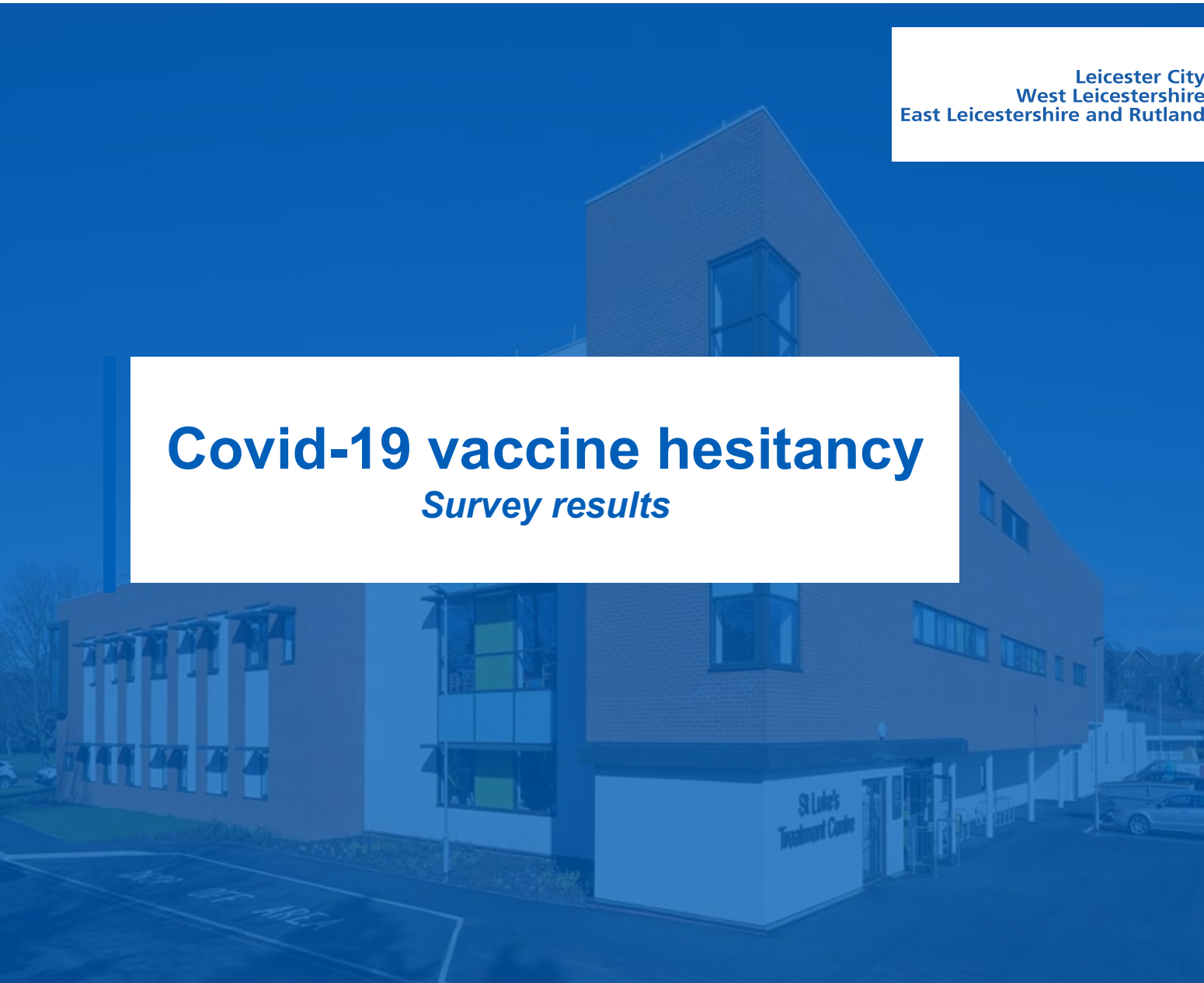


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# Covid-19 vaccine hesitancy

*Survey results*



# Content

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# Research background

NHS Leicester City, Leicestershire and Rutland CCG have recently undertaken a quantitative research project to explore the reasons behind vaccine hesitancy in LLR area and how they can help people to feel reassured and confident in their decision to be vaccinated.

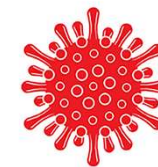
- The survey was launched online on Thursday 18 February 2021 and closed on Friday 12 March 2021
- We have received **3,280 completed surveys** from people living in Leicestershire, Leicester City and Rutland (LLR) with additional **814 respondents who partly** completed the survey (4094 in total)
- In terms of location, we have engaged with:
  - 690 respondents from Leicester City (16.9%)
  - 3,096 respondents from Leicestershire (75.4%)
  - 318 respondents from Rutland (7.8%)



# Research background

- 30.1% of respondents who answered the gender question said they are **males** and 69.5% that they are **females**
- The majority respondents who provided us with their **age bands** belong to 35-59 (42.4%) and 60-75 (37.7%) age groups. We also gathered opinions from those aged 25-34 (6.9%) and 16-24 (2%).
- In terms of the **ethnicity**, 10% of respondents from Leicestershire, Leicester City and Rutland (LLR) who answered this question belong to Black, Asian and Minority Ethnic (BAME) group. 6.2% said they are Indian.
  - In Leicester City, we engaged with 36.9% (n=168) of those from BAME communities of which 21.9% are Indian, 3.5% stated they are African and 2.6% Bangladeshi.
  - In Leicestershire, we engaged with 130 respondents who belong to BAME communities – that is 5.5% of those surveyed in this area.

# Summary of key findings



**COVID-19**  
CORONAVIRUS

# Summary of key findings

- The majority of those in Leicester City, Leicestershire and Rutland are supportive of the Covid-19 vaccine and either already had the vaccine or will have it as soon as it is made available to them (90%)
- 5.8% of respondents (n=236) are sceptical about the Covid-19 vaccine stating they don't intend to have it with most of them saying that it isn't important to them personally that they have the vaccine
- Just over 4% of respondents (n=169) are unsure about having the vaccine and would benefit from a support to clear their concerns and feel more confident about having it
- Unlike those who don't intend to have the vaccine, most of those hesitant about receiving the vaccine trust the opinion (a lot or a little) of a GP (76.3%), local pharmacists (78.6%) or a nurse (67.9%)
- The top 3 concerns across the whole of LLR are: worry about long term unknown effects (70.9%), potential side effects (56.5%) and the speed at which the vaccination was developed (53.3%).
- The two channels that are worth exploring further in relation to communicating local NHS information related to Covid-19 are email and text messages. This may allow for more personalised and targeted approach compared to messages shared via TV and local NHS website

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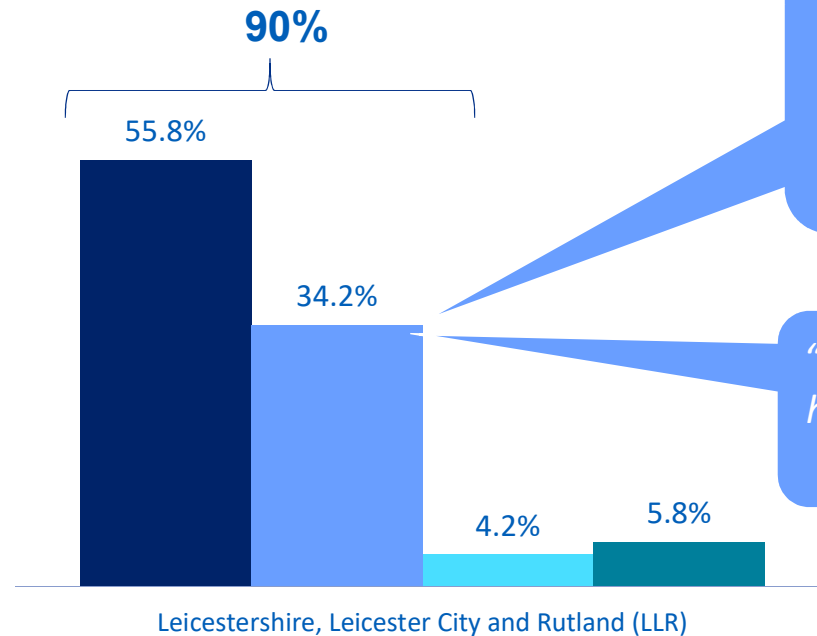


# Covid-19 vaccine hesitancy



**COVID-19**  
CORONAVIRUS

# Exploring attitudes towards the Covid-19 vaccine



*"Nothing would stop me. This is a priority for me to protect my loved ones who are vulnerable".*

*"Nothing - the sooner the better as I have worked in a supermarket since the beginning of Covid"*

- I have already had the Covid-19 vaccine
- I intend to have the Covid-19 vaccine as soon as it is available to me
- I am hesitant/ unsure if I will have the Covid-19 vaccine when it is available to me
- I don't intend to have the Covid-19 vaccine when it is available to me

