

COVID-19 VACCINATION

Survey Results

March 2021

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1. Introduction

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%)



30.1% of respondents who answered the gender question said they are males and 69.5% that they are females. Please see Appendix 1 for gender split by location.

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%). Please see Appendix 2 for age split by location.

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% of those from BAME communities (n=168) 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.

99.5% of those who answered the question are registered with a GP surgery. The majority of those who are not registered (0.5%) said that they have moved house and didn't get a chance to reregister with another GP. A couple of respondents stated that they don't get ill therefore don't need GP.

2. 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
- The majority of those who took part in our study and belong to BAME groups are supportive of the Covid-19 vaccine (88.9%) but there is a group of people who are unsure about the vaccination and need access to trusted sources of information and people e.g. GP who can help them to clarify their concerns about the impact of the vaccine, the ingredients and its safety
- The younger the respondents the higher the levels of vaccine hesitancy
- Those younger respondents from 16-24 and 25 – 34 age brackets who are unsure about having the vaccine are not against it but are quite worried about unknown long term effects. They are unclear on its impact on fertility and breastfeeding. They don't see themselves at high risk of illness from Covid-19 or mention that the vaccine doesn't stop them catching the virus or the spread of it therefore often don't see a point in having it
- There are a slightly more people unsure about taking the vaccine (6.5%) or not intending to take it (8.2%) that live in Leicester City compared to other parts of LLR. Some of the other concerns mentioned, except the key ones, are worry about the its impact on fertility, concerns about the long gap between 1st and 2nd vaccination, the ingredients of the vaccine (mostly around the BAME groups) and accessibility of the vaccination centre and appointments.

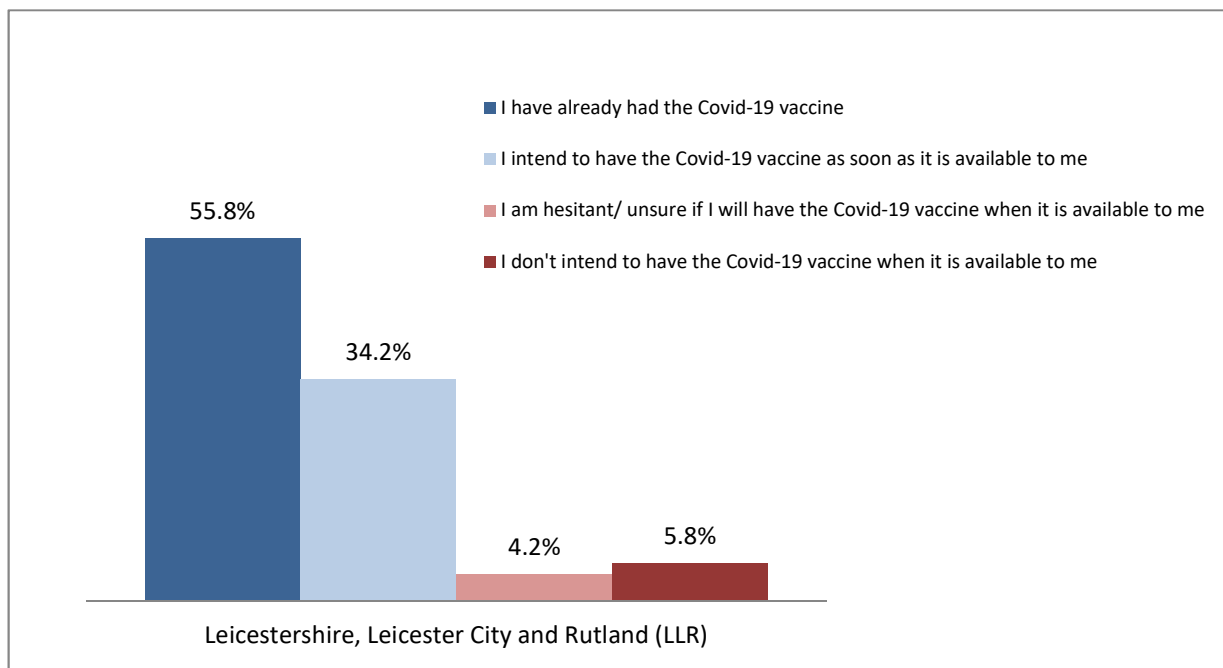
- Although the hesitancy to take the vaccine in Leicestershire is relatively low, there are some concerns around having it, mostly around similar issues mentioned by other respondents such as long term unknown effects (71.4%), potential side effects (53.8%) and the speed at which the vaccine was developed (54.7%).
- Many respondents from Leicestershire expressed their concerns about the accessibility of the local vaccination centres, reluctance to travel long distance, some feel anxious about leaving home or using public transport and are experiencing difficulty booking their appointments online
- Those living in Rutland are generally pro-vaccinations and only a small percentage of people is unsure or not intending to have the vaccine. The main concern is around the longer term unknown effects (76.9% vs. 71.4% in Leicestershire and 71.6% in Leicester City). They are also more likely to be concerned about effect on pre-existing health conditions/illnesses (30.8%) and some say they prefer to wait to have it done locally.
- Communications: 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.

3. Exploring the attitudes towards the Covid-19 vaccination

The majority of the respondents (90%) from Leicestershire, Leicester City and Rutland (LLR) either have already had the vaccine or are intending to have it as soon as it becomes available to them.

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

Base: all respondents from LLR



a) Possible barriers to having the vaccine

Respondents from LLR feel it is important that they personally have the Covid-19 vaccination. The majority of those who haven't had it yet state that there isn't anything that may stop them from having it. They will be happy to have it as soon as it becomes available to them and some are saying that they will travel a longer distance if necessary.

"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"

Those who mentioned some possible barriers that may stop them from receiving their vaccination they mostly commented on:

- **Location of the vaccine centre.** Some state that they would prefer to have it done locally.

"I qualified several days ago (65). I cannot get to the quoted centres. Nothing in walking distance"

"I don't like driving to places I'm not familiar with - I would prefer to be vaccinated somewhere I can walk or cycle to."

"I struggle leaving the house due to anxiety so I will be waiting for my GP"

- **Lack of transport or difficulty with public transport.**

"As a non-driver, I would need to make arrangements to travel to and from the vaccination hub; I do not drive or have a bubble so travel could cause me issue."

"Fear of travelling by public transport to the vaccination site after so long."

- **Availability of suitable appointments**

"Work - medical appointments are not normally allowed during work hours"

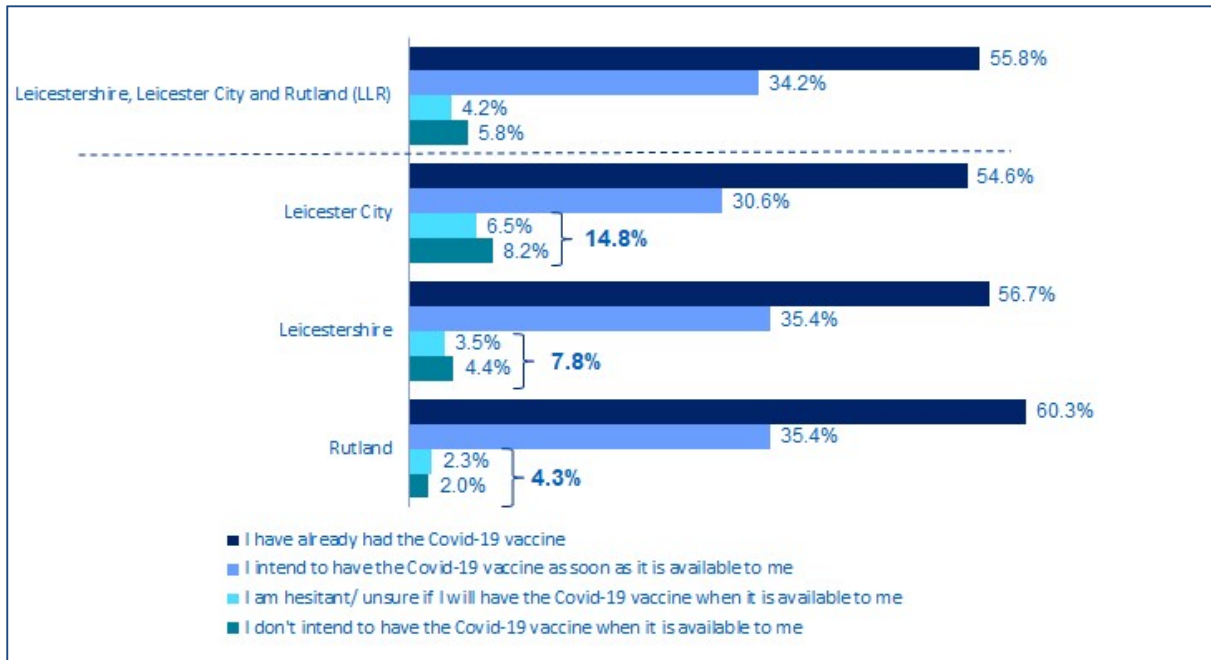
"Restricted times and dates that I can attend"

Some people also mentioned a lack of the vaccine in their local centre, breastfeeding *"I am breastfeeding and I am unsure of the effects"*, pregnancy *"currently pregnant so will wait until after the birth of my child"* and childcare issues/ responsibilities - *"I will need to source childcare or bring my children with me"* as possible barriers to receiving their vaccination.

One of the students said *"I am currently living at my home address (outside of Leicestershire) due to lockdown but I registered with a doctor in Leicester upon starting university and so if it is outside of term time I won't be in Leicester"*.

The hesitancy or unwillingness to have the vaccination is a higher among respondents living in Leicester City (14.8% vs. Leicestershire 7.8% and Rutland 4.3%).

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



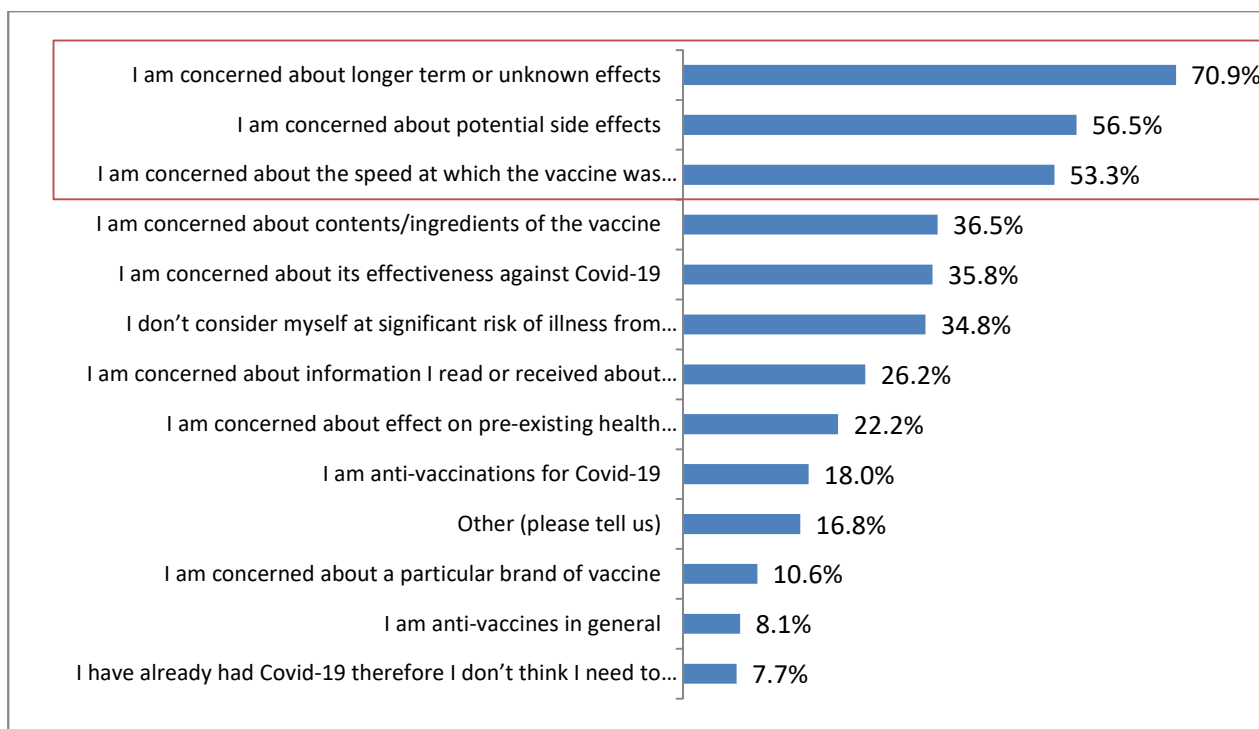
b) Understanding the concerns of those hesitant about having the vaccine or not intending to have one

10% of those who live in LLR are said that they either unsure about having the vaccination or they don't intend to have one when it becomes available to them. The top 3 reasons are:

- I'm concerned about longer terms or unknown effects – 70.9%
- I'm concerned about potential side effects – 56.5%
- I'm concerned about the speed at which the vaccine was developed – 53.3%

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? Please tick all that apply.

