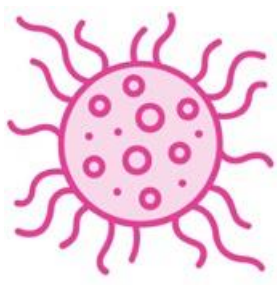


# How are you doing?

Gathering feedback about vaccinations in Luton during the pandemic

Vaccination survey: 2021-2022



## Introduction

The coronavirus pandemic reached England in March 2020. The pandemic was happening in England for almost a year when the vaccination programme was launched in England in late 2020. The types of vaccination used began as Astra Zeneca and Pfizer. Both required two doses, with three to twelve weeks between each dose. A third vaccine Moderna was introduced, which required the same time to lapse between the doses. There was a lot of speculation, media input and government input, into the safety and possible long term side effects for those who had the vaccinations. The Astra Zeneca vaccine was deemed less safe for those under 40 years of age, so they were offered alternatives.

The priority of those getting the vaccinations was pre determined by the government and JCVI (Joint Committee on Vaccination and Immunisation) and put the most vulnerable members of society first. By September 2021 all eligible adults should have been vaccinated and the children between 12 and 18 years old were started.

A booster programme had begun, which meant those who had at least 183 days since their second dose, were able to have a booster dose of the vaccination, and the more vulnerable people were given a third dose, with their booster planned for 2022. In December 2021 the English Government pulled all clinical staff to the front of the pandemic vaccination programme drive from non clinical job roles, to help with the vaccination effort.

As of January 2022 the vaccine rollout data showed that 43,589,698 people had received their first dose, 39,920,709 had received their second dose and 29,211,077 had received a booster or third dose.

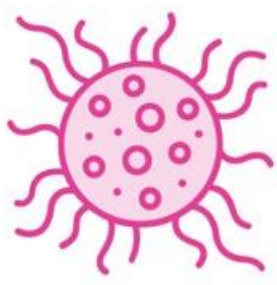
Now, in January 2022, there is around 66% of the population of England vaccinated which is 43,589,698 (1<sup>st</sup> dose), 39,920,709 (2<sup>nd</sup> dose) and 29,211,077 (booster/third) people (1) .

The vaccinations were being given in specific hubs, such as Redgrave Gardens or at local pharmacies. There were temporary sites set up in car parks such as the hut at Inspire Luton and even a free ‘vaxi-taxi’ service for those who were unable to travel to a site due to various reasons. Appointments did not need to be booked for the vaccinations and could be seen as a ‘walk in’. (2).

Priority	Risk group
1	Residents in a care home for older adults and staff working in care homes for older adults
2	All those 80 years of age and over and frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over and <a href="#">clinically extremely vulnerable</a> individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (see clinical conditions below) <a href="#">[footnote 1]</a>
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
10	Rest of the population (to be determined)

Image taken from: [COVID-19 vaccination first phase priority groups - Gov.uk \(www.gov.uk\)](#)

1. [Statistics » COVID-19 Vaccinations \(england.nhs.uk\)](#)
2. [Drop-in Sessions - BLMK CCG](#)



## Methodology

The purpose of the survey was to be able to understand vaccine hesitancy and the barriers that were stopping people from having their vaccines, as well as the reasons why those having the vaccine were doing so. The survey was opened late March 2021.

The purpose of the survey was to know:

- What the public thought about the vaccine programmes
- Whether they had been willing to have the vaccine, if not already had it, and opinions if the vaccine had already been received
- What were the opinions about the information available about the vaccination programme

Most of the questions were multiple choice to allow for ease and time effectiveness.

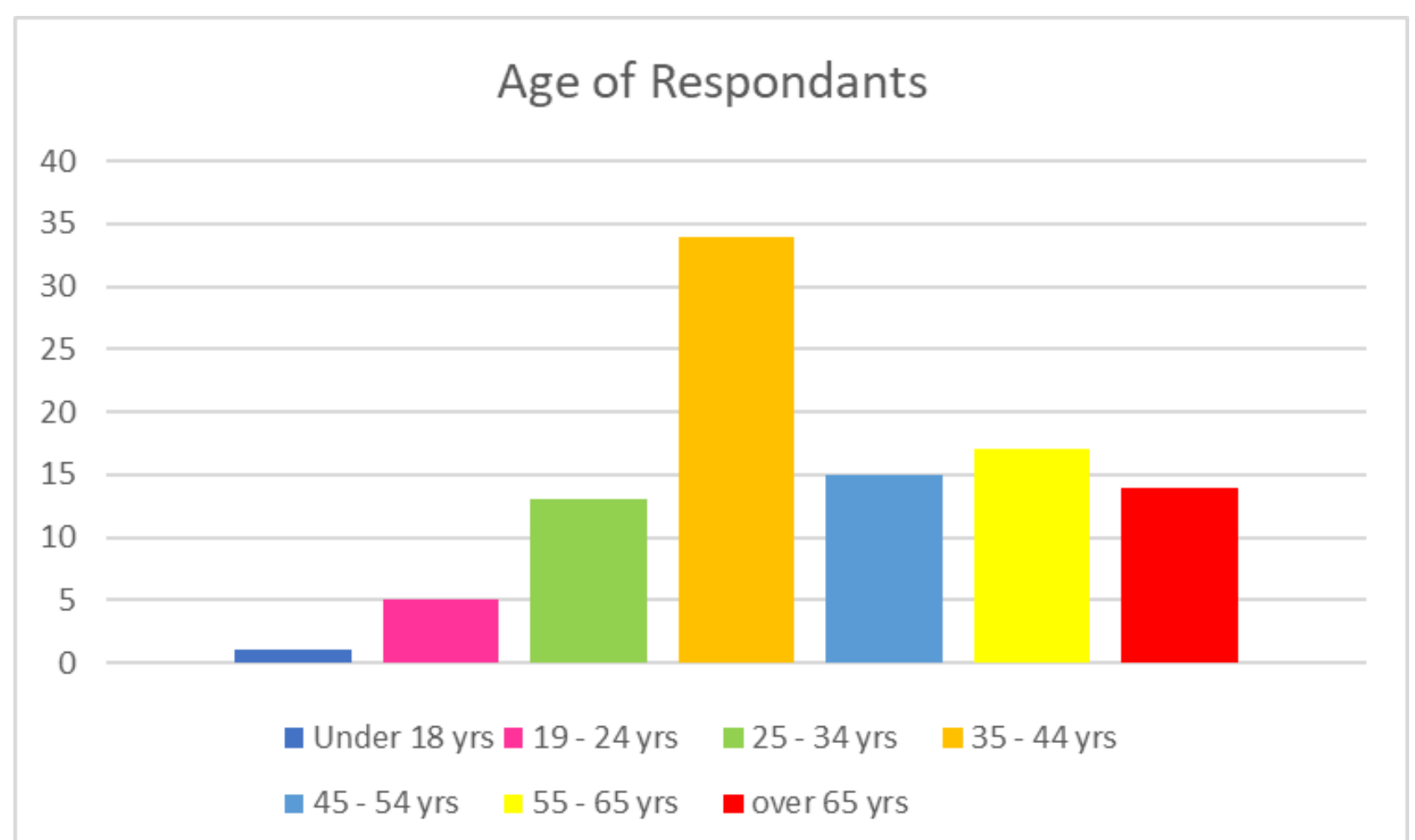
Demographic data questions were included in the survey but were for reporting and monitoring purposes. All information shared and reported will be done so anonymously unless explicit consent is given.

## Participants

The survey was shared on the website, sent out to those on the contact list and shared with partner organisations to share. The survey was digital, using Survey Monkey so all participants will have accessed the survey online. Overall, there were 141 responses.

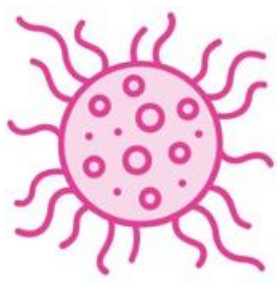
Demographic data is asked for monitoring purposes and to understand more of the participants who have completed the survey. Of the 70% (99 people) who left their gender, just under 30% (29) were male, and just over 70% (70) were female.

Of the 99 who left their age, most were between 35 years and 44 years, with a full range of 18 years to 89 years.



