

COVID VACCINE TRACKER

Wave 7

7-13 June 2021



GAME CHANGERS



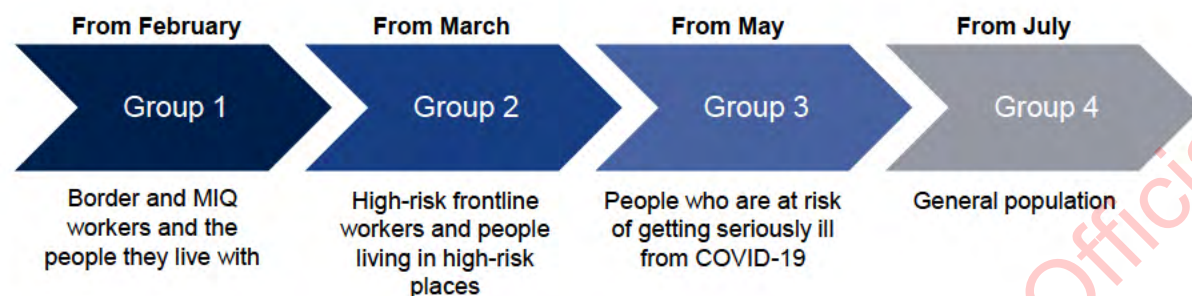
BACKGROUND INFORMATION

1

BACKGROUND

As the world continues to experience the widespread impact of COVID-19, countries are now facing an additional challenge – the logistics of rolling out a vaccine on a massive scale. Globally, vaccination programmes are being developed and the rollout has begun. Today, most countries' citizens are at least partially vaccinated against COVID-19.

The New Zealand Government has secured enough Pfizer vaccines for everyone to receive the two doses required to be protected against COVID-19. The rollout in New Zealand will be carried out in stages, with people being split into four groups.



ABOUT THIS REPORT

This report tracks New Zealanders' high-level perceptions towards the vaccine, including:

- Likelihood of getting vaccinated
- Drivers of vaccination
- Barriers to getting vaccinated
- Vaccine information sources
- Perceptions of available information surrounding vaccines



METHODOLOGY & NOTES

This research was conducted via an online panel survey of n=1,010 New Zealanders. It is repeated weekly.



Latest fieldwork dates

7–13 June, 2021

The data is weighted by age, gender, region and ethnicity to ensure the results represent the population of New Zealand.

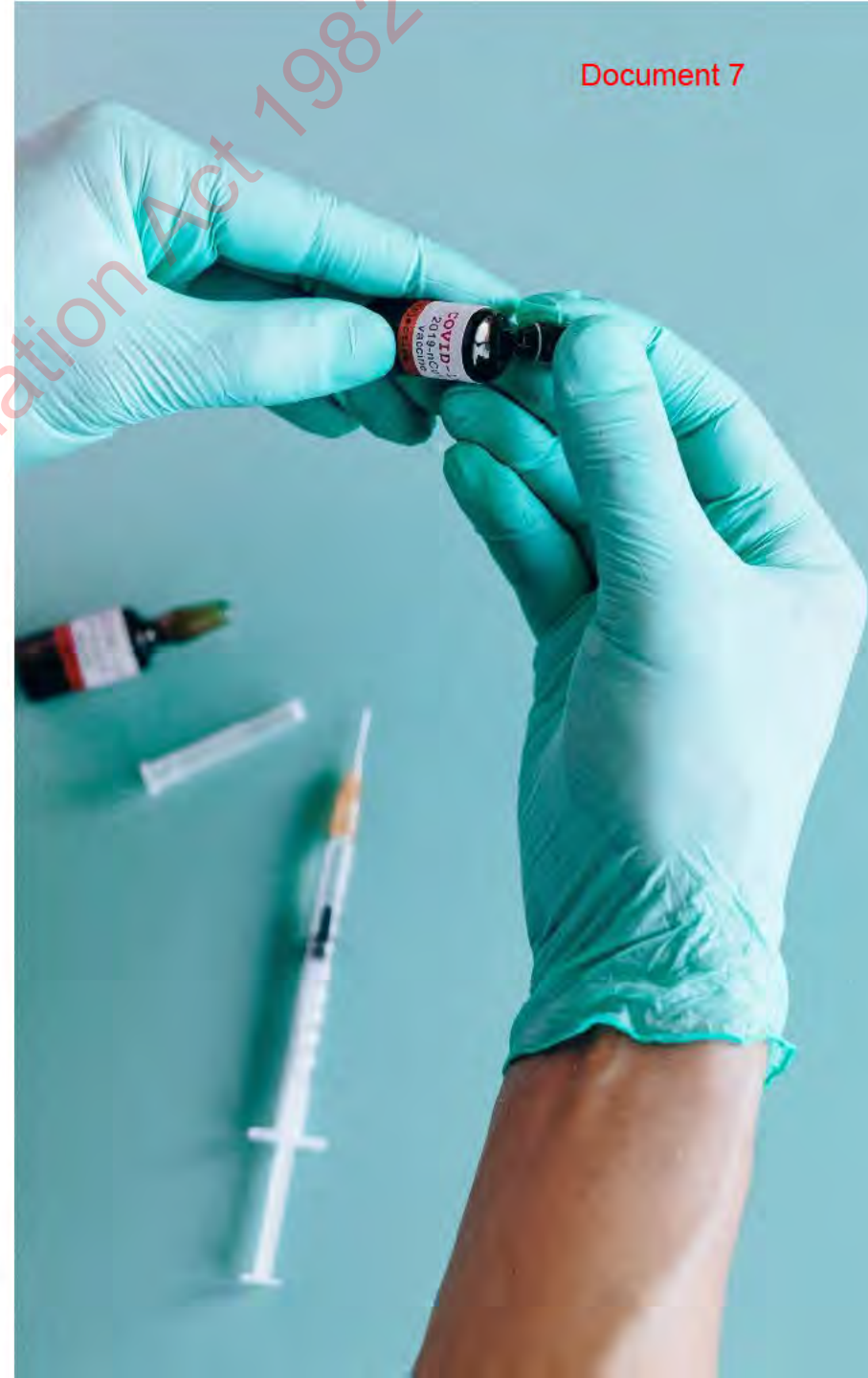
The precision of the results is calculated using a credibility interval, a survey of 1,000 accurate to +/- 3.5 percentage points.

Significant differences are reported at 95% confidence. **Green** indicates that the percentage is significantly higher than the total, whilst **red** indicates it is significantly lower. For some slides, **↑ / ↓** indicates significant **increase** / **decrease** from the previous week.

NETT grouping definitions:

Education*	Income
NETT low: none + level 1–3	NETT low: up to \$50,000
NETT medium: level 4–7	NETT medium: \$50,000–\$100,000
NETT high: level 8–10	NETT high: over \$100,000

Where results do not sum to 100 or the 'difference' appears to be +/-1 more / less than the actual, this may be due to rounding, multiple responses or the exclusion of 'don't know' or 'not stated' responses.



SAMPLE PROFILE

Document 7



TOTAL SAMPLE
1,010

Vaccine Status:

Not been vaccinated: 83% (n=837)
Partially / fully vaccinated: 17% (n=173)



GENDER

Male 468
Female 539
Another gender 3



AGE

18–34 years 314
35–49 years 239
50–64 years 242
65+ years 215

Unweighted %s

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ETHNICITY



NETT European 746
NETT Māori 134
NETT Pacific 55
NETT Asian 132
NETT Other 37

VACCINE PRIORITY GROUP



Group 1 51
Group 2 145
Group 3 336
Group 4 478

Group	Description
1	Border and managed-isolation and quarantine (MIQ) workers and the people they live with. Those working for the NZDF.
2	High-risk frontline workers and people living in high-risk places, high-risk Counties Manukau residents, older Māori / Pacific people being cared for by whānau, people living with and caring for older Māori / Pacific family members.
3	People who are at risk of getting seriously ill from COVID-19, those in custodial care.
4	Remaining population.

DHB OF DOMICILE



Northland 43
Waitemata 61
Auckland 137
Counties Manukau 142
Waikato 70
Bay of Plenty 66
Lakes 5
Tairāwhiti 9
Taranaki 22
Hawke's Bay 30
Whanganui 29
Mid-Central 43
Wairarapa 10
Hutt 28
Capital and Coast 73
Nelson Marlborough 13
West Coast 3
Canterbury 140
South Canterbury 12
Southern 70
Don't know 4

KEY FINDINGS

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Vaccine uptake

60% of New Zealanders are likely to get vaccinated when the vaccine is available to them; a 4-percentage points increase amongst those unlikely to take the vaccine.

60%

Likely to get vaccinated when available

-2 percentage points vs last week

14%

Unsure – may need some persuasion / reinforcement

-1 percentage point vs last week

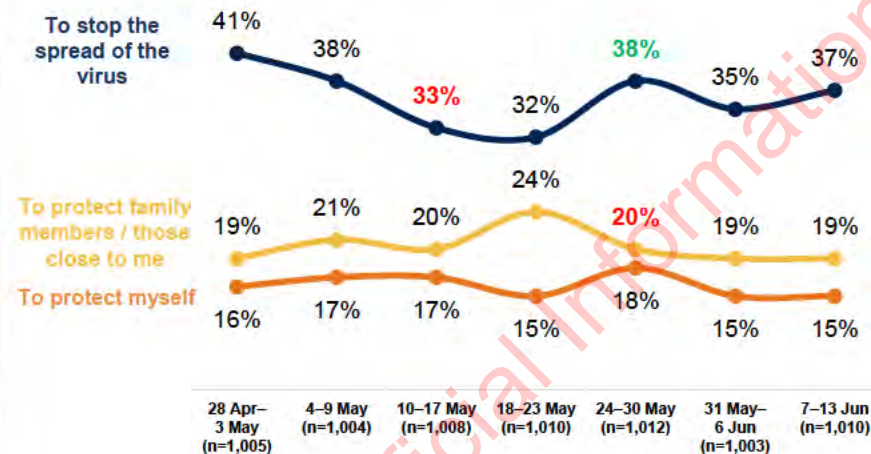
21%

Unlikely to get vaccinated

+4 percentage points vs last week (significant increase)

5% answered 'Don't know' (6% last week)

Top-3 reasons to get vaccinated



Going about getting vaccinated (Top-3)

A large proportion (36%) indicated they will wait to be contacted once eligible for the COVID-19 vaccine.

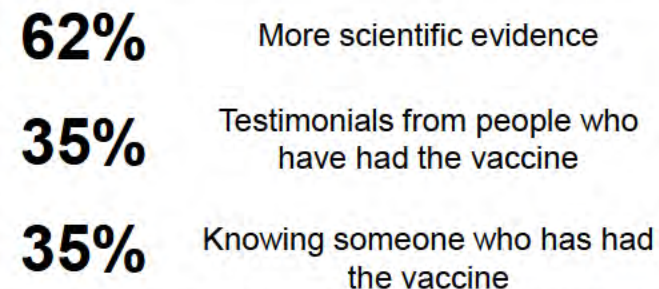


Barriers to getting vaccinated

Among those unlikely or unsure about getting vaccinated, the main concerns are potential side effects and the speed at which the vaccine was developed.

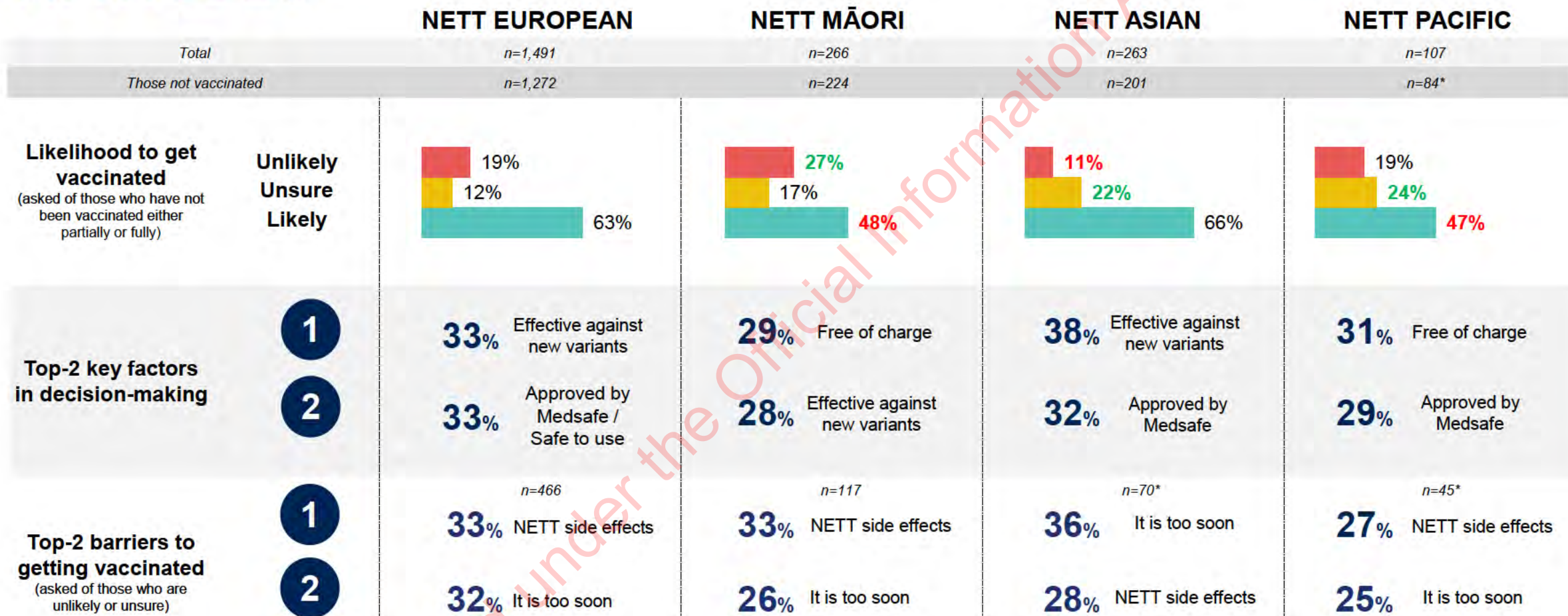


What would help reassure this group people?



OVERVIEW OF ETHNICITY: VACCINE STATUS & ATTITUDES

Data for waves 6 + 7 has been combined for a more robust sample size for comparing ethnic subgroups

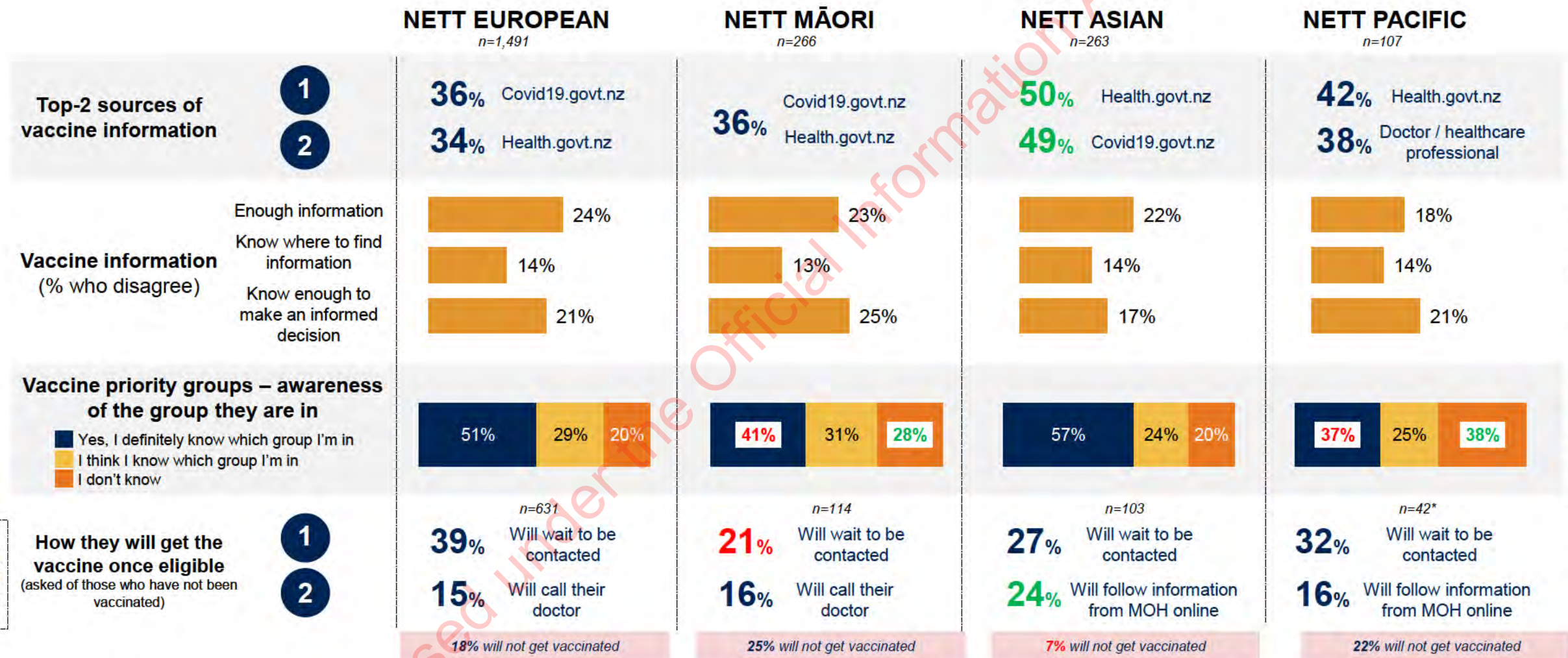


Base: Waves 6 + 7 total sample combined (*n*=2,013); Those who have not been vaccinated either partially or fully (*n*=1,681); Those who are unsure or unlikely to get vaccinated (*n*=655)

*Note: Low base (*n*<100). Results indicative only.

OVERVIEW OF ETHNICITY: INFORMATION

Data for waves 6 + 7 has been combined for a more robust sample size for comparing ethnic subgroups



Red / green indicates significantly lower / higher than total

Base: Waves 6 + 7 total sample combined (*n*=2,013); Wave 7 sample – those who have not been vaccinated (*n*=837). *Note: Low base (*n*<100). Results indicative only.

Perception of COVID threat

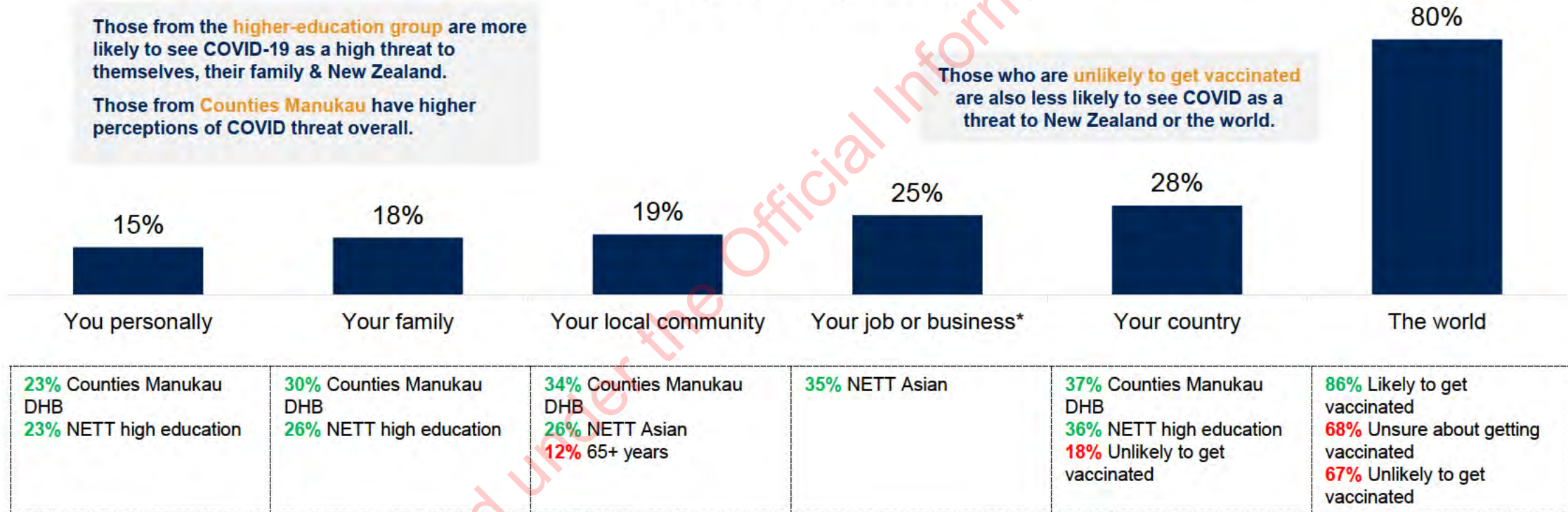
Document 7 New Question

UNSURPRISINGLY, NEW ZEALANDERS PERCEIVE COVID-19 TO BE A MUCH GREATER THREAT TO THE WORLD THAN TO THEMSELVES & THOSE CLOSE TO THEM

What level of threat do you think the coronavirus or COVID-19 poses to each of the following?
(% very high + high threat)

Those from the **higher-education group** are more likely to see COVID-19 as a high threat to themselves, their family & New Zealand.
Those from **Counties Manukau** have higher perceptions of COVID threat overall.

Those who are **unlikely to get vaccinated** are also less likely to see COVID as a threat to New Zealand or the world.



Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?
Base: Wave 7 total sample (n=1,010). *Note: Asked only of those who are employed (n=655).

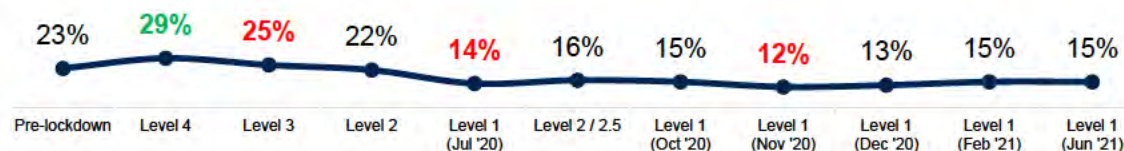
Perception of COVID threat over time

New Question
Document 7

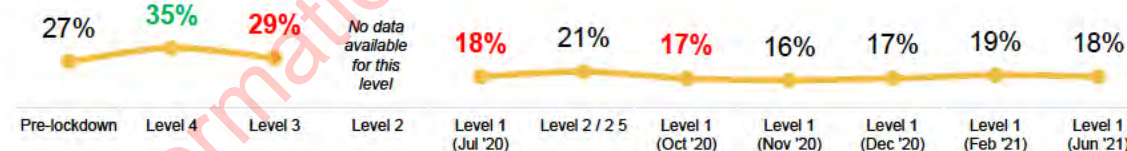
PERCEIVED THREAT OF COVID HAS NOT DECLINED SINCE FEB '21 WHEN CASES WERE REPORTED & ALERT LEVELS INCREASED

Threat to self

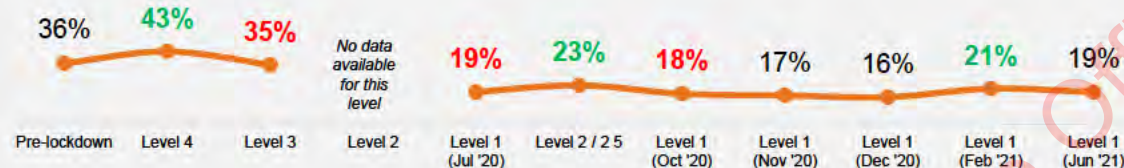
% very high + high threat



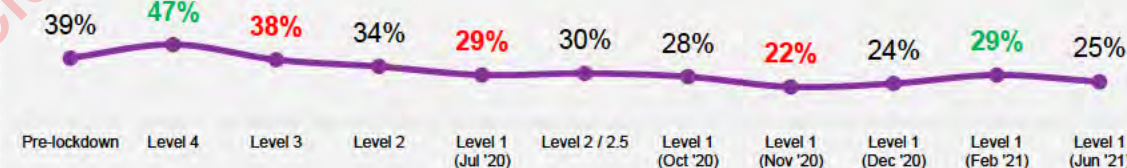
Threat to family



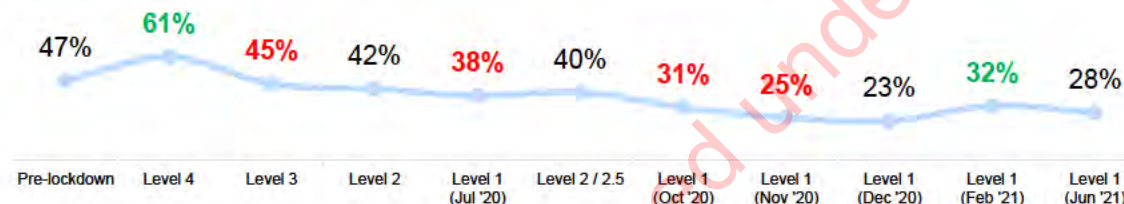
Threat to local community



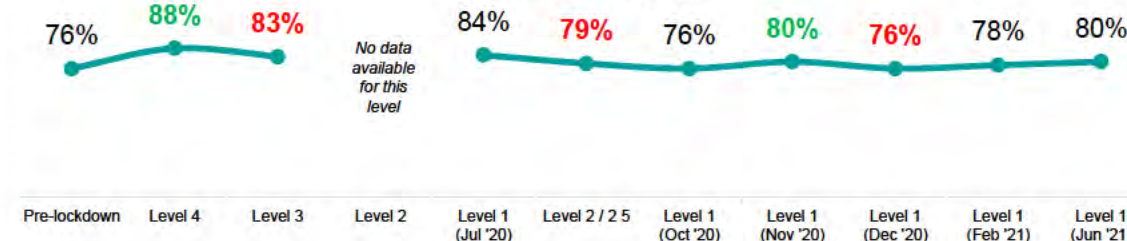
Threat to job or business*



Threat to country



Threat to world



Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?

Base: Wave 7 total sample (n=1,010); *Note: Asked only of those who are employed (n=655). Note: Dates for alert levels in appendix.

VACCINE STATUS & HESITANCY

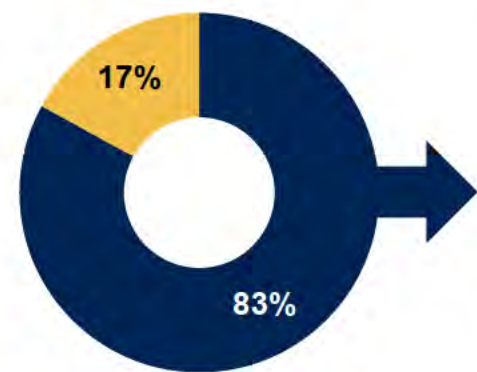
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Likelihood of getting vaccinated

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OF THOSE NOT YET VACCINATED, ABOUT A THIRD REMAIN UNLIKELY OR UNSURE; LIKELY UPTAKE AMONGST MĀORI, YOUNG PEOPLE & THOSE WITH LOWER INCOME / EDUCATION LEVELS REMAINS LOWER

Vaccine status

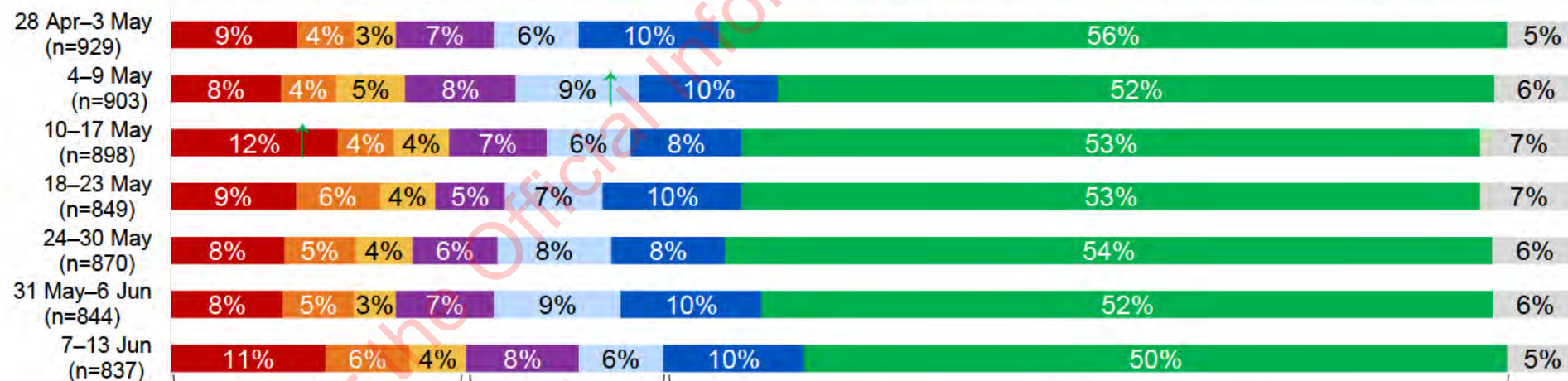


■ Not vaccinated
■ Partially / fully vaccinated

Total sample

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

■ 1 - I will definitely not get vaccinated ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 - I will definitely get vaccinated ■ 8 - Don't know



Unlikely 21%

32% Māori
27% NETT low education
9% NETT Asian
8% NETT high education

Unsure 14%

22% 18–34 years
3% 65+ years

Very likely 60%

77% 65+ years
71% NETT high education
52% NETT low education
52% NETT low income
52% 18–34 years
45% Māori

Those who are not yet vaccinated

➔ Low uptake

QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Wave 7 total sample (n=1,010); Those who have not been vaccinated either partially or fully

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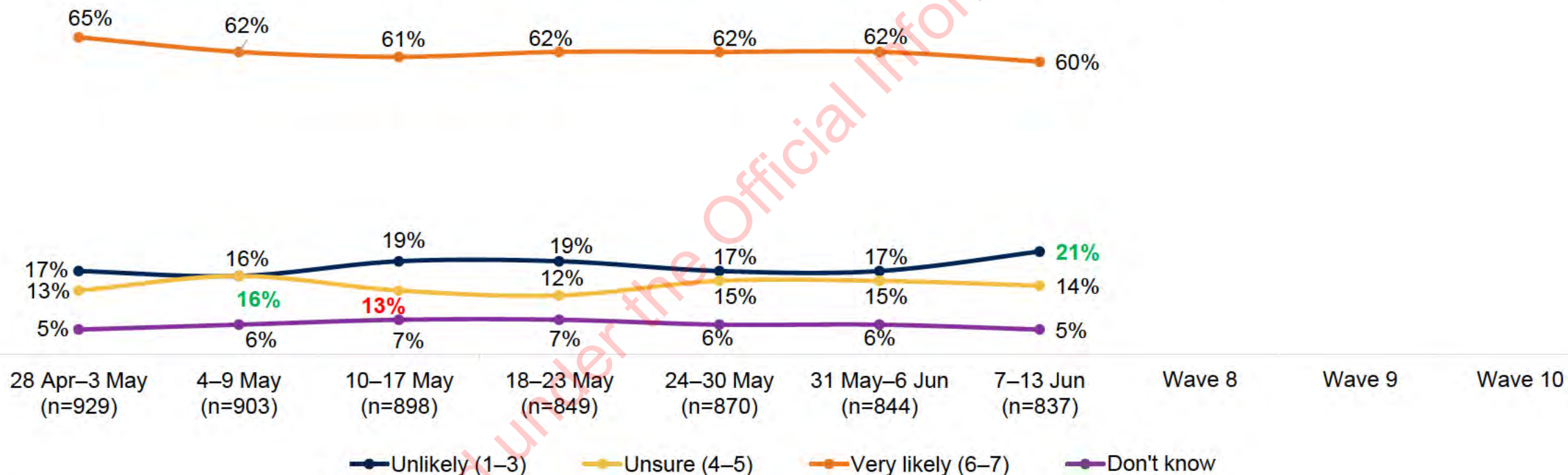
↑ / ↓ indicates significantly higher / lower than previous wave

Likelihood of getting vaccinated over time

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AMONG THOSE NOT YET VACCINATED, THE NUMBER WHO WILL BE UNLIKELY TO GET VACCINATED HAS INCREASED BY 4 PERCENTAGE POINTS. HOWEVER, THE MAJORITY (60%) REMAIN IN FAVOUR OF GETTING VACCINATED

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Those who have not been vaccinated either partially or fully

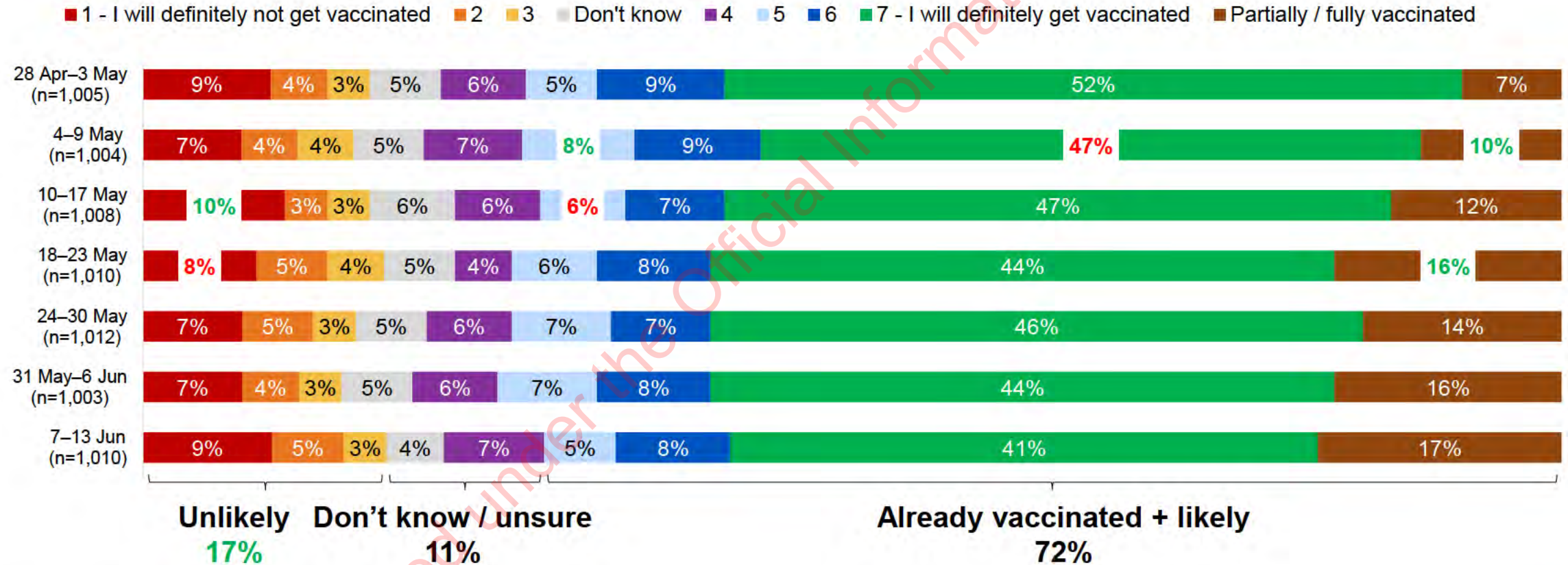
Those who are not yet vaccinated

Aligning with vaccination uptake

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IN TERMS OF TOTAL POPULATION, JUST UNDER THREE QUARTERS ARE EITHER ALREADY VACCINATED OR POSITIVELY INCLINED TO BE

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Total sample

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Total sample



Red / green indicates significantly lower / higher than previous wave

Preferred timeframe for getting vaccinated (once available)

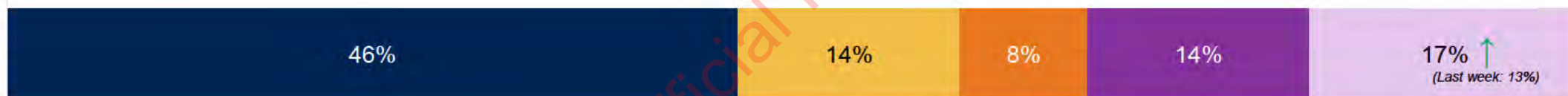
Document 7

YOUNGER NEW ZEALANDERS, MĀORI & THOSE WITH LOWER EDUCATION LEVELS ARE LESS LIKELY TO SAY THEY WILL GET THE VACCINE SOON AFTER IT BECOMES AVAILABLE TO THEM

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

■ NETT within 1 month ■ NETT within 6 months ■ NETT 6 months or more ■ Don't know ■ Will not get the COVID-19 vaccine

7–13 June
(n=837)



Less likely to get the vaccine immediately

QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Wave 7 sample – those who have not been vaccinated either partially or fully (n=837)

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↑ / ↓ indicates significantly higher / lower than previous wave

Those who are not
yet vaccinated



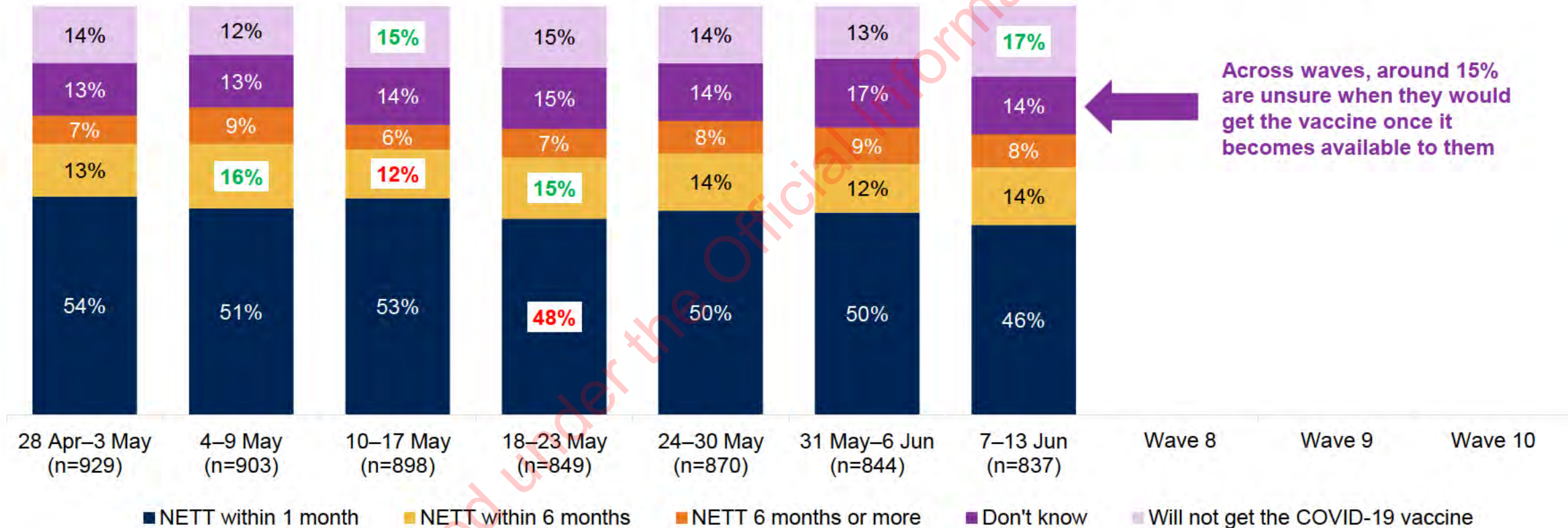
Red / green indicates significantly lower / higher than total

Vaccination timeframe over time

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AMONG THOSE NOT YET VACCINATED, THERE HAS BEEN A 4-PERCENTAGE POINT INCREASE IN REFUSAL TO DO SO. JUST UNDER HALF REMAIN KEEN ON GETTING IT IMMEDIATELY

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Those who have not been vaccinated either partially or fully

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Those who are not yet vaccinated

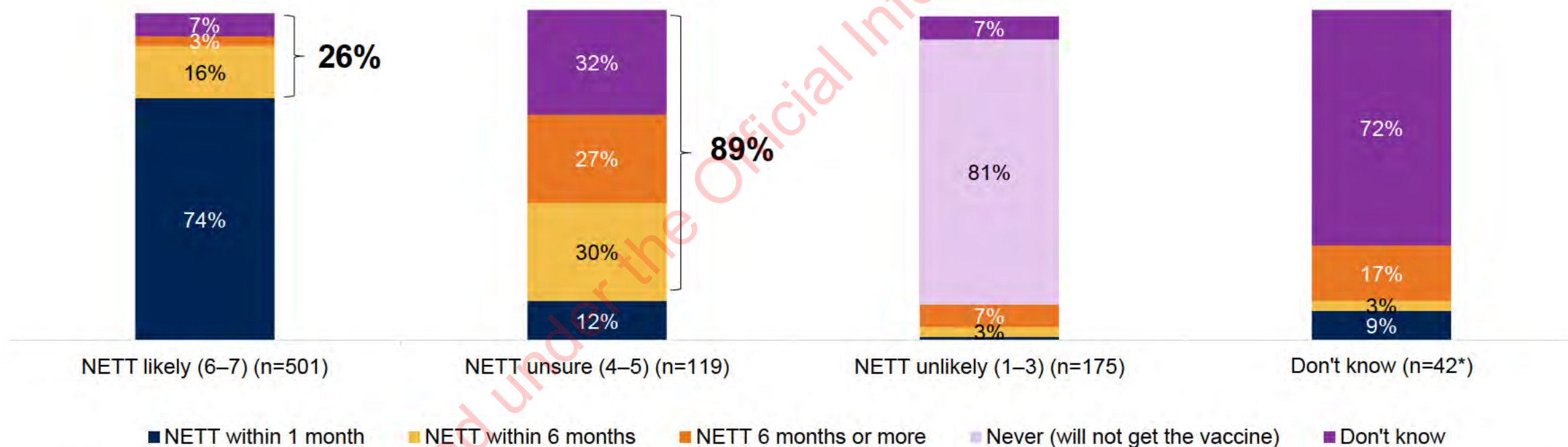


Vaccination timeframe

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A QUARTER OF THOSE WHO ARE LIKELY TO GET VACCINATED WILL NOT DO SO IMMEDIATELY, NEITHER WILL THE MAJORITY OF THOSE WHO ARE UNSURE

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated? / QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

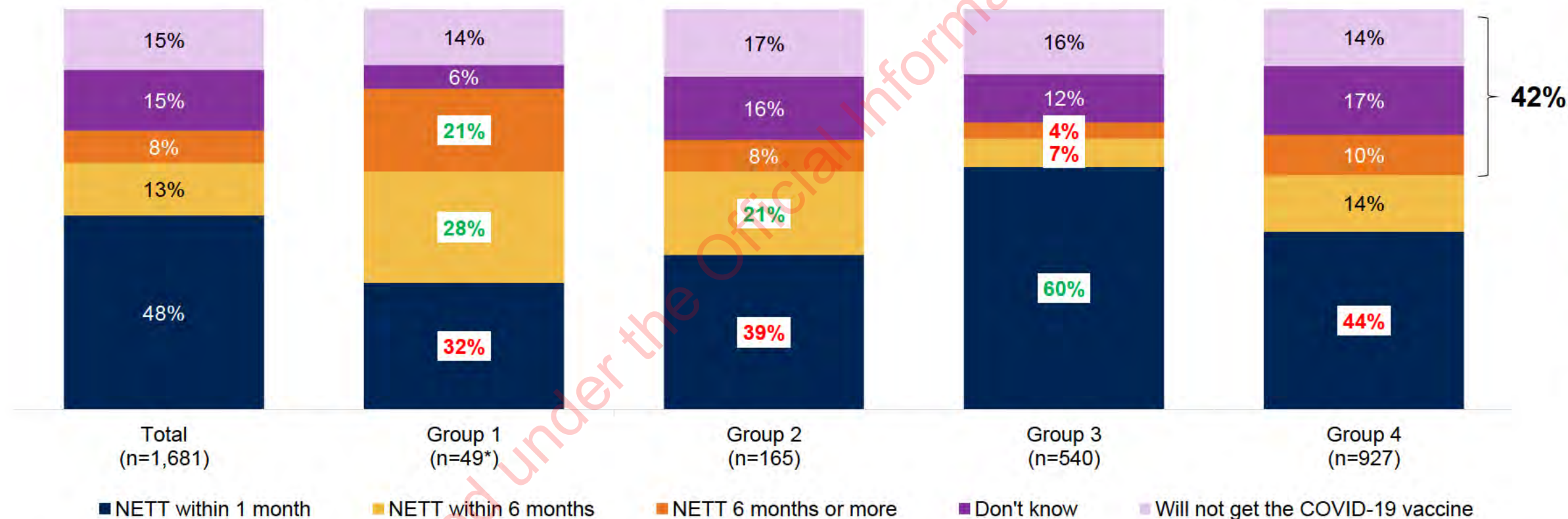
Base: Wave 7 sample – those who have not been vaccinated either partially or fully (n=837). *Note: Low base (n<100). Results indicative only.

Vaccination timeframe – by vaccine group

Data for waves 6 + 7 has been combined for a more robust sample size for comparing vaccine groups

THE MAJORITY OF GROUP 3 WILL BE READY FOR THE VACCINE WHEN IT IS THEIR TURN; THERE IS MORE HESITANCY IN GROUP 4, WITH 42% EITHER NOT WANTING THE VACCINE, WAITING MORE THAN 6 MONTHS, OR BEING UNSURE

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Waves 6 + 7 sample combined – those who have not been vaccinated either partially or fully (n=1,681). *Note: Low base (n<100). Results indicative only.

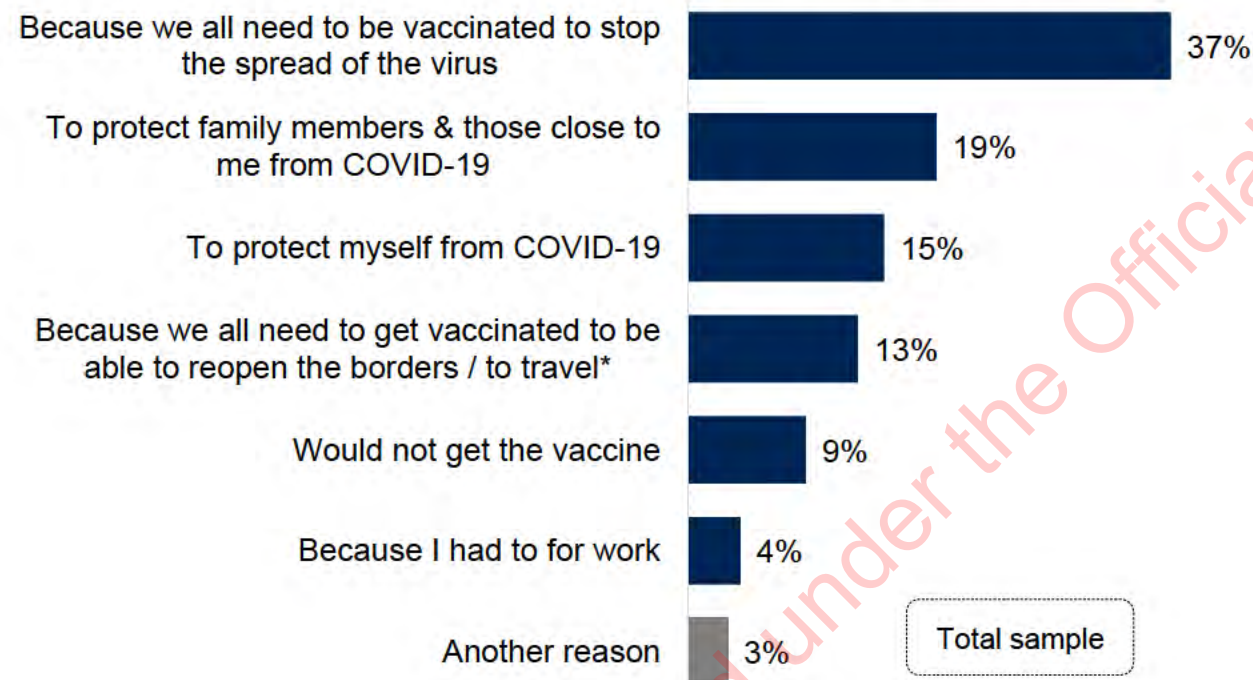
Those who are not yet vaccinated

Triggers to getting vaccinated

Document 7

STOPPING THE SPREAD OF THE VIRUS IS BY FAR THE TOP REASON, FOLLOWED BY PROTECTION FOR FAMILY & SELF

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



Key demographic differences

Because we all need to be vaccinated to stop the spread of the virus

55% 65+ years
50% Likely to get vaccinated
23% Māori
23% Unsure about getting vaccinated
8% Unlikely to get vaccinated

To protect family members and those close to me from COVID-19

30% Māori
27% 35–49 years
10% 65+ years

To protect myself from COVID-19

22% Unsure about getting vaccinated
9% Unlikely to get vaccinated

Would not get the vaccine

15% Māori
13% NETT low education
4% 65+ years
2% NETT Asian
2% NETT high education

QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

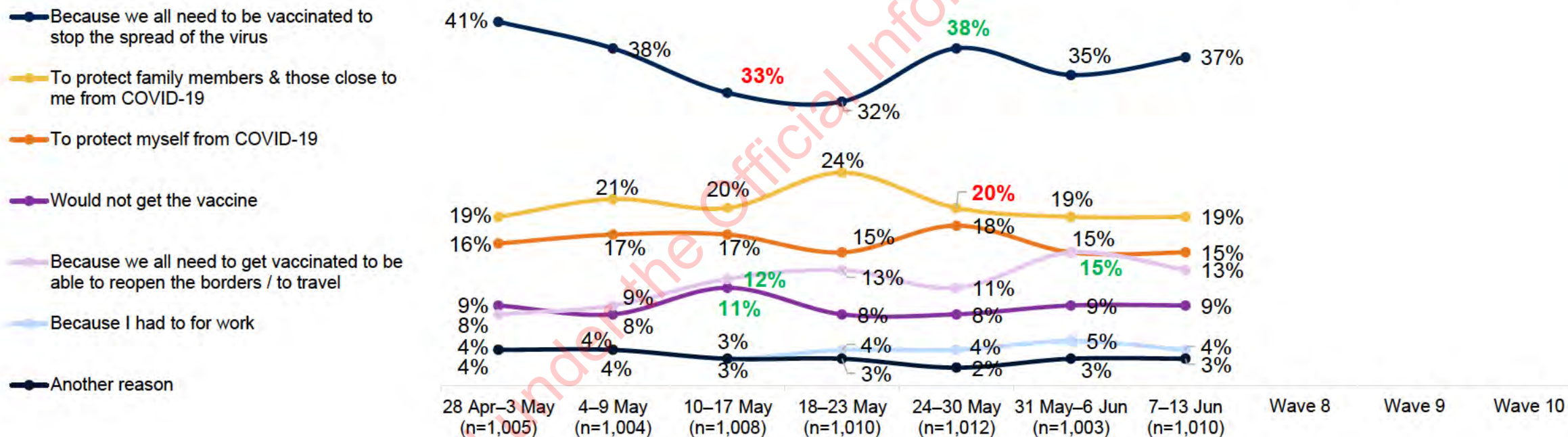
Base: Wave 7 total sample (n=1,010). *Note: The wording of this statement was changed in wave 3 to include 'be able to travel'.

Triggers to getting vaccinated over time

Document 7

GETTING VACCINATED TO STOP THE SPREAD OF THE VIRUS WAS TRENDING DOWNWARDS UNTIL THE LATEST MELBOURNE LOCKDOWN WHEN IT INCREASED AGAIN; IT HAS REMAINED THERE EVER SINCE

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

Base: Total sample

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Total sample



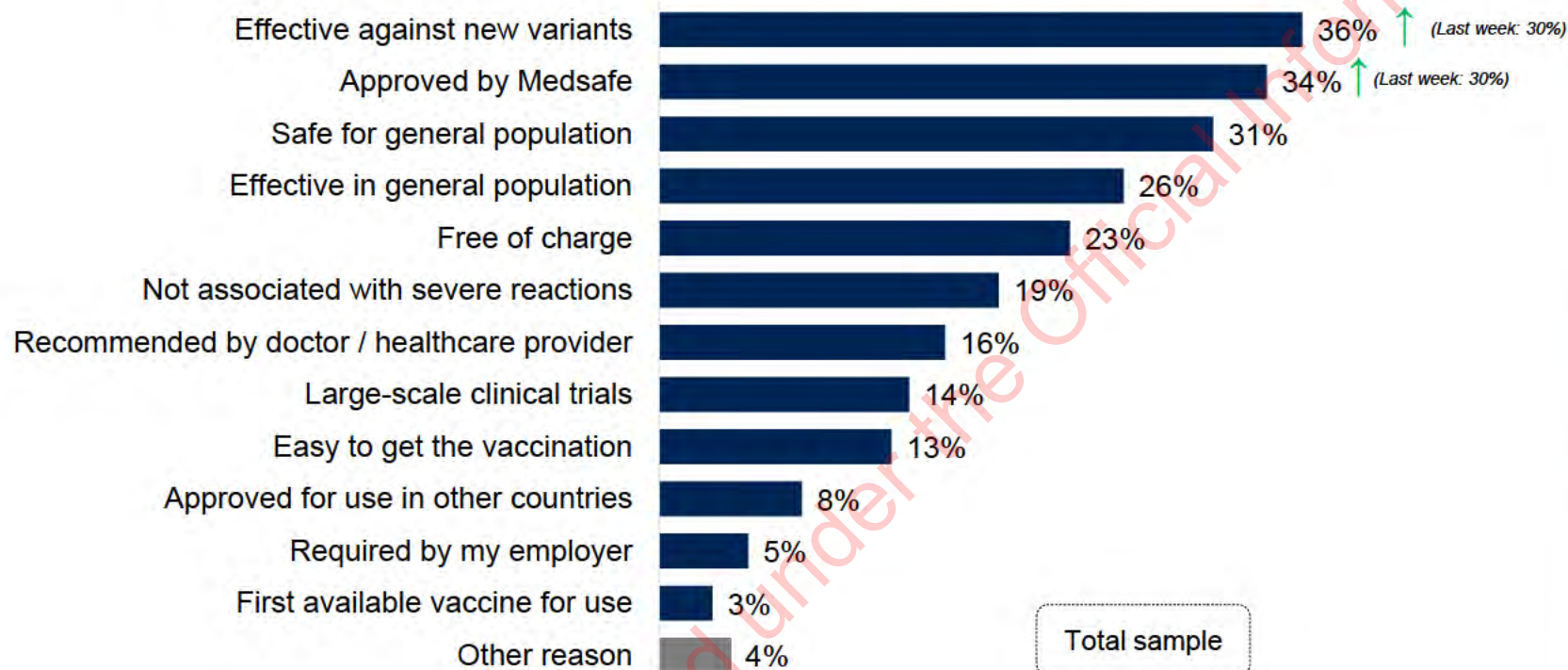
Red / green indicates significantly lower / higher than previous wave

Key factors in decision-making

Document 7

NEW VARIANT EFFICACY, MEDSAFE APPROVAL & GENERAL SAFETY ARE THE THREE KEY DECISION-MAKING FACTORS

What was / is most important to you in the decision to get a COVID-19 vaccine?



Key demographic differences

Effective against new variants

31% Unlikely to get vaccinated

Approved by Medsafe in New Zealand

45% 65+ years

40% Likely to get vaccinated

24% Māori

18% Unlikely to get vaccinated

Safe for general population

25% NETT low education

Effective in general population

35% 65+ years

31% Likely to get vaccinated

15% Māori

12% Unlikely to get vaccinated

Free of charge

13% Unlikely to get vaccinated

Not associated with severe reactions

32% Unlikely to get vaccinated

Large-scale clinical trials

24% Unlikely to get vaccinated

22% Māori

11% Likely to get vaccinated

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Wave 7 total sample (n=1,010)

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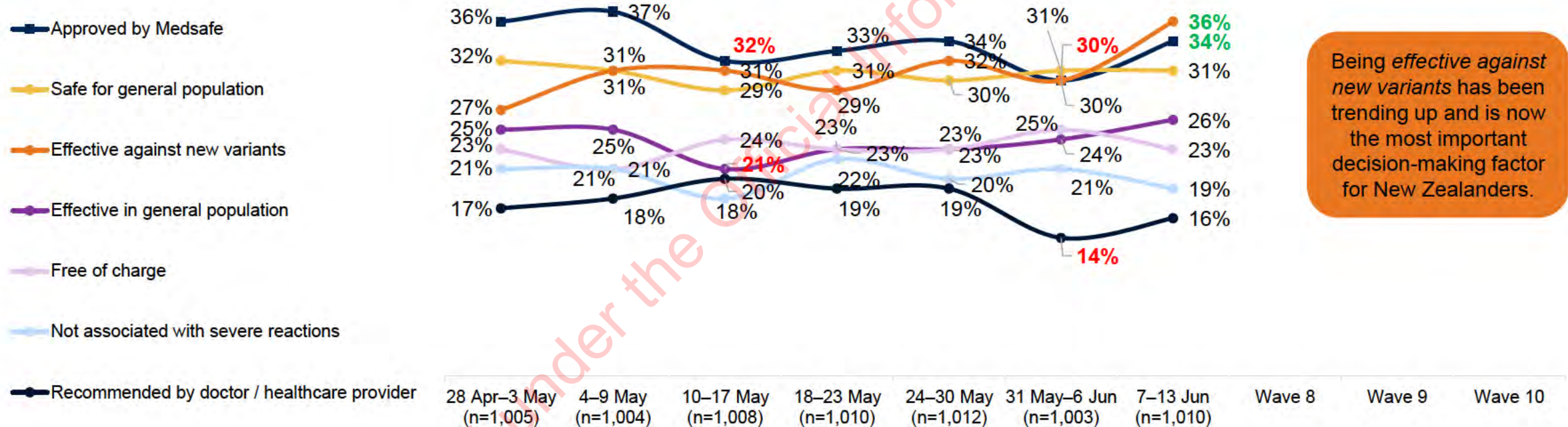
↑ / ↓ indicates significantly higher / lower than previous wave

Key factors in decision-making

Document 7

EFFECTIVENESS, MEDSAFE APPROVAL & SAFETY REMAIN THE TOP FACTORS

What was / is most important to you in the decision to get a COVID-19 vaccine?



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample. Note: Only top-7 options shown. Full results in appendix.

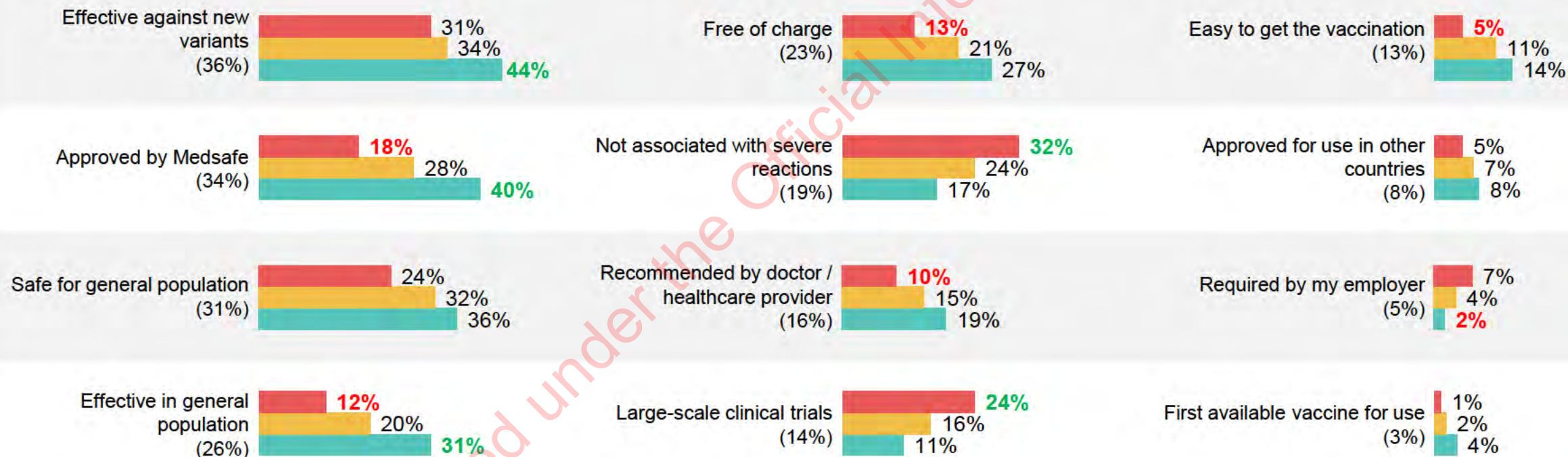
Key factors in decision-making

Document 7

SEVERE REACTIONS ARE MORE IMPORTANT TO THOSE UNSURE & THOSE UNLIKELY TO BE VACCINATED

What was / is most important to you in the decision to get a COVID-19 vaccine?