Base: all respondents from LLR



c) The reasons behind being unsure/ hesitant about getting the Covid-19 vaccination

We engaged 4.2% in LLR area who stated that they are unsure/ hesitant if they will have the Covid-19 vaccine when it is made available to them.

- 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

Who are they?

- 68% said they live in Leicestershire, 27.5% in Leicester City
- 40.1% state it is important that they personally have the Covid-19 vaccine, 17.8% said they "don't know"
- 76.3% state that they do trust their GP (General Practitioner)
- 80.7% belong to white background, 19.3% - BAME communities

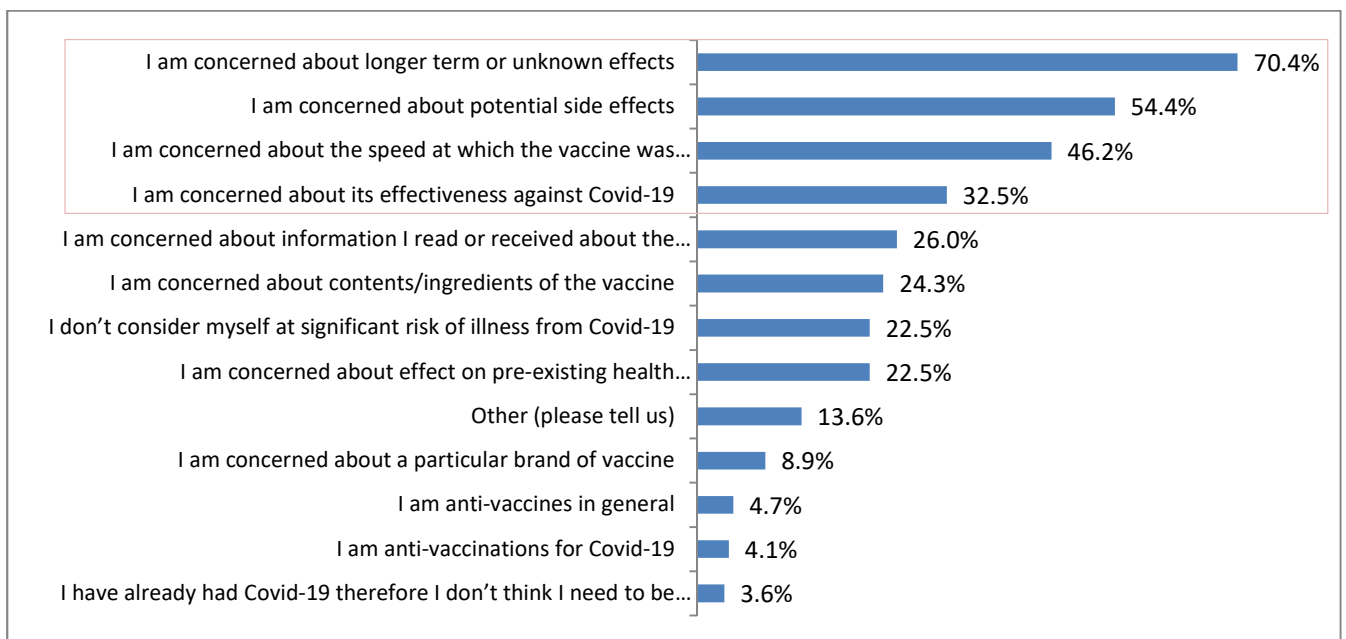
- 84.3% belong to 16-34 and 35 – 59 age groups (with 53.7% belonging to the latter group)

What are they most concerned about when it comes to the Covid-19 vaccination?

- 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

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? Please tick all that apply.

Base: all respondents from LLR who are unsure/ hesitant about having the Covid-19 vaccine, 169 respondents



When we asked them about other vaccine related concerns, they mentioned:

- *"I am concerned about the effects/risk to an unborn baby as we are TTC"*
- *"I want to feel confident in taking the vaccine without feeling pressured to do so"*
- *"This is not a vaccine it does not stop you catching or passing on covid"*
- *"Auto immune allergies"*
- *"Concerned that it could be ineffective with mutated strands"*
- *"Pregnancy concerns"*

d) The reasons behind not intending to get the Covid-19 vaccination

We engaged 5.8% in LLR area who stated that they don't intend to have the Covid-19 vaccine when it is available to them.

- In general, they are more sceptical about the Covid-19 vaccine and some state that they don't understand why they need to have it
- They are mostly concerned about long term/ unknown effects as well as potential side effects and 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. The majority doesn'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.

This is what some of them said:

"I don't believe everyone needs to have the jab, just like everyone doesn't need to have a flu jab".

"This vaccine opposes my beliefs, and there is a hostile attitude growing amongst groups into coercing people to take it."

"Under no circumstances not having the vaccination should be a reason to any sort of discrimination- e.g. unable to travel, unable to work, etc."

"I think the whole pandemic is a lie and this covid is just another strain of the flu that we have been dealing with for as long as I can remember."

"Why media is not talking of actual data of natural deaths, cancer, accidents, etc. Since outbreak 2020 recorded elderly deaths by flu has decreased and Covid-19 deaths increased."

Who are they?

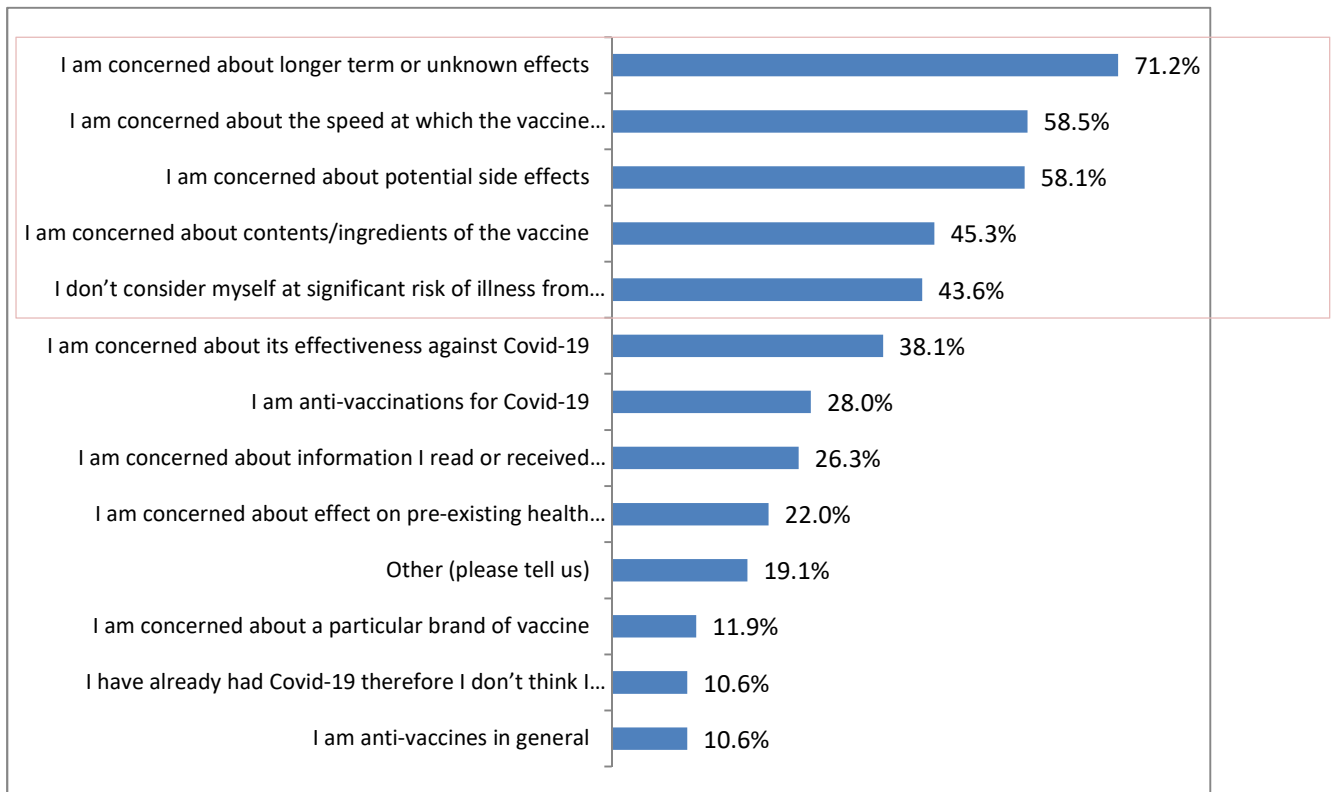
- 68.9% said they live in Leicestershire, 28% in Leicester City
- 93.3% state it is not important that they personally have the Covid-19 vaccine
- 48.2% state that they don't trust their GP (General Practitioner)
- 89.4% belong to white background, 10.6% - BAME communities
- 48% belong to 35 – 59 age group, additional 20% said they "prefer not to say"

What are they most concerned about when it comes to the vaccination?

- 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

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? Please tick all that apply.

Base: all respondents from LLR who are not intending to have the Covid-19 vaccine, 236 respondents



When we asked them about other vaccine related concerns, they mentioned:

- *"Totally unnecessary for a virus for which well over 99% of people recover from!"*
- *"I just don't want it"*
- *"Needle phobic"*
- *"Planning to get pregnant. Prefer to take my chances with my immune system"*
- *"On medication"*
- *"I am not willing to take vaccine that is in a trial stage"*

4. Myths and misconceptions about the Covid-19 vaccine

The vast majority of respondents stated that they either not heard / seen anything about the Covid-19 vaccine on social media or through the hearsay that may put them off having it or they have seen some messages but they choose to ignore them/ trust their own research.

"Heard a lot of different info but none of it I would take into consideration unless it was via gov.uk or NHS"

"Yes there are negatives around but I have faith in our scientists who are the best in the world & trust them"

"I am not on any social media and wouldn't take any notice of it if I was. I do my own research."

The key messages that are being heard or seen are:

- The vaccine is causing **severe side effects** and there are stories around the **future effects** that are currently unknown. Although the majority choose to ignore it, some people feel concerned/ confused after hearing them.

"I have read lots of information about the covid-19 vaccination which has made me uneasy. I have heard of many bad side effects, and deaths of people who have had the covid-19 vaccine."

"There has been much reporting of the fears from groups of people who feel the vaccine will produce various unwanted side effects and other consequences."

- Some messages say that the vaccine **testing has been rushed** and question its safety.

"There is also the fact that there's not a person alive who can tell me of the long term side effects, because of the rush to get this vaccine. The people having it now are the trial subjects which isn't good enough for me."

"Manufacturers of the vaccines can not be held liable if someone has long term health effects from having the vaccine. How safe is it?"

"BBC news - it does not stop the spread of covid. It just means you are less likely to go to hospital. NHS staff - 25% won't take the vaccine. Why? What do they know that the general public does not know. Pharma companies are not liable for side effects???? Exactly how safe is this?"

- Some say they have heard quite a few **conspiracy theories** such as it changes your DNA, it is a way to implant a microchip into everyone, an attempt for government control and a scam to make money. Even though the majority of those surveyed stated they choose to ignore those, these messages may make some people uncertain/ confused.

"A range of comments claiming the vaccine can give you Covid; it is part of a governmental conspiracy to vaccinate us and gain access to all personal data; finally that Bill Gates inspired the epidemic to use the vaccine to implant something in us."

