The Optimise Study: COVID-19 vaccine intention, and adherence to isolation and quarantine recommendations

Report 17 | September 2022

Optimise

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The Optimise Study is a partnership between the Burnet Institute and the Doherty Institute in collaboration with University of Melbourne, Swinburne University of Technology, Monash University, La Trobe University, Murdoch Children's Research Institute, the Centre for Culture Ethnicity and Health, the Health Issues Centre and external collaborators including Alison Coelho.

Optimise is a longitudinal cohort study. Recruitment of participants commenced in September 2020 with completion of recruitment in September 2021. Optimise follows approximately 700 participants who complete surveys and diaries every month. Regular reports are prepared for the Government and community, with the focus of each report varying based on topical or critical issues related to COVID-19. Past reports can be found at https://optimisecovid.com.au/ . The focus of this report is on people's vaccine intention, adherence to COVID-19 isolation and quarantine recommendations.

Study participants were not intended to be representative of the broader population but instead have been intentionally recruited from key groups who are:

- at risk of contracting COVID-19
- at risk of developing severe COVID-19 or
- at risk of the adverse consequences of the restrictions

At recruitment, participants were asked to nominate people who play a key role in their lives, and where permission was given, these people were invited to participate in the study. Establishing a map of social connections is important because it can be used to examine the influence of the social network on an individual or key groups including: 1) behaviours such as adherence to government directions on COVID-19; 2) attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination; 3) experience of the consequences of COVID-19 or the government restrictions imposed due to COVID-19. The resulting social map increases our understanding of the interplay between the individual, social, and community-level impacts of COVID-19. For more detail on the Optimise study please visit https://optimisecovid.com.au/.

COVID-19 vaccine intention, and adherence to isolation and quarantine recommendations

This report explores participants'

- COVID-19 vaccine intention
- Adherence to COVID-19 isolation and quarantine recommendations
- Contacts had in the days before testing positive and entering isolation

572

SURVEY PARTICIPANTS

1

COMMUNITY ENGAGEMENT GROUP MEETING

This report draws on the findings from several Optimise research activities including:

- Responses from 572 participants who completed the Optimise baseline survey, follow-up surveys, Isolation and Quarantine Diaries, and Contact Diaries between 14 June 2022 and 31 August 2022.
- Responses from 116 participants who completed the Isolation and Quarantine Diary, and Contact Diary during their isolation/quarantine period between April 2022 and August 2022.
- A Community Engagement Group meeting facilitated by the Centre for Health Communication and Participation at La Trobe University on 20 September 2022. The Community Engagement Group comprised of participants representing healthcare workers, people who have had COVID-19, and culturally and linguistically diverse communities (including Afghan, Fijian and Pasifika, Indian and South Asian communities).

OPTIMISE COHORT

SUMMARY

Key findings

Survey findings

- By August 2022, 10% (53/536) of participants had received two COVID-19 vaccine doses, 47% (250/536) had received three doses, and 42% (226/536) had received four doses.
- In August 2022, the most frequently reported reasons for being uncertain about receiving a subsequent COVID-19 vaccine dose in the future were: 'I don't think I'm eligible' (21%, 44/211), 'immunity is strong enough' (18%, 39/211), and 'I had side effects before' (12%, 25/211).
- In August 2022, 58% (53/92) of participants reported that their children over 12 years had already been vaccinated, 14% (13/92) said they would 'definitely' get their children at this age vaccinated, and 12% (11/92) said they would 'probably' do so.
- In August 2022, 50% (40/80) of participants' children aged 5–11 years had already been vaccinated. Also, 21% (17/80) reported they would 'definitely' and 9% (7/80) would 'probably' get their children aged 5–11 years vaccinated.
- In August 2022, 7% (6/83) of participants' children aged under 5 years had already been vaccinated. Also, 30% (25/83) would 'definitely', and 23% (19/83) would 'probably' get their children under 5 years vaccinated. However, 4% (3/83) reported they would 'definitely not' and 12% (10/83) would 'probably not' get their children under 5 years vaccinated.
- From April 2022 to August 2022, of those in quarantine, 39% (19/49) were **unable** to separate effectively from the household member/s who had COVID-19.
- Of the 73 participants who tested positive for COVID-19 from April 2022 to August 2022:
  - 95% (n=69) isolated for seven or more days.
  - 81% (n=59) informed all their household/household-like contacts to get tested and quarantine for seven days.
  - 59% (n=43) informed all their social contacts to monitor for symptoms and get tested if any develop.
  - 68% (n=50) were contacted by the Government/Department of Health, a health service, or a community service in the seven-day isolation period after testing positive to COVID-19.
- Out of 200 contacts detailed in the Contact Diary completed by people who had tested positive for COVID-19, 62% (n=124) of contacts were advised to get tested and quarantine for seven days due to being household like contacts, 32% (n=64) were not household-like contacts, and 6% (n=12) were not advised they had had contact with a COVID-19 positive person.