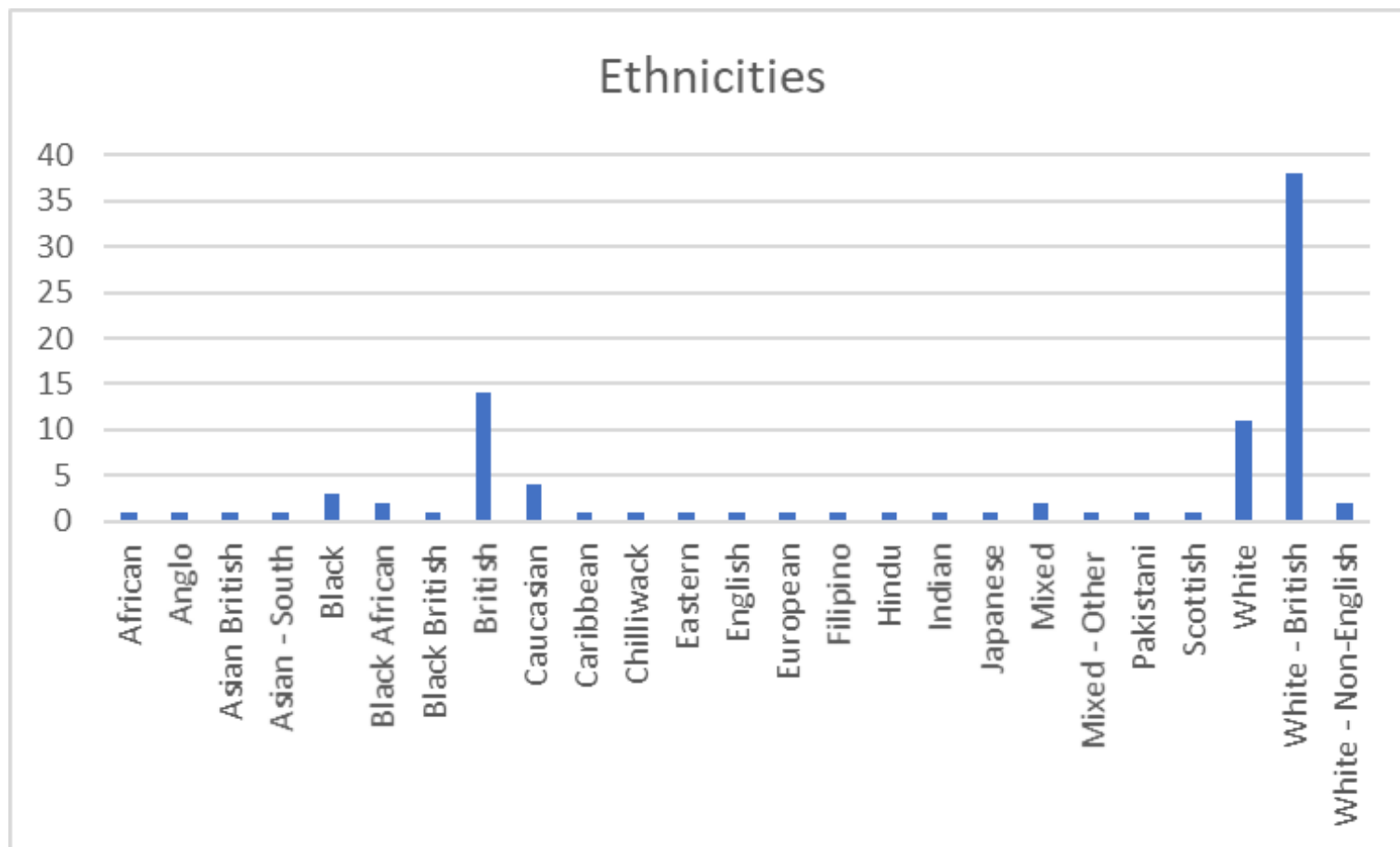
## Data collected

All data collected was inputted into the general reporting for the month it was gathered. This report highlights the responses to the survey up until January 14<sup>th</sup> 2022.



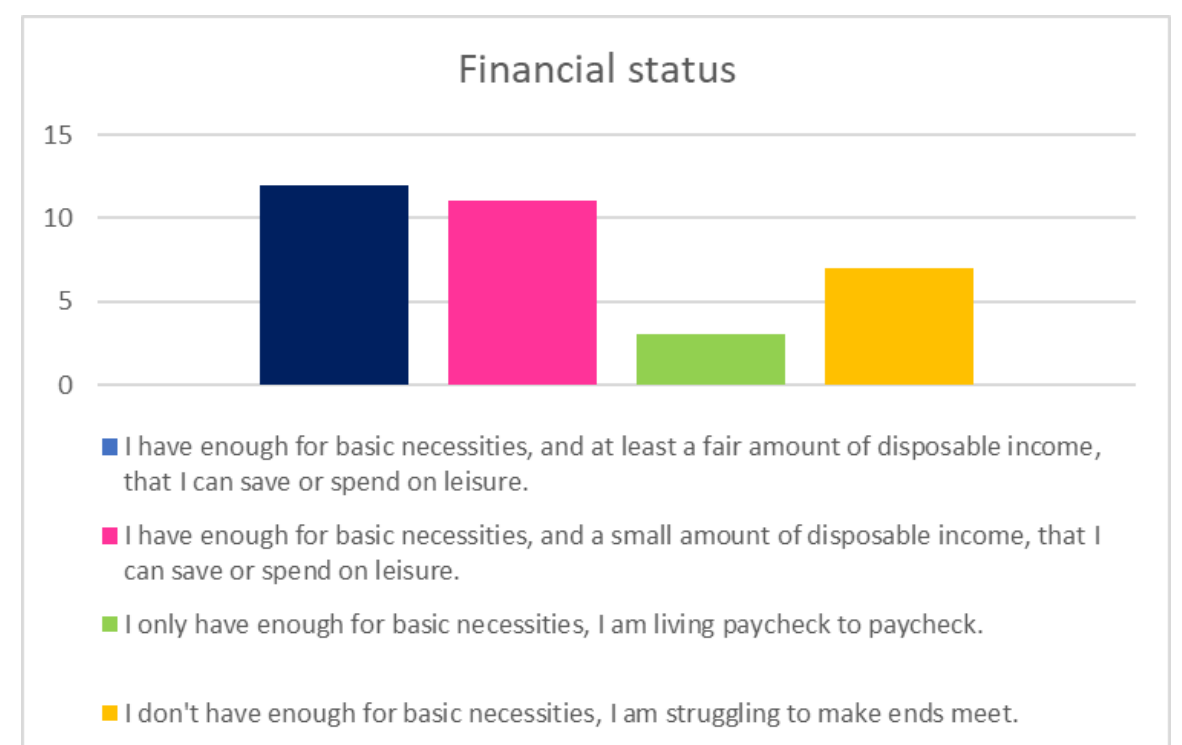
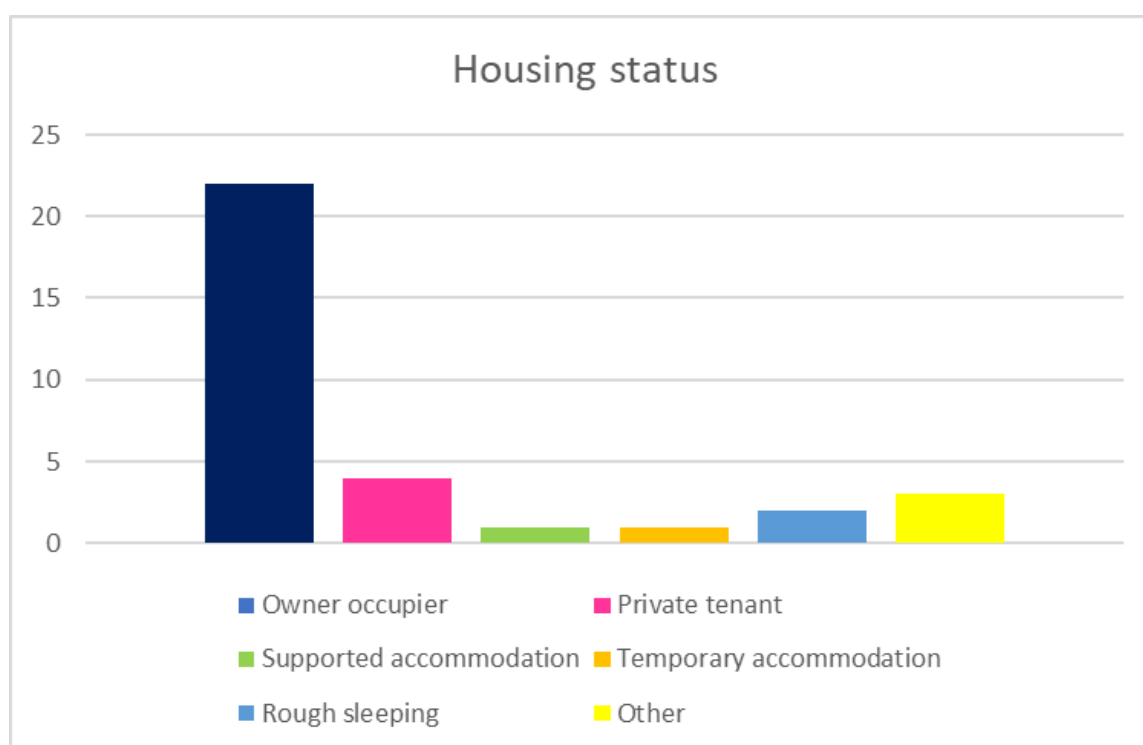
## Demographic data