NETT unlikely (1–3) NETT unsure (4–5) NETT very likely (6–7)



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

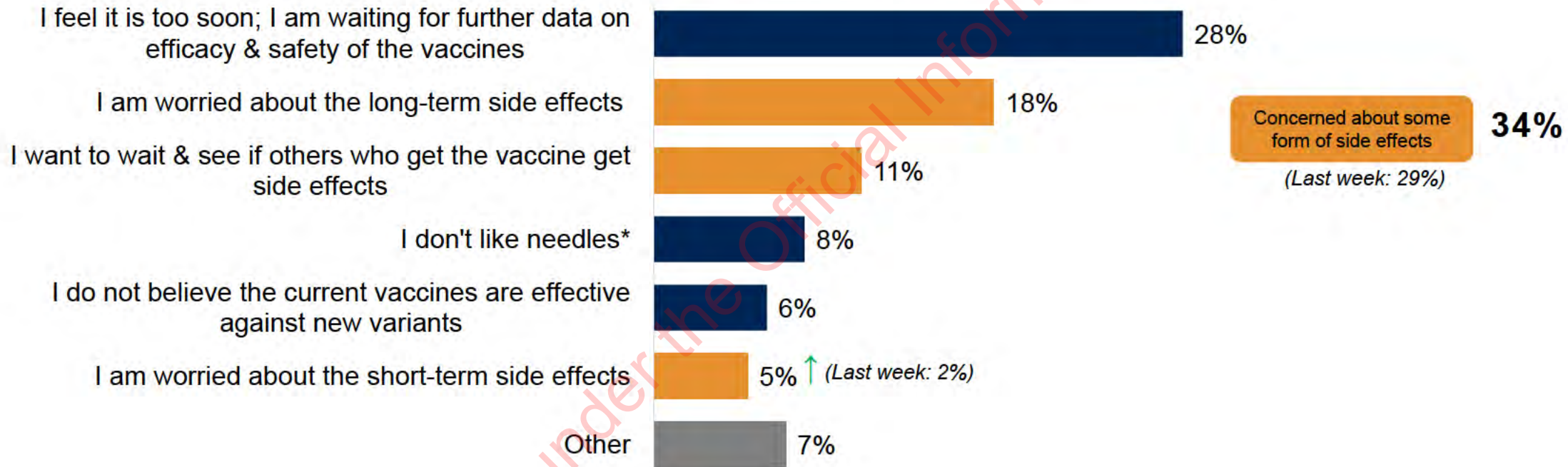
Base: Wave 7 total sample (n=1,010); Those likely to get vaccinated (n=501); Those unsure (n=119); Those unlikely to get vaccinated (n=175)

Reasons for not getting vaccinated

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34% ARE CONCERNED ABOUT *SIDE EFFECTS* IN SOME FORM & 28% FEEL *IT IS TOO SOON*

What is your primary reason for not getting vaccinated?



QB6: What is your primary reason for not getting vaccinated?

Base: Wave 7 sample – those who are unlikely or unsure about getting a vaccine (n=336). Only responses with 5% or more shown. Full results in appendix.

*Note: This statement was added in wave 3.

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↑ / ↓ indicates significantly higher / lower than previous wave

Those who are unlikely or unsure about getting vaccinated



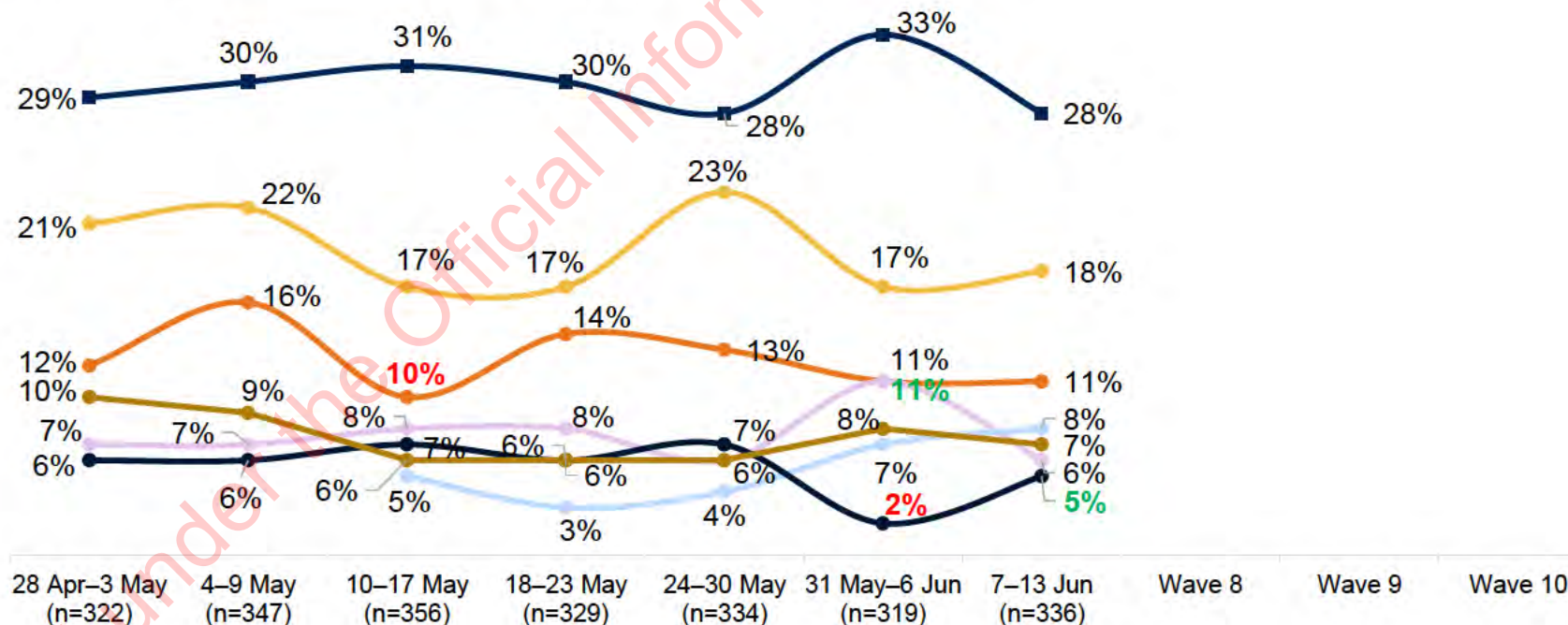
Reasons for not getting vaccinated

Document 7

APPREHENSIONS AROUND *EFFICACY*, *SAFETY* & *POTENTIAL SIDE EFFECTS* ARE STILL THE MAIN REASONS FOR NOT GETTING VACCINATED

What is your primary reason for not getting vaccinated?

- I feel it is too soon; I am waiting for further data on efficacy & safety of the vaccines
- I am worried about the long-term side effects
- I want to wait & see if others who get the vaccine get side effects
- I do not believe the current vaccines are effective against new variants
- I don't like needles*
- I am worried about the short-term side effects
- Other



QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. Only responses with 5% or more shown, or those with significant changes to previous wave. Full results in appendix.

*Note: This statement was added in wave 3.

Those who are unlikely or unsure about getting vaccinated

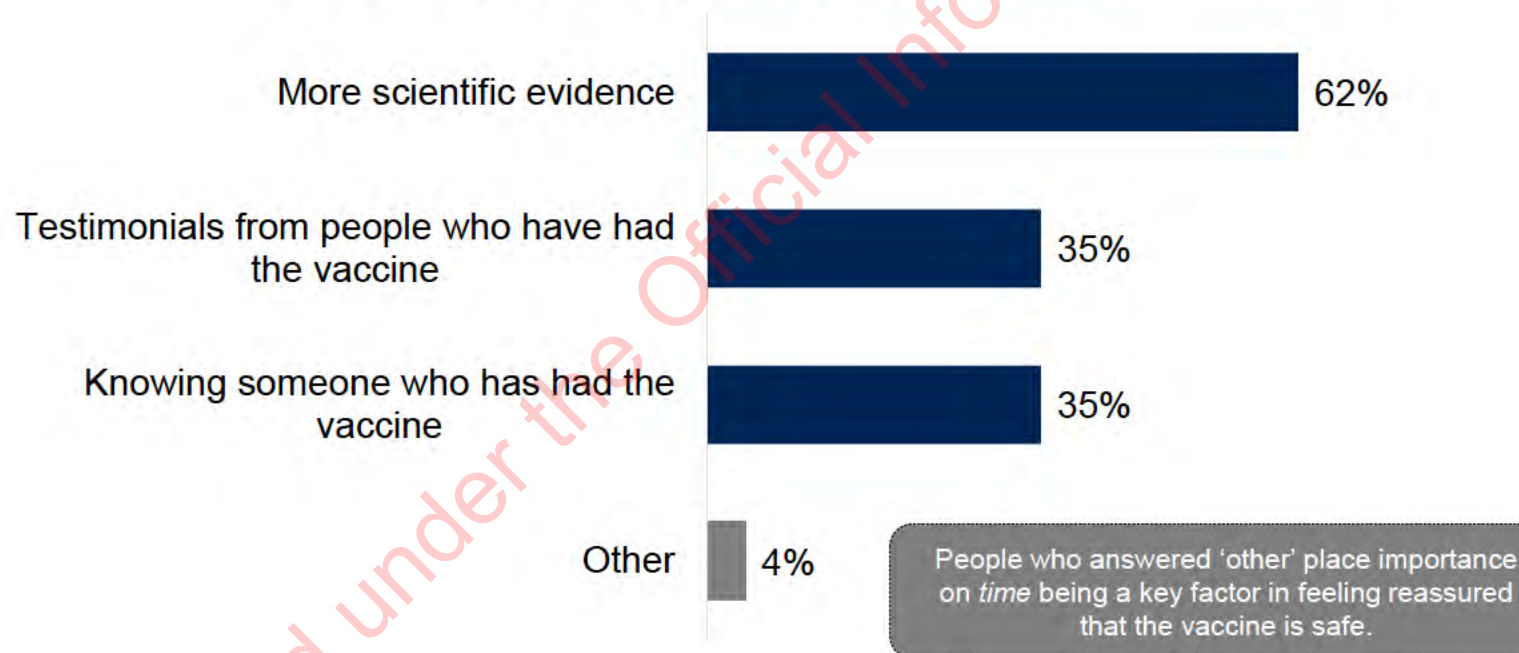
Reassurance about vaccine side effects

New Question
Document 7

PROVIDING MORE SCIENTIFIC EVIDENCE IS KEY TO REASSURING THOSE WHO ARE CONCERNED ABOUT SIDE EFFECTS

40% of those who are unsure and 31% of those unlikely to get vaccinated are concerned about side effects

Which of the following would help to reassure you around the vaccine side effects?



QB7: Which of the following would help to reassure you around the vaccine side effects?

Base: Wave 7 sample – those who selected side effects as a barrier to getting vaccinated (n=115)

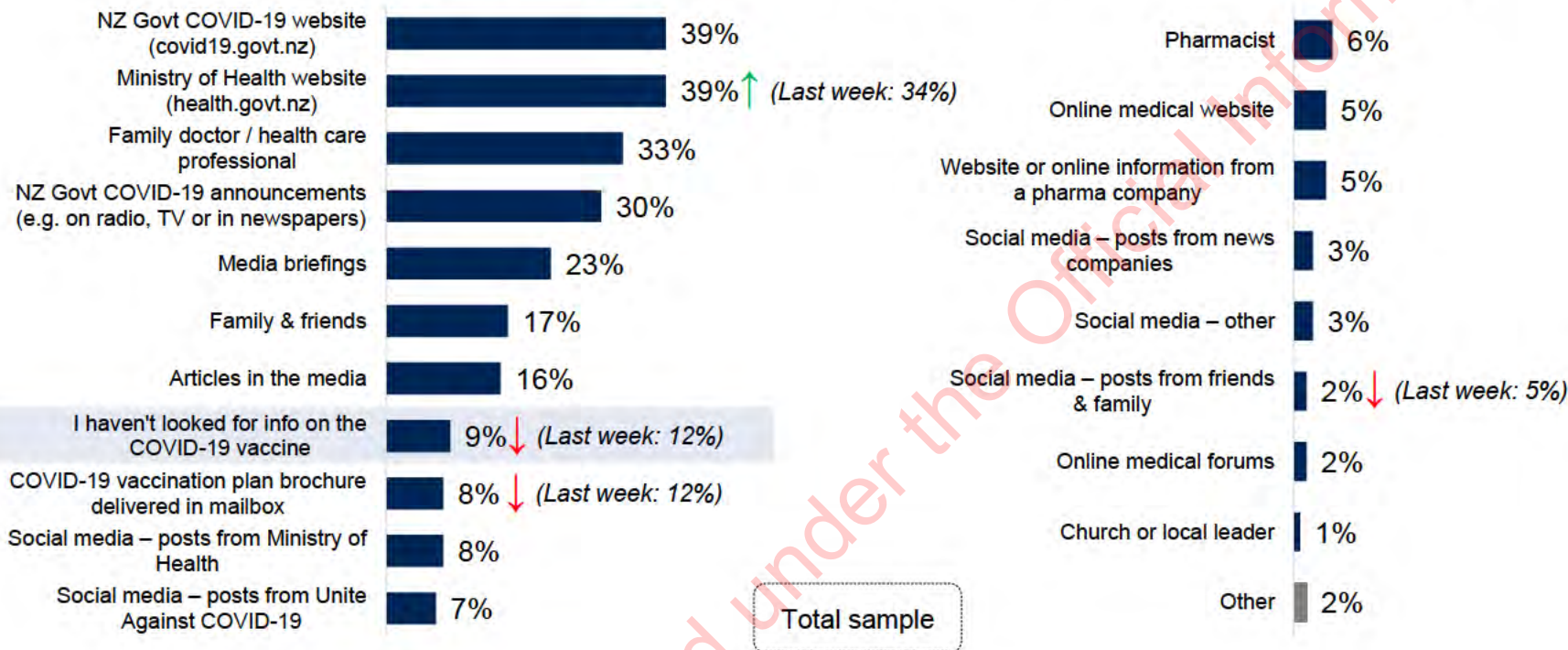
Those who are concerned about side effects

INFORMATION ABOUT THE VACCINE

3

THE NZ GOVERNMENT / MOH WEBSITES & FAMILY DOCTORS / HEALTH CARE PROFESSIONALS REMAIN THE KEY SOURCES OF INFORMATION

Where do you go most frequently to get your information on vaccines?



Key demographic differences

NZ Government COVID-19 website

46% Likely to get vaccinated

19% Unlikely to get vaccinated

Ministry of Health website

56% NETT Asian

44% Likely to get vaccinated

24% Unlikely to get vaccinated

Family doctor / health care professional

24% NETT Asian

NZ Govt. COVID-19 announcements

43% 65+ years

23% 18–34 years

Media briefings

16% 18–34 years

12% Unlikely to get vaccinated

Family and friends

25% 18–34 years

25% Auckland DHB

24% Counties Manukau DHB

11% 65+ years

10% 50–64 years

QC1: Where do you go most frequently to get your information on vaccines?

Base: Wave 7 total sample (n=1,010)

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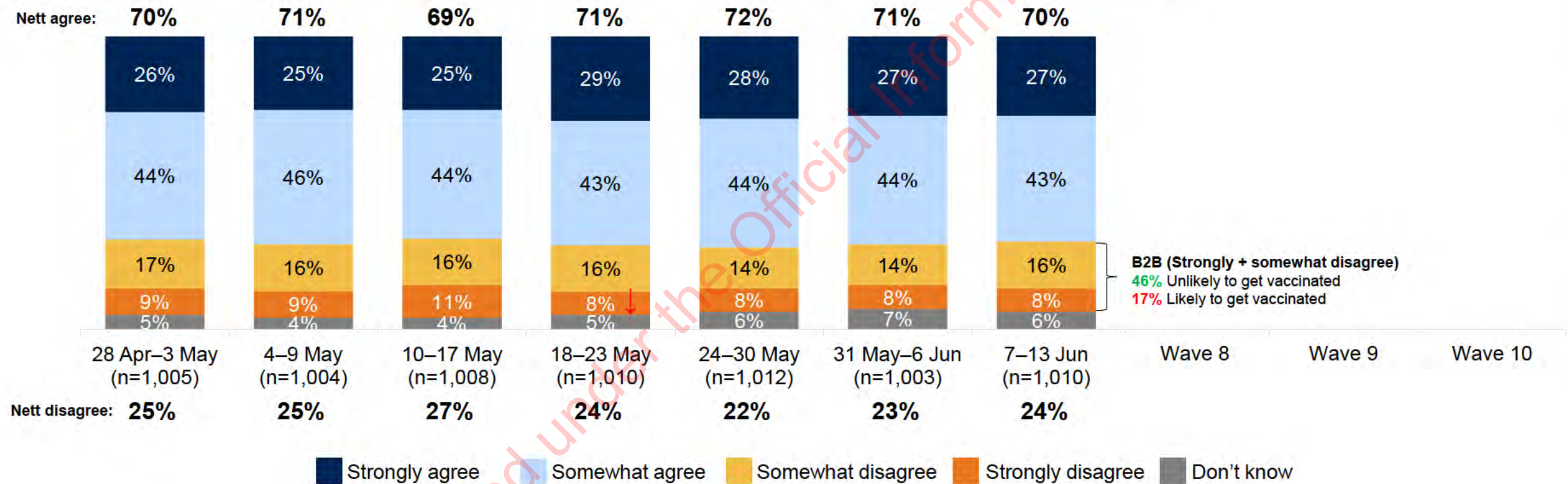
↑ / ↓ indicates significantly higher / lower than previous wave

Getting information on vaccines

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CONSISTENT WITH LAST WEEK, THOSE UNSURE OR UNLIKELY TO BE VACCINATED ARE MORE LIKELY TO SAY THERE IS NOT ENOUGH INFORMATION ABOUT THE VACCINE AVAILABLE

There is enough information available in New Zealand about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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↑ / ↓ indicates significantly higher / lower than previous wave

Total sample

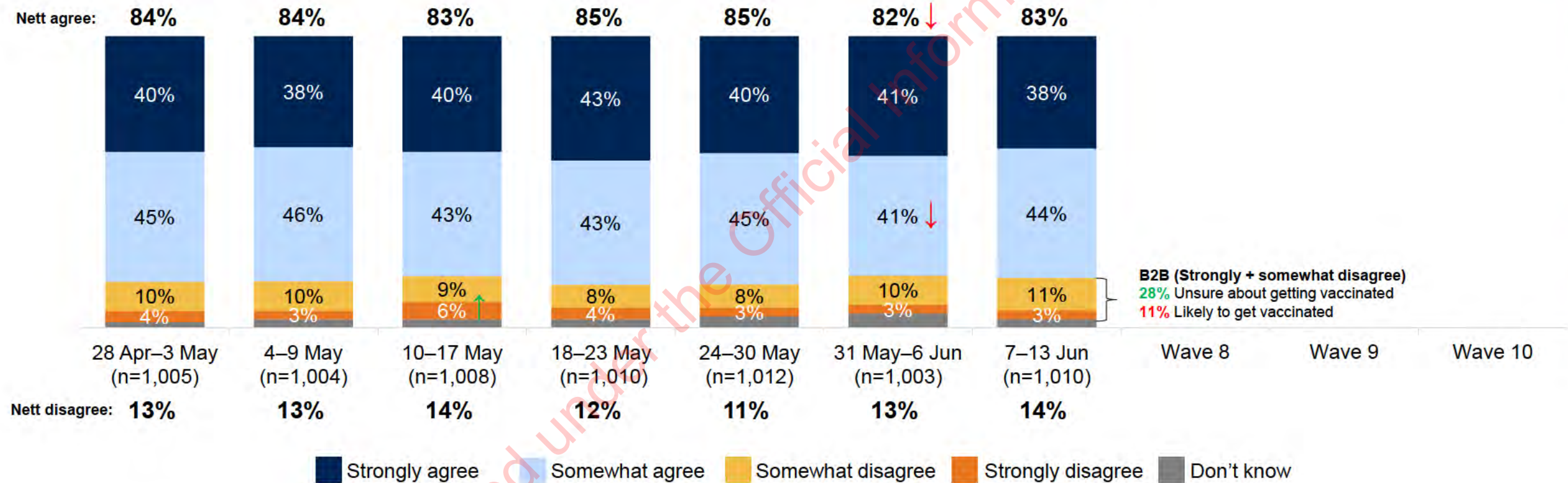


Getting information on vaccines

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MOST NEW ZEALANDERS KNOW WHERE TO FIND INFORMATION ABOUT THE COVID-19 VACCINE; THOSE WHO ARE UNLIKELY TO BE VACCINATED ARE MORE LIKELY TO DISAGREE

I know where to go to find information about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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↑ / ↓ indicates significantly higher / lower than previous wave

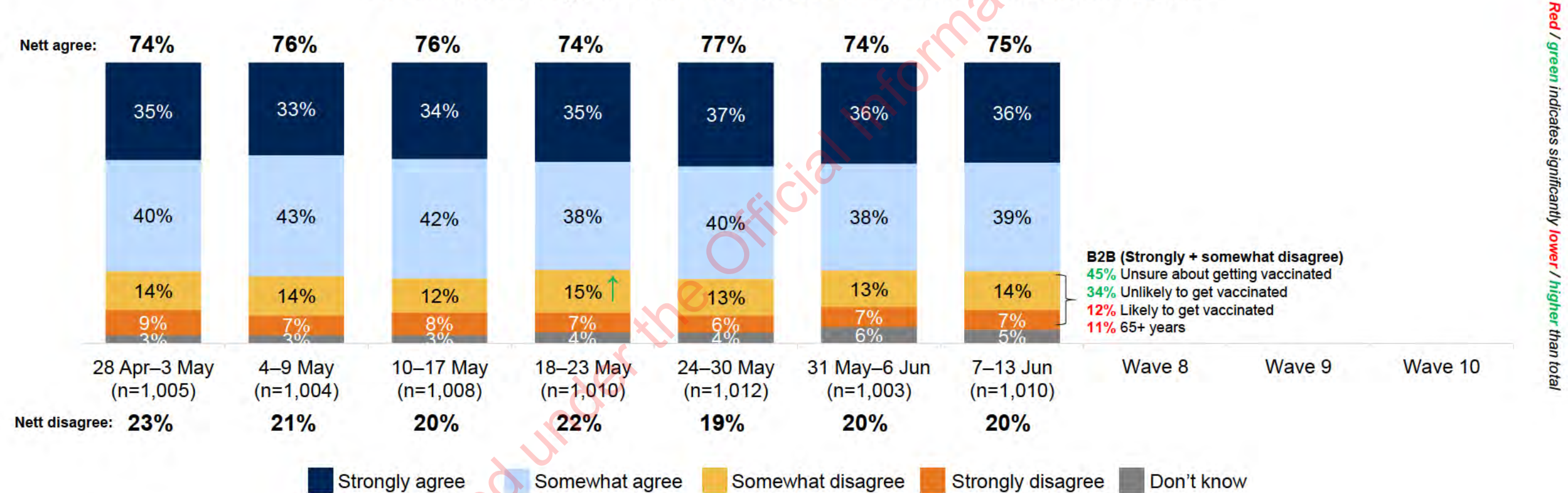
Total sample



Red / green indicates significantly lower / higher than total

NEARLY HALF OF THOSE UNSURE ABOUT GETTING VACCINATED DO NOT FEEL THEY KNOW ENOUGH TO MAKE AN INFORMED DECISION

I feel I know enough about the COVID-19 vaccine to make an informed choice



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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↑ / ↓ indicates significantly higher / lower than previous wave

Total sample

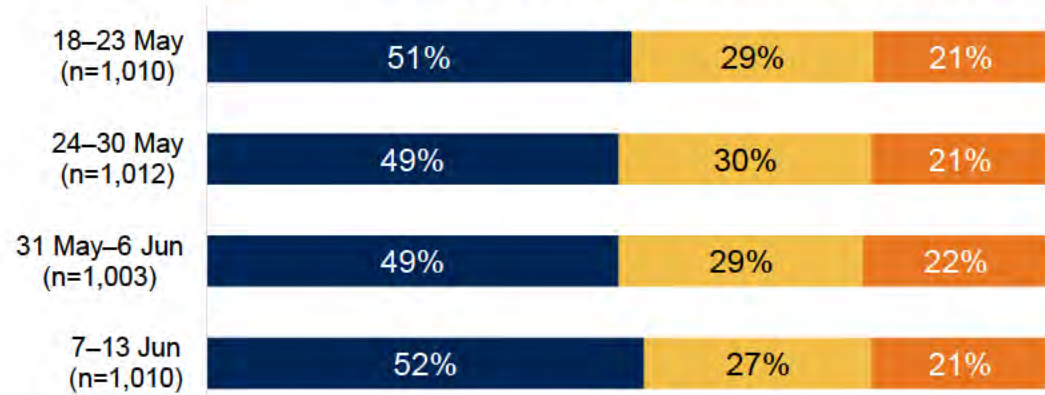
Vaccine priority groups

Document 7

21% OF NEW ZEALANDERS DO NOT KNOW WHICH VACCINE PRIORITY GROUP THEY FIT IN, A FURTHER 27% ARE NOT ENTIRELY SURE

As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

■ Yes, I definitely know which group I'm in ■ I think I know which group I'm in ■ I don't know



The higher-education group & those over 65 years are more likely to be certain about their priority group

Lower-education / income groups are more likely to be unaware of their priority group

Yes, I definitely know which group I'm in

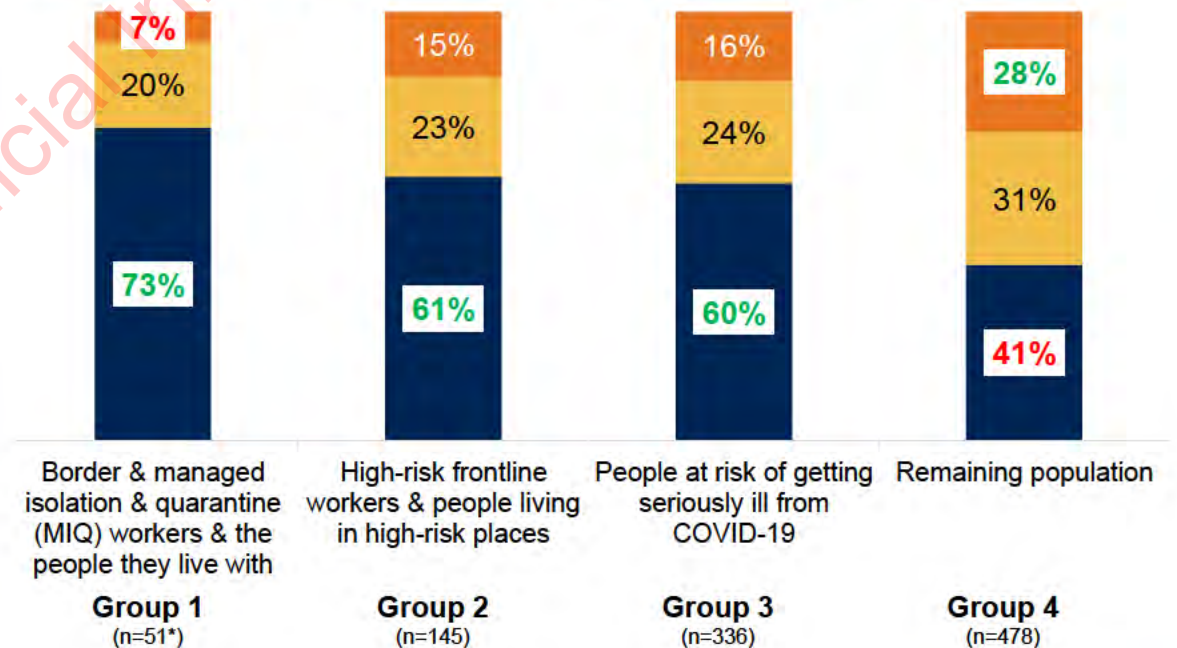
74% 65+ years
66% NETT high education
44% 18–34 years
44% 50–64 years
43% NETT low education

I don't know

29% NETT low education
11% NETT high education
6% 65+ years

Vaccine priority groups

Those from Group 4 remain less likely to be aware of where they fit in

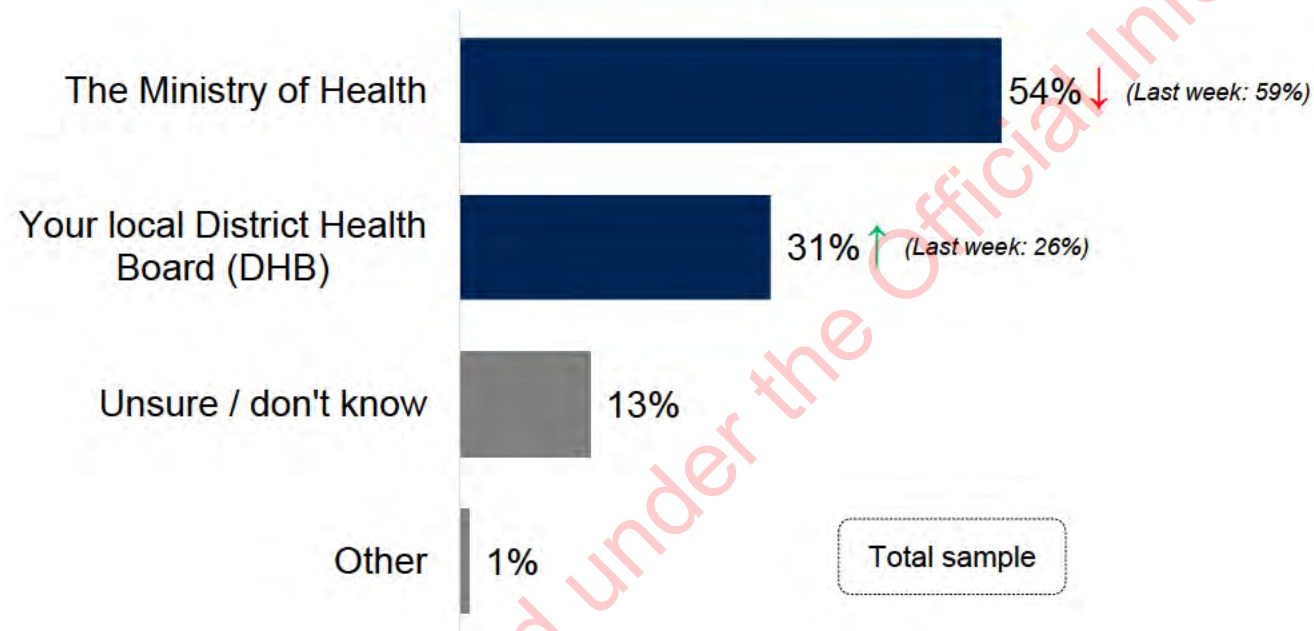


QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample; Wave 7 vaccine priority groups. *Note: Low base (n<100). Results indicative only.

THIS WAVE, THERE HAS BEEN AN INCREASE IN THE BELIEF THAT LOCAL DHB IS RESPONSIBLE FOR THE VACCINE ROLLOUT IN THE LOCAL COMMUNITY

Based on your understanding, who do you think makes decisions about how the vaccine rollout will happen in your local community?



Key demographic differences

Ministry of Health

67% NETT Asian
65% Counties Manukau DHB
63% 18–34 years
62% 35–49 years
36% 65+ years

Local DHB

51% 65+ years
25% 18–34 years
24% 35–49 years
22% Auckland DHB
18% Counties Manukau DHB
18% Unlikely to get vaccinated

Don't know

21% Unlikely to get vaccinated
18% NETT low education
8% NETT high income
6% NETT high education

QC5: And based on your understanding, who do you think makes decisions about how the vaccine roll out will happen in your local community?

Base: Wave 7 total sample (n=1,010)

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↑ / ↓ indicates significantly higher / lower than previous wave

VACCINE EXPERIENCE

4

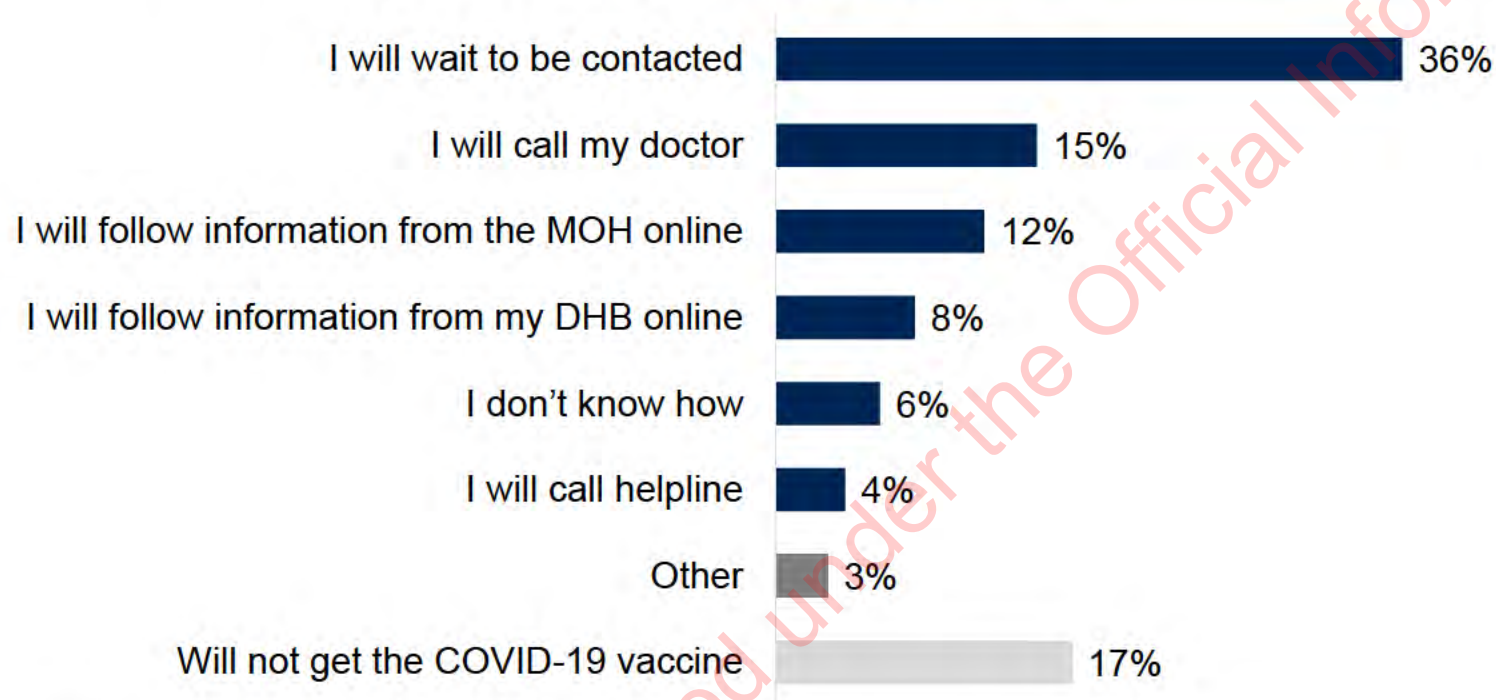
Document 7

Vaccine experience

Document 7

OF THOSE NOT YET VACCINATED, ONCE ELIGIBLE, 36% WILL WAIT TO BE CONTACTED; 11% OF MĀORI DON'T KNOW HOW TO GET VACCINATED

Once you are eligible for the COVID-19 vaccine, how will you go about getting your vaccine?



Key demographic differences

Will wait to be contacted

47% NETT high education
45% 65+ years
43% NETT high income
28% NETT low income
21% Māori

Will follow information from the MOH online

24% NETT Asian
5% 65+ years

Don't know how

11% Māori

QE1: Once you are eligible for the COVID-19 vaccine, how will you go about getting your vaccine?

Base: Wave 7 – those who have not been vaccinated (n=837)

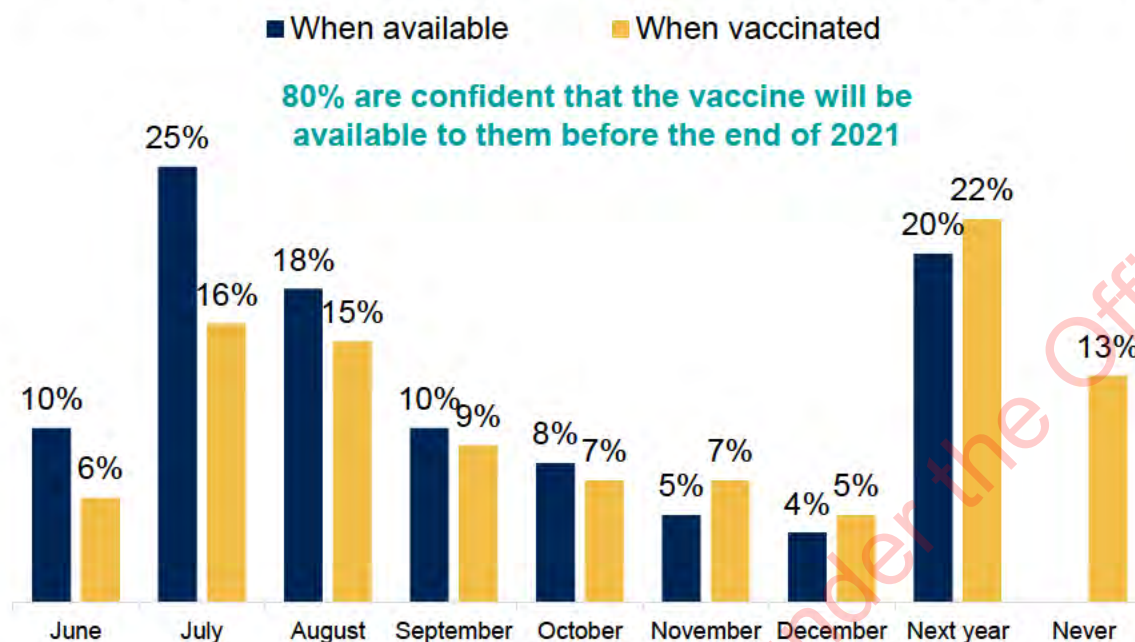
Those who have not
been vaccinated

Vaccine availability & getting vaccinated

New Question
Document 7

OF THOSE NOT YET VACCINATED, OVER HALF THINK THE VACCINE WILL BE AVAILABLE TO THEM BY AUGUST; 20% THINK IT WILL BE AVAILABLE TO THEM NEXT YEAR

When do you think the vaccine will be available for you personally?



Those who have not been vaccinated

When asked when they think they will get vaccinated...

40%

Anticipate a delay or will wait before getting vaccinated (once available)

13%

Will 'never' get vaccinated

For what reasons will you wait before you get vaccinated? (n=337)



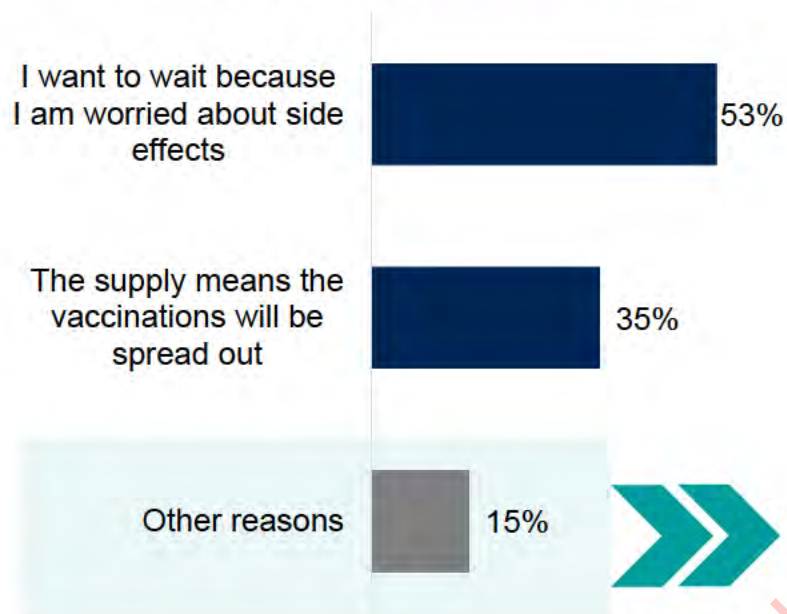
Those who will wait or anticipate a delay

QC6: When do you think the vaccine will be available for you personally? / QC7: And when do you think you will get vaccinated? / QC8: Once the vaccine is available to you, for what reasons will you wait before you get vaccinated?

Base: Wave 7 – those who are not vaccinated (n=837); Those who anticipate a delay or will wait before getting vaccinated (n=337)

WHILE SOME PEOPLE WILL WAIT AS A MEANS OF REASSURANCE, SOME BELIEVE A DELAY WILL BE A RESULT OF THE LOGISTICS SURROUNDING THE ROLLOUT

For what reasons will you wait before you get vaccinated?



I want those more critical to be before me."



New Zealand is not a high risk country for COVID-19, so it isn't vitally important to be vaccinated. I'm also young and healthy, so while I will get vaccinated, I'm not in a rush."



More time to prove efficacy and safety of the vaccine."



Who knows as to how long it will be before the DHBs get organised."



To not have to line up in big crowds of people getting it."



Very busy life, difficult to organise time for vaccination."



I just don't think I'll get an appointment as soon as it's available."



Because I think it is to soon and we don't have that much data about it."

QC8: Once the vaccine is available to you, for what reasons will you wait before you get vaccinated?

Base: Wave 7 – those who anticipate a delay or will wait before getting vaccinated (n=337)

APPENDIX

Document 7

WHAT WAS / IS MOST IMPORTANT TO YOU IN THE DECISION TO GET A COVID-19 VACCINE?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010			
Effective against new variants (or strains) of COVID-19	27%	31%	31%	29%	32%	30%	36%			
Approved by Medsafe in New Zealand	36%	37%	32%	33%	34%	30%	34%			
Safe to use in the general population	32%	31%	29%	31%	30%	31%	31%			
Effective in the general population	25%	25%	21%	23%	23%	24%	26%			
Free of charge	23%	21%	24%	23%	23%	25%	23%			
Not associated with severe reactions	21%	21%	18%	22%	20%	21%	19%			
Recommended by my doctor / healthcare provider	17%	18%	20%	19%	19%	14%	16%			
Large-scale clinical trials	12%	13%	11%	14%	14%	13%	14%			
Easy to get the vaccination	11%	10%	12%	10%	10%	12%	13%			
Approved for use in other countries	9%	8%	7%	8%	8%	9%	8%			
Required by my employer	5%	3%	4%	7%	5%	5%	5%			
First available vaccine for use	5%	5%	3%	5%	4%	5%	3%			
Other reason	4%	4%	4%	3%	3%	5%	4%			

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample

WHAT IS YOUR PRIMARY REASON FOR NOT GETTING VACCINATED?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	322	347	356	329	334	319	336			
I feel it is too soon; I am waiting for further data on efficacy & safety of the vaccines	29%	30%	31%	30%	28%	33%	28%			
I am worried about the long-term side effects with the vaccines	21%	22%	17%	17%	23%	17%	18%			
I want to wait & see if others who get the COVID-19 vaccine get side effects	12%	16%	10%	14%	13%	11%	11%			
I don't like needles*	N/A	N/A	5%	3%	4%	7%	8%			
I do not believe the current vaccines are effective against new variants (or strains) of COVID-19	7%	7%	8%	8%	6%	11%	6%			
I am worried about the short-term side effects with the vaccines	6%	6%	7%	6%	7%	2%	5%			
I am against vaccines in general	3%	3%	4%	6%	4%	4%	4%			
A vaccine is not necessary as the risk of getting COVID-19 is low for me	7%	4%	8%	7%	5%	4%	4%			
I am worried I may get COVID-19 from the vaccine	2%	2%	2%	2%	2%	2%	4%			
I would prefer to wait until another vaccine is available	2%	1%	1%	0%	1%	1%	3%			
Other reason	10%	9%	6%	6%	6%	8%	7%			

QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. *Note: Statement added in wave 3.

WHERE DO YOU GO MOST FREQUENTLY TO GET YOUR INFORMATION ON VACCINES?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010			
NZ Govt COVID-19 website (covid19.govt.nz)	36%	37%	35%	40%	37%	37%	39%			
Ministry of Health website (health.govt.nz)	37%	40%	38%	39%	36%	34%	39%			
Your family doctor or a health care professional	40%	40%	39%	37%	33%	30%	33%			
NZ Govt COVID-19 announcements (e.g. on radio, TV or in newspapers)	28%	30%	25%	28%	32%	28%	30%			
Media briefings (e.g. from Prime Minister, ministers or Director General of Health)	24%	24%	20%	21%	26%	22%	23%			
Family and friends	16%	17%	19%	18%	15%	16%	17%			
Articles in the media (newspapers, radio or online news websites)	22%	19%	17%	15%	17%	18%	16%			
I haven't looked for information on the COVID-19 vaccine	9%	7%	8%	6%	6%	12%	9%			
Our COVID-19 vaccination plan brochure delivered in my mailbox*	N/A	15%	13%	14%	13%	12%	8%			
Social media – posts from Ministry of Health	8%	9%	13%	10%	9%	9%	8%			
Social media – posts from Unite Against COVID-19	8%	8%	9%	9%	9%	9%	7%			
Pharmacist	7%	7%	8%	7%	6%	7%	6%			
Online medical website	7%	6%	6%	6%	3%	5%	5%			
Website or online information from the pharmaceutical company	7%	5%	5%	5%	3%	4%	5%			
Social media – posts from news companies	4%	5%	6%	4%	4%	4%	3%			
Social media – other	3%	3%	5%	4%	3%	3%	3%			
Social media – posts from friends and family	3%	4%	3%	4%	4%	5%	2%			
Online medical forums	4%	3%	3%	3%	2%	2%	2%			
Church or local leader	0%	1%	1%	0%	0%	1%	1%			
Other	2%	2%	2%	1%	2%	2%	2%			

QC1: Where do you go most frequently to get your information on vaccines?

Base: Total sample. *Note: Statement added in wave 2.

THERE ARE 4 PRIORITY GROUPS. DO YOU KNOW WHICH OF THE FOUR GROUPS YOU FIT INTO?

	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,010	1,012	1,003	1,010			
Yes, I definitely know which group I'm in	51%	49%	49%	52%			
I think I know which group I'm in	29%	30%	29%	27%			
I don't know	21%	21%	22%	21%			

QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample. **Note:** Question added in wave 4.

ALERT LEVEL FIELDWORK DATES

PRE-LOCKDOWN Wave 1 (March 12–14) Wave 2 (March 21–24)	LEVEL 4 Wave 3 (March 28–30) Wave 4 (April 3–6) Wave 5 (April 10–13) Wave 6 (April 17–20) Wave 7 (April 24–27)	LEVEL 3 Wave 8 (May 1–4) Wave 9 (May 8–11)
LEVEL 2 Wave 10 (May 15–18)	LEVEL 1 Wave 11 (July 3–6)	LEVEL 2 / 2.5 Wave 12 (September 11–14)
LEVEL 1 Wave 13 (October 16–19) Wave 14 (November 13–17) Wave 15 (December 8–14) Wave 16 (February 10–15)** June 7–13, 2021		

***Note:** No data was collected in August 2020 when Auckland was in Alert Level 3 and the rest of NZ was in Alert Level 2.

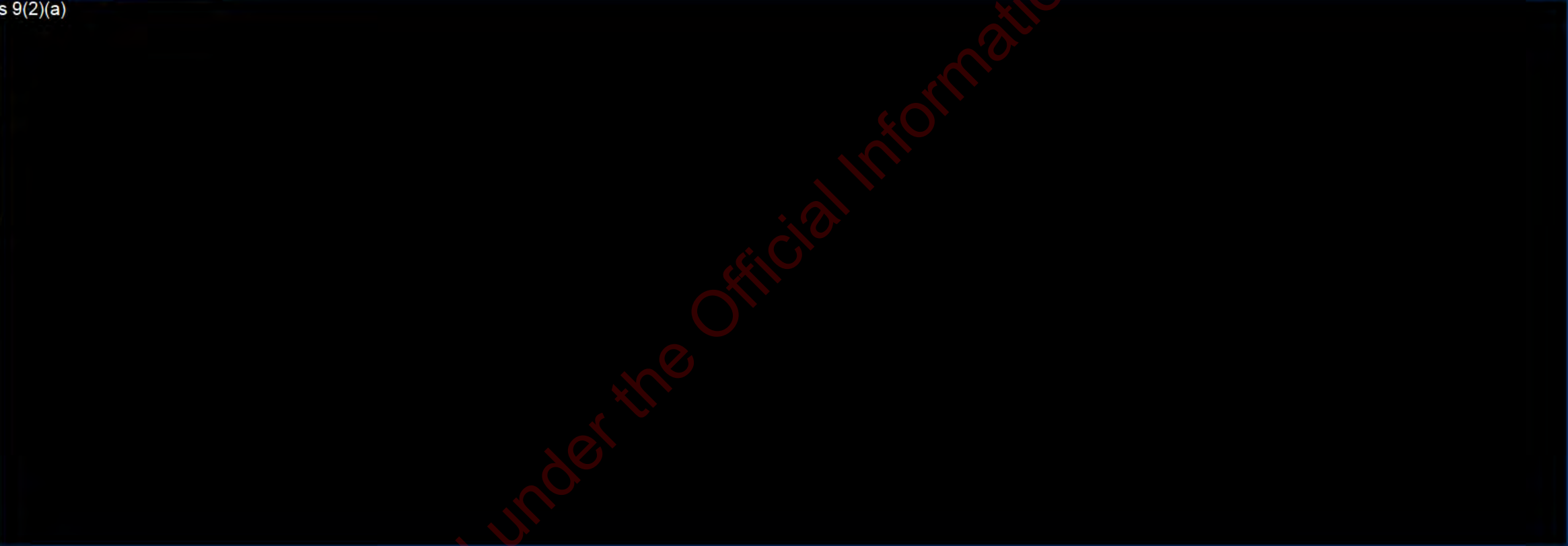
****Note:** The tail-end of fieldwork coincided with the beginning of the 'Snap Lockdown' that began at 11:59 pm on 14 February, 2021. Auckland was moved to Alert Level 3 whilst the rest of NZ moved to Alert Level 2.



CONTACTS

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You act better when you are sure.

**THANK
YOU**

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GAME CHANGERS



COVID VACCINE TRACKER

Wave 8

14–20 June 2021



GAME CHANGERS



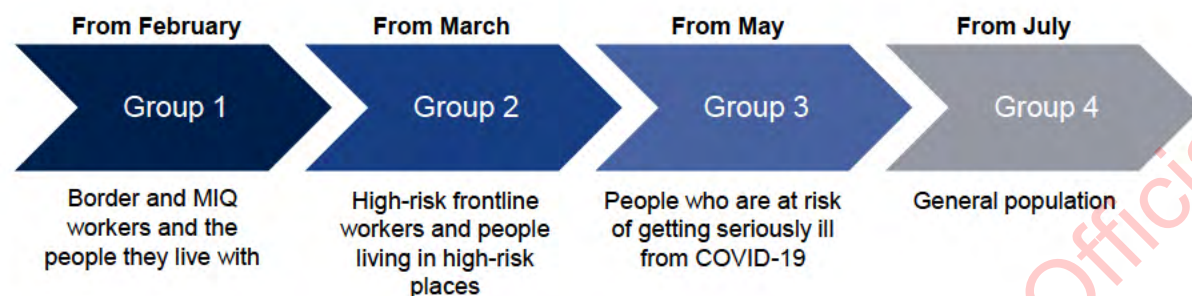
BACKGROUND INFORMATION

1

BACKGROUND

As the world continues to experience the widespread impact of COVID-19, countries are now facing an additional challenge – the logistics of rolling out a vaccine on a massive scale. Globally, vaccination programmes are being developed and the rollout has begun. Today, most countries' citizens are at least partially vaccinated against COVID-19.

The New Zealand Government has secured enough Pfizer vaccines for everyone to receive the two doses required to be protected against COVID-19. The rollout in New Zealand will be carried out in stages, with people being split into four groups.



ABOUT THIS REPORT

This report tracks New Zealanders' high-level perceptions towards the vaccine, including:

- Likelihood of getting vaccinated
- Drivers of vaccination
- Barriers to getting vaccinated
- Vaccine information sources
- Perceptions of available information surrounding vaccines



METHODOLOGY & NOTES

This research was conducted via an online panel survey of n=1,005 New Zealanders. It is repeated weekly.



Latest fieldwork dates

14–20 June, 2021

The data is weighted by age, gender, region and ethnicity to ensure the results represent the population of New Zealand.

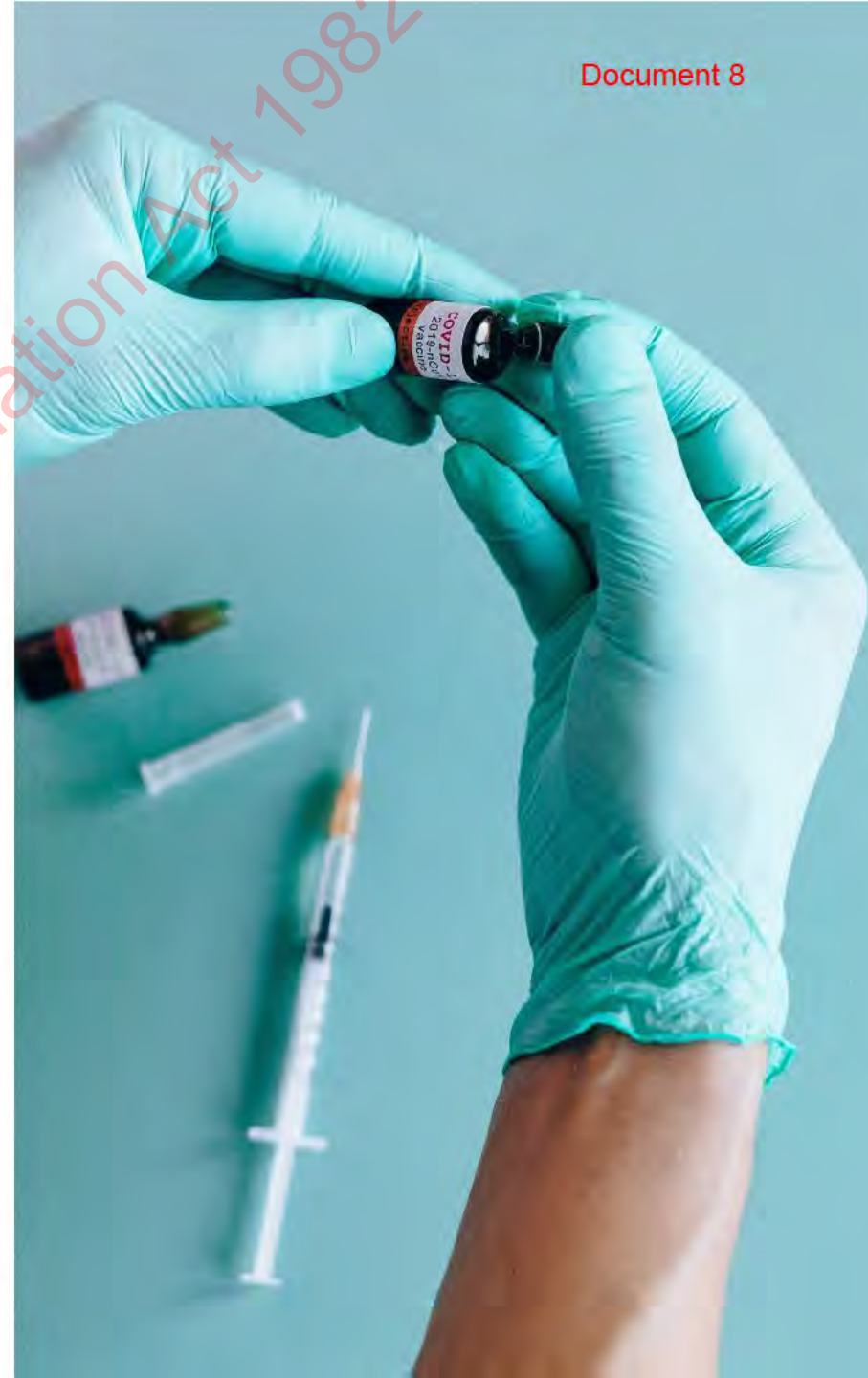
The precision of the results is calculated using a credibility interval, a survey of 1,000 accurate to +/- 3.5 percentage points.

Significant differences are reported at 95% confidence. **Green** indicates that the percentage is significantly higher than the total, whilst **red** indicates it is significantly lower. For some slides, **↑ / ↓** indicates significant **increase** / **decrease** from the previous week.

NETT grouping definitions:

Education*	Income
NETT low: none + level 1–3	NETT low: up to \$50,000
NETT medium: level 4–7	NETT medium: \$50,000–\$100,000
NETT high: level 8–10	NETT high: over \$100,000

Where results do not sum to 100 or the 'difference' appears to be +/-1 more / less than the actual, this may be due to rounding, multiple responses or the exclusion of 'don't know' or 'not stated' responses.



SAMPLE PROFILE

Document 8



TOTAL SAMPLE
1,005

Vaccine Status:

Not been vaccinated: 81% (n=815)
Partially / fully vaccinated: 19% (n=190)



GENDER

Male 472
Female 529
Another gender 4



AGE

18–34 years 295
35–49 years 266
50–64 years 241
65+ years 203

Unweighted %s

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ETHNICITY

NETT European 762
NETT Māori 126
NETT Pacific 52
NETT Asian 123
NETT Other 31



VACCINE PRIORITY GROUP

Group 1 44
Group 2 139
Group 3 332
Group 4 490

Group	Description
1	Border and managed-isolation and quarantine (MIQ) workers and the people they live with. Those working for the NZDF.
2	High-risk frontline workers and people living in high-risk places, high-risk Counties Manukau residents, older Māori / Pacific people being cared for by whānau, people living with and caring for older Māori / Pacific family members.
3	People who are at risk of getting seriously ill from COVID-19, those in custodial care.
4	Remaining population.

DHB OF DOMICILE



Northland 42
Waitemata 44
Auckland 137
Counties Manukau 125
Waikato 83
Bay of Plenty 69
Lakes 12
Tairāwhiti 6
Taranaki 20
Hawke's Bay 31
Whanganui 18
Mid-Central 39
Wairarapa 18
Hutt 49
Capital and Coast 58
Nelson Marlborough 15
West Coast 8
Canterbury 136
South Canterbury 17
Southern 75
Don't know 3

KEY FINDINGS

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Vaccine uptake

62% of New Zealanders are likely to get the vaccinated when the vaccine is available to them.

62%

Likely to get vaccinated when available

+2 percentage points vs last week

14%

Unsure – may need some persuasion / reinforcement

No change vs last week

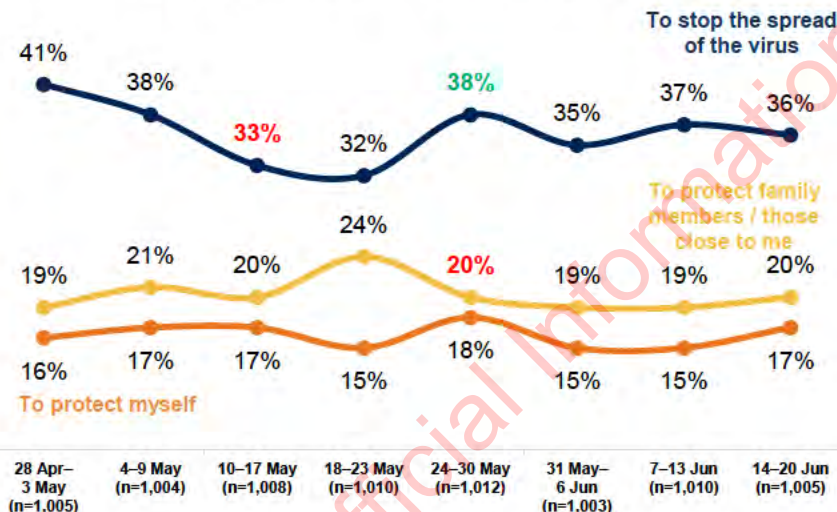
18%

Unlikely to get vaccinated

-3 percentage points vs last week

6% answered 'Don't know' (5% last week)

Top-3 reasons to get vaccinated



Barriers to getting vaccinated

Among those unlikely or unsure about getting vaccinated, the main concerns are *potential side effects* and the *speed of vaccine development*.

