

CARE

COVID-19 Attitudes, Resilience
and Epidemiology

CARE Survey 7:

Rapid antigen testing , vaccination, and wellbeing

Research commissioned by the Victorian Department of Health



Suggested citation:

Niamh Meagher, Katitza Marinkovic Chavez, Peta Edler, Colin McDougall, David Price, Margaret Hellard, Lisa Gibbs, Freya Shearer. “CARE Survey 6: COVID-19 rapid antigen testing and changes over time.” Report to the Victorian Department of Health, University of Melbourne, June 2022.

Acknowledgements:

Participants responding to the survey

Optimise study team

YouGov



SURVEY SUMMARY

- 1045 participants surveyed
- Survey conducted from 11th to 20th April 2022
- Cross-sectional comparisons of each survey of approximately 1,000 participants are presented to track changes over time
- A significant proportion of the April 2022 sample are repeat participants:
 - 454 completed four surveys (July, September, and December 2021, and April 2022)
 - 144 completed three surveys
 - 159 completed two surveys
 - 288 completed one survey (April 2022 only)
- Results have been weighted by age, gender and location, and are representative of Victorian adults (18+ years)

AT THE TIME OF THE SURVEY

- Wide availability of self-administered rapid antigen testing (RAT)
- Very high coverage of two dose vaccination course (>93% uptake 12+ years)
- Third dose recommended for >16+ years (>65% uptake)
- 5-11 years eligible for vaccination since 10th January 2022 (>35% uptake)
- Continued easing of public health and social measures and isolation/quarantine requirements
- Prolonged period of heightened epidemic activity (BA.2-dominated) following the Dec/Jan BA.1 Omicron wave



TESTING

SYMPTOMS & TESTING

- Test-seeking behaviour was higher than in previous surveys. 76.0% of participants reported having at least two key symptoms* and getting tested (35.5% in December, 41.3% in September 2021)
- Compared to participants in the December 2021 survey:
 - More participants did not seek a test because they believed that their symptoms were unrelated to COVID (61.5% vs. 37.9%) or “only mild” (28.4% vs. 10.8%)
 - More participants chose self-isolation instead of testing (9.8% vs. 2.8%)
 - More participants did not seek a test because they did not want to isolate after testing (4.9% vs. 0.2%)
- There is still a significant minority (11.0%) who believe they don't need to get tested any more because they are vaccinated
- 9.1% of participants did not get tested because they “recently had COVID-19”

*Key symptoms: cough, fever, shortness of breath, sore throat, runny nose, loss of smell or taste

TOP REASONS FOR NOT GETTING TESTED WHEN SYMPTOMATIC

	Apr 2022	Dec 2021	Sept 2021
Thought symptoms were not related to COVID (<i>e.g.</i> , allergies, common cold)	61.5%	37.9%	32.3%
Other	15.5%	30.0%	32.9%
I have been vaccinated for COVID-19, so I don't think a test is necessary	11.0%	11.0%	11.6%
Symptoms were only mild	28.4%	10.8%	8.8%
Chose to stay home (self-isolate) instead	9.8%	2.8%	7.0%
Recently had COVID-19	9.1%	-	-
Did not want to isolate	4.9%	0.2%	?
Time constraints (<i>e.g.</i> , work/care responsibilities)	1.6%	1.9%	1.0%
Waiting time for test too long	0.6%	1.8%	0.7%



TEST-SEEKING BEHAVIOUR FOR GIVEN SCENARIOS

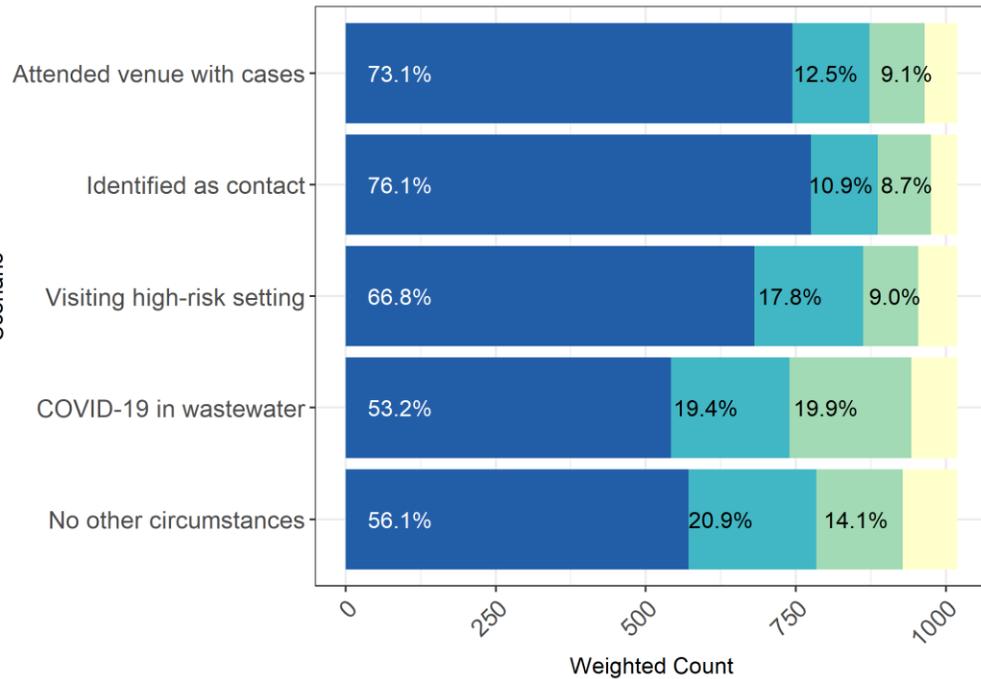
- Participants were presented with a range of scenarios (*e.g.*, if I experienced symptoms and was identified as a contact) and asked if they would seek a COVID-19 test (RAT or PCR or both).
- The majority of April 2022 participants would choose a RAT over a PCR test in most situations.
- Experience of symptoms remains a major driver of test seeking behaviour.