*Covid-19 vaccination survey, March 2021, Respondents: 4,094*

*Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.*



# Exploring attitudes towards the Covid-19 vaccine

4.2%

## Those who are unsure about having the Covid-19 vaccination

- The majority of them are not against the Covid-19 vaccine. They are usually unsure if it is effective or safe for them to have it because e.g. they are trying to convince, breastfeeding, have illnesses they worry about or generally need a bit more clarification around the vaccine and how it works
- They are mostly concerned about long term/ unknown effects of having the vaccine as well as potential side effects
- Nearly 20% of them belong to BAME communities while 2 in 5 state it is important for them personally to have the vaccine
- Those who don't feel it is important for them personally to have the vaccine don't want to feel pressured to have it, are a bit more sceptical about its effectiveness or are not sure why they have to have it if they are in a good health

5.8%

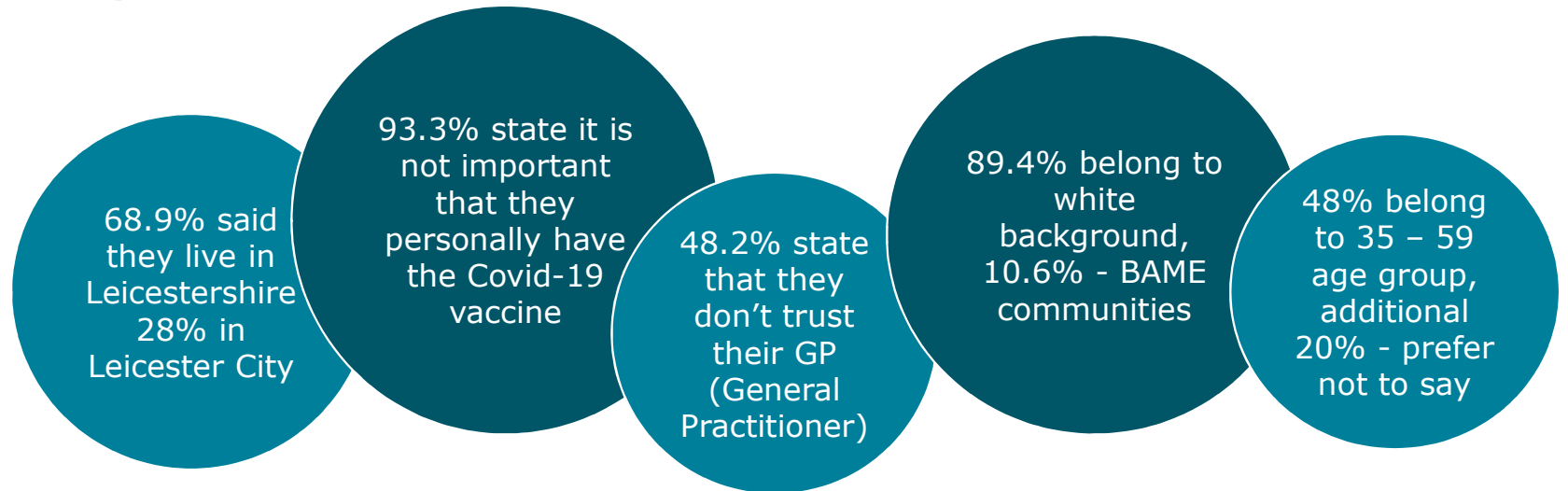
## Those who do not intend to have the Covid-19 vaccination

- In general, they are more sceptical about the Covid-19 vaccine and some state that they don't know why they need to have it
- They are mostly concerned about long term/ unknown effects, potential side effects as well as they question the speed at which the vaccine was developed.
- The majority doesn't feel it is important for them personally to have the vaccine and they don't trust opinion of their GP, nurse or local pharmacists in terms of Covid-19 vaccine related advise
- Some state they don't want to feel persuaded to have it or that Covid-19 isn't much different to a flu. Most don't mention any of the implausible concerns about the vaccine but some say they feel there is a hidden agenda behind it all/ they are being lied to.

*Covid-19 vaccination survey, March 2021, Respondents: unsure: 169, Don't intend to: 236*

*Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.*

# Who are those who don't intend to get vaccinated?



*"I am concerned it is being used to seize control, harm the people and is being called a vaccine when it is not. I am concerned about being coerced into an agenda not in"*

*"Planning to get pregnant. Prefer to take my chances with my immune system"*

## Mostly concerned with:

- 70.2% - the longer term or unknown effects
- 58.5% - the speed at which the vaccine was development
- 58.1% - potential side effects
- 45.3% - contents/ingredients of the vaccine
- 43.6% - don't consider themselves at significant risk of illness from Covid-19

*"I am not willing to take vaccine that is in a trial stage"*

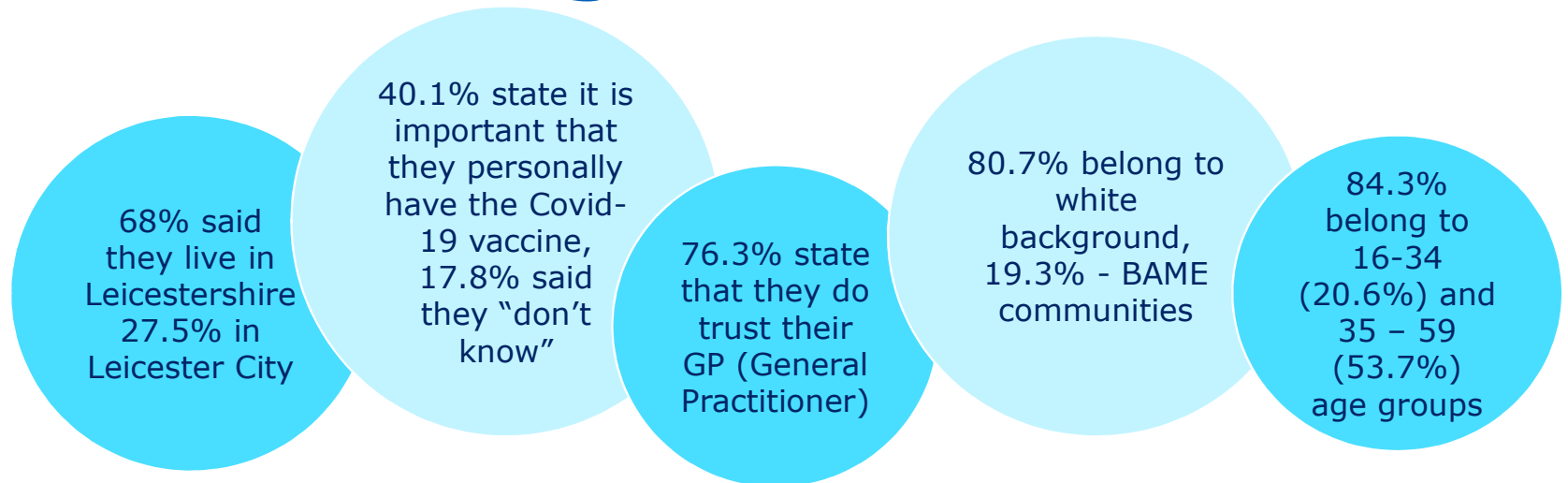
*"Totally unnecessary for a virus for which well over 99% of people recover from!"*

*"I just don't want it"*

Covid-19 vaccination survey, March 2021, Respondents: 236

Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.

# Who are those who are unsure about having the vaccination?



## Mostly concerned with:

- 70.4% - the longer term or unknown effects
- 54.4% - potential side effects
- 46.2% - the speed at which the vaccine was developed
- 32.5% - effectiveness against Covid-19

"Auto immune allergies"

"I am concerned about the effects/risk to an unborn baby as we are TTC (trying to conceive)"

"Concerned that it could be ineffective with mutated strands"

"This is not a vaccine it does not stop you catching or passing on Covid"