"Lots of misinformation on Facebook such as vaccine is untested and dangerous, big pharma companies engineered pandemic to make money. Nothing would have stopped me from getting the vaccine."

"Heard about embryo tissue in one of the vaccines. So much on Internet including there being a chip in them. Gets confusing who to believe."

- Quite a few respondents reported that they have seen or heard messages about the vaccine **causing infertility** (mostly mentioned in relation to women but one person commented on male fertility).

"I've heard concerns about the vaccine affecting fertility and containing animal products but know that these are false."

"Suggestions that it may affect fertility of young women - not sure where it came from but my daughter (37) told me."

"The vaccine affects male fertility and may result in low or reduced sperm count."

- There have been stories shared around **the contents of the vaccine**

"I heard it contains alcohol and animal products"

"It contains pork"

"The vaccine contains fats from pigs, therefore making it unacceptable to Muslim people."

"Videos hearing about ingredients used in vaccine that does not meet my religion requirements."

- Respondents also reported that they have seen messages about the **Oxford AstraZeneca vaccine** including stories about worse side effects, its effectiveness and being not good for those aged over 65

"Use of aborted foetal cells in the Oxford-AstraZeneca vaccine"

"Christian Faith groups concerns re Oxford vaccine and the use of foetal cells from 1970s- many believe that there are actual cells in the vaccine and so are refusing to have that particular one"

"Continuing negative press - especially from Europe - regarding the AstraZeneca vaccine which I had does worry me."

- Some people have mentioned the fact the **the vaccine is in trial until 2023**

"I always do my own research and that is enough to convince me that for a virus that has a 99% plus survival rate I do not need an experimental mRNA jab that does not finish trials until 2023 as per Pfizers own website! The 'vaccine' if you can call it that, has caused many deaths already and will continue to do so. No one knows the long term effects yet. You should not be pushing this on people or trying to guilt people into it."

5. Concerns about having the Covid-19 vaccination

The vast majority of those living in the LLR area state that they do not have concerns about the Covid-19 and will have it even if they need to travel a long distance.

The most common concerns across the whole of LLR are:

- **Long gap between 1st and 2nd dose of the vaccine:**

"My only concern is having to wait 12 weeks between doses as I know that the developers recommend only 3 weeks"

"None - but confused whether 3 or 12 weeks is best interval between jabs"

- **Long term, unknown effects:**

"Just that it is very new and therefore long term effects are unknown"

“As the long term effects are not yet known I have some reservations but will still attend for the vaccine.”

- **Effectiveness against other Covid-19 variants**

“That it won't protect against all strains and ultimately will be ineffective”

“I'm concerned that it won't protect us about the new variants and we'll basically have to start this whole pandemic process all over again”

- **Worry related to fertility and breastfeeding and how it may affect it:**

“My concerns are if it may affect fertility, have any complications with future pregnancy or to expecting mothers. Or if it will prevent breastfeeding mothers to continue breastfeeding their babies.”

- **Side effects and lower effectiveness of Oxford vaccine**

“We'll probably get the Oxford vaccine which doesn't seem to protect as well against variants as the Pfizer.”

“My main concern is that it's effective. So that may affect my feelings about what type (brand) of vaccine is available to me at the time.”

“Bit worried if it is the Oxford one. I think the Pfizer one is better with no side effects.”

- **Type of the vaccine:**

“I am morally opposed to the Oxford-AstraZeneca vaccine due to its use of aborted foetal lines”

- **Side effects/ reaction to the vaccine:**

“ I am concerned about the effects - i.e. how long I'll feel poorly for (if I even will)”

“Only adverse side effects which may affect me longterm”

- **Vaccine ingredients:**

“Does it contain squalene from wild sharks?”

“I was thinking about whether to have it as I had concerns about what I have read that it may contain squalene from wild sharks and I find that abhorrent.”

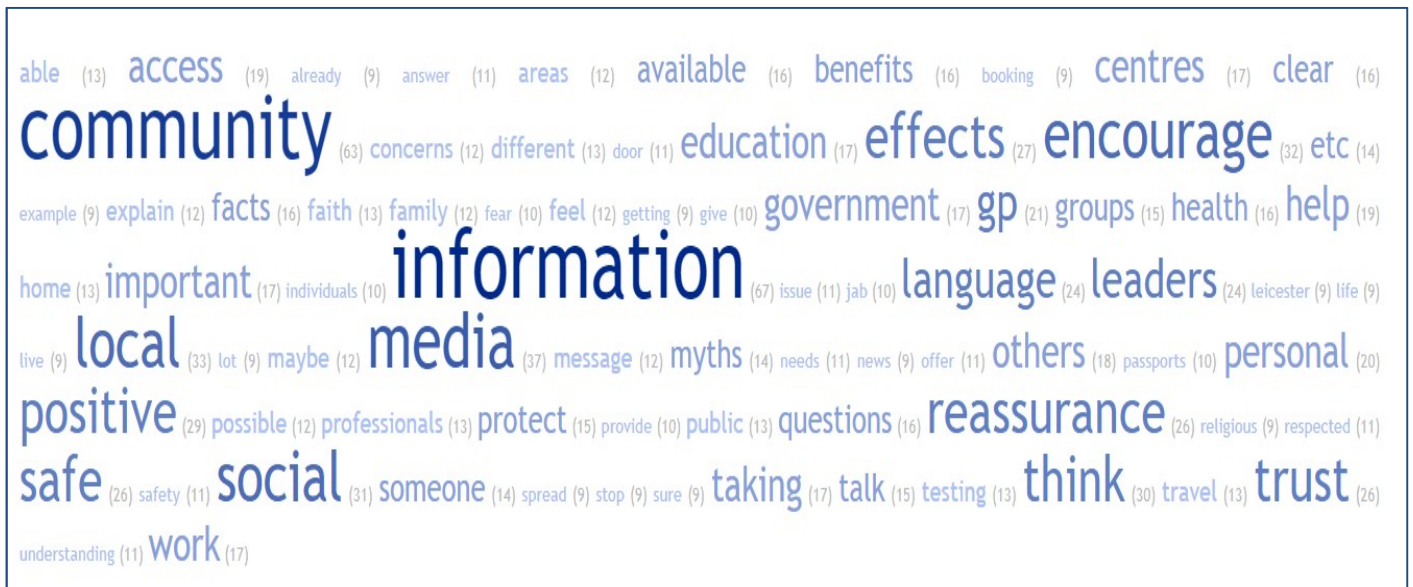
6. Exploring suggested ways to encourage take up by location

We asked respondents if they have any suggestions in regards to what may improve the take up of the vaccine. We looked the these by each location:

Leicester City

Those living in Leicester City mentioned suggestions such as clear messages around the vaccine and reassurance it is safe. Some feel that calyfyng some of the stories and myths

and providing more knowledge around side effects may encourage take up. There is a need to have things done locally within specific communities by people they trust, respect and/or admire, sometimes in the language that is a specific community is most likely to use. There were suggestions to focus on positive stories and examples of people having good experiences with the vaccine. A one to one phone call from health professional or GP was often mentioned in relation to people who may have some concerns and need that personalised approach to clear their doubts. Easy access, easy booking and having it done close to home have been mentioned too.



“Having someone to talk to explain their concerns. Someone with time and a willingness to help them explore “the truth””

“Vaccination centres in every locality; being vaccinated by familiar people (GP, practice nurse); shopping vouchers as a reward”

“Talk to the public via their community leaders and in their own language would help.”

“Positive stories. True accounts of the benefits”

“Personal recommendation and endorsement from trusted community leaders and medical professionals”

“Literature in more languages Using community role models to promote vaccine Encourage community leaders to inform people”

“Making more appointments at your own doctors and having the vaccine at you own home”

“Detailed information explaining why it is important that they get the vaccine, dispelling myths and providing a contact for them to use to address their concerns”

“Explaining the science behind why it's important for everyone to get vaccinated (e.g., herd immunity), but in simple layman's terms.”

"One-One phonecalls from reliable doctos/local gp's to dispell myth"

"Providing transport to vaccination centres or the facility to have it near home or at home, particularly those with reduced mobility."

"Myth-busting info videos from respectable/reputable Leicester/Shire based BAME people, such as elected officials/councillors, doctors, nurses, pharmacists, academics, faith representatives, and any other more famous/well known Leicester based BAME people"

"Martin Lewis was voted "most trusted person in Britain" - maybe get him to do something. Also other people the groups affected may look up to."

"Introduction of a vaccine passport"

"Able to have a chat about the injection with a health professional to put their mind at rest"

Leicestershire

Those living in Leicestershire have also commented on providing clear, evidence based and trustworthy information about the vaccine and how it works. They are suggesting to focus on the positive stories and local examples of people being successfully vaccinated. Reassurance from healthcare professionals, GP, community leaders and having it done locally are also mentioned.



Here are some of the comments:

"Information in varied languages and translators too"

"Clear and honest information from peer groups"

"Information that it is safe & will help to protect themselves & their families & the wider community."

"More assurance and information about the vaccine, process to make, why it is safe etc."

"Strong publicity at community level about what the vaccine contains and how thoroughly its been tested. Including information in community languages."

"Encouragement by GPs and faith leaders."

"Much more local centres - hyper-local pop-up centres in marquees in pub car parks, on parks and in playgrounds."

"Childcare facilities for those with children. Much less queuing - or benches to wait on. Much longer opening hours so that people who are on very low incomes do not have to miss work to get vaccinated (possibly even 24/7 availability on industrial estates for a week at a time)"

"Much more flexibility around appointments so that people who are on very low incomes do not have to miss work to get vaccinated (possibly even have some non-appointment centres)."

"Much greater information about how to get to vaccination centres by public transport, and the walking time from the individual's address."

"Having vaccination centres closer to public transport routes - possibly working with Arriva & First etc to facilitate this."

"People have enough information. (although the fertility concern has not been addressed)"

"Clear information, in mother tongue or from trusted leaders, giving the facts. Reminders of just how many have died. A passport for those who have had the vaccination and medical exemption certificates for all others, without exception."

"Being able to get it locally and not having to travel too far. Preferable given by someone they are familiar with from their own GP Practice."

"Reassurance from people in their community or professionals such as GPs, health visitors, pharmacist"

Rutland

In Rutland, similar to other parts of LLR, a lot of suggestions were around providing positive information/ success stories and offering personal phone calls where each person could discuss their concerns in confidence.

GP/ group leaders/ family endorsement and recommendations were mentioned too including use of premises that ethnic minorities use, e.g. mosques. Travel was mentioned a lot as well with people highlighting that having it done locally without the need to travel out of their community is important.



Here are some of the comments:

"Use of premises ethnic minorities use such as mosques. Using staff from local GPs and pharmacies where staff are known to people so they feel they can ask questions. Use social media to counteract mis-information and do this to target the younger generation and people from ethnic minorities."

"Clear, positive bullet point summary of benefits and similar factual answers to false rumors about side effects etc eg will affect your dna, fertility etc."

"Explanation from trusted friends or neighbours."

"Famous people going public about having it. Not having to travel out of the local Community to have it"

"Someone like Dr Fauci (Chris Whitty, Jonathan van Tam ... etc. NOT Hancock) explaining in simple terms how a virus spreads and how a vaccine works and that it helps society as a whole not just individuals i.e. extended families."

"Make it local and with GP endorsement. I heard that some gps are phoning people who have not chosen to have the vaccination to understand their concerns - not too change their mind but to get rid of myths and a large % have then gone on to have the jab."

"Positive press coverage. Having an appropriate someone within their community that they trust to reassure, allay their fears and misconceptions and to promote the vaccine"

"Good communication & help with transport. I saw that one GP in Leicestershire was ringing his patients to persuade them, that is brilliant but can't be expected."

"Group leaders, religious, social & political, recommending it. E.G. Macron & Merkel did their countries no favours by opposing Astra Zeneca"

"A vaccine passport"

"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."

"Credible & Factual information about its effectiveness"

"Clear advice in the community Transport available for all Home visits/ability to walk to a vaccination hub"

"More certainty. The younger generations know that they have less chance of dying from covid and with many unknowns about the vaccines, are more prepared to risk the illness rather than the vaccine"

"Being able to discuss any concerns privately with someone they trust."

