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The COVID-19 vaccine intentions of Australian disability support workers

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Abstract

Objectives: Describe perceptions of COVID-19, COVID-19 vaccines, information sources, and levels and reasons for vaccine hesitancy among disability support workers (DSWs).

Methods: Cross-sectional survey of 252 DSWs from across Australia, between early March and early April 2021. Perceptions of risk of COVID-19; government and media representations; vaccination status (Y/N); vaccine intentions (when offered, delayed vaccinators, vaccine refusers); reasons for hesitancy; confidence in safety and efficacy of vaccine; and information sources.

Results: At the time of the survey, fewer than 1% of DSWs had been vaccinated and 17% had been offered vaccination. Of those who had not had the vaccine, 47% said they would get it as soon as it was offered; 19% would not get the vaccine; 12% would have if required; 13% hadn’t decided; and 8% would wait until it was available for a while. Reasons for hesitancy included inadequate safety data (70% delayed vaccinators, 79% vaccine refusers), side effects (63% delayed vaccinators, 58% refusers), and distrust in the government (17% delayed vaccinators, 52% refusers). DSWs most trusted sources of information were their own doctor, Chief Medical Officers, and governments. 61% believed that COVID-19 will only stop if most of the community is vaccinated and 53% agreed the chances of them or their clients getting COVID-19 would be reduced if they were vaccinated.

Conclusions: Tailored information is needed to reduce vaccine hesitancy and increase confidence in COVID-19 vaccines among DSWs. The importance of getting vaccinated to prevent COVID-19 among people with disability should be emphasised.

Key words: disability, support workers, COVID-19, vaccination

Disability support workers (DSWs) are at significant risk of being infected and transmitting SARS-CoV-2 (hereafter referred to as COVID-19) due to the nature of their work, which often involves close physical contact with numerous people with disability.1–3 Furthermore, the people with disability they support may be at greater risk of getting a more severe case of COVID-19 or dying if they become infected with COVID-19, sometimes because of underlying health conditions.4–8 The COVID-19 vaccine would mitigate these risks. This study explores DSW’s COVID-19 perceptions and vaccine intentions.

The COVID-19 pandemic in Australia

Australia’s experiences during COVID-19 have thus far been less significant than elsewhere with nearly 250,000 cases and 2,142 deaths reported as of 19 December 2021. In March and April 2020 Australia experienced its first wave of COVID-19, largely driven by returned travellers. Between June and October 2020, the state of Victoria experienced a second wave of COVID-19, and the third wave of the pandemic began in June 2021 in NSW and then Victoria and ACT. At the time of writing infections remain relatively high across Australia driven by the Omicron variant. Across the world, there have been reports of COVID-19 outbreaks and deaths in congregate residential settings where groups of people with disability live (hereafter referred to as disability residential settings).8,9 During Victoria’s second wave of COVID-19 and the third wave in NSW, Victoria and ACT, outbreaks in disability residential settings have occurred although they are not reported publicly, instead being reported in the media.

Australia’s vaccine rollout

Currently Australia has three vaccines with provisional approval from the Therapeutic Goods Administration (TGA). Comirnaty (Pfizer) was approved for use in Australians aged over 16 years on 25 January 2021 and Vaxzeria (AstraZeneca) was approved for use among Australians over the age of 18 years and older on 15 February 2021. On 9 August 2021, SpikeVax (Moderna) was approved for use in Australians over 18 years of age. Pfizer is now approved for anyone over five years of age, Moderna for anyone over 12 years of age, and AstraZeneca for anyone over 18 years of age although not recommended for anyone less than 60 years of age. Pfizer and Moderna are now available as booster doses.

