were encouraged to by a credible official government social media post or video	23%	29%	40%	22%	23%	23%	24%
No response given	7%	8%	0%	8%	7%	9%	1%
N (unweighted)	1,429	82	60	288	969	110	52

Social media posts or videos have the ability to reduce uptake of a vaccine by around 270,500 adults. The effect is likely to be greatest where likelihood to take a vaccine is weakest.



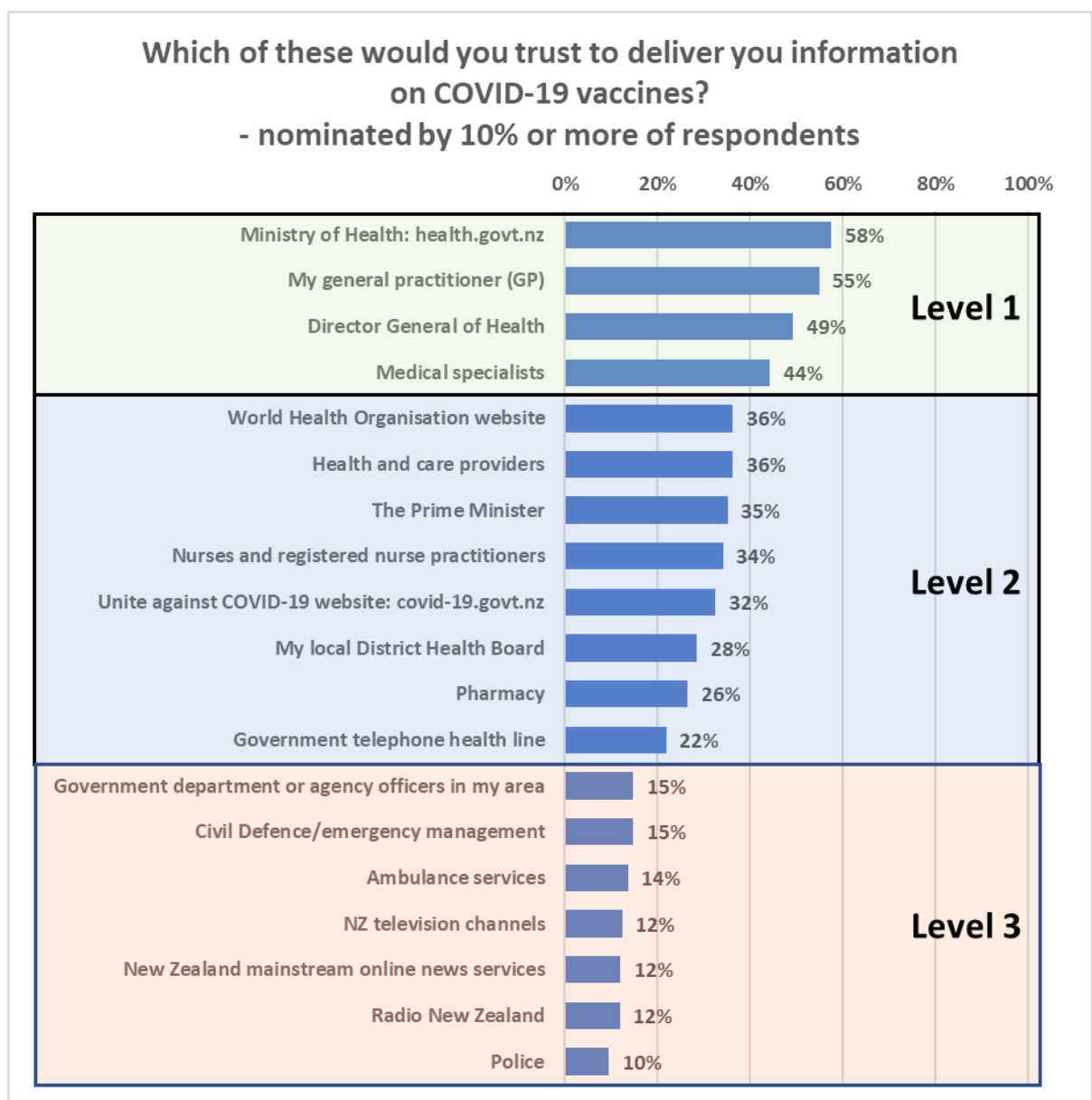
14. Trusted to deliver information on COVID-19 vaccines

Respondents were asked to choose from a list which people or organisations they would trust to deliver them information on COVID-19 vaccines.

