



Vaccination habits and current COVID precautions among older Australians

JULY 2024

Executive summary

National Seniors Australia is a member-based, not-for-profit research and advocacy organisation representing Australians aged 50 and over.

Every year we survey thousands of older people on diverse topics relevant to their lifestyle and wellbeing.

This report is based on a 2024 survey module about COVID precautions and vaccinations against COVID, flu, and shingles.

Four years post the advent of COVID-19, the Department of Health and Aged Care asked National Seniors Australia to survey our members, subscribers, and community of older people on their attitudes to COVID precautions and vaccines.

We asked our survey respondents whether they still take COVID precautions in their daily lives, whether they have kept up with COVID boosters, and if not, what their reasons were.

We also asked if they had a flu shot most years and whether they were vaccinated against shingles, to build a broader picture of their engagement with important vaccinations.

The survey revealed that, of the 4537 people who responded:

- Over 75% do take one or more COVID precautions in their everyday lives. But their decisions are based on the circumstances such as risk levels, so their use of precautions varies.
- 78% continue to get COVID boosters when they become available.
- 88% get a flu shot each year.
- 63% were vaccinated against shingles.
- Side effects, feeling it is no longer needed, and disagreeing with COVID vaccination are the main reasons people do not get more COVID boosters.
- The fact that one can still become ill with COVID after being vaccinated, and logistical barriers to getting vaccinated, were other important reasons some respondents do not keep up with COVID boosters.
- Age is a strongly statistically significant factor in vaccination patterns for all three vaccinations.
- Shingles was the vaccine program most affected by age, with only 16% of the 50-64-year age group vaccinated against it compared to 84% of people aged 75-84 years. This is likely because the vaccine is only free for people aged 65+, and costs upward of \$500 for younger people.

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Precautions taken against COVID-19

Three-quarters of respondents continue to take some COVID precautions in their daily lives.

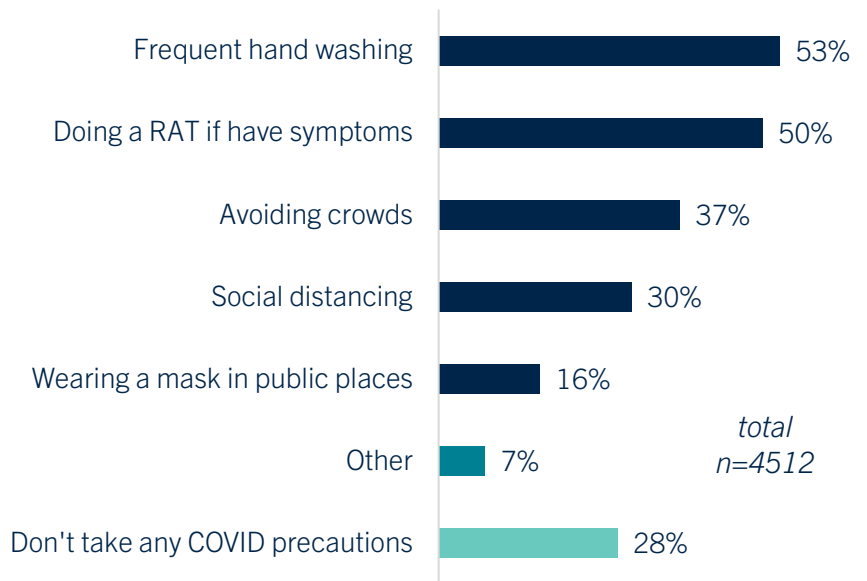
All survey respondents were asked if they continue to take any precautions against COVID-19 in their everyday life. They were given a list of set answer options plus an 'other' option.

Over 75% of respondents selected one or more of these options. Even some of those who selected the option 'I don't take any COVID-19 precautions in my everyday life' also selected one or more precautions.

This seeming contradiction can be explained by reading some of the comments people wrote when selecting the 'other' option. More than 110 commenters said they take precautions when circumstances called for it and the risks were greater, but not at other times.

Additional precautions people mentioned included vaccinating, medication, ensuring good air flow, sanitising (or avoiding) public objects such as shopping trolleys and toilets, or exercising common sense and basic hygiene practices.

Do you continue to take any of the following COVID-19 precautions in your everyday life?