"Good information in own language. Leaders from local communities promoting uptake. Locally accessible centres, culturally acceptable as well"

"I think some people will want to wait a few years to check for any side effects. Maybe not feeling they are pressured to have the vaccine will make them feel they have more choice and will hopefully make the right choice."

"A personal phone call from the GP or GP Surgery to ask exactly that question. Also for family members to encourage everyone friend and family to have the vaccination"

7. Concerns about having the Covid-19 vaccination and ways to address them

1. BAME groups in LLR area

The majority of those who took part in our study and belong to BAME groups are supportive of the Covid-19 vaccine (88.9%) but there is a group of people who are unsure about the vaccination (6.7%). Those from BAME communities living in Leicester City seem slightly more hesitant about the vaccine than those from Leicestershire (8.9% vs. 4.6% respectively).

Concerns:

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%).

"Some information shows that there's some historical foetal related ingredients linked to research/test/preparation. "

"Don't want to feel ill which Astra Zeneca does so prefer an RNA version"

"People have reported headaches and pain in arm after given the shot. This concerns me."

Other key concerns mentioned by BAME communities are: 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.

Here is what some members of BAME community said:

"Any side effects for women who are trying to conceive"

"Most Muslims think that it has non halal ingredients in it"

"I was completely against taking it but I'm gradually being swayed as people I know, friends, long time family friends and even members of my family are now considering taking it or have taken it. It doesn't help though that my mom is completely against the idea due to things she has seen or heard on Whatsapp. The BBC Panorama show also helped alleviate my concerns a bit. I think we need more like 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"

Possible ways to address some of the concerns:

- More information and education in their own language within the communities, ideally by the community leaders or people they respect and trust – GP and nurses e.g. vaccine advocates within each community who will lead by example

"Community's like mines, need more information in their language, religious leaders involved supporting the older generation in this message of the importance of getting the vaccination"

"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."

- Providing vaccine information that is easily accessible by all – not everyone is able to read or can understand the messages around the vaccine due to language barriers
- Dispelling the myths around the purpose of the vaccine, what the vaccination contains, how it works, its impact on fertility and whether it is safe, e.g. one to one

confidential discussions, Q&A meetings in their communities, local GP involvement (they do trust the opinions of their GP), community leaders educated about the vaccine so that they can help with dispelling the myths

“Peer/family pressure. People quick to believe that if its published on the internet or circulating on social media platforms, that it must be fact. Cultural - community leaders not dispelling the myths as readily as they should.”

“More Asian and black high profile people encouraging the community its safe”

“Maybe local GP practices should look to contact their patient household (via a 10 min call) to ask them how the feel about vaccines and try to address any concerns they have. People are more likely to ‘listen’ to advice from their own GP.”

- 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
- Improve the accessibility of vaccination centres. There is a need to have it done locally in their own communities without the need to travel far which may put off some people (some communities would communicate in their own language, watch TV in their own language and socialise with people who speak their native language only – they may not engage with the messages in English), e.g. place of worship, schools
- Some BAME communities may feel uncomfortable with the “enforcement” of the vaccination programme. They want to feel supported and respected and proved that it is for their good, not just to tick off boxes.

2. Those aged 16 – 24 and 25 – 34

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)

Concerns:

- The impact on fertility, pregnancy and breastfeeding are mentioned a lot by or in a relation to younger respondents.

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

- 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, taking it doesn't protect their family and friends. 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.

“At the moment there isn't sufficient evidence to show that the vaccination stops the transmission of the virus. And so I think the vaccine is a great choice for at risk groups, but I am 28 and would rather take my chances with Covid, especially if my being vaccinated isn't even protecting my elderly loved ones.”

- 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.

“I would like to know how the vaccine was developed so quickly when most vaccines are supposed to take a 10+ year period before being distributed among the public? What makes this vaccine any different? Is there some new technology or method that you could tell us about that would explain this speed?”

“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%”

Possible ways to address some of the concerns:

- More clear and unbiased information is required to verify any misunderstandings, possibly via Q&As, videos directly addressing the issue of fertility, pregnancy and breastfeeding and ability to discuss this with a well-informed nurse or GP
- Addressing those at the universities - explain the importance of being vaccinated and impact of this on them and others around them
- Explaining the key concerns across all age groups including why it is important to get vaccinated even if you are not in the high risk group, impact of fertility and general info on how the vaccine works to enforce the message it is safe to take

3. Leicester City

Although the vast majority has had their vaccine or planning to have one when it becomes available to them, there seems to be the biggest group of people who are unsure about getting the vaccine (6.5%) or don't intend to have it (8.2%) compared to other parts of LLR.

Similarly to other parts of LLR they are most concerned with longer term side effects that are unknown, potential side effects and the speed at which the vaccine was developed.

- Quite a few respondents have concerns about the long gap between 1st and 2nd dose of the vaccine. They feel we are not following manufactures recommendations and whether that has an impact on its effectiveness

“My only concern is having to wait 12 weeks between doses as I know that the developers recommend only 3 weeks”

- They mention worries related to fertility and how it may affect it

“My concerns are if it may affect fertility, have any complications with future pregnancy or to expecting mothers. Or if it will prevent breastfeeding mothers to continue breastfeeding their babies.”

- They mention the lower effectiveness of Oxford AstraZeneca vaccine and are concerned about worse side effects

“We'll probably get the Oxford vaccine which doesn't seem to protect as well against variants as the Pfizer.”

- Many people mentioned the misinformation surrounding the vaccine and that some people are concerned about the ingredients of the vaccine (especially in BAME communities in LC):

“Some people think that there are elements of animal or human foetus in it”,

“The thought that it contains animal or human tissue”

One female aged 35 – 59 said: *“Many members of the Asian community believe that the vaccine contains beef/pork by-products which they consider unclean. Faith leaders are doing their best to reassure them that this is not the case.”*

- They also mention concerns around the availability of suitable appointments, lack of transport or difficulty with public transport as well as mention the difficulty to get to the vaccine centre

“I do not drive or have a bubble so travel could cause me issue”

“I qualified several days ago (65). I cannot get to the quoted centres. Nothing in walking distance”

4. Leicestershire

Although the hesitancy to take the vaccine in Leicestershire is relatively low, there are some concerns around having it. The key ones are similar to the main concerns mentioned by other respondents such as long term unknown effects, potential side effects and the speed at which the vaccine was developed. See Appendix for more details.

There is also a group of people who are not intending to take it and who are quite sceptical about the Covid-19 vaccine in general. They are more likely to say that “they don't consider themselves at significant risk of illness from Covid-19”.

Concerns:

- Similarly to other groups, concerns in regards to fertility, breastfeeding and the vaccine effectiveness against different Covid-19 variants are often mentioned.

“Concern about impact on fertility, short testing period, fear of injections, perceived unacceptable constituents”

- Interestingly there are quite a few concerns around travel and booking the appointments amongst those who are keen to get vaccinated. We have identified 4 key concerns in this area:

- **The travel/ access to local vaccine centre:**

Many respondents from Leicestershire say they either struggling to travel or don't want to travel outside their communities.

"Struggling to get to Leicester"

"Location of vaccination centres. Friends have complained to me that when invited to book they were expected to travel more than 10 miles from home to receive it."

"Travel is a problem; I have had to book for Leicester Peebal centre as no appointments available in Melton even though we have a large vaccination facility."

"Don't want to travel too far - to Leicester (don't know my way around the city at all)"

"I am waiting to go to the centres in Loughborough as I'm not comfortable travelling to Leicester"

- **Availability of appointments/vaccines locally:**

"There is none available in Loughborough at present!!"

"I know that our local centre at Measham has not been open as they have no vaccines"

"The nearest vaccination points are Belgrave area this puts me off I'd prefer Loughborough"

"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've been trying to book for over a week and there are no flaming appointments available in the WHOLE of Charnwood !!! This is disgusting ! Trying to send me to Mansfield or kenilworth! No ! I want my vaccine in Loughborough!"

"Not sure of the location of any vaccination centre. It is problematic if it is not in Shepshed because I would like it to be within walking distance."

- **Lack of transport or difficulty with public transport.**

Some people cannot or feel anxious about traveling long distances.

"Fear of travelling by public transport to the vaccination site after so long"

"I do not drive and have been told today my surgery are no longer doing the vaccine(after having administered it 2 weekends ago) . The nearest vaccine centres are not all on a public transport route or it is a lengthy journey. Public transport routes will be about 1.30 hours length one way."

"I struggle leaving the house due to anxiety so I will be waiting for my GP"

"Inability to travel to vaccination centre would delay me from having the vaccine. Extreme anxiety makes travelling to unfamiliar places difficult for me."

"Mobility issues so would need to be close to home & wheelchair accessible"

- **Difficulty to book it online**

Some people are experiencing issues with booking their vaccination online; others are less confident doing it online or need assistance. Some don't have access to the internet and would prefer to call GP to book their slot.

"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"

"The nearest large vaccination site that is available on the nhs website for people living in Loughborough is East Goscote. This is not easily accessible and information on the web suggests that a vaccine should be available at the council offices in Southfield road in Loughborough. However it is not clear how to book an appointment at Southfield road and some people have been waiting for several weeks since being asked by the nhs to book appointment without any further information from the gp about how to get an appointment at Southfield road."

5. Rutland

Only a small number of respondents from Rutland stated that they are hesitant about being vaccinated (7 respondents) or don't intend to get vaccinated (6 respondents). Similarly to other parts of LLR, they are mostly concerned with unknown, long term effects, potential side effects and the speed at which the vaccine was developed.

Travel was mentioned as a potential worry/ barrier for those who intend to have the vaccine:

"Having to travel into Leicester as I have kids and work full time so not practical"

"Prefer to have it locally as have young children so difficult to arrange for husband to take time off work, also concerned of risk of picking in the virus if travelling/going to a large centre."

"I am reluctant to travel to the mass vaccination centre as I have long standing asthma"

"I only have access to public transport but would not feel happy using it at the present. I would therefore not travel of Oakham."

In terms of **other concerns**, the fertility issues and breastfeeding has been mentioned: *"I am breastfeeding and don't feel there has been enough research to know if this is safe for my baby"*.

There were some concerns in relation to the type/ brand of the vaccine.

"I would strongly prefer the Phizer or Moderna vaccines because the Oxford-AstraZeneca one uses aborted Foetal cells. To the point I might decline if AZ is on offer only."

"I have an appointment booked and I will have it done. However, I was thinking about whether to have it as I had concerns about what I have read that it may contain squalene from wild sharks and I find that abhorrent."

While someone else said that they “would like the Oxford, AstraZeneca vaccine. The others concern me.”

Example of other comments we received were:

“None - but confused whether 3 or 12 weeks is best interval between jabs”

“Concern about potential long-term effects on my children if they are later offered a vaccine”

“Some people I know have had bad side effects and I have a young child.”

“No I know a number of people who have had it and my older son had quite nasty effects e.g high temperature/flu like symptoms but still definitely have it.”

8. Exploring the trust in the opinion of others in terms of Covid-19 vaccine – its effectiveness, safety and whether they should take it

The majority of those who have answered this question stated that they “trust a lot” the following:

- GP (General Practitioner) – 80.8%
- A nurse – 74.2%
- Local pharmacist – 68.5%

72.5% said they don’t trust people on social media.

Q. How much do you trust, if at all, the opinion of the following people regarding the Covid-19 vaccine in terms of its effectiveness, its safety, and whether you should take it?

Base: All respondents from LLR area

LLR	GP (General Practitioner)	People on social media	Local Pharmacist	Pharmaceutical companies	The Government	A nurse	The media (TV, radio, press)	Friends and family	Politicians	A leader in my community
Trust a lot	80.8%	2.3%	68.5%	39.5%	37.2%	74.2%	14.3%	47.4%	17.8%	23.0%
Trust a little	13.9%	13.6%	23.8%	42.6%	40.3%	19.5%	51.3%	40.0%	47.4%	39.2%
Not trust at all	3.9%	72.5%	4.6%	14.3%	20.7%	4.0%	31.2%	7.0%	31.2%	15.8%
Not applicable	1.4%	11.6%	3.2%	3.6%	1.8%	2.3%	3.3%	5.6%	3.6%	22.0%

Leicester City

The majority of those in Leicester City who have answered this question stated that they “trust a lot” the following:

- GP (General Practitioner) – 71.2%
- A nurse – 65.3%
- Local pharmacist – 57.4%

The trust ratings for those key people are lower compared to results for Leicestershire and Rutland – see below.