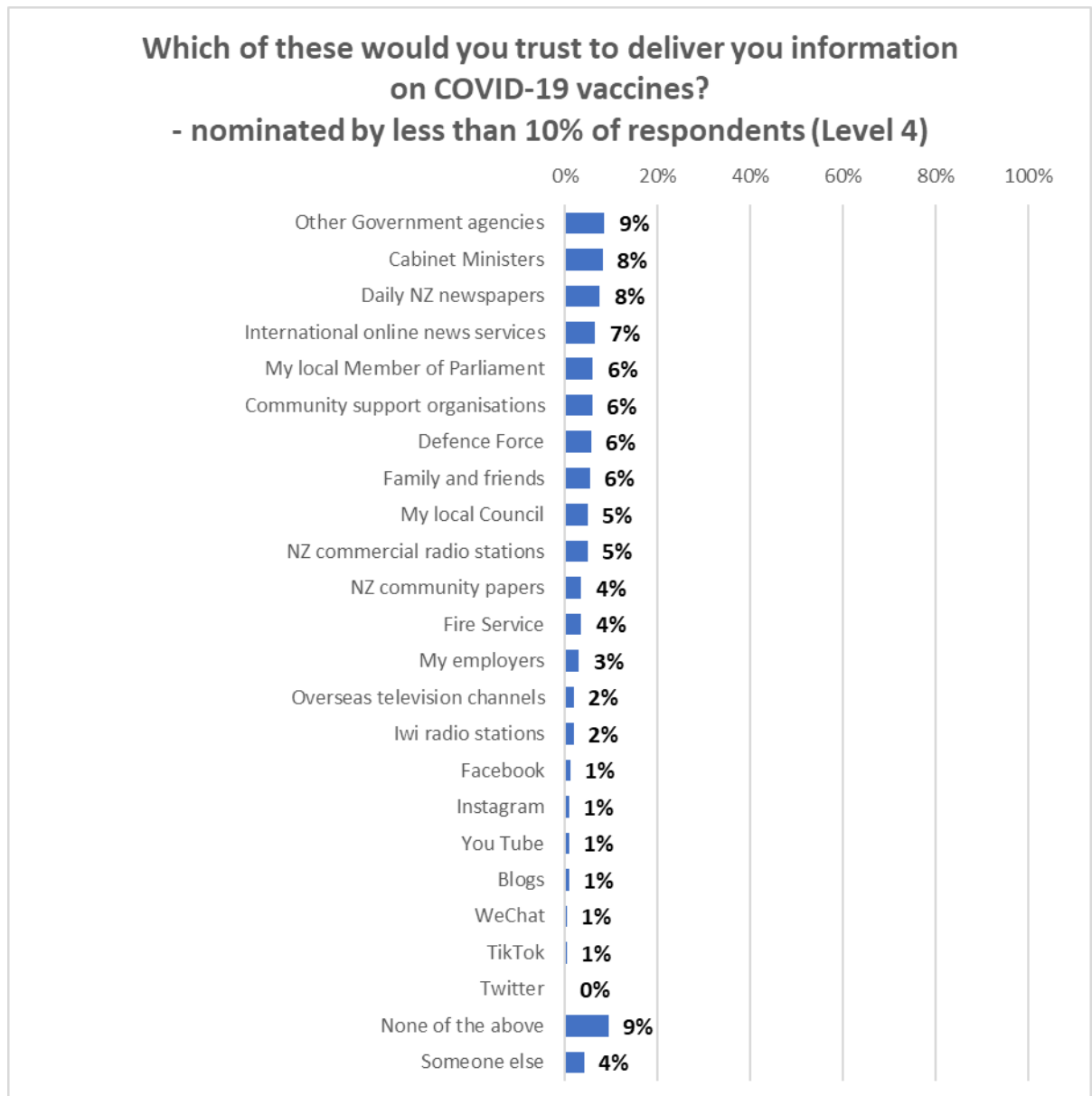
The overall results were in four clear trust levels:

- Level 1: Those trusted by more than 40% of respondents (4 people or organisations).
- Level 2: Those trusted by 20% to 40% of respondents (8 people or organisations).
- Level 3: Those trusted by 10% to 19% of respondents (7 people or organisations).
- Level 4: Those trusted by less than 10% of respondents (22 people or organisations).

The following chart shows the overall results for the first three of these levels.



The next chart shows those who are trusted by fewer than 10% of respondents (Level 4). Note that 9% overall do not trust any of the people or organisations on the list.



Note that despite the social media results shown in the previous section of the report, “Family and friends” and social media sources ranked in Level 4: respondents seemed to place more trust in official sources and health experts.

Apart from ranking order, movement in the sets of people and organisations between Levels 1 and 2 were minimal and changes were largely confined to Levels 3 and 4. Differences by gender, age and ethnicity were:

- Male respondents ranked “Cabinet Ministers” in Level 3.
- Female respondents ranked “Radio New Zealand” and “police” in Level 4.
- 18-24-year olds ranked “Government department or agency officers in my area” in Level 2 ahead of “Government telephone health line”. They ranked “Other Government agencies”, “My local Council”, “Cabinet Ministers”, “International online news services” and “Family and friends” in Level 3, with “NZ television channels” ranked in Level 4.
- 25-34-year olds ranked “Other Government agencies”, “Cabinet Ministers” and “Defence Force” in Level 3.
- 35-44-year olds.
- 45-54-year olds ranked “New Zealand mainstream online news services” in Level 4.
- 55-64-year olds ranked “Ambulance services” in Level 4.
- 65-74-year olds ranked “Daily NZ newspapers” in Level 3.
- Those 75 years or over ranked “Daily NZ newspapers” in Level 3, “Civil Defence” in Level 4.
- Māori ranked “Ambulance services”, “Radio New Zealand” and “Police” in Level 4. 4% said they trusted Iwi radio stations. Note that 11% of Māori did not trust any of the people or organisations on the list to deliver them information on COVID-19 vaccines. This should be explored further.
- Pasifika respondents ranked “My local Member of Parliament” and “Family and friends” in Level 3; “NZ television channels”, “New Zealand mainstream online news services” and “Radio New Zealand” in Level 4. Note that 23% of Pasifika respondents did not trust any of the people or organisations on the list to deliver them information on COVID-19 vaccines. This should be explored further.
- Asian respondents ranked “Family and friends”, “Daily NZ newspapers” and “NZ community papers” in Level 3; “Civil Defence” and “Radio New Zealand” in Level 4. No Asian respondents had trust in the Police to deliver them information on COVID-19 vaccines. 9% trusted Facebook.
- Indian respondents ranked “Community support organisations” and “International online news services” in Level 3; “New Zealand mainstream online news services”, “Radio New Zealand” and “Police” in Level 4. Note that 9% of Indian respondents trusted Facebook, 6% YouTube and 5% TikTok.
- For “Other European” respondents, trust at Level 3 was confined to “Government telephone health line” (Level 2 overall) and “Radio New Zealand” only. 17% did not trust any of the people or organisations on the list to deliver them information on COVID-19 vaccines. This should be explored further.
- NZ European/Pakeha respondents ranked “Other Government agencies” and “Cabinet Ministers” in Level 3.

By likelihood to have a vaccine (see demographic profiles in Appendix 2), differences are:

- 54% of those who said they would “**definitely not**” take a vaccine did not trust any of the people or organisations on the list. As an indication of their overall trust in listed people or organisations, they generally only have one trusted source from the list, compared with 6.3 overall.