Last week

Feel it is too soon, waiting for further data on efficacy & safety

32% (28%)

Concerned about some form of side effects*

31% (34%)

Information about the vaccine (% disagree)

21%

-3 percentage points (not significant)

There is enough information available about the vaccine

17%

-3 percentage points (significant)

I know enough about the COVID vaccine to make an informed decision

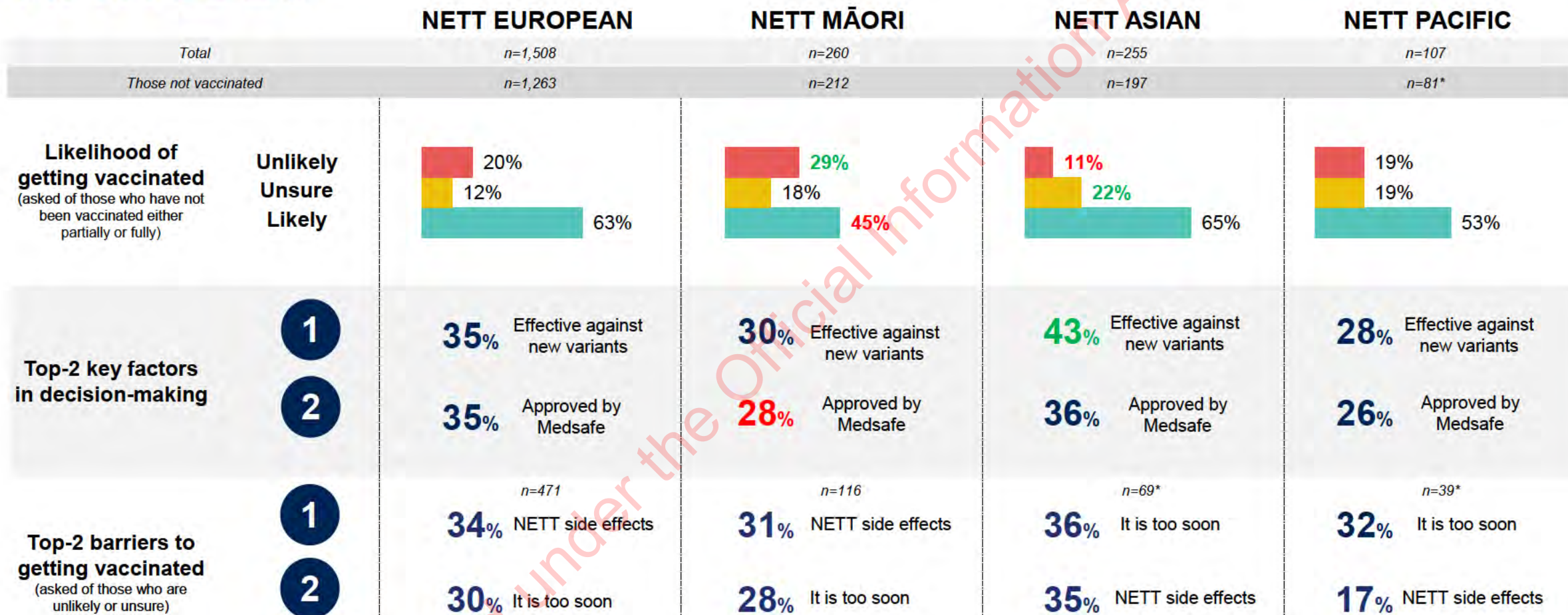
12%

-2 percentage points (not significant)

I know where to find information about the COVID vaccine

OVERVIEW OF ETHNICITY: VACCINE STATUS & ATTITUDES

Data for waves 7 + 8 has been combined for a more robust sample size for comparing ethnic subgroups

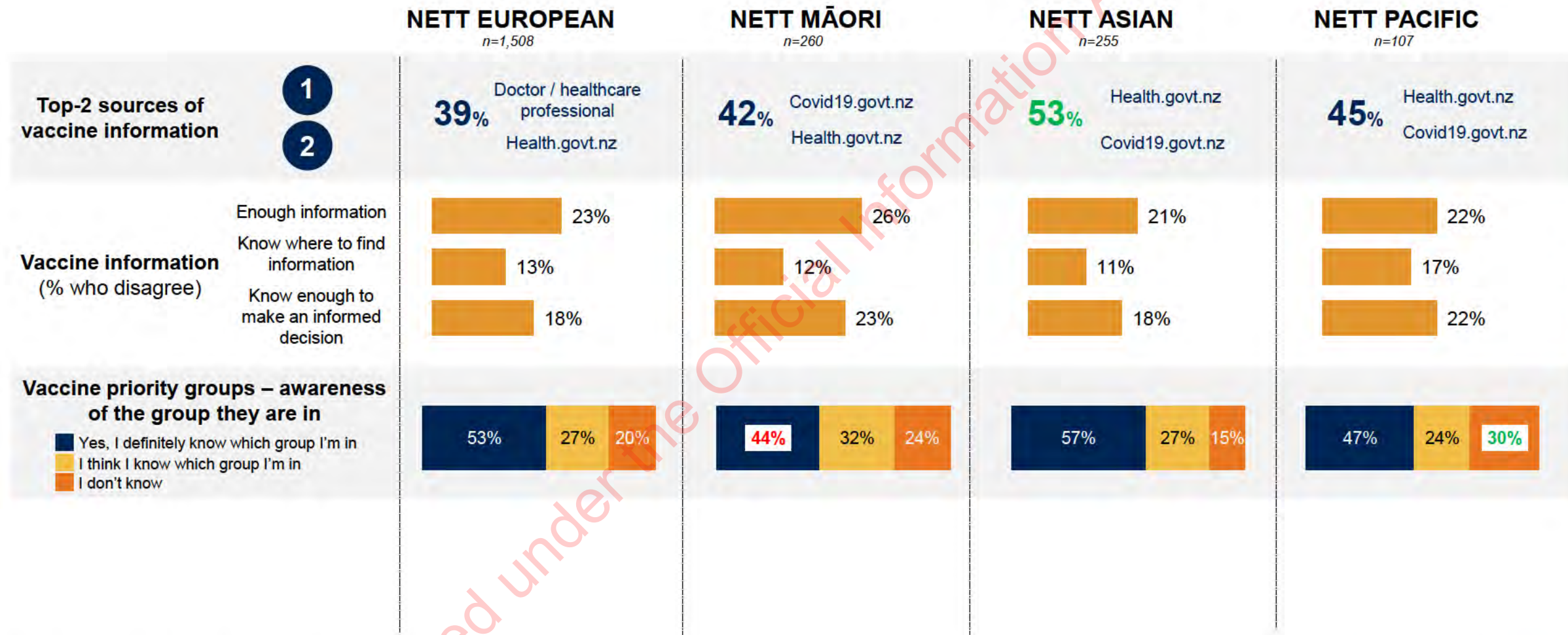


Base: Waves 7 + 8 total sample combined (*n*=2,015); Those who have not been vaccinated either partially or fully (*n*=1,652); Those who are unsure or unlikely to get vaccinated (*n*=648)

*Note: Low base (*n*<100). Results indicative only.

OVERVIEW OF ETHNICITY: INFORMATION

Data for waves 7 + 8 has been combined for a more robust sample size for comparing ethnic subgroups



Red / green indicates significantly lower / higher than total

Base: Waves 7 + 8 total sample combined (n=2,015)

*Note: Low base (n<100). Results indicative only.

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NEW ZEALANDERS PERCEIVE COVID-19 AS A MUCH GREATER THREAT TO THE WORLD THAN TO THEMSELVES & THOSE CLOSE TO THEM

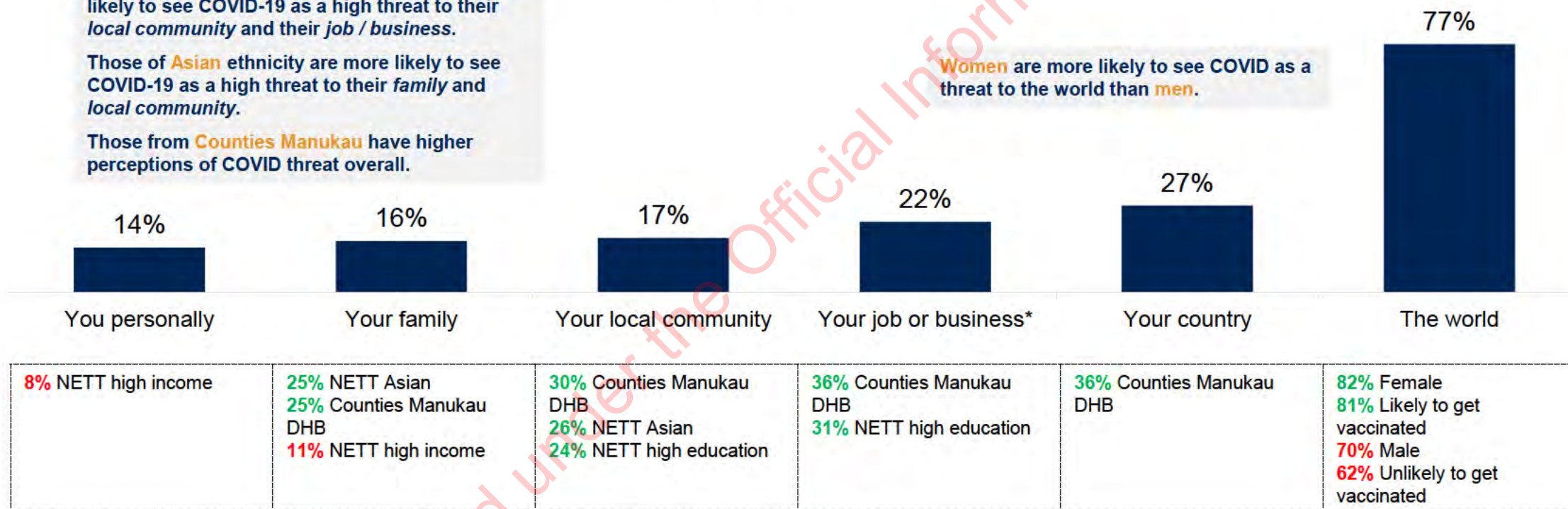
What level of threat do you think the coronavirus or COVID-19 poses to each of the following?
(% very high + high threat)

Those from the **higher-education group** are more likely to see COVID-19 as a high threat to their *local community* and their *job / business*.

Those of **Asian** ethnicity are more likely to see COVID-19 as a high threat to their *family* and *local community*.

Those from **Counties Manukau** have higher perceptions of COVID threat overall.

Women are more likely to see COVID as a threat to the world than **men**.



Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?

Base: Wave 8 total sample (n=1,005). *Note: Asked only of those who are employed (n=637).

Perception of COVID threat over time

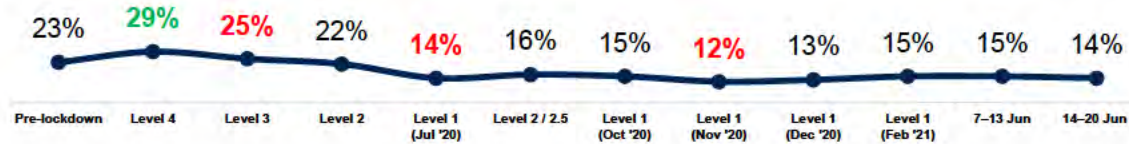
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LEVELS OF PERCEIVED THREAT REMAIN CONSISTENT

Threat to self

% very high + high threat

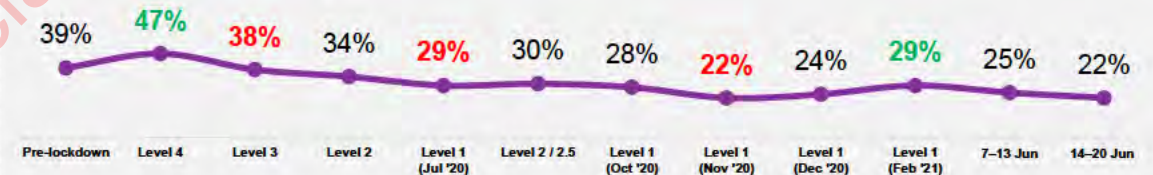
Threat to family



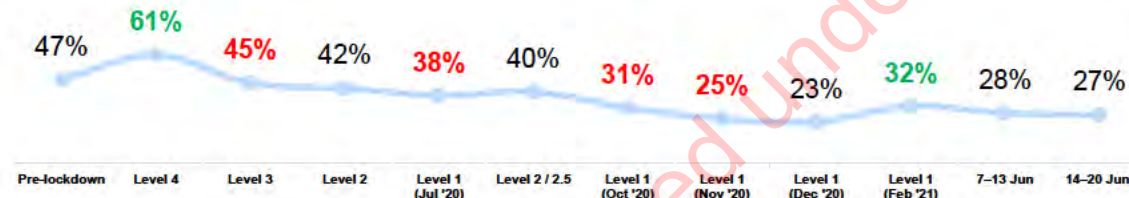
Threat to local community



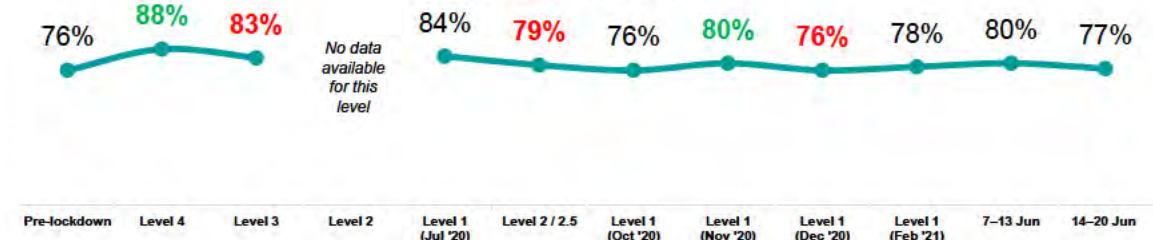
Threat to job or business*



Threat to country



Threat to world



Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?

Base: Wave 8 total sample (n=1,005); *Note: Asked only of those who are employed (n=637). Note: Dates for alert levels in appendix.

VACCINE STATUS & HESITANCY

2

Likelihood of getting vaccinated

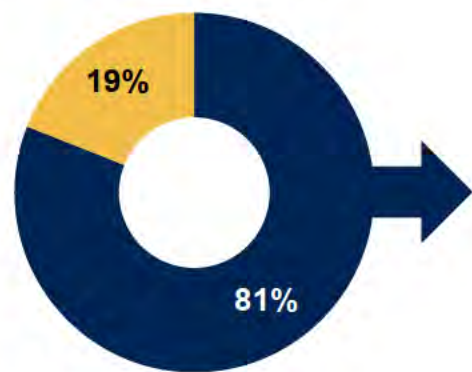
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AROUND A THIRD OF THOSE NOT YET VACCINATED REMAIN UNLIKELY OR UNSURE; LIKELY UPTAKE AMONGST MĀORI REMAINS LOWER

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

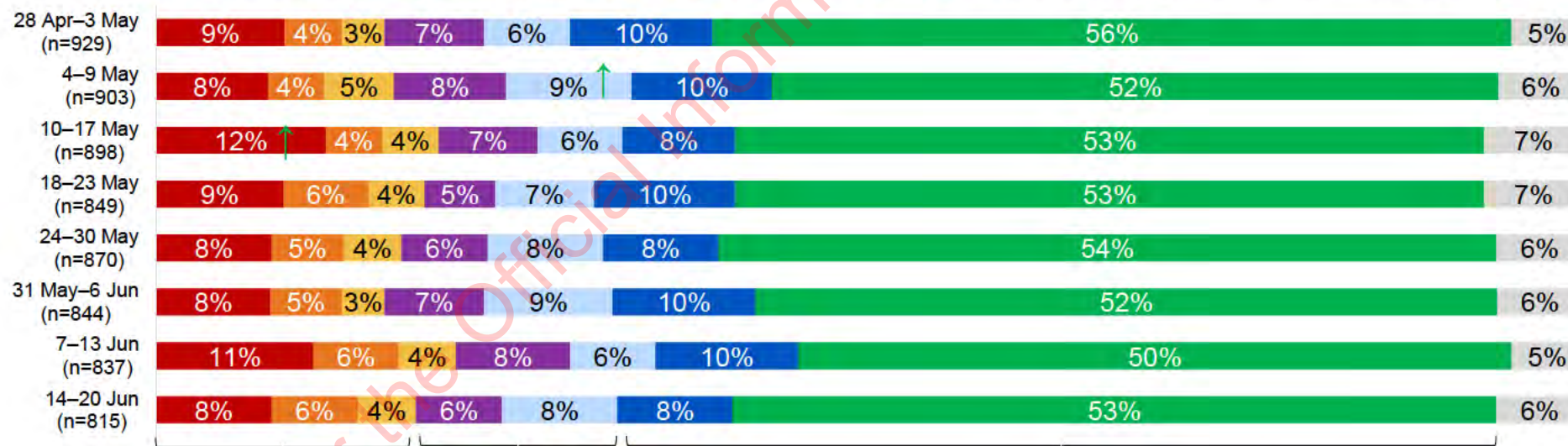
1 - I will definitely not get vaccinated 2 3 4 5 6 7 - I will definitely get vaccinated 8 - Don't know

Vaccine status



■ Not vaccinated
■ Partially / fully vaccinated

Total sample



Unlikely 18%

10% NETT high education

Unsure 14%

6% 65+ years

Very likely 62%

74% NETT high education

70% NETT high income

69% 50-64 years

47% Counties Manukau DHB

46% Māori

Those who are not yet vaccinated

Low uptake

QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Wave 8 total sample (n=1,005); Those who have not been vaccinated either partially or fully

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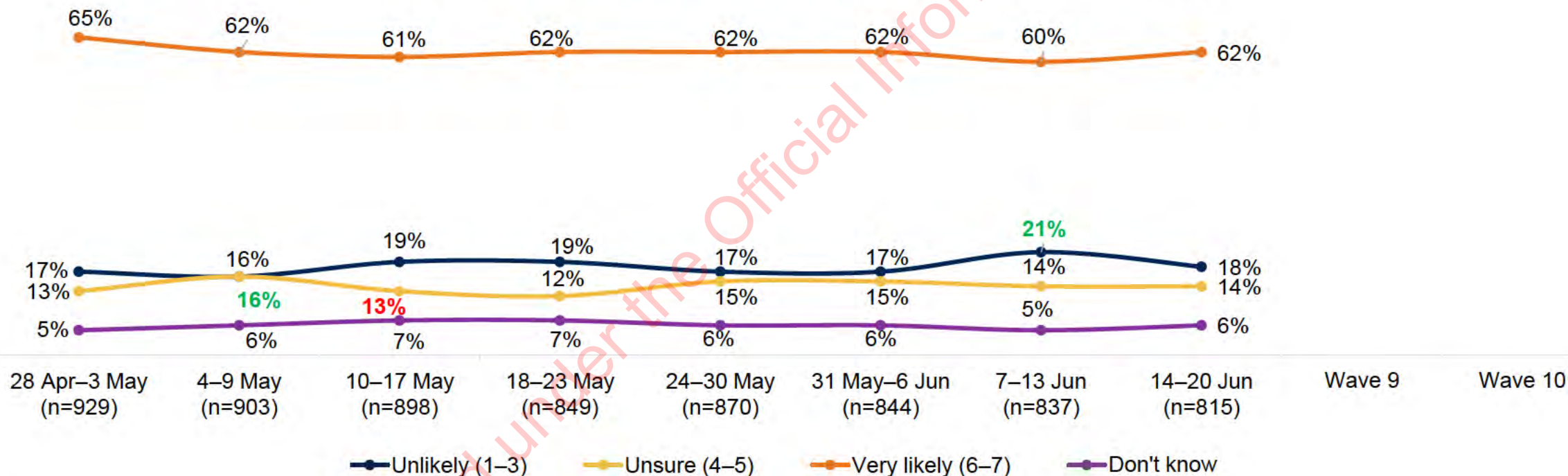
↑ / ↓ indicates significantly higher / lower than previous wave

Likelihood of getting vaccinated over time

Document 8

LIKELY UPTAKE AMONG THOSE NOT YET VACCINATED IS STABLE – MOST ARE VERY LIKELY TO GET VACCINATED; HOWEVER, 32% ARE EITHER UNSURE OR UNLIKELY

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



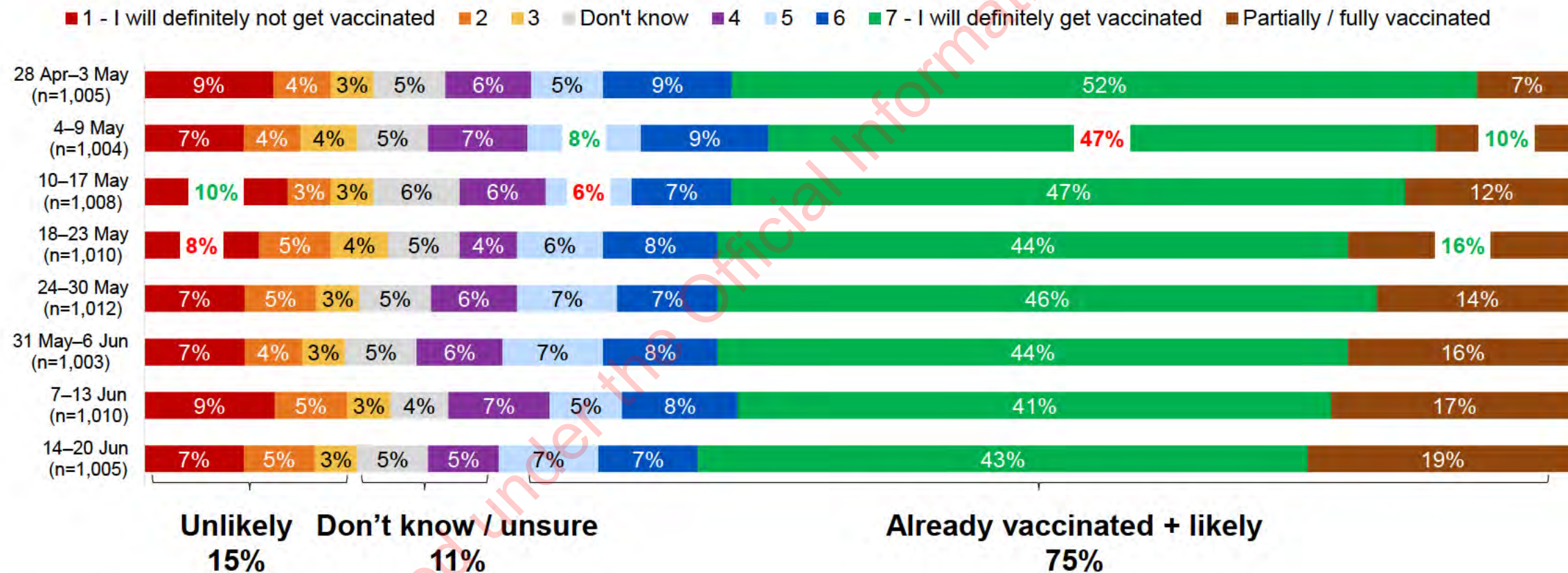
QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Those who have not been vaccinated either partially or fully

Those who are not yet vaccinated

THREE QUARTERS OF THE TOTAL POPULATION ARE EITHER ALREADY VACCINATED OR LIKELY TO DO SO

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Total sample

14 – © Ipsos | COVID-19: Vaccine Tracker

Total sample

Preferred timeframe for getting vaccinated (once available)

Document 8

WOMEN, MĀORI & COUNTIES MANUKAU DHB RESIDENTS ARE LESS LIKELY TO SAY THEY WILL GET THE VACCINE WITHIN 1 MONTH OF IT BECOMING AVAILABLE TO THEM

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

■ NETT within 1 month ■ NETT within 6 months ■ NETT 6 months or more ■ Don't know ■ Will not get the COVID-19 vaccine

14–20 June
(n=815)



NETT within 1 month

63% 65+ years
57% Male
43% Female
34% Counties Manukau DHB
31% Māori

NETT within 6 months

6% 65+ years

NETT 6 months or more

18% Counties Manukau DHB*
3% 65+ years

Don't know

17% Female
7% Male

Will not get the vaccine

No key demographic differences.

↓
Less likely to get the vaccine immediately (when available)

QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Wave 8 sample – those who have not been vaccinated either partially or fully (n=815). *Note: Low base (n<100). Results indicative only.

15 – © Ipsos | COVID-19: Vaccine Tracker

↑ / ↓ indicates significantly higher / lower than previous wave

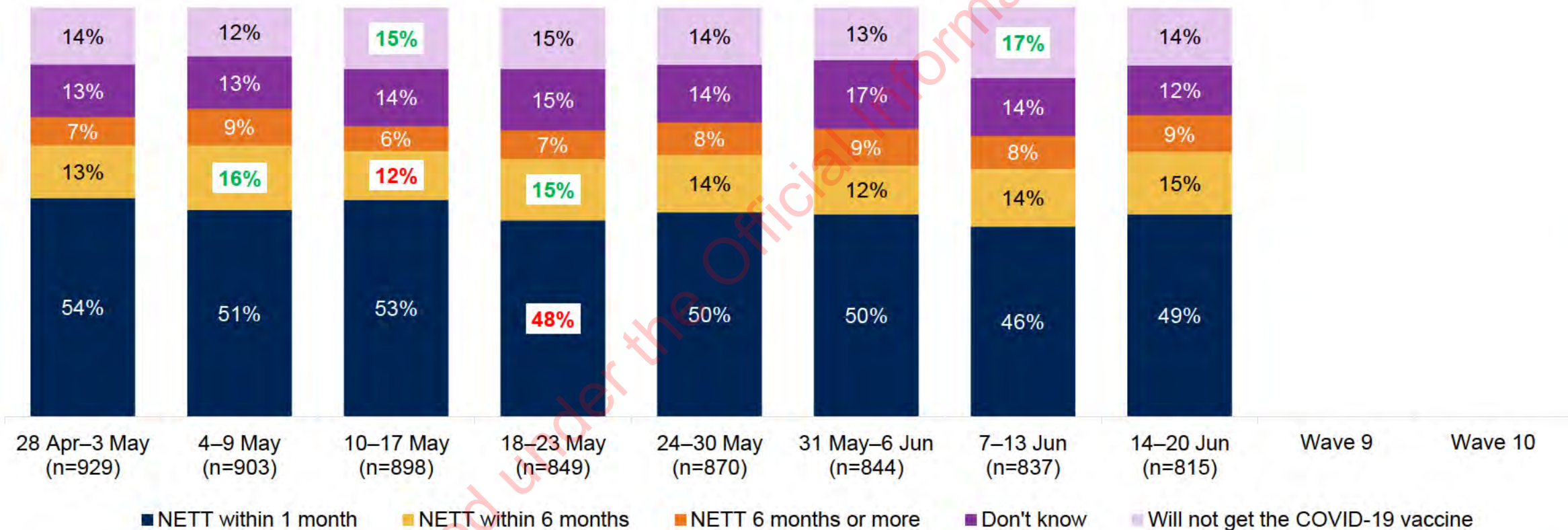
Those who are not yet vaccinated



Red / green indicates significantly lower / higher than total

TIMEFRAME FOR GETTING VACCINATED REMAINS STABLE; ALMOST HALF WILL GET THE VACCINE IMMEDIATELY

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Those who have not been vaccinated either partially or fully

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Those who are not yet vaccinated

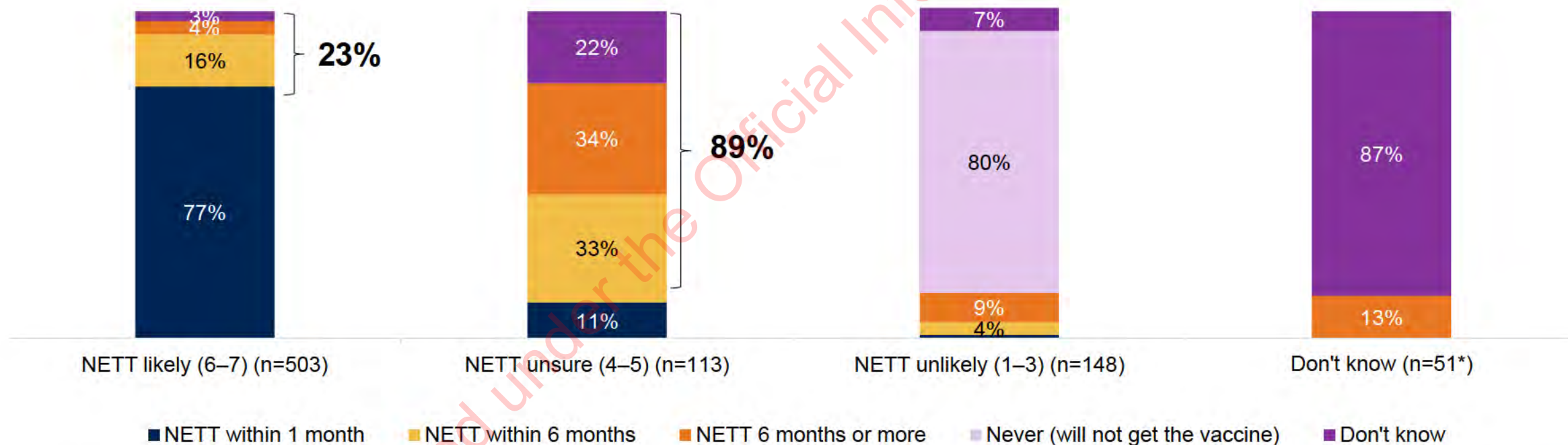


Vaccination timeframe

Document 8

A QUARTER OF THOSE WHO ARE LIKELY TO GET VACCINATED WILL NOT DO SO IMMEDIATELY, NEITHER WILL THE MAJORITY OF THOSE WHO ARE UNSURE

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated? / QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

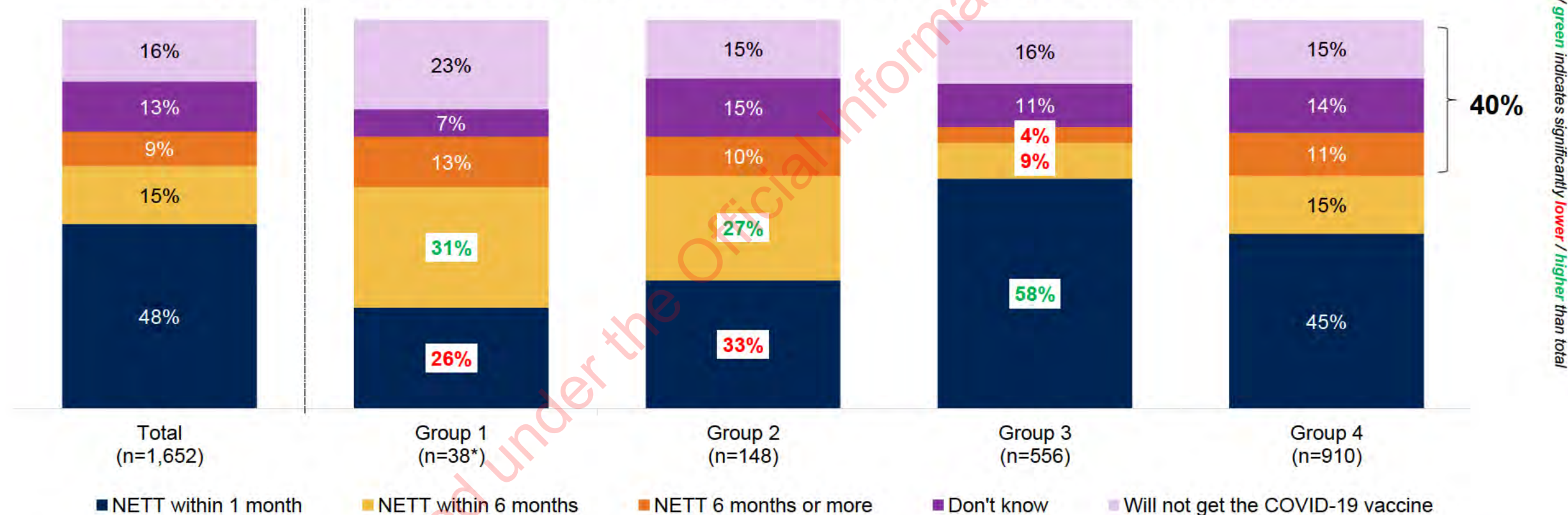
Base: Wave 8 sample – those who have not been vaccinated either partially or fully (n=815). *Note: Low base (n<100). Results indicative only.

Vaccination timeframe – by vaccine group

Data for waves 7 + 8 has been combined for a more robust sample size for comparing vaccine groups

THE MAJORITY OF GROUP 3 WILL BE READY FOR THE VACCINE WHEN IT IS THEIR TURN; THERE IS MORE HESITANCY IN GROUP 4, WITH 40% EITHER NOT WANTING THE VACCINE, WAITING MORE THAN 6 MONTHS OR BEING UNSURE

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Waves 7 + 8 sample combined – those who have not been vaccinated either partially or fully (n=1,652). *Note: Low base (n<100). Results indicative only.

Those who are not yet vaccinated

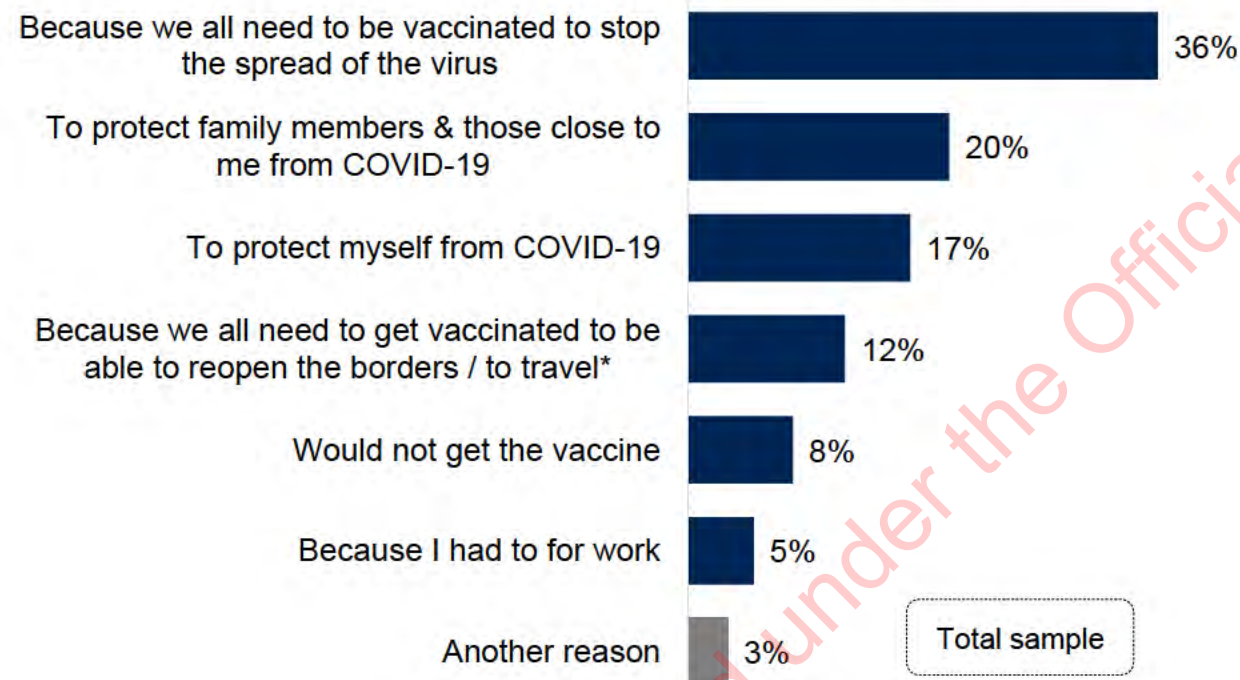
Triggers to getting vaccinated

Document 8

STOPPING THE SPREAD OF THE VIRUS IS THE TOP TRIGGER TO GET VACCINATED FOLLOWED BY PROTECTION FOR FAMILY & SELF

However, protecting family members & close ones is a more important factor for Māori respondents

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



Key demographic differences

Because we all need to be vaccinated to stop the spread of the virus

50% Likely to get vaccinated
48% 65+ years
44% 50–64 years
27% 35–49 years
23% Māori
21% Unsure about getting vaccinated
9% Unlikely to get vaccinated

To protect family members and those close to me from COVID-19

33% Māori
30% 18–34 years
28% Unsure about getting vaccinated
14% 50–64 years
13% 65+ years

To protect myself from COVID-19

9% Unlikely to get vaccinated

Because I had to for work

12% Unsure about getting vaccinated
1% Likely to get vaccinated

QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

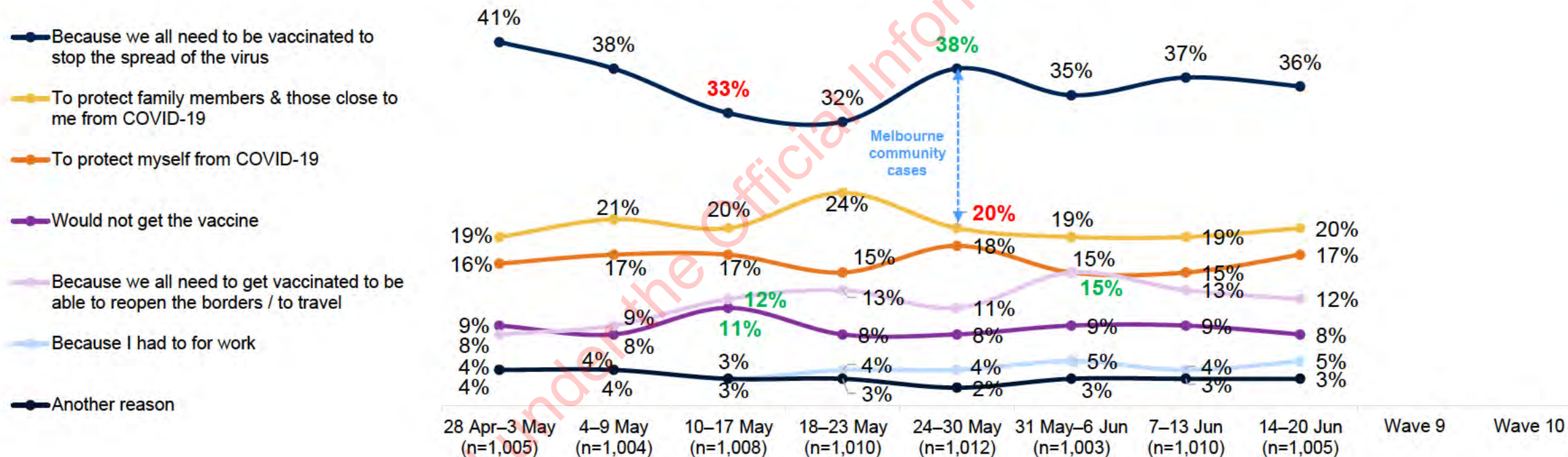
Base: Wave 8 total sample (n=1,005). *Note: The wording of this statement was changed in wave 3 to include 'be able to travel'.

Triggers to getting vaccinated over time

Document 8

STOPPING THE SPREAD OF THE VIRUS REMAINS THE KEY REASON FOR VACCINATION, DESPITE BEING IN DECLINE PRIOR TO THE MELBOURNE BREAK OUT

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

Base: Total sample

20 - © Ipsos | COVID-19: Vaccine Tracker

Total sample



Red / green indicates significantly lower / higher than previous wave

Key factors in decision-making

Document 8

EFFECTIVENESS, MEDSAFE APPROVAL & SAFETY REMAIN THE TOP FACTORS

What was / is most important to you in the decision to get a COVID-19 vaccine?



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Wave 8 total sample (n=1,005)

21 – © Ipsos | COVID-19: Vaccine Tracker

↑ / ↓ indicates significantly higher / lower than previous wave

Key demographic differences

Effective against new variants

44% NETT Asian

28% 18–34 years

Approved by Medsafe in New Zealand

42% Likely to get vaccinated

18% Unlikely to get vaccinated

17% Unsure about getting vaccinated

Safe for general population

38% NETT medium education

24% NETT low education

18% Unlikely to get vaccinated

Effective in general population

37% 65+ years

37% Likely to get vaccinated

12% Unlikely to get vaccinated

Free of charge

33% Unsure about getting vaccinated

32% NETT Asian

Not associated with severe reactions

27% Female

14% Male

Large-scale clinical trials

21% Unsure about getting vaccinated

Approved for use in other countries

14% 18–34 years

5% 35–49 years

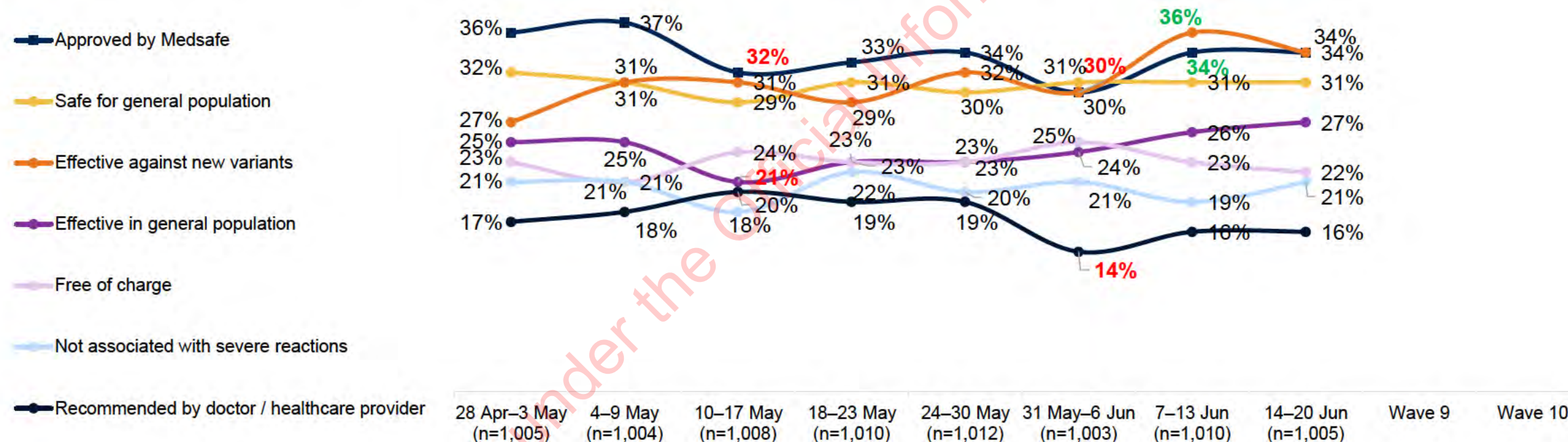
Red / green indicates significantly lower / higher than total

Key factors in decision-making

Document 8

NEW VARIANT EFFICACY IS THE TOP DECISION-MAKING FACTOR FOR THE SECOND WEEK & TRENDING UPWARDS, MEDSAFE APPROVAL SHARES THE TOP SPOT

What was / is most important to you in the decision to get a COVID-19 vaccine?



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample. Note: Only top-7 options shown. Full results in appendix.

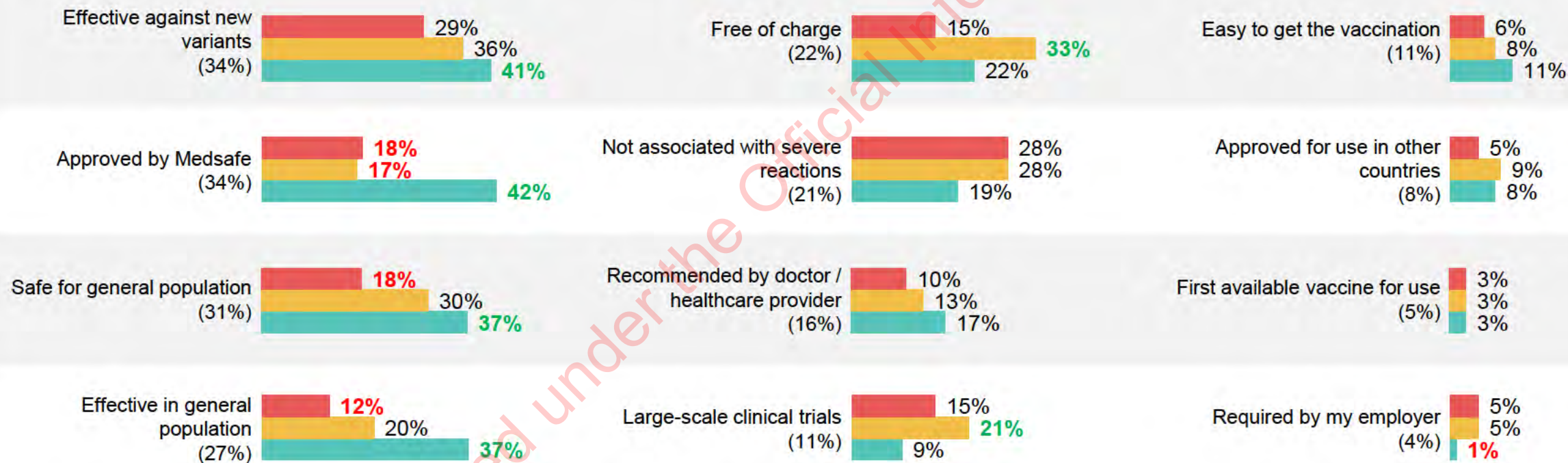
Key factors in decision-making

Document 8

FOR THOSE UNSURE, *EFFECTIVENESS* (AGAINST VARIANTS & IN GENERAL POPULATION) & *SAFETY* ARE KEY FACTORS IN THEIR DECISION-MAKING

What was / is most important to you in the decision to get a COVID-19 vaccine?

NETT unlikely (1–3) NETT unsure (4–5) NETT very likely (6–7)



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

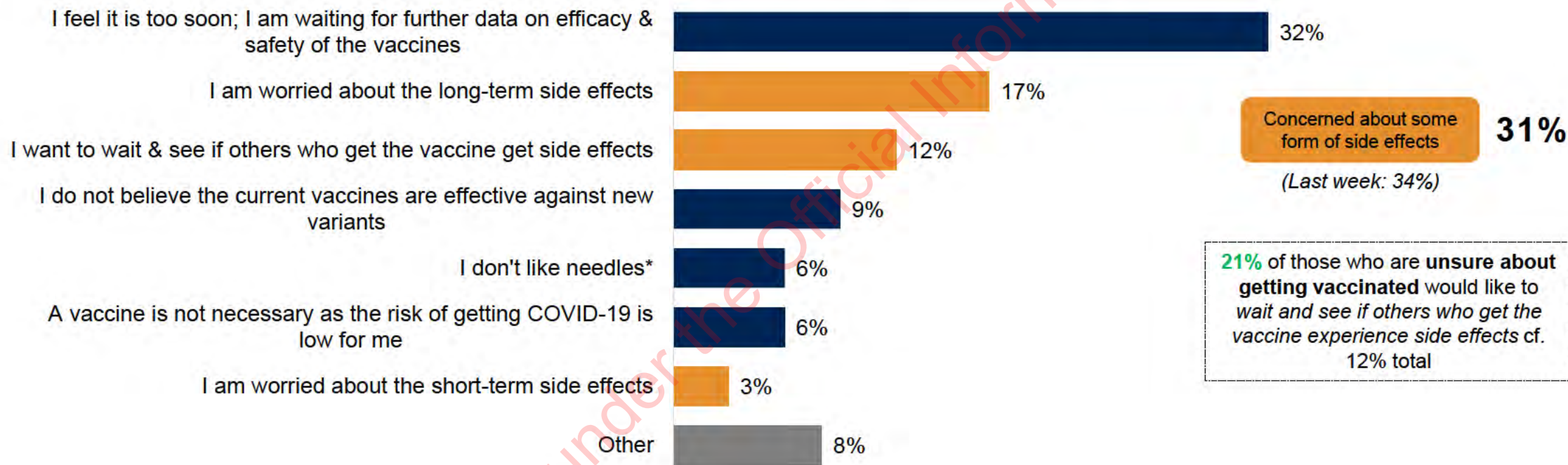
Base: Wave 8 total sample (n=1,005); Those likely to get vaccinated (n=503); Those unsure (n=113); Those unlikely to get vaccinated (n=148)

Reasons for not getting vaccinated

Document 8

OF THOSE UNLIKELY OR UNSURE ABOUT GETTING VACCINATED, AROUND A THIRD BELIEVE *IT IS TOO SOON* OR ARE CONCERNED ABOUT *SIDE EFFECTS*

What is your primary reason for not getting vaccinated?



QB6: What is your primary reason for not getting vaccinated?

Base: Wave 8 sample – those who are unlikely or unsure about getting a vaccine (n=312). Only responses with 5% or more shown. 'Short-term side effects' is shown as it is included in the NETT side effects. Full results in appendix.

*Note: This statement was added in wave 3.

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↑ / ↓ indicates significantly higher / lower than previous wave

Those who are unlikely or unsure about getting vaccinated

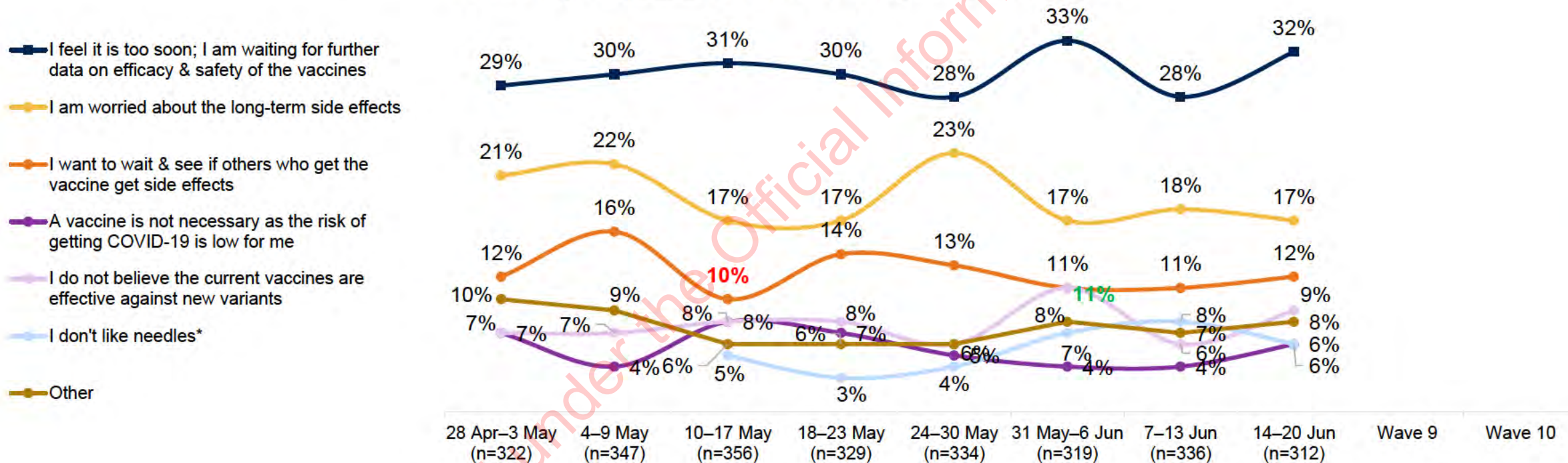


Reasons for not getting vaccinated

Document 8

CONCERN ABOUT THE *EFFICACY* & *SAFETY* OF THE VACCINE IS A KEY BARRIER FOR THOSE WHO ARE UNSURE OR UNLIKELY TO GET VACCINATED, FOLLOWED BY DIFFERENT FORMS OF *SIDE EFFECTS*

What is your primary reason for not getting vaccinated?



QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. Only responses with 5% or more shown, or those with significant changes to previous wave. Full results in appendix.

*Note: This statement was added in wave 3.

Those who are unlikely or unsure
about getting vaccinated

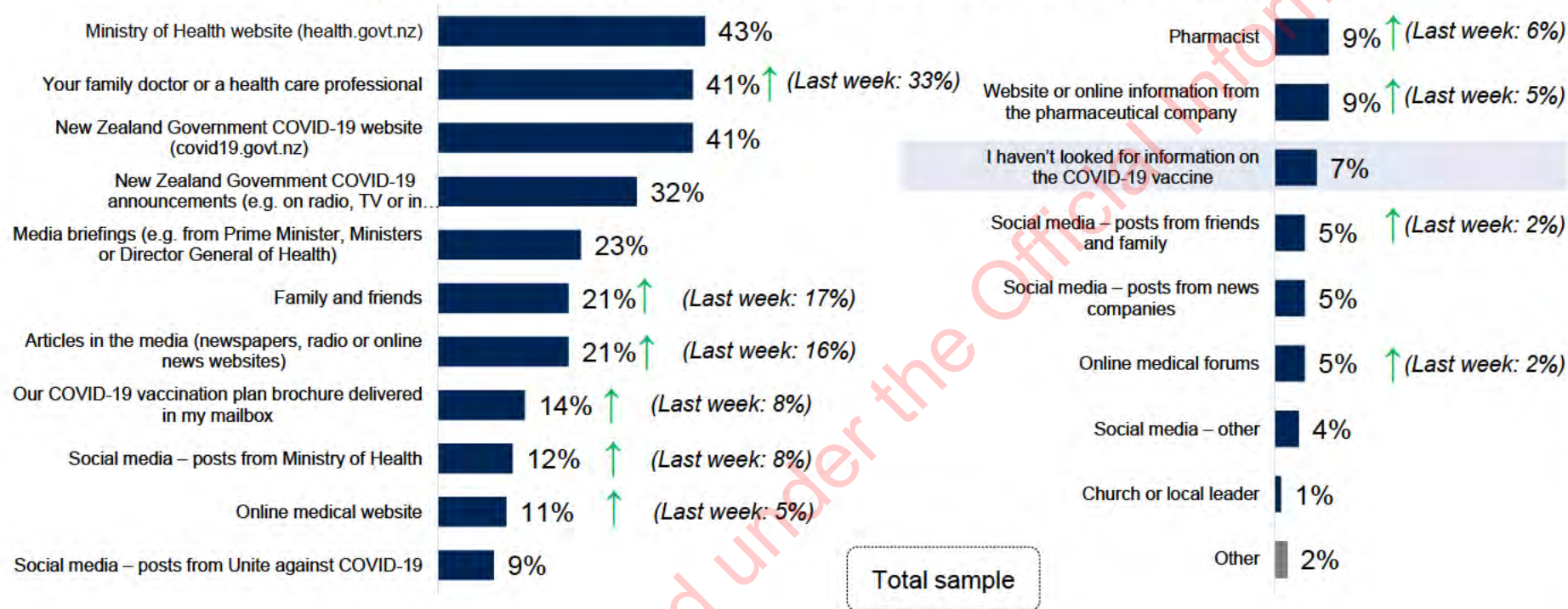
INFORMATION ABOUT THE VACCINE

3

RECEIVING VACCINE INFORMATION FROM DOCTOR OR HEALTHCARE PROFESSIONAL HAS INCREASED THIS WEEK

With a new booking system announced and group 4 rollout commencing soon, there has been an increase in receiving / accessing information through multiple channels.

Where do you go most frequently to get your information on vaccines?



Key demographic differences

Ministry of Health website

52% NETT high education
35% NETT low education
35% NETT low income

Family doctor / health care professional

53% 65+ years
49% NETT low income
35% 18–34 years
29% NETT Asian

NZ Govt. COVID-19 website

46% Likely to get vaccinated
33% NETT low education
24% Unlikely to get vaccinated

NZ Govt. COVID-19 announcements

43% 65+ years

Family and friends

28% 18–34 years
9% 65+ years

Articles in the media

29% 65+ years
14% 18–34 years

QC1: Where do you go most frequently to get your information on vaccines?