Example comments from respondents who selected 'other'

- I do occasionally wear my mask in certain circumstances. Social distance ditto. But I mostly rely on my vaccine shots - so far successfully.
- Beyond normal personal hygiene, hand washing etc. I clean shopping trolley handles with sanitiser, and don't touch public toilet door handles or seats without covering them first.
- Reducing indoor activities, CO2 monitor use
- My age allows me access to Antivirals which are very effective.
- not doing the above much but would if COVID became a big problem again

COVID-19 booster uptake

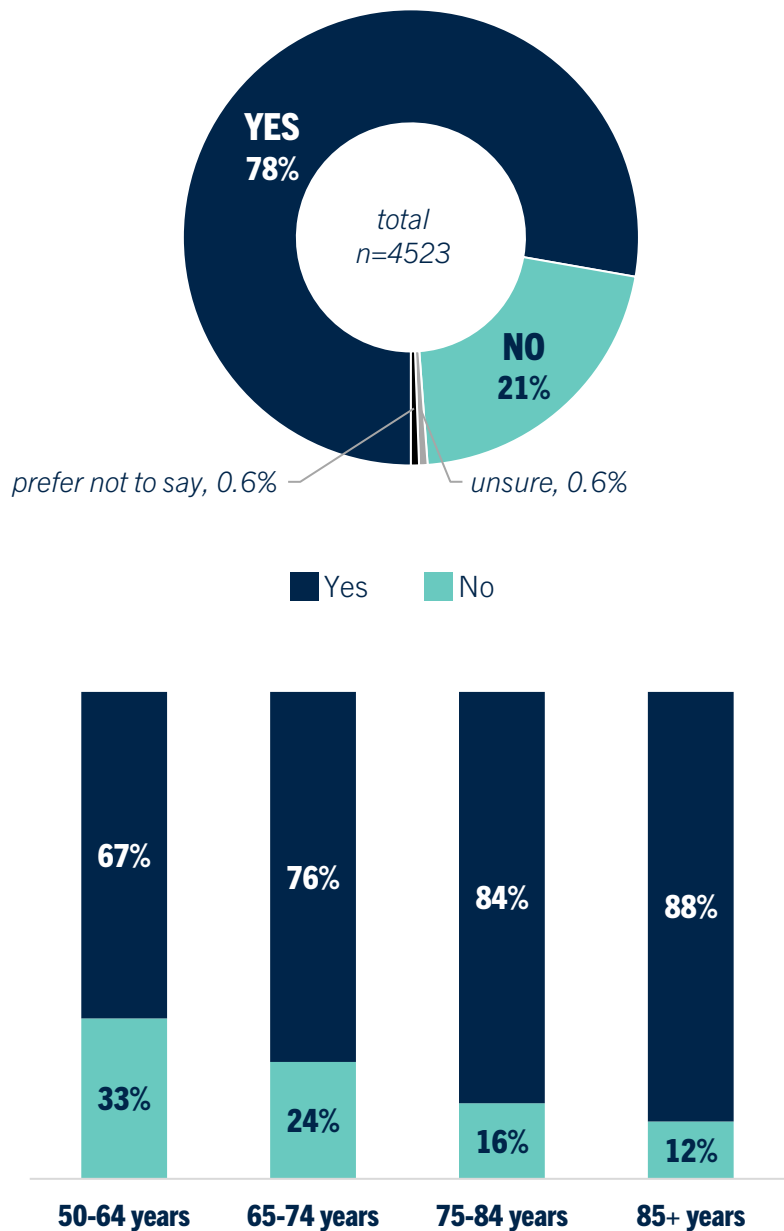
Four-fifths of respondents have maintained their COVID booster regime, but age is a factor.

COVID-19 booster shots are another important aspect of precautions against becoming infected with COVID, as some respondents identified in their comments for the precautions question (previous section).

A specific survey question gauged whether respondents continued to get COVID-19 boosters as they became available, and the majority said they had.

However, there was a clear age pattern. Being in an older age group was associated with keeping up to date with COVID boosters.

Have you continued to get COVID-19 booster shots when they became available to you?



Age group comparison Chi-square 87.76; p<.001

Reasons for not getting COVID boosters

The main reasons for not continuing with COVID boosters are side effects, feeling it's no longer necessary, and disagreeing with it.

Those who had not continued to get COVID boosters were asked why.