Focus group discussion

- Members of the Community Engagement Group reported that most people in their communities were complying with isolation and quarantine recommendations. However, difficulty isolating from others in the household after testing positive for COVID-19 was discussed by some members.
- Some members of the Community Engagement Group revealed encouraging experiences of notifying the Government/Department of Health of their positive RAT result, whilst others perceived there was "no point" to notify the Government/Department of Health because there was a lack of care from them.
- Most Community Engagement Group members perceived that community members were not informing their social contacts after testing positive for COVID-19 given the high prevalence in the community at this stage of the pandemic.

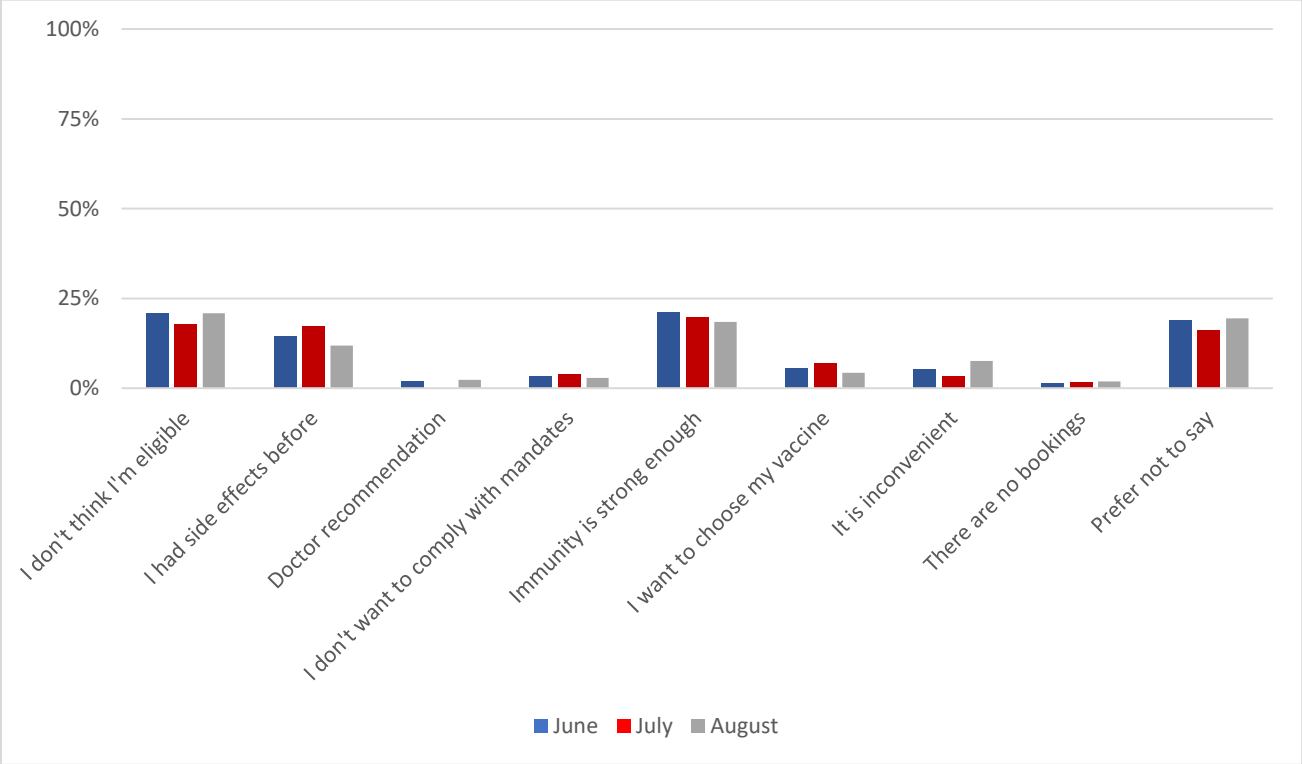
VACCINATION RATE & VACCINE INTENTION

Each month participants were asked how many doses of COVID-19 vaccine they had received. By August 2022, 10% (53/536) of participants had received two vaccine doses, 47% (250/536) had received three doses. The proportion of participants who had four doses was 42% (226/536) in August 2022, an increase from 18% (105/577) in June 2022.

Participants were also asked about the reasons for having had COVID-19 vaccines. In August 2022, the most common responses included to protect their personal health (87%, 464/535) and to protect the health of their family and friends (77%, 410/535).

In August 2022, participants who indicated they were uncertain about receiving a COVID-19 vaccine dose in the future most frequently reported reasons were: 'I don't think I'm eligible' (21%, 44/211), 'immunity is strong enough' (18%, 39/211), and 'I had side effects before' (12%, 25/211; Figure 1).