Given limited vaccine supply in early to mid-2020 the Australian government chose to roll out the vaccine among priority groups of people who were at serious risk of poor COVID-19 outcomes and/or those providing services to people who were clinically...
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vulnerable, such as health care workers. The highest risk group being those in Phase 1A and were due to be vaccinated by the end of April 2020. Phase 1A included people with disability living in disability residential settings and the DSWs working in those settings and other DSWs were prioritised for Phase 1b.10

On 8 April, the Australian Government recommended the AstraZeneca vaccine be reserved for people over 50 years of age after there was consensus internationally that it was a possible cause of a rare but serious adverse event – Thrombosis with Thrombocytopenia Syndrome (TTS) – which is more common among younger people and women.11–13 This recommendation was updated on 17 June when AstraZeneca was not recommended for anyone under 60 years of age. In early June 2021, initial reports of myocarditis and pericarditis following Pfizer were reported,14 which have since been confirmed in epidemiological studies of mRNA vaccines although the course seems to be self-limited and occur mainly among young men.15,16

While COVID-19 vaccine supply was initially limited by 19 December 2021 over 90% of the Australian population had received two or more doses of one of the approved vaccines.

Vaccine hesitancy among DSWs

Delay in the acceptance or refusal of vaccines – referred to as vaccine hesitancy17 – is a major challenge worldwide for the control of the COVID-19 pandemic.18 While DSWs were prioritised in Australia’s vaccine rollout, we are not aware of any Australian research that describes the vaccine intentions of DSWs; a Canadian study of support workers providing support to people with intellectual disability found that 62% were very likely to get the vaccine, including whether they think it should be mandatory, and who they trust for information about the vaccine.

The questions used in the survey were mostly derived or adapted from previous surveys.20,21 These included questions about vaccine intentions, reasons for hesitancy, perceptions of risk of COVID-19, government and media responses to COVID-19, perceptions about the safety and efficacy of the vaccine, opinions about the vaccine, and sources of trusted information from instruments used by the Kaiser Family Foundation.21 Questions from Larson et al. (2015) were also used to explore information sources and trust in information, however, the authors also designed new questions specific to the Australian situation and the disability support workforce about vaccination status, perceptions of risk of COVID–19 for DSWs, and opinions about mandating the COVID-19 vaccine.

In addition to the questions about COVID-19, participants were also asked demographic variables including: age, gender (male, female, non-binary), country of birth (Australia or other English-speaking country, non-English speaking country), whether or not they were Aboriginal and/or Torres Strait Islander (Aboriginal and/or Torres Strait Islander, not Indigenous), State or Territory of residence, and highest education level (less than year 12, year 12 or equivalent, Certificate I or II, Certificate III or IV, associate degree, university degree).

Methods

The survey was conducted between 5 March and 8 April 2021. DSWs were recruited via a link to the survey sent by disability services, unions and disseminated via social media. This survey link provided further information on the study and eligibility screening, all of which is outlined in further detail in the study report. To be eligible, participants needed to be 18 years of age or older and currently working as a DSW. The survey was in English and administered online via the RedCap platform and participants were entered into a prize draw as a thank you for their participation.

The project received ethics approval from the University of Melbourne Human Ethics Committee (HREC: 2056824).

Variables

Table 1 details the questions we asked DSWs and how they were coded. The questions are broadly grouped as about: 1) COVID-19 infection, and 2) COVID-19 vaccination. In terms of COVID-19 infection, information was gathered about perceptions of risk of COVID-19 and government and media responses. In relation to vaccination, questions concerned: whether they had been vaccinated and, if not, their vaccine intentions. Participants who were vaccine hesitant were asked about the reasons for vaccine hesitancy. All participants were asked about their confidence and opinions about the vaccine; and sources of information and participant’s trust in information.

Results

Table 2 shows the demographic details of the 252 DSWs who responded to the survey. Over half the sample were greater than 50 years of age (55%), the majority were female (73%), lived in Victoria (81%), and did not identify as Aboriginal or Torres Strait Islander (98%).