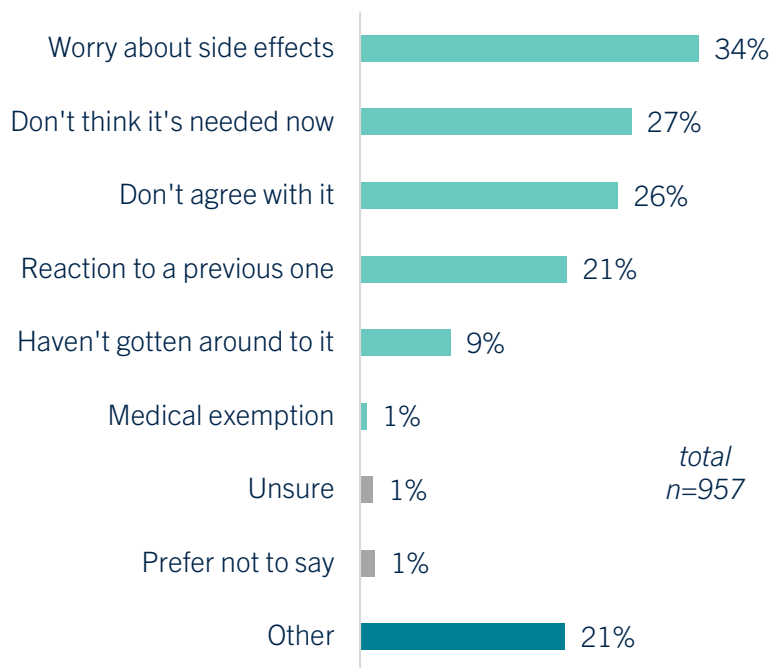
The top reason given was side effects. This plus previously having experienced a bad reaction to a COVID vaccine, and/or having a medical exemption, were selected as reasons by 46% of non-boosters.

A sense of non-urgency was also a factor. Feeling it wasn't necessary anymore and/or not having gotten around to it were reasons for 36% of non-boosters.

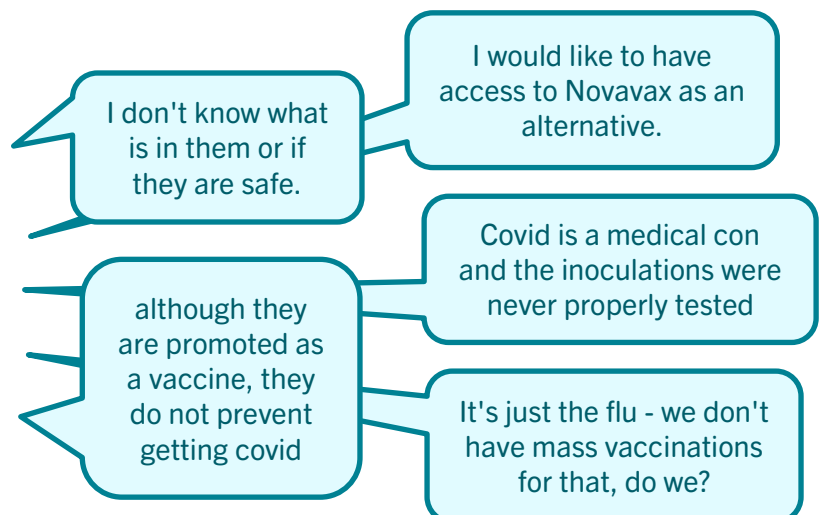
Objections to the vaccine or COVID measures in general made up a substantial proportion of non-booster reasons too. In addition to the 26% who selected the set option 'I don't agree with it', some who chose the 'other' option articulated alternative views too.

Additional 'other' reasons respondents gave included the fact that the vaccine does not stop COVID altogether and logistical barriers to getting a booster.

Why haven't you continued to get COVID-19 boosters?



Example comments from respondents who selected 'other'



Annual flu vaccination habits

The vast majority of respondents get a flu vaccination each year.