Figure 1: Reasons for uncertainty about further vaccines (N=211)



INTENTION TO VACCINATE CHILDREN

Since August 2022, COVID-19 vaccination has been recommended for children aged six months to under five years with severe immunocompromise, disability, and/or children with complex and/or multiple health conditions that increase the risk of severe COVID-19.[①]

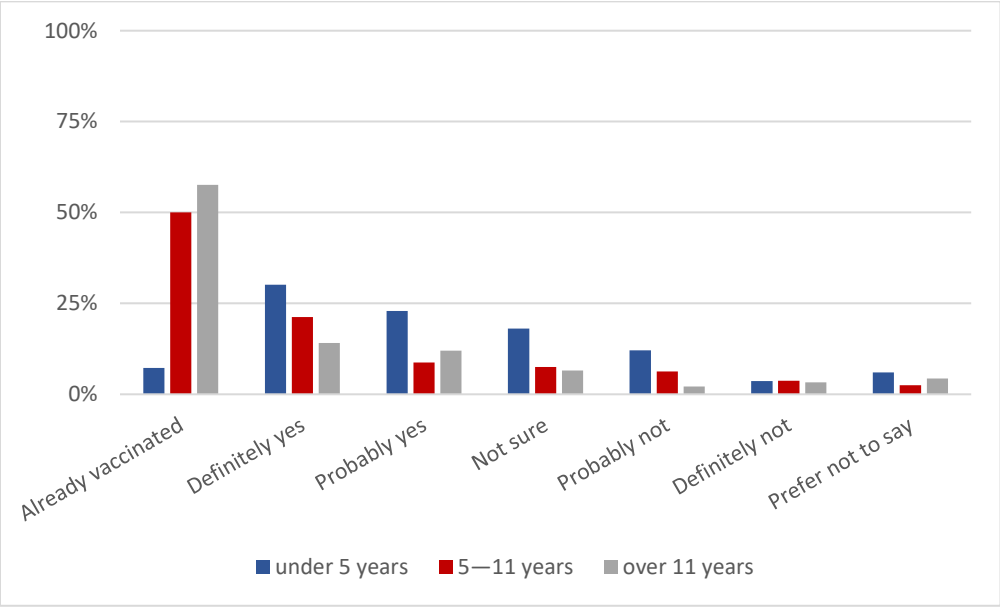
Participants were asked about their intention for having their children vaccinated and reported these responses by age group of the child (<5 years, 5—11 years, and over 11 years). In August 2022, 58% (53/92) reported that their child/ren over 11 years had already been vaccinated, 14% (13/92) would 'definitely' get their children over 11 years vaccinated, and 12% (11/92) would 'probably' do so.

[①]Australian Government Department of Health and Aged Care. COVID-19 vaccines for children aged six months to under five years. Available at: https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/covid-19-vaccines-for-children-aged-6-months-to-under-5-years

In August 2022, 50% (40/80) of participants with child/ren aged 5—11 years reported that their child/ren had already been vaccinated. Twenty-one per cent (17/80) of participants indicated they would 'definitely' get their child/ren vaccinated, and 9% (7/80) would 'probably' get their child/ren aged 5–11 years vaccinated.

In August 2022, 7% (6/83) of participants' children aged <5 years had already been vaccinated. A further 30% (25/83) said they would 'definitely', and 23% (19/83) would 'probably' get their child/ren <5 years vaccinated. Although, 4% (3/83) reported they would 'definitely not' and 12% (10/83) reported they would 'probably not' get their child/ren <5 years vaccinated (Figure 2).

Figure 2: Participants' intention to vaccinate children



ADHERENCE WITH ISOLATION AMONG PARTICIPANTS WHO TESTED POSITIVE FOR COVID-19

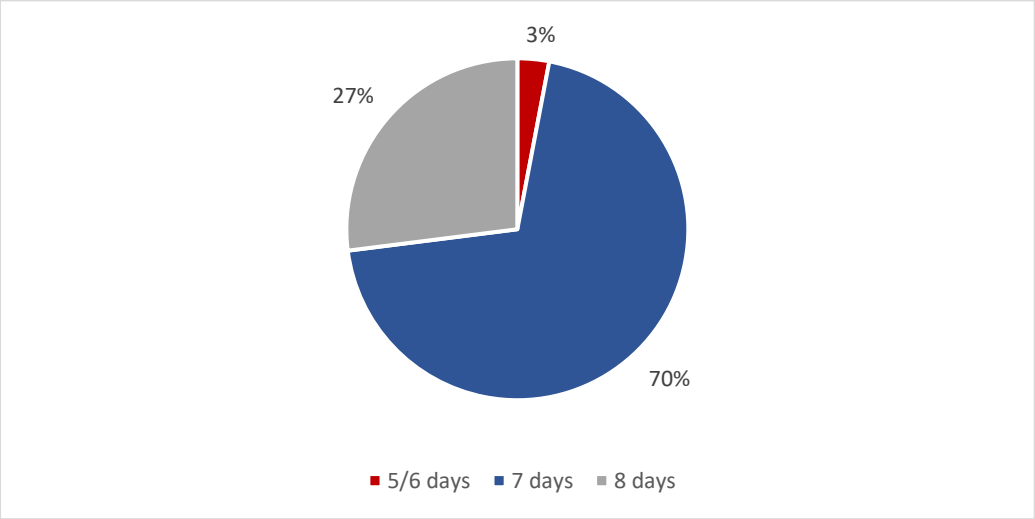
COVIDSafe settings in Victoria between April 2022 and August 2022 outlined that people who tested positive for COVID-19 or who were waiting to receive their COVID-19 test result and had symptoms indicative of potential COVID-19, were required to self-isolate for seven days.