None of the list rank at Levels 1 or 2 for those who would “definitely not” take a COVID-19 vaccine and only 3 of the list rank at Level 3: “Ministry of Health”, “My general practitioner (GP)” and “Director General of Health”. 7% trust “International online news services”, 7% trust “Medical specialists” and 6% trust “Family and friends”.

- 23% of those who said they were “**most unlikely**” to take a COVID-19 vaccine did not trust any of the people or organisations on the list. They generally have an average of 3 trusted sources from the list, compared with 6.3 overall.

None of the list rank at Level 1 for those who were “most unlikely” to take a COVID-19 vaccine. “Ministry of Health: health.govt.nz”, “My general practitioner (GP)”, “Director General of Health”, “Medical specialists”, “World Health Organisation website”, “Health and care providers” and “The Prime Minister” rank at Level 2. “Nurses and registered nurse practitioners”, “Unite against COVID-19 website: covid-19.govt.nz”, “My local District Health Board” and “Pharmacy” rank at Level 3.

4% trust Facebook, and 4% trust “International online news services”.

- 16% of those who said they were “**unlikely**” to take a COVID-19 vaccine did not trust any of the people or organisations on the list. They generally have an average of 4.2 trusted sources from the list, compared with 6.3 overall.

Only “Ministry of Health: health.govt.nz”, ranks at Level 1 for this group. “My general practitioner (GP)”, “Director General of Health”, “Medical specialists”, “World Health Organisation website” “Health and care providers”, “The Prime Minister” and “Unite against COVID-19 website: covid-19.govt.nz” rank at Level 2.

“Nurses and registered nurse practitioners”, “My local District Health Board”, “Pharmacy”, “Government telephone health line” and “Government department or agency officers in my area” rank at Level 3.

8% trust “Family and friends”, and 6% trust “Cabinet Ministers”.

Because there are higher levels of trust for this group, it will be easier to target mainstream communications to them.

- 1% of those who said they were “**likely**” to take a COVID-19 vaccine did not trust any of the people or organisations on the list. They generally have an average of 6.0 trusted sources from the list, compared with 6.3 overall.

All Level 1 and 2 trusted people or organisations remain at Level 1 and 2 for this group. “Civil Defence” drops to Level 4”.

5% trust “Family and friends”.

- 2% of those who said they were “**most likely**” to take a COVID-19 vaccine did not trust any of the people or organisations on the list. They generally have an average of 7.6 trusted sources from the list, compared with 6.3 overall.

All Level 1, 2 and 3 trusted people or organisations remain at Levels 1, 2 or 3 for this group. “Cabinet Ministers” and “My local Member of Parliament” are ranked in Level 3 as well.

7% trust “Family and friends”.

- None of those who said they would “**definitely**” take a COVID-19 vaccine did not trust any of the people or organisations on the list. They generally have an average of 8.4 trusted sources from the list, compared with 6.3 overall.

All Level 1, 2 and 3 trusted people or organisations remain at Levels 1, 2 or 3 for this group. “Other Government agencies”, “Cabinet Ministers”, “Daily NZ newspapers” and “Defence Force” are ranked in Level 3 as well.

4% trust “Family and friends”.

APPENDIX 1 – SAMPLE

Sample

This online survey has a stratified sample of 1,438 respondents, consisting of 1,176 members of Horizon’s national panels and 262 members of a third-party research panel (used for source diversity), all of which represent the New Zealand population 18+. Responses to the survey were received between December 1 and 4, 2020.

The sample is weighted on age, gender, highest education, personal income, employment and region and has a maximum margin of error at a 95% confidence level of $\pm 2.6\%$ overall.

Contact

For more information about this survey, please contact:

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Graeme Colman, email gcolman@horizonresearch.co.nz, telephone 021 848 576.

APPENDIX 2 – PROFILES

DEMOGRAPHIC PROFILE: Likelihood 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
	100%	34%	20%	14%	7%	5%	11%	9%

GENDER

Male	49%	56%	51%	49%	40%	35%	47%	35%
Female	51%	43%	49%	51%	60%	65%	53%	65%
Gender diverse	4%	1%	0%	0%	0%	0%	1%	1%

AGE GROUP

18-24 years	15%	12%	19%	12%	30%	8%	21%	6%
25-34 years	16%	19%	13%	17%	13%	24%	8%	16%
35-44 years	16%	11%	18%	17%	19%	18%	20%	21%
45-54 years	18%	19%	15%	16%	13%	13%	23%	24%
55-64 years	16%	14%	15%	19%	10%	25%	18%	23%
65-74 years	14%	16%	13%	18%	13%	13%	11%	9%
75 years or over	5%	9%	8%	2%	2%	0%	0%	1%

AVERAGE AGE (years)

	46.9	49.1	46.5	47.5	40.8	46.3	44.4	47.4
% difference from overall average		+4.6%	--0.8%	+1.2%	--13%	--1.2%	--5.4%	+1.2%

DEMOGRAPHIC PROFILE: Likelihood 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
	100%	34%	20%	14%	7%	5%	11%	9%

HOUSEHOLD INCOME

Less than \$20,000 per year	12%	7%	11%	6%	24%	7%	17%	26%
Between \$20,001 and \$30,000 per year	13%	11%	10%	16%	10%	11%	24%	15%
Between \$30,001 and \$50,000 per year	20%	21%	19%	16%	15%	34%	20%	21%
Between \$50,001 and \$70,000 per year	14%	11%	13%	22%	14%	22%	10%	11%
Between \$70,001 and \$100,000 per year	12%	12%	17%	9%	14%	5%	12%	9%
Between \$100,001 and \$150,000 per year	11%	14%	12%	13%	6%	7%	6%	6%
Between \$150,001 and \$200,000 per year	4%	7%	6%	1%	0%	1%	4%	3%
More than \$200,000 per year	3%	5%	1%	2%	2%	2%	0%	0%
Don't know/ prefer not to say	12%	13%	10%	15%	15%	12%	8%	11%