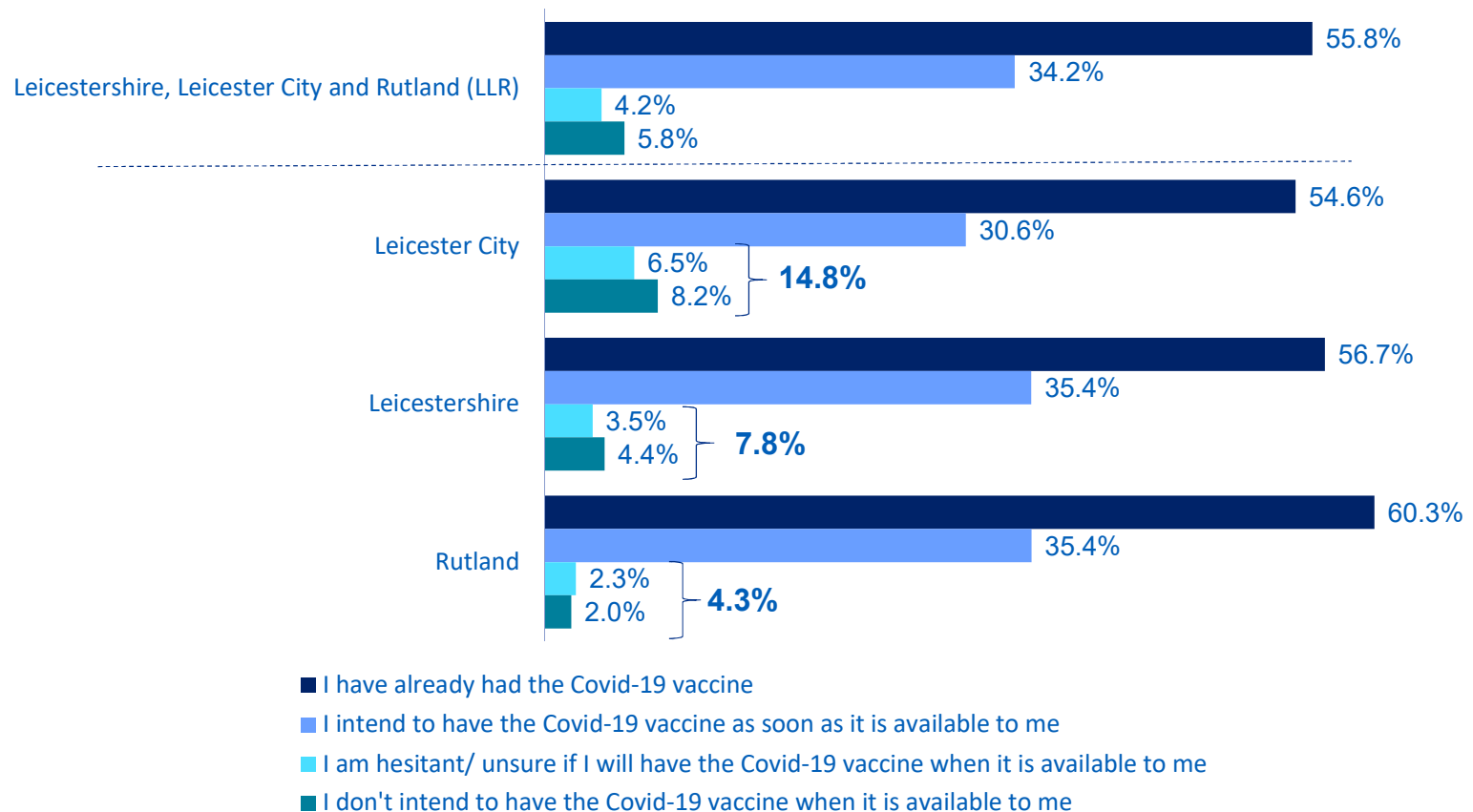
"I want to feel confident in taking the vaccine without feeling pressured to do so"

"Pregnancy concerns"

Covid-19 vaccination survey, March 2021, Respondents: 169

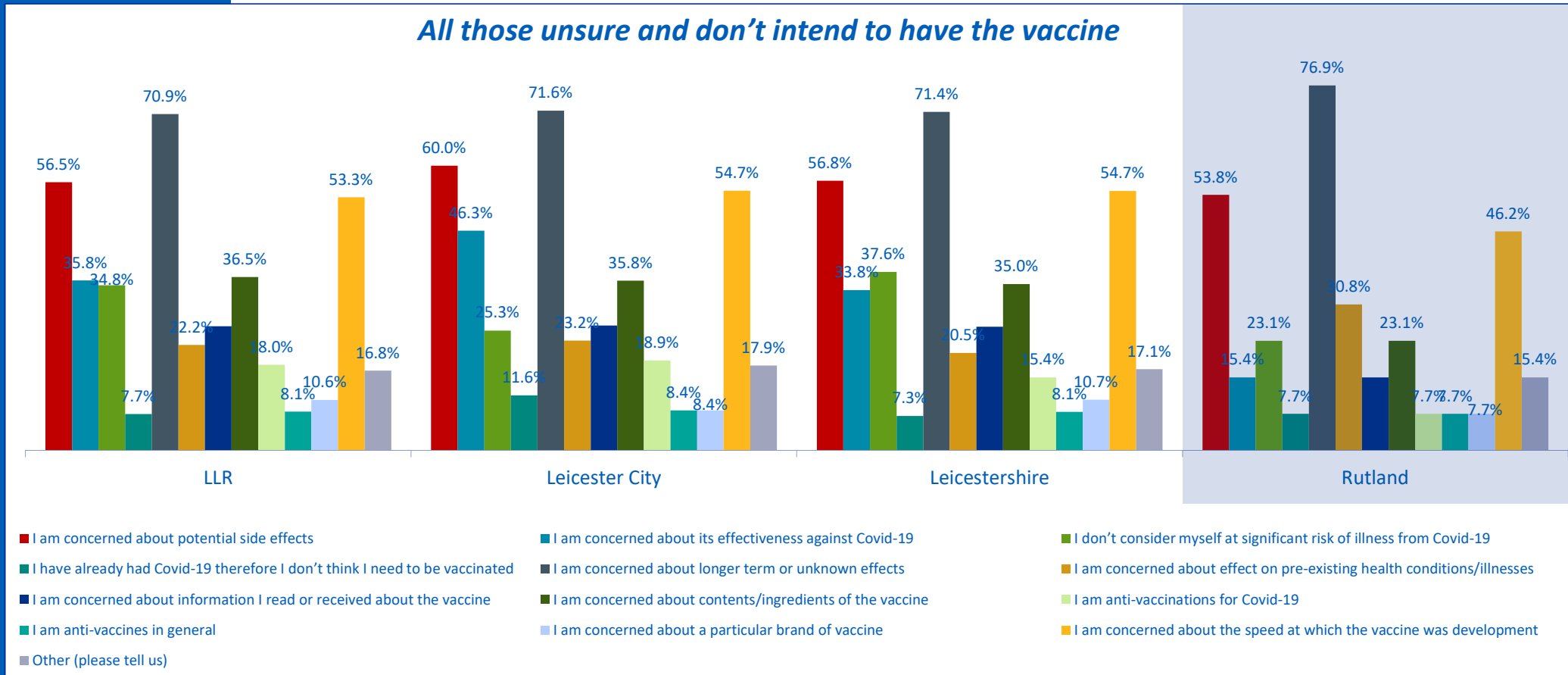
Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.

# Exploring attitudes towards the Covid-19 vaccine – by location



Covid-19 vaccination survey, March 2021, 690 respondents from Leicester City, 3,096 respondents from Leicestershire, 318 respondents from Rutland  
 Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.

# Concerns about the Covid-19 vaccination by location



Unsure + don't intend to: LLR: 405, Leicester City: 95, Leicestershire: 234, Rutland: 13 respondents – small sample

Q: You said that **you don't intend to have or you are hesitant/ unsure if you will have the Covid-19 vaccine** when it is available to you. Please tell us why?

# Women are mostly concerned about the longer term effects

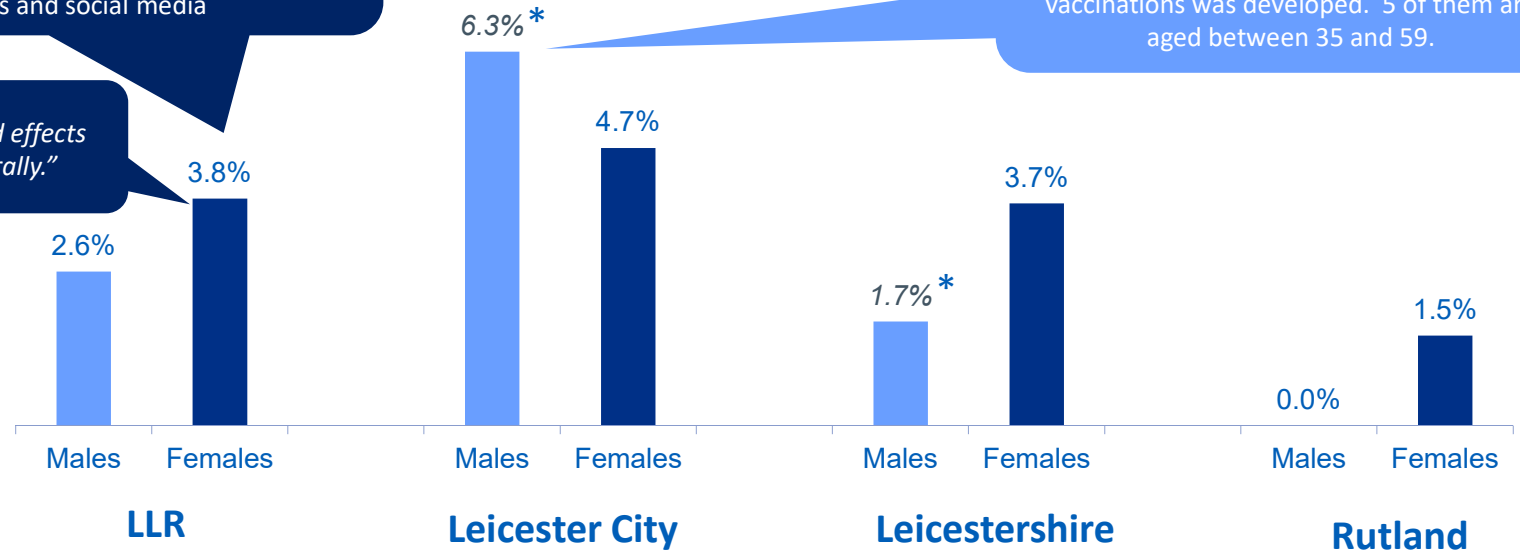
*"I am hesitant/ unsure if I will have the Covid-19 vaccine when it is available to me"*