With the purpose of the survey to be something that could be completed in a short amount of time, the questions were mostly multiple choice, with some space for 'free text', as well as demographic data to understand who had completed the survey.



Of those who completed the survey, 92 self defined their ethnicity. There were 24 different ethnicities used, including Chilliwack, Scottish, Caribbean, Pakistani, Japanese and Filipino. 58% (54) self defined as 'white', 'white British', 'English' or 'Anglo', and around 8% (7) self defined as 'White non-English', 'Caucasian' and 'European'. Just over 6% (6) defined themselves as 'black', 'black British' or 'Black African'. There were just over 5% (5) who identified as 'British Asian', 'Asian Southern', 'Pakistani' or 'Indian'.

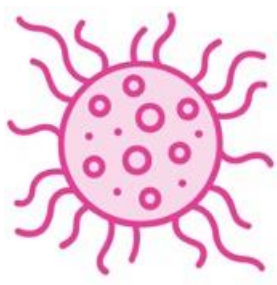
Individuals were asked 'What best reflects your housing situation?' which was a multiple choice question. This was answered by 33 people. Some answers received no response, including 'social tenant', 'sharing/lodging', 'leaving care' and 'leaving institution'.



Individuals were also asked their financial situation. Again, 33 individuals gave their answers to this multiple choice question.

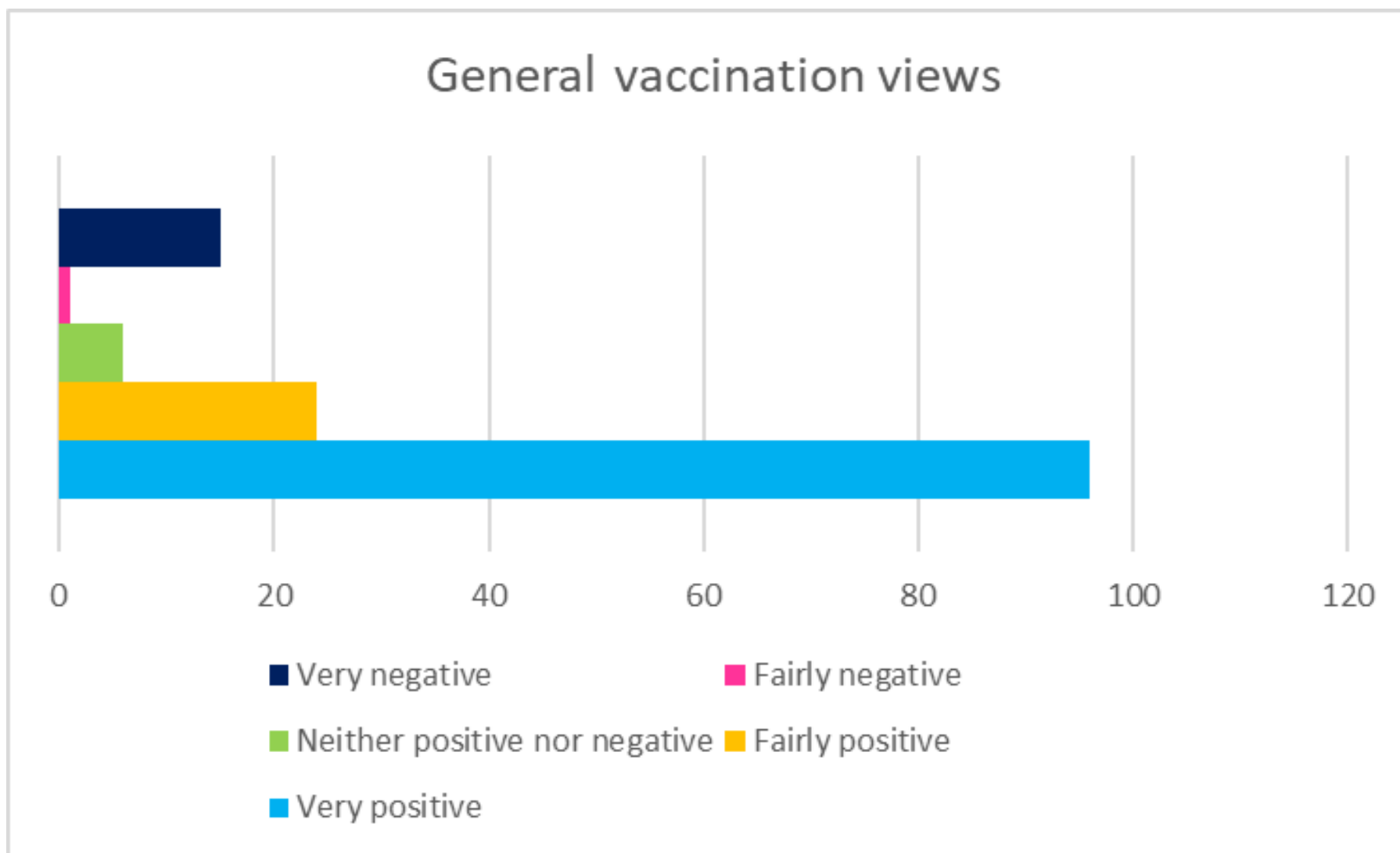
The purpose of these questions is to try to understand the socio-economic status of those who are completing the survey, to ensure all areas of our local community is reached, as well as influence which communities need further support with obtaining their vaccinations.