Participants who tested positive for COVID-19 or/and had been notified as a household/household-like contact were invited to complete a diary that consisted of two sections: an Isolation and Quarantine Diary and a Contact Diary. The Isolation and Quarantine Diary asked about participants' experience of isolation, quarantine, and testing, including how well they were able to adhere to the Government requirements and recommendations. The Contact Diary asked participants to detail all the face-to-face contact they had in the period starting two days before testing positive or onset of symptoms (whichever came first) until they began isolating.

Between April 2022 and August 2022, a total of 116 participants who tested positive for COVID-19 or were a household/household-like contact completed the Isolation and Quarantine Diary after their seven-day isolation/quarantine period. Among these 116 participants, 73 participants were in isolation because they tested positive for COVID-19, and 48 participants were in quarantine because they were a household/household-like contact.

As part of the Isolation and Quarantine Diary, participants who were positive for COVID-19 (and therefore required to isolate for seven days) were asked if they had isolated at all and, if yes, for how many days. Ninety-seven per cent (71/73) of participants reported that they had isolated for at least one day after testing positive. Of these 71 participants, 70% (50/71) had isolated for seven days and 27% (19/71) had isolated for eight days (Figure 3). Participants were asked if they left their place of residence for any reason in the seven-day isolation period; 79% (58/73) said they did not leave their home.

Figure 3: Days of isolation after testing positive for COVID-19 (N=71)

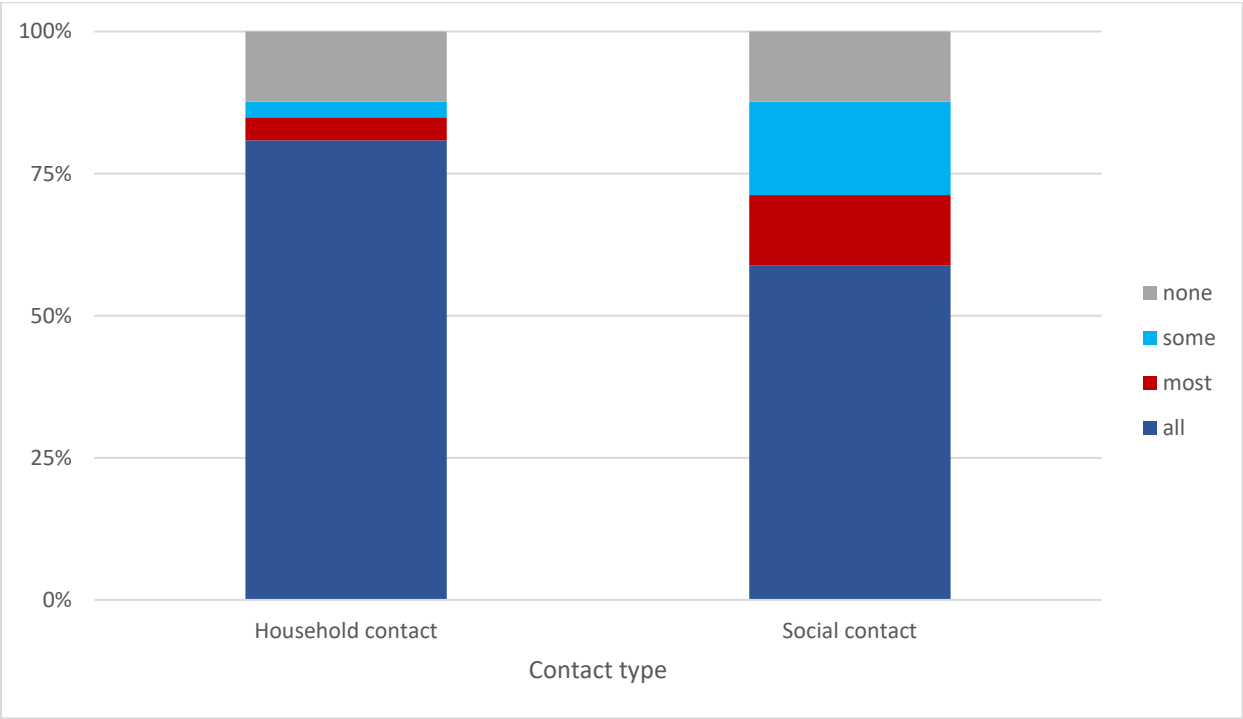


NOTIFICATION OF CONTACTS AFTER TESTING POSITIVE & CONTACT SETTINGS

Between April 2022 and August 2022, as part of the Isolation and Quarantine Diary, participants who tested positive for COVID-19 (n=73) were asked about how many household/household-like contacts they informed to get tested and quarantine for seven days, and how many of their social contacts they informed to monitor for symptoms and get tested if required (none, some, most, all).

