

Uptake of the influenza vaccine in 2012

Background

The Ministry of Health recommends the influenza vaccine to protect New Zealanders against the influenza virus. People who have a higher risk of contracting the virus and who are more likely to experience severe symptoms¹ are eligible to receive the vaccine for free (Ministry of Health, 2013). Many employers in New Zealand also make the influenza vaccine available to their staff for free.

In the Health Promotion Agency's (HPA's) 2012 Health and Lifestyles Survey (HLS), we asked New Zealanders aged 15 years and over about their uptake of, and attitudes toward, the influenza vaccine. It is important to understand the factors that contribute to people taking up the influenza vaccine to aid the development of effective health promotion strategies that will maximise influenza immunisation rates and minimise the spread of the disease.

Methodology

All respondents in the 2012 HLS were asked three questions relating to the influenza vaccine: whether they were eligible to get the vaccine for free, whether their work pays for staff to get the vaccine, and whether they will receive the vaccine in 2012. Respondents who said that they were not going to receive the vaccine in 2012 were also asked to give reasons for their decision. Interviews were conducted between autumn and winter (May to August) 2012.

To understand how uptake of the influenza vaccine varied between groups, we compared rates of receiving the vaccine by age, gender, ethnicity, neighbourhood deprivation status, perceived eligibility for the free vaccine, and employer subsidy of the vaccine. Statistically significant differences ($p < .05$) are reported.

Perceived eligibility for the free vaccine

All respondents were asked, "Are you eligible to get the flu vaccine for free?" Just over four in 10 respondents thought that they were eligible (46%; 44-48%). Around four in 10 thought they were not eligible (37%; 34-40%), and a further two in 10 did not know (17%; 15-20%).

Employer subsidy of the vaccine

All respondents were asked, "Does your work pay for staff to get the flu vaccine?" Of those who were employed, around three in 10 said that their work paid (32%; 28-35%), six in 10 said that their work did not pay (59%; 55-63%), and one in 10 did not know (9%; 7-11%).

Vaccine uptake

All respondents were asked, "Will you receive the flu vaccine this year?" The response options were "already have", "I will", "no", "I don't think so", and "don't know". Around three in 10 respondents had already received the vaccine at the time they were surveyed (27%; 25-29%). Fewer than one in 10 said they would get the vaccine (8%; 6-9%), and around six in 10 said they would not (63%; 60-65%). A small percentage said they didn't think they would get the vaccine (1%; 0.4-2%) and a further small percentage did not know (2%; 1-2%).

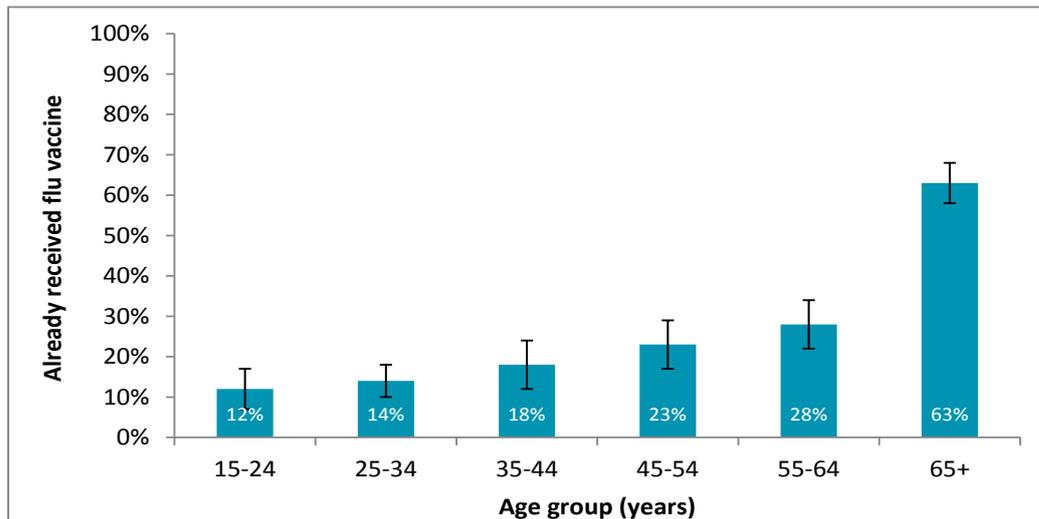
Factors that made a person more likely to have already obtained the vaccine were:

Age

The likelihood of people already having received the vaccine tended to increase with age (see Figure 1), even after controlling for perceived eligibility to get the vaccine for free (since older adults were more likely than young adults to think they were eligible).