TEST-SEEKING BEHAVIOUR FOR GIVEN SCENARIOS

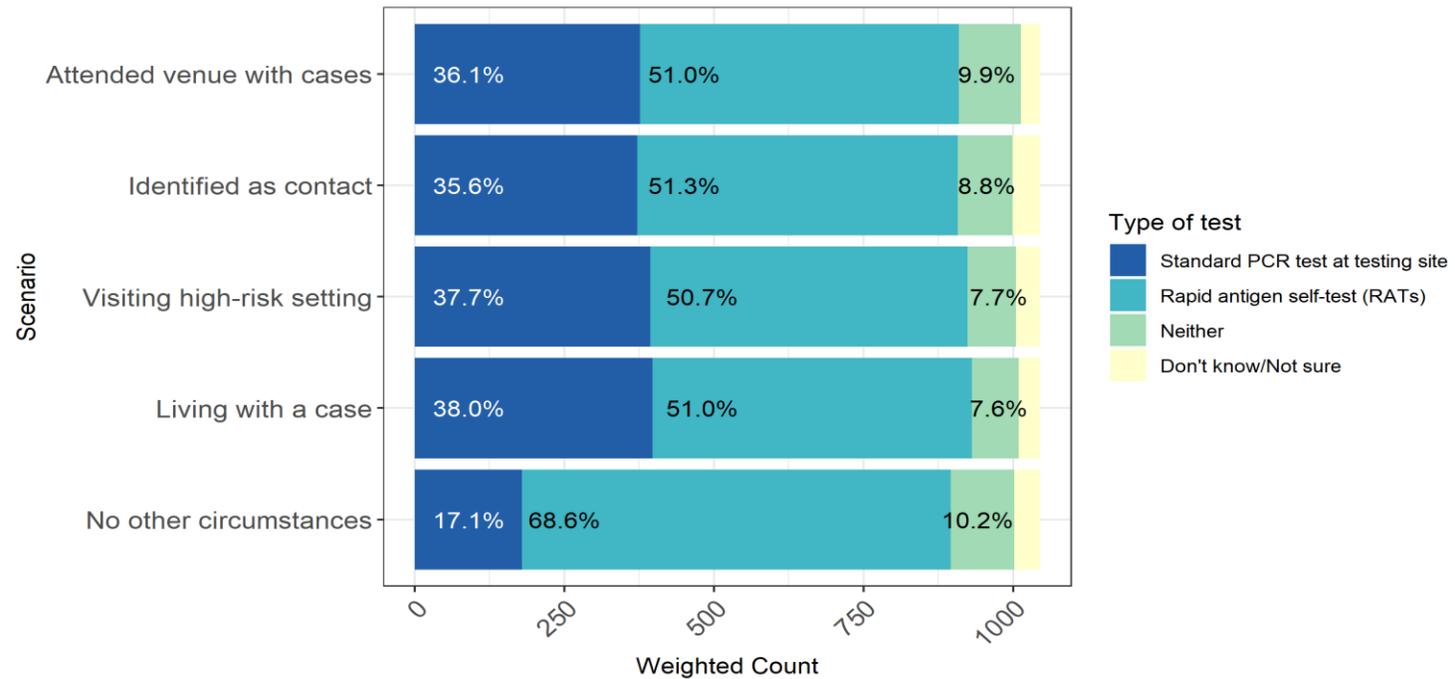
December 2021

April 2022

If I experienced COVID-19 symptoms AND...



If I experienced COVID-19 symptoms AND...