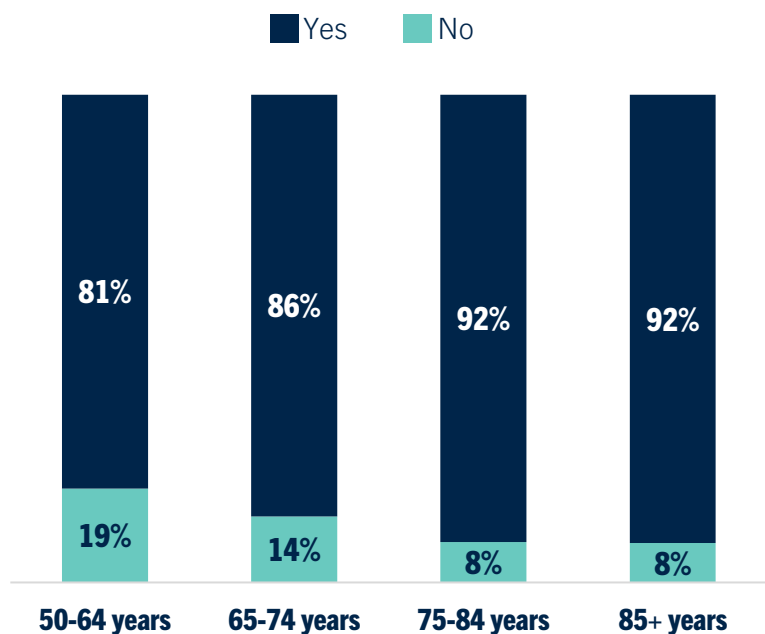
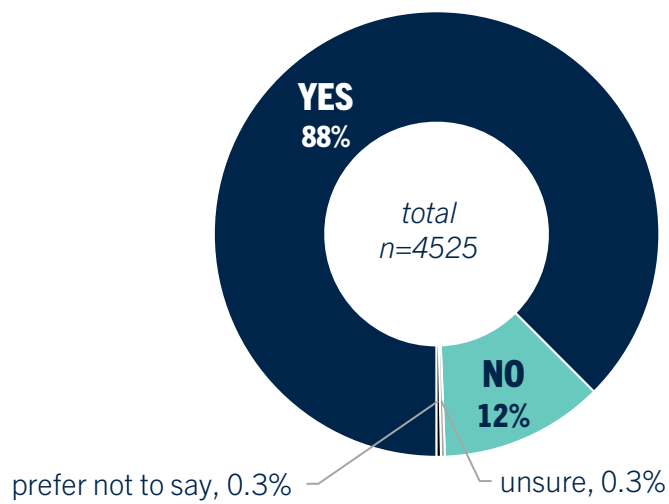
Another critical vaccination for older people in Australia is an annual influenza (flu) shot.

As these graphs show, the vast majority of survey respondents said they do get a flu shot annually.

Vaccination rates were particularly strong for older age groups.

The numbers for annual flu shots were higher than for COVID-19 boosters. It is possible that older people are less likely to feel at risk from a flu shot because of its greater familiarity and more firmly established safety record.

Do you get a flu vaccination most years?



Age group comparison Chi-square 50.71; p<.001

Shingles vaccination status

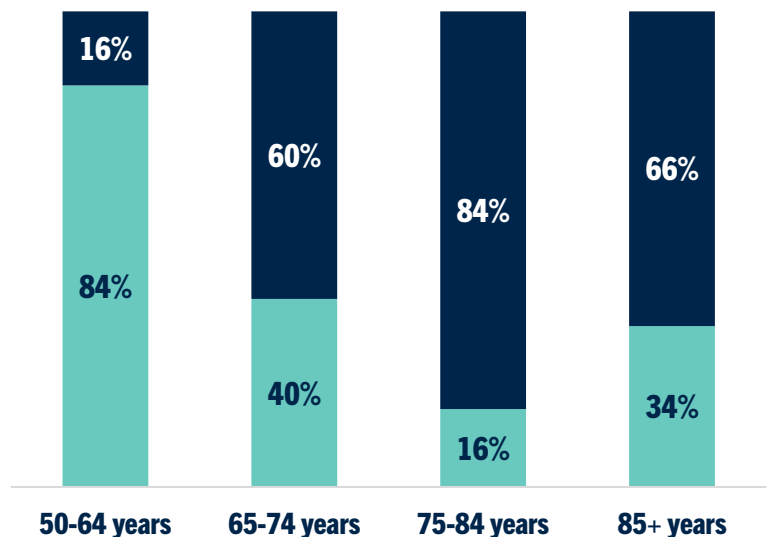
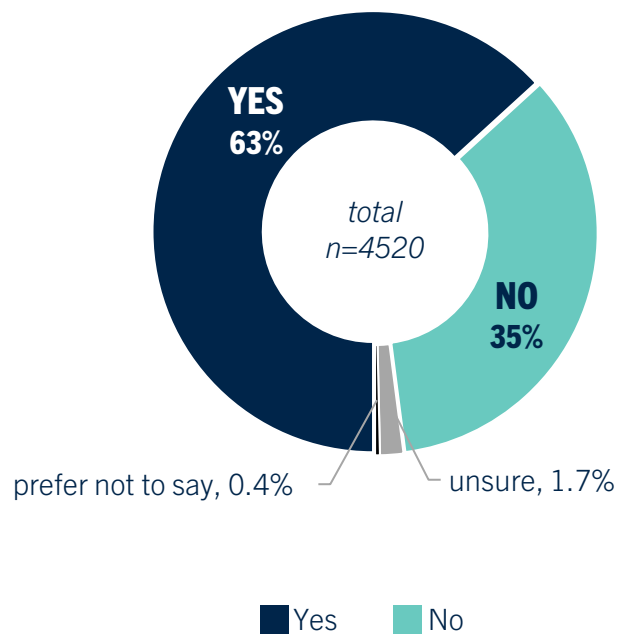
Around two-thirds of respondents aged 65+ were vaccinated against shingles, but very few of those aged 50-64 were.