63% said they don't trust people on social media while just over 1 in 5 said they trust them a little (vs. 12.5% in Leicestershire and 9.7% in Rutland).

Q. How much do you trust, if at all, the opinion of the following people regarding the Covid-19 vaccine in terms of its effectiveness, its safety, and whether you should take it?

Base: All respondents from Leicester City

Leicester City	GP (General Practitioner)	People on social media (e.g. Facebook, Twitter)	Local Pharmacist	Pharmaceutical companies	The Government	A nurse	The media (TV, radio, press)	Friends and family	Politicians	A leader in my community
Trust a lot	71.2%	4.7%	57.4%	31.4%	31.0%	65.3%	14.4%	43.5%	14.0%	24.0%
Trust a little	21.2%	21.2%	31.9%	45.1%	41.6%	26.9%	49.3%	42.4%	41.4%	37.1%
Not trust at all	5.4%	63.0%	6.2%	19.8%	25.6%	4.7%	32.3%	8.4%	39.5%	18.0%
Not applicable	2.2%	11.1%	4.6%	3.7%	1.8%	3.1%	4.0%	5.6%	5.1%	20.9%

Leicestershire

Those living in Leicestershire who answered this question said they do trust a lot the opinion of the following:

- GP (General Practitioner) – 83.4%
- A nurse – 77%
- Local pharmacist – 71.6%

73.9% said they don't trust people on social media.

Q. How much do you trust, if at all, the opinion of the following people regarding the Covid-19 vaccine in terms of its effectiveness, its safety, and whether you should take it?

Base: All respondents from Leicestershire

Leicestershire	GP (General Practitioner)	People on social media (e.g. Facebook, Twitter)	Local Pharmacist	Pharmaceutical companies	The Government	A nurse	The media (TV, radio, press)	Friends and family	Politicians	A leader in my community
Trust a lot	83.4%	1.9%	71.6%	42.1%	39.8%	77.0%	14.5%	49.0%	19.0%	23.0%
Trust a little	12.4%	12.5%	21.9%	42.3%	40.2%	17.6%	52.7%	39.1%	49.4%	39.8%
Not trust at all	3.1%	73.9%	3.6%	12.2%	18.4%	3.4%	29.7%	6.4%	28.3%	14.5%
Not applicable	1.2%	11.7%	2.9%	3.4%	1.7%	2.1%	3.1%	5.5%	3.3%	22.7%

Rutland

Those living in Leicestershire who answered this question said they do trust a lot the opinion of the following:

- GP (General Practitioner) – 86.5%
- A nurse – 74.5%
- Local pharmacist – 69.5%

78.1% said they don't trust people on social media.

Q. How much do you trust, if at all, the opinion of the following people regarding the Covid-19 vaccine in terms of its effectiveness, its safety, and whether you should take it?

Base: All respondents from Rutland

Rutland	GP (General Practitioner)	People on social media (e.g. Facebook, Twitter)	Local Pharmacist	Pharmaceutical companies	The Government	A nurse	The media (TV, radio, press)	Friends and family	Politicians	A leader in my community
Trust a lot	86.5%	1.4%	69.5%	38.9%	33.9%	74.5%	14.7%	45.0%	16.8%	23.9%
Trust a little	9.9%	9.7%	24.7%	42.5%	43.2%	21.3%	49.8%	42.1%	48.4%	43.2%
Not trust at all	2.8%	78.1%	2.5%	13.6%	19.6%	2.5%	31.9%	7.9%	30.5%	12.9%
Not applicable	0.7%	10.8%	3.2%	5.0%	3.2%	1.8%	3.6%	5.0%	4.3%	20.0%

Respondents who are hesitant about having their Covid-19 vaccine

- Those unsure about having the vaccine are more likely to say that they trust opinions of a GP, nurse or local pharmacists a little rather than a lot.
- 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%), a nurse (78.6%) and local pharmacists (67.9%).

Q. How much do you trust, if at all, the opinion of the following people regarding the Covid-19 vaccine in terms of its effectiveness, its safety, and whether you should take it?

Base: All respondents who are hesitant about having the vaccine when it is made available to them

All those unsure about having the vaccine	GP (General Practitioner)	People on social media (e.g. Facebook, Twitter)	Local Pharmacist	Pharmaceutical companies	The Government	A nurse	The media (TV, radio, press)	Friends and family	Politicians	A leader in my community
Trust a lot	28.2%	0.0%	19.1%	6.9%	2.3%	21.4%	0.8%	29.8%	2.3%	7.0%
Trust a little	48.1%	17.6%	48.9%	35.9%	33.1%	57.3%	26.9%	45.8%	16.0%	31.3%
Not trust at all	20.6%	75.6%	27.5%	55.0%	63.8%	17.6%	70.8%	16.8%	79.4%	48.4%
Not applicable	3.1%	6.9%	4.6%	2.3%	0.8%	3.8%	1.5%	7.6%	2.3%	13.3%

We asked them if there is anyone else whose opinion in terms of Covid-19 vaccine they may trust. Some of the things mentioned include:

- Robert F Kennedy jr
- Dr Andrew Kaufman
- Dr Michael Yeadon
- Robert Kennedy Jr
- Dr Shiva
- "Piers Corbyn (Trust in Pierce)"
- "Dr Tenpenny has studied vaccinations for 20 years, and has spent 40.000 hours studying the subject"
- "An independent report on this vaccine, from people to have nothing to gain or lose from the population having it."
- "Experts in virology and viral as well as human genetics"
- "As nobody really knows the answer to effectiveness and safety I don't feel there is anyone."
- "Jeremy Corbyn, my friends and family. i think social media influencers, celebrities, public figures (eg. TV presenters, footballers etc.) should get the vaccine on camera"

as it will encourage fans & the general pop to follow in their footsteps and get vaccinated"

- Jonathan Van Tam
- "Scientists, the ones with the qualifications and years of study"
- "My Pastor, my dad"
- "Independent health professionals, independent journalists"
- "It's not about lack of trust. None of the people listed know yet the impact on some diseases. I don't trust them if they say they know it is safe as we don't know that yet."
- "GPs/medical professionals on Instagram"
- "It not that I don't particularly trust anyone, it's that it hasn't been out for long enough to see the long term affects"
- "Independent scientists and independent doctors who do not work for the NHS, aka Tory Government."
- "Independent scientists who work on vaccine development but not linked to a pharmaceutical company! Is there such a group?"
- "Actual clinicians who have worked on the vaccine and been part of the testing process"
- "Independent scientists not connected to government and with no financial interest"
- "Biology scientist, historical evidence if a type of vaccine has been used before"
- "People from the trial or more available information that is easily accessible and from the direct source"
- "Epidemiologists, virologists from independent organisations, universities for instance"

BAME groups

Those who answered the ethnicity question and belong to one of the BAME groups stated they do trust a lot the opinion of the following:

- GP (General Practitioner) – 75.7%
- A nurse – 67.1%
- Local pharmacist – 59.9%

62.7% said they don't trust people on social media but nearly 1 in 4 said they trust them a little.

Q. How much do you trust, if at all, the opinion of the following people regarding the Covid-19 vaccine in terms of its effectiveness, its safety, and whether you should take it?

Base: All respondents who belong to BAME groups

BAME groups	GP (General Practitioner)	People on social media (e.g. Facebook, Twitter)	Local Pharmacist	Pharmaceutical companies	The Government	A nurse	The media (TV, radio, press)	Friends and family	Politicians	A leader in my community
Trust a lot	75.7%	6.3%	59.9%	34.6%	36.4%	67.1%	16.6%	43.6%	13.6%	26.6%
Trust a little	20.7%	24.4%	30.9%	43.2%	43.0%	26.6%	53.5%	42.3%	46.7%	41.1%
Not trust at all	3.0%	62.7%	6.3%	18.6%	17.2%	4.3%	25.6%	7.8%	33.8%	18.1%
Not applicable	0.7%	6.6%	3.0%	3.7%	3.3%	2.0%	4.3%	6.2%	6.0%	14.1%

We asked them if there is anyone else whose opinion in terms of Covid-19 vaccine they may trust. Some of the things mentioned were:

- **Scientists, doctors and researchers** – often mentioning an independent view from those who aren't closely involved with the vaccine

“Well informed medical or scientific people. Maybe for some minorities it is not enough but it is for me.”

“Scientists, doctors and researchers who aren't affiliated with the government or the pharmaceutical companies that produce the vaccines.”

“Respected Scientists, academics, respected thinkers”

“More independent virologists providing information about the vaccine”

“Academics in public health”

- **First-hand experience** – someone who had the vaccine and shares their experience

“Anyone who has been vaccinated”

- **Family members & friends**

“My husband retired GP”

“Common people' who have taken the vaccine. I have had success talking to my friends and family about my experience with taking the vaccine. When I personally watch the news or anyone in the public light it seems as though they are scripted or encouraged to say a particular thing but all it takes is an honest person who can connect with the vast majority of people to put the message across.”

“Family elders and people I respect to do the right thing”

“Doctors in family and teachers with the correct level of education”

- **Religious community leader**

“Imams from the mosques or the Islamic scholars”

“priest/rabbi/religious figure”

“My Pastor, my dad”

“faith leaders (although personally not practicing a religion)”

- **NHS**

- **Myself**

“Just trust myself to make the right decision then whatever happens I made the choice for myself”

“My wife and my own gut feelings working in the industry”

- **Other people/ sources**

“celebrities from Bollywood & Hollywood”

“J Vam Tam, C Whitty and P valance”

“Professor Chris Whitby and Sir Patrick”

“Reliable Social Media groups (only because I always check the Source and the Language used)”

“I think community based pharmacists could play a greater role. They often know the local community and have a good rapport with them especially the older and vulnerable groups”

“Dr Campbell on YouTube. Brilliant coverage on covid19 from day one”

“Measured opinions of World Health Organisations, scientist and their data or similar, others' action, opinions and data shown by other countries”

Those who belong to 16-24 and 25-34 age bands

Those who answered the ethnicity question and belong to one of the BAME groups stated they do trust a lot the opinion of the following:

- GP (General Practitioner) – 66.7%
- A nurse – 63.2%
- Local pharmacist – 53.5%

74.7% said they don't trust people on social media.

Q. How much do you trust, if at all, the opinion of the following people regarding the Covid-19 vaccine in terms of its effectiveness, its safety, and whether you should take it?

Base: All respondents who said they belong to 16-24 and 25-34 age bands

16 - 35 year olds	GP (General Practitioner)	People on social media (e.g. Facebook, Twitter)	Local Pharmacist	Pharmaceutical companies	The Government	A nurse	The media (TV, radio, press)	Friends and family	Politicians	A leader in my community
Trust a lot	66.7%	2.1%	53.5%	31.0%	16.3%	63.2%	4.9%	34.8%	5.2%	14.3%
Trust a little	23.6%	17.0%	34.7%	42.5%	50.3%	27.4%	42.0%	49.3%	43.1%	41.8%
Not trust at all	7.6%	74.7%	8.7%	23.7%	28.8%	6.6%	47.9%	10.7%	46.5%	27.9%
Not applicable	2.1%	6.3%	3.1%	2.8%	4.5%	2.8%	5.2%	5.2%	5.2%	16.0%

We asked them if there is anyone else whose opinion in terms of Covid-19 vaccine they may trust. Some of the things mentioned were:

- **Scientists, doctors and researchers**

“Senior scientists and lab researchers”

“I would trust independent scientists who have peer review the vaccine data”

“Scientists - those who have actually created the vaccine”

“Scientists, doctors and researchers who aren't affiliated with the government or the pharmaceutical companies that produce the vaccines. “

“Doctors in family and teachers with the correct level of education”

“A virologist”

“Scientists/immunologists/epidemiologists”

““Independent scientist who has had jab or understands it”

“A doctor specialist in epidemiology who used to worked with new virus and vaccines not link to a big pharma company.”