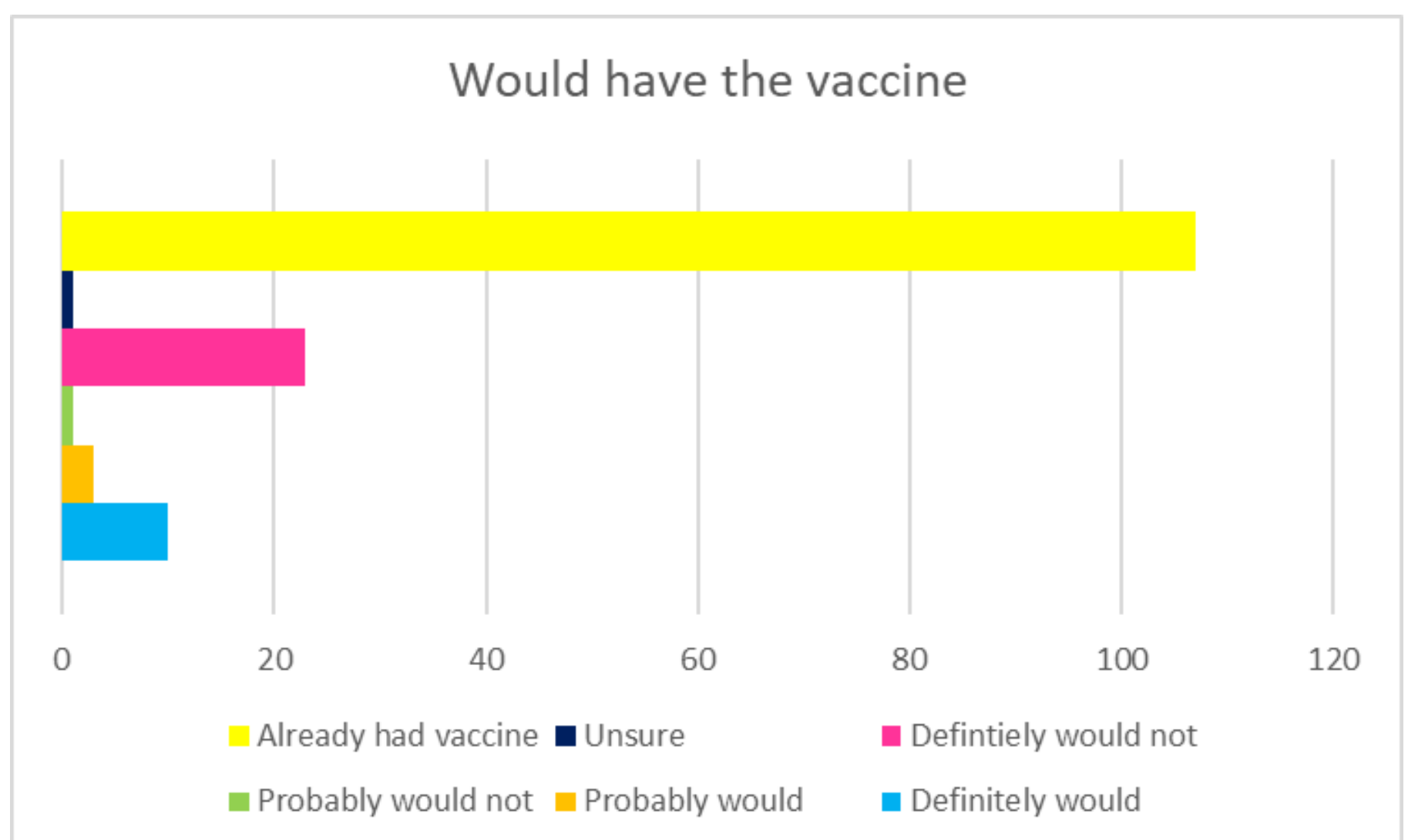


## Vaccination views

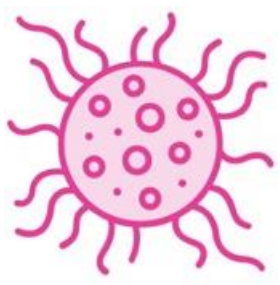
Individuals were asked to consider vaccinations in general, with examples of polio, tetanus and flu, and using a five point scale from 'very positive' to 'very negative', share whether their experiences had been positive or negative. All individuals answered this question, with almost **83%** marking 'very positive' or 'fairly positive', almost 11% as 'very negative' or 'fairly negative' and just under 3% 'not sure'.



The next question asked was to understand whether people would take up the vaccine for Covid 19 if it was free of charge. This was a multiple choice question with a similar scale, of four points, as well as the option to mark if they had already received their vaccinations.



Just over **72%** (107) individuals had already had their vaccine, and one person marked 'unsure'.



## Barriers to vaccinations

The survey was written in a way to capture the most information from individuals. This meant depending on the answer to the previous question, individuals would answer a question about barriers to getting their vaccine, or why they had the vaccine. Just over 35% of individuals answered this question. Of those 52 people, Almost 60% (31) stated 'nothing would stop me from getting my vaccine'. Individuals were to pick as many answers that were relevant to them.

The distance to travel to get the vaccine was the biggest concern with 17% feeling this was important.

Almost 10% were 'not sure' what might stop them getting the vaccine, and almost 10% felt the fact they would need to get public transport might stop them getting the vaccine too.

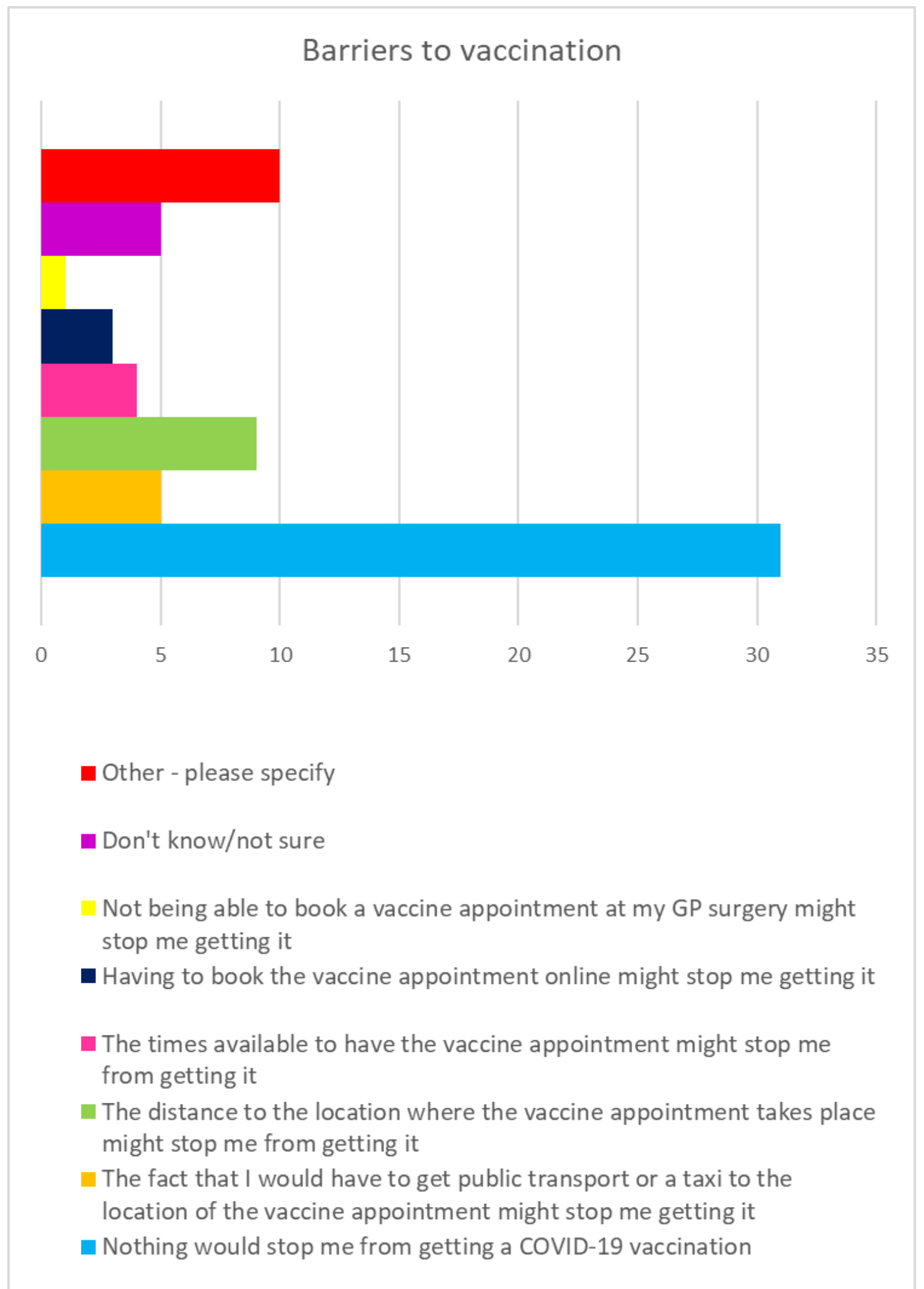
There was an option for free text also. Around 20% of people marked this, with reasons being concerns over the ingredients in the vaccine, not enough research and the process generally for the vaccines.