Of the 73 participants who tested positive for COVID-19, 81% (59/73) informed all their household/household-like contacts. Nearly two-thirds (59%, 43/73) informed all and 12% (9/73) informed most of their social contacts (Figure 4).

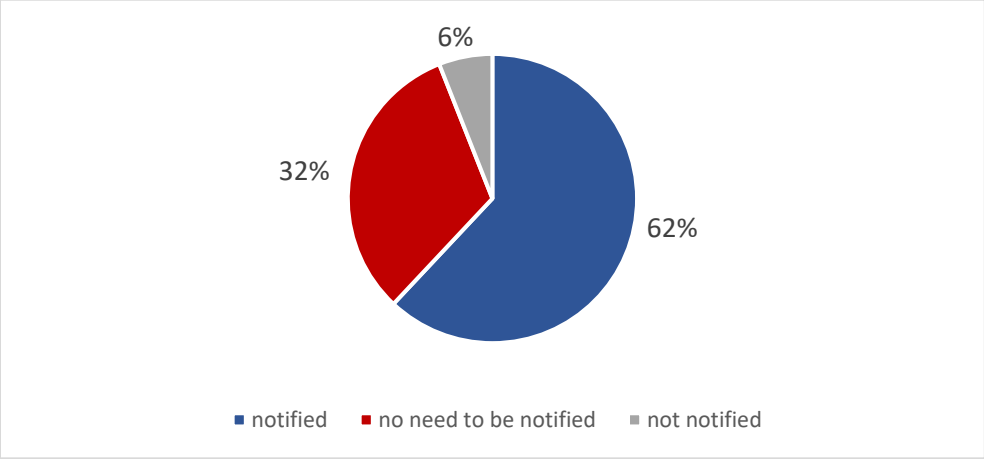
Figure 4: Contacts informed after testing positive for COVID-19 (N=73)



From April 2022 to August 2022, fifty participants of 73 who tested positive completed the Contact Diary, in which they were asked to describe every person with whom they had face-to-face contact from the two days before they developed symptoms (or two days before they first tested positive, whichever came first).[②]

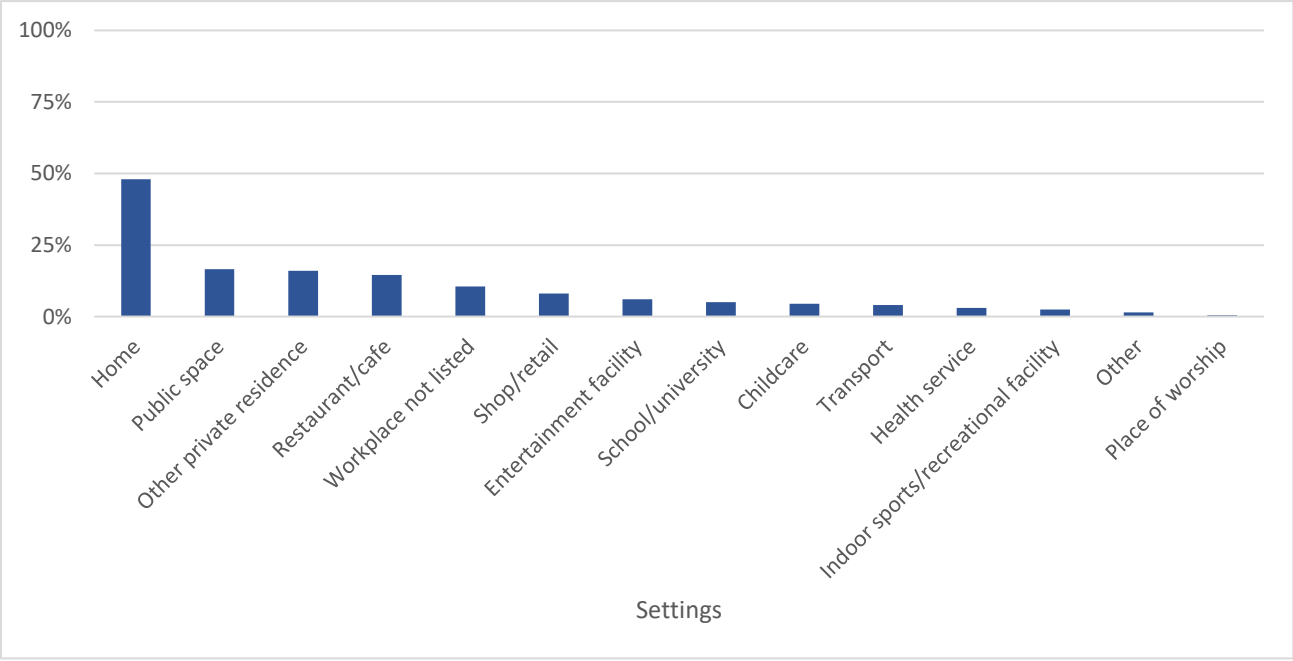
Participants who had tested positive were asked if they had advised their contacts to get tested and quarantine for seven days. Of 200 contacts, 62% (124/200) were notified, 32% (64/200) were not household/household-like so did not need to be notified, and 6% (12/200) were not notified (Figure 5).