Base: Wave 8 total sample (n=1,005)

27 – © Ipsos | COVID-19: Vaccine Tracker

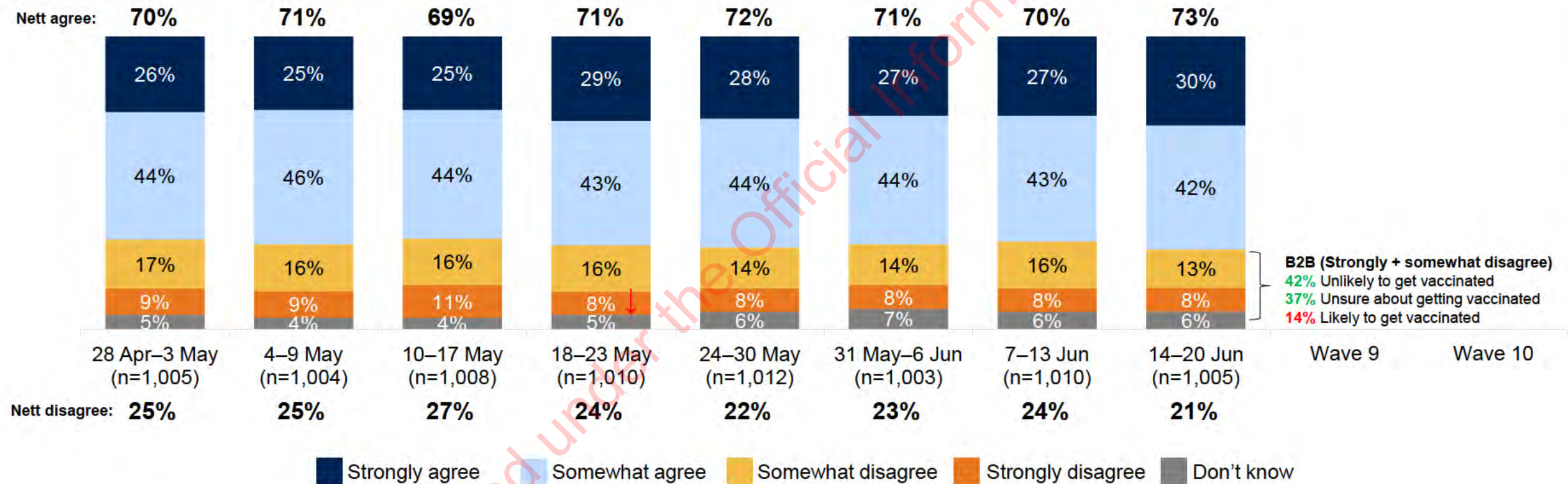
↑ / ↓ indicates significantly higher / lower than previous wave

Getting information on vaccines

Document 8

THOSE WHO ARE UNSURE OR UNLIKELY TO BE VACCINATED ARE AGAIN MORE LIKELY TO SAY THERE IS NOT ENOUGH INFORMATION ABOUT THE VACCINE AVAILABLE

There is enough information available in New Zealand about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

28 – © Ipsos | COVID-19: Vaccine Tracker

↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



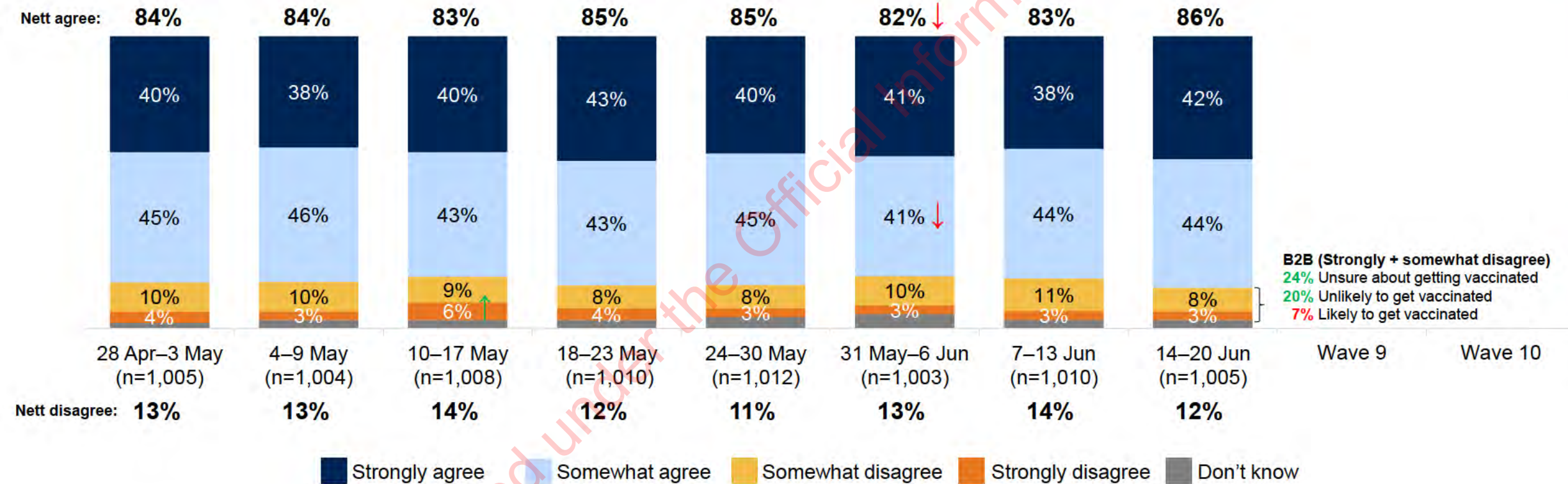
Red / green indicates significantly lower / higher than total

Getting information on vaccines

Document 8

MOST NEW ZEALANDERS KNOW WHERE TO FIND INFORMATION ABOUT THE COVID-19 VACCINE, THOSE WHO ARE UNLIKELY / UNSURE ARE LESS LIKELY TO DO SO

I know where to go to find information about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

29 – © Ipsos | COVID-19: Vaccine Tracker

↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



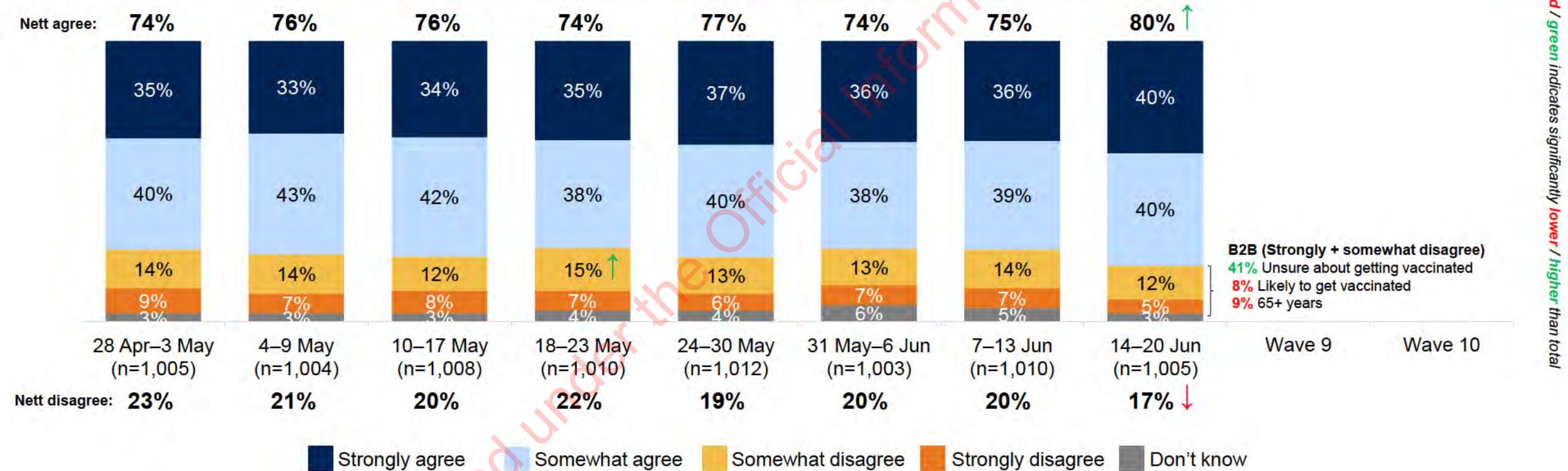
Getting information on vaccines

Document 8

THIS WAVE MORE NEW ZEALANDERS AGREE THAT THEY KNOW ENOUGH ABOUT THE VACCINE TO MAKE AN INFORMED DECISION

We have also seen an increase across a number of channels where New Zealanders most frequently go for vaccine information.

I feel I know enough about the COVID-19 vaccine to make an informed choice



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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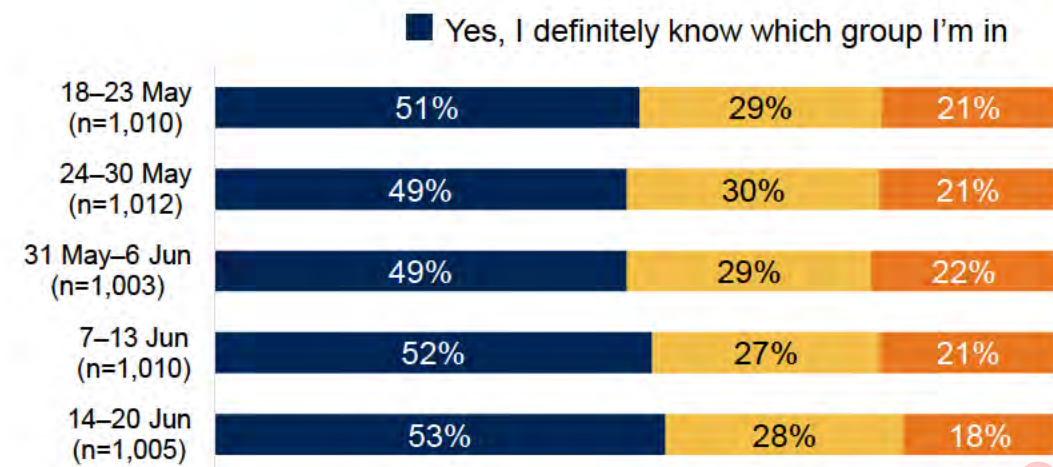
↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



JUST UNDER HALF OF NEW ZEALANDERS EITHER DO NOT KNOW WHICH PRIORITY GROUP THEY ARE IN OR ARE UNSURE

As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?



Men & those aged 65+ are more likely to be aware of their priority group

The lower-education group & those aged 35–49 are more likely to be unaware of their priority group

Yes, I definitely know which group I'm in

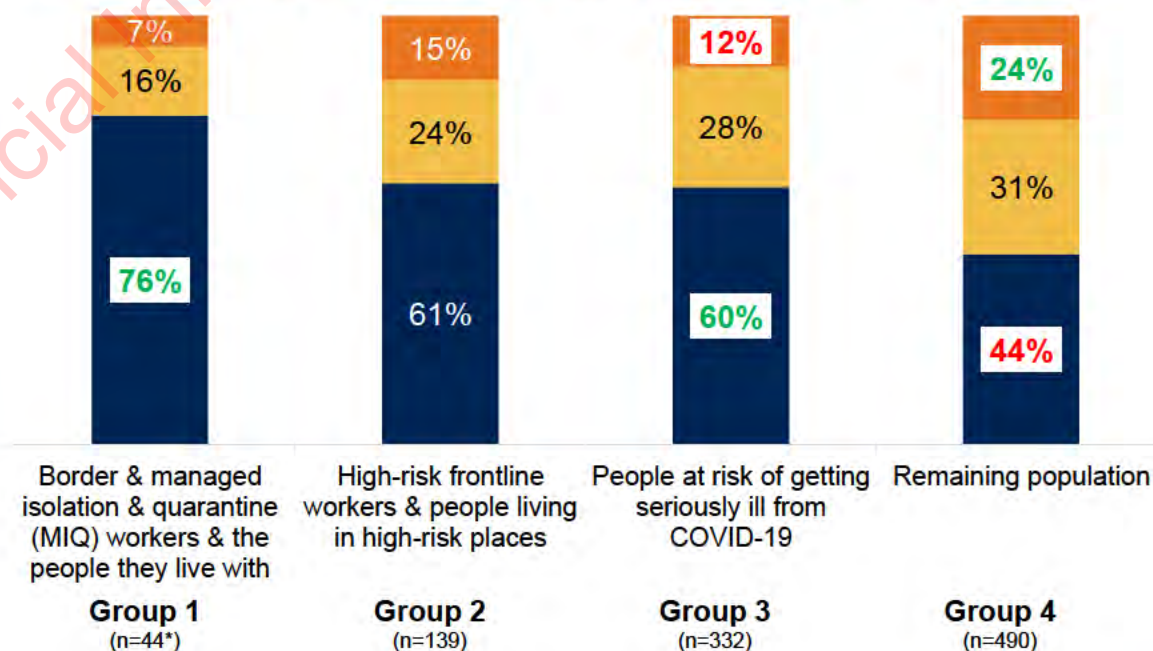
67% 65+ years
59% Male
45% 35–49 years
46% NETT low education

I don't know

26% NETT low education
25% 35–49 years
9% 65+ years

Vaccine priority groups

Those from Group 4 remain less likely to be aware of where they fit in



QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample; Wave 8 vaccine priority groups. *Note: Low base (n<100). Results indicative only.

HOW CAN WE CHANGE VACCINE UPTAKE BEHAVIOURS?

4

USING A MAPPS APPROACH

WHAT IS MAPPS?

- Ipsos has created a behaviour change system (based around the BCW and COM-B) called MAPPS. It sets out the key dimensions that are important for behaviour change:



MAPPS DIMENSION	MAPPS CATEGORY	WHAT IT MEANS
Motivation	Outcome expectations	I don't think it will work
	Emotion	I'm not feeling like doing it
	Internalisation	I don't want to do it
	Identity	I'm not that kind of person
	Self-efficacy	I don't feel able to do it
Ability	Capability	I don't have the skills to do it
	Routines	It's not part of what I usually do
Processing	Decision forces	It doesn't fit into how I think about it
Physical	Environmental factors	My environment doesn't support it
Social	Social norms	I don't think others expect me to do it
	Cultural norms	I don't see it as part of how I live my life

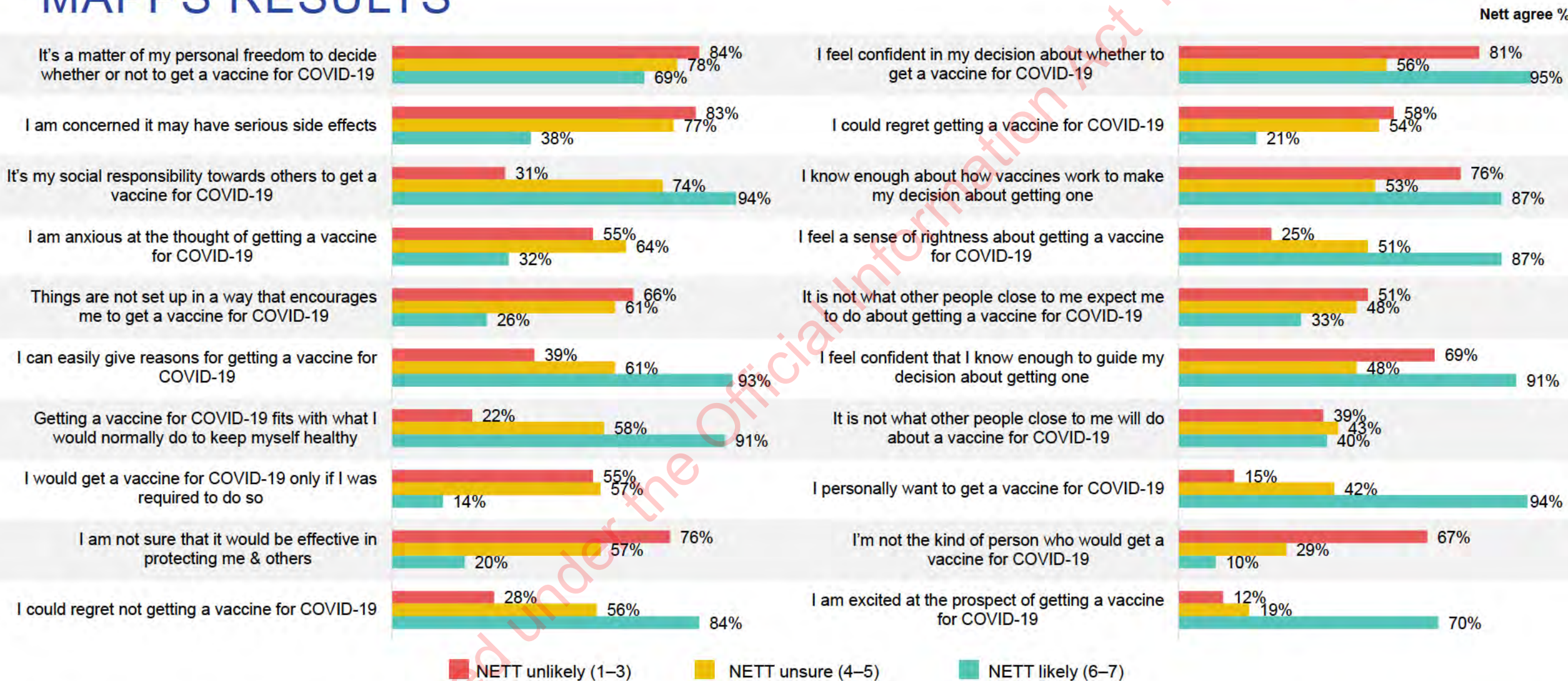
- This model helps us to ensure we are covering critical behavioural dimensions (see further details of each dimension in the table to the right).
- We can then determine the interventions required to guide behaviour change.

OUR MAPPS QUESTIONS

MAPPS DIMENSION	MAPPS CATEGORY	WHAT IT MEANS	OUR QUESTIONS
Motivation	Outcome expectations	I don't think it will work	<ul style="list-style-type: none"> I am concerned it may have serious side effects I am not sure that it would be effective in protecting me and others
	Emotion	I'm not feeling like doing it	<ul style="list-style-type: none"> I am anxious at the thought of getting a vaccine for COVID-19 I am excited at the prospect of getting a vaccine for COVID-19
	Internalisation	I don't want to do it	<ul style="list-style-type: none"> I would get a vaccine for COVID-19 only if I was required to do so I personally want to get a vaccine for COVID-19
	Identity	I'm not that kind of person	<ul style="list-style-type: none"> I'm not the kind of person who would get a vaccine for COVID-19
	Self-efficacy	I don't feel able to do it	<ul style="list-style-type: none"> I feel confident that I know enough to guide my decision about getting one
Ability	Capability	I don't have the skills to do it	<ul style="list-style-type: none"> I know enough about how vaccines work to make my decision about getting one
	Routines	It's not part of what I usually do	<ul style="list-style-type: none"> Getting a vaccine for COVID-19 fits with what I would normally do to keep myself healthy
Processing	Decision forces	It doesn't fit into how I think about it	<ul style="list-style-type: none"> I could regret not getting a vaccine for COVID-19 I could regret getting a vaccine for COVID-19 I can easily give reasons for getting a vaccine for COVID-19 I feel a sense of rightness about getting a vaccine for COVID-19 I feel confident in my decision about whether to get a vaccine for COVID-19
Physical	Environmental factors	My environment doesn't support it	<ul style="list-style-type: none"> Things are not set up in a way that encourages me to get a vaccine for COVID-19
Social	Social norms	I don't think others expect me to do it	<ul style="list-style-type: none"> It is not what other people close to me expect me to do about getting a vaccine for COVID-19 It is not what other people close to me will do about a vaccine for COVID-19
	Cultural norms	I don't see it as part of how I live my life	<ul style="list-style-type: none"> It's my social responsibility towards others to get a vaccine for COVID-19 It's a matter of my personal freedom to decide whether or not to get a vaccine for COVID-19

MAPPS RESULTS

Document 8



QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Wave 8 – NETT unlikely (n=148); NETT unsure (n=113); NETT likely (n=503). Note: Results shown in descending order based on the 'Unsure' group.

OVERVIEW BY LIKELIHOOD TO GET VACCINATED

LIKELY

Those who are highly likely to get the vaccine believe they know enough to make a decision, are confident in their decision and can easily give reasons for doing so.

They feel a strong sense of social responsibility to do it and it fits with their usual approach to keeping themselves healthy.

There is a level of excitement amongst many of those in this group.

UNSURE

Among those who are unsure, there are higher levels of anxiety and concern about the vaccination and side effects, and uncertainty around the efficacy. This is coupled with lower levels of knowledge on how vaccines work and lower confidence in their decision.

Interestingly, three quarters of those who are unsure still feel a sense of social responsibility.

UNLIKELY

Those who are unlikely to be vaccinated feel a strong sense of personal freedom in making their decision. They feel they have made an informed decision and are confident about it.

They tend to have concerns about serious side effects and are not sure the vaccine will be effective. In addition, they do not identify with the kind of person who would get the vaccine, do not feel it fits with their usual ways of keeping themselves healthy and are less likely to believe things are set up in a way that encourages them to get a vaccine.

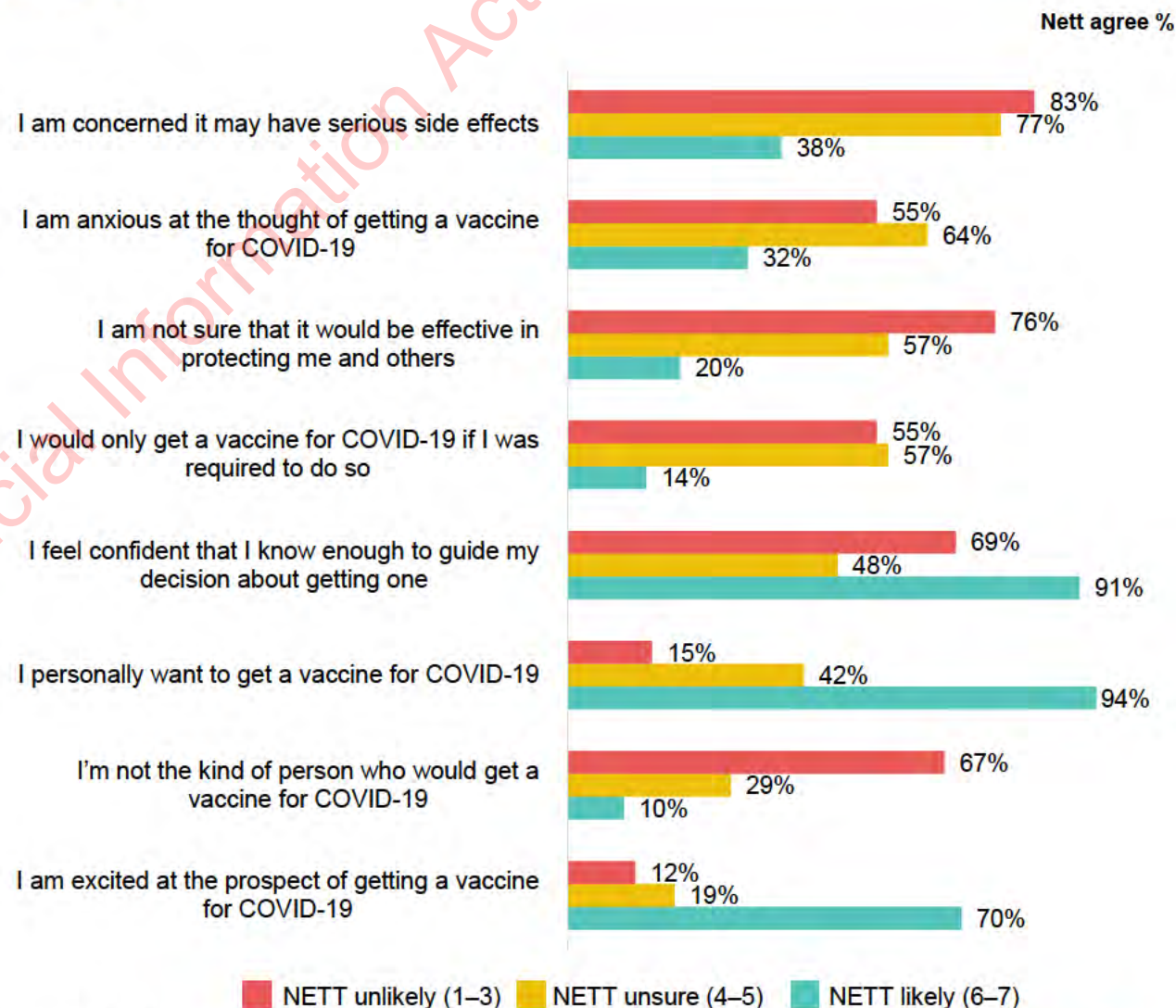
MAPPS DIMENSION: MOTIVATIONS

Document 8

- Motivations tend to differ significantly between those who are *likely* to be vaccinated and the other groups.
- While there is a level of excitement about getting the vaccine for those who are *likely*, those who are *unsure* or *unlikely* to be vaccinated are more likely to:
 - Be concerned about side effects
 - Be anxious about the thought of getting the vaccine
 - Be unsure of efficacy
 - Get the vaccine only if required to do so
- Both those who are *unlikely* to be vaccinated and those who are *likely* to do so are more confident that they know enough to guide their decision-making process than those who are *unsure* about the vaccine.

QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Wave 8 – NETT unlikely (n=148); NETT unsure (n=113); NETT likely (n=503). Note: Results shown in descending order based on the 'Unsure' group.



MAPPS DIMENSIONS: ABILITIES

- While the large majority of those who are *likely* to be vaccinated believe that the vaccine fits with what they would normally do to keep themselves healthy, this drops to 58% for those who are *unsure* and 22% for those who are *unlikely* to be vaccinated.
- In contrast to the other groups, those *unsure* are less likely to feel they know enough about how vaccines work to make an informed decision.

Getting a vaccine for COVID-19 fits with what I would normally do to keep myself healthy

22%

58%

91%

I know enough about how vaccines work to make my decision about getting one

76%

53%

87%

■ NETT unlikely (1–3) ■ NETT unsure (4–5) ■ NETT likely (6–7)

QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

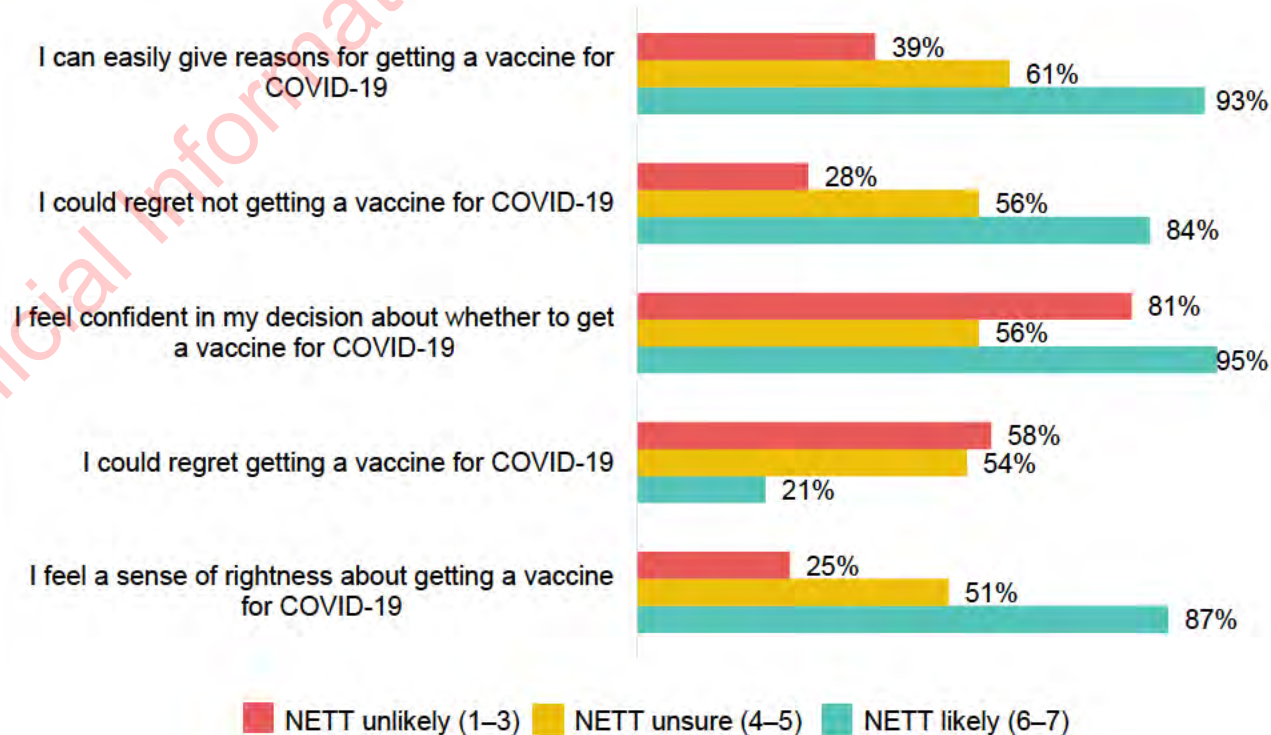
Base: Wave 8 – NETT unlikely (n=148); NETT unsure (n=113); NETT likely (n=503). Note: Results shown in descending order based on the 'Unsure' group.

MAPPS DIMENSIONS: PROCESSING

Document 8

Nett agree %

- Similarly to knowing enough about how vaccines work to make an informed decision, those who are *unsure* are also less likely than other groups to feel confident in their decision whether to get a COVID vaccine.
- More than half of those in the *unsure* group can easily give reasons for getting a vaccine.
- Half of those in the *unsure* group feel a sense of rightness about getting the vaccine, double than those who are *unlikely* but less than those who are *likely*.
- Over half of those in the *unsure* and *unlikely* groups think they could regret getting a vaccine.



QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Wave 8 – NETT unlikely (n=148); NETT unsure (n=113); NETT likely (n=503). Note: Results shown in descending order based on the 'Unsure' group.

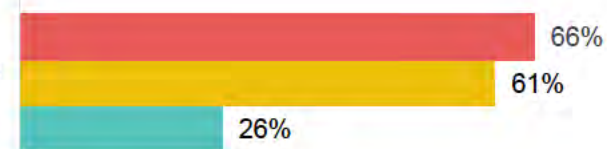
MAPPS DIMENSIONS: PHYSICAL

Document 8

Nett agree %

- The *unsure* (61%) and *unlikely* (66%) groups are more likely to feel things aren't set up in a way that encourages them to get vaccinated whereas the *likely* group feels otherwise.

Things are not set up in a way that encourages me to get a vaccine for COVID-19



■ NETT unlikely (1-3) ■ NETT unsure (4-5) ■ NETT likely (6-7)

QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

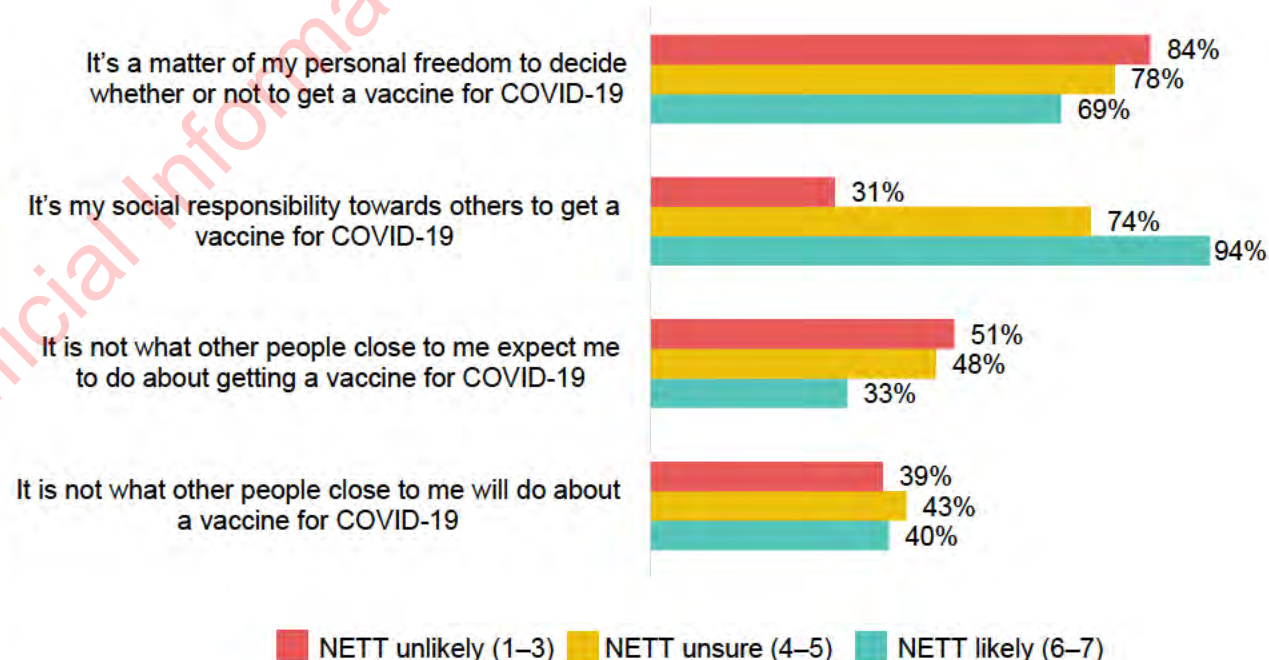
Base: Wave 8 – NETT unlikely (n=148); NETT unsure (n=113); NETT likely (n=503)

MAPPS DIMENSIONS: SOCIAL

Document 8

Nett agree %

- While the majority of the *unsure* group (78%) feel getting vaccinated is a matter of personal freedom, a similar proportion (74%) also acknowledge that getting vaccinated is their social responsibility towards others.
- Just under half of the *unsure* group believe that having the COVID vaccine **doesn't** fit with what people close to them will do, or expect them to do.



QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Wave 8 – NETT unlikely (n=148); NETT unsure (n=113); NETT likely (n=503). Note: Results shown in descending order based on the 'Unsure' group.

OVERVIEW OF INTERVENTIONS FOR CHANGE BY GROUP

While those who are *unsure* or *unlikely* will need most persuasion, all groups could require at least some reassurance.

ALL GROUPS

- Manage what New Zealanders can expect as an outcome of the vaccine (particularly around effectiveness and potential side effects)
- Reduce the anxiety associated with being vaccinated
- Create new social norms – where getting vaccinated is “what we do”
- Ensure the process of vaccination (getting information and the vaccination itself) is easy

UNSURE

- Help unsure New Zealanders gather enough information to be able to make a decision – particularly around the aspects that worry them (efficacy and potential side effects)
- This includes helping them understand how vaccines work
- Then, help them feel confident they have made the right decision in deciding to be vaccinated

UNLIKELY

- Understand ways in which we can build getting the vaccine into New Zealanders’ routine – how it can fit with what they would normally do to keep healthy
- Help unlikely New Zealanders gain understanding from people they believe share the same values and from seeing that people they look up to are getting the vaccine

Details of interventions and examples are found in the following slides

WHAT IS NEEDED ACROSS ALL SEGMENTS

There are some aspects where a focus could benefit all segments – reinforce for those who have already decided to have their vaccine, support those who are unsure and engage and persuade those who are unlikely. These are:

Managing outcome expectations (motivations) – There is some level of concern among all groups about the efficacy and possible side effects of the COVID-19 vaccine, and whether it will offer protection. As expected, this increases with medium- and low-likelihood groups. To mitigate this, advice should provide:

- **Understanding:** Help people create meaningful understanding of the risks involved with both taking *and* refusing the COVID vaccine and the possible outcomes of these risks for them and their whānau. Provide relevant guidance on ways risks can be mitigated.
 - Example: Give clear, [understandable, concrete explanations](#) and guidance in a way that is relevant to them (e.g. using appropriate language and relevant concepts, metaphors and narratives – such as [fact boxes](#)).
- **Feedback:** Help create an immediate positive experience of being vaccinated (in addition to helping people see the impact on health outcomes both from themselves and their wider community).
 - Example: Provide rewards following vaccination (e.g. through badges / tote bags) which create ‘warm glow’ and additionally have ‘signalling’ value to persuade others (which is also helpful for supporting social norms).

Managing collective anxiety (motivations) – All groups have at least some level of anxiety about the vaccine. Anxiety as an emotion is a key category within the Motivation dimension of MAPPS that underpins behaviour. Anxiety creates the desire for people to gain certainty over an unfamiliar and uncertain threat, so it drives behaviours towards things that will provide certainty and control. Support should include:

- **Feedback:** Provide ways to help manage and reduce the feeling of anxiety. Anxiety is characterised by a sense of unfamiliarity, low sense of control certainty, coping potential and pessimistic assessment of risks.
 - Example: Give people mechanisms to control their emotion – could be through choices in the vaccination experience (e.g. where they go, how they book, which arm they are vaccinated on). Also increase familiarity, e.g. share stories from people who have already had their vaccine.

WHAT IS NEEDED ACROSS ALL SEGMENTS (CONT.)

Creating new social norms (social) – In both types of social norms (what other people are doing or what other people think you should do), we see the closest results between the three groups. This indicates that a low likelihood of getting vaccinated is not limited to people who are exposed only to views that align with their own. Ways to support change in cultural norms include:

- **Understanding:** Provide ways for social influences to guide learning about vaccines and facilitate social learning and modelling.
 - Example: Provide those who get vaccinated talking points or materials that can be used to advocate for and educate others about the benefits of being vaccinated.
- **Connection:** Show how being vaccinated represents a group, transient or situational norm.
 - Example: Encourage those who get vaccinated to share stories about why they got vaccinated on social media or create opportunities for taking and posting vaccine selfies.

Making it easy to be vaccinated (physical) – Even for those likely to be vaccinated, a quarter agree things aren't set up in a way that encourages them to get the vaccine. While the rollout is still progressing and has not yet reached the larger population groups, and the centralised booking system for these groups is not yet in place, other results in this research show not everyone is sure how to go about getting vaccinated or who is running their local programme.

- **Understanding:** Continue to help people understand when their turn for vaccination will arrive and, when it does, the process for vaccination.
 - Example: Provide people with a local or personal plan of when they will get vaccinated and how this will happen.
- **Restructure:** As the rollout progresses, evolve or change the environment to enhance or remove influences so that learning about and getting the vaccine can be supported.
 - Example: To do this, you will need to carefully understand the barriers the environment provides for learning about the vaccine (e.g. accessible sources) and being vaccinated (e.g. time off work, inconvenient location), and then consistently find ways to mitigate these as much as possible. It is likely that will involve convenient times and locations to receive the vaccination.

SUPPORTING THE UNSURE SEGMENT

There are three areas in which the unsure segment were less confident than those who are likely / unlikely to get a vaccine. These are:

- I feel confident that I know enough to guide my decision about getting one (Motivations – self-efficacy)
- I know enough about how vaccines work to make my decision about getting one (Ability – capability)
- I feel confident in my decision about whether to get a vaccine for COVID-19 (Processing – decision forces)

It is important to address these three aspects, too, as well as the items discussed previously for all groups.

Knowing enough to feel confident in decision-making (Motivation – self-efficacy) – Those who are confident are likely to be harder to engage with; however, the unsure group are less confident than the other two groups. We also know that those who are unsure are more likely to say there is not enough information available in New Zealand (37% compared with 21% total).

- **Understanding:** There is room for more information and guidance for this group – particularly around the aspects that worry them – side effects and efficacy.

Knowing enough about how vaccines work to make a decision (Ability – capability) – Again, those who are unsure are less likely to agree they know enough about how vaccines work to make a decision, compared to those who are likely or unlikely to be vaccinated – both of whom believe they know enough about how vaccines work to make a decision.

- **Understanding:** Find ways to encourage people to engage in activities so they can evaluate more critically the information they are receiving.
 - Example: Create activities that encourage active reasoning skills, e.g. [Fake news game](#).
 - Example: Provide simple explanations for these complex concepts, e.g. the [Toby Morris and Siouxsie Wiles cartoons](#) and [WHO video explanations](#)

Building confidence in the decision about whether to get a vaccine (Processing) – Those who are likely / unlikely to get a vaccine have relatively high confidence in comparison to those who are unsure.

- One of the key dimensions of our behaviour change framework, MAPPS, is Processing, which reflects the degree to which people make decisions more automatically vs more reflectively. If we are trying to change behaviours, then typically we want to move people towards greater reflection and away from their more automatic decisions. To facilitate this and make people slow down and think more carefully, we need to properly understand the context of their lives, see how they understand health issues, the stories they tell, the metaphors they use, how their decisions are wrapped up with their identities.

ENGAGING & PERSUADING THOSE LESS WILLING TO HAVE A VACCINE

As well as the areas across all groups, ways to persuade those less willing include:

Building the vaccine into routines (Ability – routines) – Those unlikely to get the vaccine were significantly less likely to state that this fits within what they would normally do to keep healthy, suggesting a generalised hesitancy for vaccination, not just for COVID-19. Ways to tackle this include:

- **Feedback:** Provide means of interrupting 'routine' thinking relating to negative perceptions about vaccinations.
 - Example: Identify the patterns of beliefs, attitudes and values relating to vaccination that are relevant to low-likelihood groups and find ways for them to slow down and encourage reflectiveness.
- **Planning:** Identify key moments that can be used to trigger and maintain reflective thinking about vaccination.
 - Example: Find points that can be used for critical learning moments to encourage more timely, relevant and experiential engagement (e.g. in toilets of events or sports venues – what would this event look like if we had community transmission?).

Supporting positive identities relating to vaccines (Motivation – identity) – Evidence suggests that people are motivated to behave in a way that is considered to be socially acceptable. Therefore, identity-based interventions involve locating the socially acceptable identities we all have and demonstrating their positive behaviours around the vaccine:

- **Understanding:** Show positive vaccine behaviours linked to prominent or significant people.
 - Example: Locate identities that are important to the target group (e.g. neighbour, caring member of the community) and demonstrate the way in which vaccination behaviour is consistent with them.
- **Connection:** Let people see leaders or important people enact a behaviour.
 - Example: Church leaders, role models, sporting heroes, influencers sharing their views and experience of being vaccinated.

APPENDIX

Document 8

WHAT WAS / IS MOST IMPORTANT TO YOU IN THE DECISION TO GET A COVID-19 VACCINE?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010	1,005		
Effective against new variants (or strains) of COVID-19	27%	31%	31%	29%	32%	30%	36%	34%		
Approved by Medsafe in New Zealand	36%	37%	32%	33%	34%	30%	34%	34%		
Safe to use in the general population	32%	31%	29%	31%	30%	31%	31%	31%		
Effective in the general population	25%	25%	21%	23%	23%	24%	26%	27%		
Free of charge	23%	21%	24%	23%	23%	25%	23%	22%		
Not associated with severe reactions	21%	21%	18%	22%	20%	21%	19%	21%		
Recommended by my doctor / healthcare provider	17%	18%	20%	19%	19%	14%	16%	16%		
Large-scale clinical trials	12%	13%	11%	14%	14%	13%	14%	11%		
Easy to get the vaccination	11%	10%	12%	10%	10%	12%	13%	11%		
Approved for use in other countries	9%	8%	7%	8%	8%	9%	8%	8%		
First available vaccine for use	5%	5%	3%	5%	4%	5%	3%	5%		
Required by my employer	5%	3%	4%	7%	5%	5%	5%	4%		
Other reason	4%	4%	4%	3%	3%	5%	4%	5%		

Red / green indicates significantly lower / higher than previous wave

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample

WHAT IS YOUR PRIMARY REASON FOR NOT GETTING VACCINATED?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	322	347	356	329	334	319	336	312		
I feel it is too soon; I am waiting for further data on efficacy & safety of the vaccines	29%	30%	31%	30%	28%	33%	28%	32%		
I am worried about the long-term side effects with the vaccines	21%	22%	17%	17%	23%	17%	18%	17%		
I want to wait & see if others who get the COVID-19 vaccine get side effects	12%	16%	10%	14%	13%	11%	11%	12%		
I do not believe the current vaccines are effective against new variants (or strains) of COVID-19	7%	7%	8%	8%	6%	11%	6%	9%		
I don't like needles*	N/A	N/A	5%	3%	4%	7%	8%	6%		
A vaccine is not necessary as the risk of getting COVID-19 is low for me	7%	4%	8%	7%	5%	4%	4%	6%		
I am against vaccines in general	3%	3%	4%	6%	4%	4%	4%	4%		
I am worried I may get COVID-19 from the vaccine	2%	2%	2%	2%	2%	2%	4%	3%		
I am worried about the short-term side effects with the vaccines	6%	6%	7%	6%	7%	2%	5%	3%		
I would prefer to wait until another vaccine is available	2%	1%	1%	0%	1%	1%	3%	2%		
Other reason	10%	9%	6%	6%	6%	8%	7%	8%		

QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. *Note: Statement added in wave 3.

WHERE DO YOU GO MOST FREQUENTLY TO GET YOUR INFORMATION ON VACCINES?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010	1,005		
Ministry of Health website (health.govt.nz)	37%	40%	38%	39%	36%	34%	39%	43%		
NZ Govt COVID-19 website (covid19.govt.nz)	36%	37%	35%	40%	37%	37%	39%	41%		
Your family doctor or a health care professional	40%	40%	39%	37%	33%	30%	33%	41%		
NZ Govt COVID-19 announcements (e.g. on radio, TV or in newspapers)	28%	30%	25%	28%	32%	28%	30%	32%		
Media briefings (e.g. from Prime Minister, ministers or Director General of Health)	24%	24%	20%	21%	26%	22%	23%	23%		
Family and friends	16%	17%	19%	18%	15%	16%	17%	21%		
Articles in the media (newspapers, radio or online news websites)	22%	19%	17%	15%	17%	18%	16%	21%		
Our COVID-19 vaccination plan brochure delivered in my mailbox*	N/A	15%	13%	14%	13%	12%	8%	14%		
Social media – posts from Ministry of Health	8%	9%	13%	10%	9%	9%	8%	12%		
Online medical website	7%	6%	6%	6%	3%	5%	5%	11%		
Social media – posts from Unite Against COVID-19	8%	8%	9%	9%	9%	9%	7%	9%		
Pharmacist	7%	7%	8%	7%	6%	7%	6%	9%		
Website or online information from the pharmaceutical company	7%	5%	5%	5%	3%	4%	5%	9%		
I haven't looked for information on the COVID-19 vaccine	9%	7%	8%	6%	6%	12%	9%	7%		
Social media – posts from friends and family	3%	4%	3%	4%	4%	5%	2%	5%		
Social media – posts from news companies	4%	5%	6%	4%	4%	4%	3%	5%		
Online medical forums	4%	3%	3%	3%	2%	2%	2%	5%		
Social media – other	3%	3%	5%	4%	3%	3%	3%	4%		
Church or local leader	0%	1%	1%	0%	0%	1%	1%	1%		
Other	2%	2%	2%	1%	2%	2%	2%	2%		

QC1: Where do you go most frequently to get your information on vaccines?

Base: Total sample. *Note: Statement added in wave 2.

THERE ARE 4 PRIORITY GROUPS. DO YOU KNOW WHICH OF THE FOUR GROUPS YOU FIT INTO?

	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,010	1,012	1,003	1,010	1,005		
Yes, I definitely know which group I'm in	51%	49%	49%	52%	53%		
I think I know which group I'm in	29%	30%	29%	27%	28%		
I don't know	21%	21%	22%	21%	18%		

QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample. **Note:** Question added in wave 4.

LIKELIHOOD BY DHB REGION

Data for waves 5-8 has been combined for a more robust sample size for comparing results by DHBs

	TOTAL	Northland	Waitematā	Auckland	Counties Manukau	Waikato	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Hawke's Bay
Base	3,366	120	178	460	387	276	215	21**	23**	89*	98*
NETT unlikely	18%	29%	12%	18%	21%	20%	26%	24%	5%	23%	17%
NETT unsure	15%	10%	8%	15%	20%	15%	12%	4%	14%	20%	14%
NETT likely	61%	47%	72%	64%	52%	59%	54%	67%	77%	54%	57%
Don't know	6%	14%	7%	4%	6%	6%	8%	5%	4%	3%	11%
		Whanganui	Mid-Central	Wairarapa	Hutt	Capital & Coast	Nelson Marlborough	West Coast	Canterbury	South Canterbury	Southern
Base	3,366	69*	148	49**	139	214	66*	14**	513	42**	231
NETT unlikely	18%	32%	12%	30%	15%	10%	18%	21%	15%	24%	14%
NETT unsure	15%	18%	12%	16%	19%	12%	9%	7%	14%	24%	14%
NETT likely	61%	43%	70%	52%	62%	75%	67%	71%	66%	50%	65%
Don't know	6%	6%	6%	2%	5%	3%	6%	0%	5%	2%	6%

QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Wave 5-8 sample of those yet to be vaccinated. *Note: Low base (n<100). Results indicative only. **Note: Very low base (n<50). Results indicative only.

ALERT LEVEL FIELDWORK DATES

PRE-LOCKDOWN Wave 1 (March 12–14) Wave 2 (March 21–24)	LEVEL 4 Wave 3 (March 28–30) Wave 4 (April 3–6) Wave 5 (April 10–13) Wave 6 (April 17–20) Wave 7 (April 24–27)	LEVEL 3 Wave 8 (May 1–4) Wave 9 (May 8–11)
LEVEL 2 Wave 10 (May 15–18)	LEVEL 1 Wave 11 (July 3–6)	LEVEL 2 / 2.5 Wave 12 (September 11–14)
LEVEL 1 Wave 13 (October 16–19) Wave 14 (November 13–17) Wave 15 (December 8–14) Wave 16 (February 10–15)** June 7–13, 2021 June 14–20, 2021		

***Note:** No data was collected in August 2020 when Auckland was in Alert Level 3 and the rest of NZ was in Alert Level 2.

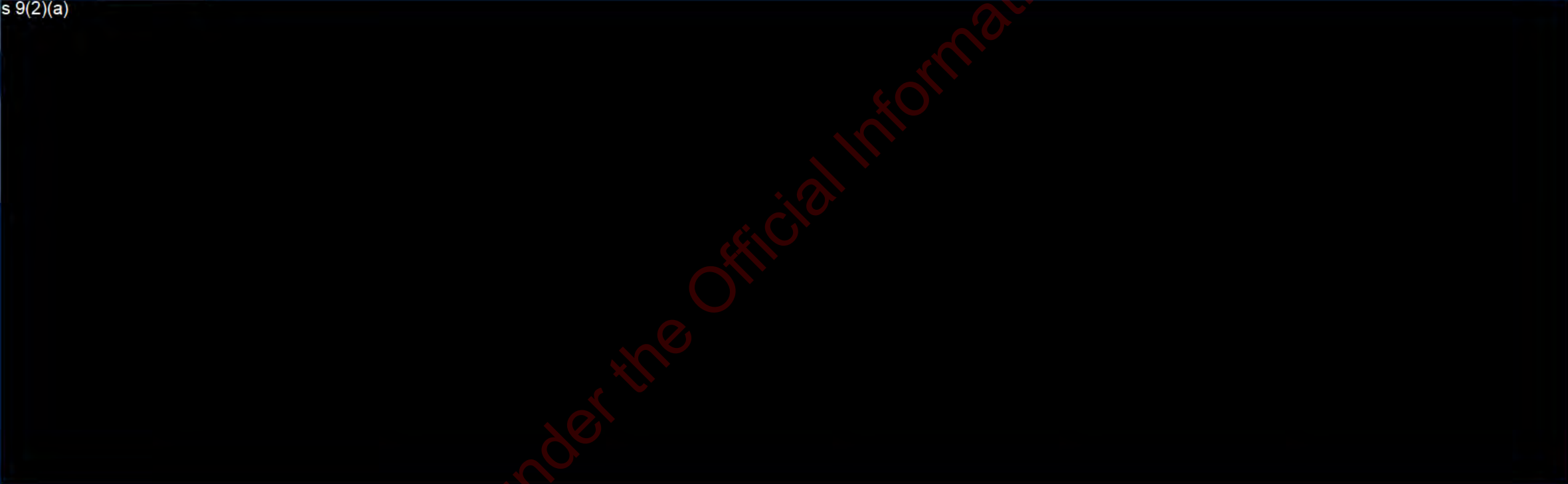
****Note:** The tail-end of fieldwork coincided with the beginning of the 'Snap Lockdown' that began at 11:59 pm on 14 February, 2021. Auckland was moved to Alert Level 3 whilst the rest of NZ moved to Alert Level 2.



CONTACTS

Document 8

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ABOUT IPSOS

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You act better when you are sure.

**THANK
YOU**

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GAME CHANGERS



COVID VACCINE TRACKER

Wave 9

21–27 June 2021



GAME CHANGERS



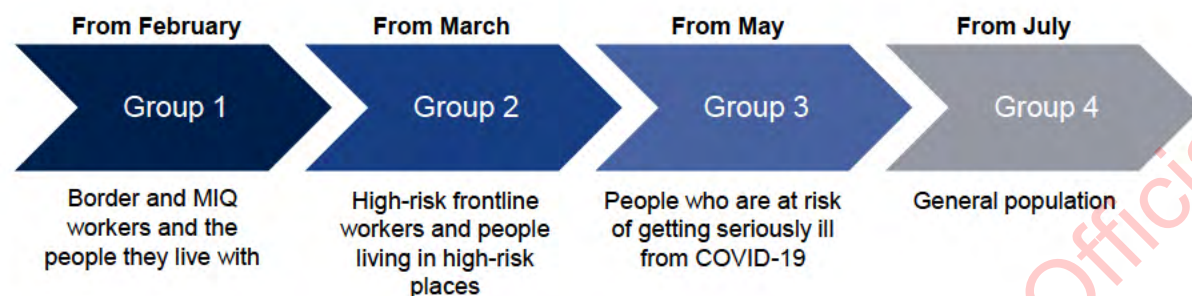
BACKGROUND INFORMATION

1

BACKGROUND

As the world continues to experience the widespread impact of COVID-19, countries are now facing an additional challenge – the logistics of rolling out a vaccine on a massive scale. Globally, vaccination programmes are being developed and the rollout has begun. Today, most countries' citizens are at least partially vaccinated against COVID-19.

The New Zealand Government has secured enough Pfizer vaccines for everyone to receive the two doses required to be protected against COVID-19. The rollout in New Zealand will be carried out in stages, with people being split into four groups.



ABOUT THIS REPORT

This report tracks New Zealanders' high-level perceptions towards the vaccine, including:

- Likelihood of getting vaccinated
- Drivers of vaccination
- Barriers to getting vaccinated
- Vaccine information sources
- Perceptions of available information surrounding vaccines



METHODOLOGY & NOTES

This research was conducted via an online panel survey of n=1,008 New Zealanders. It is repeated weekly.



Latest fieldwork dates

21–27 June, 2021

The data is weighted by age, gender, region and ethnicity to ensure the results represent the population of New Zealand.

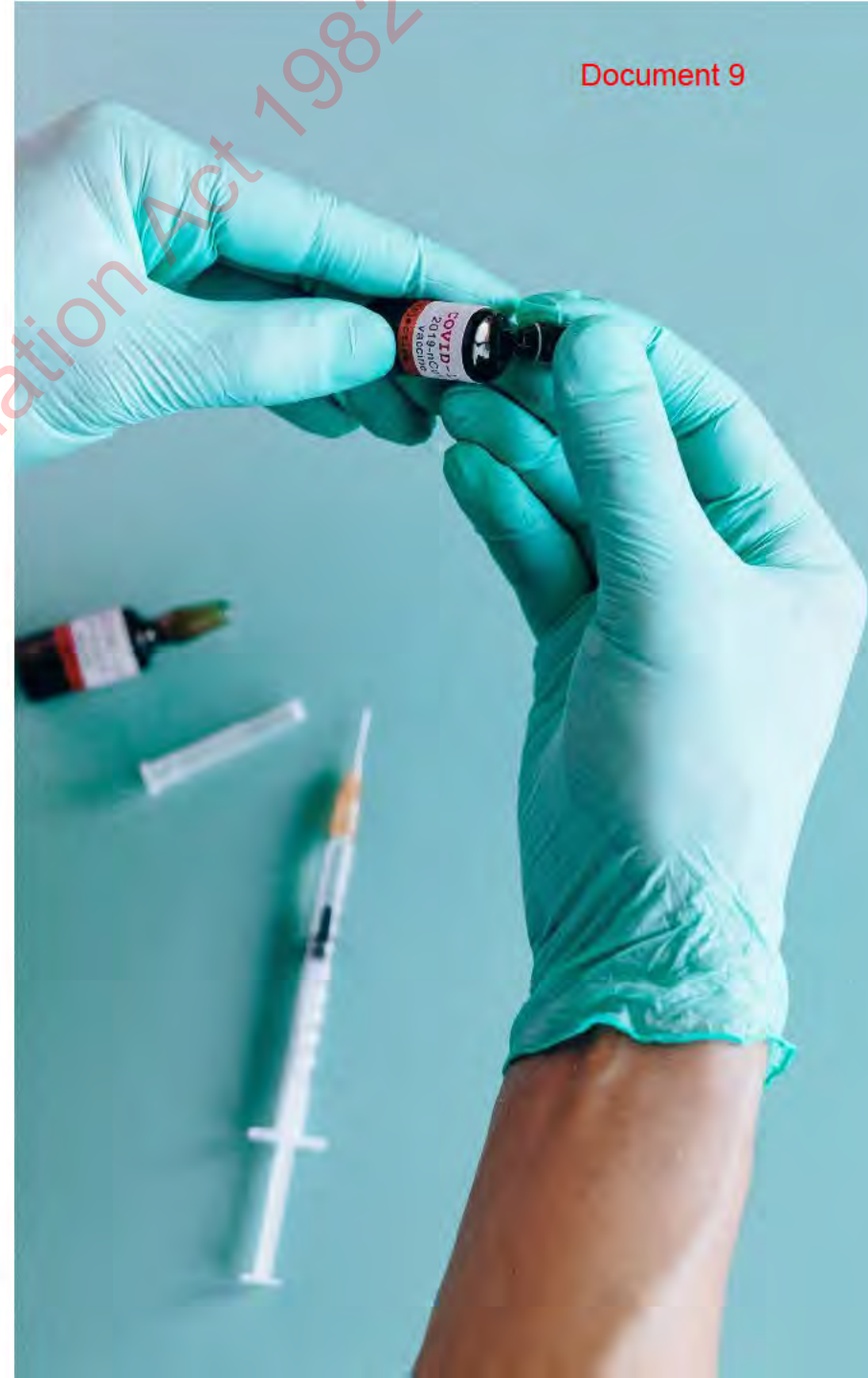
The precision of the results is calculated using a credibility interval, a survey of 1,000 accurate to +/- 3.5 percentage points.

Significant differences are reported at 95% confidence. **Green** indicates that the percentage is significantly higher than the total, whilst **red** indicates it is significantly lower. For some slides, **↑ / ↓** indicates significant **increase** / **decrease** from the previous week.

NETT grouping definitions:

Education*	Income
NETT low: none + level 1–3	NETT low: up to \$50,000
NETT medium: level 4–7	NETT medium: \$50,000–\$100,000
NETT high: level 8–10	NETT high: over \$100,000

Where results do not sum to 100 or the 'difference' appears to be +/-1 more / less than the actual, this may be due to rounding, multiple responses or the exclusion of 'don't know' or 'not stated' responses.



SAMPLE PROFILE

Document 9



TOTAL SAMPLE
1,008

Vaccine Status:

Not been vaccinated: 78% (n=785)
Partially / fully vaccinated: 22% (n=223)



GENDER

Male 490
Female 512
Another gender 6



AGE

18–34 years 294
35–49 years 248
50–64 years 261
65+ years 205

Unweighted %s

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ETHNICITY



NETT European 743
NETT Māori 159
NETT Pacific 57
NETT Asian 112
NETT Other 29

VACCINE PRIORITY GROUP



Group 1 69
Group 2 150
Group 3 306
Group 4 483

Group	Description
1	Border and managed-isolation and quarantine (MIQ) workers and the people they live with. Those working for the NZDF.
2	High-risk frontline workers and people living in high-risk places, high-risk Counties Manukau residents, older Māori / Pacific people being cared for by whānau, people living with and caring for older Māori / Pacific family members.
3	People who are at risk of getting seriously ill from COVID-19, those in custodial care.
4	Remaining population.

DHB OF DOMICILE



Northland 41
Waitemata 63
Auckland 139
Counties Manukau 129
Waikato 79
Bay of Plenty 74
Lakes 13
Tairāwhiti 7
Taranaki 17
Hawke's Bay 29
Whanganui 25
Mid-Central 42
Wairarapa 15
Hutt 33
Capital and Coast 58
Nelson Marlborough 25
West Coast 5
Canterbury 130
South Canterbury 17
Southern 66
Don't know 1

KEY FINDINGS

Document 9

Vaccine uptake

61% of New Zealanders are likely to get the vaccinated when the vaccine is available to them.

61%

Likely to get vaccinated when available

-1 percentage point vs last week

15%

Unsure – may need some persuasion / reinforcement

+1 percentage point vs last week

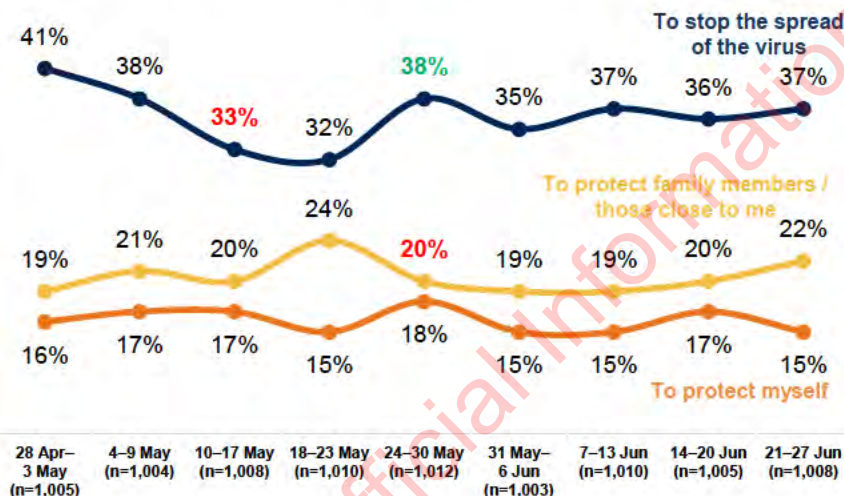
18%

Unlikely to get vaccinated

No change vs last week

6% answered 'Don't know' (5% last week)

Top-3 reasons to get vaccinated



Barriers to getting vaccinated

Among those unlikely or unsure about getting vaccinated, the main concerns are *potential side effects* and the *speed of vaccine development*.