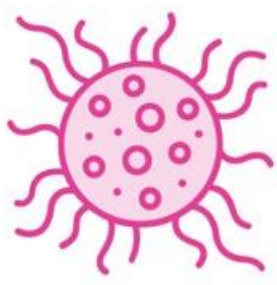
*'It is an experimental vaccine still in its clinical trials until 2022/23 - so safety and efficacy cannot be guaranteed. There have been 1500 UK deaths as a result of the vaccine recorded on the UK's official yellow card reporting system. The vaccine manufacturers are not liable if I were to experience an adverse reaction to the vaccine.'*

- unvaccinated individual

*'I don't believe in vaccines or vaccine mandates, and I have a horrible phobia of needles. I don't trust the covid vaccine and I will not be getting it. I don't care if they make it mandatory and threaten to make me pay a fine or put me in jail for not getting it. I still refuse to get the vaccine and people should understand that there are those of us with such extreme anxiety that it is impossible for us to be vaccinated. They ought to give people like that other options that don't require needles'*

- unvaccinated individual





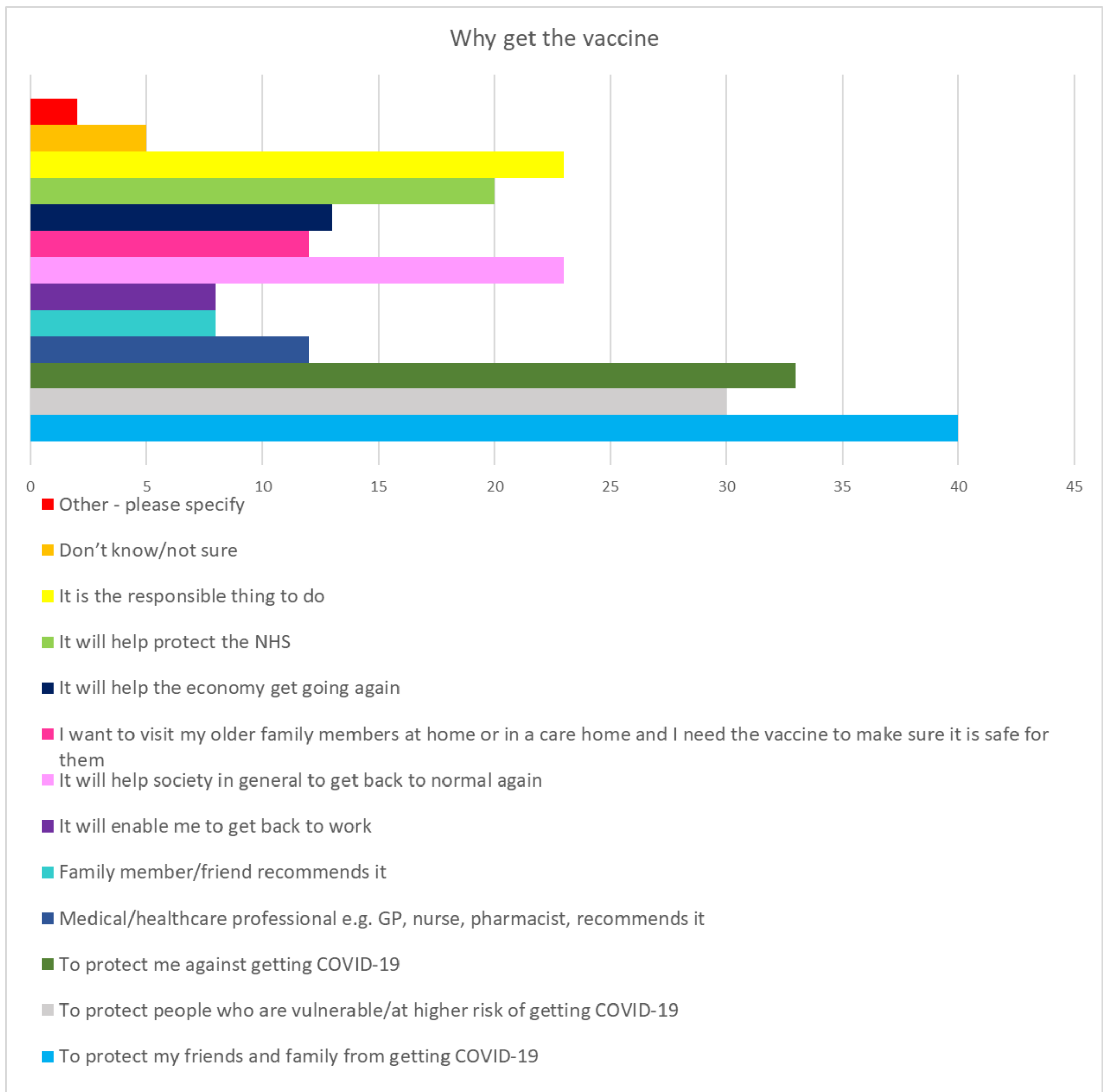
## Why would you want to get the vaccine

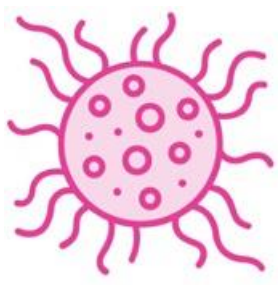
Individuals were asked the reasons they would want to get the vaccine. There was the option to click as many statements that were relevant to them. 35% (50) of people completed this question.

The three most common reasons for wanting the vaccine were 'to protect family and friends from getting covid' (80%), 'to protect themselves from getting covid' (66%) and 'to protect the vulnerable from getting covid' (60%).

In the free text box for 'other – please specify', individuals had written about reducing severity of their own reactions if they contracted coronavirus and included concerns over the vaccine itself.

### 'I want to save the world at large'



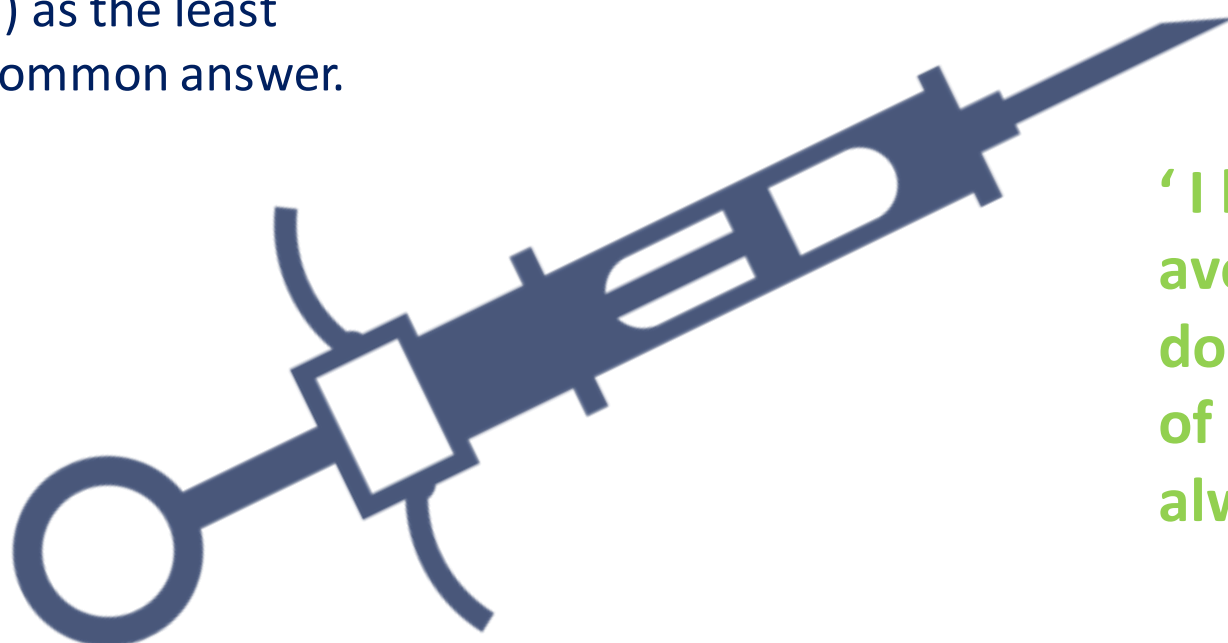
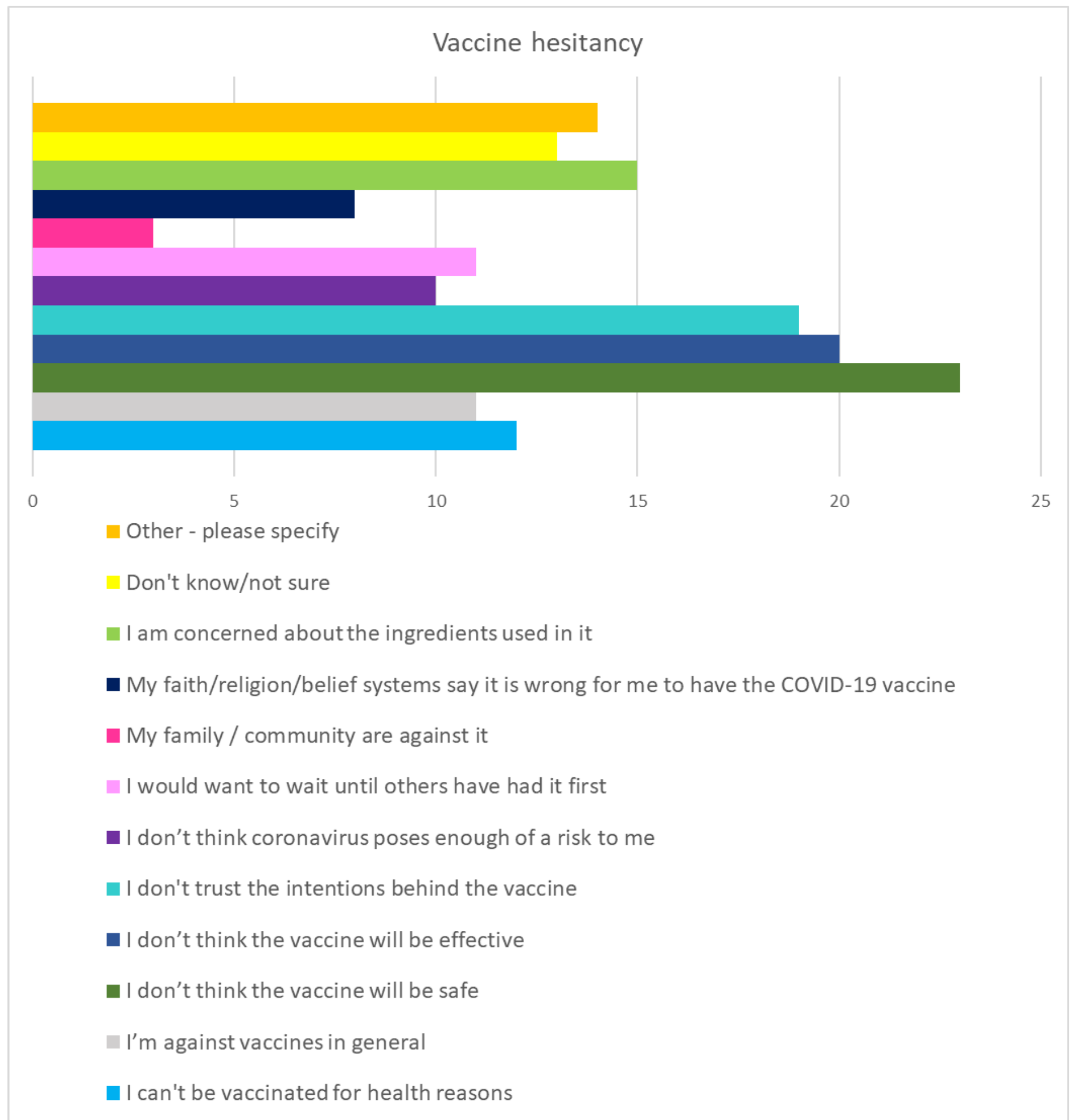