“Scientists or specialist practitioners who work with pregnancy/post partial/breastfeeding”

- **Myself**

"I don't need other people's opinions on what's best for me and my family we are very traditional and have our health is very important"

"I work front line NHS, I have done hundreds of hours of my own research so I trust my own judgement"

- **Family & friends**

"My friend who is a biochemist."

"People I work with in social care. Most have now had their first dose"

- **First-hand experience:**

"People who have already taken the vaccine"

- **Other people/sources:**

"Friends who work in NHS "

"Robert F Kennedy jr"

"Dr Andrew kaufman"

"Dr Michael Yeadon"

"Dr Shiva"

"Medical experts, holistic practitioners"

"Celebrity doctors"

"Lectures at uni on my bio science course"

"David Attenborough"

"Drug control agencies who are ultimately the gatekeeper between a commercial company and the point of use."

"People that received it during the trial"

"Medical journals & people who deal with vaccines in their working lives on a regular basis"

"University"

"Queen"

9. Understanding the effectiveness of the national NHS and government information and messages related to Covid-19

The response to the effectiveness of the national NHS and government information and messages related to Covid-19 was mixed.

There was a group of respondents who said they were clear, easy to understand and follow: *"Good, makes people stay alert, it is eye catching so people will read it", "Normally simpler the better however, many people found the guidelines confusing so detailing the guidelines was beneficial", "Stay home protect lives is a good message".*

Others said they worked well at first but as the time passed and rules began to change, the messaging became more confusing or less effective because:

- people found it **hard to keep up with the changes** and new guidelines:

"Simple, easy to read and understand, but frequent changes in guidance and messages can obscure your understanding of the current rules and regulations."

"Over time the messaging became confusing, introducing slight changes. Lots of changing caveats, which were hard to keep up with"

"I think the short slogans have been fairly clear, some are very hard hitting e.g. 'PEOPLE WILL DIE'. The visuals have been memorable, especially for children (I work with children) and they tend to internalise these symbols. I think overall the messages are clear but there have been far too many changes in message from government, which has made people less sure of what current rules are compared with previous ones."

"I find messaging clear although it can be difficult to follow due to all the Government U-turns"

- people became **too familiar with the messages and stopped paying attention to them:**

"I think they have existed so long that people now just ignore this messaging and branding"

"I thought they were powerful at the start of the pandemic, but I think a lot of people now have 'lockdown fatigue' and just scroll past information"

In terms of those who said that they **did not find the Covid-19 messaging effective** the following were mentioned:

- **the messaging wasn't accessible to all**

"I think some of them are too long and people lose interest in them - more pictures and fewer words make it more accessible for the entire community."

"I don't see anything here that supports people with additional needs to understand the messages conveyed from the government"

"I think the government maybe need to think about our diverse communities and put messages in some of our other common spoken languages in the UK. I feel there may be some little understanding across some communities."

- **the messaging was scaremongering to some**

Some respondents described the Covid-19 messages as "scaremongering" and "clear but a bit too scary giving people anxiety".

"Bullying, scaremongering and brainwashing. It has turned groups of people even more against one another."

"Most are effective but I do not like the messages with the eyes staring at you as it's intimidating and makes me feel guilty even though I haven't done anything wrong and I keep to all the rules."

One other person said that *"The advert with the people in masks is too much, scared my child"*.

- **Some felt they were "unnecessary"**

"I am sick of seeing them. I don't believe they make a difference. We have all been struggling with our mental health since the first lockdown and all Support has been taken away from me and my family. I think the most vulnerable should be protected by protecting themselves with furlough etc but the rest is rubbish the majority of the population do not get seriously ill but let's destroy people's mental health and the economy."

"I don't think they were effective as they were unreasonable! Lockdowns do not work. People in the long-term, after first lockdown were fed up and did not obey the rules that much. They should have protected the vulnerable and not lock everyone in and destroy the economy! Of course they cannot admit they did wrong. Their hundreds of U turns thought speak by themselves. Covid19 is a political issue since May. All reactions to this were over the top."

"It's a virus with a 99% survival rate. If it weren't for main stream media we would have dealt with a new strain of virus the same way we do each year with new strains of anything It's all to put fear into people. You should stop with the propaganda."

Some mentioned **the impact** of the whole situation **on the mental health**:

"I believe it's causing more mental health issues than ever before. The government have scared some into staying away from family and friends and taking life away from children all because they have been brain washed into thinking the virus is 'deadly'"

"'Stay at home, Protect the NHS, save lives' sticks extremely well, and tries to convey a heroic message, but at some point people become fatigued at the prospect of lockdown and it is quite demoralising to repeatedly be taken in and out of lockdown measures. At that stage, leaving your house for permitted exercise and shopping seems like the 'more heroic' thing to do in order to protect your mental health."

When we asked respondents to tell us **what worked well in relation to the Covid-19 messages and why**, they have told us:

- Many liked **short, to-the-point messages**:

"I liked hands face space, the short messages which get the message across"

"Actual evidence-based, scientific information presented in an easily accessible way"

"Adverts that are easy to understand and include all people of varying backgrounds"

"Hands, face and space works well to remind people the key ways to prevent the spread and it's catchy."

- A couple of respondents said that **the messages from NHS have a bigger impact.**

"People have more trust in the NHS than they do of the government. Messages from the NHS have a much bigger impact."

- Some people commented that **seeing the impact of Covid-19 on people worked well.**

"I think showing people on ventilators works well, as it shows the severity of the virus"

"I think the images of hospitalised Covid patients are extremely effective because it hits home, especially because people of different ages and cultural backgrounds are featured so there is an image that most people can relate to."

But one person said: *"I think the more informative messages work well, instead of the drastic ones that just make people more anxious and worried."*

Some respondents liked messages that related to protecting NHS, others to those about saving lives. Examples of other comments we have recorded are:

"Protect the NHS generally"

"About saving lives because that is basically what you're doing"

In terms of what **has not worked well in relation to Covid-19 messages**, some of the key themes noticed were:

- A few respondent reported **feeling like they are "being lied to"**

"Lying and manipulating the figures to create panic."

"Everything. Because they expect us to believe figures with no proof. I don't trust the death rates. You could have Covid, recover and 8 days later get hit by a bus. Yet Covid gets put on your death certificate and you get included in the numbers. Covid didn't kill you. The bus did!."

- Some mentioned they didn't "agree" with **the scare mongering approach** to some of the messages

"They all need to stop scare mongering as it feels like there is an alternative agenda the only reason I've had the vaccine is so I can lead a normal life and travel"

"They are awful, horrible adverts that make it sound like if you catch it you'll die and also make your whole family die. Completely over the top, scaremongering. I turn it off as soon as

I hear/ see it because they are ridiculous. People don't want to be scared their whole day, sick of hearing about staying at home and 'saving lives'"

"I'm personally not a fan of the guilt tripping messages, but I can see why that would resonate with some people."

"Trying to emotionally blackmail people with sad images"

- **The constant change of rules** resulting in creation of new messages was also mentioned in relation to lower effectiveness of the Covid-19 messages

"Continuously changing messages and guidance and re-introduction of old guidance and messages."

"Constant changes to guidelines, different areas following different ones and the public not being able to fully understand"

"The information from the government guidelines is confusing and always changing. This is very stressful"

10. Exploring the existing and preferred ways to receive local NHS information related to Covid-19

As part of the survey, we have investigated how those in LLR area receive their local NHS information related to Covid-19 vs. how they would like to receive them.

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.**

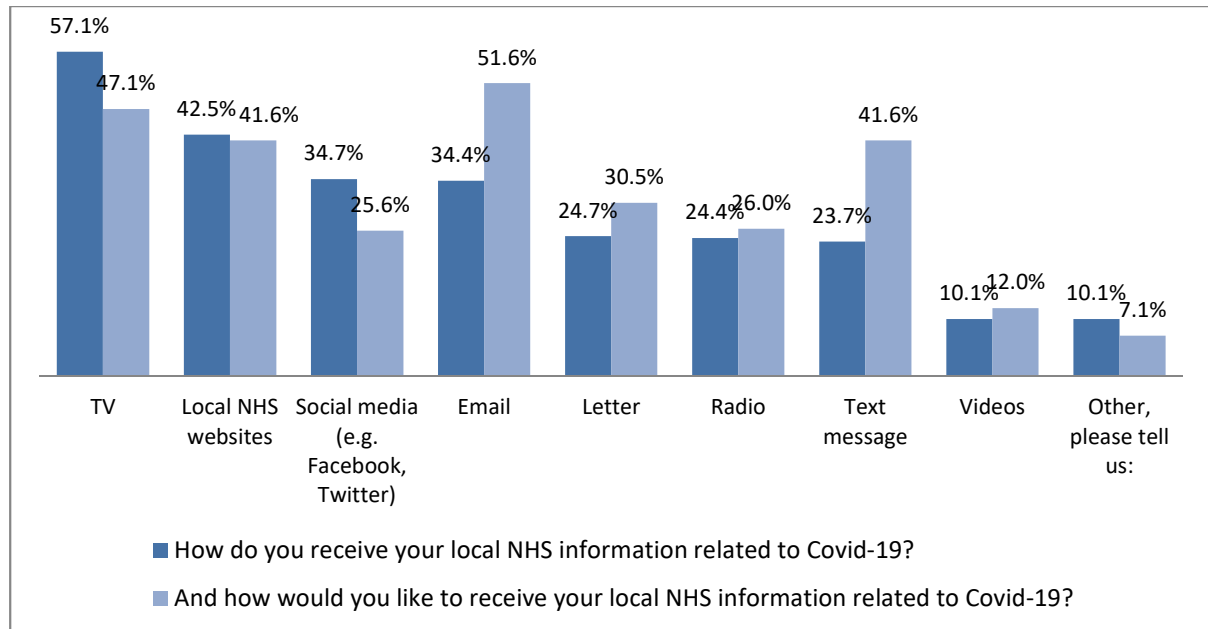
Q: How do you receive your local NHS information related to Covid-19? & And how would you like to receive your local NHS information related to Covid-19? Please select all that apply.

Base: all respondents from LLR who answered the questions

Even though the Social Media 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).

Q: How do you receive your local NHS information related to Covid-19? & And how would you like to receive your local NHS information related to Covid-19? Please select all that apply.

Base: all respondents from BAME groups who answered the ethnicity question, 308 respondents



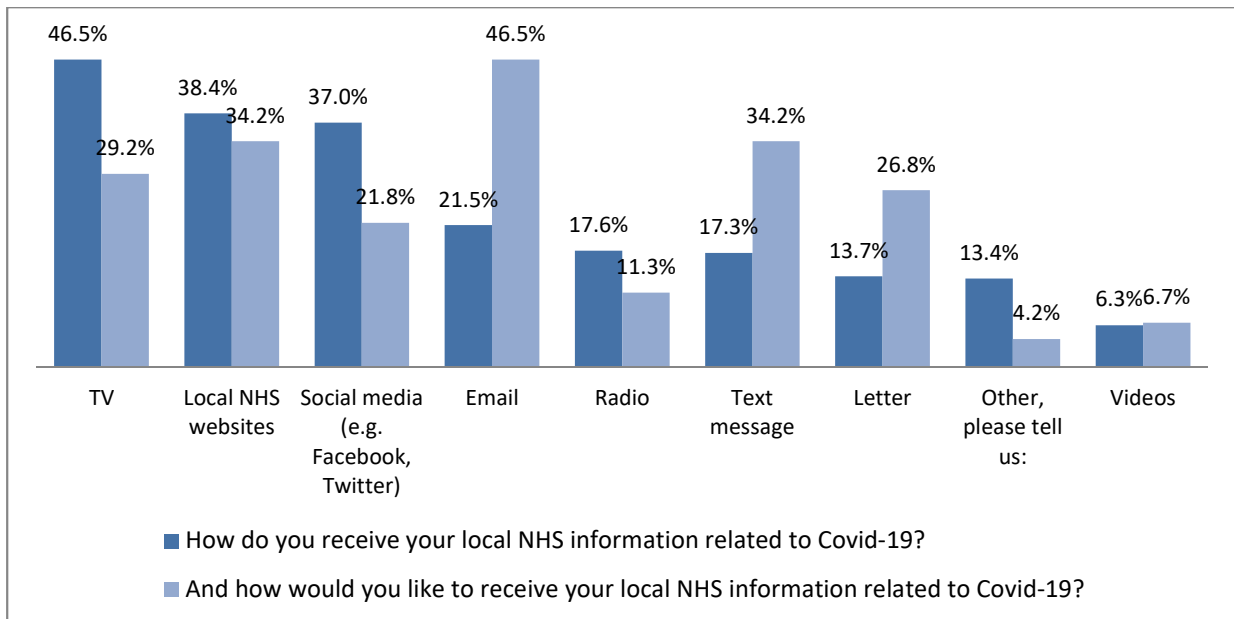
Local NHS Covid-19 communications with 16 – 34 year olds

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.