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Table 1: Questions, response options and coding and sources of questions.

| Question | Response options & coding | Source of question |
|----------|---------------------------|--------------------|
| **COVID-19 vaccination and intentions** | | |
| A. Vaccination status | 1. Yes | Designed for survey |
| Have you had the COVID-19 vaccine? | 2. No | |
| B. Offered vaccine | 1. Yes | |
| If A=No | 2. No | |
| Have you been offered to have the vaccine? | | |
| C. Vaccine intentions | 1. Get the vaccine as soon as I can | Adapted from Kaiser Family Foundation (2020) (18) |
| If A=No | 2. Wait until it has been available for a while | |
| When a vaccine for COVID-19 becomes available to you, do you think you will . . .? | 3. Only get the vaccine if you are required to for work or other activities | |
| | 4. Haven't decided if I will get vaccine or not | |
| | 5. Will not get the vaccine | |
| | Recoded as: | |
| | 1=no vaccine hesitant | |
| | 2 or 4=vaccine delayers | |
| | 5=vaccine refusers | |
| D. Reasons for hesitancy (vaccine delayers) | For each question: | Adapted from Kaiser Family Foundation (2020) (18) |
| If C=2 or 4 | 1. Yes | |
| 1. There is inadequate data about the safety of the vaccine | 2. No | |
| 2. The vaccine will be ineffective | | |
| 3. I have had a prior adverse reaction to a vaccine | | |
| 4. I am against vaccines in general | | |
| 5. I am worried about possible side effects | | |
| 6. I am worried I might get COVID-19 from the vaccine itself | | |
| 7. I perceive myself as not at elevated risk to acquire COVID-19 | | |
| 8. I have already had COVID-19 | | |
| 9. I don’t trust the government to make sure the vaccine is safe and effective | | |
| 10. Getting a vaccine is painful or inconvenient | | |
| 11. Because the vaccine is new, I want to wait to see how it affects others | | |
| 12. Other, please specify | | |
| **Perceptions of risk of COVID** | | |
| E. Worry about getting sick with COVID | 1. Very worried | Kaiser Family Foundation (2020) (18) |
| How worried, if at all, are you that you or someone in your family will get sick from COVID-19? | 2. Somewhat worried | |
| | 3. Not too worried | |
| | 4. Not at all worried, | |
| | 5. Not applicable | |
| | 6. Don’t know | |
| | Recoded as: | |
| | 1, 2=Worried | |
| | 3-5=Other | |
| | 5, 6 not included in analysis n=14 | |
| F. Risk of COVID-19 to DSW prior to vaccines | 1. Strongly agree | Designed for survey |
| Thinking back to 2020 before vaccines were available, please indicate on the below scale how strongly you agree or disagree with the following statements: | 2. Agree | |
| 1. Disability support workers are at more risk of getting COVID-19 than people in the community | 3. Neither agree or disagree | |
| 2. The risk to disability support workers is greater if they work in group homes compared to disability support workers working in private homes | 4. Disagree | |
| 3. If disability support workers get infected, then there is a high likelihood that they will infect others if they go to work | 5. Strongly disagree | |
| Recoded as: | | |
| 1, 2=Agree | | |
| 3-5=Other | | |
| | 5, 6 not included in analysis n=14 | | |
| **Government and media response to COVID-19** | | |
| G. Government response | 1. Too many restrictions | Adapted from Kaiser Family Foundation (2020) (18) |
| In an effort to slow the spread of COVID-19, do you think your State or Territory has | 2. Not enough restrictions | |
| | 3. About the right amount of restrictions | |
| H. Media portrayal | 1. Generally exaggerated | Kaiser Family Foundation (2020) (18) |
| Thinking about what is said in the news and on social media, in your view, is the seriousness of COVID-19 | 2. Generally correct | |
| | 3. Generally understated | |

Continued over page
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Table 1 cont.: Questions, response options and coding and sources of questions.