## Vaccine hesitancy

Individuals were asked why they had not had or would not be having the vaccination for covid. 35% (50) of people responded to this question. There was the opportunity to mark more than one response.

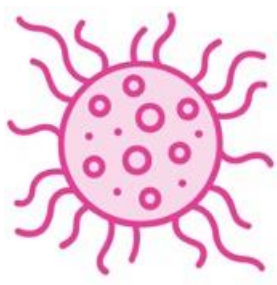
Just over 23% marked the 'other' option, which included reasons such as not trusting the vaccine in general, concerns for the intentions of the government, concerns of the ingredients of the vaccine and fear of needles.

Safety of the vaccine (38% - 23), intentions of the vaccine (32% - 19) and effectiveness of the vaccine (33% - 20) were the three most common answers, with family/community being against it (6% - 3) as the least common answer.



**‘ I have a horrible fear of needles and avoid them at all costs no matter what. I don't even care that we're in the middle of a pandemic. I don't trust the drug and I always avoid getting shots. ‘**





## Why have you had the vaccine

A lot (90%) of individuals answered this question, as they had already had the vaccine. These individuals were asked why they had chosen to have the vaccine. The question was multiple choice and they were able to mark as many answers that were relevant to them.

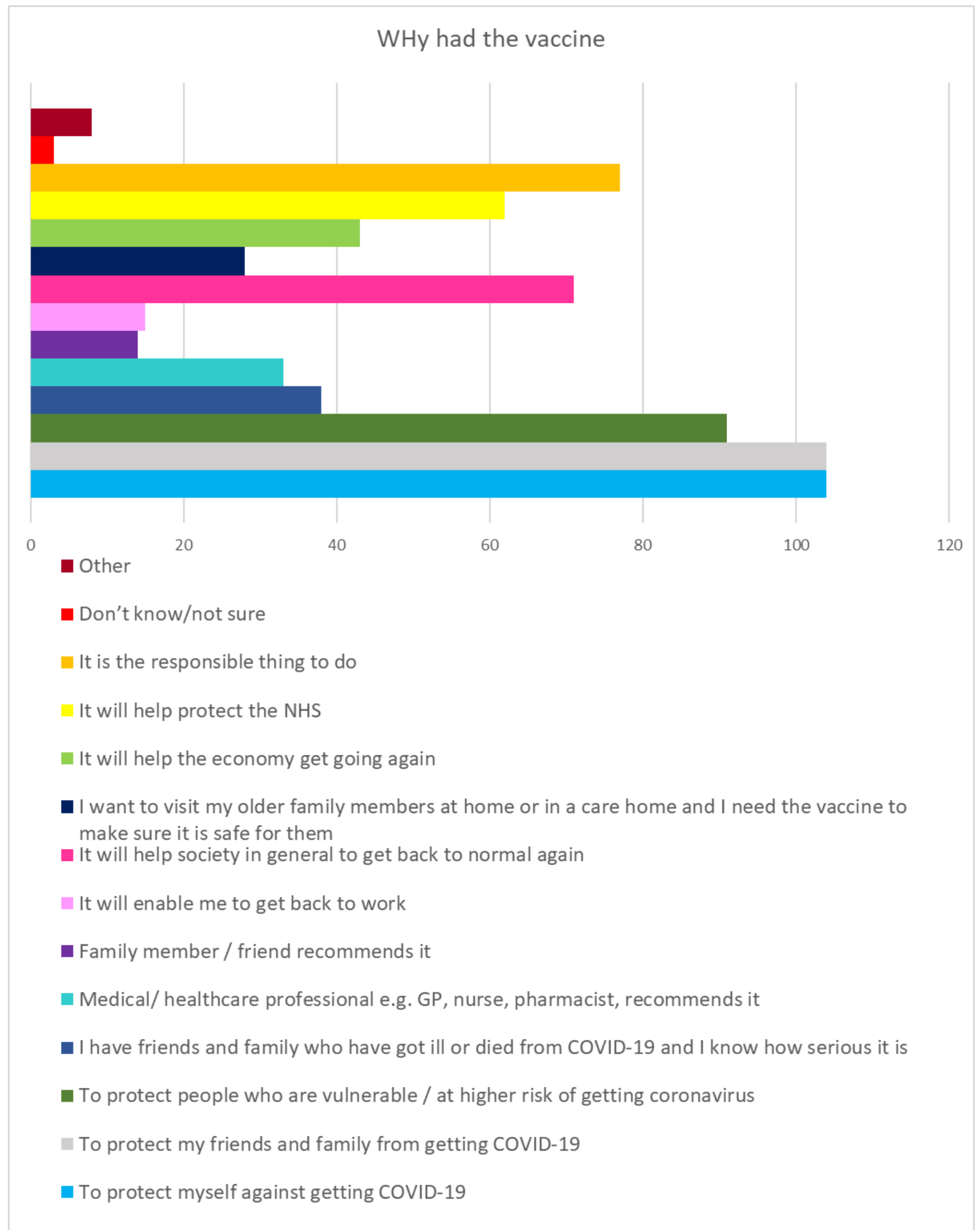
82% (104) marked both that they had the vaccine to protect themselves and their friends and family, and 72% (91) marked to protect people who are vulnerable or at higher risk of contracting covid.