Figure 5: Proportion of contacts who were notified to test and quarantine for seven days (N=200)



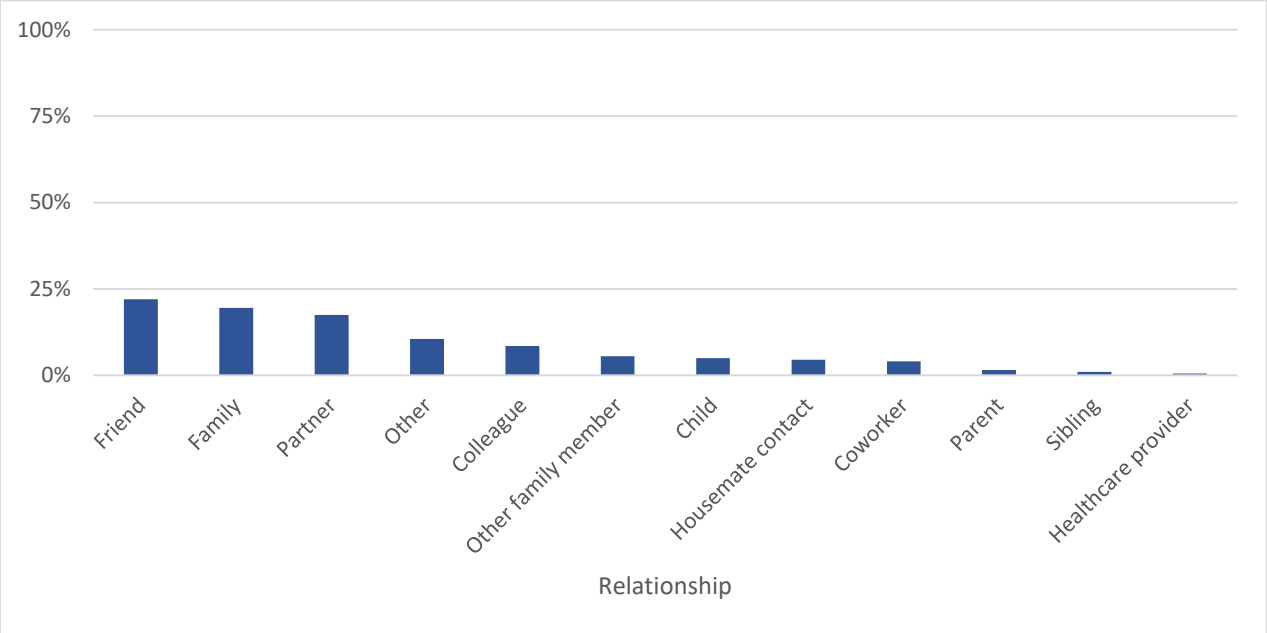
Of 200 contacts from 50 participants, the most frequently reported purpose for their contact were: living together (40%, 79/200), social purpose (39%, 78/200), and for work (16%, 32/200). The most common settings of the contact were: home (48%, 96/200), public space (17%, 33/200), and other private residence (16%, 32/200; Figure 6). The most common relationships between the contacts and the participants were: friends (22%, 44/200), other family member (20%, 39/200), and partner (18%, 35/200; Figure 7).

Figure 6: Setting for face-to-face contacts recorded in the contact diary by people who had tested positive for COVID-19 (N=200)



[②] A contact was defined as someone they either had a face-to-face conversation with, or shared a closed space with or had physical contact with.

Figure 7: Relationship between contacts for face-to-face contacts recorded in the contact diary by people who had tested positive for COVID-19 (N=200)