## GENDER

I'm concerned about unknown or longer term effects: 74.1%  
 I'm concerned about potential side effects: 55.3%  
 Other concerns mentioned: breastfeeding, trying to convince, worry about the impact on the immune system, too much confusing info in news and social media

*"Just reservations about breastfeeding and effects on my baby. I am very pro vaccine generally."*

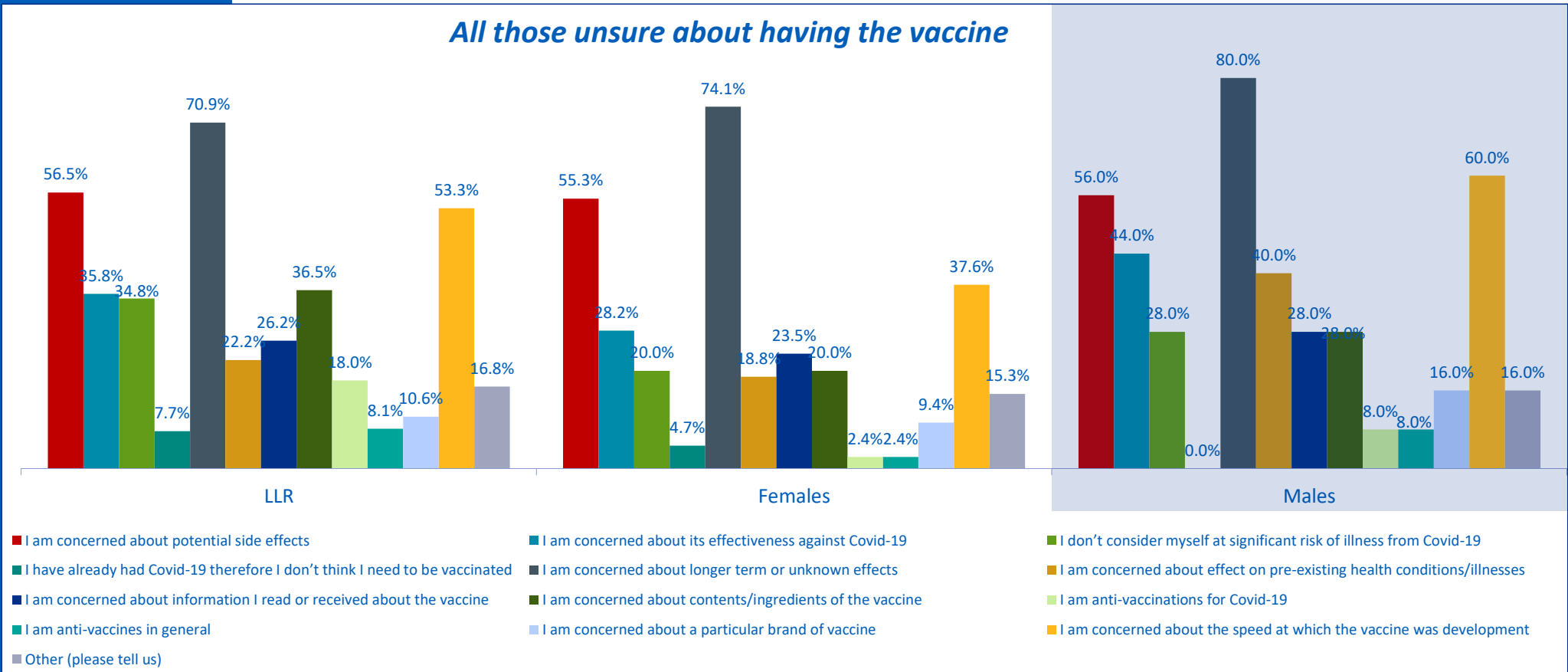
9 respondents. Mostly worried about longer term unknown effects, effectiveness against Covid-19 and the speed at which the vaccinations was developed. 5 of them are aged between 35 and 59.



*Covid-19 vaccination survey, March 2021, Unsure LLR males: 25 – small sample, Unsure LLR females: 85, \*small sample  
 Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.*

# Concerns about the Covid-19 vaccination by gender

*All those unsure about having the vaccine*



Unsure + don't intend to: LLR: 405, Females: 85, Males: 25 – small sample

Q: You said that **you don't intend to have or you are hesitant/ unsure if you will have the Covid-19 vaccine** when it is available to you. Please tell us why?

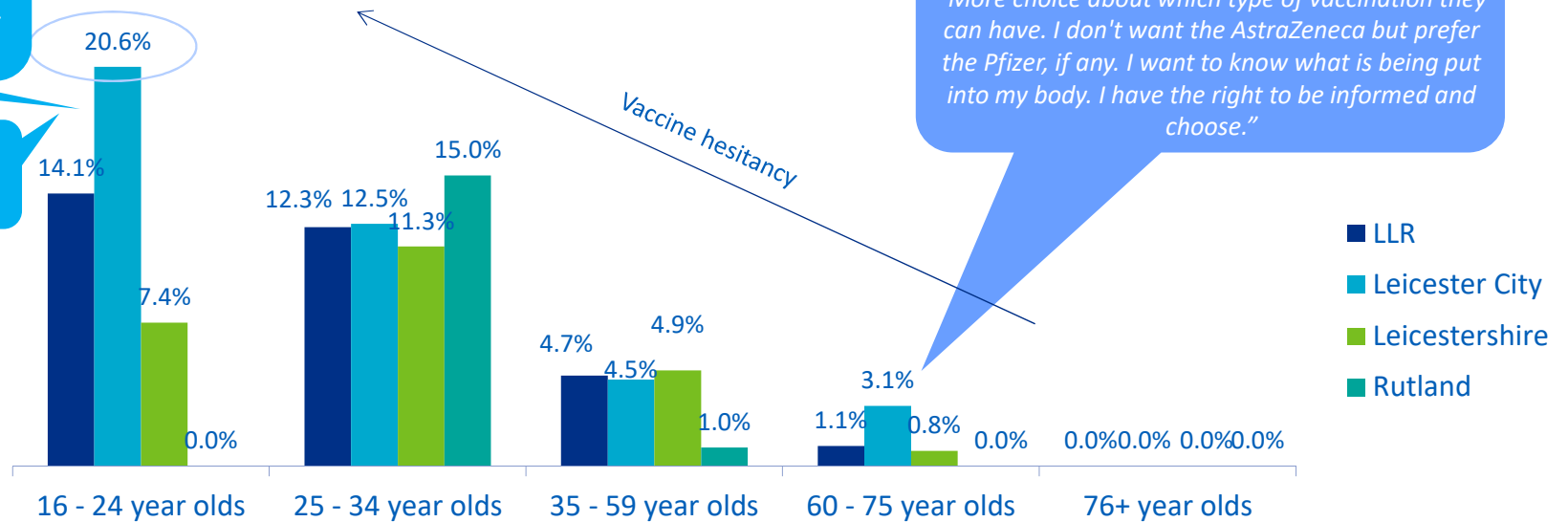
# The younger the respondents the higher the vaccine hesitancy

"I am concerned that the vaccine has not been tested enough and can cause strong side effects. When reading the leaflet on the government website, it said the vaccine has not been tested for reactions with other meds."