Last week

Concerned about some form of side effects*

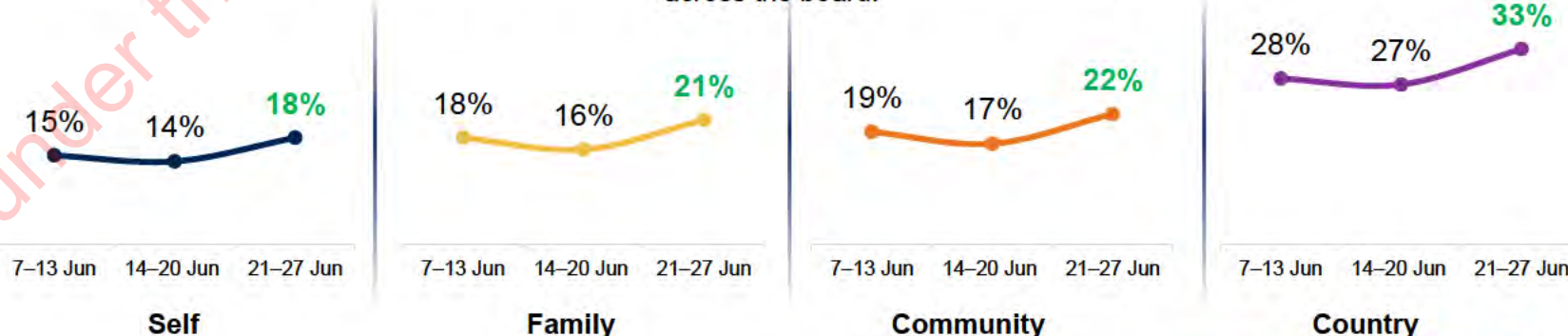
34% (31%)

Feel it is too soon, waiting for further data on efficacy & safety

32% (32%)

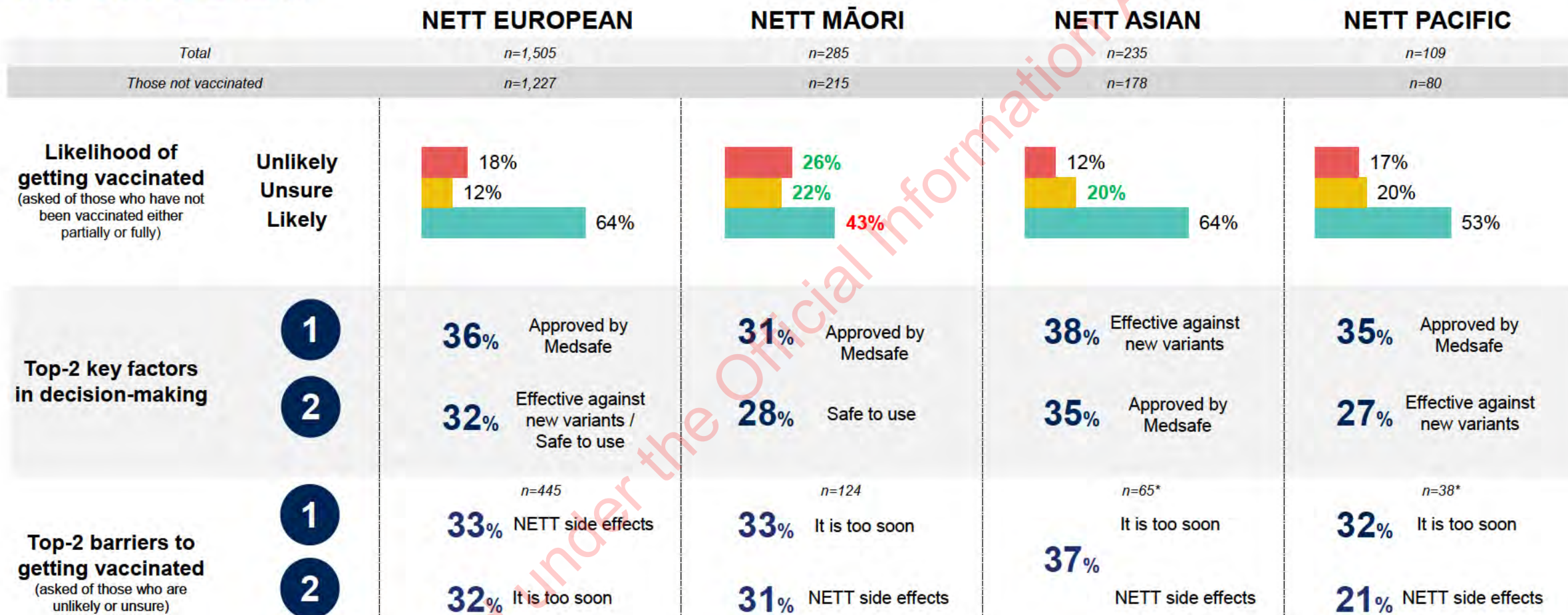
Perceived threat of COVID-19 (% very high + high threat)

Following the Wellington tourist case last week leading the city to move to alert level 2, perceived threat has increased across the board.



OVERVIEW OF ETHNICITY: VACCINE STATUS & ATTITUDES

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

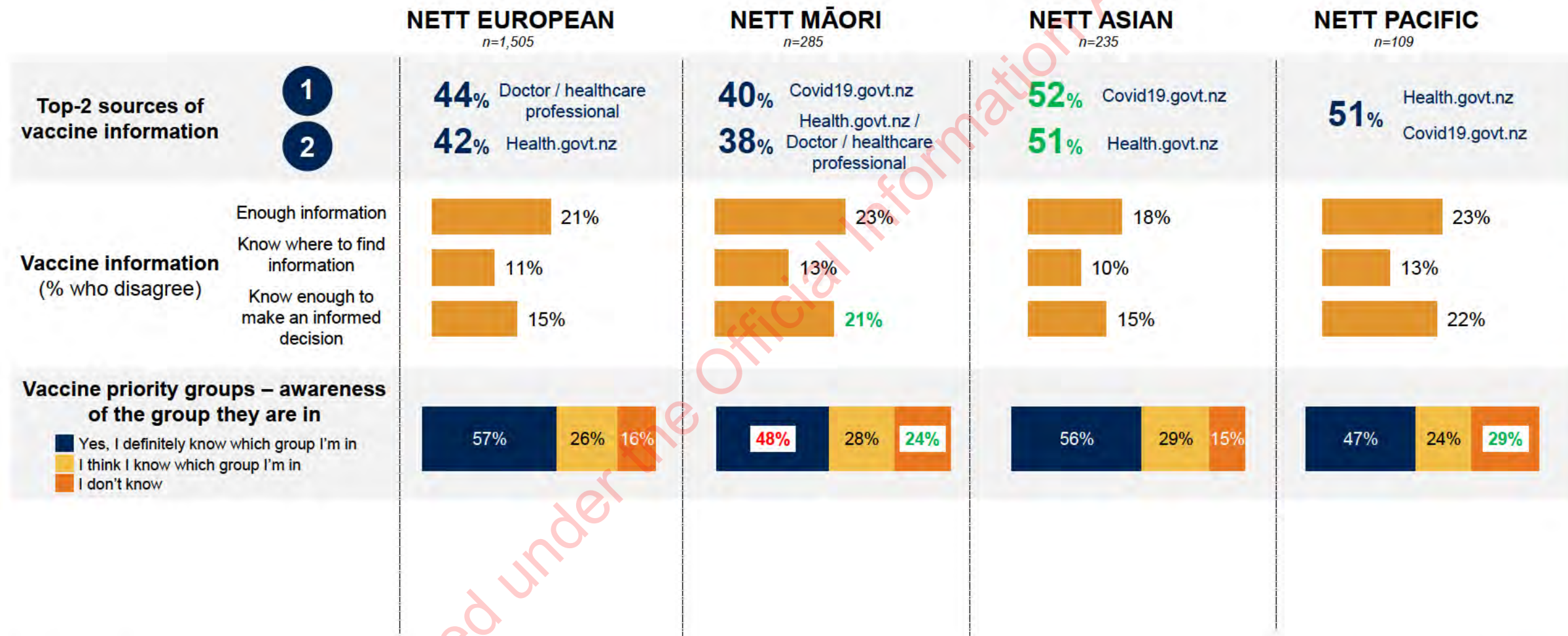


Base: Waves 8 + 9 total sample combined (*n*=2,013); Those who have not been vaccinated either partially or fully (*n*=1,600); Those who are unsure or unlikely to get vaccinated (*n*=618)

*Note: Low base (*n*<100). Results indicative only.

OVERVIEW OF ETHNICITY: INFORMATION

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups



Base: Waves 8 + 9 total sample combined (n=2,013)

Perception of COVID threat

Document 9

PERCEIVED THREAT OF COVID-19 HAS INCREASED ACROSS THE BOARD FOLLOWING THE COVID POSITIVE TOURIST IN WELLINGTON LAST WEEK

What level of threat do you think the coronavirus or COVID-19 poses to each of the following?
(% very high + high threat)

Those of **Māori ethnicity** and those from **Counties Manukau** have higher perceptions of COVID threat overall.

People living in **Auckland** see COVID as a greater threat to themselves and their family.

New Zealanders of **European ethnicity** have lower perceptions of threat.

Women are more likely to see COVID as a threat to the world than **men**

18% ↑
You personally

21% ↑
Your family

22% ↑
Your local community

29% ↑
Your job or business*

33% ↑
Your country

80% ↑
The world

31% Māori 28% Auckland DHB 27% Counties Manukau DHB 14% NETT European	36% Māori 35% Counties Manukau DHB 29% Auckland DHB 16% NETT European	36% Counties Manukau DHB 34% Māori 28% 35–49 years 17% NETT European 15% 50–64 years	50% Māori 41% Counties Manukau DHB 22% NETT European	44% Counties Manukau DHB 42% Māori	86% Likely to get vaccinated 85% Female 75% Male 69% Unsure about getting vaccinated 60% Unlikely to get vaccinated
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Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?

Base: Wave 9 total sample (n=1,008). *Note: Asked only of those who are employed (n=644).

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↑ / ↓ indicates significantly higher / lower than previous wave

Perception of COVID threat over time

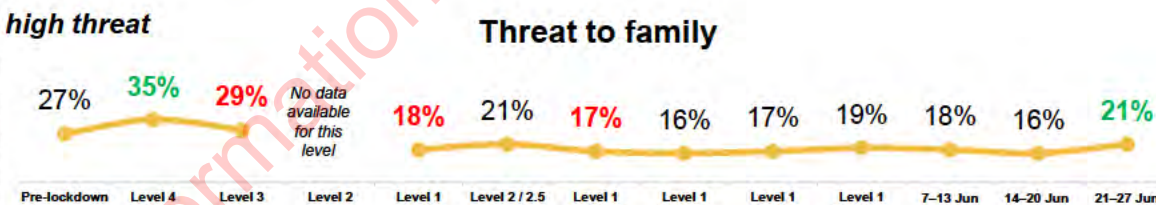
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AFTER THE TEMPORARY INCREASE DUE TO THE SNAP LOCKDOWN IN FEB '21 CONCERNS STABILISED. HOWEVER, PERCEIVED THREAT HAS INCREASED AFTER THE RECENT WELLINGTON TOURIST CASE

Threat to self



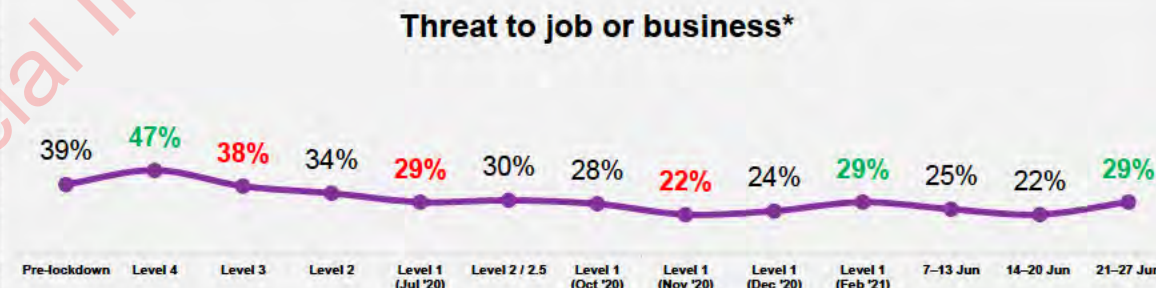
Threat to family



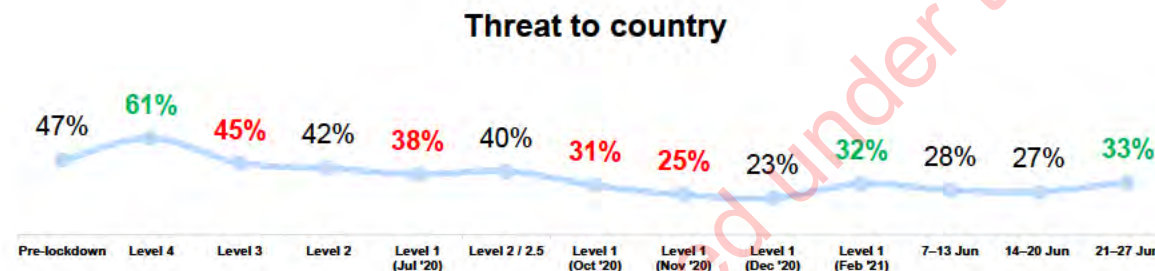
Threat to local community



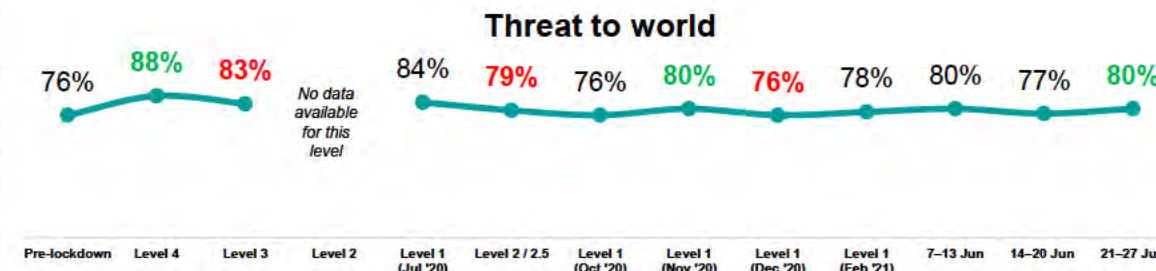
Threat to job or business*



Threat to country



Threat to world



Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?

Base: Wave 9 total sample (n=1,008). *Note: Asked only of those who are employed (n=644). Note: Dates for alert levels in appendix.

VACCINE STATUS & HESITANCY

2

Likelihood of getting vaccinated

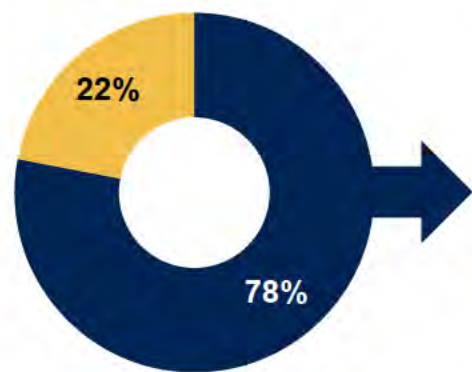
Document 9

AROUND A THIRD OF THOSE NOT YET VACCINATED REMAIN UNLIKELY OR UNSURE; MĀORI & THOSE IN COUNTIES MANUKAU REMAIN MORE LIKELY TO BE UNSURE

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

1 - I will definitely not get vaccinated 2 3 4 5 6 7 - I will definitely get vaccinated 8 - Don't know

Vaccine status



■ Not vaccinated
■ Partially / fully vaccinated

Total sample



Unlikely 18%

27% Māori

Unsure 15%

27% Counties Manukau DHB*
25% Māori
23% 18-34 years
7% 65+ years

Very likely 61%

74% 65+ years
46% Counties Manukau DHB*
39% Māori

Those who are not yet vaccinated

Low uptake

QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Wave 9 total sample (n=1,008); Those who have not been vaccinated either partially or fully. *Note: Low base (n<100). Results indicative only.

12 - © Ipsos | COVID-19: Vaccine Tracker

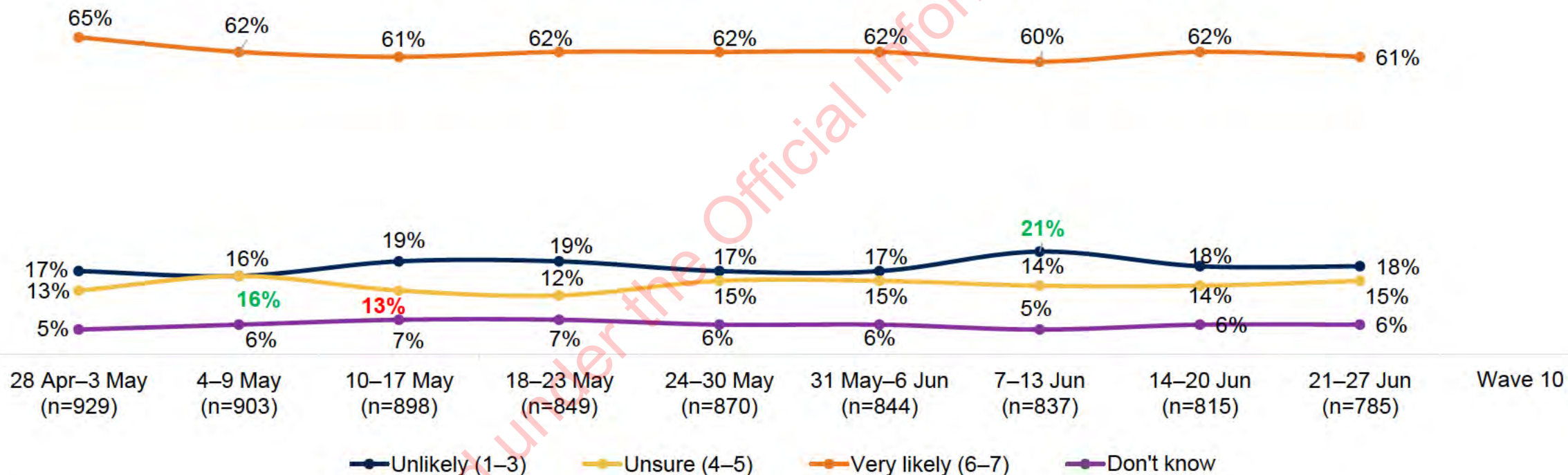
↑ / ↓ indicates significantly higher / lower than previous wave

Likelihood of getting vaccinated over time

Document 9

LIKELY UPTAKE AMONG THOSE NOT YET VACCINATED IS STABLE – MOST ARE VERY LIKELY TO GET VACCINATED; HOWEVER, 1 IN 3 ARE EITHER UNSURE OR UNLIKELY

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Those who have not been vaccinated either partially or fully

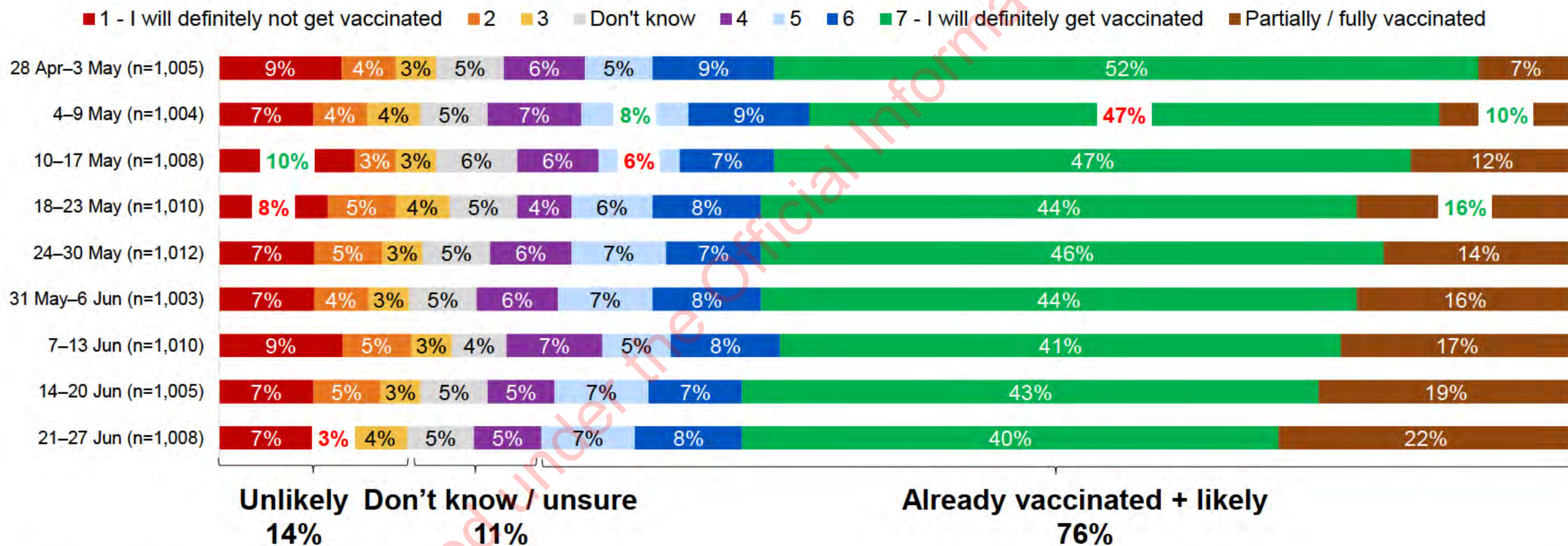
Those who are not yet vaccinated

Alignment with vaccination uptake

Document 9

AS THE PROPORTION OF THOSE VACCINATED INCREASES, WILLINGNESS TO TAKE UP REDUCES. THERE HAS BEEN LITTLE CHANGE IN RESISTANCE OR HESITATION OVER TIME

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Total sample

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Total sample



Red / green indicates significantly lower / higher than previous wave

Preferred timeframe for getting vaccinated (once available)

Document 9

YOUNG PEOPLE, MĀORI & COUNTIES MANUKAU DHB RESIDENTS ARE LESS LIKELY TO SAY THEY WILL GET THE VACCINE WITHIN 1 MONTH OF IT BECOMING AVAILABLE TO THEM

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

■ NETT within 1 month ■ NETT within 6 months ■ NETT 6 months or more ■ Don't know ■ Will not get the COVID-19 vaccine

21–27 June
(n=785)



NETT within 1 month

66% 65+ years
39% 18–34 years
33% Māori
32% Counties Manukau DHB*



Less likely to get the vaccine immediately (when available)

NETT within 6 months

23% Counties Manukau DHB*
22% 18–34 years

NETT 6 months or more

23% NETT Asian
17% Counties Manukau DHB*
16% 18–34 years
6% NETT European
3% 65+ years
3% 50–64 years

Don't know

No key demographic differences.

Will not get the vaccine

No key demographic differences.

QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Wave 9 sample – those who have not been vaccinated either partially or fully (n=785). *Note: Low base (n<100). Results indicative only.

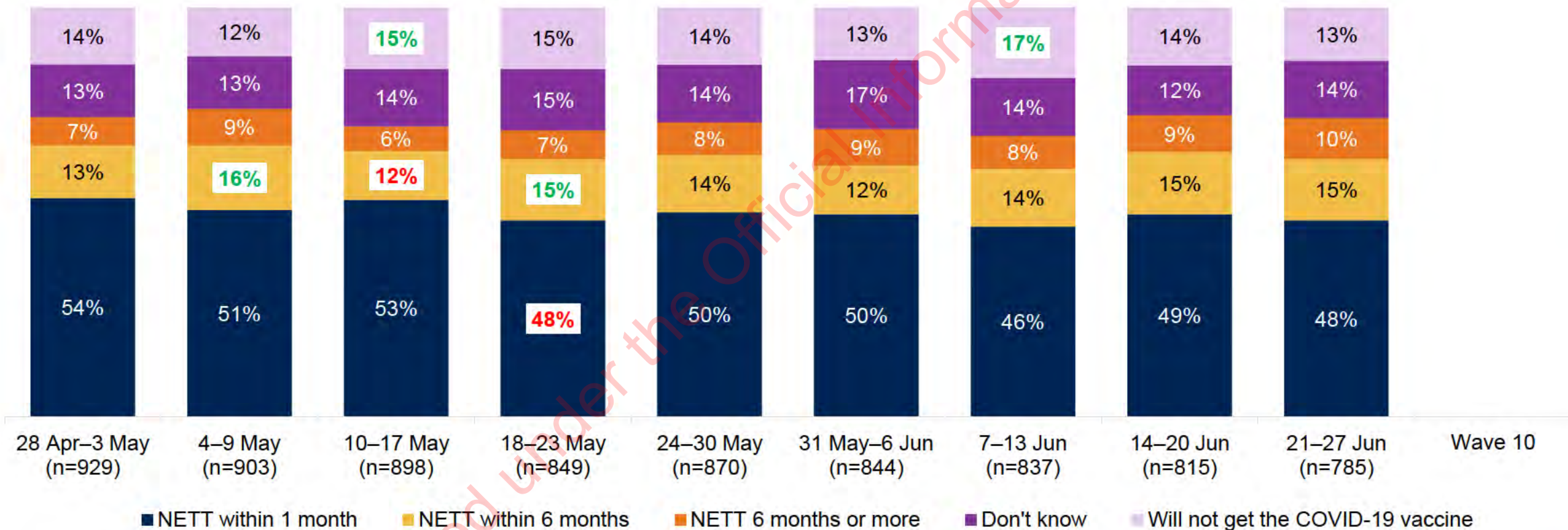
Those who are not yet vaccinated

Vaccination timeframe over time

Document 9

THE TIMEFRAME FOR GETTING VACCINATED REMAINS STABLE;
ALMOST HALF WILL GET THE VACCINE IMMEDIATELY

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Those who have not been vaccinated either partially or fully

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Those who are not
yet vaccinated



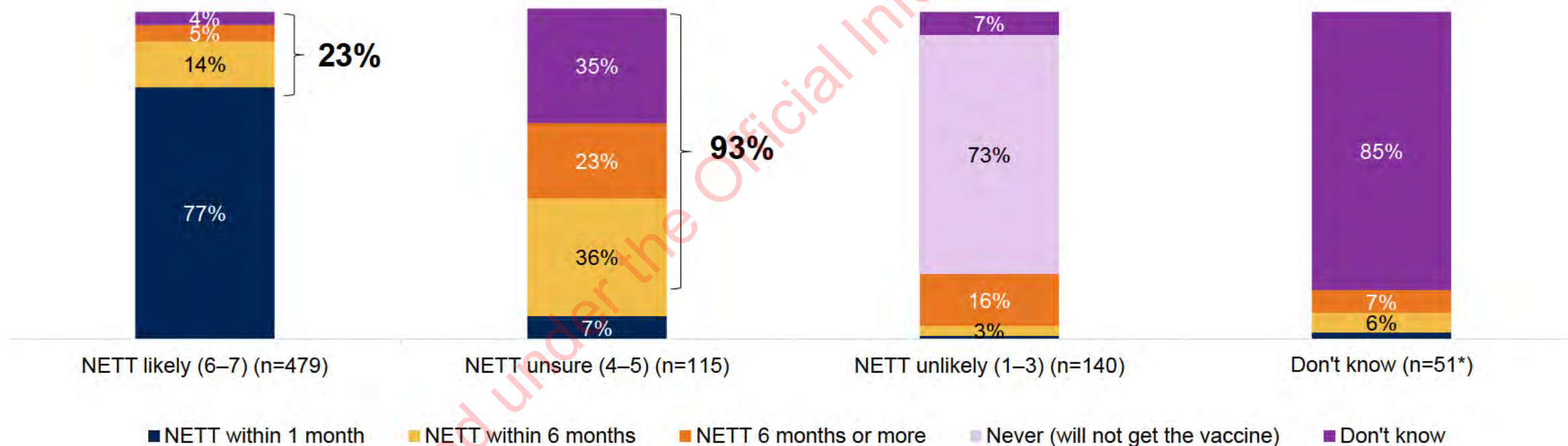
Red / green indicates significantly lower / higher than previous wave

Vaccination timeframe

Document 9

A QUARTER OF THOSE LIKELY TO GET VACCINATED WILL NOT DO SO IMMEDIATELY, NEITHER WILL MOST OF THOSE UNSURE

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated? / QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

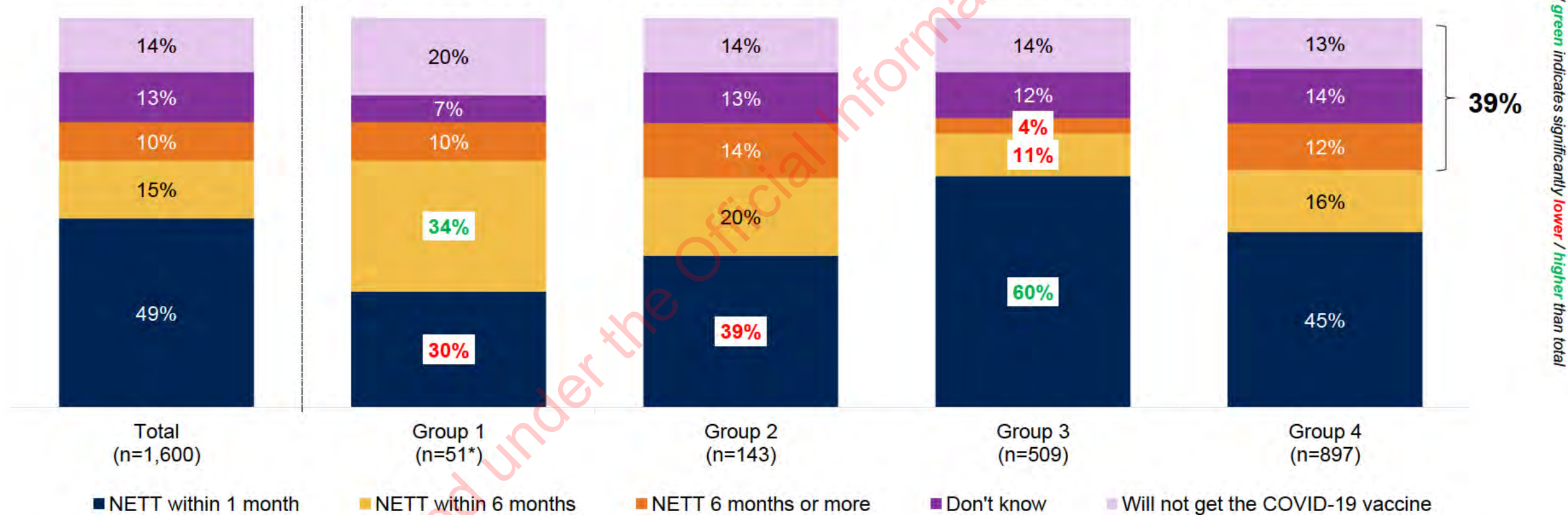
Base: Wave 9 sample – those who have not been vaccinated either partially or fully (n=785). *Note: Low base (n<100). Results indicative only.

Vaccination timeframe – by vaccine group

Data for waves 8 + 9 has been combined for a more robust sample size for comparing vaccine groups

THE MAJORITY OF GROUP 3 WILL BE READY FOR THE VACCINE WHEN IT IS THEIR TURN; THERE IS MORE HESITANCY IN GROUP 4, WITH 39% EITHER NOT WANTING THE VACCINE, WAITING MORE THAN 6 MONTHS OR BEING UNSURE

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Waves 8 + 9 sample combined – those who have not been vaccinated either partially or fully (n=1,600). *Note: Low base (n<100). Results indicative only.

Those who are not yet vaccinated

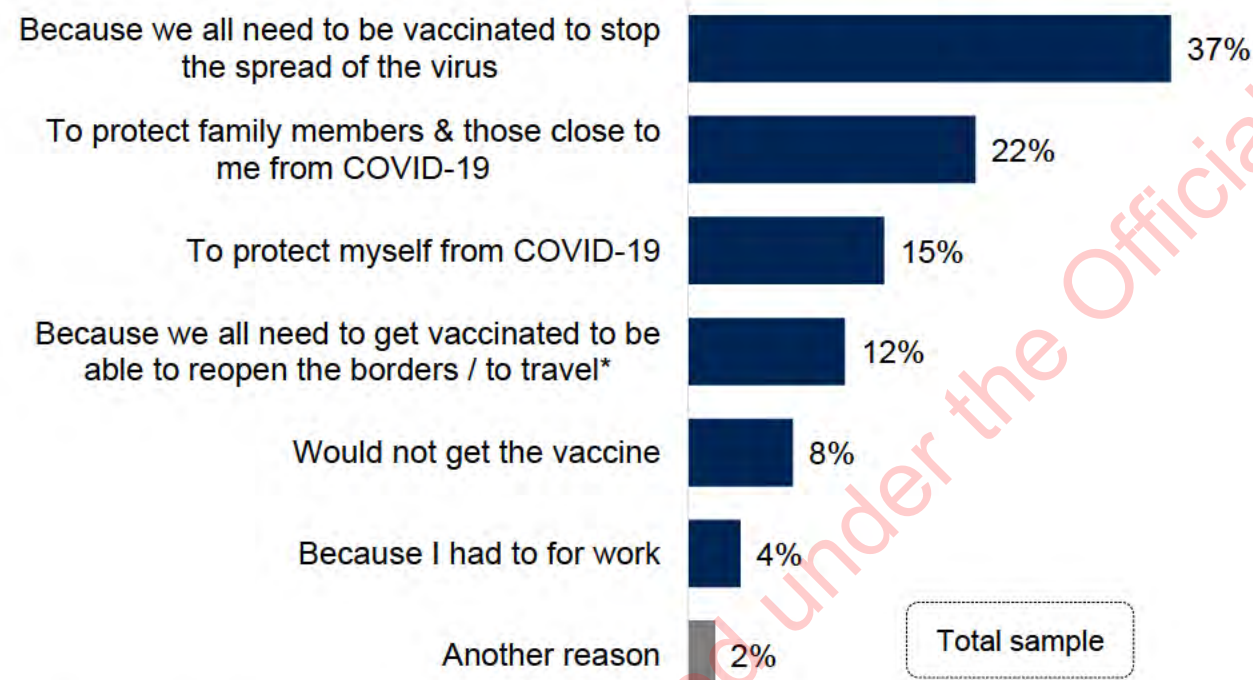
Triggers to getting vaccinated

Document 9

STOPPING THE SPREAD OF THE VIRUS IS THE TOP TRIGGER TO GET VACCINATED, FOLLOWED BY PROTECTION FOR FAMILY & SELF

For Māori & younger New Zealanders, *protecting those close to them* is the most important reason to get vaccinated.

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

Base: Wave 9 total sample (n=1,008). *Note: The wording of this statement was changed in wave 3 to include 'be able to travel'.

Key demographic differences

Because we all need to be vaccinated to stop the spread of the virus

- 51% 65+ years
- 47% Likely to get vaccinated
- 42% NETT European
- 26% Counties Manukau DHB
- 25% 18–34 years
- 25% Unsure about getting vaccinated
- 17% Māori
- 10% Unlikely to get vaccinated

To protect family members and those close to me from COVID-19

- 38% Māori
- 36% Unsure about getting vaccinated
- 32% 18–34 years
- 10% 65+ years

To protect myself from COVID-19

- 22% 65+ years
- 7% Unlikely to get vaccinated

Because we all need to get vaccinated to be able to reopen the borders / travel

- 18% NETT high education
- 7% NETT low education

Because I had to for work

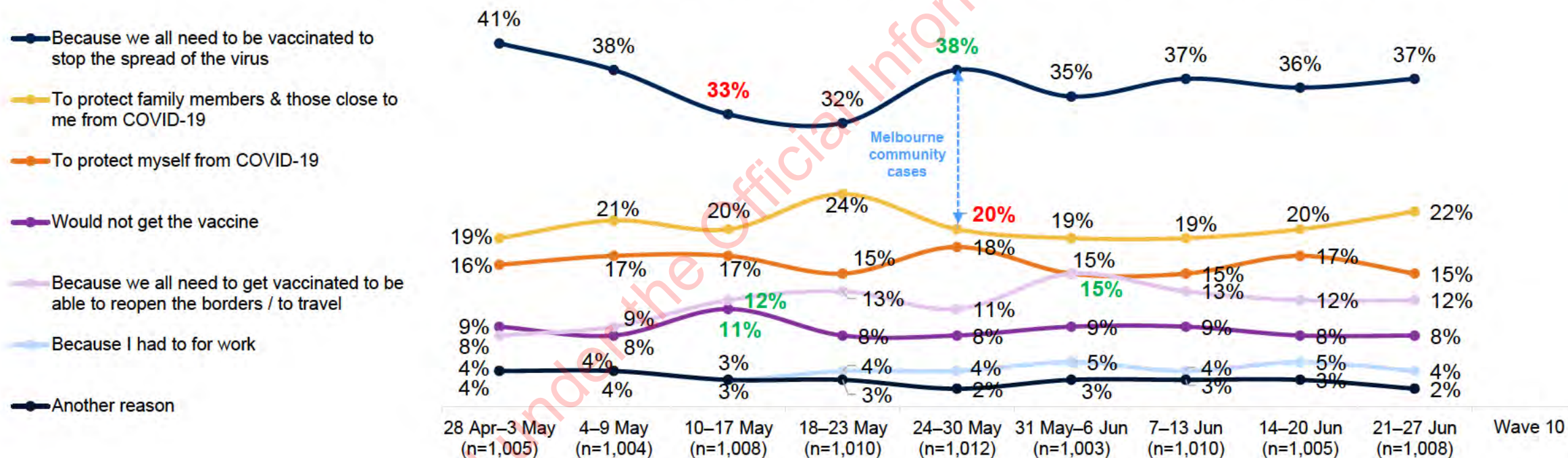
- 8% Unlikely to get vaccinated

Triggers to getting vaccinated over time

Document 9

STOPPING THE SPREAD OF THE VIRUS REMAINS THE KEY REASON FOR VACCINATION

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

Base: Total sample

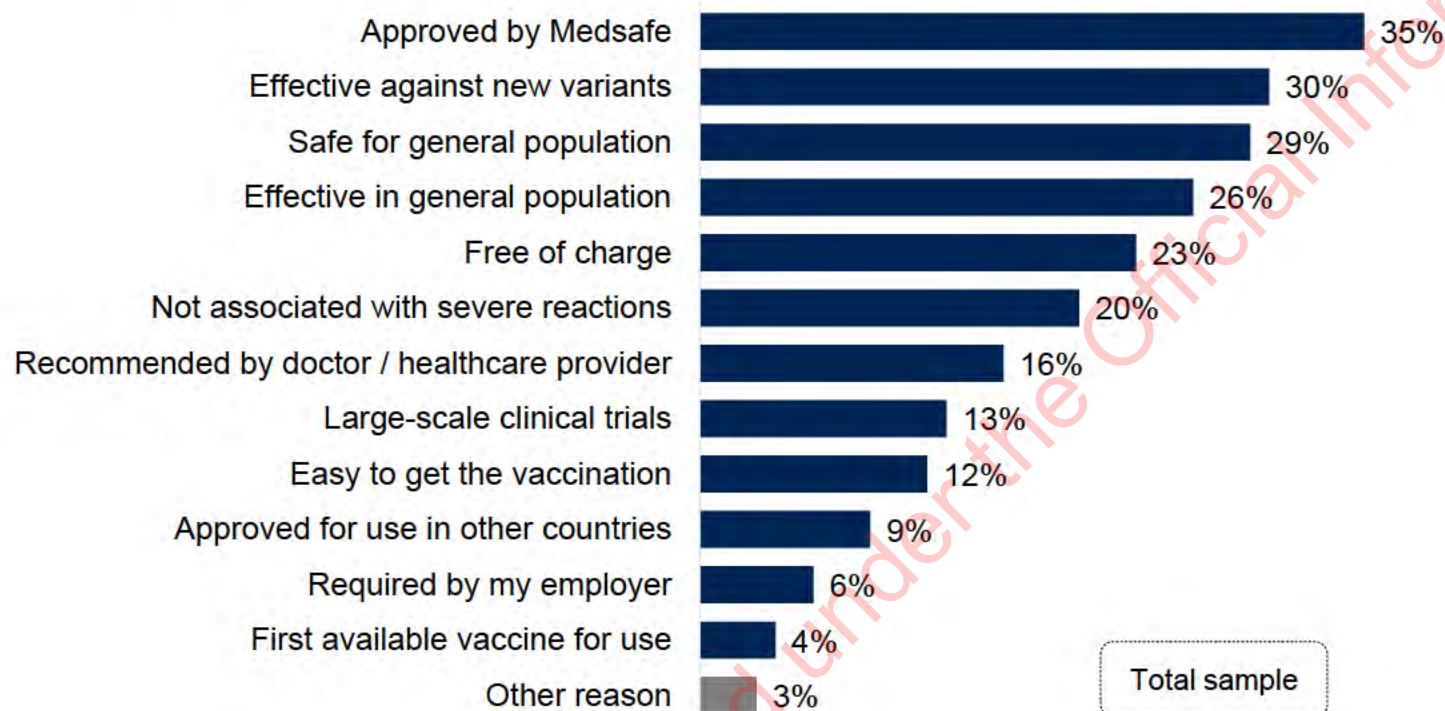
Key factors in decision-making

Document 9

MEDSAFE APPROVAL, EFFECTIVE AGAINST NEW VARIANTS & SAFETY REMAIN THE TOP FACTORS

Those unlikely to get vaccinated place higher importance on the vaccine *not being associated with severe reactions & large-scale clinical trials*.

What was / is most important to you in the decision to get a COVID-19 vaccine?



Total sample

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Wave 9 total sample (n=1,008)

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Key demographic differences

Approved by Medsafe in New Zealand

43% Likely to get vaccinated

18% Unlikely to get vaccinated

Effective against new variants

40% 65+ years

24% 18–34 years

Safe for general population

21% Counties Manukau DHB

19% Unlikely to get vaccinated

Effective in general population

36% 65+ years

34% Likely to get vaccinated

14% Unsure about getting vaccinated

12% Māori

9% Unlikely to get vaccinated

Not associated with severe reactions

33% Unlikely to get vaccinated

15% Male

Large-scale clinical trials

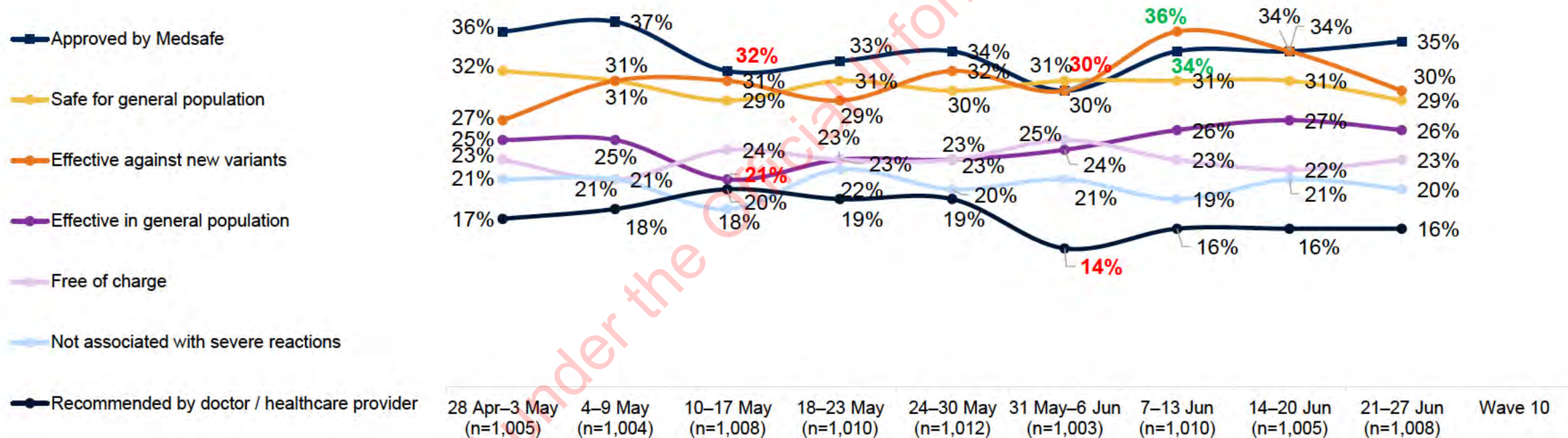
24% Unlikely to get vaccinated

9% Male

7% 65+ years

MEDSAFE APPROVAL, NEW VARIANT EFFECTIVENESS & GENERAL SAFETY HAVE CONSISTENTLY BEEN THE TOP-3 FACTORS IN VACCINE DECISION-MAKING

What was / is most important to you in the decision to get a COVID-19 vaccine?



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample. Note: Only top-7 options shown. Full results in appendix.

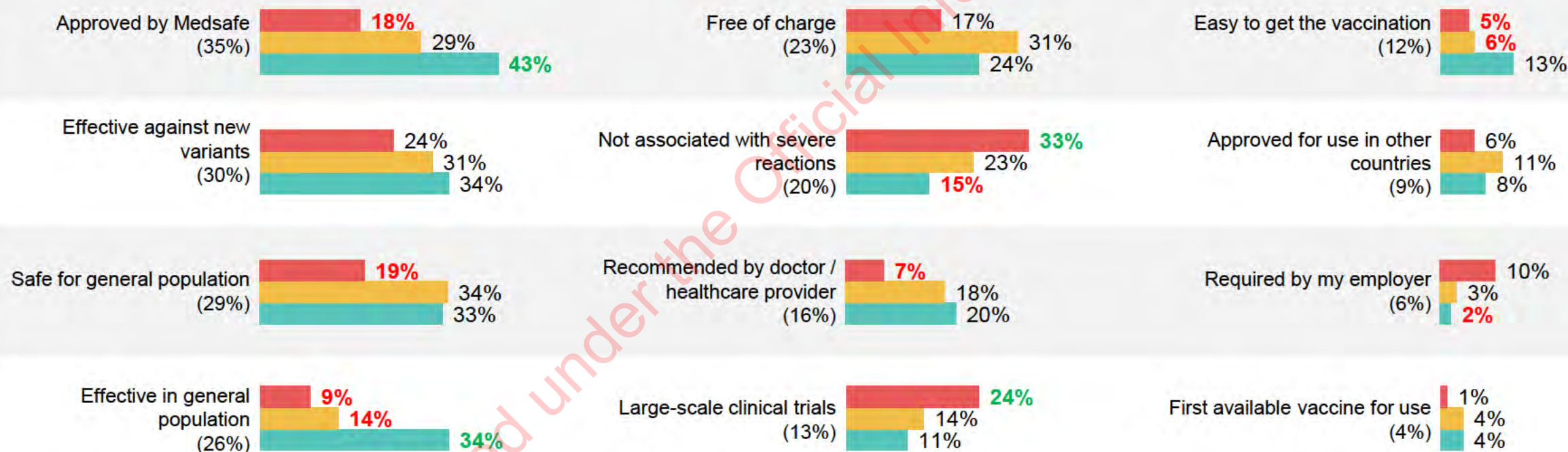
Key factors in decision-making

Document 9

MEDSAFE APPROVAL IS KEY IN DECISION-MAKING FOR THOSE LIKELY TO GET VACCINATED, BUT REACTIONS ARE MORE IMPORTANT TO THOSE WHO ARE UNLIKELY

What was / is most important to you in the decision to get a COVID-19 vaccine?

NETT unlikely (1–3) NETT unsure (4–5) NETT very likely (6–7)



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

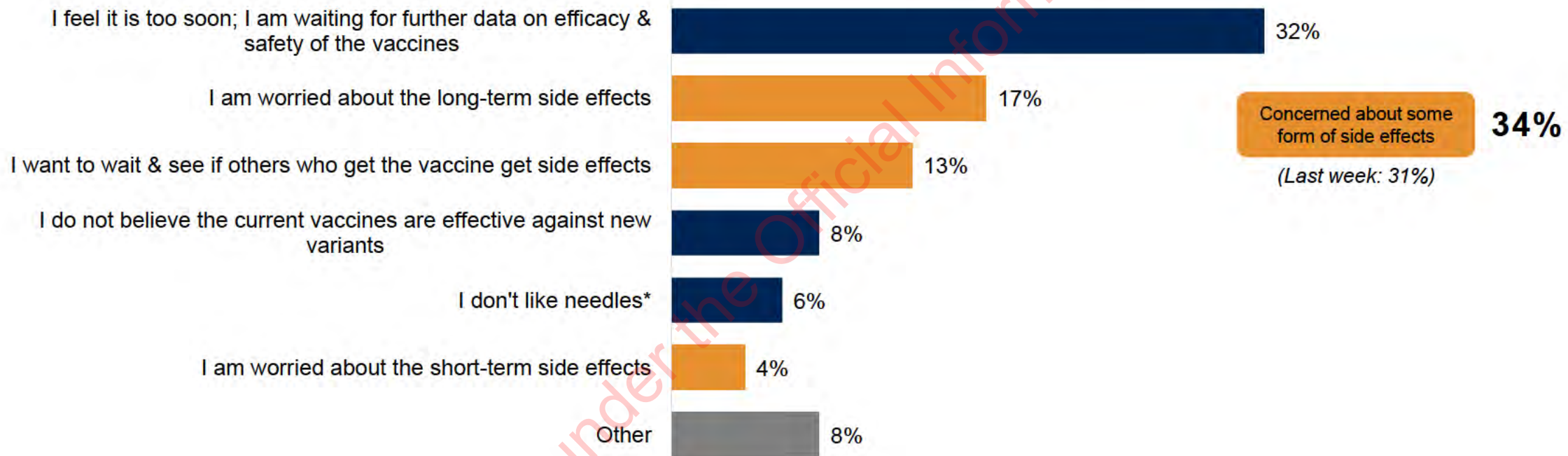
Base: Wave 9 total sample (n=1,008); Those likely to get vaccinated (n=479); Those unsure (n=115); Those unlikely to get vaccinated (n=140)

Reasons for not getting vaccinated

Document 9

OF THOSE UNLIKELY OR UNSURE ABOUT GETTING VACCINATED, AROUND A THIRD ARE CONCERNED ABOUT SIDE EFFECTS OR BELIEVE IT IS TOO SOON

What is your primary reason for not getting vaccinated?



QB6: What is your primary reason for not getting vaccinated?

Base: Wave 9 sample – those who are unlikely or unsure / don't know about getting a vaccine (n=306). Only responses with 5% or more shown. 'Short-term side effects' is shown as it is included in the NETT side effects. Full results in appendix.

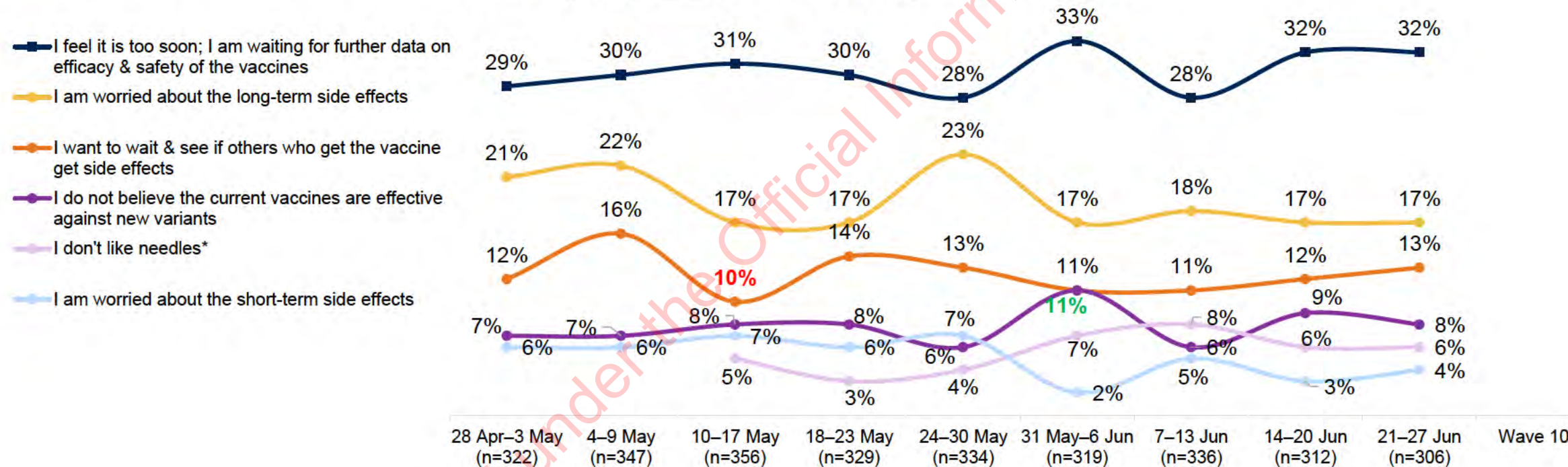
*Note: This statement was added in wave 3.

Reasons for not getting vaccinated

Document 9

CONCERNS ABOUT DIFFERENT FORMS OF *SIDE EFFECTS* & THE *EFFICACY* & *SAFETY* OF THE VACCINE ARE THE KEY BARRIERS FOR THOSE WHO ARE UNSURE OR UNLIKELY TO GET VACCINATED

What is your primary reason for not getting vaccinated?



QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. Only responses with 5% or more, or those with significant changes to previous wave are shown. Full results in appendix.

*Note: This statement was added in wave 3.

Those who are unlikely or unsure about getting vaccinated

INFORMATION ABOUT THE VACCINE

3

Getting information on vaccines

Document 9

THE MOH WEBSITE, THE NZ GOVT COVID WEBSITE & HEALTHCARE PROFESSIONALS ARE THE MOST FREQUENTLY USED INFORMATION SOURCES

Where do you go most frequently to get your information on vaccines?



Total sample

QC1: Where do you go most frequently to get your information on vaccines?

Base: Wave 9 total sample (n=1,008)

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Key demographic differences

Ministry of Health website

32% Māori

NZ Govt. COVID-19 website

53% NETT Asian

Family doctor / healthcare professional

29% Auckland DHB

NZ Govt. COVID-19 announcements

45% 65+ years

Media briefings

41% 65+ years

20% 18-34 years

17% Māori

Articles in the media

32% 65+ years

15% 18-34 years

Family and friends

31% NETT Asian

31% Counties Manukau DHB

29% 18-34 years

9% 65+ years

Social media - posts from Unite against COVID-19

17% Auckland DHB

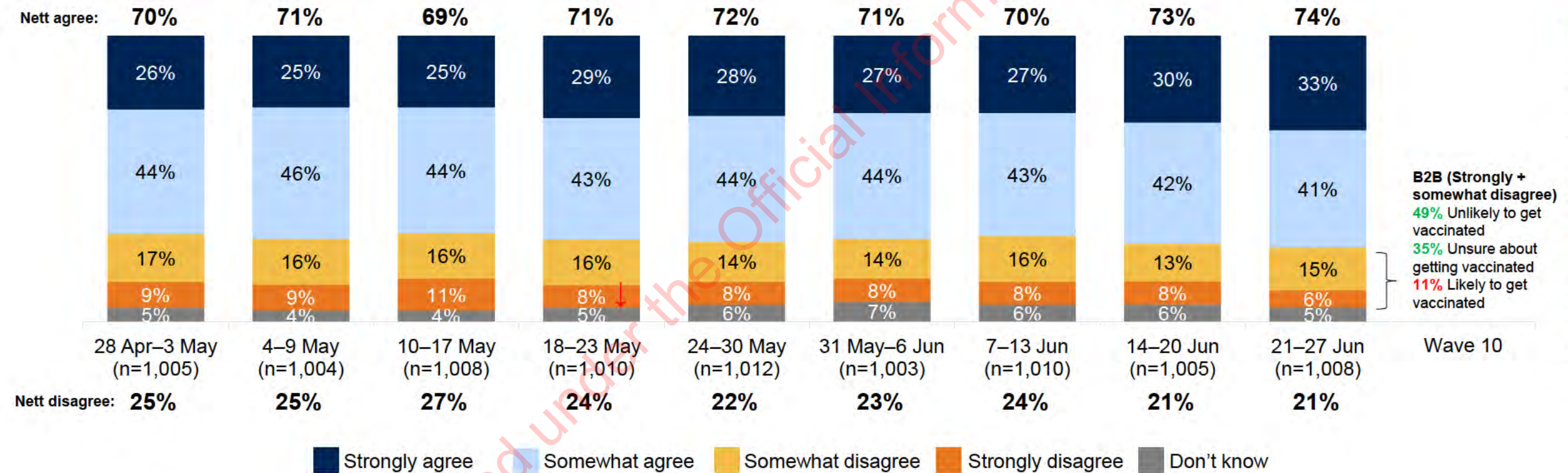
15% Māori

Getting information on vaccines

Document 9

THOSE WHO ARE UNSURE OR UNLIKELY TO BE VACCINATED ARE AGAIN MORE LIKELY TO SAY THERE IS NOT ENOUGH INFORMATION ABOUT THE VACCINE AVAILABLE

There is enough information available in New Zealand about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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↑ / ↓ indicates significantly higher / lower than previous wave

Total sample

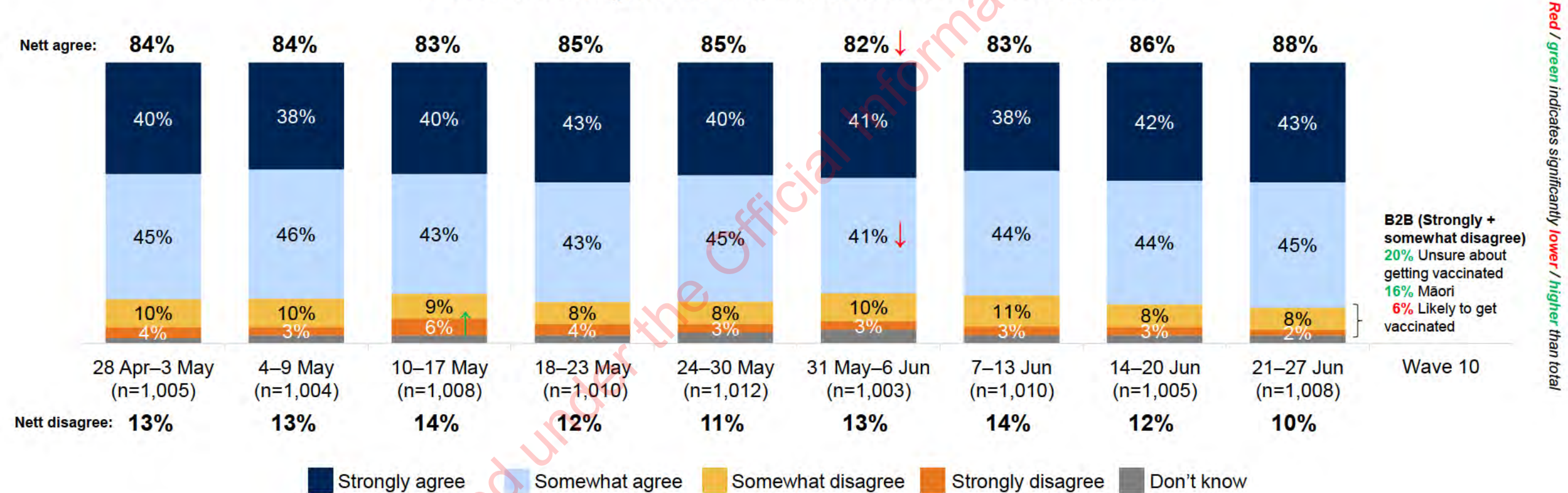


Getting information on vaccines

Document 9

MOST NEW ZEALANDERS KNOW WHERE TO FIND INFORMATION ABOUT THE COVID-19 VACCINE, MĀORI ARE MORE LIKELY TO DISAGREE

I know where to go to find information about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

29 – © Ipsos | COVID-19: Vaccine Tracker

↑ / ↓ indicates significantly higher / lower than previous wave

Total sample

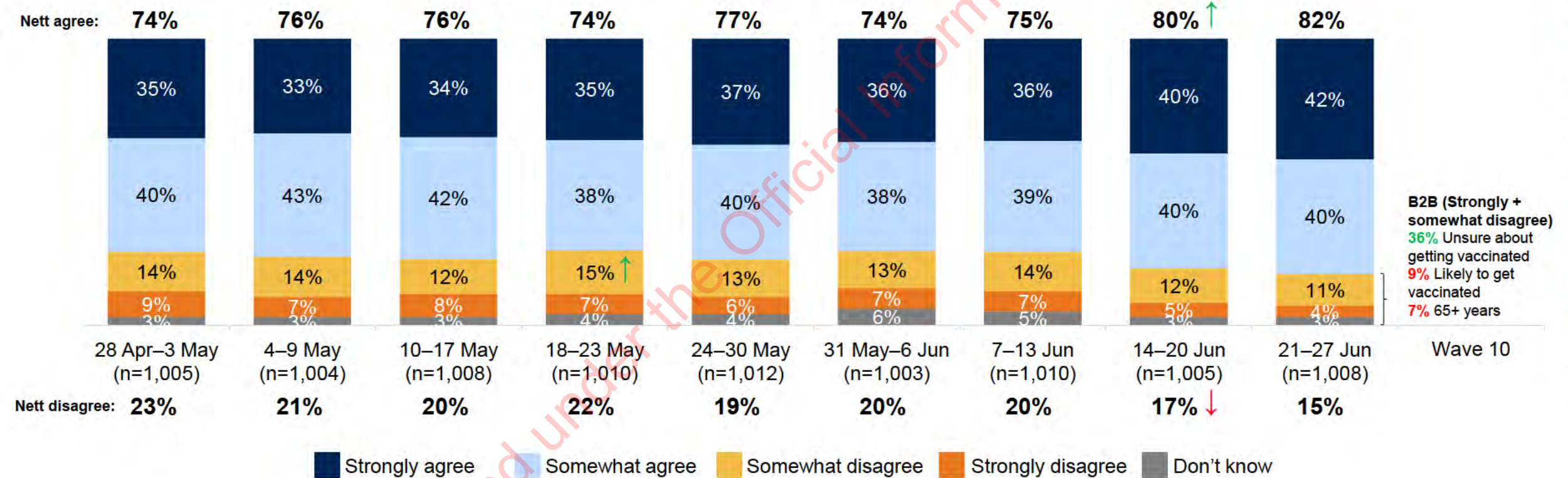


Getting information on vaccines

Document 9

THE PROPORTION OF NEW ZEALANDERS WHO AGREE THAT THEY KNOW ENOUGH ABOUT THE VACCINE TO MAKE AN INFORMED DECISION HAS INCREASED OVER TIME

I feel I know enough about the COVID-19 vaccine to make an informed choice



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



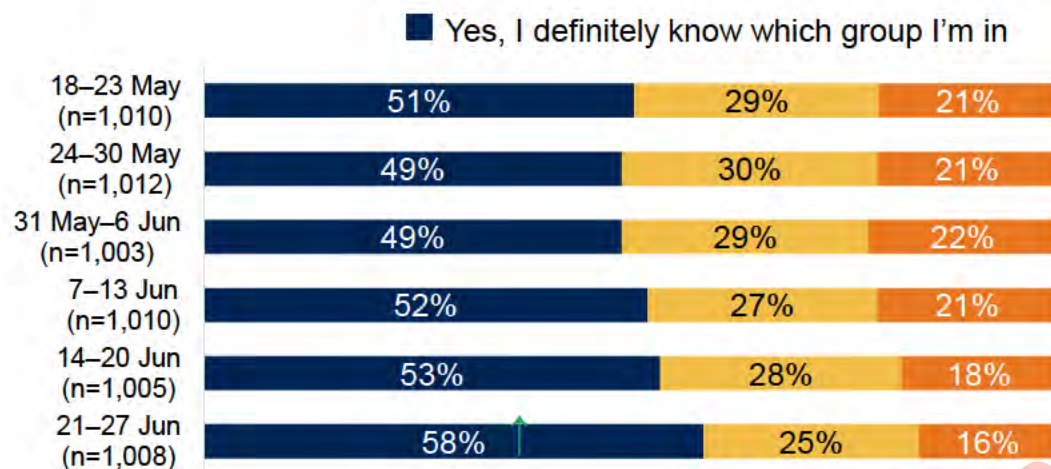
Red / green indicates significantly lower / higher than total

Vaccine priority groups

Document 9

THERE IS AN INCREASE IN THE NUMBER OF NEW ZEALANDERS WHO KNOW WHICH PRIORITY GROUP THEY ARE IN

As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?