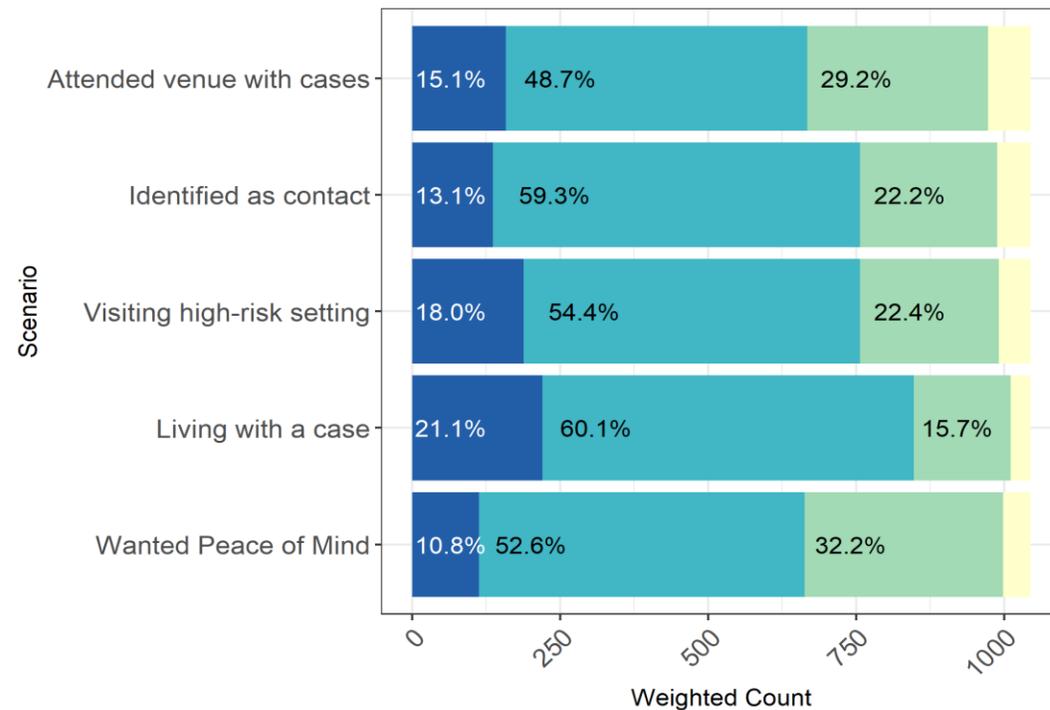
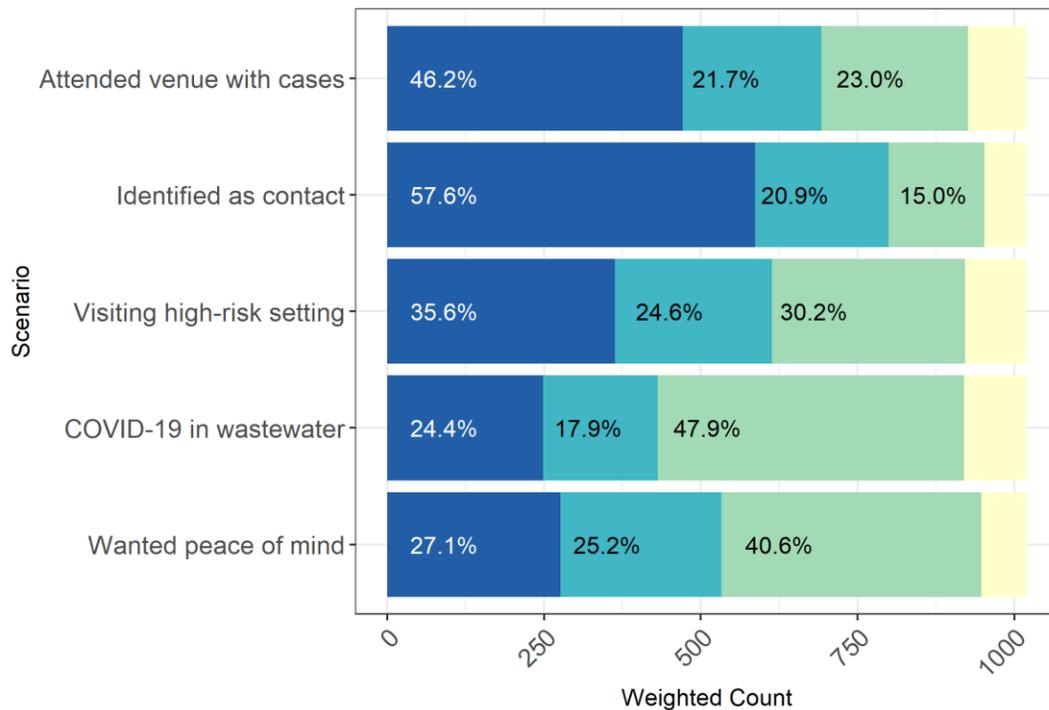
TEST-SEEKING BEHAVIOUR FOR GIVEN SCENARIOS

December 2021

April 2022

If I experienced no COVID-19 symptoms AND...

If I experienced no COVID-19 symptoms AND...



