III. Research Findings

The questionnaire comprises 14 opinion questions and ends by collecting some basic demographics of the respondents. The key findings are highlighted in this section, please refer to the appropriate frequency tables for details (Appendix II). It should be noted that figures reported hereafter have been rounded up to the nearest integer after considering the second decimal place.

The survey was divided into four parts, namely, *Getting Influenza Vaccine*, *Knowledge of Influenza Vaccine*, *Knowledge of Influenza Prevention*, and *About Government Initiatives on Influenza Vaccination*.

- 3.1 The survey began by asking all respondents if they had received influenza vaccine within the year prior to the interview, a large majority of 86% said no, whereas only about one in seven (14%) said they got vaccinated in the year past (Table 3). Among the 867 respondents who said no, over one-third said they did not get influenza vaccine because they were "in good health condition, and were not afraid of getting influenza" (39%). Followed at a distance, the second most frequently cited reason for not getting influenza vaccination was "no such habit / never thought of / not necessary" (18%). Less than one-tenth (9% and 8% respectively) said they did not get vaccinated because they believed "influenza is not a serious illness, not necessary to get vaccinated", or were "worried about the side effects". Other less commonly mentioned reasons include "expensive / money concern" (4%), "doubt the effectiveness of vaccination" (4%), "no time / too busy" (3%), "not aware of the campaign / did not know where to get vaccinated" (3%) and so on. Meanwhile, 8% of the sub-sample could not give any reason for not getting influenza vaccination within the year prior to the interview (Table 4).
- 3.2 As for those who reportedly received influenza vaccination within the year prior to the interview (142 respondents), the top reason for them to get the vaccination was "poor health condition / chronic patients, afraid of getting influenza" as mentioned by almost one-third of the sub-sample (32%). "Family members or family doctor advised" and "aged 65 years or above" formed the next tier, as mentioned by 25% and 19% of the sub-sample respectively. Another 14%, 8%

and 4% said they have had vaccination because of "self-protection and prevention", "occupational needs (e.g. pig farmer)" and "government subsidized". At the same time, 2% of the sub-sample could not give any reason for this action (Table 5). Concerning government subsidy, 58% of the subsample (142 respondents) said their previous influenza vaccines were subsidized by the Government while 38% said no, another 4% did not know (Table 6).

- 3.3 The second part of the survey aimed at gauging respondents' knowledge on the influenza vaccine. Respondents were first asked whether they knew which are the peak months of influenza, 58% correctly pointed out December to March, around one-third gave wrong answers, including April to July (10%) and August to November (21%). Over one-tenth said "don't know" (11%, Table 7).
- 3.4 As for "how long influenza vaccine usually takes to produce immunity", only 7% of the sample could correctly point out that it takes "two to four weeks". More than half gave incorrect answer (51%), including 21% who wrongly thought that our bodies will produce immunity within one to two weeks. Another 42% just said "don't know" (Table 8).
- 3.5 The survey then explored respondents' knowledge on influenza prevention. When prompted with a series of choices, 70% of the respondents correctly chose "fever", 65% correctly chose "bone ache all over the body", 59% correctly chose "fatigue" and 55% correctly chose "headache", as symptoms that would appear on the first day when influenza occurs. Meanwhile, 53% incorrectly chose "cough", and 18% incorrectly chose "diarrhea" as early onset symptoms of influenza, 3% chose "don't know" (Table 9).
- 3.6 Respondents were then asked which among the six choices given was/were effective measure(s) in protecting one from getting infected of influenza virus. The result is that more than two-thirds (68%) could correctly identify "getting seasonal influenza vaccine" as an effective means. Meanwhile, more people thought that "avoid going to public places which are crowded and with poor ventilation during influenza peak seasons" (85%), "maintain good indoor ventilations" (82%), "wash hands thoroughly after sneezing or coughing" (75%), "use liquid soap and clean water to wash hands" (75%). Another popular answer was "take in more Vitamin C" (52%). According to expert advice by HKMA representatives, these are not effective protective measures (Table 10).

- 3.7 When asked if they knew the number of Intensive Care Unit (ICU) cases and deaths resulting from influenza in Hong Kong from January to July this year, only 3% could correctly point out "more than 300" cases. About a quarter incorrectly thought there were "less than 100 cases" (26%), another 8% and 3% chose "101-200 cases" and "201-300 cases" respectively, together giving 37% incorrect guesses. Another 60% did not have any idea (Table 11). As for their awareness of the concept of "community immunity", 80% admitted they had not heard of this term prior to the interview, while about one in six people said they had heard of it before (16%, Table 12).
- 3.8 The survey ended by asking the respondent for opinions on the Government initiatives on influenza vaccination. Respondents were first asked which groups of people were recommended to get influenza vaccine by the Government, and most respondents gave wrong answers, including 73% mentioned "elderly aged 65 years or above", 33% mentioned "children" without specifying age, 18% mentioned "primary school pupils aged 6-12 years", and other incorrect answers. Only 35% correctly mentioned "children aged 6 months till 6 years", 11% correctly mentioned "individuals aged 50 years or above", and 8%, 4% and 3% correctly mentioned "patients with chronic medical problem(s)", "pregnant women" and "health care workers" respectively. Almost nobody mentioned "obese individuals", 12% said "don't know / hard to say" (Table 13). Respondents were then asked which groups of people the Government should provide subsidies for influenza vaccination, "elderly aged 65 years or above" again topped the list with 63%, followed at a distance by "children aged 6 months till 6 years" (31%), "low income earning individuals" (26%) and "primary school pupils aged 6-12 years" (24%) respectively. One-tenth each believed that "all citizens" (11%) and "individuals aged 50 years or above" (10%) should get subsidies, while other less commonly mentioned groups include "patients with chronic medical problem(s)" (7%), "high risk individuals" (7%), "children (with no specific age)" (3%), "pregnant women" (3%), "health care workers" (2%), "elderly aged 60 years or above" (2%) and so on (Table 14).
- 3.9 Regarding the Government's promotions on influenza vaccination, 44% considered it "adequate" whereas 28% considered it "inadequate", 20% opted for "half-half", another 7% opted for "don't know / hard to say" (Table 15).

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3.10 Finally, respondents were asked what the Government should do to encourage more citizens to get influenza vaccine, "increasing propaganda on the influenza vaccine" topped the list, as mentioned by 44% of the sample. Close to a quarter of the sample suggested the Government to "subsidize all citizens to get vaccination" (24%), whereas one-seventh suggested "more promotion on the concept of 'prevention is better than treatment" (14%). Around one-tenth each suggested "wider range of coverage for influenza vaccination subsidy (cover all high risk groups)" (11%) and "enhance public education on influenza" (11%). Another 8% suggested the Government to "increase the amount of subsidy on influenza vaccination" and 6% each suggested "health care professionals to promote and explain more to patients on the advantages of getting vaccinated" and "more promotion on this front (Table 16).