AVERAGE HOUSEHOLD INCOME (\$)	\$65,440	\$79,420	\$68,810	\$63,280	\$51,460	\$55,620	\$49,990	\$45,090
% difference from overall average		+21.4%	+5.1%	--3.3%	--21.4%	--15%	--23.6%	--31.1%

PERSONAL INCOME

Less than \$20,000 per year	39%	36%	36%	38%	34%	31%	48%	55%
Between \$20,001 and \$30,000 per year	14%	13%	18%	11%	11%	11%	15%	16%
Between \$30,001 and \$50,000 per year	21%	21%	20%	23%	20%	40%	19%	14%
Between \$50,001 and \$70,000 per year	6%	6%	7%	9%	9%	3%	3%	5%
Between \$70,001 and \$100,000 per year	6%	8%	7%	6%	9%	3%	3%	2%
Between \$100,001 and \$150,000 per year	2%	3%	3%	3%	1%	3%	1%	1%
Between \$150,001 and \$200,000 per year	1%	2%	1%	1%	0%	2%	1%	0%
More than \$200,000 per year	1%	2%	0%	0%	0%	0%	0%	0%
Don't know/ prefer not to say	10%	11%	9%	10%	16%	7%	10%	7%

AVERAGE PERSONAL INCOME (\$)	\$34,410	\$39,220	\$34,370	\$34,550	\$34,620	\$36,580	\$26,340	\$22,930
% difference from overall average		+14%	--0.1%	+0.4%	+0.6%	+6.3%	--23.5%	--33.4%

DEMOGRAPHIC PROFILE: Likelihood 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
	100%	34%	20%	14%	7%	5%	11%	9%

EMPLOYED

Yes	65%	64%	73%	69%	62%	77%	53%	57%
No	35%	36%	27%	31%	38%	23%	47%	43%

OCCUPATION

Professional/Senior Government Official	6%	7%	6%	8%	4%	4%	1%	2%
Business Manager/Executive	4%	5%	5%	4%	5%	0%	2%	2%
Business Proprietor/Self-employed	7%	6%	7%	5%	10%	3%	13%	8%
Teacher/Nurse/Police or other trained service worker	7%	8%	6%	6%	5%	9%	2%	9%
Clerical/Sales Employee	14%	13%	17%	19%	12%	15%	9%	17%
Farm Owner/manager	1%	2%	1%	0%	1%	4%	1%	0%
Technical/mechanical/Skilled Worker	6%	8%	4%	6%	8%	4%	10%	1%
Labourer/Agricultural or Domestic Worker	8%	6%	11%	11%	7%	18%	4%	8%
Home-maker (not otherwise employed)	7%	5%	5%	7%	10%	15%	9%	9%
Student	8%	9%	5%	7%	14%	4%	8%	6%
Retired/Superannuitant	12%	17%	11%	7%	5%	7%	10%	9%
Unemployed/Beneficiary	10%	8%	9%	6%	8%	6%	18%	15%
Don't know/prefer not to say	11%	7%	13%	13%	11%	10%	12%	15%

HIGHEST QUALIFICATION

Postgraduate degree (Masters' degree or PhD)	7%	11%	9%	6%	5%	4%	1%	4%
Undergraduate (Bachelor) degree	16%	17%	19%	24%	12%	12%	8%	11%
Vocational qualification (includes trade certificates, diplomas etc)	14%	14%	15%	15%	9%	12%	12%	15%
University Bursary or 7th form	7%	8%	6%	8%	8%	1%	5%	3%
Sixth form/UE/NCEA Level 2	19%	12%	18%	26%	38%	24%	18%	20%
NCEA Level 1 or School Certificate	17%	16%	11%	7%	12%	25%	37%	23%
No formal school qualification	14%	16%	16%	11%	7%	16%	11%	15%
Prefer not to say	7%	5%	7%	4%	10%	7%	8%	9%

DEMOGRAPHIC PROFILE: Likelihood 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
	100%	34%	20%	14%	7%	5%	11%	9%

HOUSEHOLD TYPE

Single person household	14%	14%	12%	16%	13%	10%	12%	26%
Couple only (no children/none at home)	23%	30%	21%	22%	22%	28%	15%	11%
Two parent family, one or two children at home	25%	21%	24%	30%	24%	14%	30%	32%
Two parent family, three or more children at home	8%	8%	12%	7%	8%	5%	6%	5%
One parent family, one or two children at home	9%	6%	8%	6%	9%	23%	16%	8%
One parent family, three or more children at home	3%	1%	2%	3%	7%	5%	2%	4%
Flatting or boarding - not a family home	9%	8%	15%	10%	8%	7%	4%	2%
Extended family	6%	9%	5%	5%	4%	3%	3%	1%
Prefer not to say	5%	4%	1%	2%	6%	4%	11%	11%

Children in Household	44%	36%	47%	45%	47%	47%	55%	50%
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ETHNIC GROUP

Asian	5%	3%	6%	7%	1%	8%	4%	9%
Indian	3%	3%	5%	8%	2%	4%	1%	1%
Maori	25%	24%	24%	22%	28%	22%	30%	25%
Middle Eastern/Arabic	0%	0%	0%	1%	0%	0%	0%	0%
NZ European/Pakeha	68%	75%	66%	60%	69%	68%	63%	67%
Other European (includes Australian, South African, British etc)	7%	5%	9%	7%	7%	10%	12%	6%
Pasifika	5%	4%	4%	5%	5%	6%	9%	3%
Other	5%	4%	6%	3%	4%	3%	8%	3%

DEMOGRAPHIC PROFILE: Likelihood 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
	100%	34%	20%	14%	7%	5%	11%	9%