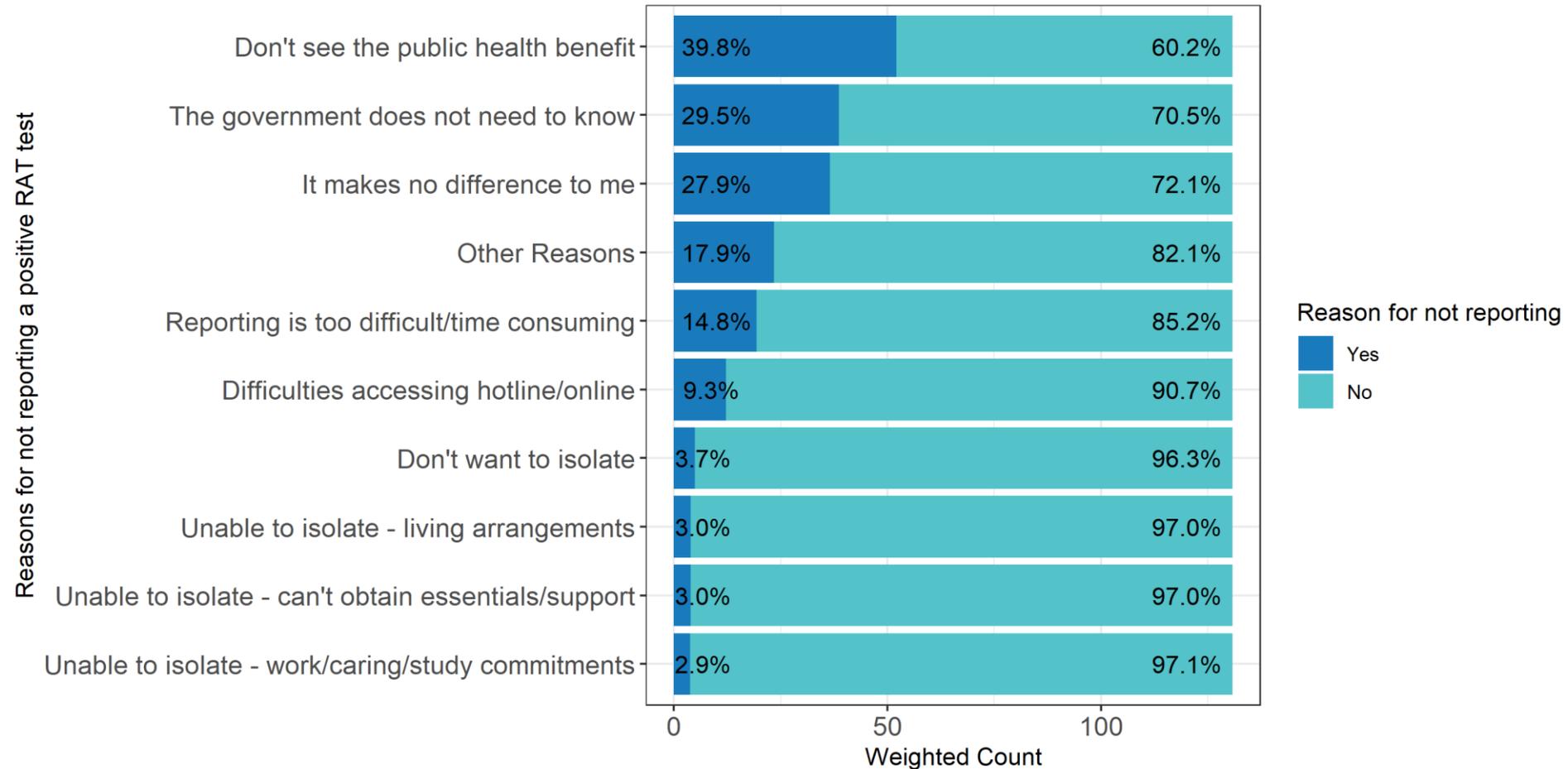
Type of test

- Standard PCR test at testing site
- Rapid antigen self-test (RATs)
- Neither
- Don't know/Not sure

RAT – intended reporting

- Participants were asked if they would seek a COVID-19 test in a range of situations (*e.g.*, experienced symptoms, identified as a contact, *etc.*).
- Participants who indicated that they would seek a RAT, were then asked if they would report a positive result to the Victorian Department of Health.
- 65 participants (7.0%) indicated that they would not report a positive RAT result.
- Key reasons included:
 - I do not see a benefit to the public health response (39.8%)
 - The government does not need to know about my RAT result (29.5%)

RAT – intended reporting



RAT - actual reporting

We estimate that the percentage of participants with a positive RAT and not reporting was 15%. This estimate was derived from two sources:

- First, participants who reported taking a RAT in the two weeks prior to the survey were asked: *If you got a positive RAT result, did you report it to the Victorian Department of Health?*
 - 56 participants reported having a positive RAT result and notifying the Victorian Department of Health of their result.
 - 23 participants reported having a positive RAT result and not notifying the Victorian Department of Health of their result (29.1% of participants with a positive RAT).
- Second, when those 23 participants were then asked why they did not report, 13 indicated that they either followed-up with a PCR test or appeared to have misinterpreted the question, citing that their result was not positive, for example:

“I did not get a positive RAT – sorry I must have misread previous question. It was negative”

Taking into account the free text responses, the percentage choosing not to report was revised to 15% (*i.e.*, 10/66).

This result should be considered indicative only, since participants may have misinterpreted the question in other ways that we could not identify.