| Question                                                                 | Response options & coding | Source of question                          |
|--------------------------------------------------------------------------|---------------------------|---------------------------------------------|
| **Confidence in the vaccine**                                           |                           |                                             |
| To what extent do you agree or disagree with the following statements:  |                           |                                             |
| 1. Once the vaccine is available and approved, I know it is safe        | 1. Strongly agree         | Adapted from Kaiser Family Foundation (2020) (18) |
| 2. The vaccine is the best way to stop the COVID-19 pandemic             | 2. Agree                  |                                             |
| 3. The vaccine will only stop COVID-19 if most of the community is vaccinated | 3. Neither agree nor disagree |                                             |
| 4. The best way to avoid complications of COVID-19 is by being vaccinated | 4. Disagree               |                                             |
| 5. I will be less worried about catching COVID-19 if I have the vaccine | 5. Strongly disagree      |                                             |
| 6. My chances of getting COVID-19 will decrease after I have the vaccine | Recoded as:               |                                             |
| 7. The clients are less likely to get COVID if I have had the vaccine   | 1,2=Agree                 |                                             |
| 8. I am concerned about how well the COVID vaccine will work            | 3-5=Other                 |                                             |
| 9. I am concerned about the safety of the COVID vaccine                 |                           |                                             |
| 10. I will only have the COVID vaccine if I am given adequate information about it |   |                                             |
| 11. I will only have the COVID vaccine if the vaccine is taken by many in the community | |                                             |
| **Opinions about COVID-19 vaccine**                                     |                           |                                             |
| Which of following comes closest to your view?                          | 1. Getting vaccinated against COVID-19 is a personal choice | Kaiser Family Foundation (2020) (18) |
| 2. Getting vaccinated is part of everyone's responsibility to protect the health of others | |                                             |
| **K. Mandating vaccine**                                                | 1. Yes                    | Designed for survey                         |
| Do you support the vaccine being made compulsory for workers in the disability sector (with appropriate exemptions in place for medical reasons etc)? | 2. No                     |                                             |
| 3 Undecided                                                             |                           |                                             |
| **L. Impact on mandate on employment as DSW**                           | 1. Yes                    | Designed for survey                         |
| Would you keep working as a disability support worker if the COVID-19 vaccine was made mandatory? | 2. No                     |                                             |
| 3 Undecided                                                             |                           |                                             |
| **Information sources & trust in information**                          | 1. Yes                    |                                             |
| Where do you get information related to the COVID-19 vaccine? (select all that apply) | 2. No                     | Adapted from Larson et al. 2015 (17)       |
| 1. Your employer or online platforms (like Mable and HireUp)            | Select up to two options. |                                             |
| 2. Your work colleagues                                                 | 1. Yes                    |                                             |
| 3. Your clients                                                         | 2. No                     |                                             |
| 4. Your friends and family                                              | Select up to two options. |                                             |
| 5. Search engines (e.g., Google, Yahoo!)                                | 1. Yes                    |                                             |
| 6. Government websites (e.g., Department of Health website)             | 2. No                     |                                             |
| 7. Wikipedia and other online encyclopedias                             | Select up to two options. |                                             |
| 8. Social media (e.g., Facebook, Instagram, Twitter)                    | 1. Yes                    |                                             |
| 9. YouTube                                                              | 2. No                     |                                             |
| 10. Blogs on health topics                                              | 3 Undecided               |                                             |
| 11. Official news media (e.g., on or offline media articles, newspapers, TV, radio) | |                                             |
| 12. Other                                                               |                           |                                             |
| **N. Most trusted information sources**                                 | 1. Yes                    | Adapted from Kaiser Family Foundation (2020) (18) |
| Who do you trust the most to give you information about the COVID-19 vaccine? | 2. No                     |                                             |
| 1. Government                                                           | Select up to two options. |                                             |
| 2. Your employer                                                        | 1. Yes                    |                                             |
| 3. Family and friends                                                  | 2. No                     |                                             |
| 4. The media                                                            | Select up to two options. |                                             |
| 5. Medical professionals                                                | 1. Yes                    |                                             |
| 6. Other                                                                | 2. No                     |                                             |
| **O. Overall trust of information sources**                             | 1. Strongly agree         | Adapted from Larson et al. 2015 (17)       |
| Please indicate how much you agree or disagree with the following statements regarding how much you trust the information you receive on the COVID-19 vaccine from different sources. | 2. Agree                  |                                             |
| 1. Information from the National/Federal Government can be trusted      | 3. Neither agree or disagree |                                             |
| 2. Information from my State Government can be trusted                  | 4. Disagree               |                                             |
| 3. Information from Chief Medical Officers can be trusted               | 5. Strongly disagree      |                                             |
| 4. Information from my own doctor can be trusted                        | Recoded as:               |                                             |
| 5. Information from pharmaceutical companies can be trusted             | 1,2=Agree                 |                                             |
| 6. Information from my family and friends can be trusted                | 3-5=Other                 |                                             |
| 7. Information from social media (e.g., Facebook, Twitter) can be trusted |                           |                                             |
COVID-19 infection – risks and representations