"I heard the vaccine is to reduce world population"

"I am hesitant/ unsure if I will have the Covid-19 vaccine when it is available to me"

## AGE BANDS



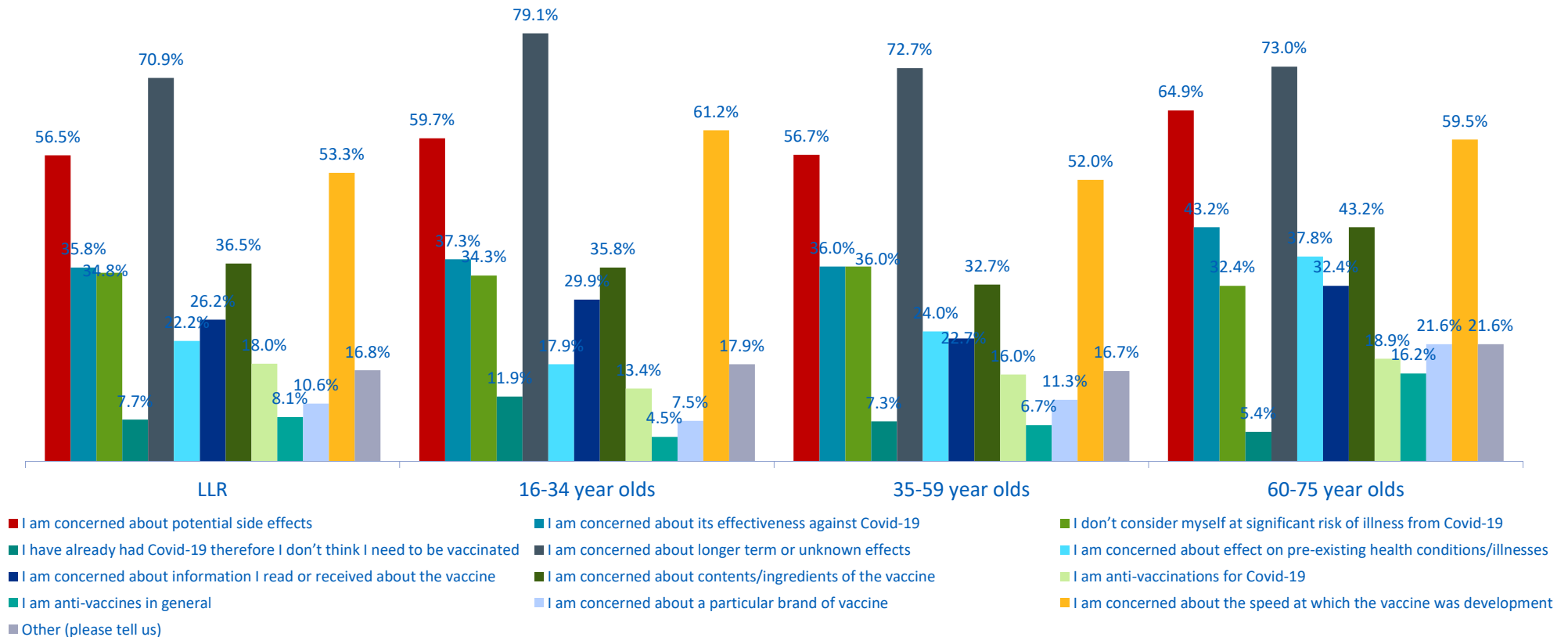
Note: small sample sizes for all age groups except 35-59

Leicester City 16-24yo - 7 respondents out of 34, Leicestershire 16-24 year olds - 2 out of 27, Leicester City 25-34yo - 6 out of 48, Rutland, 25-34yo: 3 out of 20  
 Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.



# Concerns about the Covid-19 vaccination by age

*All those unsure and don't intend to have the vaccine*



Unsure + don't intend to have it: LLR: 405, 16-34 year olds: 67, 35-59 yo: 150, 60-75 yo: 37, 60-75: not enough data

Q: You said that **you don't intend to have or you are hesitant/ unsure if you will have the Covid-19 vaccine** when it is available to you. Please tell us why?

# The hesitancy levels are higher amongst younger respondents

- The biggest proportion of those unsure about having the vaccine (12.7%) and not intending to have it (10.3%) is amongst younger respondents – those aged 16 – 24 and 25 – 34.
- Those aged 25 – 34 who don't intend to take the vaccine are more likely to say that they “don't consider themselves at significant risk of illness from Covid-19” (43.1% vs. 34.8% in LRR)
- The impact on fertility, pregnancy and breastfeeding are mentioned a lot by or in a relation to younger respondents
- The younger people are more likely to mention the fact that the vaccination doesn't stop the transition of the virus therefore, in their opinion, having it doesn't protect their family and friends.
- Because most of them don't see themselves as a high risk, they are less likely to know enough about the vaccine, how it works and whether it is safe. They don't necessary see a point in having the vaccine and similarly to other groups, they are concerned about the long term effects and the speed at which the vaccine was developed
- More information needs to be provided on why it is important for them personally take the vaccine, even if they are not in the high risk group

*“It doesn't give immunity and can still carry it, the survival rate is 98% from COVID so I believe the risk to be low and why put an unknown injection into my body to increase the survival rate by around 1%”*

*Covid-19 vaccination survey, March 2021, 16 – 24 year olds: 64 respondents + 25 – 34 year olds: 227 respondents*

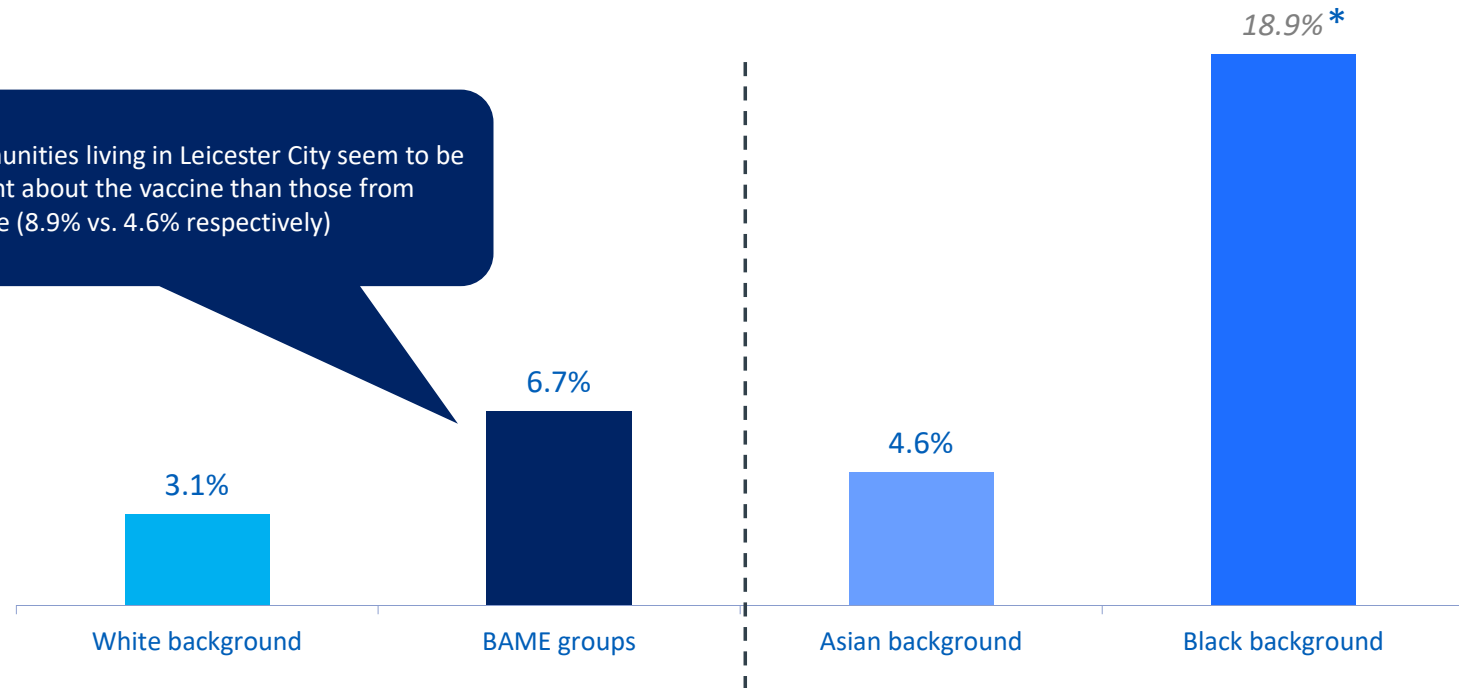
*Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.*

# There is a higher level of hesitancy amongst BAME groups

*"I am hesitant/ unsure if I will have the Covid-19 vaccine when it is available to me"*

## ETHNICITY GROUPS

Those from BAME communities living in Leicester City seem to be slightly more hesitant about the vaccine than those from Leicestershire (8.9% vs. 4.6% respectively)



\* Small sample size

White background: 88 respondents out of 2833, BAME: 21 respondents out of 315, Asian background: 11 out of 241, Black background: 7 out of 37

Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.