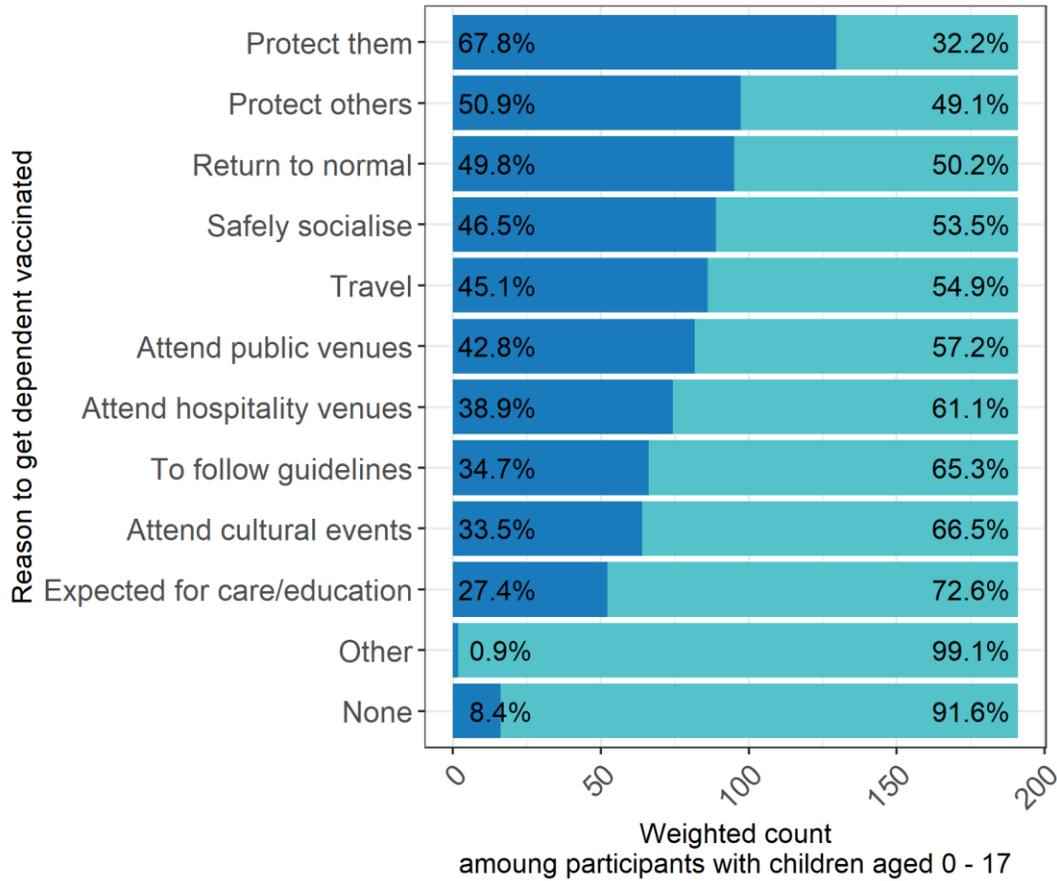


VACCINATION

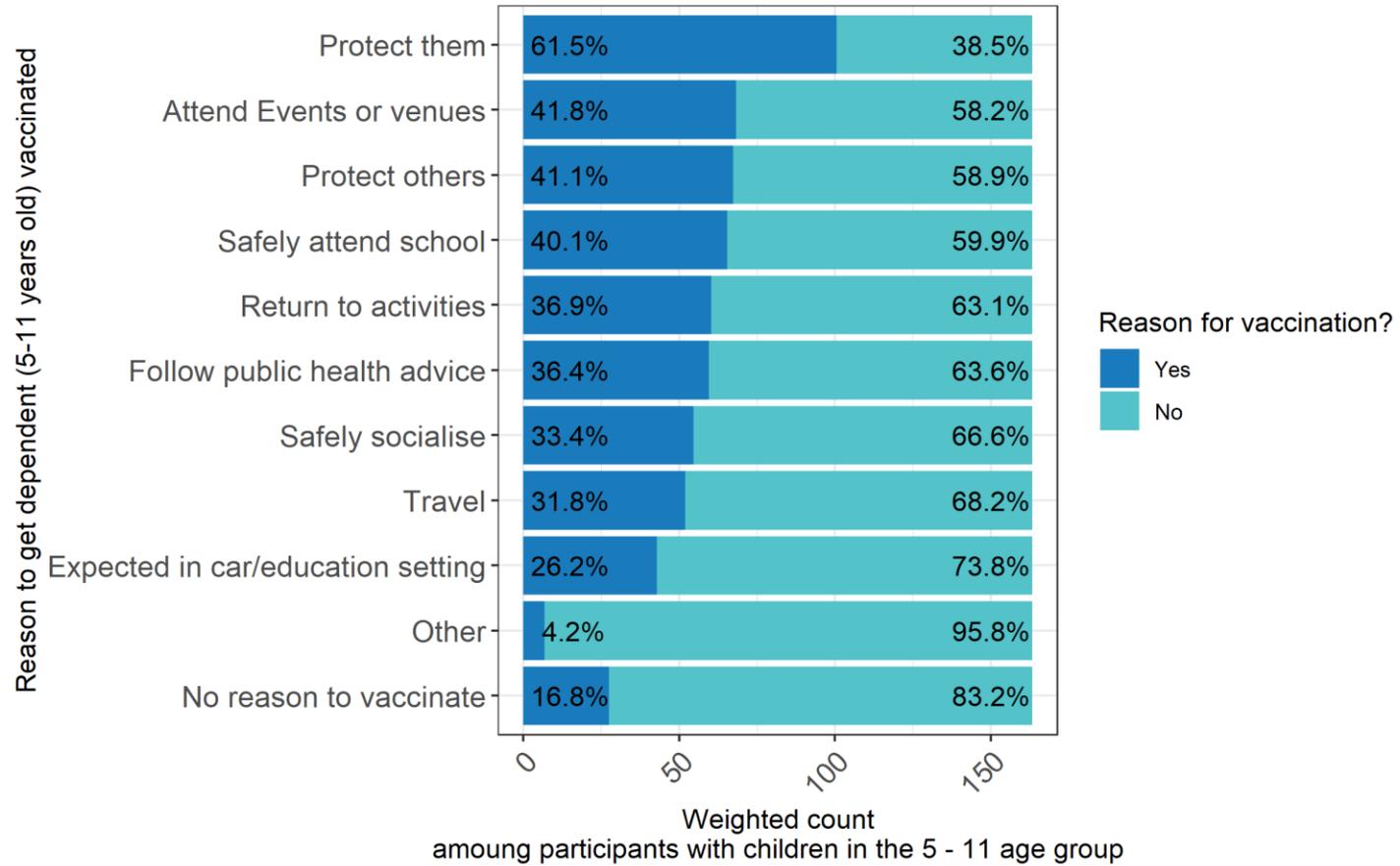
ATTITUDES TOWARD VACCINATION OF CHILDREN 5-11 years