Q: How do you receive your local NHS information related to Covid-19? & And how would you like to receive your local NHS information related to Covid-19? Please select all that apply.

Base: all respondents from LLR who answered the age band question and stated they are 16 – 34 year old, 284 respondents



11. Summary of learnings from the qualitative groups and discussions

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

a. 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 they 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

b. 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

c. 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 WhatsApp 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 1st vaccine but don't bother with the 2nd 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 messages 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.

d. BAME communities

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**

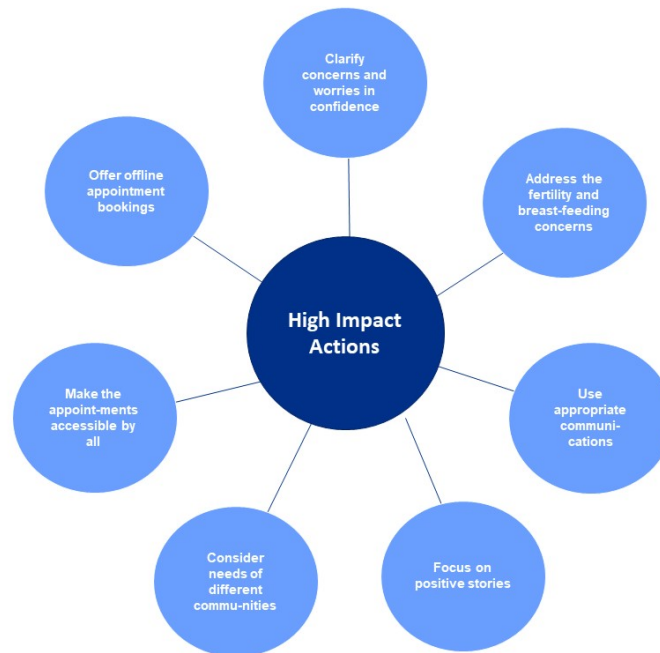
South Asian community suggested an introduction of telephone call centres to provide those who are hesitant with the correct information and support those who are not digitally savvy.

- **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

12. High Impact Actions – What we can improve?

Our analysis has identified 7 high impact actions that should be considered to increase the confidence in the Covid-19 vaccination programme amongst those hesitant/ unsure about receiving their vaccination. They are summarised in the below Infographic. We have expanded on each point in the remainder of this report.



1. Clarify concerns and worries in confidence

"[It would help to be] able to have a chat about the injection with a health professional to put their mind at rest"

Many of those unsure about having the Covid-19 vaccine express some concerns about having it that often can be easily addressed by a professional healthcare person. In most cases people need additional information on how the vaccine works, potential side effects, are unsure about the long term effects and have questions related to the speed at which the vaccine was developed. Sometimes the worry is caused by something they have heard from family or friends or have seen on Social Media. Being able to clarify those via one to one confidential discussions to maybe often all they need in order to have the confidence in getting vaccinated. The phone call from someone they trust a lot such as GP or nurse was mentioned the most but email support could also be helpful.

2. Address the fertility and breastfeeding concerns

“My concerns are if it may affect fertility, have any complications with future pregnancy or to expecting mothers. Or if it will prevent breastfeeding mothers to continue breastfeeding their babies.”

There is still concern/ confusion about the impact of the vaccine on the fertility or what to do when someone is breastfeeding/ impact on baby, especially amongst younger respondents and BAME communities Even though there is now clear advice on this, some people are still concerned which leads to hesitancy in getting their vaccine. Usually this worry is expressed by or in relation to women but male fertility has been mentioned too.

3. Use appropriate communications

Relevant to a few groups, including younger respondents. Those 16 – 34 who hesitant to get vaccinated think Covid-19 is less relevant to them and often don't see the need for being vaccinated (e.g. affects 1%-2% of people, doesn't stop the virus from spreading). In some cases they haven't thought about it enough to make their own decision or have many questions that are not answered. Because they are not in the high risk group their understanding of the vaccine and need to be vaccinated may not be as good compared to other age bands. The qualitative work that we have done with some of the young people suggest that they don't want to feel being “forced” to have the vaccine therefore they would welcome clear, direct and friendly information on the vaccine, how it works and why it is important for them (specifically) to get vaccinated. There is also an issue of trust, e.g. in government and what is best for them.

“I would like to know how the vaccine was developed so quickly when most vaccines are supposed to take a 10+ year period before being distributed among the public? What makes this vaccine any different? Is there some new technology or method that you could tell us about that would explain this speed?”

“At the moment there isn't sufficient evidence to show that the vaccination stops the transmission of the virus. And so I think the vaccine is a great choice for at risk groups, but I am 28 and would rather take my chances with Covid, especially if my being vaccinated isn't even protecting my elderly loved ones.”

4. Focus on positive stories

Hearing many negative stories e.g. around the side effects, are concerning to some (e.g. those aged 36 – 59 and members of BAME groups). Many of those hesitant about having the vaccine are worried about having severe response to the vaccine after hearing stories of friends and family being unwell. In some cases they will prefer one vaccination brand over the other just to avoid potential side effects or ask to have a choice which brand of vaccine they get. Through our qualitative discussions with BAME representatives we learnt that a story of one person who is well regarded in their community who shares a positive story of them having the vaccine with no side effects can increase the vaccine take up.

5. Consider needs of different communities

“Positive press coverage. Having an appropriate someone within their community that they trust to reassure, allay their fears and misconceptions and to promote the vaccine”

We identified that some communities need reassurance around the vaccine from people they know and trust. In most cases, community leaders were mentioned as someone who should lead by example and provide support in addressing the various concerns around fertility, side effects or misconceptions such as the vaccine contains meat/pork. Often those hesitant to have the vaccine will not have all the information necessary to have the confidence to get vaccinated due to the language or cultural barriers, e.g. there are unable to read English and rely on information from different sources in regards to the vaccine. Other barriers include religion views or one person (often men) making decisions on behalf of the household.

6. Making the appointments accessible to all

“I don't like driving to places I'm not familiar with - I would prefer to be vaccinated somewhere I can walk or cycle to.”
“I struggle leaving the house due to anxiety so I will be waiting for my GP”

For many unsure about the vaccine (aged 35 – 75, BAME, carers) having it done locally in a familiar place is important. They don't want to travel out of their community to unfamiliar place/ town or large vaccination centre. Many expressed their preference to have it done in their local GP where they can walk to by setting up a local vaccination centre closer to home.

Even those who are keen to have the vaccine express that travel issues/ difficulty using public transport, anxiety about leaving home after a long time staying in may prevent them from having their vaccination. Those who have family or work responsibilities need access to appointments which can accommodate their childcare or work commitments.

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.

Students, on the other hand, may be registered with the GP near their university but due to the current restrictions will be at home.

“I am currently living at my home address (outside of Leicestershire) due to lockdown but I registered with a doctor in Leicester upon starting university and so if it is outside of term time I won't be in Leicester”.

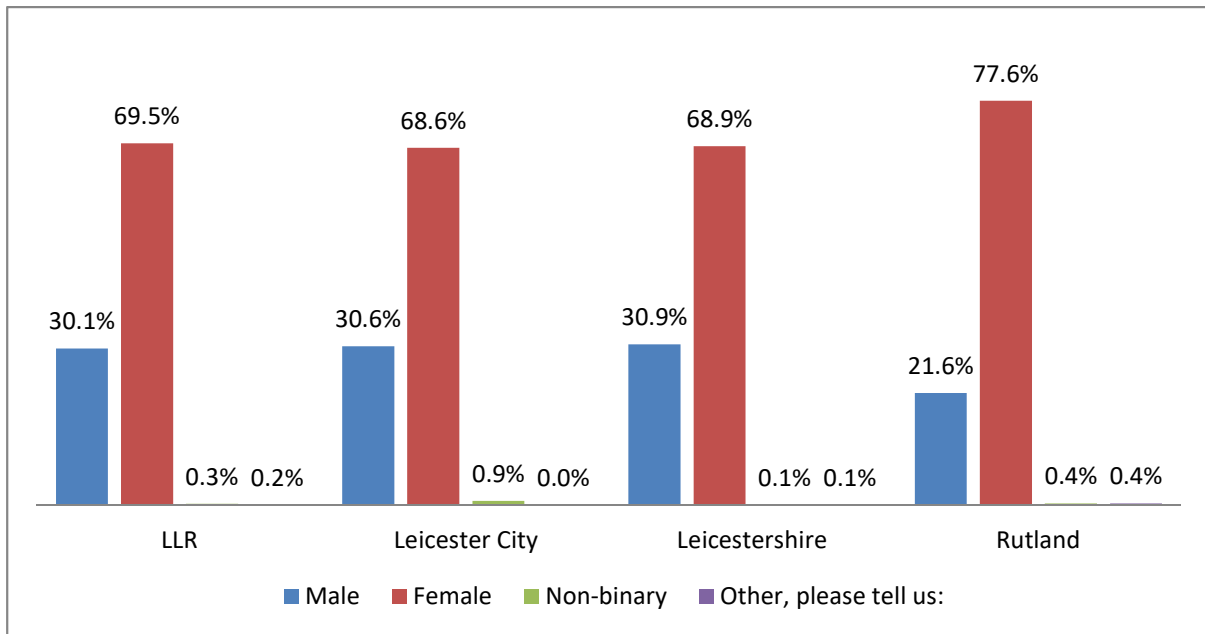
7. Offer offline appointment bookings

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

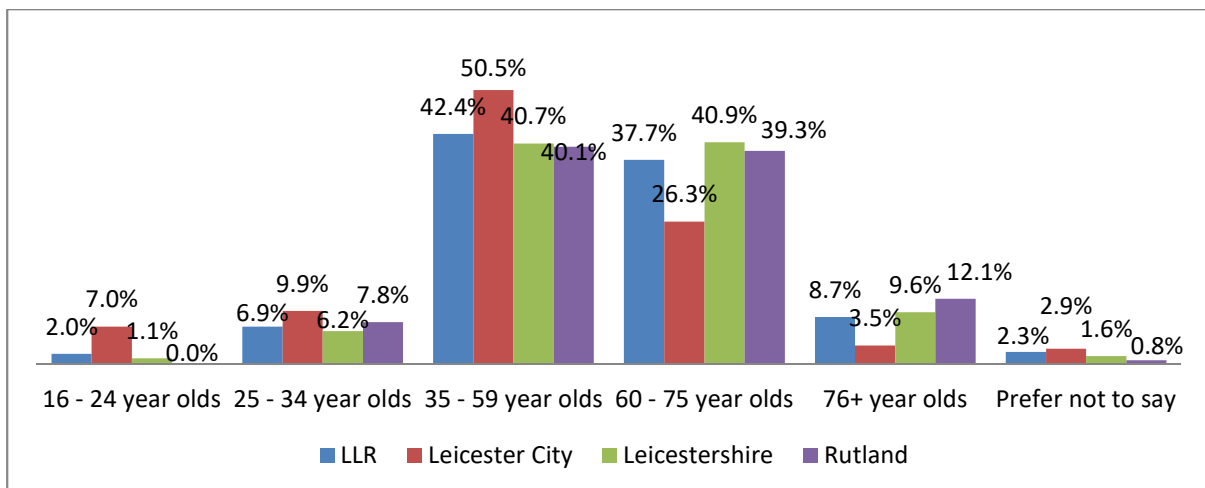
In some cases (BAME communities) booking an appointment with the vaccination centre creates additional worry as they are being asked additional questions which NHS should know about.