REGION

Northland	5%	4%	2%	9%	7%	6%	5%	4%
Auckland	33%	36%	37%	31%	25%	30%	32%	31%
Waikato	9%	10%	7%	8%	7%	5%	10%	12%
Bay of Plenty	6%	4%	5%	8%	12%	8%	8%	4%
Taranaki	3%	2%	6%	0%	1%	2%	5%	1%
Gisborne/Hawkes' Bay	4%	4%	5%	2%	4%	3%	2%	3%
Wairarapa	1%	1%	1%	1%	1%	0%	2%	1%
Whanganui/Manawatu/Palmerston	5%	4%	5%	3%	4%	7%	7%	8%
North/Rangitikei/Ruapehu/Horowhenua	10%	11%	10%	12%	14%	3%	6%	11%
Nelson/Tasman/Marlborough	3%	2%	5%	2%	7%	2%	2%	1%
Canterbury	13%	14%	11%	14%	12%	21%	12%	11%
West Coast	1%	0%	1%	2%	0%	0%	1%	1%
Otago	6%	6%	3%	5%	1%	11%	5%	13%
Southland	2%	1%	3%	3%	6%	1%	2%	0%
North Island	76%	78%	78%	74%	74%	66%	77%	74%
Auckland	33%	36%	37%	31%	25%	30%	32%	31%
Upper North Island excluding Auckland	20%	19%	14%	26%	25%	20%	23%	20%
Lower North Island	23%	23%	27%	18%	23%	16%	23%	24%
South Island	24%	22%	22%	26%	26%	34%	23%	26%

DEMOGRAPHIC PROFILE: Reasons for not taking a COVID-19 vaccine	All	You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?							
		I would need to be assured about its safety	I don't take any vaccine	I don't trust any vaccine	I don't see the need to take a COVID-19 vaccine	I won't be able to afford a COVID-19 vaccine	I'd rather wait and see if others who have taken it suffer any side effects	I'd like to make sure that others who need it get it	Some other reason
		100%	51%	19%	25%	25%	10%	48%	23%

GENDER

Male	49%	36%	44%	51%	54%	30%	34%	37%	47%
Female	51%	64%	56%	48%	46%	70%	66%	62%	52%
Gender diverse	4%	0%	1%	1%	0%	0%	0%	1%	1%

AGE GROUP

18-24 years	15%	14%	27%	25%	24%	16%	13%	10%	3%
25-34 years	16%	19%	9%	8%	13%	18%	19%	15%	11%
35-44 years	16%	22%	11%	14%	16%	27%	24%	19%	14%
45-54 years	18%	19%	15%	22%	20%	11%	20%	23%	19%
55-64 years	16%	16%	23%	20%	14%	4%	13%	14%	39%
65-74 years	14%	9%	16%	12%	13%	24%	10%	20%	14%
75 years or over	5%	1%	0%	0%	0%	0%	2%	0%	0%

AVERAGE AGE (years)

AVERAGE AGE (years)	46.9	43.8	44.7	44.4	43.0	44.2	43.9	47.9	52.2
% difference from overall average		--6.7%	--4.8%	--5.4%	--8.3%	--5.8%	--6.4%	+2%	+11.3%

DEMOGRAPHIC PROFILE: Reasons for not taking a COVID-19 vaccine	All	You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?							
		I would need to be assured about its safety	I don't take any vaccine	I don't trust any vaccine	I don't see the need to take a COVID-19 vaccine	I won't be able to afford a COVID-19 vaccine	I'd rather wait and see if others who have taken it suffer any side effects	I'd like to make sure that others who need it get it	Some other reason
		100%	51%	19%	25%	25%	10%	48%	23%

HOUSEHOLD INCOME

Less than \$20,000 per year	12%	18%	31%	23%	16%	32%	15%	24%	23%
Between \$20,001 and \$30,000 per year	13%	16%	23%	24%	17%	22%	18%	19%	12%
Between \$30,001 and \$50,000 per year	20%	23%	23%	16%	18%	13%	25%	19%	21%
Between \$50,001 and \$70,000 per year	14%	13%	9%	13%	10%	15%	13%	8%	5%
Between \$70,001 and \$100,000 per year	12%	12%	5%	10%	11%	7%	11%	10%	10%
Between \$100,001 and \$150,000 per year	11%	5%	5%	3%	7%	2%	5%	5%	10%
Between \$150,001 and \$200,000 per year	4%	1%	0%	0%	6%	0%	1%	2%	3%
More than \$200,000 per year	3%	1%	0%	0%	1%	0%	1%	1%	2%
Don't know/ prefer not to say	12%	12%	4%	11%	14%	9%	10%	12%	15%

AVERAGE HOUSEHOLD INCOME (\$)	\$65,440	\$49,490	\$35,750	\$39,520	\$57,750	\$34,500	\$49,680	\$45,510	\$54,290
% difference from overall average		--24.4%	--45.4%	--39.6%	--11.8%	--47.3%	--24.1%	--30.5%	--17%

DEMOGRAPHIC PROFILE: Reasons for not taking a COVID-19 vaccine	All	You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?							
		I would need to be assured about its safety	I don't take any vaccine	I don't trust any vaccine	I don't see the need to take a COVID-19 vaccine	I won't be able to afford a COVID-19 vaccine	I'd rather wait and see if others who have taken it suffer any side effects	I'd like to make sure that others who need it get it	Some other reason
	100%	51%	19%	25%	25%	10%	48%	23%	14%

PERSONAL INCOME

Less than \$20,000 per year	39%	49%	53%	45%	49%	68%	47%	46%	47%
Between \$20,001 and \$30,000 per year	14%	12%	19%	13%	11%	20%	11%	13%	9%
Between \$30,001 and \$50,000 per year	21%	18%	18%	24%	17%	6%	25%	23%	12%
Between \$50,001 and \$70,000 per year	6%	5%	3%	4%	4%	1%	4%	3%	7%
Between \$70,001 and \$100,000 per year	6%	5%	2%	1%	4%	2%	4%	3%	4%
Between \$100,001 and \$150,000 per year	2%	2%	0%	2%	2%	1%	2%	1%	2%
Between \$150,001 and \$200,000 per year	1%	1%	0%	0%	1%	0%	0%	0%	2%
More than \$200,000 per year	1%	0%	0%	0%	0%	0%	0%	0%	0%
Don't know/ prefer not to say	10%	10%	6%	11%	12%	3%	7%	10%	18%