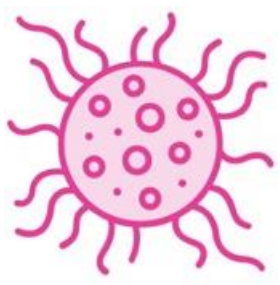
61% (77) of people felt it was the responsible thing to do and almost 49% (62) thought it would protect the NHS.

There were 2% (3) of people who marked that they were unsure or didn't know why they had the vaccine.

There were 56% (71) of people who felt it would help society in general get back to normal and 12% (15) felt it would get them back to work.

Almost 26% (33) stated they had the vaccine as a healthcare or medical professional had recommended it.





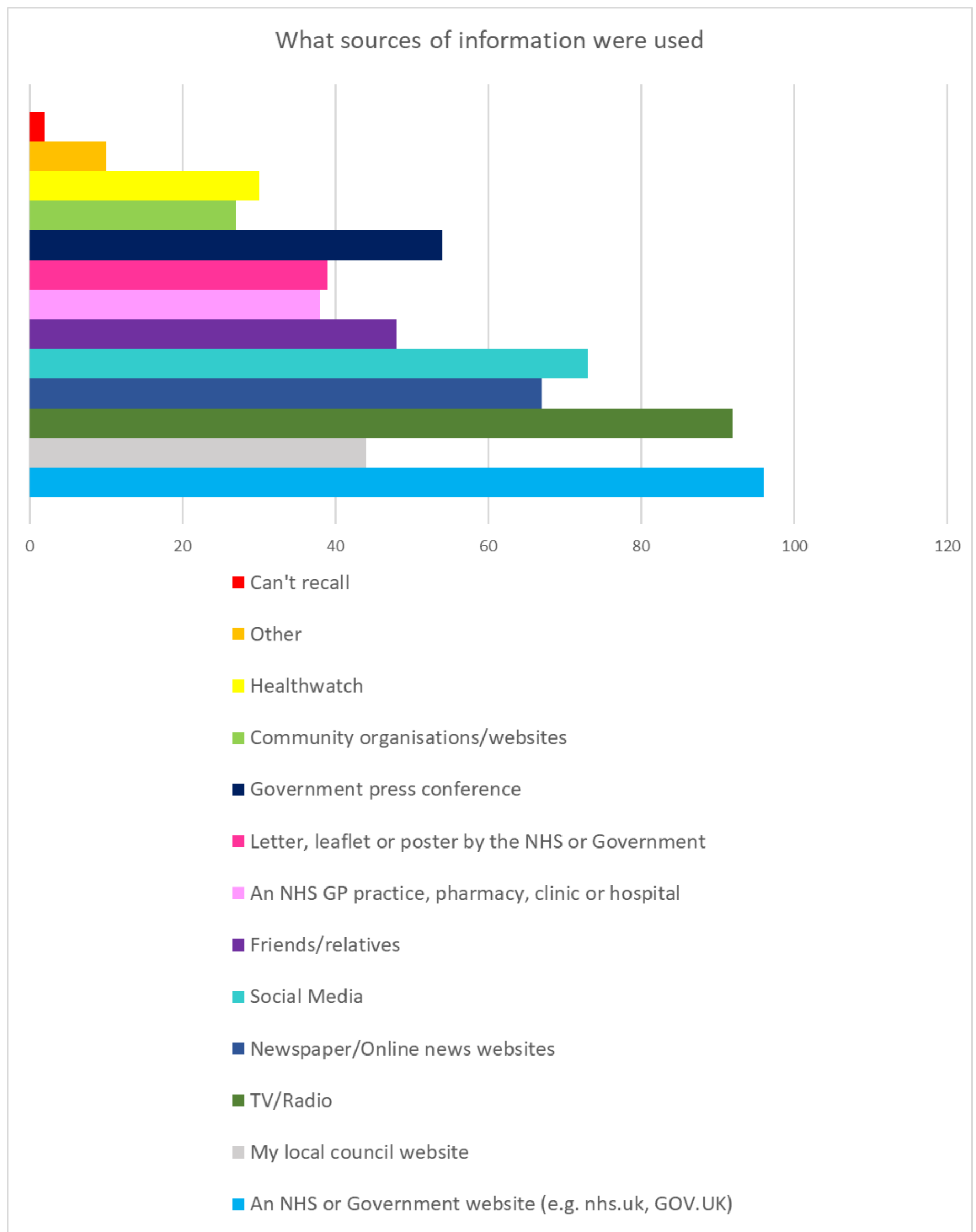
## What information is there about the vaccine

The individuals were asked to think about the information they had seen and heard about the vaccination programme and about the actual vaccine itself. There was a multiple choice answer for the sources of information. Individuals were asked whether they found the information more negative or positive.

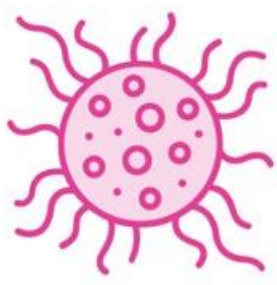
Around 66% (96) of people said they got most of their information from a government website or similar, such as gov.uk or NHS.uk and 64% (92) said they used the TV or radio. Around 50% (73) used social media and 27% (39) used a government leaflet or letter for their information.

Just under 63% (92) found the information as positive, almost 5% (7) found the information was negative, and 25% (37) felt it was a mixture of negative and positive.

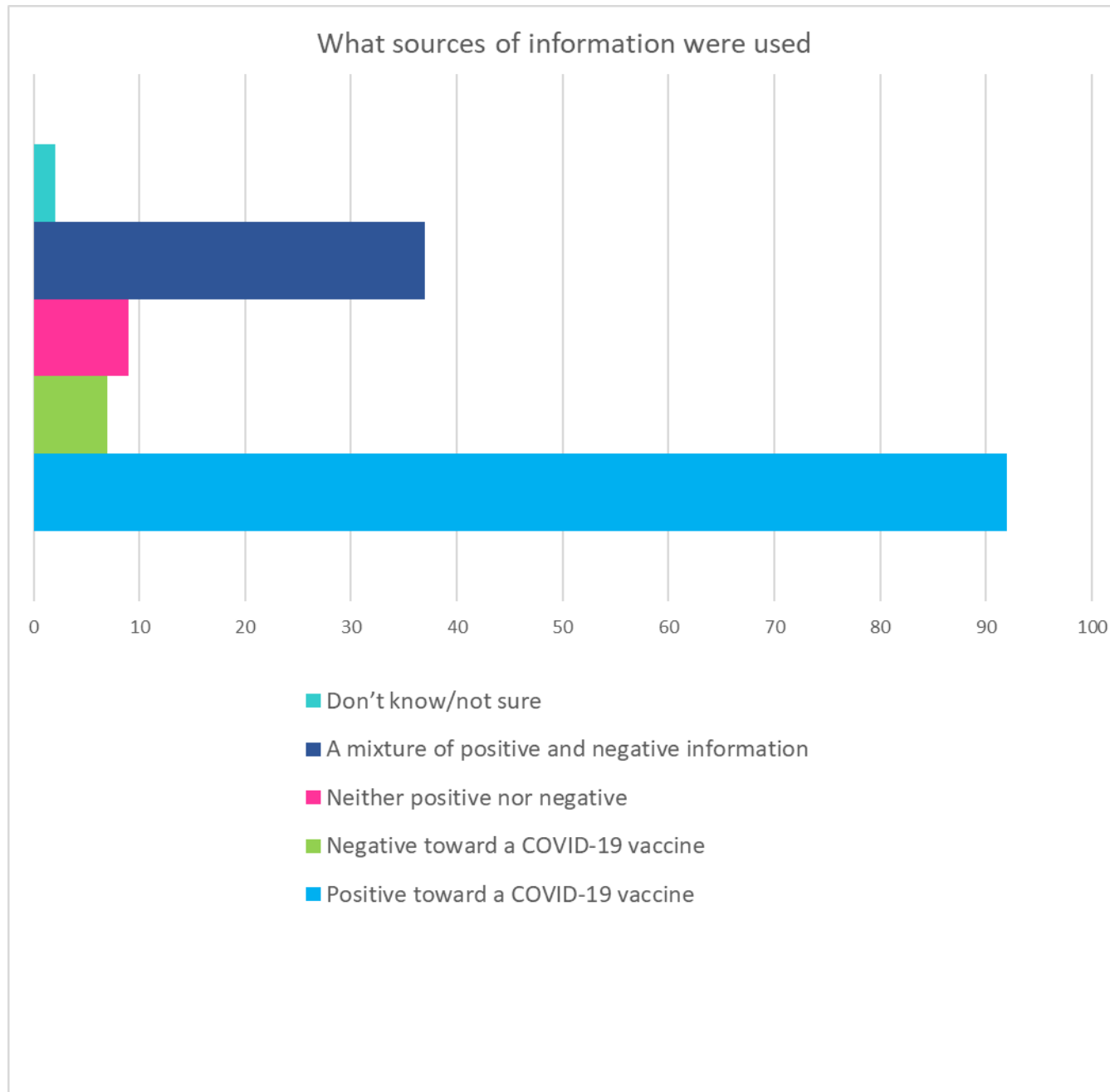
Individuals were asked if they felt the information from the government and the NHS was effective. 71% (105) people felt it was effective, 19% (28) disagreed that it was effective and 10% neither agreed, disagreed or were unsure if it was effective.