- Respondents with dependents aged 5-11 years provided reasons for and against vaccination of their children
- The most common reasons parents **would** vaccinate their children included:
 - I want to protect them against COVID-19 (61.5%)
 - I want to protect others from COVID-19 (41.1%)
 - I want them to be able to safely attend school (40.1%)
 - I want them to be able to return to their other activities (36.9%)
- 16.8% indicated there was no reason they would vaccinate their child

December 2021 (0-17 years)



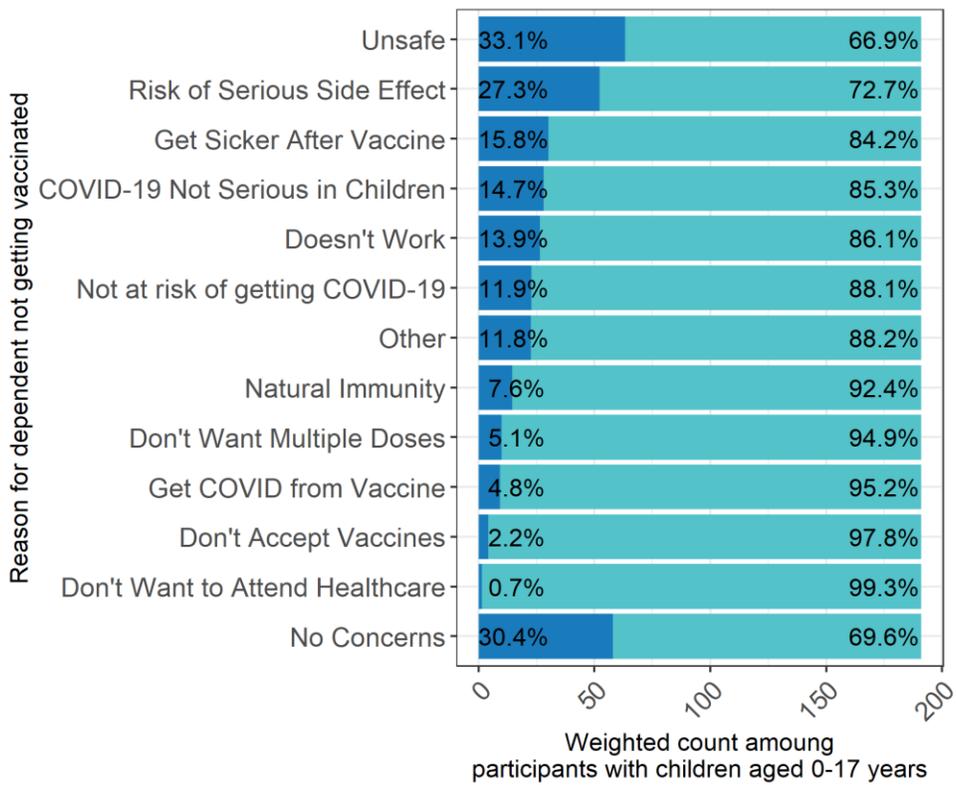
April 2022 (5-11 years)