# BAME communities are mostly supportive of the vaccine

- The majority of those who took part in our study and belong to BAME groups are supportive of the Covid-19 vaccine (88.9%, n=280)
- There are a few more people unsure about having the vaccine (6.7%, n=21) than those who don't intend to have it (4.4%, n=14)
- Those from BAME communities living in Leicester City seem to be slightly more hesitant about the vaccine than those from Leicestershire (8.9% vs. 4.6% respectively)
- The main concerns amongst unsure or not intending (n=35) include: the longer term unknown effects (65.7%) and potential side effects (62.9%). They also selected the speed at which the vaccine was developed (48.6%), the effectiveness of the vaccine against Covid-19 (37.1%) and they are concerned about its contents/ingredients (37.1%).
- Other concerns include: impact of the vaccine on fertility, stories they hear around what the vaccine contains, peer/family pressure, worry about specific brand of the vaccine and its effectiveness. Some do get concern about having the vaccine after hearing the myths and misinformation about it.

*“Many young BAME women have refused to have the vaccination as their families have told them not to due to not being married and if it will affect them in conceiving babies etc. I know this through women service users and staff that I manage”*

Covid-19 vaccination survey, March 2021, BAME respondents: 315

Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.

# Exploring the key concerns about having the Covid-19 vaccination



## MAIN CONCERNS ACROSS ALL GROUPS

"The longer term or unknown effects" (70.9%) is the main reason for being unsure or not intending to get the vaccination, followed by "potential side effects" (56.5%) and concerns about "the speed at which the vaccination was developed" (53.3%).

**Other concerns:**  
*don't consider myself at significant risk of illness from Covid-19, doesn't stop the spread of the virus, fertility issues and breastfeeding*

**Other concerns:**  
*myths about the vaccine, the accessibility of the local vaccination centres, ingredients of the vaccine, peer/family pressure, fertility issues*

**Other concerns:**  
*myths about the vaccine, long gap between 1st and 2nd dose of the vaccine, ingredients of the vaccine, fertility issues, accessibility*

**Other concerns:**  
*travel, the accessibility of the local vaccination centres, availability of appointments/vaccines locally, issues with booking online, fertility*

**Other concerns:**  
*only a few concerns around travel, the accessibility of the local vaccination centres, type of the vaccine, fertility issues*

# Key concerns and ways to address them by various groups

**16 – 24 and 25 to 35 years olds:** They are more likely to be worried about long term effects or don't consider themselves at risk of illness from Covid-19. Some say there is no point in having one as it doesn't stop transmission of the virus or that the various affects only small %s of people. Trying to convince, pregnancy and breastfeeding are mentioned often as barriers to being vaccinated. More education on the vaccine is needed to make an informed decision – some of those aged 16-24 are more likely to follow opinions of others.

**BAME communities:** They are worried about lack of testing, the ingredients of the vaccine and whether its is safe for them. Some say that there is a lack of understanding and family/peer pressure not to get vaccinated. To encourage take up: talk to public via their community leaders and in their own language, offer one to one chats to discuss concerns, offer vaccinations in local places: schools , place of worship.

**Leicester City:** There seems to be a bit of concern around the long gap between 1<sup>st</sup> and 2<sup>nd</sup> dose of vaccine and ingredients of the vaccine as well as general misinformation about the vaccine (possibly around BAME groups in LC). One to one discussions/ phone calls to explain concerns, being vaccinated by familiar people, personal endorsement and recommendation from trusted community leaders and medical professionals may encourage take up.

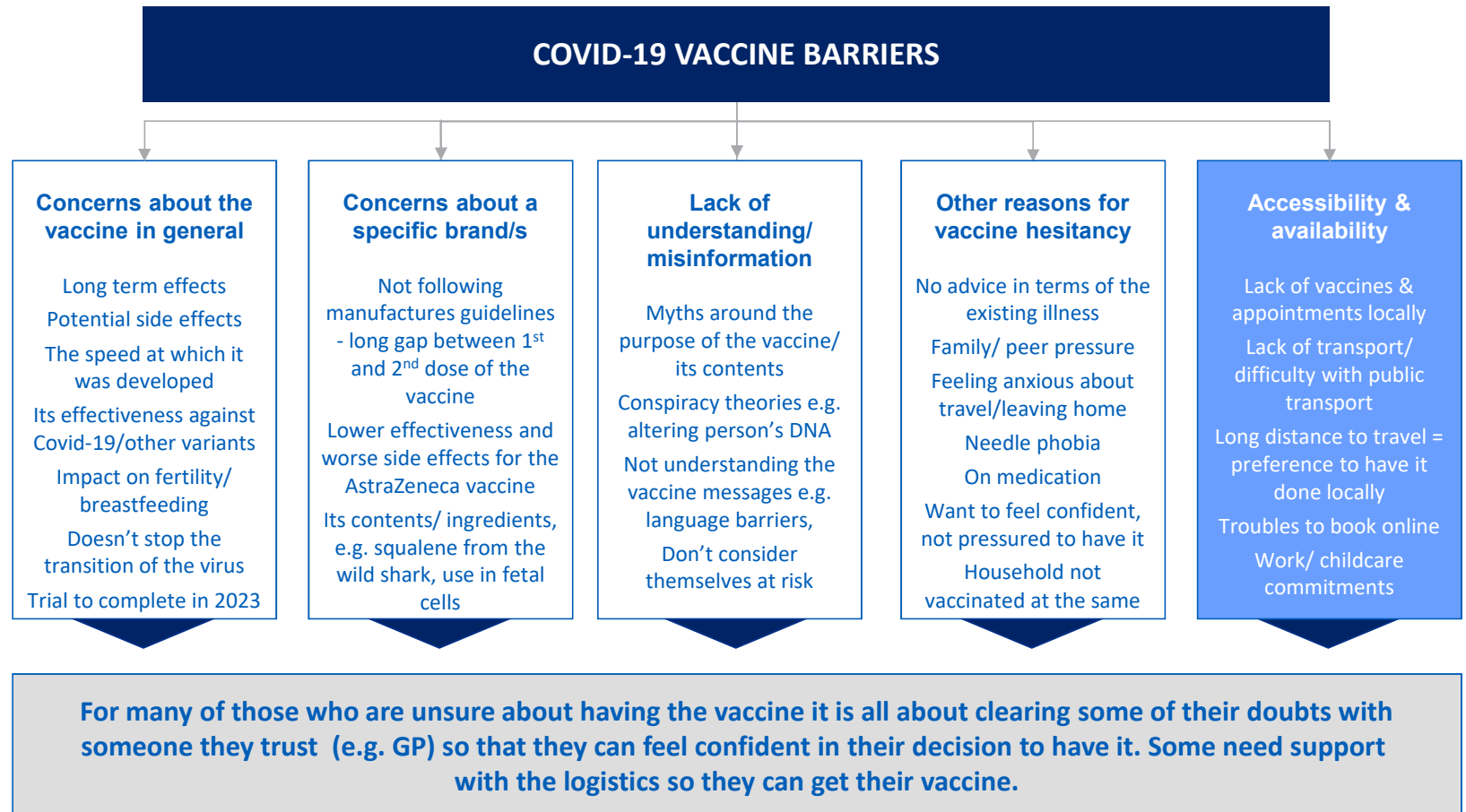
**Leicestershire :** A lot of people are concerned about the accessibility of the vaccination centres as state they struggle to travel long distances, availability of appointments locally, a lack of transport or difficulty with public transport and difficulty to book it online. Help with booking the appointments and transportation to the vaccination centre and/or a facility to have it done near home or at home should be considered.

**Rutland:** Those living in Rutland are supportive of the Covid-19 vaccine and either already had the vaccine or will have it as soon as it is made available to them (95.7%). Those who expressed some concerns mostly mentioned travel, the accessibility of the local vaccination centres, type of the vaccine and fertility issues.