Perceptions of risk of COVID-19

As shown in Table 3, almost half (45%) of respondents reported not being worried they or a family member would get sick from COVID-19. Over half (51%) did not agree that DSWs were more at risk of COVID-19 than the rest of the community, that risk of COVID-19 was greater for DSWs working in group homes (51%), and that if DSWs got infected they were likely to infect others if they went to work (51%).

Government and media responses to COVID-19

Most participants thought the government had implemented the right amount of restrictions (73%) and the media’s reporting of the seriousness of COVID-19 was correct (65%). It is notable that nearly a quarter of participants thought there were too many governmental restrictions in their state (24%) and that the media had exaggerated the seriousness of COVID-19 (22%).

COVID-19 vaccines – intentions; confidence; opinions; and information

COVID-19 vaccination and intentions

Of the 17% of participants (42/249) who had been offered vaccination, only one (0.4%) had been vaccinated. Of those who had not received the vaccine, 47% said they would have it straight away when offered. The other 52% described some degree of hesitancy including being ‘vaccine refusers’ (19%) or potential delayers (8% wait until available a while, 12% only if required, 13% haven’t decided).

Table 4 shows the reasons for hesitancy. Among vaccine delayers the major reasons for hesitancy were inadequate data about safety (70%), worry about side effects (63%), and wanting to see how the vaccine affects others (57%). A similar proportion of vaccine refusers cited inadequate data about safety (79.2%), worries regarding side effects (58.3%), and wanting to see how the vaccine affects others (43.8%). Vaccine refusers also expressed other reasons for their decision, including distrust of the government (52.1% among refusers, 16.7% among delayers) and prior adverse reactions to a vaccine (27.1% among refusers, 7.4% among delayers). Only 6.3% of vaccine refusers were against vaccines in general. Previous COVID-19 infection was not mentioned by any delayers or refusers as

| Table 2: Description of sample (eligible sample n=252). |
| --- |
| n | % | 95% CI |
| Age (n=222) |
| 18-29 | 26 | 11.7 | 8.1, 16.7 |
| 30-49 | 73 | 32.9 | 27.0, 38.9 |
| 50-64 | 109 | 49.1 | 42.5, 55.7 |
| 65+ | 14 | 6.3 | 3.8, 10.4 |
| Country of Birth (n=236) |
| English speaking | 200 | 84.8 | 79.6, 88.8 |
| Non-English speaking | 36 | 15.3 | 11.2, 20.5 |
| Indigenous status (n=244) |
| Aboriginal and/or Torres Strait Islander | 5 | 2.0 | 0.9, 4.9 |
| Not Aboriginal or Torres Strait Islander | 239 | 98.0 | 95.2, 99.2 |
| Gender (n=245) |
| Female | 178 | 72.7 | 66.7, 77.9 |
| Male | 64 | 26.1 | 21.0, 32.0 |
| Non-binary | 3 | 1.2 | 0.4, 3.8 |
| State of residence (n=252) |
| NSW | 11 | 4.4 | 2.4, 7.7 |
| ACT | 3 | 1.2 | 0.4, 3.6 |
| VIC | 203 | 80.6 | 75.2, 85.0 |
| QLD | 11 | 4.4 | 2.4, 7.7 |
| SA | 3 | 1.2 | 0.4, 3.6 |
| WA | 20 | 7.9 | 5.2, 12.0 |
| TAS | 1 | 0.4 | 0.1, 2.8 |
| Highest educational attainment (n=248) |
| Less than year 12 | 15 | 6.1 | 3.7, 9.8 |
| Year 12 or equivalent | 19 | 7.7 | 4.9, 11.7 |
| Certificate I or II | 4 | 1.6 | 0.6, 4.2 |
| Certificate III or IV | 88 | 35.5 | 29.8, 41.7 |
| Associate degree | 54 | 21.8 | 17.1, 27.4 |
| University degree | 68 | 27.4 | 22.2, 33.3 |
| Vaccination status (n=249) |
| Vaccinated | 1 | 0.4 | 0.06, 2.8 |
| Offered vaccine but not vaccinated | 41 | 16.5 | 12.3, 21.6 |
| Not yet offered vaccine | 207 | 83.1 | 77.9, 87.3 |