AVERAGE PERSONAL INCOME (\$)

\$34,410	\$29,050	\$22,030	\$26,230	\$28,390	\$17,480	\$28,660	\$25,530	\$30,440
% difference from overall average	--15.6%	--36%	--23.8%	--17.5%	--49.2%	--16.7%	--25.8%	--11.5%

EMPLOYED

Yes	65%	59%	40%	54%	51%	50%	64%	62%	51%
No	35%	41%	60%	46%	49%	50%	36%	39%	49%

<p style="text-align: center;">DEMOGRAPHIC PROFILE: Reasons for not taking a COVID-19 vaccine</p>	All	You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?							
		I would need to be assured about its safety	I don't take any vaccine	I don't trust any vaccine	I don't see the need to take a COVID-19 vaccine	I won't be able to afford a COVID-19 vaccine	I'd rather wait and see if others who have taken it suffer any side effects	I'd like to make sure that others who need it get it	Some other reason
		100%	51%	19%	25%	25%	10%	48%	23%

OCCUPATION

Professional/Senior Government Official	6%	3%	3%	2%	3%	1%	2%	2%	1%
Business Manager/Executive	4%	3%	0%	1%	2%	2%	3%	1%	3%
Business Proprietor/Self-employed	7%	10%	4%	10%	11%	0%	9%	8%	19%
Teacher/Nurse/Police or other trained service worker	7%	9%	0%	6%	4%	12%	9%	6%	6%
Clerical/Sales Employee	14%	10%	12%	11%	9%	0%	11%	9%	5%
Farm Owner/manager	1%	1%	1%	1%	1%	0%	2%	0%	0%
Technical/mechanical/Skilled Worker	6%	3%	5%	6%	8%	0%	6%	2%	9%
Labourer/Agricultural or Domestic Worker	8%	9%	3%	5%	5%	8%	5%	8%	7%
Home-maker (not otherwise employed)	7%	12%	13%	5%	8%	9%	11%	10%	9%
Student	8%	9%	10%	9%	7%	9%	7%	10%	2%
Retired/Superannuitant	12%	7%	12%	15%	10%	17%	8%	18%	6%
Unemployed/Beneficiary	10%	13%	27%	14%	21%	20%	13%	8%	19%
Don't know/prefer not to say	11%	12%	10%	14%	12%	23%	13%	19%	12%

DEMOGRAPHIC PROFILE: Reasons for not taking a COVID-19 vaccine	All	You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?							
		I would need to be assured about its safety	I don't take any vaccine	I don't trust any vaccine	I don't see the need to take a COVID-19 vaccine	I won't be able to afford a COVID-19 vaccine	I'd rather wait and see if others who have taken it suffer any side effects	I'd like to make sure that others who need it get it	Some other reason
		100%	51%	19%	25%	25%	10%	48%	23%

HIGHEST QUALIFICATION

Postgraduate degree (Masters' degree or PhD)	7%	3%	2%	2%	4%	2%	4%	5%	1%
Undergraduate (Bachelor) degree	16%	11%	3%	7%	11%	8%	10%	13%	18%
Vocational qualification (includes trade certificates, diplomas etc)	14%	12%	11%	11%	11%	5%	14%	13%	16%
University Bursary or 7th form	7%	3%	3%	4%	6%	0%	5%	3%	6%
Sixth form/UE/NCEA Level 2	19%	26%	22%	20%	18%	36%	24%	23%	21%
NCEA Level 1 or School Certificate	17%	23%	33%	40%	33%	20%	21%	25%	22%
No formal school qualification	14%	14%	15%	6%	9%	19%	14%	13%	2%
Prefer not to say	7%	8%	11%	11%	8%	11%	9%	6%	13%

HOUSEHOLD TYPE

Single person household	14%	13%	13%	20%	14%	9%	13%	17%	30%
Couple only (no children/none at home)	23%	17%	9%	18%	15%	11%	15%	19%	20%
Two parent family, one or two children at home	25%	29%	20%	19%	36%	31%	28%	27%	22%
Two parent family, three or more children at home	8%	6%	5%	4%	5%	8%	8%	7%	8%
One parent family, one or two children at home	9%	13%	22%	15%	11%	2%	12%	7%	7%
One parent family, three or more children at home	3%	5%	4%	4%	3%	15%	6%	5%	0%
Flatting or boarding - not a family home	9%	6%	2%	3%	4%	0%	7%	5%	5%
Extended family	6%	4%	5%	2%	4%	10%	4%	5%	3%
Prefer not to say	5%	7%	20%	14%	9%	16%	7%	11%	4%
Children in Household	44%	54%	51%	43%	55%	55%	54%	45%	38%

DEMOGRAPHIC PROFILE: Reasons for not taking a COVID-19 vaccine	All	You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?							
		I would need to be assured about its safety	I don't take any vaccine	I don't trust any vaccine	I don't see the need to take a COVID-19 vaccine	I won't be able to afford a COVID-19 vaccine	I'd rather wait and see if others who have taken it suffer any side effects	I'd like to make sure that others who need it get it	Some other reason
	100%	51%	19%	25%	25%	10%	48%	23%	14%

ETHNIC GROUP

Asian	5%	8%	3%	2%	6%	6%	6%	7%	0%
Indian	3%	2%	0%	0%	1%	2%	2%	0%	0%
Maori	25%	23%	43%	23%	22%	43%	23%	19%	24%
Middle Eastern/Arabic	0%	0%	0%	0%	0%	0%	0%	0%	0%
NZ European/Pakeha	68%	70%	57%	64%	67%	50%	71%	66%	69%
Other European (includes Australian, South African, British etc)	7%	9%	17%	16%	10%	7%	6%	3%	10%
Pasifika	5%	7%	8%	15%	4%	3%	8%	10%	1%
Other	5%	4%	6%	11%	8%	12%	4%	8%	6%