*Covid-19 vaccination survey, March 2021, Respondents: 4,094*

*Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.*

# Summary of key messages around the Covid-19 vaccine barriers

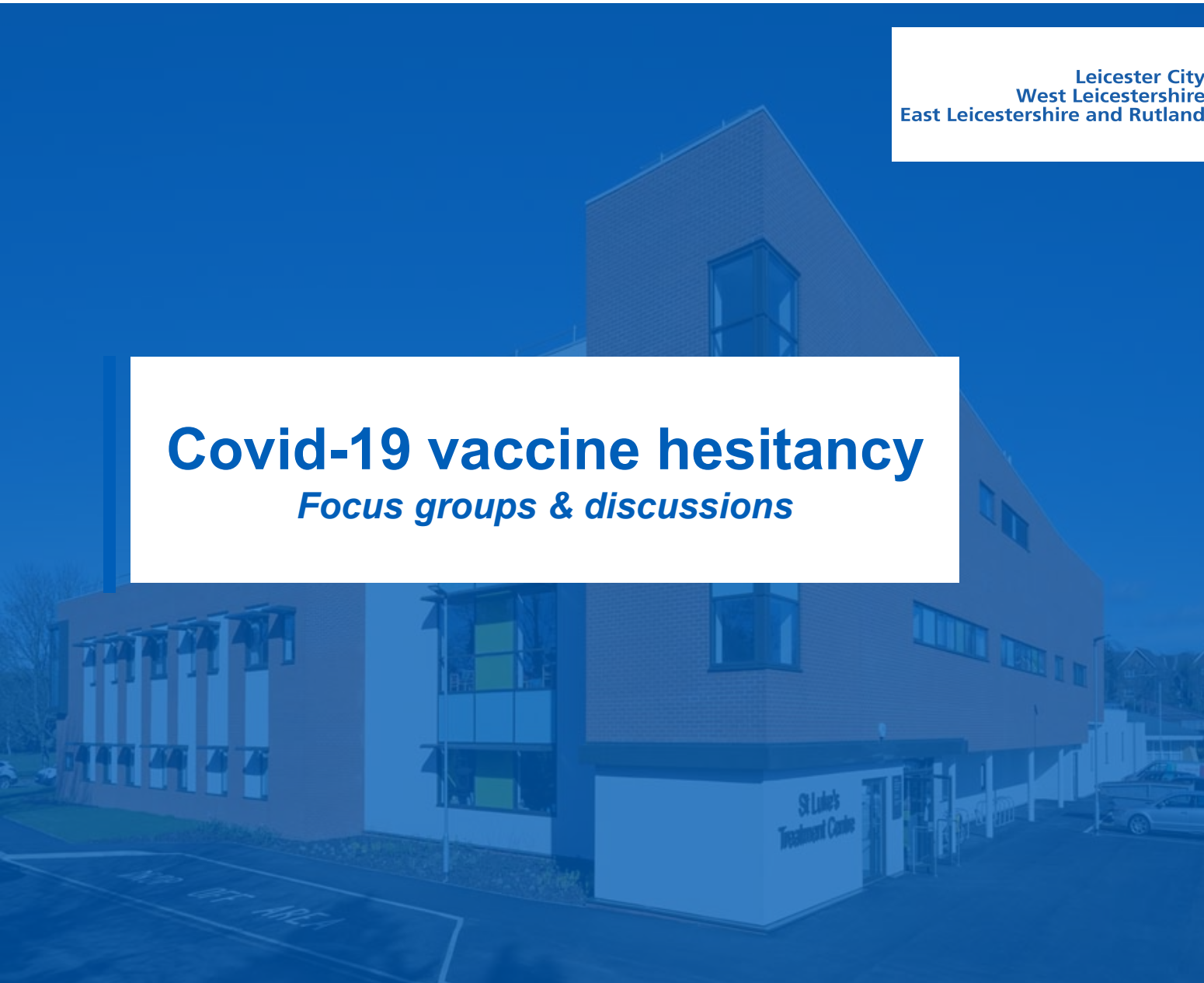


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# Covid-19 vaccine hesitancy

*Focus groups & discussions*





# Research background

In addition to the survey, the CCGs worked in partnership with the local authorities to gather qualitative insight on Covid-19 vaccine confidence and hesitancy through focus groups, interviews and discussions to reach a wider and targeted audience.

The CCG held discussions with the following groups:

- Leicester Deaf Action group discussion
- VASL carers group - Leicestershire
- Eyres Monsell Club for Young people focus group
- BAME communities:
  - Healthwatch BAME connect group
  - Bangaldeshi and Pakistani community via a telephone conversation
  - Youth Education Project (YEP) who engage with young Somali and Sudanese community members and their families

The findings are identified in the following slides.

# Leicester Deaf Action Group

## Members of deaf community are concerned about number of things related to the Covid-19 vaccinations:

- Lack of information: being sent to have vaccination without being spoken to, no information on type of the vaccine provided, its potential side effects and effect on existing medical conditions, worries around the AstraZeneca vaccine, relaying on family members providing information as they are unable to meet face-to-face
- Being at the vaccination centre: how do they know when their name is called out or how to ask questions without the interpreter?

## They experience difficulty booking their appointments and they struggle to communicate during them if there is no interpreter

- Struggling to book their appointments online, often needing to ask someone for help, sometimes unsuccessfully
- Struggling to communicate with people at the vaccination centres if there is no interpreter leading to longer wait and/or taking their face covering off to communicate through lip reading
- QR codes and communication cards are considered unacceptable when communicating

**Summary:** As a result of these difficulties the members of deaf community may often feel “forgotten about”/“left out”. In some cases they feel discouraged to look for more information in relation to the vaccine and their appointment/s. They would benefit from more education around the vaccination programme, e.g. through Facebook live, easier way of booking their vaccination slots and have an interpreter at the centre, e.g. have a period when vaccinations are done for the deaf community with the interpreters so they can be assisted in timely manner, informed of the name of the vaccine and what to do if they have any side effects

# VASL Carers group discussion

## **Carers are generally keen on having the vaccine as soon as they can.**

- Importance of getting vaccinated to support loved ones and those they care for
- Importance of vaccinating people they care for
- Many carers still shielding

## **They are concerned with carers existing health needs and the vaccine**

- Experiencing a lot of stress and low immune systems.
- Many carers have cancer from all the stress they face
- Concerns over the side effects and longer term effects of the vaccine
- Concern over effects on pre-existing medical conditions

## **There have been vaccination appointment issues**

- Some don't like to use the phone to make appointments and the internet system is really confusing
- There was a local access issue – carer asked to go out of area as he is in a Wheelchair
- Many carers can't get to the vaccination sites as they can't leave the person they care for or are shielding themselves

# Eyres Monsell Club for Young People

## There is uncertainty around having the Covid-19 vaccine among young people:

- It isn't an informed choice to have a vaccine – there is a feeling of being “made” or “provoked” to have it so that they can work and travel
- They are concerned about: fertility issues, long term effects, that the vaccine was developed too quickly - it an experimental drug and has an effect on things like life insurance. Some heard off-putting stories that people are going blind and have blood clots since having the vaccine.
- “Trust” has been mentioned: “Lack of trust in Government with the way they have handled Covid-19. Why should they trust them with the vaccine?”
- Facebook adverts are considered ineffective while WhatsUp is spreading lots of misinformation

## They question how having or not having the vaccine will affect their lives :

- After having the jab: would we still need to social distance and wear a mask? How will it work if someone has had a jab but then start interacting with others that haven't had the jab? Who's at risk? What if you have a 1<sup>st</sup> vaccine but don't bother with the 2<sup>nd</sup> one? Would it be annual?
- If not having the jab: will that stop them from receiving healthcare in the future?

**Summary:** Young people need more information on the Covid-19 vaccine and why it is important for them to get vaccinated. At the moment they feel like they will be “made” to get vaccinated rather than being able to make an informed choice on whether they should have it or not. To encourage take up they suggested that things like: local endorsement of the vaccine from Leicester City players for example like Jamie Vardy, NHS branded materials with facts about the vaccine; friendly, simple and clear messaged directed to young people via Twitter and Instagram. They also suggested a focus group with young people to test out the messaging around the vaccine.

# We identified a number of possible barriers while talking to BAME groups

**Overall, there are a number of barriers that may stop some members of the BAME communities from having the vaccine:**

- Don't know enough about the vaccine to have it and need information to dispel myths around the vaccine (all)
- Some from more deprived areas believe 'fake news' from abroad e.g. their 'Homeland' or 'Motherland' creating a mistrust in the messages the NHS (source: Leicester Radio Community)
- Some are not literate or may have difficulty reading and/or understanding English (Somali community)
- Men often make most decisions on behalf of women in their families, including healthcare (e.g. Somali, Sudanese, Bangladeshi, Pakistani communities)
- Often prefer face-to-face engagement over virtual one (Somali and Sudanese communities)
- For some religion is more important than health – there is a myth that the vaccine contains pork (Bangladeshi and Pakistani communities)
- Providing lots of personal info while booking their appointment with the vaccination centre seems off-putting for some - NHS should know this already (Somali and African Heritage community)
- Some of the communities feel “unseen”/“don't have a voice” and often are unaware of all the healthcare services available to them (Somali and Sudanese community, African Heritage community)
- Some NHS workforce incl. BAME staff are hesitant to take the vaccine which adds to overall vaccine hesitancy in the community (South Asian community)

# The following were suggested to encourage BAME vaccine take-up:

- **Focus on sharing more positive stories**

African Heritage community said that members took photos of having their vaccination, which they shared with their community. They reported they had no extreme side effects which helped to positively influence the perception of the vaccine in that community.

- **Endorsement of the vaccination programme from the community leaders**

Somali community felt that the community leaders who have taken the jab should be encouraging their communities to do the same. There is also a need to reach out to the community on a more one-to-one basis to ease any concerns around the vaccine, which then will be passed onto family members.

- **Make the correct information easily accessible by all**

South Asian community suggested an introduction of telephone call centres to provide those who are hesitant with the correct information and support those who are not digitally savvy.