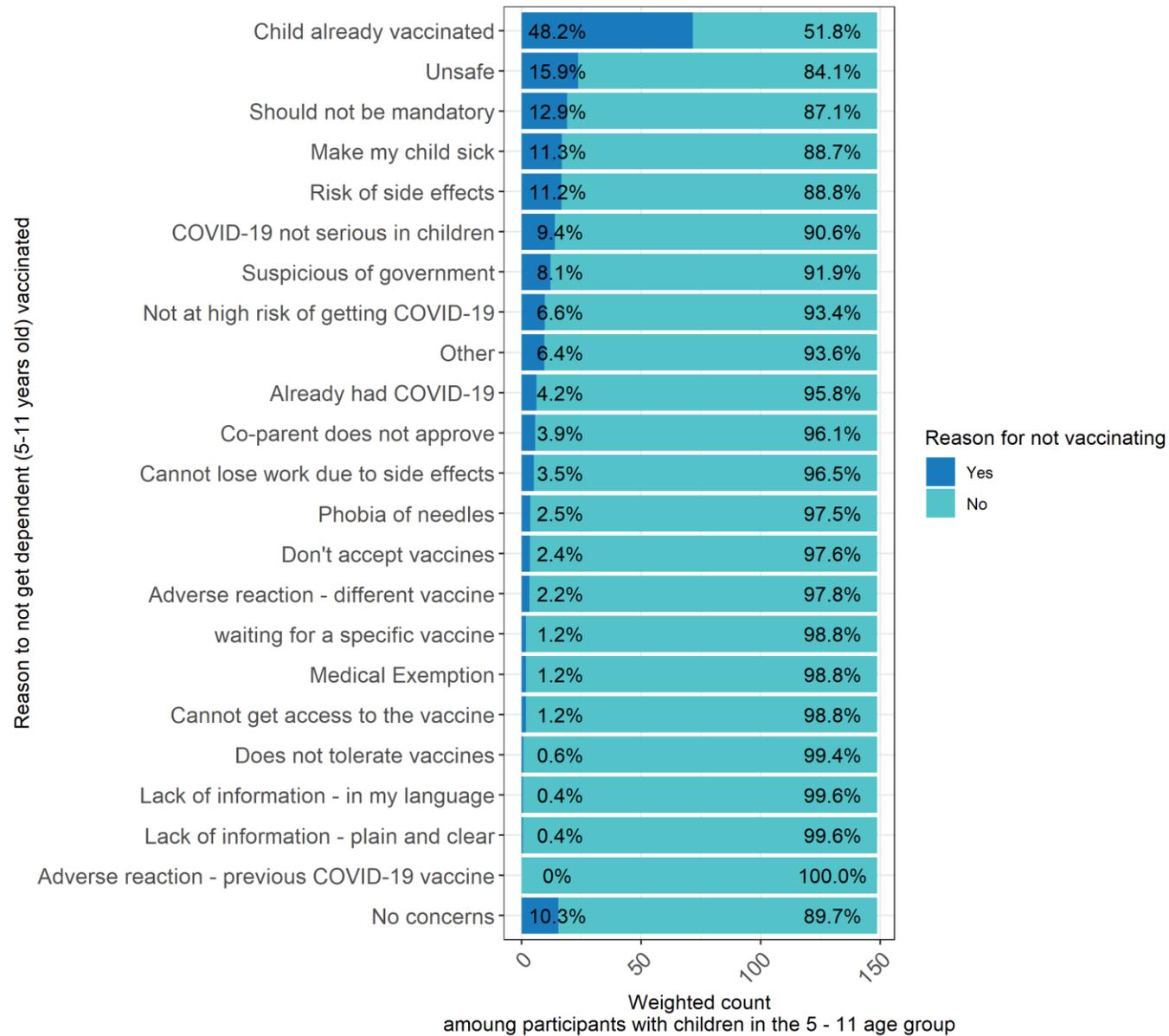
ATTITUDES TOWARD VACCINATION OF CHILDREN 5-11 YEARS

- The most common reasons parents **would not** vaccinate their children included:
 - I am worried that it is not safe (15.9%)
 - I do not think that it should be mandatory (12.9%)
 - I am worried that it could make my child sick (11.3%)
 - I am worried that my child may develop a serious side effect (11.2%)
- 10.3% had no concerns about getting their child vaccinated when available

December 2021 (0-17 years)