DEMOGRAPHIC PROFILE: Reasons for not taking a COVID-19 vaccine	All	You say you are unsure or are unlikely to take a COVID-19 vaccine if one were offered. Why is that?							
		I would need to be assured about its safety	I don't take any vaccine	I don't trust any vaccine	I don't see the need to take a COVID-19 vaccine	I won't be able to afford a COVID-19 vaccine	I'd rather wait and see if others who have taken it suffer any side effects	I'd like to make sure that others who need it get it	Some other reason
	100%	51%	19%	25%	25%	10%	48%	23%	14%

REGION

Northland	5%	3%	2%	4%	8%	7%	8%	4%	5%
Auckland	33%	33%	22%	25%	32%	28%	28%	28%	32%
Waikato	9%	10%	16%	11%	11%	21%	9%	12%	5%
Bay of Plenty	6%	9%	6%	14%	4%	6%	8%	7%	1%
Taranaki	3%	3%	3%	2%	6%	2%	3%	5%	3%
Gisborne/Hawkes' Bay	4%	1%	3%	6%	2%	0%	1%	2%	8%
Wairarapa	1%	1%	3%	3%	1%	3%	2%	3%	0%
Whanganui/Manawatu/Palmerston	5%	7%	4%	0%	5%	3%	7%	1%	12%
North/Rangitikei/Ruapehu/Horowhenua	10%	7%	15%	8%	7%	5%	8%	11%	9%
Nelson/Tasman/Marlborough	3%	2%	7%	3%	3%	0%	2%	2%	4%
Canterbury	13%	13%	10%	9%	13%	11%	13%	13%	19%
West Coast	1%	0%	1%	0%	0%	0%	0%	1%	0%
Otago	6%	11%	7%	15%	10%	13%	10%	10%	2%
Southland	2%	2%	3%	1%	1%	4%	2%	2%	1%
North Island	76%	73%	72%	72%	74%	72%	73%	73%	75%
Auckland	33%	33%	22%	25%	32%	28%	28%	28%	32%
Upper North Island excluding Auckland	20%	22%	23%	28%	23%	33%	24%	23%	11%
Lower North Island	23%	18%	28%	19%	20%	12%	21%	22%	32%
South Island	24%	27%	28%	27%	26%	28%	27%	27%	25%

DEMOGRAPHIC PROFILE: Agree or disagree with offering COVID-19 vaccine to some groups before others	All	Would you agree or disagree with a policy which offered the vaccine to some groups of people ahead of others?					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I'm really not sure
		100%	33%	38%	15%	3%	5%

GENDER

Male	49%	50%	51%	50%	41%	38%	42%
Female	51%	50%	49%	50%	59%	61%	55%
Gender diverse	4%	0%	0%	0%	0%	1%	2%

AGE GROUP

18-24 years	15%	14%	12%	20%	28%	21%	16%
25-34 years	16%	20%	16%	10%	16%	10%	14%
35-44 years	16%	15%	14%	22%	6%	12%	28%
45-54 years	18%	20%	18%	20%	8%	13%	9%
55-64 years	16%	12%	18%	13%	32%	26%	21%
65-74 years	14%	15%	13%	14%	11%	14%	12%
75 years or over	5%	4%	8%	3%	0%	5%	0%

AVERAGE AGE (years)

	46.9	46.0	49.0	45.0	43.5	47.8	44.1
% difference from overall average		--2%	+4.4%	--4.1%	--7.3%	+1.8%	--5.9%

DEMOGRAPHIC PROFILE: Agree or disagree with offering COVID-19 vaccine to some groups before others	All	Would you agree or disagree with a policy which offered the vaccine to some groups of people ahead of others?					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I'm really not sure
		100%	33%	38%	15%	3%	5%

HOUSEHOLD INCOME

Less than \$20,000 per year	12%	8%	10%	19%	4%	22%	20%
Between \$20,001 and \$30,000 per year	13%	13%	10%	13%	18%	16%	26%
Between \$30,001 and \$50,000 per year	20%	22%	18%	21%	34%	17%	20%
Between \$50,001 and \$70,000 per year	14%	10%	18%	10%	9%	15%	18%
Between \$70,001 and \$100,000 per year	12%	14%	13%	12%	4%	10%	3%
Between \$100,001 and \$150,000 per year	11%	13%	12%	8%	3%	10%	3%
Between \$150,001 and \$200,000 per year	4%	7%	4%	1%	1%	1%	1%
More than \$200,000 per year	3%	3%	3%	1%	0%	0%	0%
Don't know/ prefer not to say	12%	11%	12%	15%	27%	9%	8%

AVERAGE HOUSEHOLD INCOME (\$)

	\$65,440	\$74,010	\$70,740	\$51,610	\$44,660	\$49,340	\$39,970
% difference from overall average		+13.1%	+8.1%	--21.1%	--31.8%	--24.6%	--38.9%

DEMOGRAPHIC PROFILE: Agree or disagree with offering COVID-19 vaccine to some groups before others	All	Would you agree or disagree with a policy which offered the vaccine to some groups of people ahead of others?					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I'm really not sure
		100%	33%	38%	15%	3%	5%

PERSONAL INCOME

Less than \$20,000 per year	39%	37%	40%	41%	4%	36%	51%
Between \$20,001 and \$30,000 per year	14%	15%	11%	11%	42%	16%	22%
Between \$30,001 and \$50,000 per year	21%	22%	21%	21%	23%	27%	15%
Between \$50,001 and \$70,000 per year	6%	7%	7%	5%	10%	5%	2%
Between \$70,001 and \$100,000 per year	6%	6%	8%	4%	1%	5%	4%
Between \$100,001 and \$150,000 per year	2%	2%	3%	2%	2%	2%	0%
Between \$150,001 and \$200,000 per year	1%	2%	1%	1%	0%	0%	0%
More than \$200,000 per year	1%	1%	1%	0%	1%	0%	0%
Don't know/ prefer not to say	10%	9%	9%	16%	18%	9%	6%

AVERAGE PERSONAL INCOME (\$)