| Table 3: Frequency of perceptions of risk of COVID-19 and government and media representations of COVID-19, per cent and 95% CI. |
| --- |
| n | % | 95% CI |
| Worried about themselves or family getting sick (n=238) |
| Very or somewhat worried | 131 | 55.0 | 48.6, 61.3 |
| Not worried | 107 | 45.0 | 38.7, 51.4 |
| Risk to disability support workers (strongly agree or agree) |
| Disability support workers are at more risk of getting COVID-19 than people in the community (n=246) | 120 | 48.8 | 42.6, 55.0 |
| The risk to DSWs is greater if they work in group homes compared to DSWs working in private homes (n=231) | 113 | 48.9 | 42.5, 55.4 |
| If DSWs get infected, then there is a high likelihood that they will infect others if they go to work (n=242) | 119 | 49.2 | 42.9, 55.5 |
| Government response to COVID-19 (n=251) |
| Too many restrictions | 60 | 23.9 | 19.0, 29.6 |
| Not enough restrictions | 8 | 3.2 | 1.6, 6.3 |
| About the right amount of restrictions | 183 | 72.9 | 67.1, 78.1 |
| Media portrayal of COVID-19 (n=247) |
| Seriousness of COVID-19 |
| Exaggerated | 54 | 21.9 | 17.1, 27.5 |
| Correct | 160 | 64.8 | 58.6, 70.5 |
| Underestimated | 33 | 13.4 | 9.6, 18.2 |
Confidence in COVID-19 vaccines
Concerns about vaccine safety were prevalent amongst participants as reported in Table 5. 61% of participants agreed they were concerned about the safety of the COVID-19 vaccine. Just over half of participants agreed the vaccine is the best way to stop the pandemic (57%).

There were moderate levels of endorsement of statements reflecting the effectiveness of the vaccine for disability support workers, their clients and the community, with approximately half of participants agreeing that they (51%) and their clients (53%) were less likely to contract COVID-19 following vaccination.

Opinions about the COVID-19 vaccine
As shown in Table 5, over half of respondents (54%) agreed the vaccine was primarily a community responsibility rather than a personal choice. Forty-three per cent of respondents agreed that the vaccine should be made compulsory for DSWs, while 19% were undecided and 38% disagreed. More than one-third of participants indicated they may not continue working as DSWs if the vaccine is made compulsory. Nearly all vaccine refusers (98%) did not agree that vaccination should be mandatory compared to 44% who were vaccine delayers (data not shown).

Information sources and trust in information
The most commonly reported sources of information used by respondents were government websites (71%), official news media (66%) and employers (64%). More than half of respondents reported that the government (50%) and medical professionals (60%) were their most trusted sources of information. In terms of overall trust in information from different sources, medical professionals were again highly trusted as approximately three-quarters of DSWs agreed their doctor (76%) and Chief Medical Officers (72%) were a trusted source of information. Nearly two-thirds (63.6%) agreed information from National and State governments could be trusted (see Table 5).

