

# COVID-19 vaccination for five to 11 year olds: Views of Australian parents



## Poll report

Poll 23, December 2021

Dr Anthea Rhodes

Embargoed 00.01 AM December 10, 2021

### Report highlights

- 30% of Australian parents of children aged five to 11 years have been undecided about COVID-19 vaccination for their child, awaiting more information about the safety of the vaccine
- Eight out of ten parents (82%) say knowing how children overseas have reacted to the COVID-19 vaccine will influence their plans to get their child vaccinated
- Convenience and familiarity will be key factors for parents in the vaccine rollout with almost two thirds (62%) saying they would be more likely to go ahead if the vaccine was available at their GP
- Almost half of parents (46%) would be more likely to take up the vaccine for their child if they could get monetary compensation for time off work to enable them to take their child to be vaccinated

**Two thirds of parents say** they would be more likely to get their child vaccinated if it is **available at the GP**

## What are parents' intentions regarding vaccination for children aged five to 11 years?

When surveyed in July 2021, one in two parents (48%) reported that they intend to get their five to 11-year-old child vaccinated against COVID-19. Just under one in three (30%) parents reported they were not sure or undecided about getting their child vaccinated. An additional one in four (22%) were hesitant, saying they would probably not (10%) or definitely not (12%) get their child vaccinated (see *figure 1*).

Parents who were female, had lower levels of education (certificate I–IV, year 12 or less) or working part time or not working were more likely to report being undecided about vaccinating their children than male parents, those with undergraduate education or higher and those working full time. Intention to vaccinate was strongly correlated with socio-economic status (SEIFA) with parents in the highest quintiles more likely to vaccinate their children. Intention to vaccinate was higher in NSW than in other states and territories as well as Victoria. Parents without a family GP were more likely to be hesitant about COVID-19 vaccination for their child than those with a GP. Respondents who spoke a language other than English at home reported slightly higher levels of intention to vaccinate than those who spoke only English. However, caution must be used in interpreting this finding due to possible limitations of the study design.

## Reasons why parents were undecided about vaccinating their children

Among those parents who were undecided about their child receiving the COVID-19 vaccine, the most

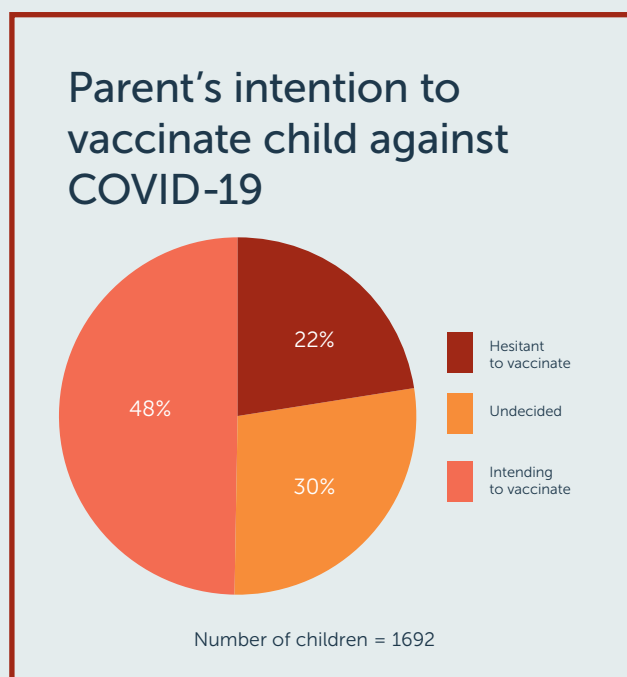


Figure 1.

Data source: RCH National Child Health Poll, data collected July 2021

frequently reported reasons were that it had not yet been tested enough for safety (55%) or efficacy (22%). As might be expected, the proportion of parents concerned about lack of testing for safety and efficacy was higher among those who indicated they were hesitant about vaccination than those who were undecided (see *figure 2*).

It is important to note that at the time of data collection trials on the safety and efficacy of the vaccine in children aged five to 11 years were still being conducted and there were no COVID-19 vaccines approved for children aged less than 12 years in Australia.

A minority of parents who were undecided said they believed the vaccine was not necessary in children as there were very few cases in the community (14%) and COVID-19 was not likely to spread easily in children (13%). Ten per cent said children don't need a vaccine because they don't get very sick with COVID-19 and only 3% said cost would be the reason they would not take up the vaccine for their child (see *figure 2*). Of note, at the time of data collection community transmission of COVID-19 cases in Victoria and New South Wales was lower than at the time of writing.