Even though some expressed a preference to book it via phone, some others struggle to do that in English so other ways should be considered/ offered.

Appendix 1: What is your gender?



Appendix 2: What is your age?



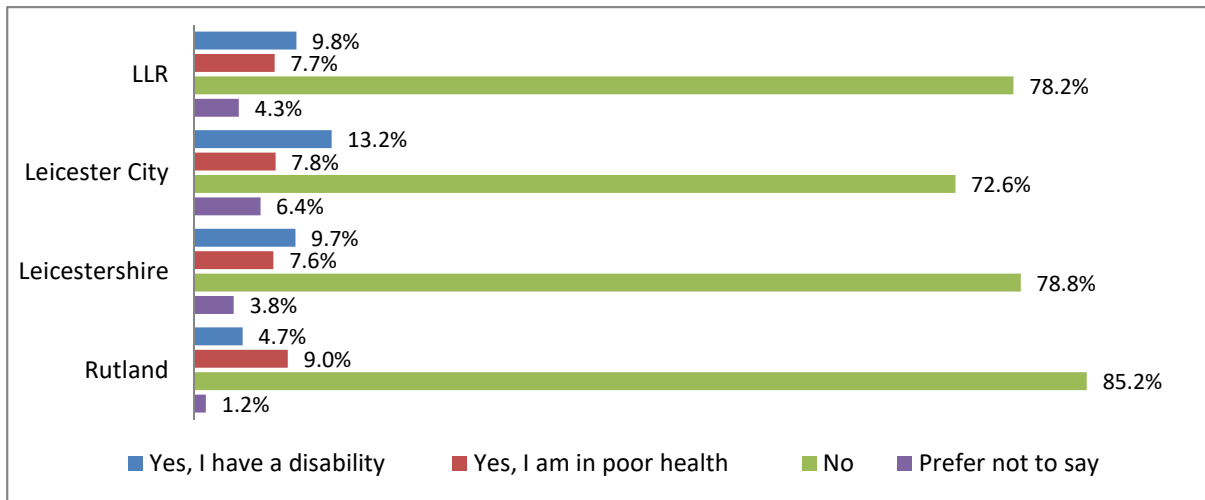
Appendix 3: What is your ethnicity?

What is your ethnicity?	LLR	Leicester City	Leicestershire	Rutland
Bangladeshi	0.4%	2.6%	0.0%	0.0%
Chinese	0.2%	0.4%	0.2%	0.0%
Indian	6.2%	21.9%	3.7%	0.8%
Pakistani	0.3%	1.5%	0.1%	0.0%
Other Asian background	0.5%	1.1%	0.4%	0.0%
African	0.6%	3.5%	0.0%	0.4%
Caribbean	0.4%	1.1%	0.3%	0.4%
Other black background	0.2%	1.1%	0.0%	0.0%
British, English, Northern Irish, Scottish, Welsh	86.4%	55.9%	91.7%	94.0%
Irish	1.1%	1.8%	0.8%	1.6%
Gypsy/ Traveller	0.1%	0.0%	0.1%	0.0%
Other white background	2.4%	5.5%	1.9%	2.0%
Any other ethnicity	1.2%	3.5%	0.8%	0.8%
BAME groups	10.0%	36.9%	5.5%	2.4%
	315	168	130	9

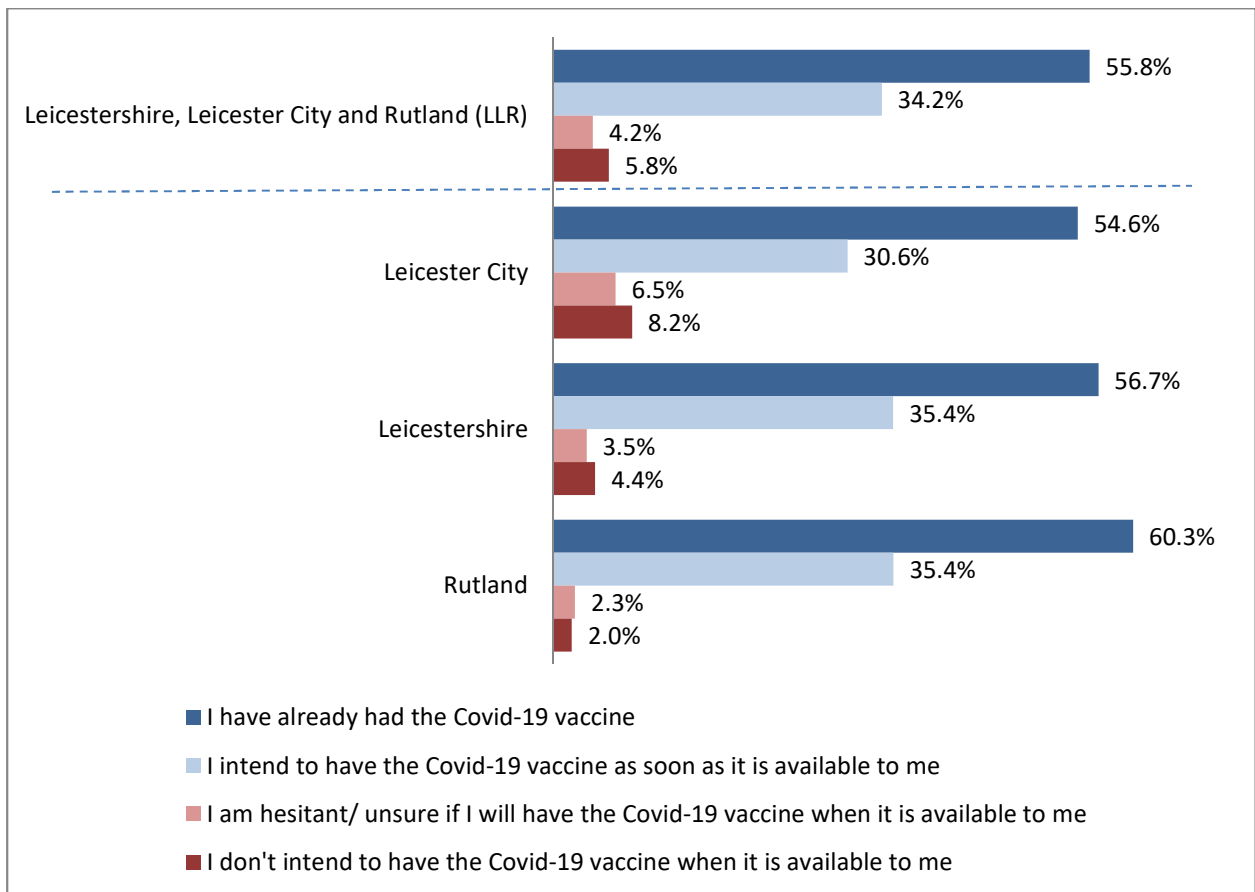
Appendix 4: What is your religion or belief?

What is your religion or belief?	LLR	Leicester City	Leicestershire	Rutland
No religion	34.7%	31.9%	35.4%	33.5%
Bahá'i	0.0%	0.0%	0.0%	0.0%
Buddhist	0.3%	0.2%	0.3%	0.4%
Christian	54.4%	37.1%	57.0%	60.9%
Hindu	3.9%	9.3%	3.2%	0.4%
Jain	0.1%	0.2%	0.0%	0.4%
Jewish	0.3%	0.2%	0.3%	1.2%
Muslim	2.3%	13.6%	0.5%	0.0%
Sikh	1.0%	3.6%	0.5%	0.0%
Other, please tell us here	3.1%	3.8%	2.9%	3.2%

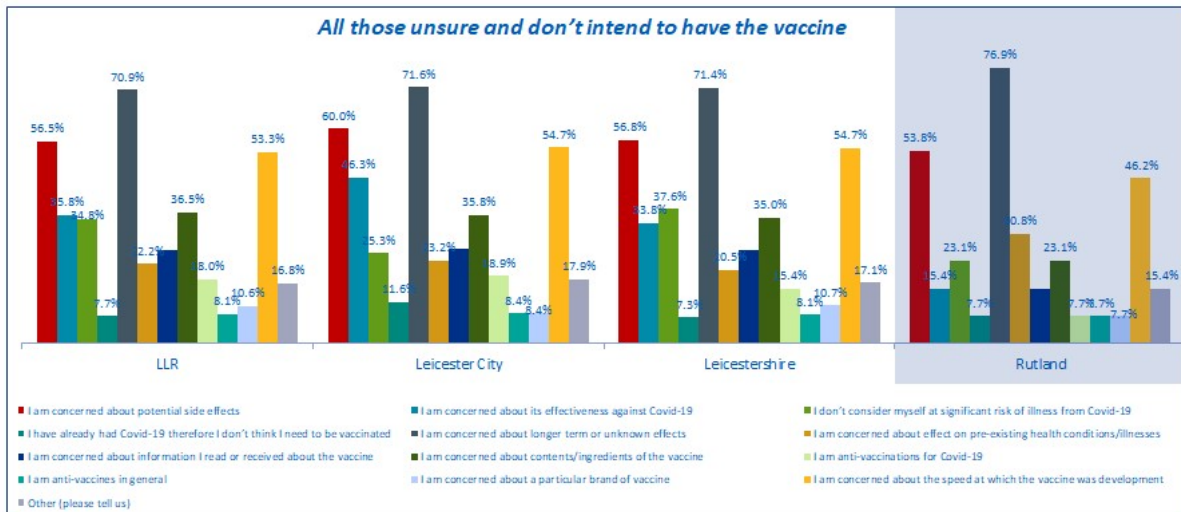
Appendix 5: Do you consider yourself to have a disability or suffer from poor health?



Appendix 6: Please tell us which statement best describes how you feel about having the Covid-19 vaccine? Please select all that apply.

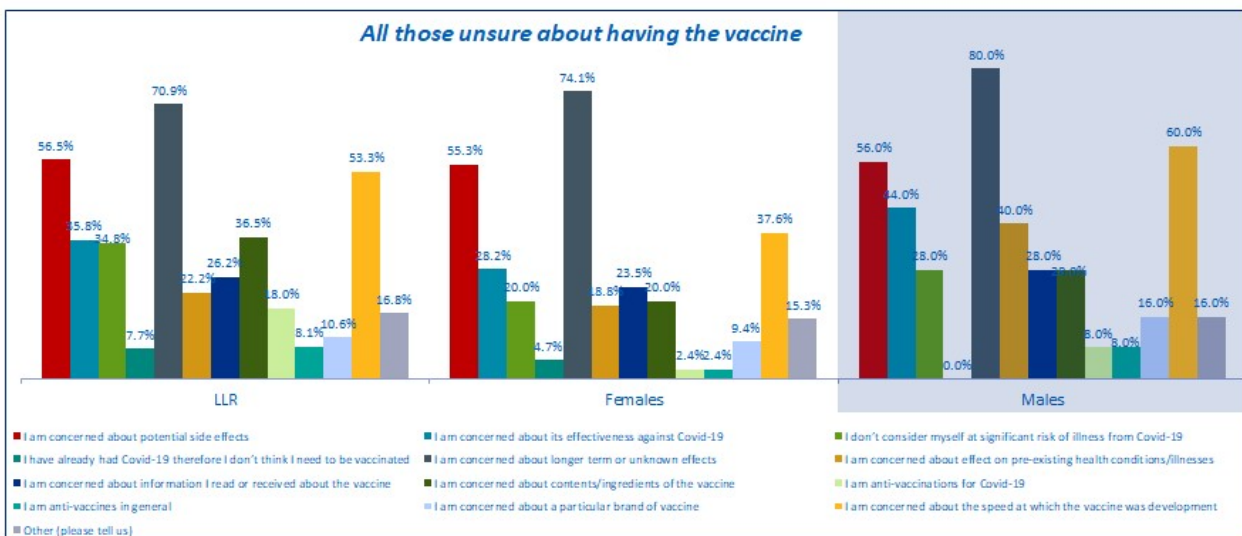


Appendix 7: Q: You said that you don't intend to have or you are hesitant/unsure if you will have the Covid-19 vaccine when it is available to you. Please tell us why? by location



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

Appendix 8: 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? by gender



Appendix 9: 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? by age