Māori & those residing in Auckland DHB are more likely to be unaware of their priority group

Yes, I definitely know which group I'm in

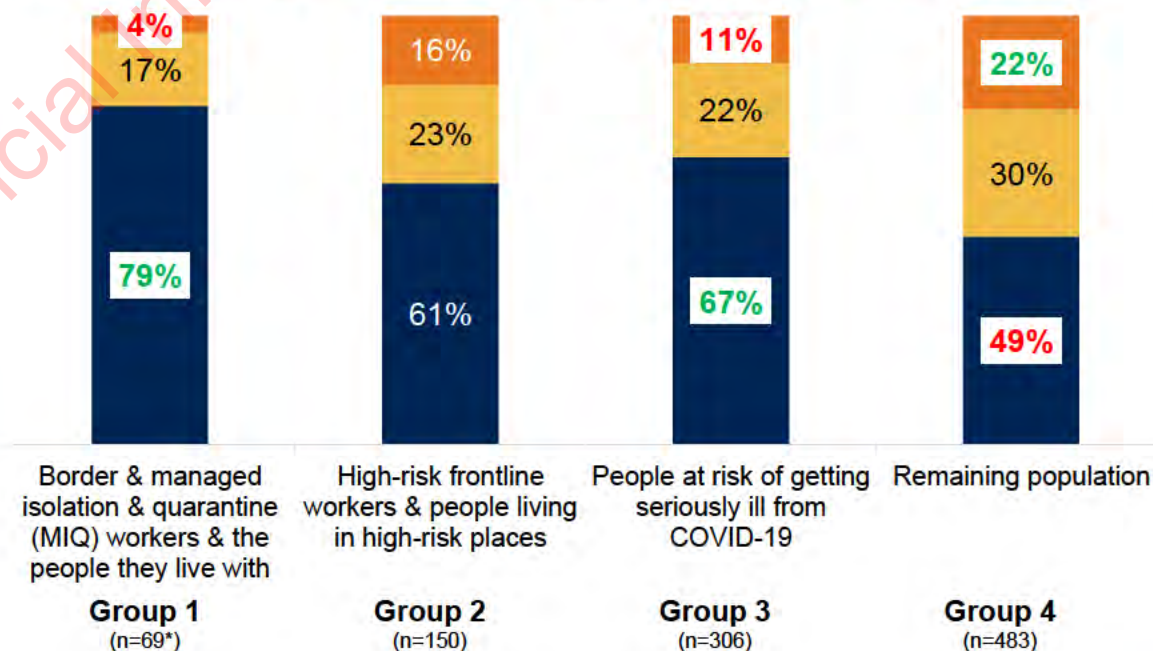
78% 65+ years
67% NETT high education
52% NETT low education
49% 18–34 years
49% Auckland DHB

I don't know

24% Auckland DHB
24% Māori
7% 65+ years

Vaccine priority groups

Those from Group 4 remain less likely to be aware of where they fit in



QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample; Wave 9 vaccine priority groups. *Note: Low base (n<100). Results indicative only.

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↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



Red / green indicates significantly lower / higher than total

HOW CAN WE CHANGE VACCINE UPTAKE BEHAVIOURS AMONGST DIFFERENT ETHNICITIES?

4

USING A MAPPS APPROACH

WHAT IS MAPPS?

- Ipsos has created a behaviour change system (based around the BCW and COM-B) called MAPPS. It sets out the key dimensions that are important for behaviour change:



MAPPS DIMENSION	MAPPS CATEGORY	WHAT IT MEANS
Motivation	Outcome expectations	I don't think it will work
	Emotion	I'm not feeling like doing it
	Internalisation	I don't want to do it
	Identity	I'm not that kind of person
	Self-efficacy	I don't feel able to do it
Ability	Capability	I don't have the skills to do it
	Routines	It's not part of what I usually do
Processing	Decision forces	It doesn't fit into how I think about it
Physical	Environmental factors	My environment doesn't support it
Social	Social norms	I don't think others expect me to do it
	Cultural norms	I don't see it as part of how I live my life

- This model helps us to ensure we are covering critical behavioural dimensions (see further details of each dimension in the table to the right).
- We can then determine the interventions required to guide behaviour change.

OUR MAPPS QUESTIONS

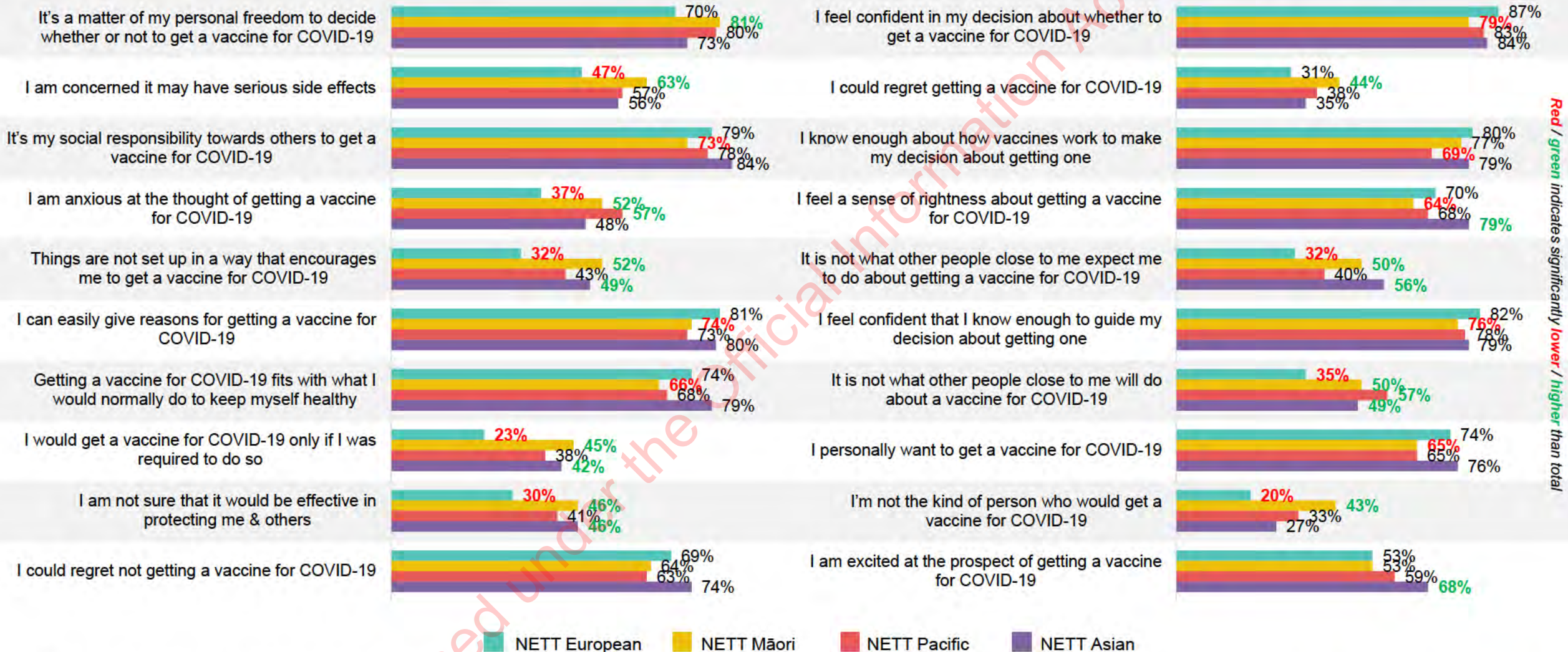
Document 9

MAPPS DIMENSION	MAPPS CATEGORY	WHAT IT MEANS	OUR QUESTIONS
Motivation	Outcome expectations	I don't think it will work	<ul style="list-style-type: none"> I am concerned it may have serious side effects I am not sure that it would be effective in protecting me and others
	Emotion	I'm not feeling like doing it	<ul style="list-style-type: none"> I am anxious at the thought of getting a vaccine for COVID-19 I am excited at the prospect of getting a vaccine for COVID-19
	Internalisation	I don't want to do it	<ul style="list-style-type: none"> I would get a vaccine for COVID-19 only if I was required to do so I personally want to get a vaccine for COVID-19
	Identity	I'm not that kind of person	<ul style="list-style-type: none"> I'm not the kind of person who would get a vaccine for COVID-19
	Self-efficacy	I don't feel able to do it	<ul style="list-style-type: none"> I feel confident that I know enough to guide my decision about getting one
Ability	Capability	I don't have the skills to do it	<ul style="list-style-type: none"> I know enough about how vaccines work to make my decision about getting one
	Routines	It's not part of what I usually do	<ul style="list-style-type: none"> Getting a vaccine for COVID-19 fits with what I would normally do to keep myself healthy
Processing	Decision forces	It doesn't fit into how I think about it	<ul style="list-style-type: none"> I could regret not getting a vaccine for COVID-19 I could regret getting a vaccine for COVID-19 I can easily give reasons for getting a vaccine for COVID-19 I feel a sense of rightness about getting a vaccine for COVID-19 I feel confident in my decision about whether to get a vaccine for COVID-19
Physical	Environmental factors	My environment doesn't support it	<ul style="list-style-type: none"> Things are not set up in a way that encourages me to get a vaccine for COVID-19
Social	Social norms	I don't think others expect me to do it	<ul style="list-style-type: none"> It is not what other people close to me expect me to do about getting a vaccine for COVID-19 It is not what other people close to me will do about a vaccine for COVID-19
	Cultural norms	I don't see it as part of how I live my life	<ul style="list-style-type: none"> It's my social responsibility towards others to get a vaccine for COVID-19 It's a matter of my personal freedom to decide whether or not to get a vaccine for COVID-19

MAPPS RESULTS

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

Document 9



QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Waves 8 + 9 total sample combined (n=2,013) – NETT European (n=1,505); NETT Māori (n=285); NETT Pacific (n=109); NETT Asian (n=235)

OVERVIEW BY ETHNICITY

Data for waves 8-9 has been combined for a more robust sample size for comparing ethnic subgroups

MĀORI

Respondents of Māori ethnicity feel a stronger sense of personal freedom in making their decision about whether to get a vaccine, but they have lower confidence levels in their decision. They are personally less likely than other ethnicities to want to get a vaccine, but are more likely get it if they were required to do so, i.e. if it was mandated for their job.

Compared to other groups, those of Māori ethnicity are less likely to say they are the type of person who would get a vaccine or agree that getting a COVID-19 vaccine fits with what they would normally do to keep healthy and are less likely to feel a sense of rightness or believe it is a part of their social responsibility towards others.

They are more likely to be doubtful of the effectiveness of the vaccine and have concerns about serious side effects, thus have higher anxiety levels as well.

They are less likely to easily give reasons for getting the vaccine and more likely to agree they could regret getting one.

On top of these feelings, they are also more likely to feel things are not set up in a way that encourages them to get a vaccine for COVID-19.

OVERVIEW BY ETHNICITY

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

PACIFIC

The most significant findings are that Pacific respondents have the highest levels of anxiety around the vaccine across the different ethnicities and are the group least likely to feel they know enough about how vaccines work to make a decision. In addition to this, they are least likely to think that getting vaccinated is the social norm amongst those around them.

Although not statistically significant, those of Pacific ethnicity tend to have more concerns around side effects and are more likely to say they are not the type of person to be vaccinated. They are less likely to believe that the vaccine fits with their usual routines around being healthy.

43% of Pacific respondents don't believe that things are set up in a way that encourages them to get a vaccine.

OVERVIEW BY ETHNICITY

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

ASIAN

Those of Asian ethnicity have the highest level of excitement about the vaccine and are most likely to say they personally want to get the vaccine and also feel a high level of personal responsibility. However, there is still a reasonable level of anxiety and concern around side effects as well as efficacy.

They are likely to say they know enough about how vaccines work to be able to make a decision and are most likely to say it fits within their usual routines around keeping themselves healthy.

Those of Asian ethnicity are more likely than other ethnicities to say they feel a sense of rightness around getting the vaccine. They have high levels of confidence in their decision and are likely to say they can easily give reasons for getting the vaccine.

On top of this, there is a high chance they could regret not getting vaccinated.

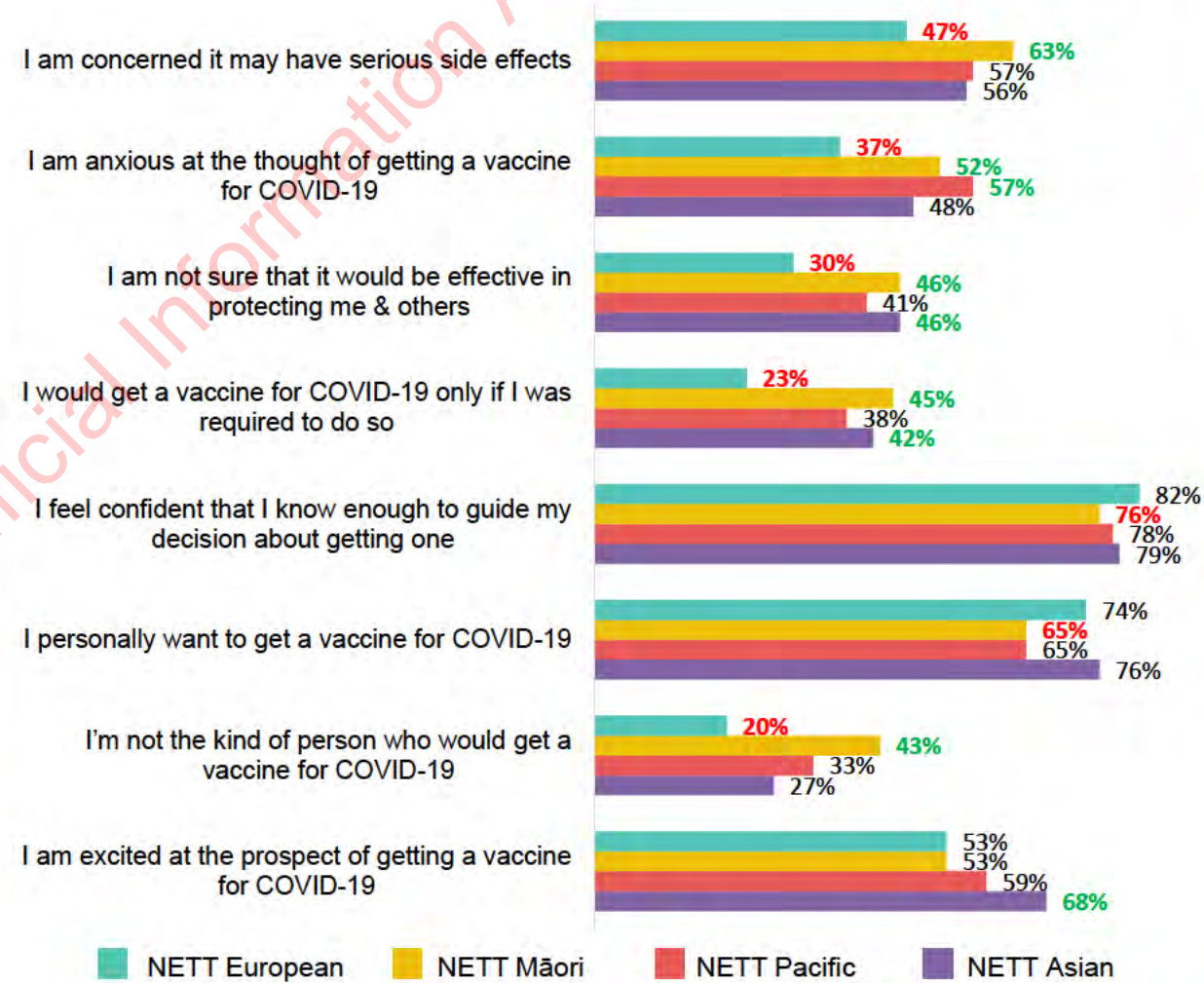
Despite all this, half of the respondents of Asian ethnicity said that things are not set up in a way that encourages them to be vaccinated.

MAPPS DIMENSION: MOTIVATIONS

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

Nett agree %

- There are some significantly different motivations across the ethnicities.
- Those of *European* ethnicity are more likely to get vaccinated and feel confident they know enough to guide their decision. They are also more likely to identify with vaccination behaviours. They have less anxiety in general and are less worried than other ethnicities about efficacy and side effects.
- Those of *Māori* ethnicity are less likely to want to get vaccinated, have higher concerns about side effects and effectiveness, and have higher anxiety levels. Additionally, they are less likely to feel confident that they know enough to make a decision and more likely to take the vaccine only if they were required to do so.
- The proportion of *Pasifika* who personally want to get the vaccine is similar to Māori. However, anxiety levels are the highest amongst this group, while 41% are concerned about the effectiveness and 57% about the side effects.
- Despite being more likely to have concerns about efficacy, those of *Asian* ethnicity have the highest level of excitement about the vaccine and the highest proportion personally wanting the vaccine.



QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Waves 8 + 9 total sample combined (n=2,013) – NETT European (n=1,505); NETT Māori (n=285); NETT Pacific (n=109); NETT Asian (n=235)

MAPPS DIMENSIONS: ABILITIES

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

Nett agree %

- Those of *European* and *Asian* ethnicities are most likely to say that the vaccine fits with what they would normally do to keep themselves healthy. Those of *Māori* and *Pacific* ethnicities are less likely to agree.
- Interestingly, there isn't much difference in the perceived knowledge for decision-making among those of *Māori*, *European* and *Asian* ethnicities. However, fewer *Pacific* people feel they know enough about how vaccines work to make a decision about getting one.

Getting a vaccine for COVID-19 fits with what I would normally do to keep myself healthy



I know enough about how vaccines work to make my decision about getting one



NETT European NETT Māori NETT Pacific NETT Asian

Red / green indicates significantly lower / higher than total

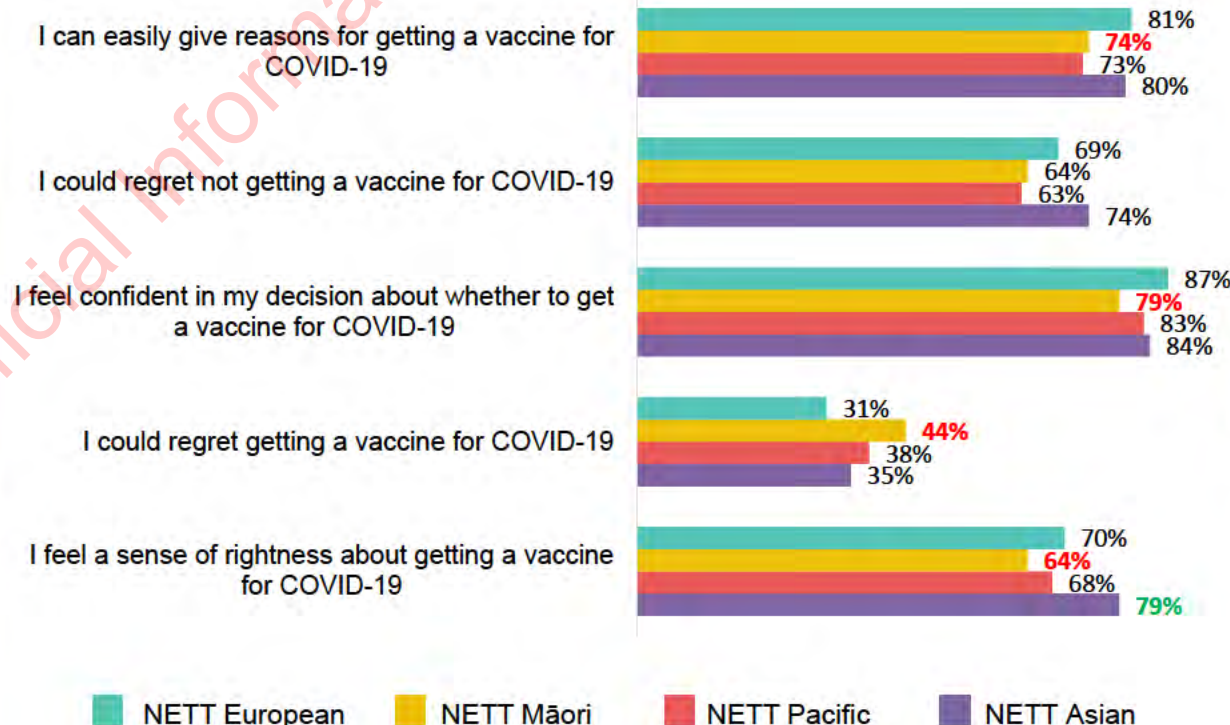
QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Waves 8 + 9 total sample combined (n=2,013) – NETT European (n=1,505); NETT Māori (n=285); NETT Pacific (n=109); NETT Asian (n=235)

MAPPS DIMENSIONS: PROCESSING

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

- 4 in 5 respondents of *European* and *Asian* ethnicities can easily give reasons for getting a vaccine and a very high proportion feel confident in their decision whether to get a vaccine for COVID-19.
- In contrast, fewer people of *Māori* and *Pacific* ethnicities feel they are easily able to give reasons for getting a vaccine. Confidence levels are lower amongst *Māori* respondents, coupled with a higher possibility of regretting getting a vaccine.
- In addition, fewer *Māori* feel a sense of rightness about getting a vaccine for COVID-19.



QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Waves 8 + 9 total sample combined (n=2,013) – NETT European (n=1,505); NETT Māori (n=285); NETT Pacific (n=109); NETT Asian (n=235)

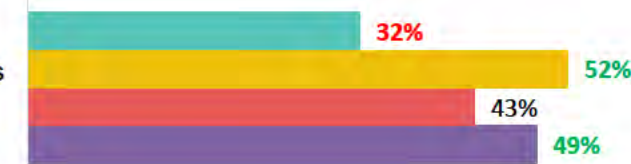
MAPPS DIMENSIONS: PHYSICAL

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

Nett agree %

- Those of *Māori* and *Asian* ethnicities are more likely to feel things are **not** set up in a way that encourages them to get vaccinated, whereas those of *European* ethnicity are significantly more likely to disagree.
- 43% of *Pacific* respondents feel things aren't set up in a way that encourages them to get vaccinated.

Things are not set up in a way that encourages me to get a vaccine for COVID-19



NETT European NETT Māori NETT Pacific NETT Asian

QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

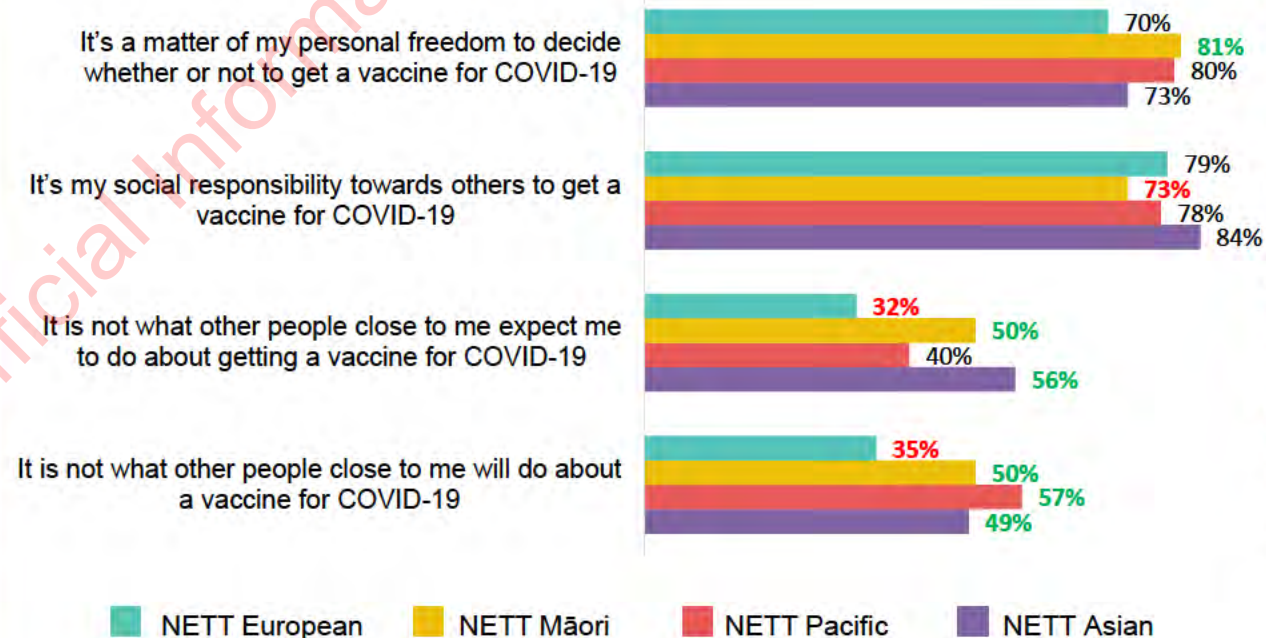
Base: Waves 8 + 9 total sample combined (n=2,013) – NETT European (n=1,505); NETT Māori (n=285); NETT Pacific (n=109); NETT Asian (n=235)

MAPPS DIMENSIONS: SOCIAL

Data for waves 8 + 9 has been combined for a more robust sample size for comparing ethnic subgroups

Nett agree %

- Those of *Māori* and *Pacific* ethnicities are more likely to feel it is matter of personal freedom to decide whether or not to get a vaccine for COVID-19.
- Those of *Māori* ethnicity are less likely to feel getting a vaccine is part of their social responsibility towards others.
- In terms of social norms:
 - Those of *Māori* and *Asian* ethnicities are less likely to say that being vaccinated is what other people close to them would expect them to do.
 - Compared to those of *European* ethnicity, other ethnicities aren't as impacted by what people close to them do or expect them to do regarding a vaccine for COVID-19.



QC9: Please rate how you feel about the following when thinking about getting a vaccine for COVID-19?

Base: Waves 8 + 9 total sample combined (n=2,013) – NETT European (n=1,505); NETT Māori (n=285); NETT Pacific (n=109); NETT Asian (n=235)

INTERVENTIONS FOR CHANGE – BY ETHNICITY

The following slides repeat the interventions for change recommended in the previous report for each of the vaccine uptake groups (likely, unsure & unlikely).

This slide overlays an ethnicity lens & highlights the key aspects for focus by ethnicity.

MĀORI

- Managing collective anxiety (Motivations)
- Managing outcome expectations (Motivations)
- Creating new norms (Social)
- Building the vaccine into routines (Ability – routines)
- Supporting positive identities relating to vaccines (Motivation – identity)
- Making it easy to be vaccinated (Physical)

PACIFIC

- Managing collective anxiety (Motivations)
- Knowing enough about how vaccines work to make a decision (Ability – capability)
- Managing outcome expectations (Motivations)
- Creating new norms (Social)
- Building the vaccine into routines (Ability – routines)
- Making it easy to be vaccinated (Physical)

ASIAN

- Making it easy to be vaccinated (Physical)
- Creating new norms (Social)

WHAT IS NEEDED ACROSS ALL SEGMENTS

There are some aspects where a focus could benefit all segments – reinforce for those who have already decided to have their vaccine, support those who are unsure and engage and persuade those who are unlikely. These are:

Managing outcome expectations (Motivations) – There is some level of concern among all groups about the efficacy and possible side effects of the COVID-19 vaccine, and whether it will offer protection. As expected, this increases with medium- and low-likelihood groups. To mitigate this, advice should provide:

- **Understanding:** Help people create meaningful understanding of the risks involved with both taking *and* refusing the COVID vaccine and the possible outcomes of these risks for them and their whānau. Provide relevant guidance on ways risks can be mitigated.
 - Example: Give clear, [understandable, concrete explanations](#) and guidance in a way that is relevant to them (e.g. using appropriate language and relevant concepts, metaphors and narratives – such as [fact boxes](#)).
- **Feedback:** Help create an immediate positive experience of being vaccinated (in addition to helping people see the impact on health outcomes both from themselves and their wider community).
 - Example: Provide rewards following vaccination (e.g. through badges / tote bags) which create ‘warm glow’ and additionally have ‘signalling’ value to persuade others (which is also helpful for supporting social norms).

Managing collective anxiety (Motivations) – All groups have at least some level of anxiety about the vaccine. Anxiety as an emotion is a key category within the Motivation dimension of MAPPS that underpins behaviour. Anxiety creates the desire for people to gain certainty over an unfamiliar and uncertain threat, so it drives behaviours towards things that will provide certainty and control. Support should include:

- **Feedback:** Provide ways to help manage and reduce the feeling of anxiety. Anxiety is characterised by a sense of unfamiliarity, low sense of control certainty, coping potential and pessimistic assessment of risks.
 - Example: Give people mechanisms to control their emotion – could be through choices in the vaccination experience (e.g. where they go, how they book, which arm they are vaccinated on). Also increase familiarity, e.g. share stories from people who have already had their vaccine.

WHAT IS NEEDED ACROSS ALL SEGMENTS (CONT.)

Creating new social norms (Social) – In both types of social norms (what other people are doing or what other people think you should do), we see the closest results between the three groups. This indicates that a low likelihood of getting vaccinated is not limited to people who are exposed only to views that align with their own. Ways to support change in cultural norms include:

- **Understanding:** Provide ways for social influences to guide learning about vaccines and facilitate social learning and modelling.
 - Example: Provide those who get vaccinated talking points or materials that can be used to advocate for and educate others about the benefits of being vaccinated.
- **Connection:** Show how being vaccinated represents a group, transient or situational norm.
 - Example: Encourage those who get vaccinated to share stories about why they got vaccinated on social media or create opportunities for taking and posting vaccine selfies.

Making it easy to be vaccinated (Physical) – Even for those likely to be vaccinated, a quarter agree things aren't set up in a way that encourages them to get the vaccine. While the rollout is still progressing and has not yet reached the larger population groups, and the centralised booking system for these groups is not yet in place, other results in this research show not everyone is sure how to go about getting vaccinated or who is running their local programme.

- **Understanding:** Continue to help people understand when their turn for vaccination will arrive and, when it does, the process for vaccination.
 - Example: Provide people with a local or personal plan of when they will get vaccinated and how this will happen.
- **Restructure:** As the rollout progresses, evolve or change the environment to enhance or remove influences so that learning about and getting the vaccine can be supported.
 - Example: To do this, you will need to carefully understand the barriers the environment provides for learning about the vaccine (e.g. accessible sources) and being vaccinated (e.g. time off work, inconvenient location), and then consistently find ways to mitigate these as much as possible. It is likely that will involve convenient times and locations to receive the vaccination.

SUPPORTING THE UNSURE SEGMENT

There are three areas in which the unsure segment were less confident than those who are likely / unlikely to get a vaccine. These are:

- I feel confident that I know enough to guide my decision about getting one (Motivations – self-efficacy).
- I know enough about how vaccines work to make my decision about getting one (Ability – capability).
- I feel confident in my decision about whether to get a vaccine for COVID-19 (Processing – decision forces).

It is important to address these three aspects, too, as well as the items discussed previously for all groups..

Knowing enough to feel confident in decision-making (Motivation – self-efficacy) – Those who are confident are likely to be harder to engage with; however, the unsure group are less confident than the other two groups. We also know that those who are unsure are more likely to say there is not enough information available in New Zealand (37% compared with 21% total).

- **Understanding:** There is room for more information and guidance for this group – particularly around the aspects that worry them – side effects and efficacy.

Knowing enough about how vaccines work to make a decision (Ability – capability) – Again, those who are unsure are less likely to agree they know enough about how vaccines work to make a decision, compared to those who are likely or unlikely to be vaccinated – both of whom believe they know enough about how vaccines work to make a decision.

- **Understanding:** Find ways to encourage people to engage in activities so they can evaluate more critically the information they are receiving.
 - Example: Create activities that encourage active reasoning skills, e.g. [Fake news game](#).
 - Example: Provide simple explanations for these complex concepts, e.g. the [Toby Morris and Siouxsie Wiles cartoons](#) and [WHO video explanations](#).

Building confidence in the decision about whether to get a vaccine (Processing) – Those who are likely / unlikely to get a vaccine have relatively high confidence in comparison to those who are unsure.

- One of the key dimensions of our behaviour change framework, MAPPS, is Processing, which reflects the degree to which people make decisions more automatically vs more reflectively. If we are trying to change behaviours, then typically we want to move people towards greater reflection and away from their more automatic decisions. To facilitate this and make people slow down and think more carefully, we need to properly understand the context of their lives, see how they understand health issues, the stories they tell, the metaphors they use, how their decisions are wrapped up with their identities.

ENGAGING & PERSUADING THOSE LESS WILLING TO HAVE A VACCINE

As well as the areas across all groups, specific ways to persuade those less willing include:

Building the vaccine into routines (Ability – routines) – Those unlikely to get the vaccine were significantly less likely to state that this fits within what they would normally do to keep healthy, suggesting a generalised hesitancy for vaccination, not just for COVID-19. Ways to tackle this include:

- **Feedback:** Provide means of interrupting 'routine' thinking relating to negative perceptions about vaccinations.
 - Example: Identify the patterns of beliefs, attitudes and values relating to vaccination that are relevant to low-likelihood groups and find ways for them to slow down and encourage reflectiveness.
- **Planning:** Identify key moments that can be used to trigger and maintain reflective thinking about vaccination.
 - Example: Find points that can be used for critical learning moments to encourage more timely, relevant and experiential engagement (e.g. in toilets of events or sports venues – what would this event look like if we had community transmission?).

Supporting positive identities relating to vaccines (Motivation – identity) – Evidence suggests that people are motivated to behave in a way that is considered to be socially acceptable. Therefore, identity-based interventions involve locating the socially acceptable identities we all have and demonstrating their positive behaviours around the vaccine:

- **Understanding:** Show positive vaccine behaviours linked to prominent or significant people.
 - Example: Locate identities that are important to the target group (e.g. neighbour, caring member of the community) and demonstrate the way in which vaccination behaviour is consistent with them.
- **Connection:** Let people see leaders or important people enact a behaviour.
 - Example: Church leaders, role models, sporting heroes, influencers sharing their views and experience of being vaccinated.

APPENDIX

Document 9

WHAT WAS / IS MOST IMPORTANT TO YOU IN THE DECISION TO GET A COVID-19 VACCINE?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010	1,005	1,008	
Approved by Medsafe in New Zealand	36%	37%	32%	33%	34%	30%	34%	34%	35%	
Effective against new variants (or strains) of COVID-19	27%	31%	31%	29%	32%	30%	36%	34%	30%	
Safe to use in the general population	32%	31%	29%	31%	30%	31%	31%	31%	29%	
Effective in the general population	25%	25%	21%	23%	23%	24%	26%	27%	26%	
Free of charge	23%	21%	24%	23%	23%	25%	23%	22%	23%	
Not associated with severe reactions	21%	21%	18%	22%	20%	21%	19%	21%	20%	
Recommended by my doctor / healthcare provider	17%	18%	20%	19%	19%	14%	16%	16%	16%	
Large-scale clinical trials	12%	13%	11%	14%	14%	13%	14%	11%	13%	
Easy to get the vaccination	11%	10%	12%	10%	10%	12%	13%	11%	12%	
Approved for use in other countries	9%	8%	7%	8%	8%	9%	8%	8%	9%	
Required by my employer	5%	3%	4%	7%	5%	5%	5%	4%	6%	
First available vaccine for use	5%	5%	3%	5%	4%	5%	3%	5%	4%	
Other reason	4%	4%	4%	3%	3%	5%	4%	5%	3%	

Red / green indicates significantly lower / higher than previous wave

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample

WHAT IS YOUR PRIMARY REASON FOR NOT GETTING VACCINATED?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	322	347	356	329	334	319	336	312	306	
I feel it is too soon; I am waiting for further data on efficacy & safety of the vaccines	29%	30%	31%	30%	28%	33%	28%	32%	32%	
I am worried about the long-term side effects with the vaccines	21%	22%	17%	17%	23%	17%	18%	17%	17%	
I want to wait & see if others who get the COVID-19 vaccine get side effects	12%	16%	10%	14%	13%	11%	11%	12%	13%	
I do not believe the current vaccines are effective against new variants (or strains) of COVID-19	7%	7%	8%	8%	6%	11%	6%	9%	8%	
I don't like needles*	N/A	N/A	5%	3%	4%	7%	8%	6%	6%	
A vaccine is not necessary as the risk of getting COVID-19 is low for me	7%	4%	8%	7%	5%	4%	4%	6%	4%	
I am worried about the short-term side effects with the vaccines	6%	6%	7%	6%	7%	2%	5%	3%	4%	
I would prefer to wait until another vaccine is available	2%	1%	1%	0%	1%	1%	3%	2%	3%	
I am against vaccines in general	3%	3%	4%	6%	4%	4%	4%	4%	2%	
I am worried I may get COVID-19 from the vaccine	2%	2%	2%	2%	2%	2%	4%	3%	2%	
Other reason	10%	9%	6%	6%	6%	8%	7%	8%	8%	

QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. *Note: Statement added in wave 3.

WHERE DO YOU GO MOST FREQUENTLY TO GET YOUR INFORMATION ON VACCINES?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010	1,005	1,008	
Ministry of Health website (health.govt.nz)	37%	40%	38%	39%	36%	34%	39%	43%	43%	
NZ Govt COVID-19 website (covid19.govt.nz)	36%	37%	35%	40%	37%	37%	39%	41%	42%	
Your family doctor or a health care professional	40%	40%	39%	37%	33%	30%	33%	41%	40%	
NZ Govt COVID-19 announcements (e.g. on radio, TV or in newspapers)	28%	30%	25%	28%	32%	28%	30%	32%	32%	
Media briefings (e.g. from Prime Minister, ministers or Director General of Health)	24%	24%	20%	21%	26%	22%	23%	23%	27%	
Articles in the media (newspapers, radio or online news websites)	22%	19%	17%	15%	17%	18%	16%	21%	22%	
Family and friends	16%	17%	19%	18%	15%	16%	17%	21%	20%	
Our COVID-19 vaccination plan brochure delivered in my mailbox*	N/A	15%	13%	14%	13%	12%	8%	14%	13%	
Social media – posts from Ministry of Health	8%	9%	13%	10%	9%	9%	8%	12%	10%	
Online medical website	7%	6%	6%	6%	3%	5%	5%	11%	9%	
Social media – posts from Unite against COVID-19	8%	8%	9%	9%	9%	9%	7%	9%	9%	
Pharmacist	7%	7%	8%	7%	6%	7%	6%	9%	8%	
I haven't looked for information on the COVID-19 vaccine	9%	7%	8%	6%	6%	12%	9%	7%	8%	
Website or online information from the pharmaceutical company	7%	5%	5%	5%	3%	4%	5%	9%	6%	
Social media – posts from friends and family	3%	4%	3%	4%	4%	5%	2%	5%	5%	
Social media – posts from news companies	4%	5%	6%	4%	4%	4%	3%	5%	5%	
Online medical forums	4%	3%	3%	3%	2%	2%	2%	5%	4%	
Social media – other	3%	3%	5%	4%	3%	3%	3%	4%	4%	
Church or local leader	0%	1%	1%	0%	0%	1%	1%	1%	1%	
Other	2%	2%	2%	1%	2%	2%	2%	2%	1%	

QC1: Where do you go most frequently to get your information on vaccines?

Base: Total sample. *Note: Statement added in wave 2.

THERE ARE 4 PRIORITY GROUPS. DO YOU KNOW WHICH OF THE FOUR GROUPS YOU FIT INTO?

	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,010	1,012	1,003	1,010	1,005	1,008	
Yes, I definitely know which group I'm in	51%	49%	49%	52%	53%	58%	
I think I know which group I'm in	29%	30%	29%	27%	28%	25%	
I don't know	21%	21%	22%	21%	18%	16%	

Red / green indicates significantly lower / higher than previous wave

QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample. Note: Question added in wave 4.

LIKELIHOOD BY DHB REGION

Data for waves 6-9 has been combined for a more robust sample size for comparing results by DHBs

	TOTAL	Northland	Waitematā	Auckland	Counties Manukau	Waikato	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Hawke's Bay
Base	3,281	121	175	457	380	269	219	26**	22**	77*	95*
NETT unlikely	18%	31%	11%	18%	21%	20%	26%	24%	9%	22%	20%
NETT unsure	15%	10%	10%	15%	21%	16%	12%	10%	22%	20%	14%
NETT likely	61%	46%	72%	63%	50%	58%	56%	62%	64%	55%	54%
Don't know	6%	12%	7%	4%	7%	6%	6%	4%	5%	3%	12%
	TOTAL	Whanganui	Mid-Central	Wairarapa	Hutt	Capital & Coast	Nelson Marlborough	West Coast	Canterbury	South Canterbury	Southern
Base	3,281	66*	144	49**	129	210	65*	14**	494	39**	221
NETT unlikely	18%	33%	15%	27%	12%	9%	21%	29%	15%	20%	15%
NETT unsure	15%	22%	8%	18%	14%	15%	7%	7%	14%	19%	12%
NETT likely	61%	39%	71%	51%	68%	71%	68%	64%	66%	58%	68%
Don't know	6%	6%	6%	4%	6%	5%	3%	0%	4%	2%	6%

Red / green indicates significantly lower / higher than total

QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Wave 6-9 sample of those yet to be vaccinated. *Note: Low base (n<100). Results indicative only. **Note: Very low base (n<50). Results indicative only.

ALERT LEVEL FIELDWORK DATES

PRE-LOCKDOWN Wave 1 (March 12–14) Wave 2 (March 21–24)	LEVEL 4 Wave 3 (March 28–30) Wave 4 (April 3–6) Wave 5 (April 10–13) Wave 6 (April 17–20) Wave 7 (April 24–27)	LEVEL 3 Wave 8 (May 1–4) Wave 9 (May 8–11)
LEVEL 2 Wave 10 (May 15–18)	LEVEL 1 Wave 11 (July 3–6)	LEVEL 2 / 2.5 Wave 12 (September 11–14)
<div>LEVEL 1 Wave 13 (October 16–19) Wave 14 (November 13–17) Wave 15 (December 8–14) Wave 16 (February 10–15)** June 7–13, 2021 June 14–20, 2021 June 21–27, 2021</div>		

***Note:** No data was collected in August 2020 when Auckland was in Alert Level 3 and the rest of NZ was in Alert Level 2.

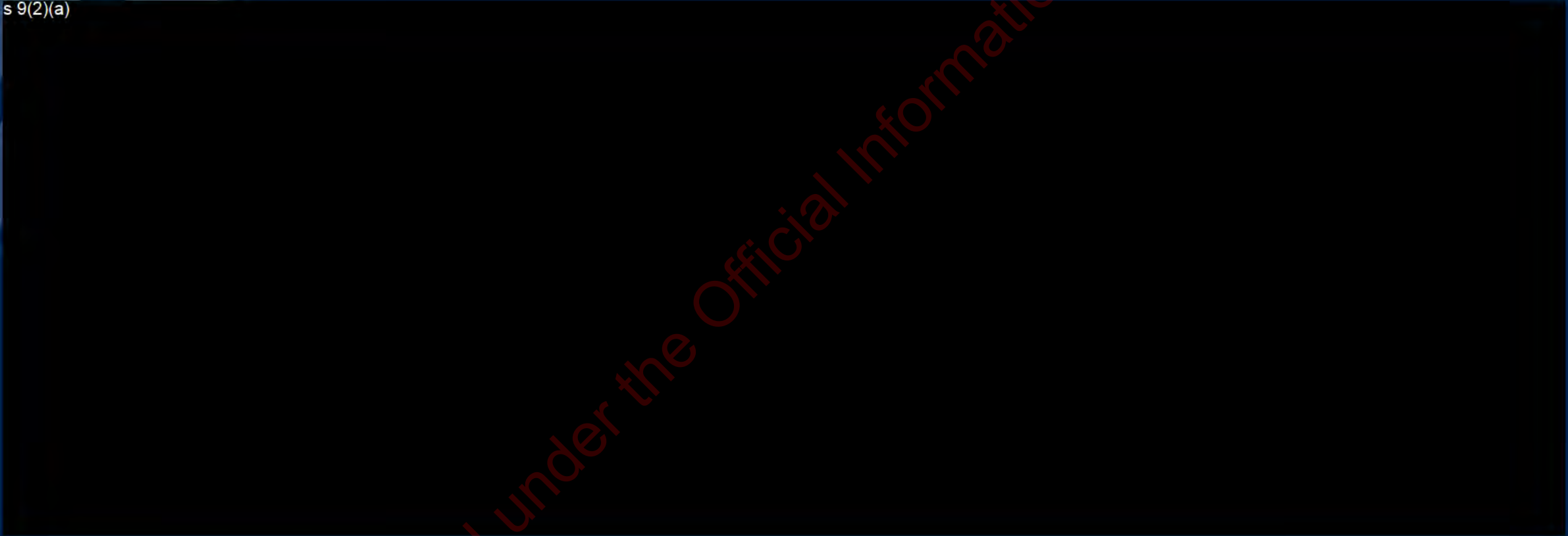
****Note:** The tail-end of fieldwork coincided with the beginning of the 'Snap Lockdown' that began at 11:59 pm on 14 February, 2021. Auckland was moved to Alert Level 3 whilst the rest of NZ moved to Alert Level 2.



CONTACTS

Document 9

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ABOUT IPSOS

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GAME CHANGERS

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So that our clients can act faster, smarter and bolder. Ultimately, success comes down to a simple truth:
You act better when you are sure.

**THANK
YOU**

Document 9

GAME CHANGERS



COVID VACCINE TRACKER

Wave 10

28 June–4 July 2021



GAME CHANGERS



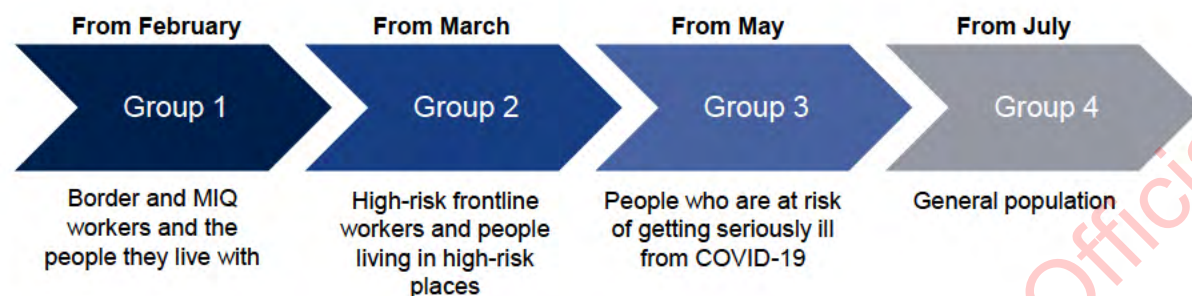
BACKGROUND INFORMATION

1

BACKGROUND

As the world continues to experience the widespread impact of COVID-19, countries are now facing an additional challenge – the logistics of rolling out a vaccine on a massive scale. Globally, vaccination programmes are being developed and the rollout has begun. Today, most countries' citizens are at least partially vaccinated against COVID-19.

The New Zealand Government has secured enough Pfizer vaccines for everyone to receive the two doses required to be protected against COVID-19. The rollout in New Zealand will be carried out in stages, with people being split into four groups.



ABOUT THIS REPORT

This report tracks New Zealanders' high-level perceptions towards the vaccine, including:

- Likelihood of getting vaccinated
- Drivers of vaccination
- Barriers to getting vaccinated
- Vaccine information sources
- Perceptions of available information surrounding vaccines



METHODOLOGY & NOTES

This research was conducted via an online panel survey of n=1,005 New Zealanders. It is repeated weekly.



Latest fieldwork dates

28 June–4 July, 2021

The data is weighted by age, gender, region and ethnicity to ensure the results represent the population of New Zealand.

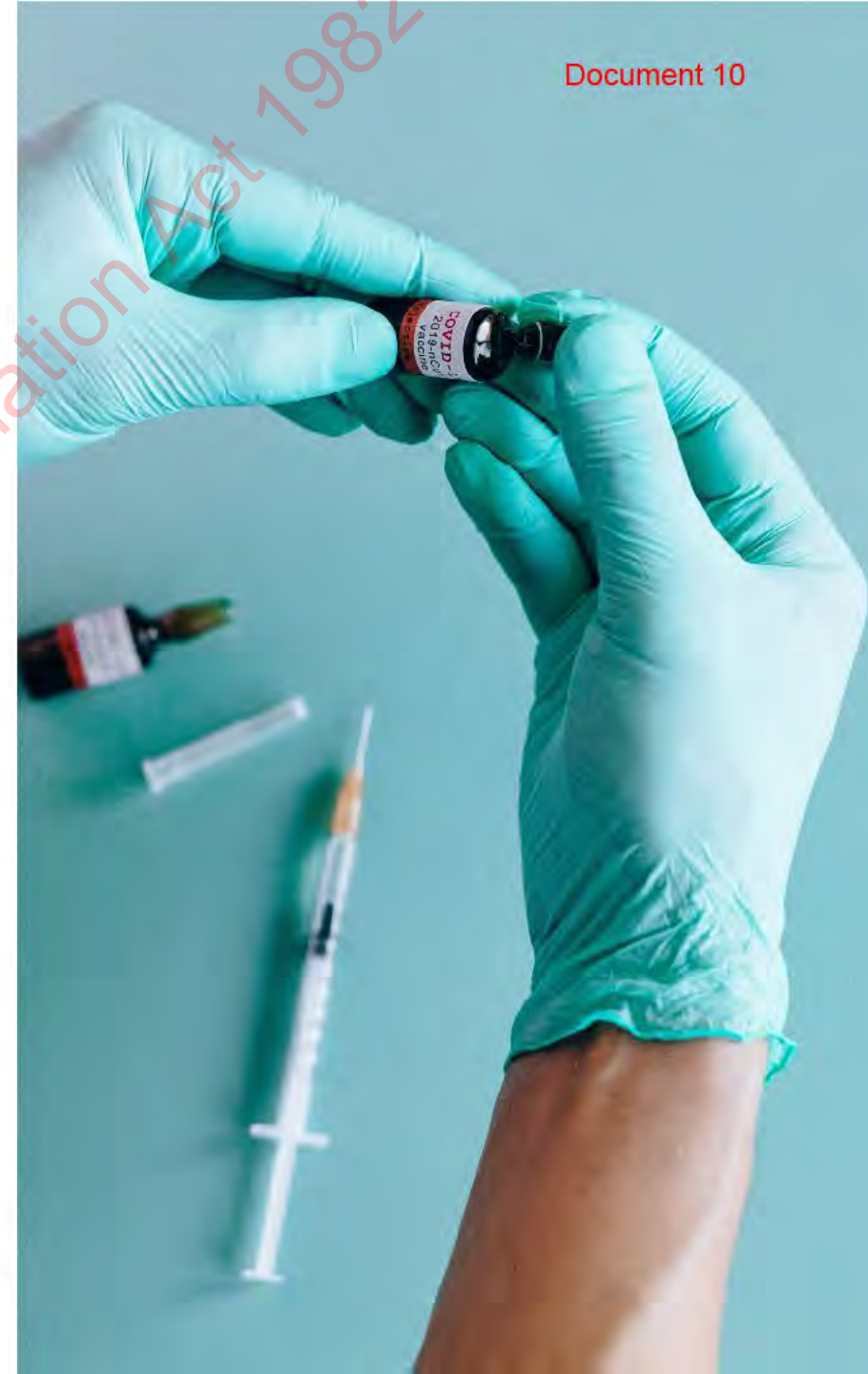
The precision of the results is calculated using a credibility interval, a survey of 1,000 accurate to +/- 3.5 percentage points.

Significant differences are reported at 95% confidence. **Green** indicates that the percentage is significantly higher than the total, whilst **red** indicates it is significantly lower. For some slides, **↑ / ↓** indicates significant **increase** / **decrease** from the previous week.

NETT grouping definitions:

Education*	Income
NETT low: none + level 1–3	NETT low: up to \$50,000
NETT medium: level 4–7	NETT medium: \$50,000–\$100,000
NETT high: level 8–10	NETT high: over \$100,000

Where results do not sum to 100 or the 'difference' appears to be +/-1 more / less than the actual, this may be due to rounding, multiple responses or the exclusion of 'don't know' or 'not stated' responses.



SAMPLE PROFILE

Document 10



TOTAL SAMPLE
1,005

Vaccine Status:

Not been vaccinated: 75% (n=755)
Partially / fully vaccinated: 25% (n=250)



GENDER

Male 480
Female 523
Another gender 2



AGE

18–34 years 306
35–49 years 240
50–64 years 258
65+ years 201

Unweighted %s

5 – © Ipsos | COVID-19: Vaccine Tracker

ETHNICITY



NETT European 731
NETT Māori 154
NETT Pacific 65
NETT Asian 123
NETT Other 37

VACCINE PRIORITY GROUP



Group 1 62
Group 2 150
Group 3 330
Group 4 463

Group	Description
1	Border and managed-isolation and quarantine (MIQ) workers and the people they live with. Those working for the NZDF.
2	High-risk frontline workers and people living in high-risk places, high-risk Counties Manukau residents, older Māori / Pacific people being cared for by whānau, people living with and caring for older Māori / Pacific family members.
3	People who are at risk of getting seriously ill from COVID-19, those in custodial care.
4	Remaining population.

DHB OF DOMICILE



Northland 46
Waitemata 66
Auckland 127
Counties Manukau 143
Waikato 76
Bay of Plenty 60
Lakes 6
Tairāwhiti 6
Taranaki 19
Hawke's Bay 30
Whanganui 31
Mid-Central 43
Wairarapa 9
Hutt 33
Capital and Coast 57
Nelson Marlborough 18
West Coast 7
Canterbury 145
South Canterbury 12
Southern 70
Don't know 1

KEY FINDINGS

Document 10

Vaccine uptake

60% of New Zealanders are likely to get the vaccinated when the vaccine is available to them.

60%

Likely to get vaccinated when available

-1 percentage point vs last week

17%

Unsure – may need some persuasion / reinforcement

+2 percentage points vs last week

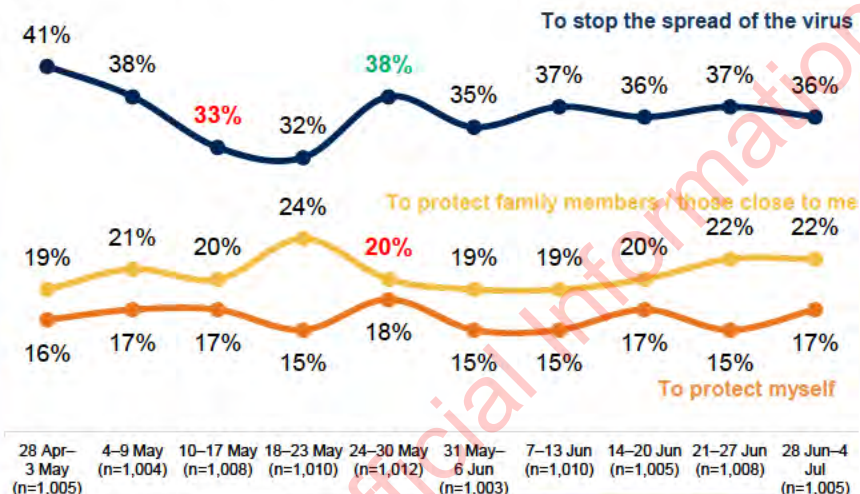
17%

Unlikely to get vaccinated

-1 percentage point vs last week

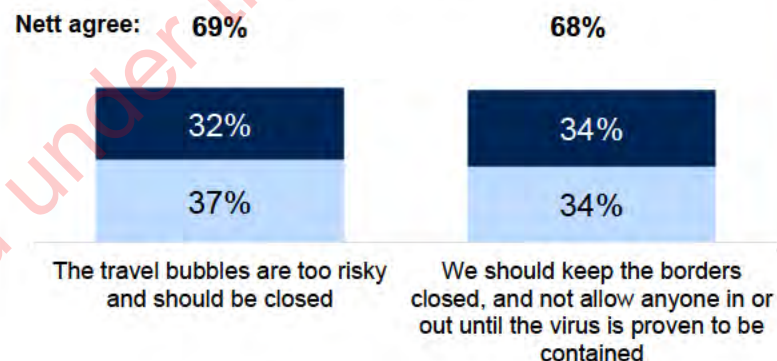
6% answered 'Don't know' (6% last week)

Top-3 reasons to get vaccinated



Perceptions of travel / border control

The majority are in favour of keeping borders and travel bubbles closed until the virus is proven to be contained.



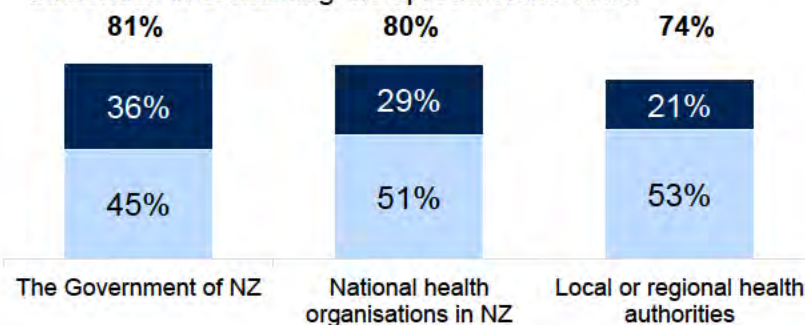
Barriers to getting vaccinated

Among those unlikely or unsure about getting vaccinated, the main concerns are *potential side effects* and the *speed of vaccine development*.