Discussion
This survey of DSWs reveals low levels of vaccine hesitancy. Hesitancy was related to concerns about safety and side effects associated with the vaccine. Among the 19% of DSWs who would not get the vaccine, over half reported they did not trust the government to make sure it was safe. Only 6% of those who would not have the COVID-19 vaccine reported they were against all vaccines, indicating that refusal was specific to the COVID-19 vaccine. Findings from this study on levels of vaccine hesitancy among DSWs are consistent with the only moderate levels of confidence reported here in the effectiveness and safety of the vaccine to reduce individual and community risk and as the best way to stop the pandemic. Despite outbreaks in disability settings in Australia and internationally,8,9 as well as messaging around risk infection and transmission in the workforce during COVID-19,23 only half appeared to recognise they were at increased risk of COVID-19 infection. Similarly, only half reported that getting the vaccine would reduce risk of COVID-19 for them and their clients. Governments and medical professionals were the most common and trusted sources of information.

Table 4: Reasons for hesitancy among vaccine delayers (n=54) and vaccine refusers (n=48).

| Reason                                                       | Vaccine delayers | Vaccine refusers |
|--------------------------------------------------------------|------------------|------------------|
| There is inadequate data about safety of the vaccine         | 38               | 38               |
| The vaccine will be ineffective                              | 0                | 0                |
| I have had a prior adverse reaction to a vaccine            | 4                | 0                |
| I am against vaccines in general                             | 0                | 0                |
| I am worried about possible side effects                     | 34               | 28               |
| I am worried I might get COVID from the vaccine              | 4                | 4                |
| I perceive myself as not at elevated risk to acquired COVID | 2                | 9                |
| I don’t trust the government to make sure the vaccine is safe and effective | 9 | 5 |
| Getting a vaccine is painful or inconvenient                 | 0                | 0                |
| I want to see how the vaccine affects others                 | 31               | 21               |
perceive themselves to be at increased risk of COVID-19 and that just over half thought vaccines would protect themselves and/or their clients from COVID-19. This may reflect the low levels of health literacy in this group that we have reported previously and the relatively low levels of trust in government.

**Strengths and limitations**

To the best of our knowledge, this is the only study of COVID-19 vaccination perceptions and intentions among DSWs in Australia. However, the sample may not be representative of the entire DSWs workforce as recruitment was through unions, services, and social media. There is no register of DSWs in Australia and therefore it is impossible to know the response rate. Further, the lack of population data describing the characteristics of disability support workforce means we cannot compare our sample to the population or DSWs. The majority of participants were from Victoria, where there was a second wave of infection in mid-2020, and so may not be representative of population of DSWs across Australia. The relatively small sample size meant that it was not possible to conduct more detailed analyses by subgroups such as age and/or the state or territory they resided in. Finally, while a major strength of our study was the use of existing instruments, there were also some drawbacks where questions may have revealed some difficult to interpret responses. For example, the question about whether media exaggerated the seriousness of COVID-19, this option included both mainstream news media and social media. Australian research has shown that trust in news media is higher than for social media and so combining these may be problematic.

**Policy implications and recommendations**

Rollout of the COVID-19 vaccine in the disability sector has been referred to as an ‘object failure’ by the Disability Royal Commission with only 1,000 of 26,000 residents having received one dose of a COVID-19 vaccine by mid-May 2021. Vaccine hesitancy among DSWs, combined with failure of implementation of vaccine rollout in the disability sector, has left many people with disability at significant risk of COVID-19. Previous research has shown that DSWs have felt left behind by government during the pandemic and much work needs to be done to ensure that DSWs are protected from COVID-19 and that they feel included in government decisions.
COVID-19

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Supporting Information

Additional supporting information may be found in the online version of this article:

Supplementary Table 1: Frequency of missing data, n and percent of sample (n=252)