***“There should have been more publicity about benefits of vaccines. Public health workers like police and teachers should have been offered vaccine”***



## Was the information effective



There was a free text question where individuals could write anything else they felt about the vaccination programme or the vaccine itself. There were over 60 responses, some of which mentioned the need for more research, more awareness, more understanding and more accessibility of the vaccinations.

*"I just wish everyone would go and get their shots. if people would stop and think its really no different than the shots we give to our children when they are younger. Also its like in restaurants no Shirts, no shoes no Service. We have to wear seatbelts (saves lives). One of the things that bothers me is that when we go to the restaurants to eat we have to show that we have had our shots (which I don't care about that part) the part I don't understand is that its not mandatory that the staff does not have to be vaccinated."*

*"Needs more info and research share before would give to child"*

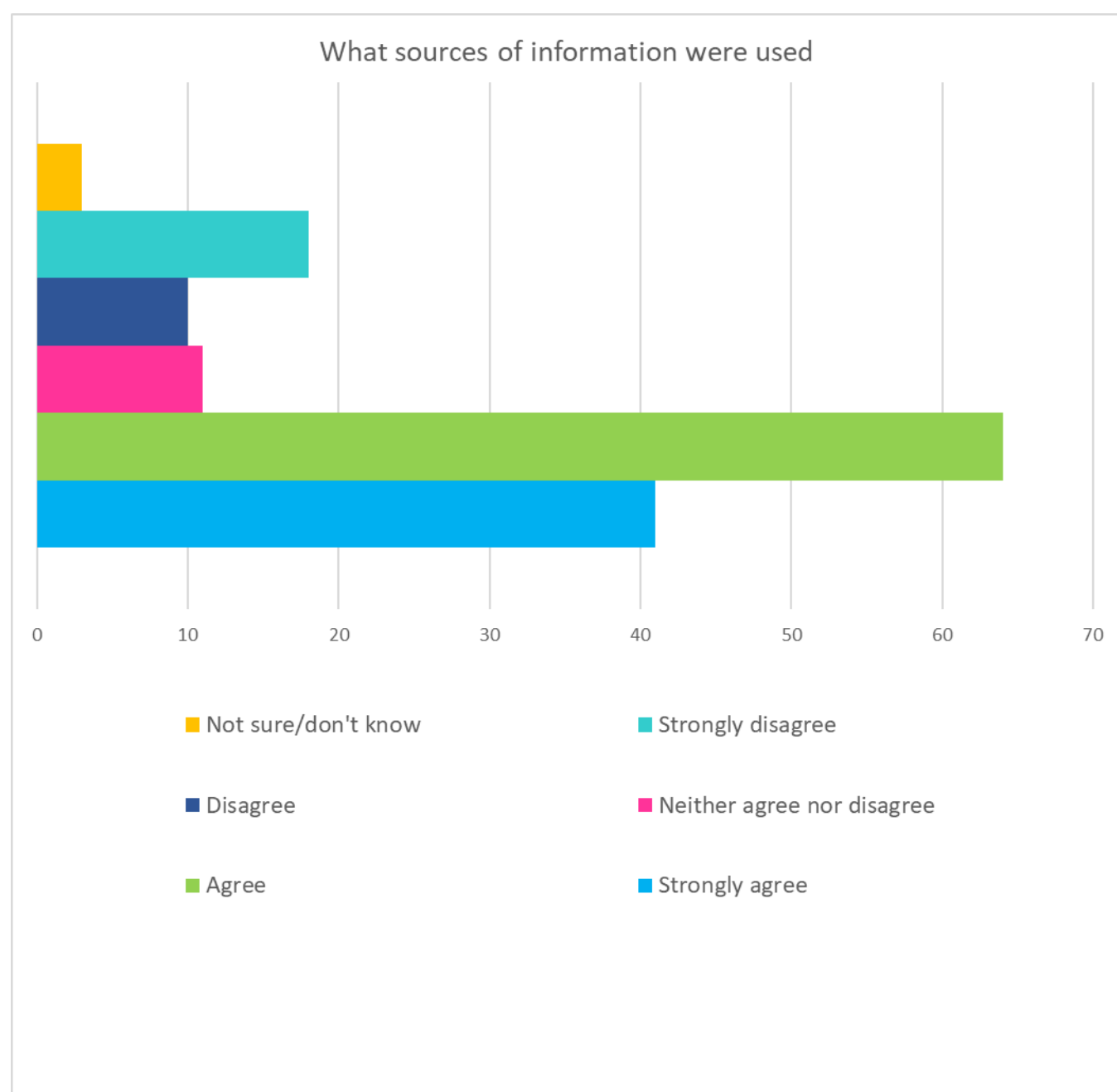
*"Need to explain which is good for certain conditions. Need to explain more clearly what is involved in the vaccine - so people can understand and not be scared by rubbish in the media and social media. Need to be open to everyone - more walk-in clinics."*

*"Though when the vaccine is being administered, still some individuals are reacting to it negatively e.g fainting or convulsions, but it's not everyone and it's just a few people reacting this way, I strongly recommend THE VACCINE."*

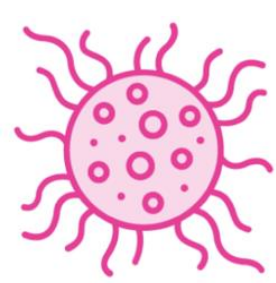
*"Covid-19 vaccinations are experiments on human beings (at the moment)"*

*"Facilities are inadequate for older more vulnerable people because of long queues outdoors with no social distancing in place."*

*"It is an experimental drug still in clinical trials and has only been authorised for emergency use under the coronavirus act 2020. Encouraging anyone and everyone to get this vaccine is not only irresponsible but actually criminal."*



*"It is the most relevant thing to do because it is like a shield that protects you from serious flu like covid to be harmful to your system when you are sick"*



## Evaluation

With the awareness of 'survey fatigue' within the local community, the survey was kept as multiple choice. There seems to be mixed experiences for the public in Luton, which would have been dependant where they had their vaccinations and how they booked it. Of those who did not want their vaccinations, the general consensus was due to not being sure of the intentions or the safety of the vaccination.

Where the survey was open for a length of time, most of the public had received their vaccinations. It is felt the survey needed to be closed and a fresh one set up which reflects that.

There is still a need for better and more robust communications, which is reflective in the opinions of those who are unvaccinated or nervous of being vaccinated.

## What next?

- The survey will be closed, however, there will be an alternative set up to capture the views and experiences.
- This report will be shared with the wider system in Luton to support the communications with the public and to understand the issues surrounding vaccine hesitancy
- This report will be shared with Public Health Luton, LBC and BLMK CCG for information provision
- Healthwatch Luton will continue to gather feedback from the residents of Luton about their vaccine experiences and report this to the appropriate boards, organisations and teams to ensure the feedback is used when shaping service provision
- Healthwatch Luton will continue to signpost and support those with issues surrounding their vaccinations
- Healthwatch Luton will continue to share information about the vaccination process, eligibility and changes as and when they are available

**“Forced vaccination is wrong. If you question the vaccine it is blocked out on social media, natural immunity is being ignored, my body my choice.”**