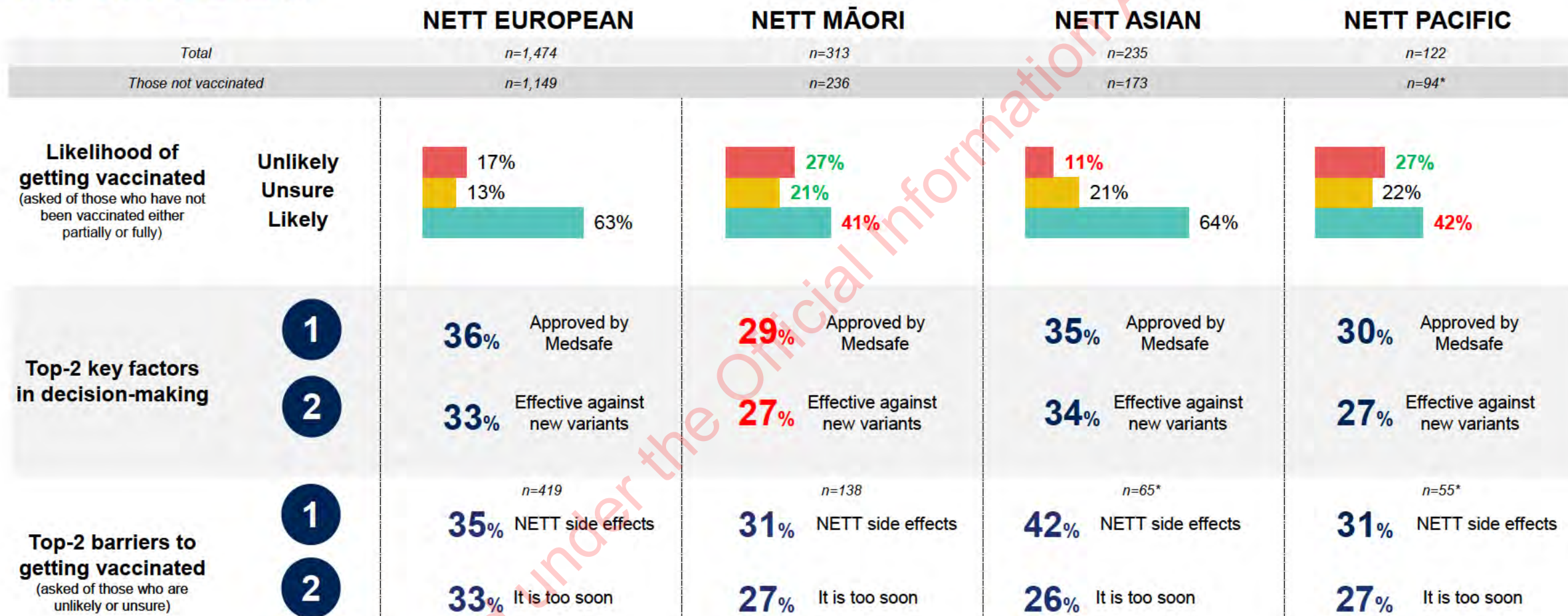
Handling the spread of COVID-19

Overall, positive perceptions about the performance of the government, national health organisations and local / regional authorities in containing the spread of the virus.



OVERVIEW OF ETHNICITY: VACCINE STATUS & ATTITUDES

Data for waves 9 + 10 has been combined for a more robust sample size for comparing ethnic subgroups



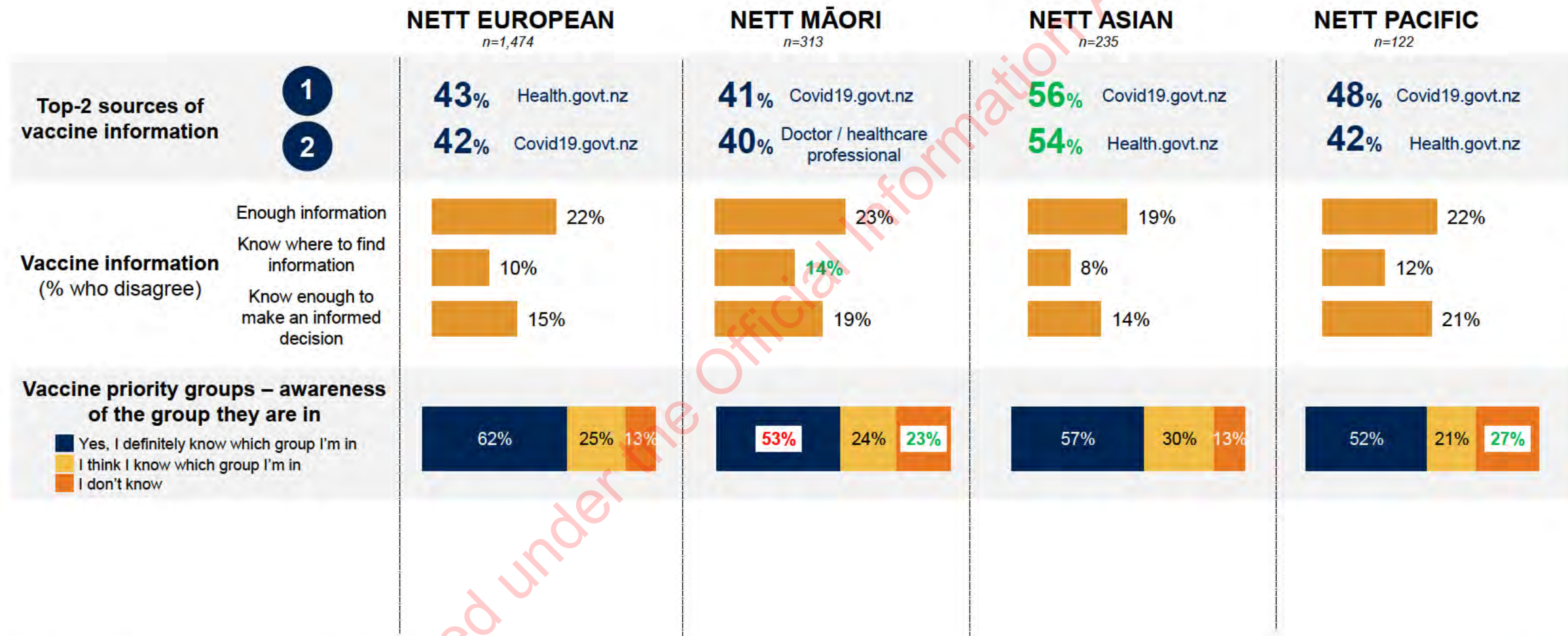
Red / green indicates significantly lower / higher than total

Base: Waves 9 + 10 total sample combined (*n*=2,013); Those who have not been vaccinated either partially or fully (*n*=1,540); Those who are unsure or unlikely to get vaccinated (*n*=611)

*Note: Low base (*n*<100). Results indicative only.

OVERVIEW OF ETHNICITY: INFORMATION

Data for waves 9 + 10 has been combined for a more robust sample size for comparing ethnic subgroups



Base: Waves 9 + 10 total sample combined (n=2,013)

Perception of COVID threat

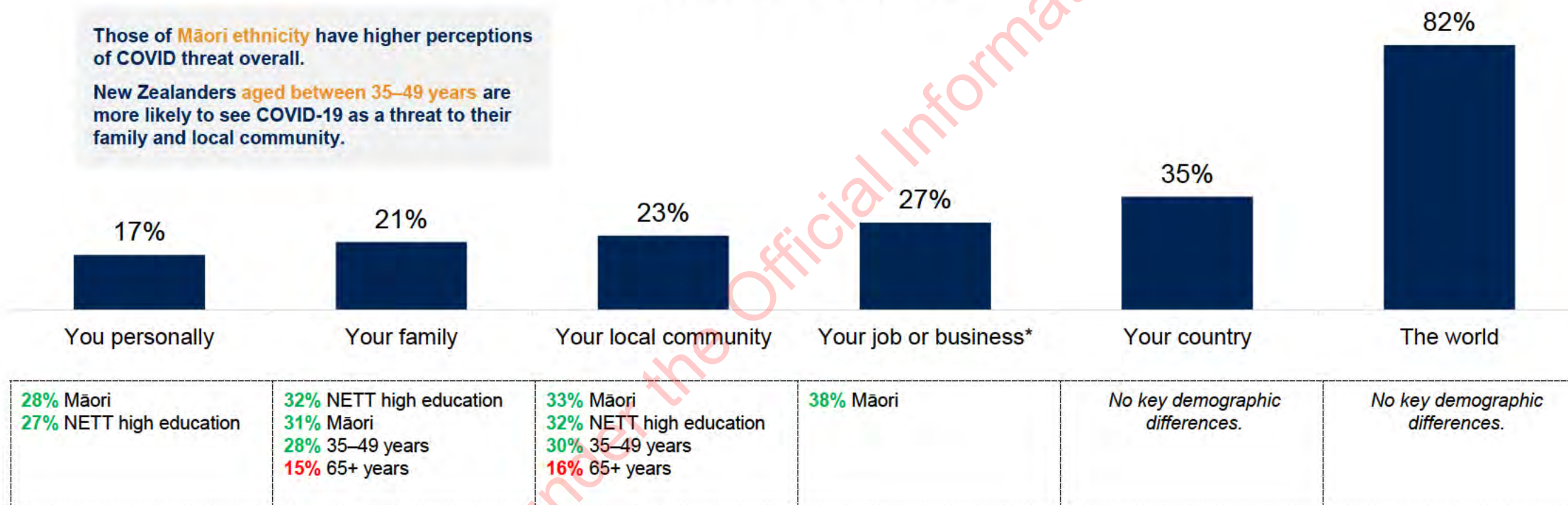
Document 10

4 IN 5 NEW ZEALANDERS BELIEVE COVID-19 POSES A HIGH THREAT TO THE WORLD. LOCALLY, HIGHER CONCERN FOR THE COUNTRY COMPARED TO SELF, FAMILY OR COMMUNITY

What level of threat do you think the coronavirus or COVID-19 poses to each of the following?
(% very high + high threat)

Those of **Māori ethnicity** have higher perceptions of COVID threat overall.

New Zealanders **aged between 35–49 years** are more likely to see COVID-19 as a threat to their family and local community.



Red / green indicates significantly lower / higher than total

Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?

Base: Wave 10 total sample (n=1,005). *Note: Asked only of those who are employed (n=670).

Perception of COVID threat over time

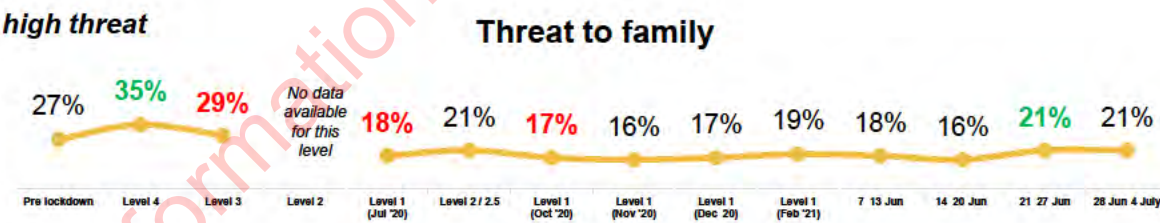
Document 10

AFTER THE RECENT WELLINGTON TOURIST CASE PERCEIVED THREAT INCREASED AND HAS REMAINED HIGHER THIS WEEK

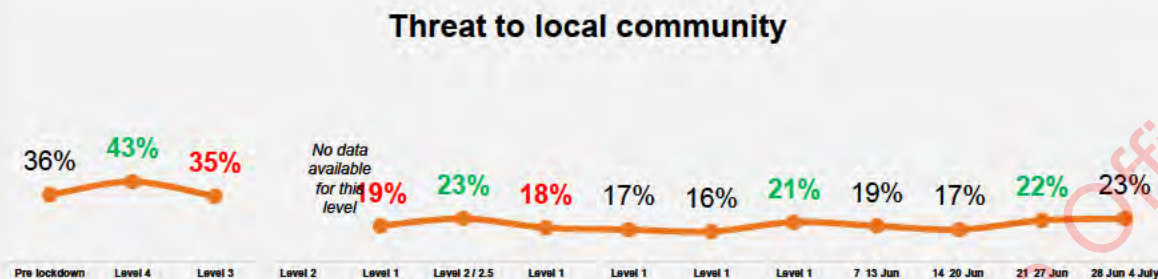
Threat to self



Threat to family



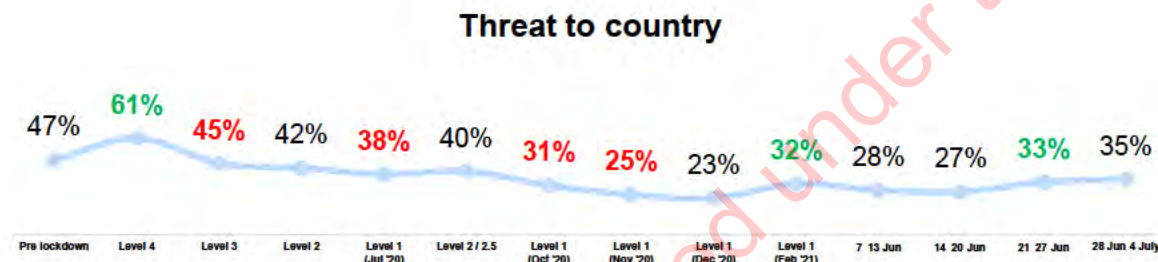
Threat to local community



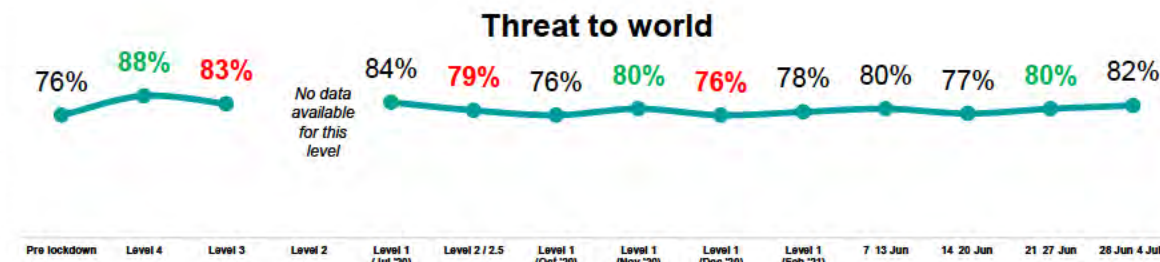
Threat to job or business*



Threat to country



Threat to world



Q2: What level of threat do you think the coronavirus or COVID-19 poses to each of the following?

Base: Wave 10 total sample (n=1,005). *Note: Asked only of those who are employed (n=670). Note: Dates for alert levels in appendix.

VACCINE STATUS & HESITANCY

2

Likelihood of getting vaccinated

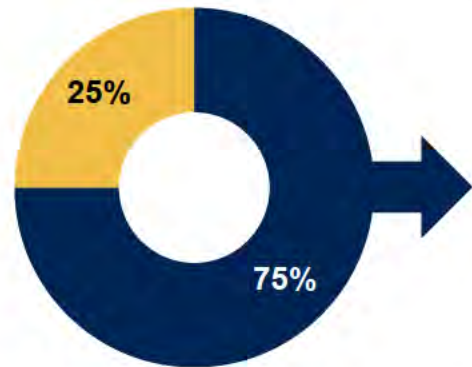
Document 10

AROUND A THIRD OF THOSE NOT YET VACCINATED REMAIN UNLIKELY OR UNSURE; MĀORI & THOSE WITH LOWER EDUCATION LEVELS ARE LESS KEEN ON GETTING VACCINATED

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

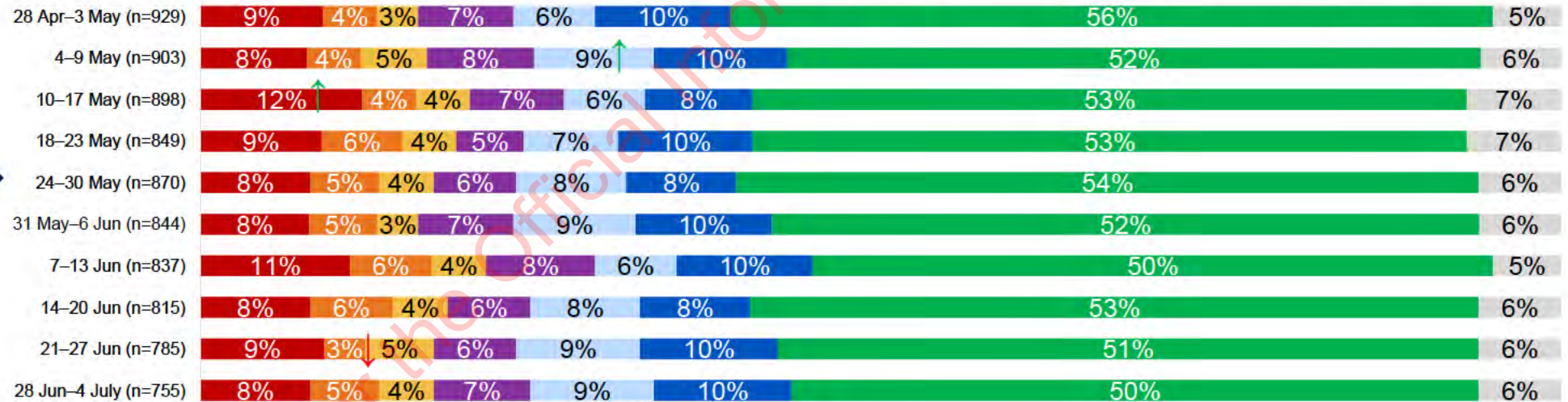
1 - I will definitely not get vaccinated 2 3 4 5 6 7 - I will definitely get vaccinated 8 - Don't know

Vaccine status



■ Not vaccinated
■ Partially / fully vaccinated

Total sample



Unlikely 17%

28% Māori
9% NETT high income

Unsure 17%

22% 18-34 years
7% 65+ years

Very likely 60%

75% NETT high education
75% 65+ years
72% NETT high income
50% NETT low education
43% Māori

Those who are not yet vaccinated

Low uptake

QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Wave 10 total sample (n=1,005); Those who have not been vaccinated either partially or fully.

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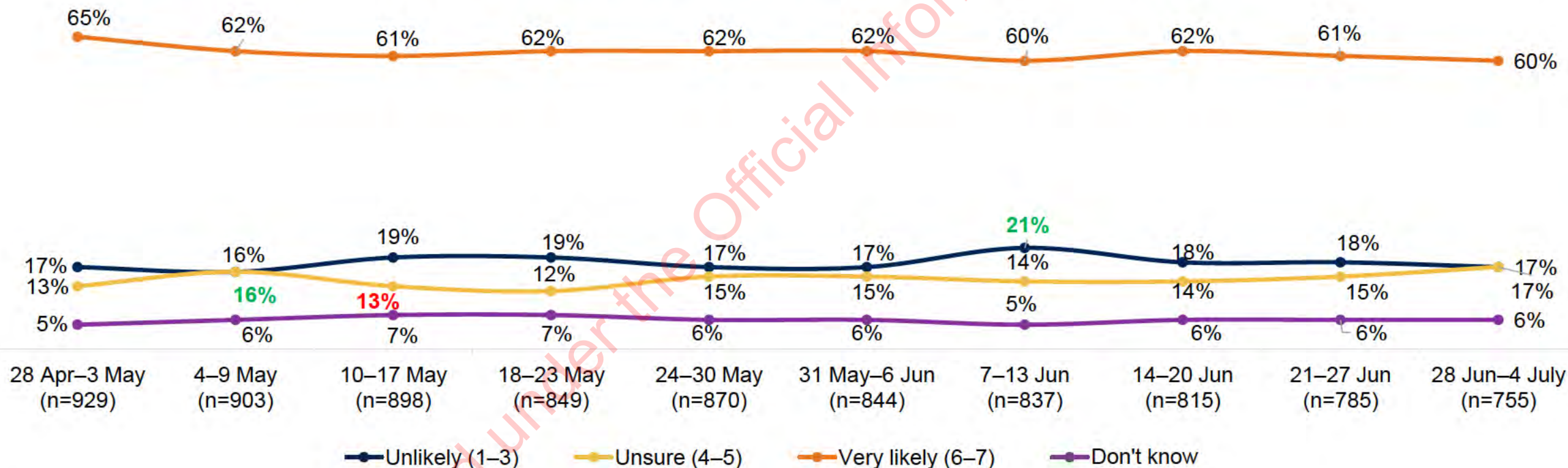
↑ / ↓ indicates significantly higher / lower than previous wave

Likelihood of getting vaccinated over time

Document 10

LIKELY UPTAKE AMONG THOSE NOT YET VACCINATED REMAINS STABLE – MOST ARE VERY LIKELY TO GET VACCINATED; HOWEVER, 1 IN 3 ARE EITHER UNSURE OR UNLIKELY

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Those who have not been vaccinated either partially or fully

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Those who are not yet vaccinated



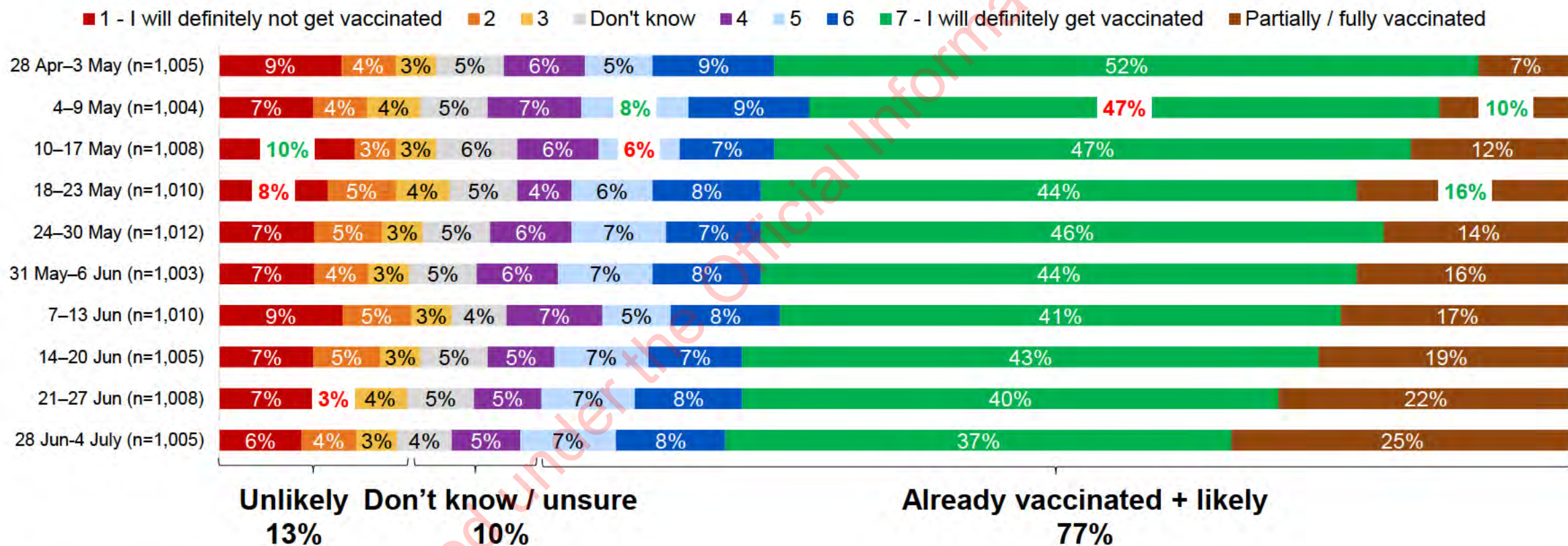
Red / green indicates significantly lower / higher than previous wave

Alignment with vaccination uptake

Document 10

AS THE PROPORTION OF THOSE VACCINATED INCREASES, THE UNVACCINATED BUT VERY LIKELY TO REDUCES. THERE HAS BEEN LITTLE CHANGE IN RESISTANCE OR HESITATION OVER TIME

When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?



QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Total sample

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Total sample



Red / green indicates significantly lower / higher than previous wave

Preferred timeframe for getting vaccinated (once available)

Document 10

YOUNG PEOPLE & MĀORI ARE LESS LIKELY TO SAY THEY WILL GET THE VACCINE WITHIN 1 MONTH OF IT BECOMING AVAILABLE TO THEM.

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

■ NETT within 1 month ■ NETT within 6 months ■ NETT 6 months or more ■ Don't know ■ Will not get the COVID-19 vaccine

28 June–4 July
(n=755)



NETT within 1 month

67% 65+ years
61% NETT high education
39% 18–34 years
38% Māori



Less likely to get the vaccine immediately (when available)

NETT within 6 months

28% Counties Manukau DHB*

NETT 6 months or more

No key demographic differences.

Don't know

20% NETT low education
20% NETT low income
8% NETT medium income
6% NETT high education

1 in 5 of those with lower education or income levels haven't made up their minds regarding when to get vaccinated

Will not get the vaccine

23% Māori
6% NETT high income

QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Wave 10 sample – those who have not been vaccinated either partially or fully (n=755). *Note: Low base (n<100). Results indicative only.

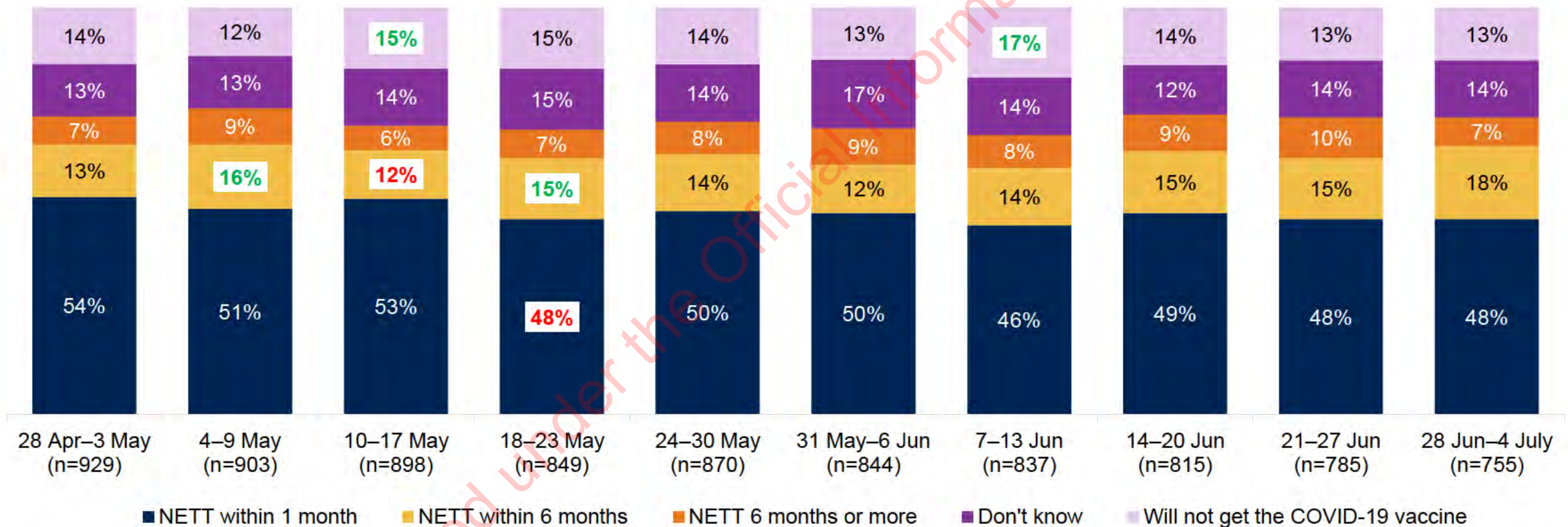
Those who are not yet vaccinated

Vaccination timeframe over time

Document 10

THE TIMEFRAME FOR GETTING VACCINATED REMAINS STABLE;
ALMOST HALF WILL GET THE VACCINE IMMEDIATELY

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Those who have not been vaccinated either partially or fully

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Those who are not
yet vaccinated



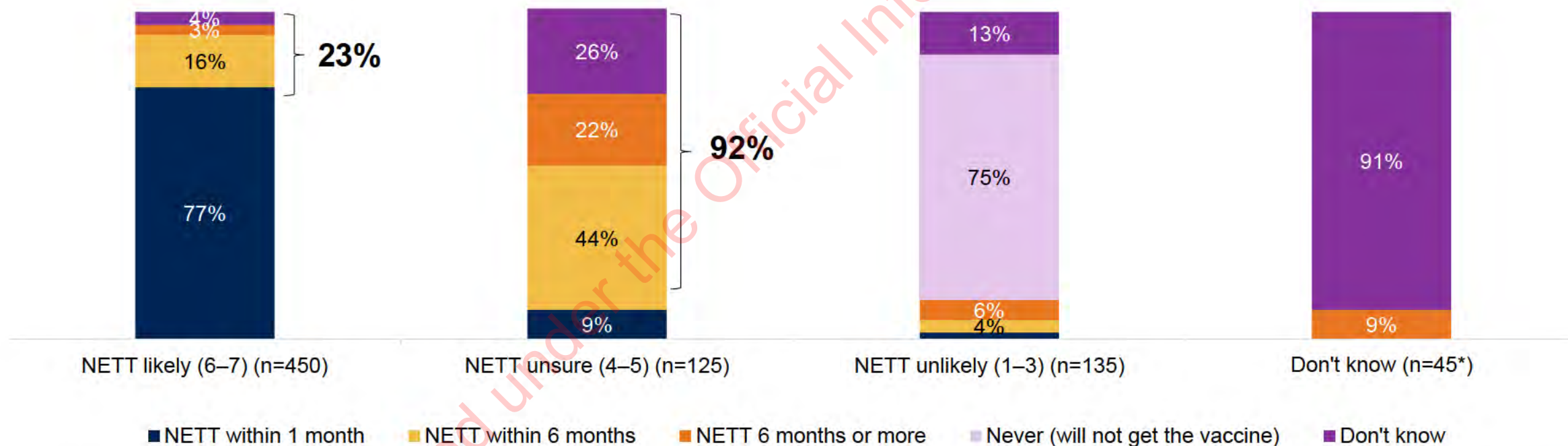
Red / green indicates significantly lower / higher than previous wave

Vaccination timeframe

Document 10

A QUARTER OF THOSE LIKELY TO GET VACCINATED WILL NOT DO SO IMMEDIATELY, NEITHER WILL MOST OF THOSE UNSURE

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated? / QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

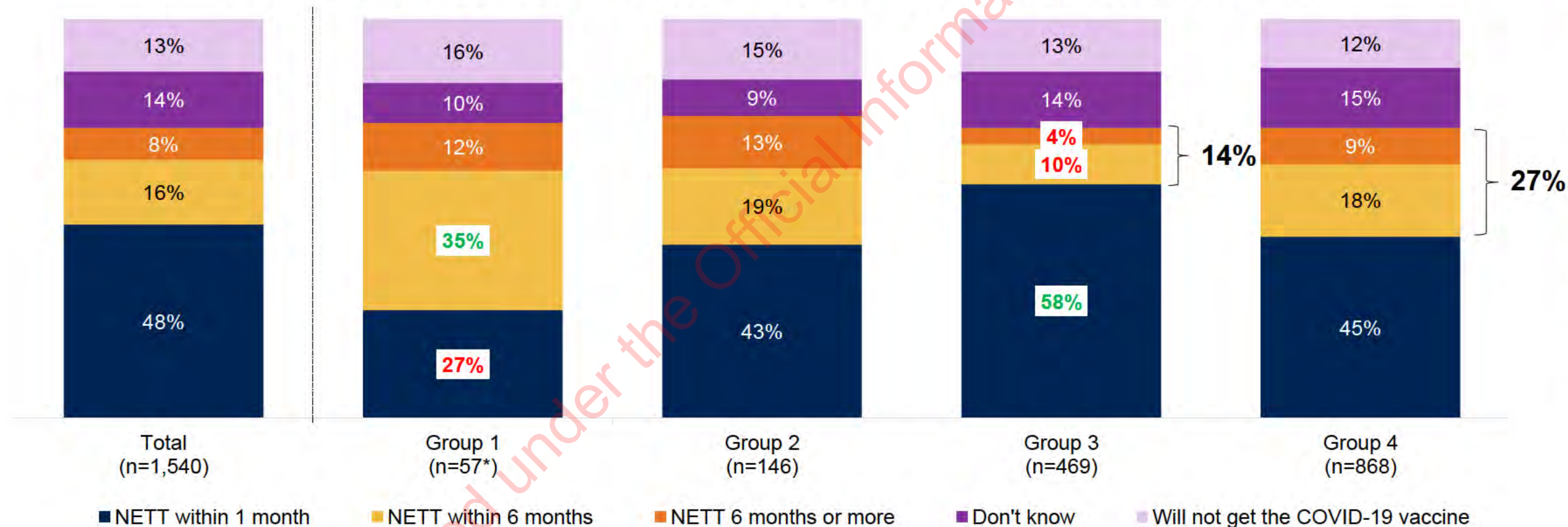
Base: Wave 10 sample – those who have not been vaccinated either partially or fully (n=755). *Note: Low base (n<100). Results indicative only.

Vaccination timeframe – by vaccine group

AMONGST THOSE NOT YET VACCINATED, OVER HALF OF THOSE IN GROUP 3 ARE KEEN ON GETTING VACCINATED SOON; COMPARATIVELY, THERE IS MORE HESITANCY IN GROUP 4.

Data for waves 9 + 10 has been combined for a more robust sample size for comparing vaccine groups

How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?



QB3: How soon after the COVID-19 vaccine becomes available to you would you become vaccinated?

Base: Waves 9 + 10 sample combined – those who have not been vaccinated either partially or fully (n=1,540). *Note: Low base (n<100). Results indicative only.

Those who are not yet vaccinated

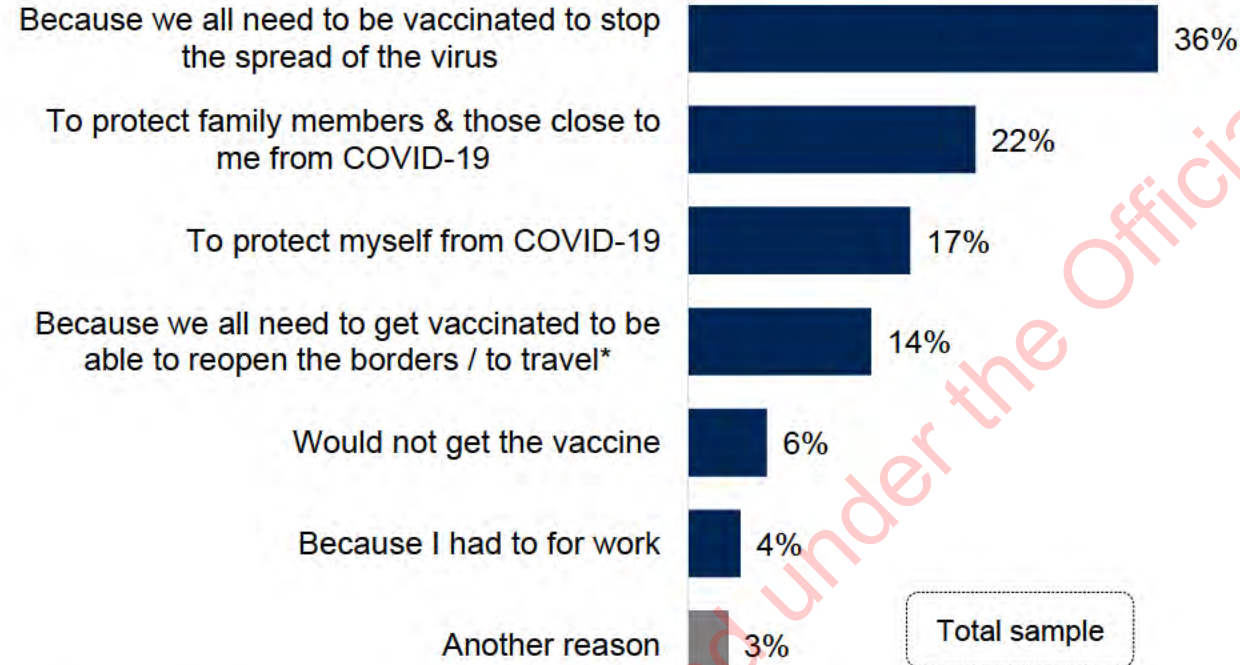
Triggers to getting vaccinated

Document 10

STOPPING THE SPREAD OF THE VIRUS IS THE TOP TRIGGER TO GET VACCINATED, FOLLOWED BY PROTECTION FOR FAMILY & SELF

For younger New Zealanders and those unsure about getting vaccinated, protecting those close to them is the most important reason to get vaccinated.

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



Key demographic differences

Because we all need to be vaccinated to stop the spread of the virus

52% 65+ years
46% Likely to get vaccinated
29% 35-49 years
26% Māori
13% Unlikely to get vaccinated

To protect family members and those close to me from COVID-19

37% Unsure about getting vaccinated
30% 18-34 years
15% 50-64 years
15% Unlikely to get vaccinated
12% 65+ years

Because we all need to get vaccinated to be able to reopen the borders / travel

19% 50-64 years

QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

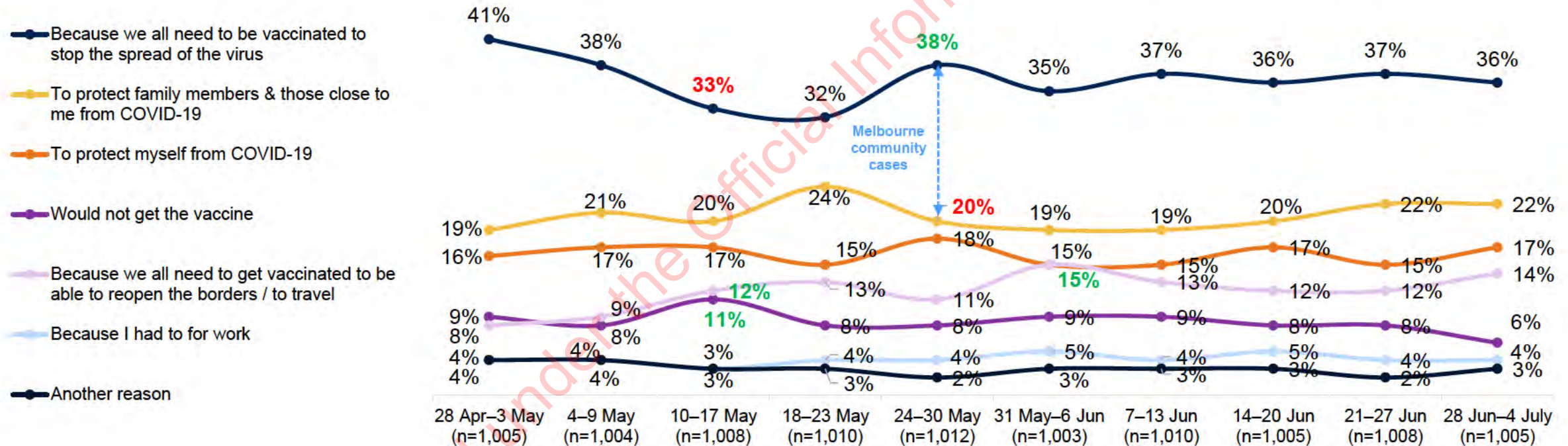
Base: Wave 10 total sample (n=1,005). *Note: The wording of this statement was changed in wave 3 to include 'be able to travel'.

Triggers to getting vaccinated over time

Document 10

STOPPING THE SPREAD OF THE VIRUS REMAINS THE KEY REASON FOR VACCINATION. KEY REASONS FOR GETTING VACCINATED HAVE REMAINED QUITE STABLE POST THE MELBOURNE COMMUNITY CASES BEING REPORTED IN MAY

Which of the following is the most important reason why you got / would get a vaccine for COVID-19?



QB4: Which of the following is the most important reason why you got / would get a vaccine for COVID-19?

Base: Total sample

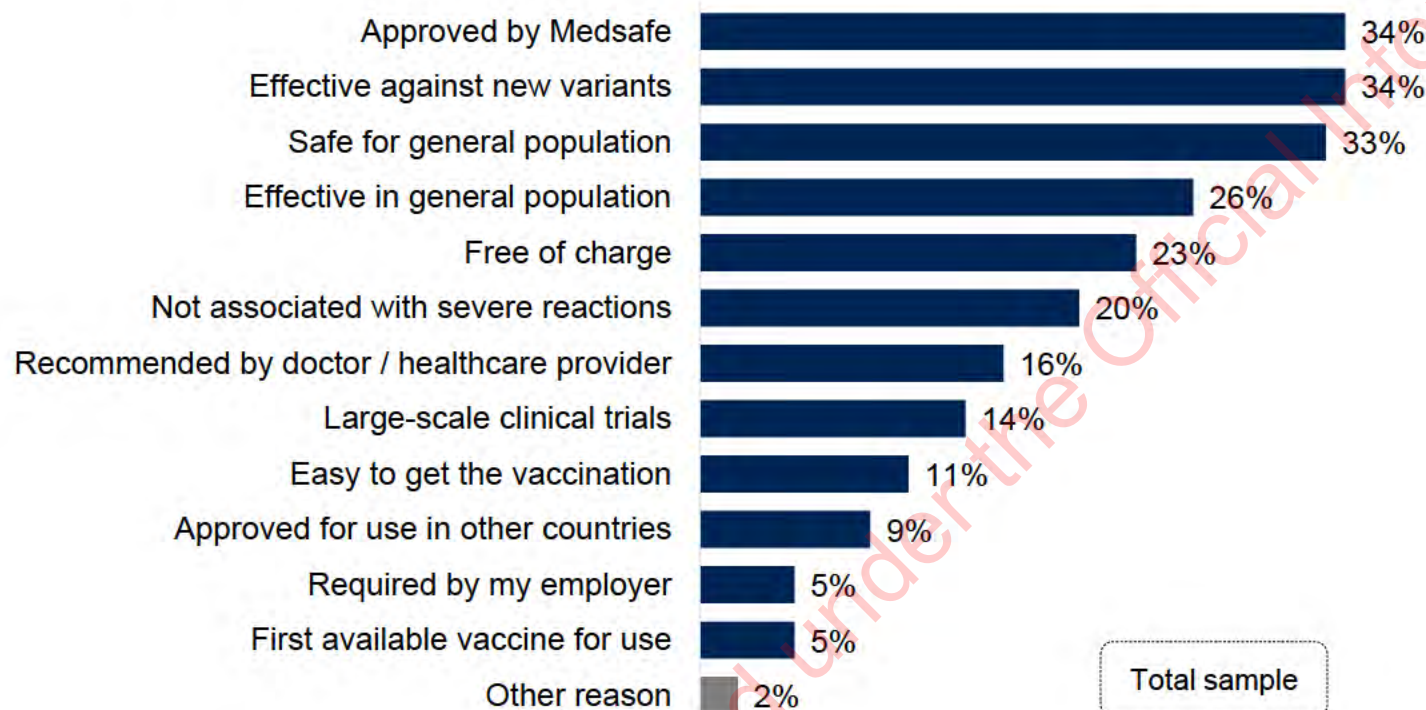
Key factors in decision-making

Document 10

MEDSAFE APPROVAL, EFFECTIVE AGAINST NEW VARIANTS & SAFETY REMAIN THE TOP DECISION MAKING FACTORS

Those unlikely or unsure to get vaccinated place higher importance on the vaccine *not being associated with severe reactions*.

What was / is most important to you in the decision to get a COVID-19 vaccine?



Total sample

Key demographic differences

Approved by Medsafe in New Zealand

42% Likely to get vaccinated
24% Unsure about getting vaccinated
16% Unlikely to get vaccinated

Safe for general population

23% Māori

Effective in general population

38% 65+ years
19% 18–34 years
13% Unlikely to get vaccinated

Not associated with severe reactions

35% Unlikely to get vaccinated
35% Unsure about getting vaccinated
26% 50–64 years
17% Likely to get vaccinated

Large-scale clinical trials

23% NETT high education

Required by my employer

11% 18–34 years
10% Māori
10% Counties Manukau DHB

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

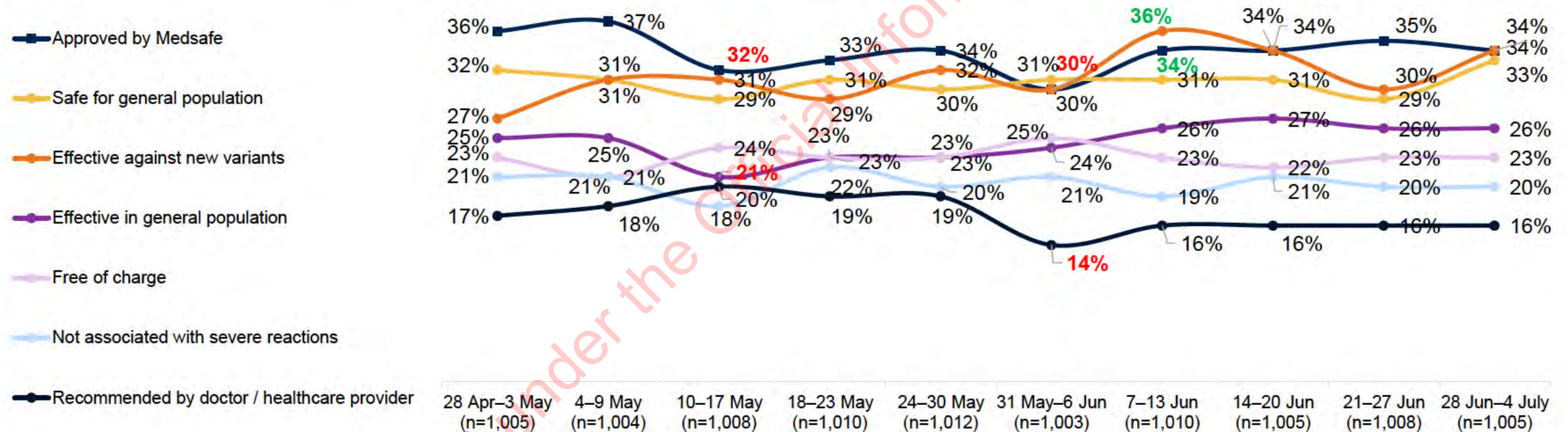
Base: Wave 10 total sample (n=1,005)

Key factors in decision-making

Document 10

MEDSAFE APPROVAL, NEW VARIANT EFFECTIVENESS & GENERAL SAFETY HAVE CONSISTENTLY BEEN THE TOP-3 FACTORS IN VACCINE DECISION-MAKING

What was / is most important to you in the decision to get a COVID-19 vaccine?



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample. Note: Only top-7 options shown. Full results in appendix.

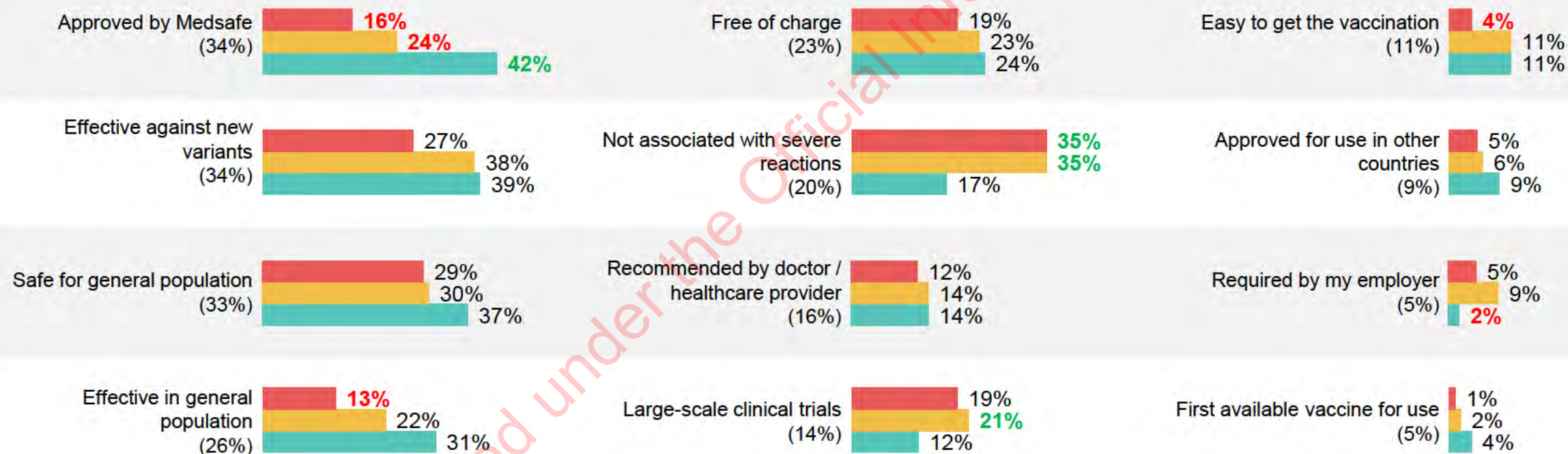
Key factors in decision-making

Document 10

MEDSAFE APPROVAL IS KEY IN DECISION-MAKING FOR THOSE LIKELY TO GET VACCINATED, BUT REACTIONS ARE MORE IMPORTANT TO THOSE WHO ARE UNLIKELY

What was / is most important to you in the decision to get a COVID-19 vaccine?

NETT unlikely (1–3) NETT unsure (4–5) NETT very likely (6–7)



QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Wave 10 total sample (n=1,005); Those likely to get vaccinated (n=450); Those unsure (n=125); Those unlikely to get vaccinated (n=135)

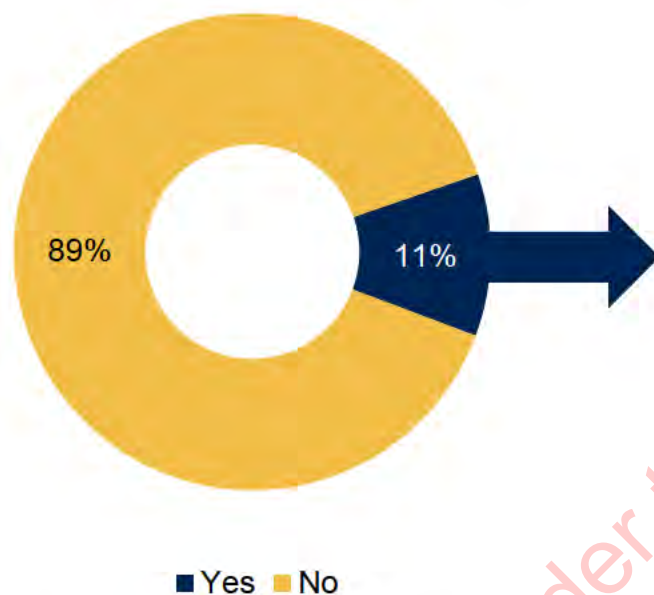
Vaccination experience

New Question

Document 10

AMONGST THOSE NOT YET VACCINATED, 11% HAVE ATTEMPTED TO BE VACCINATED AND OF THESE 36% HAVE AN APPOINTMENT BOOKED.

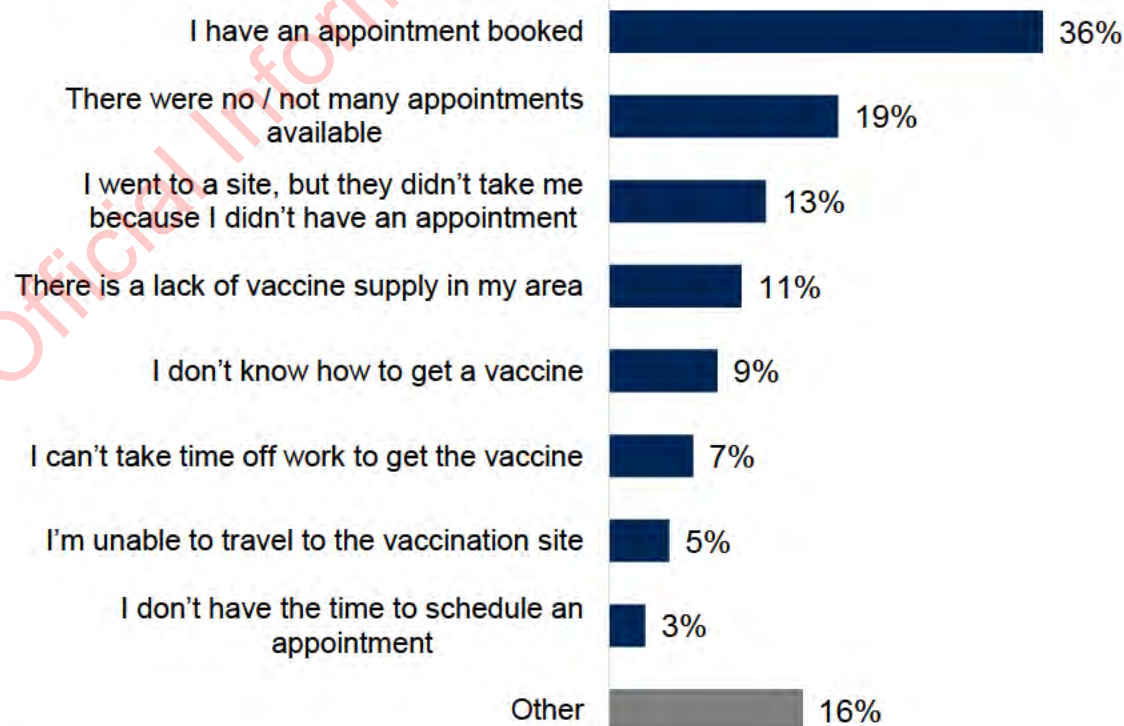
Have you tried to be vaccinated?



Key demographic differences (% yes)

23% 65+ years

Please select any of the following statements that describe your experience trying to get the COVID-19 vaccine:



QC11A: Have you tried to be vaccinated? QC11B: Please select any of the following statements that describe your experience trying to get the COVID-19 vaccine:

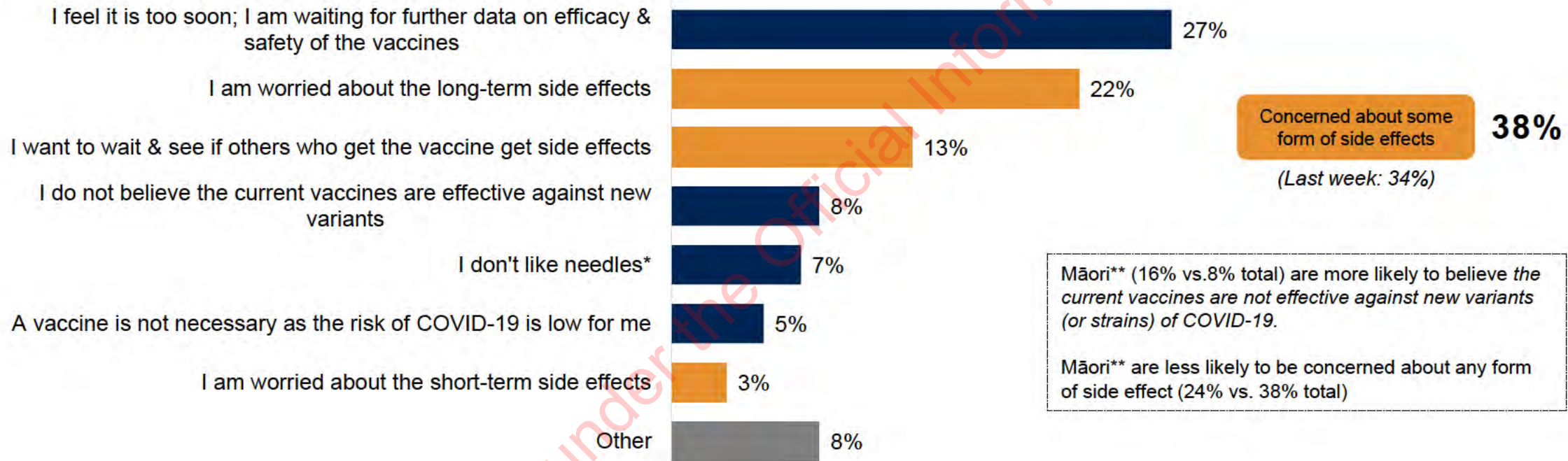
Base: Wave 10 sample – those who have not yet been vaccinated (n=755); those who have tried to get vaccinated (n=85)

Reasons for not getting vaccinated

Document 10

OF THOSE UNLIKELY OR UNSURE ABOUT GETTING VACCINATED, AROUND A THIRD ARE CONCERNED ABOUT SIDE EFFECTS OR BELIEVE IT IS TOO SOON

What is your primary reason for not getting vaccinated?



QB6: What is your primary reason for not getting vaccinated?

Base: Wave 10 sample – those who are unlikely or unsure / don't know about getting a vaccine (n=305). Only responses with 5% or more shown. 'Short-term side effects' is shown as it is included in the NETT side effects. Full results in appendix.

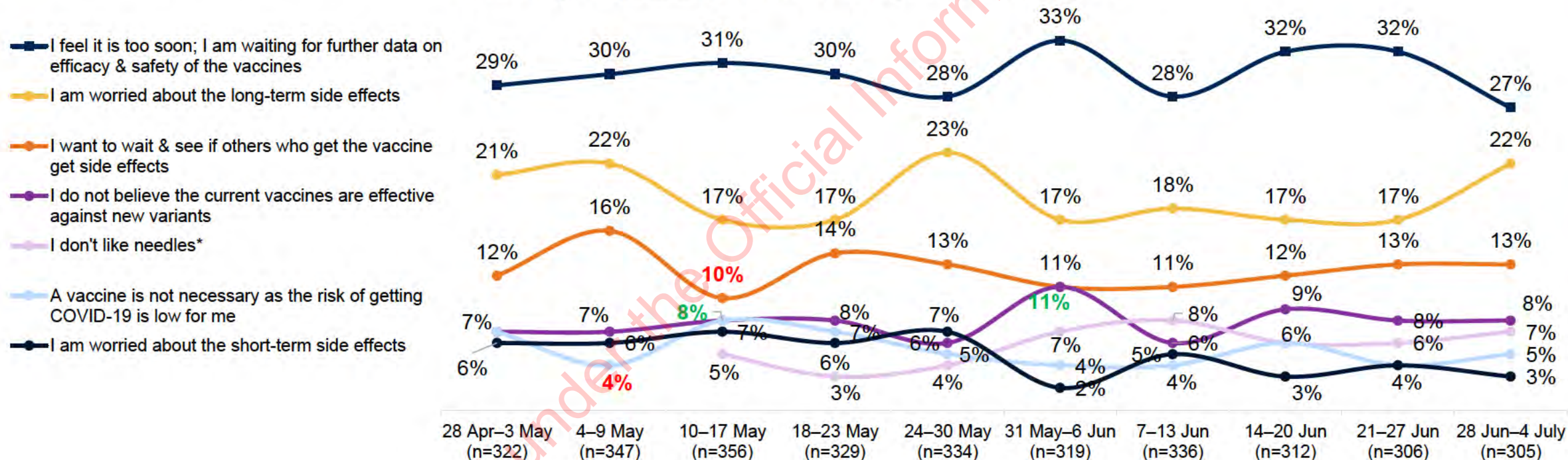
*Note: This statement was added in wave 3. **Note: Low base (n<100). Results indicative only.

Reasons for not getting vaccinated

Document 10

CONCERNS ABOUT DIFFERENT FORMS OF *SIDE EFFECTS* & THE *EFFICACY* & *SAFETY* OF THE VACCINE ARE THE KEY BARRIERS FOR THOSE WHO ARE UNSURE OR UNLIKELY TO GET VACCINATED

What is your primary reason for not getting vaccinated?



QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. Only responses with 5% or more, or those with significant changes to previous wave are shown. Full results in appendix.

*Note: This statement was added in wave 3.

