

THE LANCET

Infectious Diseases

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed.
We post it as supplied by the authors.

Supplement to: Dodd RH, Pickles K, Nickel B, et al. Concerns and motivations about COVID-19 vaccination. *Lancet Infect Dis* 2020; published online Dec 15.
[https://doi.org/10.1016/S1473-3099\(20\)30926-9](https://doi.org/10.1016/S1473-3099(20)30926-9).

Appendix 1: Frequencies of response to all reasons for being willing or not to receive a future COVID-19 vaccine

Reason	Total	June N (%)	July N (%)	Example quote
	N=2859*	N=1399*	N=1460*	
AGREE				
Protect self and others/those who can't get the vaccine from getting sick	817 (28.6)	424 (30.5)	393 (26.9)	Being vaccinated means I cannot be a carrier and infect people with a weaker immune system who would get seriously ill if they catch the virus.
Believe in vaccines and immunisation/trust science	448 (15.7)	176 (11.0)	272 (16.6)	Vaccinations are a vital part of public health and if one was available I would take it.
Help stop the virus spread/herd immunity/get rid of virus/end pandemic	419 (14.7)	195 (14.0)	224 (15.4)	A vaccine is the only way to eradicate the virus and therefore reduce the threat, just like measles vaccine for example.
Depends on amount of testing and efficacy/proven safety/side effects	311 (10.9)	148 (10.7)	163 (11.2)	It has to be safe and effective and long lasting.
Get life back to normal	165 (5.8)	71 (5.1)	94 (6.5)	Because I'd like to return to normal life.
Smart/logical choice/why not/makes sense	164 (5.7)	97 (6.9)	67 (4.6)	Basic common sense and scientific fact of reasoning.
To be able to travel	96 (3.4)	56 (4.0)	40 (2.7)	If it is likely that it will allow me travel internationally to see family, I will be happy to take the vaccine.
Job or university requirement	89 (3.1)	38 (2.7)	51 (3.5)	I work in health care. There really is no choice, you must be vaccinated.
Responsible thing to do/social responsibility/moral duty/right thing to do	47 (1.7)	29 (2.1)	18 (1.2)	It is the socially responsible action.
To feel safe/less anxious/peace of mind	38 (1.3)	20 (1.5)	18 (1.2)	So I can resume a normal lifestyle without fear of infection.
Doctors/government recommendation	37 (1.3)	21 (1.5)	16 (1.1)	if my doctor recommends the vaccine in my current health condition, then I will have it.
More vulnerable/high-risk first	35 (1.2)	14 (1.0)	21 (1.4)	I would wait until the more vulnerable people had received it because I am not confident about sufficient supply.
Need more information first	27 (1.0)	13 (0.9)	14 (1.0)	Need more information on the vaccine first but I do generally get vaccinated where possible.
Cost	23 (0.8)	8 (0.6)	15 (1.0)	If the price is affordable, I will get the vaccine ASAP.
If available to me/access	21 (0.7)	14 (1.0)	7 (0.5)	Not sure Australia will get access to it and this concerns me as countries are looking after them selves.
Other/cannot code	122 (4.3)	75 (5.4)	47 (3.2)	e.g. Get Crook, our at least try to slug it out.

DISAGREE/INDIFFERENT	N=388*	N=209*	N=179*	
Safety – rushed, need to know efficacy	139 (35.8)	72 (34.5)	67 (37.4)	Would wait for longer testing period before taking.
Safety – side effects	38 (9.8)	21 (10.0)	17 (9.5)	Uncertainty about side effects particularly those longer term side effects.
Need more information	32 (8.2)	19 (9.1)	13 (7.3)	Not enough information at this present time to make an informed decision.
Lack of trust – government, lack of testing, pharma, new vaccine	17 (4.4)	10 (4.8)	7 (3.9)	Lack of trust in the government and big pharma.
Other comorbidities	15 (3.9)	4 (2.0)	11 (6.2)	Not enough known because of my illness.
Previous vaccine history/Don't like needles	15 (3.9)	4 (2.0)	11 (6.2)	Fear and phobia of needles and medical procedures.
For more vulnerable/high-risk first	13 (3.4)	7 (3.3)	6 (3.4)	I think the vulnerable should get first access and it needs to go through vigorous testing before released.
COVID is mutating	10 (2.6)	7 (3.3)	3 (1.7)	It will continue to mutate like with the flu.
Dependent on perceived risk/threat of COVID	11 (2.8)	11 (5.3)	-	Depends on how great the risk of covid is at the time.
Need doctor recommendation	6 (1.5)	2 (1.0)	4 (2.2)	I will wait for advice from my doctor. If going overseas I probably would get the injection
Possible financial/time cost	6 (1.5)	3 (1.4)	3 (1.7)	It could be expensive.
Other measures to protect themselves from COVID	6 (1.5)	5 (2.4)	1 (0.6)	I think that if I do catch it I'll just isolate for 14 days.
If required - travel internationally, work	3 (0.8)	3 (1.4)	-	Only if required by work.
Other/cannot code	52 (13.4)	29 (13.9)	23 (12.8)	e.g. Not sure if I will get the COVID-19 vaccine; response did not match selection

*some free-text responses were allocated more than one code

Appendix 2: Demographic characteristics at June (n=1370*), and logistic regression of agreement with getting a COVID-19 vaccine if it becomes available, as a function of demographic characteristics, at June and July. Outcomes for regression modelling were coded as disagree/indifferent vs. agree and are presented as adjusted odds ratios (95% confidence intervals). P-values are provided in the study factor row.

Study Factor	June (n=1370)*			July (n=1273)*	
	Descriptives n (%)	Agree to COVID- 19 vaccine (%)	OR (95% CI)^	Agree to COVID- 19 vaccine (%)	OR (95% CI)^
Health literacy^			p=0.77		p=0.74
Adequate	1270 (92.7)	87.2%	1.00 (ref)	89.8%	1.00 (ref)
Inadequate	100 (7.3)	87.0%	1.10 (0.58, 2.07)	89.1%	1.13 (0.55, 2.34)
Age			p<0.001		p=0.001
18-25 years	233 (17.0)	88.8%	1.78 (1.01, 3.15)	89.8%	1.62 (0.84, 3.14)
26-40 years	372 (27.2)	86.3%	1.00 (ref)	89.9%	1.00 (ref)
41-55 years	344 (25.1)	80.8%	0.67 (0.45, 1.01)	85.7%	0.68 (0.43, 1.09)
56-90 years	421 (30.7)	92.2%	2.06 (1.29, 3.30)	93.2%	1.76 (1.02, 3.02)
Education			p<0.001		p<0.001
University	1032 (75.3)	89.0%	1.00 (ref)	91.1%	1.00 (ref)
Certificate I-IV	140 (10.2)	79.3%	0.43 (0.27, 0.68)	90.0%	0.83 (0.44, 1.54)
High school or less	198 (14.4)	83.3%	0.44 (0.27, 0.72)	83.0%	0.35 (0.21, 0.58)

^ Health literacy adequacy was based on a single-item health literacy screener

* Sample includes 997 participants who provided responses to both June and July surveys