Among those parents who were hesitant about vaccination for their child, 15% reported that their partner did not want their child to be vaccinated compared to 6% in those who were undecided (see *figure 2*).

## What are the factors that might make a parent more likely to get their child vaccinated against COVID-19?

Familiarity and convenience in accessing vaccination were identified by parents as factors that would make them more likely to get their child vaccinated. Almost two out of three parents (62%) said they would be more likely to get their child vaccinated if it was available at the family GP. This finding was most notable in parents who were resolved in their intention to vaccinate their child, with 82% saying availability at the GP would make them more likely to action their decision. Availability through on-site clinics at their child's school was likely to affect the decision to get their child vaccinated for 59% of parents. Having monetary compensation for time taken off work to allow parents to attend a vaccination clinic with their child would affect the decision for 46% of parents. Among those parents who were undecided about vaccination, most said they would be likely to get their child vaccinated if it was required to travel overseas (66%).

The leading factor affecting decision making regarding vaccine uptake for parents was related to more information regarding safety, with 82% of parents saying knowing how children vaccinated overseas had reacted to the vaccine would affect their decision about vaccinating their own child.

## COVID-19 Vaccination: Reasons parents may not vaccinate child aged 5 to 11 years

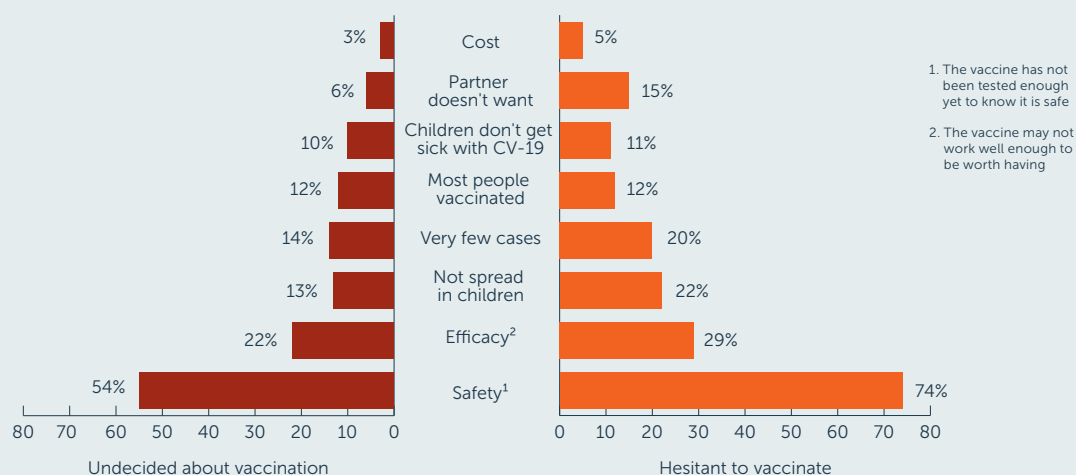


Figure 2.

Data source: RCH National Child Health Poll, data collected July 2021

### Implications

With community transmission of COVID-19 ongoing in New South Wales and Victoria and with Australia moving towards 'living with COVID-19' as it opens up again, it is likely that children will be exposed to the virus. Whilst COVID-19 infection causes no or very mild symptoms in the vast majority of children, a small proportion (< 1%) of children do become significantly unwell. Furthermore, children who are diagnosed with COVID-19 will have to isolate and be unable to attend school or participate in extra-curricular activities such as sport, causing significant disruption to their daily routine likely leading to negative physical and mental health impacts. Infected children can also contribute to transmission in the community and may pose a risk to vulnerable family members and friends. COVID-19 vaccination for all children aged five to 11 years will reduce the risk of these outcomes for individual children, their families and the broader community.

Findings from the RCH Poll conducted in July 2021 show just under one third of Australian parents of children aged five to 11 years were undecided about their child receiving a COVID-19 vaccine and almost a quarter were hesitant with the main reasons being that the vaccine had not yet been tested enough for safety or efficacy. Following comprehensive review of vaccination data from large scale clinical trials conducted in children aged five to 11 years in multiple countries, the Therapeutic Goods Administration (TGA) provisionally approved the Comirnaty (Pfizer) vaccine for use saying it was safe and effective for five to 11-year-old children in Australia in early December 2021<sup>1</sup>, and recommendations from the vaccination experts on the Australian Technical Advisory Group on Immunisation (ATAGI) are expected to follow soon. These approvals and recommendations should come as

welcome reassurance for Australian parents, as the vast majority indicated that information about how children overseas have reacted to the vaccine would affect their decision about vaccination for their own child.