- **Act locally**

Bangladeshi and Pakistani community suggested reaching out to local Imam's at mosques to mention the vaccine during Friday prayers and recommended liaising with the Federation of Muslim Organisations to get any key messages across

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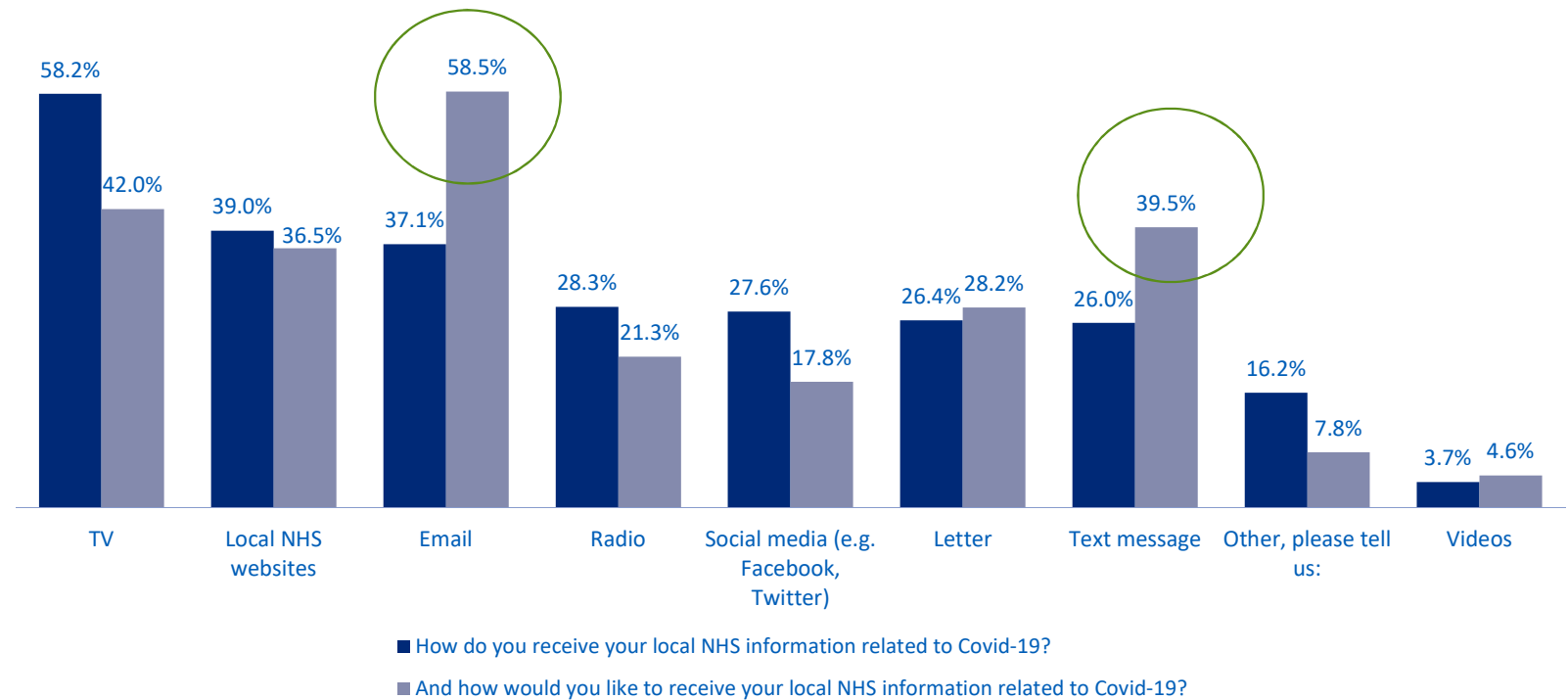


# Local NHS Covid-19 communications



**COVID-19**  
CORONAVIRUS

# Exploring the existing & preferred ways to receive local NHS info related to Covid-19



Covid-19 vaccination survey, March 2021, Respondents: 3,205

Q: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please tick one answer.



# Email and text messages are mentioned as a preferred channels to communicate (LLR)

Those living in LLR area told us that the top 3 channels through which they receive their local NHS Covid-19 related information are:

- TV – 58.2%
- Local NHS websites – 39%
- Email – 37.1%

In terms of how they would like to receive that information, the email was the most preferred channel - nearly 3 in 5 (58.5%) said that this is how they would like to get their local NHS information related to Covid-19. This was followed by:

- TV – 42%
- Text message – 39.5%
- Local NHS website – 36.5%

**The two channels that are worth exploring further in relation to communicating local NHS Covid-19 information are email and text messages which would allow for more personalised and targeted approach compared to messages shared via TV and local NHS website.**

# Email and text messages are picked over social media (BAME, 16-34 yo)

- We found similar preferences when looking at the results by **BAME groups** with email being the top channel selected for communicating the local Covid-19 information (51.6%) followed by TV (47.1%), text message (41.6%) and local NHS websites (41.6%).
- Even though the Social Media (25.6%) isn't picked as one of the top channel for this type of the communications, 34.7% of BAME members stated that this is how they currently learn about their local NHS Covid-19 related messages (compared to 27.6% in LLR area in general).
- 46.5% of those who belong to **16 – 34 year old age bands** would like to receive their local NHS information related to Covid-19 via email, followed by text message (34.2%) and local NHS websites (34.2%).
- Interestingly and similarly to BAME groups, 37% of those aged 16-34 learn about their local NHS Covid-19 related messages via Social Media, although only just over 1 in 5 (21.8%) say that this is how they would like to receive this type of information.

Leicester City Clinical Commissioning Group  
West Leicestershire Clinical Commissioning Group  
East Leicestershire and Rutland Clinical Commissioning Group



# High Impact Actions



**COVID-19**  
CORONAVIRUS

# What can we improve?



# What can we improve?

- **Clarify concerns and worries in confidence**

Many of those unsure about the vaccine would benefit from one to one confidential discussions to chat through any concerns about side effects, how the vaccine works, about its effectiveness (ideally with someone they trust a lot such as GP or nurse) via email/ phone

*“Direct, one-to-one contact from health professionals (doctors and nurses) who have relevant linguistic skills and have awareness of cultural and religious social mores of communities.”*

*“I have talked to many patients who felt the development was rushed. I have managed to sign post them to a video on the Oxford vaccine group Twitter page and this has put their minds at rest.”*

- **Address the fertility and breastfeeding concerns**

Some respondents are still concerned or confused about the impact of the vaccine on the fertility or what to do when they are breastfeeding

*“Younger people who may be planning on expanding their families are concerned about birth defects. Likewise I’ve heard people discuss not letting teenage girls have it due to same concerns”*

*“I’m breastfeeding which was originally seen as a reason not to have it but I’m pleased the advice has changed”*

*“I am currently pregnant and have also been informed at this time that vaccine is not advised if breastfeeding”*

# What can we improve?

- **Talk to” the younger audience**

Some of the younger respondents (16 – 35 year olds) who are unsure about having the vaccine tend to think that it is less relevant to them and either they don't understand the need for getting it or haven't thought about it enough to make their own decision

*“It doesn't give immunity and can still carry it, the survival rate is 98% from COVID so I believe the risk to be low and why put an unknown injection into my body to increase the survival rate by around 1%”*

- **Focus more on positive stories**

This seems to be especially important when it comes to potential side effects, as some respondents (e.g. those aged 36 – 59 and members of BAME groups) are worried about having severe response to the vaccine after hearing stories of friends and family being unwell

*“Clear and unbiased information on side effects that seems to worry those who hear about their family and friends experiencing various side effects and whether that's okay e.g. people in the community talking about their experiences of having it and that they are fine, focus on sharing positive stories”*

- **Consider the needs of different communities**

Some communities need reassurance around the vaccine from people they know and trust, support in overcoming barriers such as language and understanding of the need for having the vaccine.

*“Direct, one-to-one contact from health professionals (doctors and nurses) who have relevant linguistic skills and have awareness of cultural and religious social mores of communities.”*

# What can we improve?

- **Make the appointments accessible by all**

Many older respondents express their preference to have the vaccination done in their local communities and will wait until they can do it locally. Some people in LLR require support with the transportation to the vaccine centre (e.g. don't drive, unable to use public transport) or feeling anxious to travel/leave home (not necessarily housebound). Others need to fit it in around their other commitments such as childcare or work.

*“Currently, although there's a vaccine centre here in Loughborough, I'm only being offered appointments in Derby or Leicester. I don't want to travel - I want to have it in my own town”*

*“I struggle leaving the house due to anxiety so I will be waiting for my GP”*

Those with disabilities may experience difficulties in getting to the centre or have troubles with the communication and getting accessible information during their appointment (e.g. deaf community) if there is no person to assist them. Some may feel “left out” or “forgotten” because of those struggles.

- **Offer offline appointment bookings**

Even though the majority of people is able to book their appointments online, there are some people who struggle to do that or have no access to the Internet.

*“Have to wait to hear from Doctors to book at the local Melton Mowbray vaccination site, unable to do this online which prolongs the wait”*



**Questions?**



**THANK YOU**