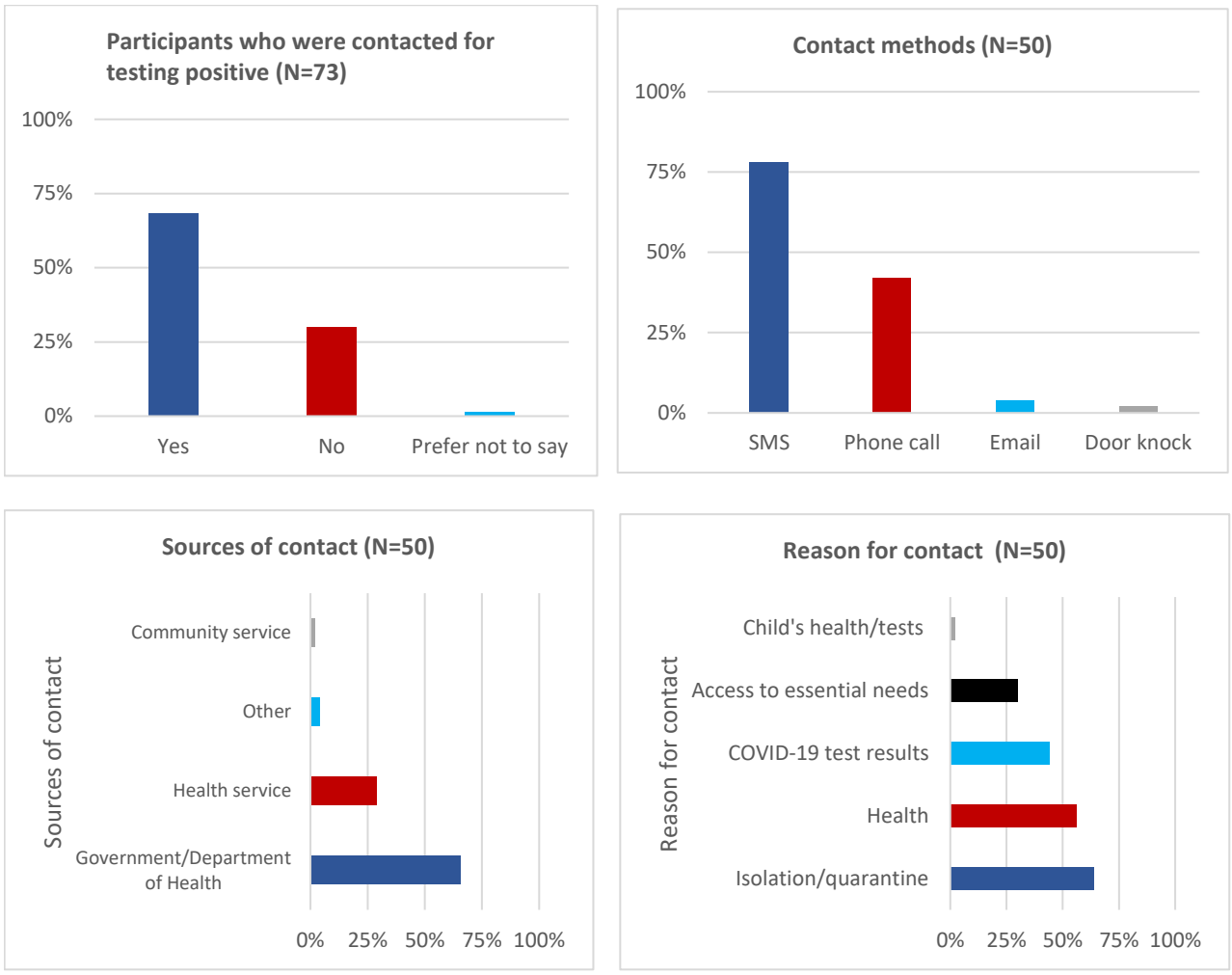


HEALTH DEPARTMENT/SERVICE CONTACT DURING ISOLATION PERIOD

Participants who tested positive for COVID-19 (n=73) were asked if they were contacted by someone from the Government/Department of Health, a health service, or a community service by any means during the seven days of their isolation period. Overall, 68% (n=50) of participants reported that they had been contacted within seven days of their positive test. Of the 50 people who were contacted, 68% (34/50) were contacted by the Government/Department of Health and 30% (15/50) by a health service (e.g., hospital; Figure 8).

Of the 50 people who tested positive for COVID-19 and were contacted, thirty-nine (78%) were contacted via SMS, 21 (42%) via phone call, two (4%) via email, and one (2%) by door knock. The most common reasons for the contact were related to isolation (64%, 32/50) and the participant's health (56%, 28/50). Forty-four percent (22/50) of contacts were regarding COVID-19 test results and 30% (15/50) were to discuss access to essential needs (e.g., food, medicine).

Figure 8: Contact received by participants who tested positive for COVID-19 during the seven-day isolation period



Note: Participants were able to select multiple options.