The third important vaccination for older people protects against shingles. It is delivered just once in a person’s lifetime.

Just under two-thirds of survey respondents were shingles vaccinated. But there was a striking age difference, with few people under 65 vaccinated (only 16%). The prohibitive cost of the vaccine for this age group is a likely factor, whereas it is free for Australians aged 65 or older.

A slightly larger proportion of people were unsure if they had been vaccinated against shingles compared to COVID-19 boosters and flu shots. This may be because the shingles vaccine is not given on a regular basis.

Have you been vaccinated against shingles?



Age group comparison Chi-square 722.02; p<.001

Methods

Almost every year since 2012 National Seniors has conducted a survey of older people's behaviours and views on topics relevant to lifestyle, health, and wellbeing called the National Seniors Social Survey, or NSSS.

Anyone aged 50 or older who resides in Australia is welcome to participate in the NSSS. Typically, 4000-5500 people participate.

The information in this report comes from the most

recent iteration of the National Seniors Social Survey, conducted in February 2024 (NSSS-12).

The survey included a module that asked respondents about their vaccinations against COVID, flu, and shingles, as well as any COVID precautions they were continuing to take in 2024. The survey also asked numerous demographic questions.

When inviting people to participate, we strove for

greater inclusivity and maximising participation, rather than numerical representativeness.

For that reason, we have included a table below that outlines sample traits so that interested readers can compare it to the broader Australian population.

The NSSS-12 received ethics approval from Bellberry Ltd prior to implementation (approval 2023-11-1424).

Sample

In total, 4537 people answered one or more NSSS-12 questions discussed in this report. The percentages below characterise that group of respondents' demographic traits.

No question was compulsory, and some allowed multiple selections, so percentages do not add up to 100%. Percentages are rounded to the nearest whole number.

Age group	50-64 years 10%	65-74 years 50%	75-84 years 35%	85+ years 4%
Self-rated health	Excellent 12%	Good 55%	Fair 25%	Poor/very poor 6%
State or territory	ACT 3%	NSW 25%	NT 1%	QLD 32%
	SA 8%	TAS 2%	VIC 17%	WA 10%
Gender	Female 53%		Male 47%	Non-binary/other <1%
Retired or employed	Permanently retired 72%		In paid work 18%	In transition or flux 16%
Have other duties	Unpaid care 17%		Volunteering 38%	Household chores 93%
Education	School up to Year 10 14%		Year 12 or cert/dip 40%	Degree or higher 42%
Savings including super	<\$100k 25%		\$100k-\$500k 24%	\$500k+ 33%
Not metro	Regional 27%		Rural 8%	Remote 1%
Diversity groups	First Nations, Aboriginal & Torres Strait Islander 1%		LGBTI 2%	
	CALD background 2%		Living with disability 7%	
			Veteran 4%	

*Survey data unweighted.

National Seniors Australia is located in
Brisbane/Meanjin and Canberra/Kambri.

We acknowledge the traditional custodians of the
land and waters in which we operate, the Turrbul
and the Ngunnawal and Ngambri Peoples.

We honour and value their continuing cultures,
contributions, and connections to Country, and
pay our respects to their elders, past and present.

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