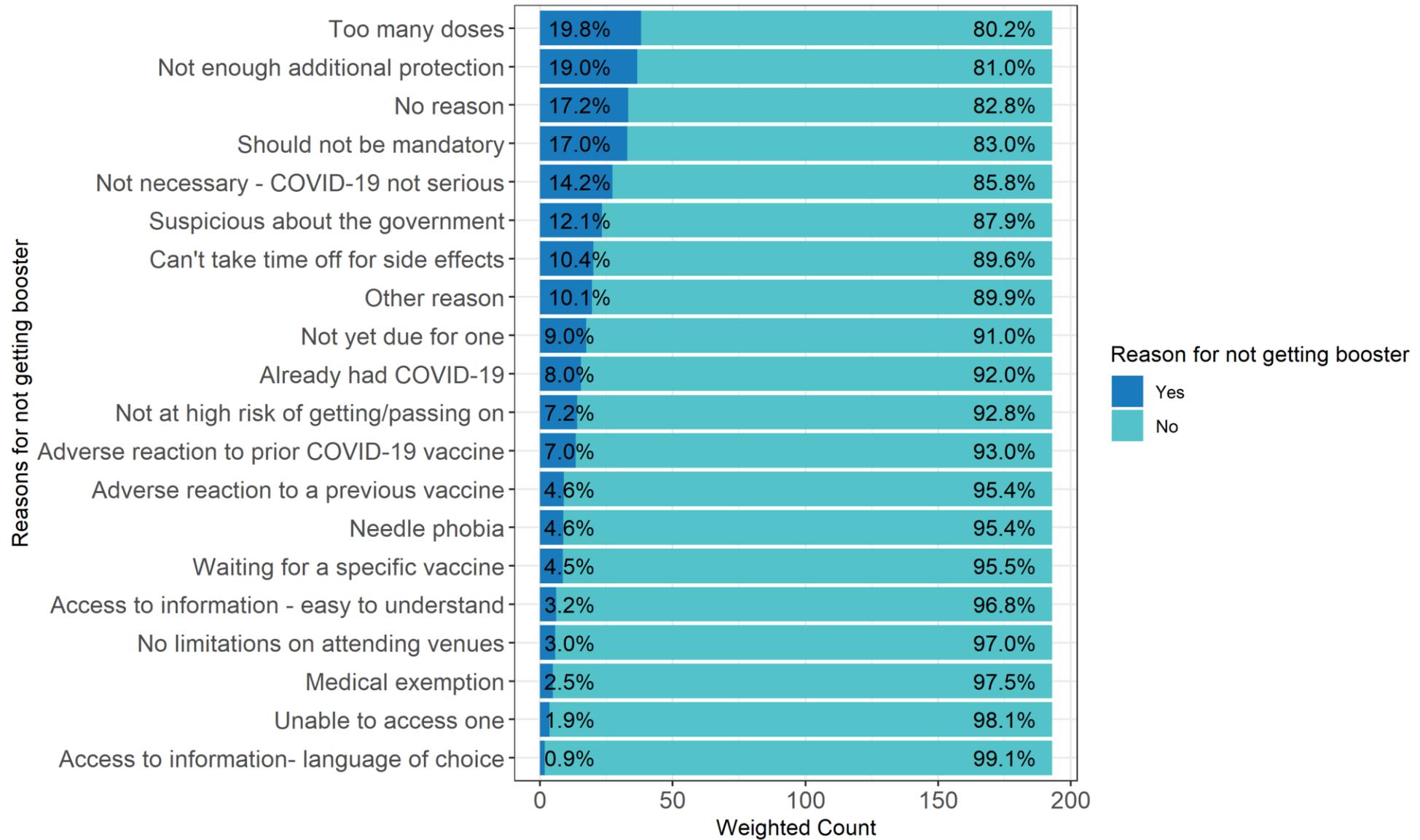


April 2022 (5-11 years)



ATTITUDES TOWARDS THIRD DOSE VACCINATION

- 75.0% of participants had received 3 or more doses
- 18.5% of participants had received exactly 2 doses
- The most common reasons for not getting a third dose included:
 - Too many doses (19.8%)
 - Not enough additional protection (19.0%)
 - No reason (17.2%)
 - Should not be mandatory (17.0%)



ATTITUDES TOWARDS REGULAR BOOSTER DOSES

Participants were asked how willing they would be to receive regular booster doses of COVID-19 as advised:

	All participants	2 dose sub-group
Very willing	49.1%	11.6%
Somewhat willing	21.4%	26.3%
Neither willing nor unwilling	11.5%	26.0%
Somewhat unwilling	6.5%	14.5%
Very unwilling	11.4%	21.7%



MENTAL HEALTH & WELLBEING

MENTAL HEALTH

- The Hospital Anxiety and Depression Scale (HADS) tool was used to assess mental health
- Higher proportions of people reported normal scores for anxiety and depression in April 2022 compared to December 2021
- The proportion of respondents reporting slightly elevated scores for anxiety and high scores for depression remained consistent

	Anxiety Score		Depression Score	
	April 2022	December 2021	April 2022	December 2021
Normal	60%	57.3%	62%	60.3%
Slightly elevated	19.4%	19.1%	20.5%	22.4%
High	20.6%	23.6%	17.3%	17.3%

MENTAL HEALTH & WELLBEING

- 38.6% of participants required mental health support during the pandemic.
- Of those who did need support (N = 402) approximately half received support (n = 204).

	Weighted N	Weighted %
No, I did not require support	642	61.5%
Yes, and I was able to get support	204	19.2%
Yes, but I did not seek support	116	11.1%
Yes, but I could not get support	82	7.9%

SAFETY

- Over half of participants (55.2%) felt safe from COVID-19 in general.
- The majority felt safe from COVID-19 in the home (84.4%). Feelings of safety in the community (50.8%) and places or work or study (45.3%) were lower than in the home.
- An important group of respondents did not feel safe from COVID-19 in general (17.4%), in the community (16.1%) or in their place of work or study (15.7%).

	Do you feel safe from Covid...							
	In general		At home		In the community		At my place of work or study	
	Apr	Dec	Apr	Dec	Apr	Dec	Apr	Dec
Agree/ strongly agree	55.2%	56.6%	84.4%	87.2%	50.8%	51.4%	45.3%	47.9%
Neither agree nor disagree	27.3%	25.4%	11.3%	7.9%	33.1%	32.1%	39.0%	37.0%
Disagree/ strongly disagree	17.4%	18%	4.4%	4.4%	16.1%	16.5%	15.7%	15%

HOPE

- Over half of participants felt hopeful about their own future (56%).
 - Feelings of hopefulness for self and Australia had increased slightly since the December 2021 survey.
- Only 32.1% were hopeful about the future of the world.

	Hope for own future		Hope for Australia's future		Hope for world's future	
	April	December	April	December	April	December
Optimistic	56%	53.5%	44.3%	42.6%	32.1%	32.6%
Neither pessimistic or optimistic	23.8%	23.2%	25.1%	24.7%	24.7%	27.6%
Pessimistic	20.2%	23.3%	30.9%	32.7%	43.1%	39.7%

For more information on:

CARE

Dr Freya Shearer

freya.shearer@unimelb.edu.au

Professor Lisa Gibbs

lgibbs@unimelb.edu.au

Optimise

Professor Margaret Hellard AM

margaret.hellard@burnet.edu.au

Dr Katherine Gibney

katherine.gibney@unimelb.edu.au