¹ People aged 65 years and over and people with specific medical conditions

Figure 1: Percentage of respondents who had already received the vaccine by age group



Ethnicity

People of New Zealand European/Other (28%; 25-31%), Pacific (29%; 16-42%), and Asian (26%; 16-36%) ethnicity were more likely than Māori (18%; 14-22%) to have already received the vaccine.

Perceived eligibility for the free vaccine

After adjusting for age, respondents who thought they were eligible to get the vaccine for free were more likely to have already received it (45%; 41-49%) than respondents who thought they were not eligible (13%; 9-17%).

Reasons for not getting the vaccine

Respondents who thought they would not receive the influenza vaccine in 2012 were asked to give reasons for their decision. The most common reason for not getting the vaccine was “I never get the flu”. The range of reasons given by more than 5% of respondents is shown in Table 1.

Table 1: Common reasons for not getting or not intending to get the influenza vaccine

Reason for not getting the influenza vaccine	%	95% CI
I never get the flu	21.6	[18.8, 24.6]
I'm in good health so I don't need it	18.9	[16.0, 21.8]
I don't like the ingredients in the vaccine	11.1	[8.7, 13.6]
I'm concerned about possible side effects	11.0	[9.1, 13.0]
I'm skeptical about vaccines	9.8	[7.7, 11.9]
I don't know	7.5	[5.4, 9.7]
It costs too much	5.3	[3.8, 6.8]
It's only flu, it won't kill me	5.3	[3.7, 7.0]

Note: 95% CI = 95% confidence interval

Key points

- Nearly half of New Zealanders aged 15 years and over thought that they were eligible to get the influenza vaccine for free in 2012, yet only one-third had already received the vaccine at the time they were surveyed (between autumn and winter 2012).
- Of respondents who were employed, most said that their employers did not pay for the influenza vaccine for staff.
- People whose employers paid for the vaccine were no more likely to have received the vaccine than people whose employers did not pay or people who did not know whether their employer paid.
- People more likely to have received the influenza vaccine if they thought they were eligible to receive the vaccine for free, were aged 65 years and over, or were non-Māori.
- The most frequently reported reasons for not intending to get the influenza vaccine were related to not feeling the need to (eg, “I never get the flu”, “I’m in good health so don’t need it”).

Reference

1. Ministry of Health. (2013). *Influenza*. Retrieved 31 July 2013 from <http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/influenza>

Citation

Guiney, H. (2013). *Uptake of the influenza vaccine in 2012. [In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit.

About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years since 2008.
- The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, alcohol, exercise, immunisation, mental health, breast feeding, and cancer screening. The response rate was 86.3%.
- The 2012 HLS sample included 1539 European/Other people, 619 Māori, 387 Pacific people, and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios were undertaken to compare responses between groups. The significance level used for statistical analyses was set to $\alpha=0.05$.
- Comparison groups for these analyses were as follows:
 - Age (15 to 24, 25 to 34, 35 to 44, 45 to 54, and 55 to 64-year-olds, compared to over 65-year-olds).
 - Gender (males, compared with females).
 - Ethnicity (Māori, Pacific, and Asian, compared with European/Other).
 - Neighbourhood deprivation status (New Zealand Deprivation Index 8 to 10 and 4 to 7, compared with New Zealand Deprivation Index 1 to 3).
 - Perceived eligibility to get the influenza vaccine for free (thought they were eligible compared to thought they were not eligible).
 - Employer subsidy of the influenza vaccine (employed respondents only: employer not paying for the vaccine or not knowing if employer paid for the vaccine, compared to employer paying for the vaccine).
- A full description of the 2012 HLS methodology and further HLS publications can be found online at www.hpa.org.nz/research-library/research-publications.

About the Health Promotion Agency

The HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles and prevent disease, illness and injury. The HPA also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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