Those who are unlikely or unsure about getting vaccinated

INFORMATION ABOUT THE VACCINE

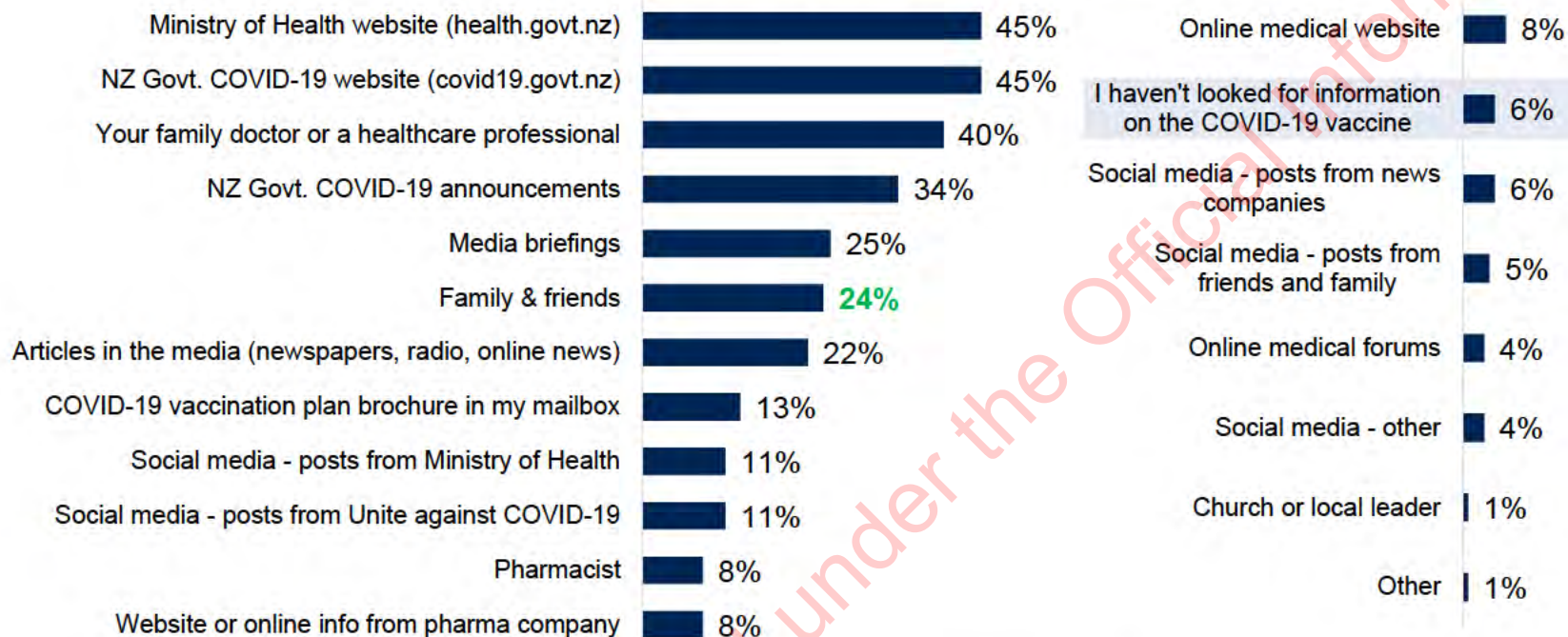
3

Getting information on vaccines

Document 10

THE MOH WEBSITE, THE NZ GOVT COVID WEBSITE & HEALTHCARE PROFESSIONALS ARE THE MOST FREQUENTLY USED INFORMATION SOURCES

Where do you go most frequently to get your information on vaccines?



Total sample

QC1: Where do you go most frequently to get your information on vaccines?

Base: Wave 10 total sample (n=1,005)

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Key demographic differences

Ministry of Health website

55% NETT Asian

NZ Govt. COVID-19 website

58% NETT Asian

33% Unlikely to get vaccinated

23% Unsure about getting vaccinated

Family doctor / healthcare professional

51% 65+ years

29% NETT Asian

NZ Govt. COVID-19 announcements

49% 65+ years

Media briefings

39% 65+ years

19% 50–64 years

Articles in the media

31% 65+ years

15% Māori

Family and friends

36% Auckland DHB

35% 18–34 years

35% Unlikely to get vaccinated

15% 65+ years

Social media – posts from Unite against COVID-19 / Ministry of Health

15% Female

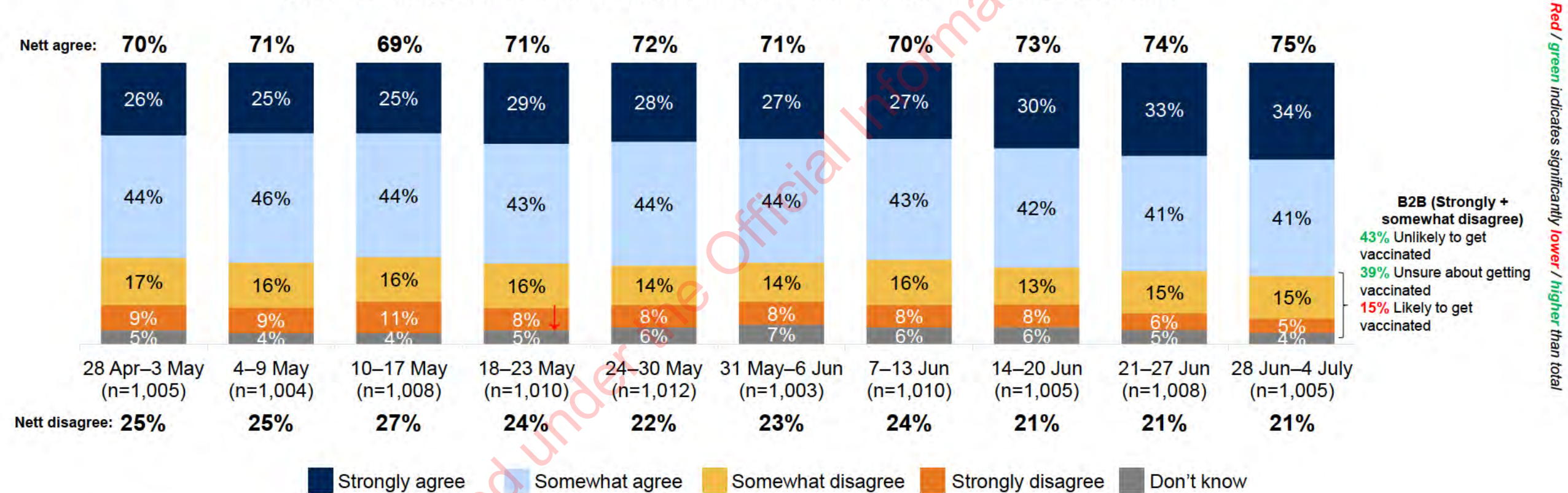
7% Male

Getting information on vaccines

Document 10

THOSE WHO ARE UNSURE OR UNLIKELY TO BE VACCINATED ARE AGAIN MORE LIKELY TO SAY THERE IS NOT ENOUGH INFORMATION ABOUT THE VACCINE AVAILABLE

There is enough information available in New Zealand about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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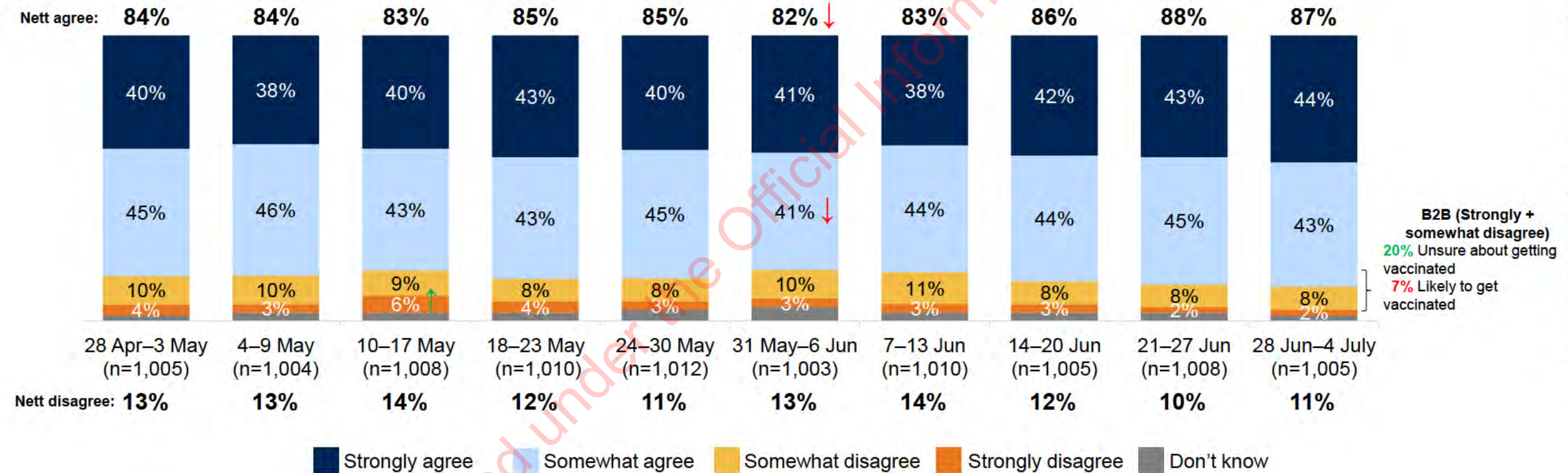
↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



MOST NEW ZEALANDERS KNOW WHERE TO FIND INFORMATION ABOUT THE COVID-19 VACCINE, THOSE WHO ARE UNSURE OF GETTING VACCINATED ARE MORE LIKELY TO DISAGREE

I know where to go to find information about the COVID-19 vaccine



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

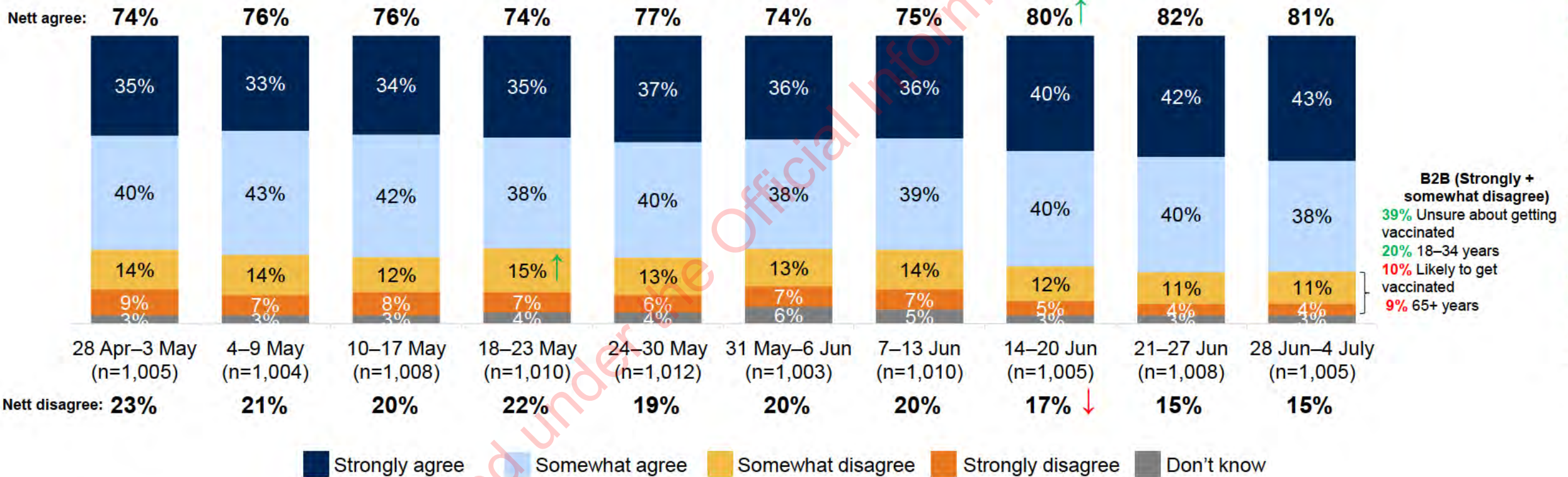
30 – © Ipsos | COVID-19: Vaccine Tracker

↑ / ↓ indicates significantly higher / lower than previous wave

Total sample

THE PROPORTION OF NEW ZEALANDERS WHO AGREE THAT THEY KNOW ENOUGH ABOUT THE VACCINE TO MAKE AN INFORMED DECISION HAS INCREASED OVER TIME

I feel I know enough about the COVID-19 vaccine to make an informed choice



QC2: How much do you agree or disagree with each of the following?

Base: Total sample

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↑ / ↓ indicates significantly higher / lower than previous wave

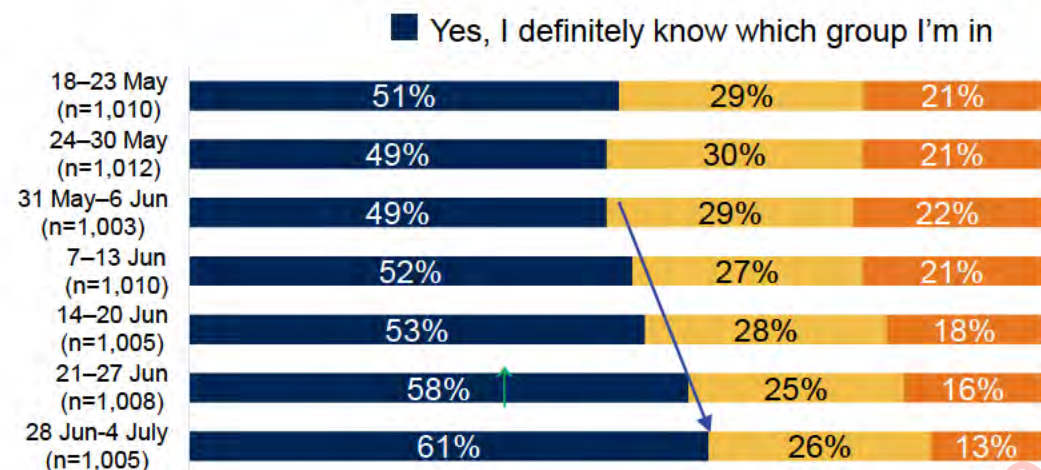
Total sample

Vaccine priority groups

Document 10

OVER THE LAST MONTH, THERE HAS BEEN AN INCREASE IN THE NUMBER WHO KNOW WHICH PRIORITY GROUP THEY ARE IN

As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?



Māori, younger New Zealanders (18-34 years) and those with lower education levels are more likely to be unaware of their priority group

Yes, I definitely know which group I'm in

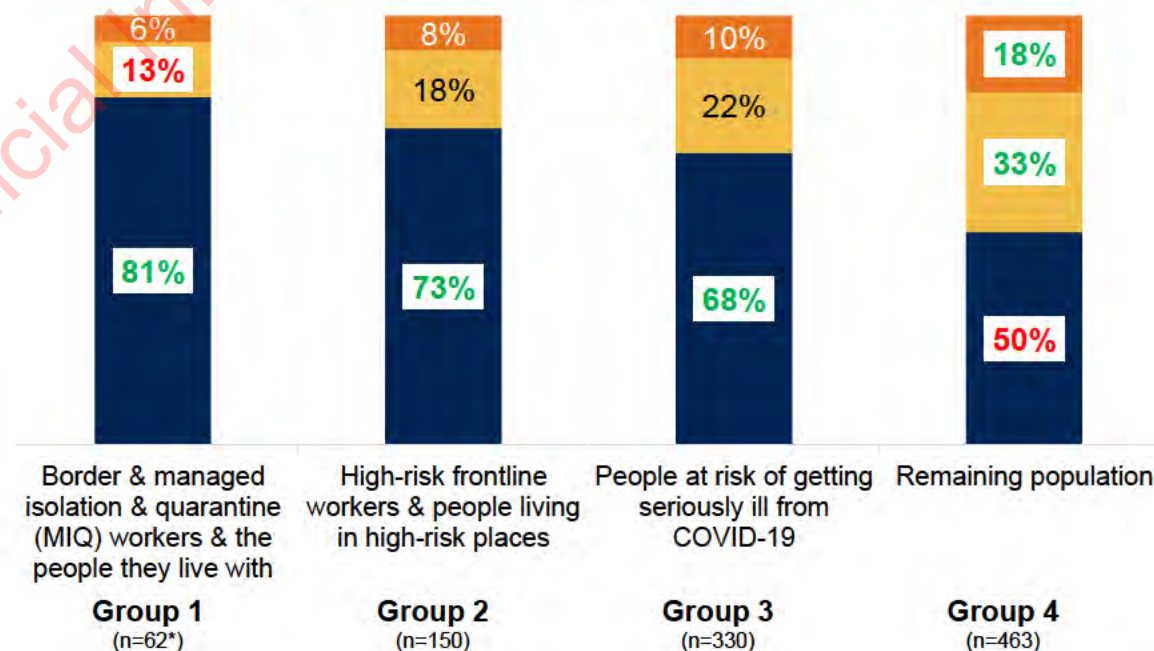
81% 65+ years
72% NETT high education
53% 18-34 years

I don't know

22% Māori
20% 18-34 years
19% NETT low education
2% 65+ years

Vaccine priority groups

Those from Group 4 remain less likely to be aware of where they fit in



QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample; Wave 10 vaccine priority groups. *Note: Low base (n<100). Results indicative only.

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↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



PERCEPTIONS OF COVID-19

Document 10

4

Attitudes towards the vaccine

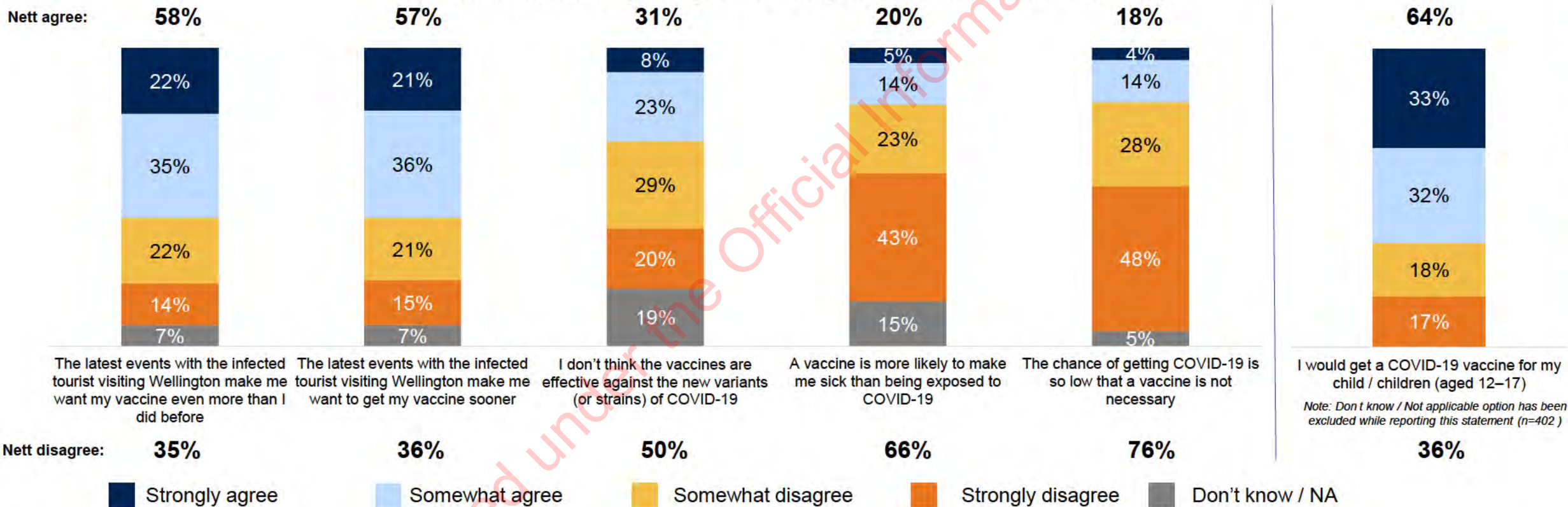
New Question

Document 10

MORE THAN HALF OF THOSE NOT VACCINATED SAY THEY ARE MORE LIKELY TO BE VACCINATED AND SOONER AS A RESULT OF THE RECENT TOURIST IN WELLINGTON

Just under 1 in 5 (18%) feel a vaccine is not necessary as the chance of getting COVID-19 is low and a similar portion believe the vaccine is more likely to make them sick than being exposed to COVID-19 (20%). Nearly a third (31%) don't think the vaccines are effective against new variants.

To what extent do you agree or disagree with each of the following?



QC10: To what extent do you agree or disagree with each of the following:

Base: Wave 10 sample – those who have not yet been vaccinated (n=755)

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Total sample

COVID-19 concern

New Question

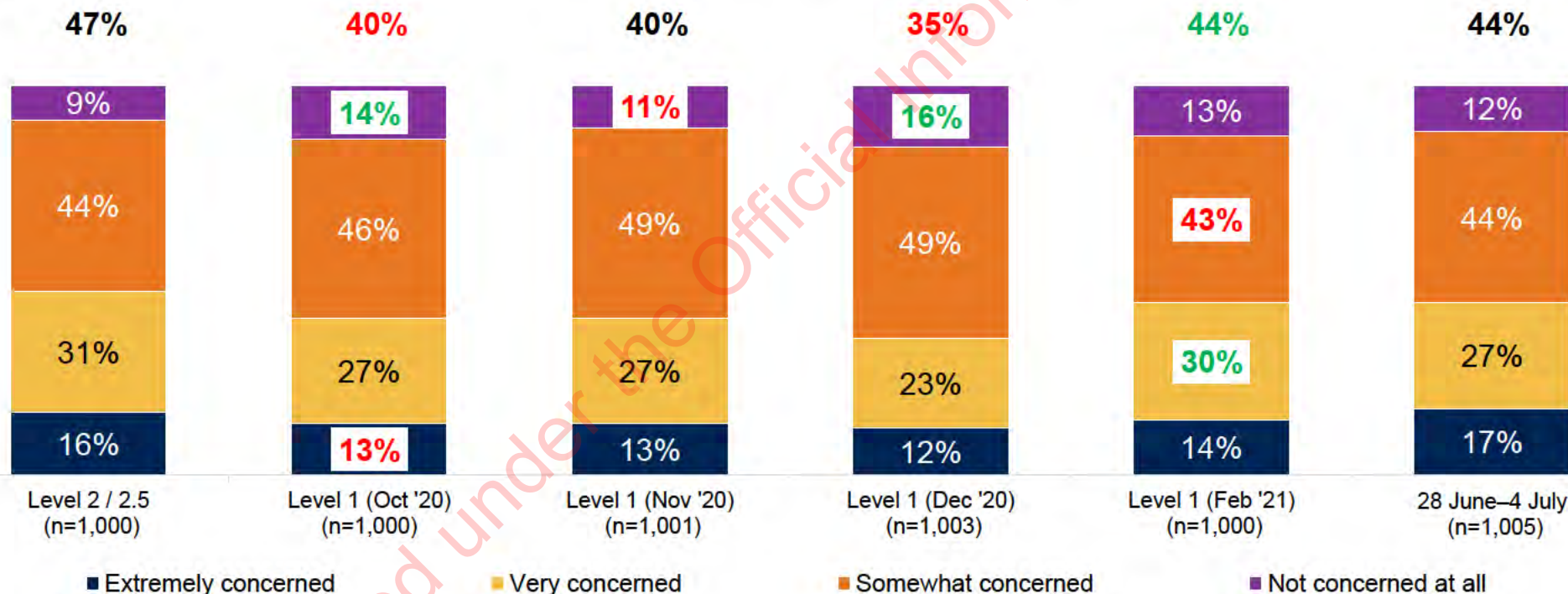
Document 10

LESS THAN HALF ARE CONCERNED ABOUT ANOTHER WAVE OF COVID-19 IN NEW ZEALAND

Higher concerns amongst those aged 35-49 (54%) and those living in Counties Manukau (54%)

Thinking one month from now, how concerned are you about another wave of COVID-19 in New Zealand?

NETT: extremely + very concerned



Q9D(7): Thinking one month from now, how concerned are you about another wave of COVID-19 in New Zealand?

Base: Total sample

State of the virus

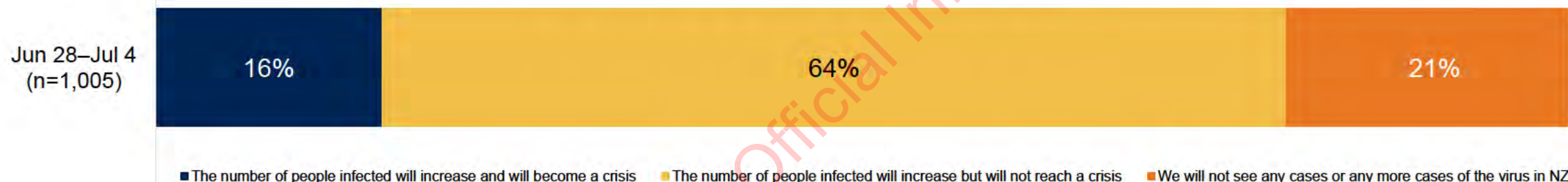
New Question

Document 10

ABOUT 2 IN 3 NEW ZEALANDERS FEEL THE NUMBER OF CASES WILL INCREASE IN THE COMING WEEK BUT WON'T REACH A CRISIS

Asians (35%) and those aged 18-34 years (27%) are more optimistic in believing there will be no more cases of COVID-19 in New Zealand whereas Māori (28%), those from counties Manukau DHB (25%) and those with higher education levels (24%) are more apprehensive about the situation turning into a crisis.

Which of the following is closest to your point of view about the state of the virus in New Zealand in the coming weeks?



■ The number of people infected will increase and will become a crisis ■ The number of people infected will increase but will not reach a crisis ■ We will not see any cases or any more cases of the virus in NZ

The number of people infected will increase and will become a crisis

28% Māori
25% Counties Manukau DHB
24% NETT high education

The number of people infected will increase but will not reach a crisis

75% 65+ years
71% 50–64 years
69% NETT European
54% 18–34 years
53% Māori
52% NETT Asian

We will not see any cases or any more cases of the virus in NZ

35% NETT Asian
27% 18–34 years
17% NETT European
14% 65+ years

Q7: Which of the following is closest to your point of view about the state of the virus in New Zealand in the coming weeks?

Base: Wave 10 total sample

36 – © Ipsos | COVID-19: Vaccine Tracker

Total sample



Red / green indicates significantly lower / higher than total

COVID-19 effects on health

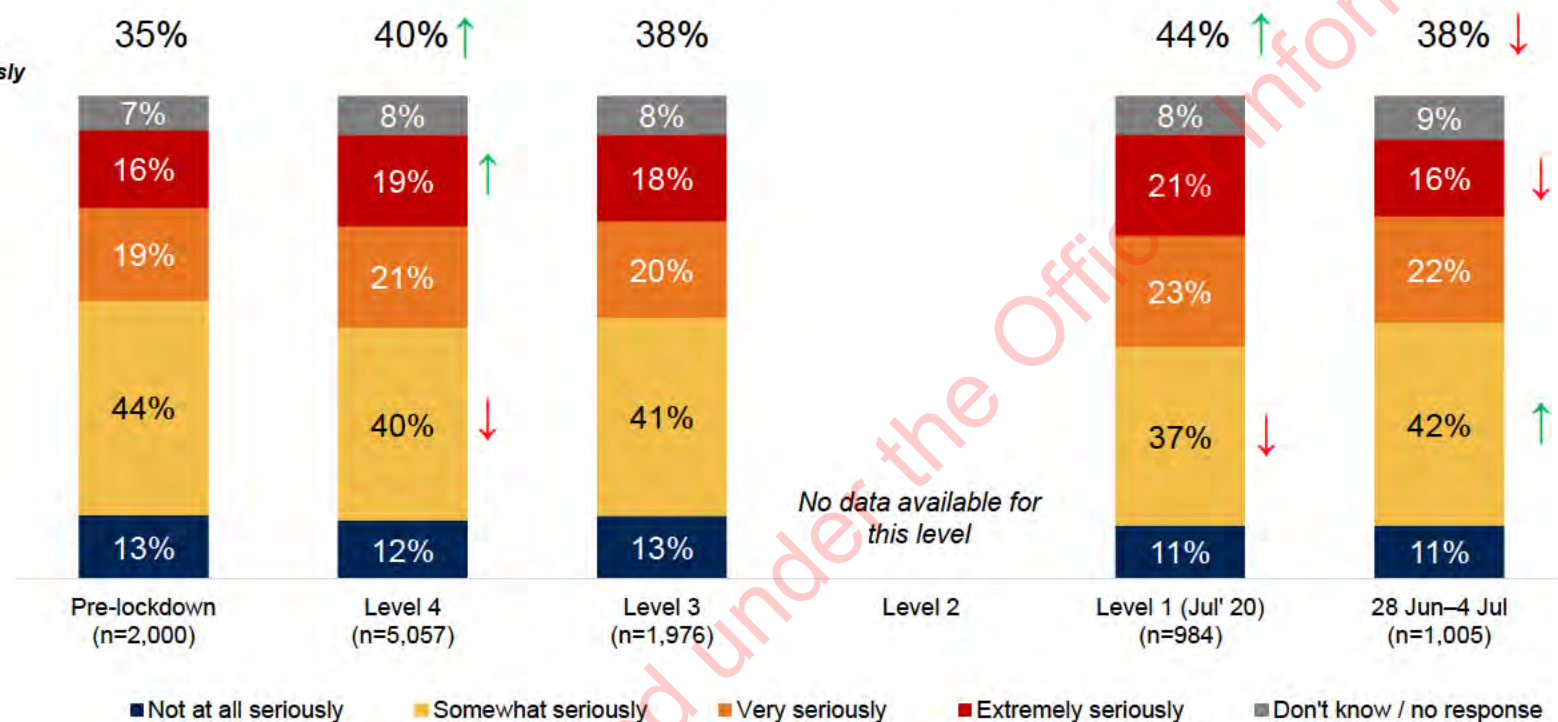
New Question

Document 10

38% OF NEW ZEALANDERS BELIEVE COVID-19 COULD AFFECT THEIR HEALTH VERY / EXTREMELY SERIOUSLY WHEREAS 42% FEEL IT COULD BE SOMEWHAT SERIOUS

If you were infected by coronavirus or COVID-19, how seriously do you think it would affect your health?

NETT %
extremely +
very seriously



Don't know

17% Unlikely to get vaccinated
5% Likely to get vaccinated

Extremely seriously

26% Māori
10% 18-34 years

Very seriously

No key demographic differences.

Somewhat seriously

49% 18-34 years
49% NETT medium income
36% NETT low education

Not at all seriously

16% 50-64 years
4% 65+ years

Q11Cnew: If you were infected by coronavirus or COVID-19, how seriously do you think it would affect your health?

Base: Wave 10 total sample

37 - © Ipsos | COVID-19: Vaccine Tracker

↑ / ↓ indicates significantly higher / lower than previous wave

Total sample



Red / green indicates significantly lower / higher than total

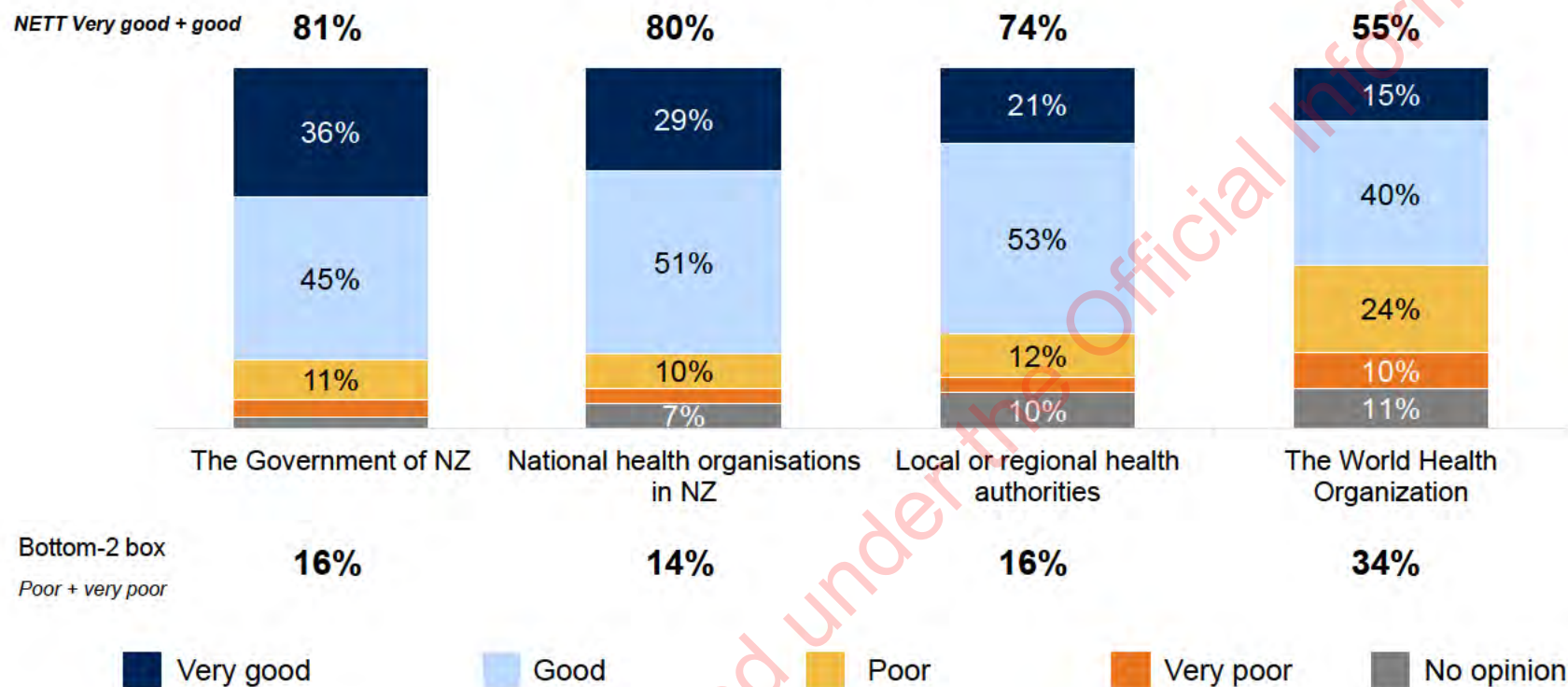
Containing the spread of the virus

New Question

Document 10

OVERALL, PERCEPTIONS ABOUT THE PERFORMANCE AUTHORITIES IN CONTAINING THE SPREAD OF THE VIRUS IS POSITIVE, ESPECIALLY THOSE IN NEW ZEALAND

How good or poor a job is each of the following doing to contain the spread of the virus?



Key demographic differences (% poor + very poor)

The Government of NZ

31% Unlikely to get vaccinated
21% Male
12% Likely to get vaccinated
11% Female

National health organisations in NZ

25% Unlikely to get vaccinated
18% Male
9% Female

Local or regional health authorities

25% Unlikely to get vaccinated
21% 50–64 years

The World Health Organization

46% Unlikely to get vaccinated
42% Male
41% 50–64 years
26% Female
26% 18–34 years

Q3: How good or poor a job is each of the following doing to contain the spread of the virus?

Base: Wave 10 total sample (n=1,005)

38 – © Ipsos | COVID-19: Vaccine Tracker

Total sample



Red / green indicates significantly lower / higher than total

Border management and travel

New Question

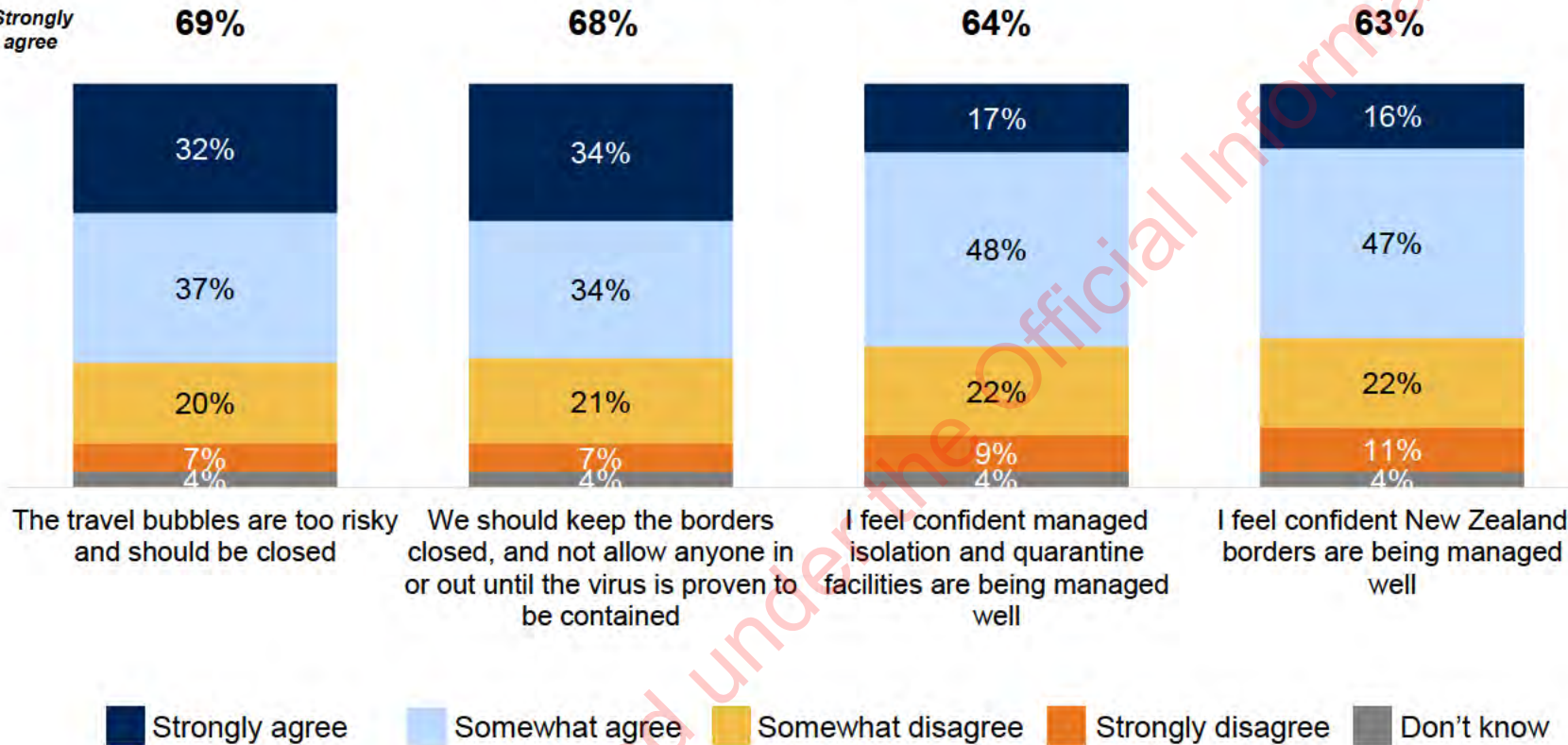
Document 10

THE MAJORITY AGREE TRAVEL BUBBLES / BORDERS SHOULD REMAIN CLOSED UNTIL THE VIRUS IS CONTAINED

New Zealanders have reasonable confidence in the way isolation / quarantine facilities and borders are managed.

Do you agree or disagree with the following?

NETT: Strongly agree + agree



76% of those in the **low income group** agree that *the travel bubbles are too risky and should be closed*.

78% of **Māori** believe we should *keep the borders closed until the virus is contained*.

40% of those **aged 50–64** do not believe that *NZ borders are being managed well*. Similarly, **38%** of those **aged 50–64** do not agree that *MIQ facilities are being managed well*.

Q5: Do you agree or disagree with the following:

Base: Wave 10 total sample (n=1,005)

39 – © Ipsos | COVID-19: Vaccine Tracker

Total sample



Red / green indicates significantly lower / higher than total

REGIONAL ANALYSIS

5

DIFFERENCES BY DHB REGION

Document 10
Data for multiple waves has been combined for a more robust sample size for comparing results by DHBs

UPTAKE: DHBs with a higher than average proportion of:

LIKELY

- Capital & Coast
- Hutt
- Waitematā

UNSURE

- Whanganui
- Counties Manukau

UNLIKELY

- Northland
- Bay of Plenty

Triggers & Barriers

While triggers and barriers to vaccine uptake are similar across New Zealand, there are some differences by DHB. These differences are highlighted in the tables throughout this section.

LIKELIHOOD BY DHB REGION

Data for waves 7-10 has been combined for a more robust sample size for comparing results by DHBs

	TOTAL	Northland	Waitematā	Auckland	Counties Manukau	Waikato	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Hawke's Bay
Base	3,192	117	178	423	371	271	214	22**	25**	69*	95*
NETT unlikely	19%	30%	13%	17%	22%	18%	29%	17%	12%	22%	21%
NETT unsure	15%	12%	12%	13%	22%	14%	13%	17%	20%	23%	11%
NETT likely	61%	46%	68%	66%	49%	61%	51%	66%	68%	50%	54%
Don't know	6%	12%	7%	4%	6%	8%	6%	0%	0%	4%	14%
	TOTAL	Whanganui	Mid-Central	Wairarapa	Hutt	Capital & Coast	Nelson Marlborough	West Coast	Canterbury	South Canterbury	Southern
Base	3,192	79*	143	41**	118	210	57*	14**	481	37**	220
NETT unlikely	19%	25%	16%	30%	12%	8%	19%	36%	15%	24%	18%
NETT unsure	15%	29%	8%	17%	11%	14%	8%	7%	15%	18%	12%
NETT likely	61%	42%	67%	48%	71%	73%	69%	57%	65%	54%	66%
Don't know	6%	5%	8%	5%	6%	5%	3%	0%	4%	5%	4%

Red / green indicates significantly lower / higher than total

QB2: When the COVID-19 vaccine is available to you, how likely are you to get vaccinated?

Base: Wave 7-10 sample of those yet to be vaccinated. *Note: Low base (n<100). Results indicative only. **Note: Very low base (n<50). Results indicative only.

TRIGGERS BY DHB REGION

Rank 1
Rank 2
Rank 3

Data for waves 1-10 has been combined for a more robust sample size for comparing results by DHBs

	TOTAL	Northland	Waitematā	Auckland	Counties Manukau	Waikato	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Hawke's Bay
Base	10,070	413	568	1346	1366	779	626	92*	65*	211	310
Approved by Medsafe in New Zealand	34%	27%	35%	34%	32%	35%	30%	34%	38%	36%	29%
Is effective against new variants (or strains) of COVID-19	32%	29%	34%	31%	30%	32%	34%	35%	33%	29%	33%
Safe to use in the general population	31%	29%	35%	31%	26%	34%	26%	26%	34%	34%	32%
Effective in the general population	25%	27%	25%	21%	23%	26%	25%	26%	33%	24%	26%
Free of charge	23%	20%	18%	22%	23%	25%	21%	22%	28%	25%	30%
Is not associated with severe reactions	20%	24%	23%	21%	17%	22%	22%	17%	21%	20%	23%
Recommended by my doctor / healthcare provider	17%	15%	16%	16%	16%	17%	19%	26%	21%	16%	18%
Large scale clinical trials	13%	12%	15%	13%	13%	14%	13%	12%	5%	13%	13%
Easy to get the vaccination	11%	12%	9%	12%	11%	10%	8%	10%	8%	9%	12%
Approved for use in other countries	8%	8%	9%	9%	11%	5%	8%	6%	9%	7%	10%
Required by my employer	5%	5%	4%	5%	8%	3%	5%	8%	1%	0%	6%
First available vaccine for use	4%	4%	4%	4%	5%	4%	5%	8%	6%	4%	4%
Other	4%	6%	5%	3%	3%	4%	5%	3%	1%	10%	3%

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Wave 1-10. *Note: Low base (n<100). Results indicative only.

TRIGGERS BY DHB REGION

Rank 1
Rank 2
Rank 3

Data for waves 1-10 has been combined for a more robust sample size for comparing results by DHBs

	TOTAL	Whanganui	Mid-Central	Wairarapa	Hutt	Capital & Coast	Nelson Marlborough	West Coast	Canterbury	South Canterbury	Southern
Base	10,070	209	409	137	393	612	201	68*	1386	146	699
Approved by Medsafe in New Zealand	34%	30%	41%	37%	40%	35%	35%	34%	35%	31%	36%
Is effective against new variants (or strains) of COVID-19	32%	30%	26%	29%	30%	35%	35%	19%	33%	27%	33%
Safe to use in the general population	31%	26%	31%	29%	33%	30%	31%	30%	34%	32%	36%
Effective in the general population	25%	16%	26%	23%	27%	31%	27%	16%	24%	24%	27%
Free of charge	23%	31%	26%	24%	24%	25%	18%	29%	23%	21%	21%
Is not associated with severe reactions	20%	29%	20%	19%	20%	15%	20%	24%	19%	17%	21%
Recommended by my doctor / healthcare provider	17%	18%	15%	20%	15%	17%	15%	17%	18%	19%	16%
Large scale clinical trials	13%	15%	13%	10%	12%	11%	11%	10%	13%	15%	13%
Easy to get the vaccination	11%	13%	12%	12%	11%	15%	12%	18%	10%	14%	12%
Approved for use in other countries	8%	6%	8%	5%	9%	7%	6%	3%	9%	6%	5%
Required by my employer	5%	5%	5%	5%	3%	4%	7%	3%	5%	5%	5%
First available vaccine for use	4%	4%	3%	5%	4%	4%	8%	0%	4%	2%	4%
Other	4%	4%	3%	5%	4%	3%	2%	5%	4%	6%	2%

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Wave 1-10. *Note: Low base (n<100). Results indicative only.

BARRIERS BY DHB REGION

Rank 1
Rank 2
Rank 3

Data for waves 1-10 has been combined for a more robust sample size for comparing results by DHBs

	TOTAL	Northland	Waitematā	Auckland	Counties Manukau	Waikato	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Hawke's Bay
Base	3,266	154	131	415	459	290	241	28**	18**	94*	105
I feel it is too soon. I am waiting for further data on efficacy and safety on the vaccines	30%	35%	28%	33%	25%	32%	32%	36%	22%	22%	26%
I am worried about the long-term side effects with the vaccines	19%	21%	22%	20%	16%	21%	16%	12%	20%	16%	27%
I want to wait and see if others who get the COVID-19 vaccine get side effects	13%	16%	12%	10%	14%	12%	13%	7%	18%	14%	7%
I do not believe the current vaccines are effective against new variants (or strains) of COVID-19	8%	8%	5%	7%	12%	6%	8%	11%	0%	9%	10%
A vaccine is not necessary as the risk of getting COVID-19 is low for me	6%	2%	3%	4%	6%	6%	4%	7%	17%	6%	7%
I don't like needles	5%	3%	3%	5%	5%	4%	5%	0%	0%	6%	5%
I am worried about the short-term side effects with the vaccines	5%	2%	5%	6%	7%	4%	5%	0%	0%	6%	2%
I am against vaccines in general	4%	3%	1%	6%	5%	4%	4%	0%	6%	6%	4%
I am worried I may get COVID-19 from the vaccine	2%	1%	1%	4%	4%	2%	3%	0%	0%	2%	2%
I would prefer to wait until another vaccine is available	2%	1%	1%	1%	3%	1%	2%	7%	5%	1%	2%
Other reason	8%	7%	19%	5%	3%	8%	8%	21%	11%	13%	8%

QB6: What is your primary reason for not getting vaccinated?

Base: Wave 1–10. Those who are unlikely or unsure about getting a vaccine. *Note: Low base (n<100). Results indicative only. **Note: Very low base (n<50). Results indicative only.

BARRIERS BY DHB REGION

Rank 1
Rank 2
Rank 3

Data for waves 1-10 has been combined for a more robust sample size for comparing results by DHBs

	TOTAL	Whanganui	Mid-Central	Wairarapa	Hutt	Capital & Coast	Nelson Marlborough	West Coast	Canterbury	South Canterbury	Southern
Base	3,266	101	110	60*	112	140	59*	25**	458	48**	198
I feel it is too soon. I am waiting for further data on efficacy and safety on the vaccines	30%	30%	32%	21%	29%	30%	31%	28%	30%	29%	34%
I am worried about the long-term side effects with the vaccines	19%	21%	19%	10%	20%	18%	22%	23%	17%	25%	24%
I want to wait and see if others who get the COVID-19 vaccine get side effects	13%	14%	9%	18%	14%	9%	6%	8%	15%	9%	16%
I do not believe the current vaccines are effective against new variants (or strains) of COVID-19	8%	7%	9%	8%	6%	7%	6%	20%	6%	11%	3%
A vaccine is not necessary as the risk of getting COVID-19 is low for me	6%	6%	10%	7%	3%	6%	5%	0%	7%	11%	3%
I don't like needles	5%	4%	3%	10%	5%	4%	5%	4%	6%	4%	4%
I am worried about the short-term side effects with the vaccines	5%	5%	1%	7%	3%	9%	5%	4%	4%	0%	2%
I am against vaccines in general	4%	1%	6%	4%	4%	4%	2%	0%	4%	2%	2%
I am worried I may get COVID-19 from the vaccine	2%	1%	0%	3%	2%	3%	4%	3%	2%	0%	1%
I would prefer to wait until another vaccine is available	2%	4%	0%	3%	2%	1%	3%	0%	2%	3%	3%
Other reason	8%	8%	11%	9%	11%	9%	11%	9%	6%	6%	8%

QB6: What is your primary reason for not getting vaccinated?

Base: Wave 1-10. Those who are unlikely or unsure about getting a vaccine. *Note: Low base (n<100). Results indicative only. **Note: Very low base (n<50). Results indicative only.

APPENDIX

Document 10

WHAT WAS / IS MOST IMPORTANT TO YOU IN THE DECISION TO GET A COVID-19 VACCINE?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010	1,005	1,008	1,005
Approved by Medsafe in New Zealand	36%	37%	32%	33%	34%	30%	34%	34%	35%	34%
Effective against new variants (or strains) of COVID-19	27%	31%	31%	29%	32%	30%	36%	34%	30%	34%
Safe to use in the general population	32%	31%	29%	31%	30%	31%	31%	31%	29%	33%
Effective in the general population	25%	25%	21%	23%	23%	24%	26%	27%	26%	26%
Free of charge	23%	21%	24%	23%	23%	25%	23%	22%	23%	23%
Not associated with severe reactions	21%	21%	18%	22%	20%	21%	19%	21%	20%	20%
Recommended by my doctor / healthcare provider	17%	18%	20%	19%	19%	14%	16%	16%	16%	16%
Large-scale clinical trials	12%	13%	11%	14%	14%	13%	14%	11%	13%	14%
Easy to get the vaccination	11%	10%	12%	10%	10%	12%	13%	11%	12%	11%
Approved for use in other countries	9%	8%	7%	8%	8%	9%	8%	8%	9%	9%
Required by my employer	5%	3%	4%	7%	5%	5%	5%	4%	6%	5%
First available vaccine for use	5%	5%	3%	5%	4%	5%	3%	5%	4%	5%
Other reason	4%	4%	4%	3%	3%	5%	4%	5%	3%	2%

Red / green indicates significantly lower / higher than previous wave

QB5: What was / is most important to you in the decision to get a COVID-19 vaccine?

Base: Total sample

WHAT IS YOUR PRIMARY REASON FOR NOT GETTING VACCINATED?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	322	347	356	329	334	319	336	312	306	305
I feel it is too soon; I am waiting for further data on efficacy & safety of the vaccines	29%	30%	31%	30%	28%	33%	28%	32%	32%	27%
I am worried about the long-term side effects with the vaccines	21%	22%	17%	17%	23%	17%	18%	17%	17%	22%
I want to wait & see if others who get the COVID-19 vaccine get side effects	12%	16%	10%	14%	13%	11%	11%	12%	13%	13%
I do not believe the current vaccines are effective against new variants (or strains) of COVID-19	7%	7%	8%	8%	6%	11%	6%	9%	8%	8%
I don't like needles*	N/A	N/A	5%	3%	4%	7%	8%	6%	6%	7%
A vaccine is not necessary as the risk of getting COVID-19 is low for me	7%	4%	8%	7%	5%	4%	4%	6%	4%	5%
I am against vaccines in general	3%	3%	4%	6%	4%	4%	4%	4%	2%	4%
I am worried about the short-term side effects with the vaccines	6%	6%	7%	6%	7%	2%	5%	3%	4%	3%
I would prefer to wait until another vaccine is available	2%	1%	1%	0%	1%	1%	3%	2%	3%	2%
I am worried I may get COVID-19 from the vaccine	2%	2%	2%	2%	2%	2%	4%	3%	2%	1%
Other reason	10%	9%	6%	6%	6%	8%	7%	8%	8%	8%

QB6: What is your primary reason for not getting vaccinated?

Base: Those who are unlikely or unsure about getting a vaccine. *Note: Statement added in wave 3.

WHERE DO YOU GO MOST FREQUENTLY TO GET YOUR INFORMATION ON VACCINES?

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,005	1,004	1,008	1,010	1,012	1,003	1,010	1,005	1,008	1,005
Ministry of Health website (health.govt.nz)	37%	40%	38%	39%	36%	34%	39%	43%	43%	45%
NZ Govt COVID-19 website (covid19.govt.nz)	36%	37%	35%	40%	37%	37%	39%	41%	42%	45%
Your family doctor or a health care professional	40%	40%	39%	37%	33%	30%	33%	41%	40%	40%
NZ Govt COVID-19 announcements (e.g. on radio, TV or in newspapers)	28%	30%	25%	28%	32%	28%	30%	32%	32%	34%
Media briefings (e.g. from Prime Minister, ministers or Director General of Health)	24%	24%	20%	21%	26%	22%	23%	23%	27%	25%
Family and friends	16%	17%	19%	18%	15%	16%	17%	21%	20%	24%
Articles in the media (newspapers, radio or online news websites)	22%	19%	17%	15%	17%	18%	16%	21%	22%	22%
Our COVID-19 vaccination plan brochure delivered in my mailbox*	N/A	15%	13%	14%	13%	12%	8%	14%	13%	13%
Social media – posts from Ministry of Health	8%	9%	13%	10%	9%	9%	8%	12%	10%	11%
Social media – posts from Unite against COVID-19	8%	8%	9%	9%	9%	9%	7%	9%	9%	11%
Online medical website	7%	6%	6%	6%	3%	5%	5%	11%	9%	8%
Pharmacist	7%	7%	8%	7%	6%	7%	6%	9%	8%	8%
Website or online information from the pharmaceutical company	7%	5%	5%	5%	3%	4%	5%	9%	6%	8%
I haven't looked for information on the COVID-19 vaccine	9%	7%	8%	6%	6%	12%	9%	7%	8%	6%
Social media – posts from news companies	4%	5%	6%	4%	4%	4%	3%	5%	5%	6%
Social media – posts from friends and family	3%	4%	3%	4%	4%	5%	2%	5%	5%	5%
Online medical forums	4%	3%	3%	3%	2%	2%	2%	5%	4%	4%
Social media – other	3%	3%	5%	4%	3%	3%	3%	4%	4%	4%
Church or local leader	0%	1%	1%	0%	0%	1%	1%	1%	1%	1%
Other	2%	2%	2%	1%	2%	2%	2%	2%	1%	1%

Red / green indicates significantly lower / higher than previous wave

QC1: Where do you go most frequently to get your information on vaccines?

Base: Total sample. *Note: Statement added in wave 2.

THERE ARE 4 PRIORITY GROUPS. DO YOU KNOW WHICH OF THE FOUR GROUPS YOU FIT INTO?

	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10
Base	1,010	1,012	1,003	1,010	1,005	1,008	1,005
Yes, I definitely know which group I'm in	51%	49%	49%	52%	53%	58%	61%
I think I know which group I'm in	29%	30%	29%	27%	28%	25%	26%
I don't know	21%	21%	22%	21%	18%	16%	13%

Red / green indicates significantly lower / higher than previous wave

QC3: As you may know, the vaccinations are being rolled out by priority groups, with those most at risk vaccinated first. There are 4 priority groups. Do you know which of the four groups you fit into?

Base: Total sample. Note: Question added in wave 4.

ALERT LEVEL FIELDWORK DATES

PRE-LOCKDOWN Wave 1 (March 12–14) Wave 2 (March 21–24)	LEVEL 4 Wave 3 (March 28–30) Wave 4 (April 3–6) Wave 5 (April 10–13) Wave 6 (April 17–20) Wave 7 (April 24–27)	LEVEL 3 Wave 8 (May 1–4) Wave 9 (May 8–11)
LEVEL 2 Wave 10 (May 15–18)	LEVEL 1 Wave 11 (July 3–6)	LEVEL 2 / 2.5 Wave 12 (September 11–14)
<div> LEVEL 1 Wave 13 (October 16–19) Wave 14 (November 13–17) Wave 15 (December 8–14) Wave 16 (February 10–15)** June 7–13, 2021 June 14–20, 2021 June 21–27, 2021 June 28–July 4, 2021 </div>		

***Note:** No data was collected in August 2020 when Auckland was in Alert Level 3 and the rest of NZ was in Alert Level 2.

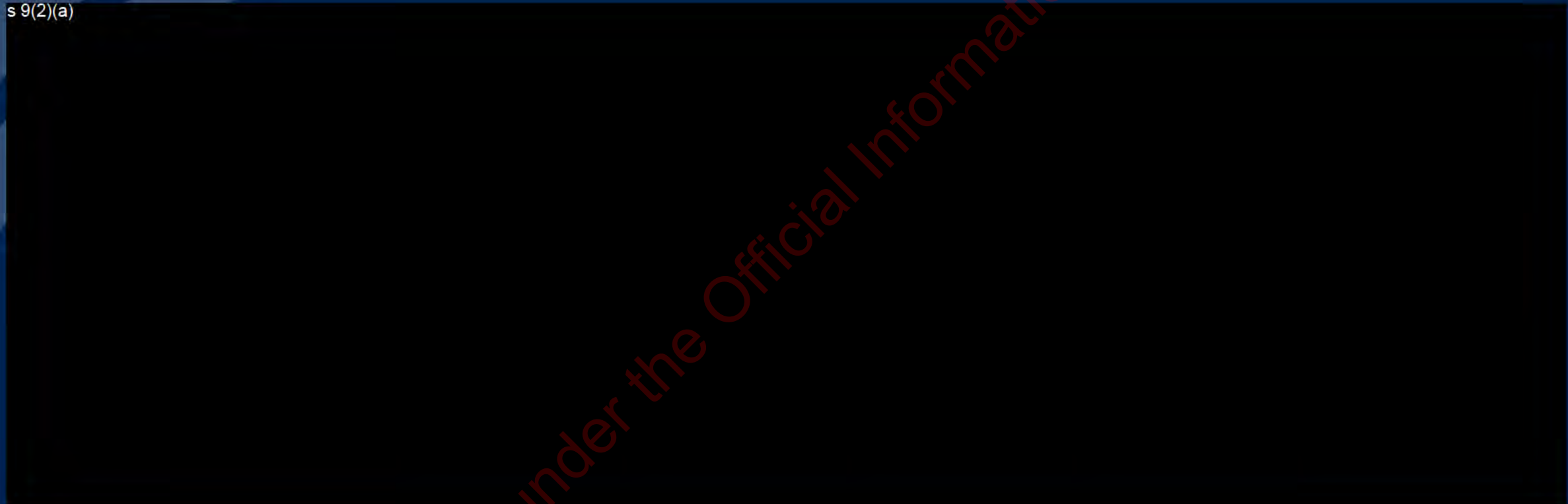
****Note:** The tail-end of fieldwork coincided with the beginning of the 'Snap Lockdown' that began at 11:59 pm on 14 February, 2021. Auckland was moved to Alert Level 3 whilst the rest of NZ moved to Alert Level 2.



CONTACTS

Document 10

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ABOUT IPSOS

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GAME CHANGERS

In our world of rapid change, the need for reliable information to make confident decisions has never been greater.

At Ipsos we believe our clients need more than a data supplier, they need a partner who can produce accurate and relevant information and turn it into actionable truth.

This is why our passionately curious experts not only provide the most precise measurement, but shape it to provide True Understanding of Society, Markets and People.

To do this we use the best of science, technology and know-how and apply the principles of security, simplicity, speed and substance to everything we do.

So that our clients can act faster, smarter and bolder. Ultimately, success comes down to a simple truth:
You act better when you are sure.

**THANK
YOU**

Document 10

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