The findings from this study highlight the ongoing need for clear messages and transparent communication from government, public health organisations, health professionals and other trusted leaders about vaccine safety and efficacy for children aged five to 11 years. It is important for parents to understand that regulatory authorities in Australia only approve vaccines after rigorous assessments of safety and efficacy and to be aware of an additional safeguard in the form of a robust safety monitoring system for COVID-19 vaccines for children, providing ongoing up-to-date data as Australian children are vaccinated.

A major finding in this study is the impact of availability, familiarity and convenience on intended vaccine uptake. Vaccinating young children poses unique challenges and requires careful consideration of the developmental needs of children and the practical needs of families, particularly given children are likely to require a series of vaccinations over time. Parents want access to trustworthy, local, child-friendly options to support them in getting their child vaccinated. Availability at the family GP or at on-site school clinics are among the factors most likely to influence a parent's decision to get their child vaccinated. Almost half of parents said paid time off to allow them to take their child for a COVID-19 vaccine would affect their decision on uptake, prompting consideration of funded subsidies to address this potential barrier. As vaccine rollout for children aged five to 11 years is planned, Government will need to remain responsive and sensitive to the unique factors affecting children in this age group when determining how and where vaccines for children will be delivered in order to optimise uptake among Australian families.

## Data source and methods



In a survey conducted in July 2021, Australian parents were asked a series of questions about their intentions and beliefs in relation to the COVID-19 vaccine for their children aged five to 11 years. Parents were asked if they intend for their child to receive the vaccine. Parent responses included 'definitely yes' and 'probably yes' (classified as intending to vaccinate), or 'probably no' and 'definitely no' (classified as vaccine hesitant), or 'not sure' (classified as undecided).

Respondents who were undecided or hesitant for their child to have the vaccine were asked about the reasons why. All respondents were asked about factors that would make them more likely to vaccinate their child against COVID-19. A copy of the survey can be found here [rchpoll.org.au](http://rchpoll.org.au).

Note, at the time of data collection trials on the safety and efficacy of the vaccine in children aged five to 11 years were still being conducted and there were no COVID-19 vaccines approved for children less than 12 years in Australia. On 5 December 2021, the Therapeutic Goods Administration (TGA) provisionally approved the COVID-19 vaccine for children aged 5 to 11 years and indicated the vaccine would be made available for all children aged between 5 and 11 years from January 10, 2021, pending recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI)<sup>1</sup>.

This report presents findings from a nationally representative household survey conducted exclusively by the Online Research Unit for The Royal Children's Hospital, Melbourne. The survey was administered from 20–27 July 2021, to a randomly selected, stratified nationally representative sample of adults aged 18 and older (n = 1259). All respondents were parents or caregivers to children aged between five and 11 years. Respondents provided data on a collective total of 1,692 children. The sample was subsequently weighted to reflect Australian population figures from the Australian Bureau of Statistics. Among Online Research Unit panel members contacted to participate the completion rate was 65%.

## References



1. Therapeutic Goods Administration <https://www.tga.gov.au/media-release/pfizers-covid-19-vaccine-comirnaty-provisionally-approved-use-individuals-5-years-and-over> (accessed 08/12/2021)

For a full list of references please email [child.healthpoll@rch.org.au](mailto:child.healthpoll@rch.org.au)

## Suggested citation



The Royal Children's Hospital National Child Health Poll (2021). *COVID-19 vaccination for five to 11 year olds: Views of Australian parents*. Poll Number 23. The Royal Children's Hospital Melbourne, Parkville, Victoria.

## Authors



This report was written by:

**Dr Anthea Rhodes** (RCH Poll Director),  
**Dr Mary-Anne Measey** (Research Associate) and  
**Dr Monsurul Hoq** (Biostatistician)  
with the support of the [RCH Poll Project Team](#)

The RCH Poll team gratefully acknowledges the input of **Associate Professor Margie Danchin** and **Dr Jess Kaufman** in the design of the questionnaire used in this study.