\$34,410	\$36,480	\$36,020	\$30,250	\$37,250	\$31,430	\$22,800
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% difference from overall average

+6%	+4.7%	--12.1%	+8.3%	--8.7%	--33.7%
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EMPLOYED

Yes	65%	62%	70%	65%	82%	54%	52%
No	35%	38%	30%	35%	18%	46%	48%

DEMOGRAPHIC PROFILE: Agree or disagree with offering COVID-19 vaccine to some groups before others	All	Would you agree or disagree with a policy which offered the vaccine to some groups of people ahead of others?					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I'm really not sure
		100%	33%	38%	15%	3%	5%

OCCUPATION

Professional/Senior Government Official	6%	8%	5%	5%	5%	3%	7%
Business Manager/Executive	4%	3%	6%	4%	4%	3%	0%
Business Proprietor/Self-employed	7%	8%	7%	10%	0%	7%	2%
Teacher/Nurse/Police or other trained service worker	7%	7%	8%	3%	13%	0%	4%
Clerical/Sales Employee	14%	11%	16%	19%	22%	12%	13%
Farm Owner/manager	1%	1%	2%	1%	0%	0%	1%
Technical/mechanical/Skilled Worker	6%	7%	6%	10%	3%	1%	6%
Labourer/Agricultural or Domestic Worker	8%	9%	7%	9%	10%	11%	7%
Home-maker (not otherwise employed)	7%	6%	7%	9%	3%	5%	11%
Student	8%	10%	6%	8%	6%	6%	3%
Retired/Superannuitant	12%	14%	14%	5%	5%	10%	9%
Unemployed/Beneficiary	10%	9%	7%	12%	5%	20%	20%
Don't know/prefer not to say	11%	7%	11%	7%	24%	22%	17%

HIGHEST QUALIFICATION

Postgraduate degree (Masters' degree or PhD)	7%	9%	8%	6%	3%	2%	5%
Undergraduate (Bachelor) degree	16%	21%	17%	13%	9%	8%	5%
Vocational qualification (includes trade certificates, diplomas etc)	14%	16%	15%	11%	11%	5%	9%
University Bursary or 7th form	7%	8%	7%	5%	4%	5%	2%
Sixth form/UE/NCEA Level 2	19%	14%	21%	19%	22%	30%	30%
NCEA Level 1 or School Certificate	17%	17%	16%	23%	16%	9%	17%
No formal school qualification	14%	11%	12%	17%	24%	33%	22%
Prefer not to say	7%	6%	6%	7%	11%	8%	10%

DEMOGRAPHIC PROFILE: Agree or disagree with offering COVID-19 vaccine to some groups before others	All	Would you agree or disagree with a policy which offered the vaccine to some groups of people ahead of others?					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I'm really not sure
		100%	33%	38%	15%	3%	5%

HOUSEHOLD TYPE

Single person household	14%	18%	11%	17%	10%	18%	11%
Couple only (no children/none at home)	23%	26%	27%	16%	4%	13%	16%
Two parent family, one or two children at home	25%	25%	27%	25%	13%	10%	22%
Two parent family, three or more children at home	8%	6%	9%	6%	33%	12%	6%
One parent family, one or two children at home	9%	8%	6%	13%	17%	16%	12%
One parent family, three or more children at home	3%	2%	1%	6%	9%	2%	7%
Flatting or boarding - not a family home	9%	10%	9%	6%	6%	5%	9%
Extended family	6%	4%	6%	8%	5%	15%	3%
Prefer not to say	5%	2%	5%	5%	4%	9%	15%

Children in Household

Children in Household	44%	41%	43%	49%	72%	40%	47%
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3 or more	11%	8%	10%	11%	42%	14%	14%
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ETHNIC GROUP

Asian	5%	6%	5%	4%	1%	0%	0%
Indian	3%	2%	4%	5%	5%	4%	1%
Maori	25%	20%	21%	27%	54%	27%	46%
Middle Eastern/Arabic	0%	0%	0%	0%	0%	0%	0%
NZ European/Pakeha	68%	77%	71%	60%	45%	46%	54%
Other European (includes Australian, South African, British etc)	7%	6%	7%	10%	4%	9%	11%
Pasifika	5%	2%	4%	7%	5%	14%	12%
Other	5%	2%	3%	11%	6%	16%	3%

DEMOGRAPHIC PROFILE: Agree or disagree with offering COVID-19 vaccine to some groups before others	All	Would you agree or disagree with a policy which offered the vaccine to some groups of people ahead of others?					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I'm really not sure
		100%	33%	38%	15%	3%	5%

REGION

Northland	5%	5%	4%	8%	0%	5%	6%
Auckland	33%	30%	36%	36%	31%	42%	25%
Waikato	9%	7%	9%	8%	10%	12%	21%
Bay of Plenty	6%	6%	9%	3%	13%	1%	2%
Taranaki	3%	2%	2%	3%	0%	10%	1%
Gisborne/Hawkes' Bay	4%	4%	3%	4%	1%	0%	9%
Wairarapa	1%	2%	0%	1%	7%	0%	1%
Whanganui/Manawatu/Palmerston							
North/Rangitikei/Ruapehu/Horowhenua	5%	6%	5%	3%	3%	5%	9%
Wellington (Urban Areas)	10%	12%	9%	9%	10%	10%	14%
Nelson/Tasman/Marlborough	3%	4%	2%	4%	0%	0%	2%
Canterbury	13%	14%	14%	15%	16%	8%	3%
West Coast	1%	1%	1%	1%	0%	1%	0%
Otago	6%	8%	5%	4%	4%	3%	4%
Southland	2%	1%	2%	2%	5%	4%	2%
North Island	76%	72%	77%	74%	75%	84%	88%
Auckland	33%	30%	36%	36%	31%	42%	25%
Upper North Island excluding Auckland	20%	17%	21%	19%	23%	17%	28%
Lower North Island	23%	25%	19%	20%	21%	25%	35%
South Island	24%	28%	23%	26%	25%	16%	12%