ADHERENCE WITH COVID-19 QUARANTINE AMONG HOUSEHOLD/HOUSEHOLD-LIKE CONTACTS

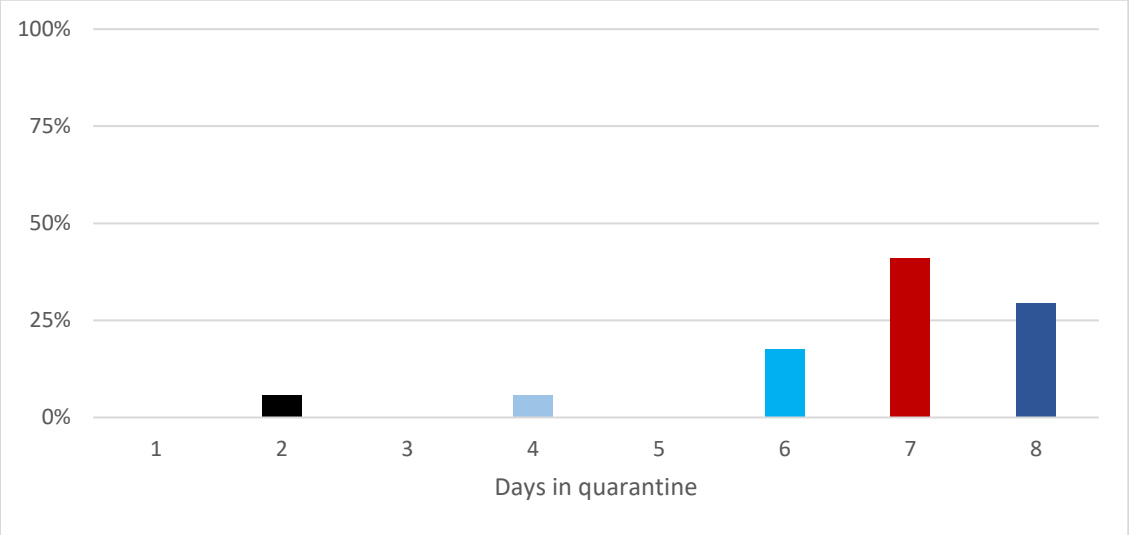
From 22 April 2022, household/household-like contacts were no longer required to quarantine for seven days, provided they wore a face mask indoors, avoided sensitive settings, returned at least five negative RATs over seven consecutive days, and notified their workplace/education facility and their social contacts[③].

People in quarantine due to being a household/household-like contact were asked if they stayed home or elected to stay home after being notified that they were a contact; 50% (17/34) of the respondents stayed home. Of the 17 people who reported having quarantined at home, 71% (12/17) quarantined for seven or eight days and 29% (5/17) quarantined for six days or fewer (Figure 7). Household/household-like contacts who elected to quarantine were also asked if they followed the government recommendations and tested for COVID-19 on the first and sixth day of the seven-day quarantine period; 76% (13/17) followed this advice (Figure 9).

Of 49 respondents who were household/household-like contacts, 59% (29/49) were **able to separate effectively** from the household member/s with COVID-19 while 39% (19/49) were unable to do this.

[③] Independent Pandemic Management Advisory Committee. Review of COVID-19 Communications in Victoria. Available at https://www.health.vic.gov.au/research-and-reports/review-of-covid-19-communications-in-victoria

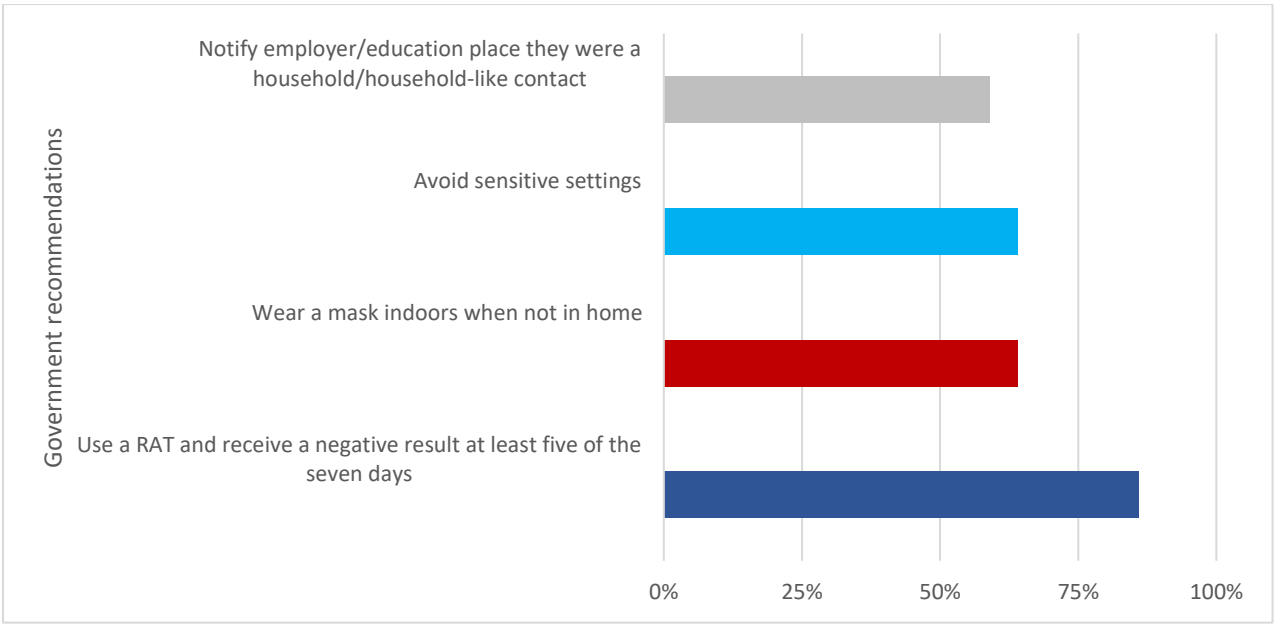
Figure 9: Days of quarantine among household/household-like contacts (N=17)



ACTIVITIES OF HOUSEHOLD/HOUSEHOLD-LIKE CONTACTS DURING THE SEVEN-DAY QUARANTINE PERIOD

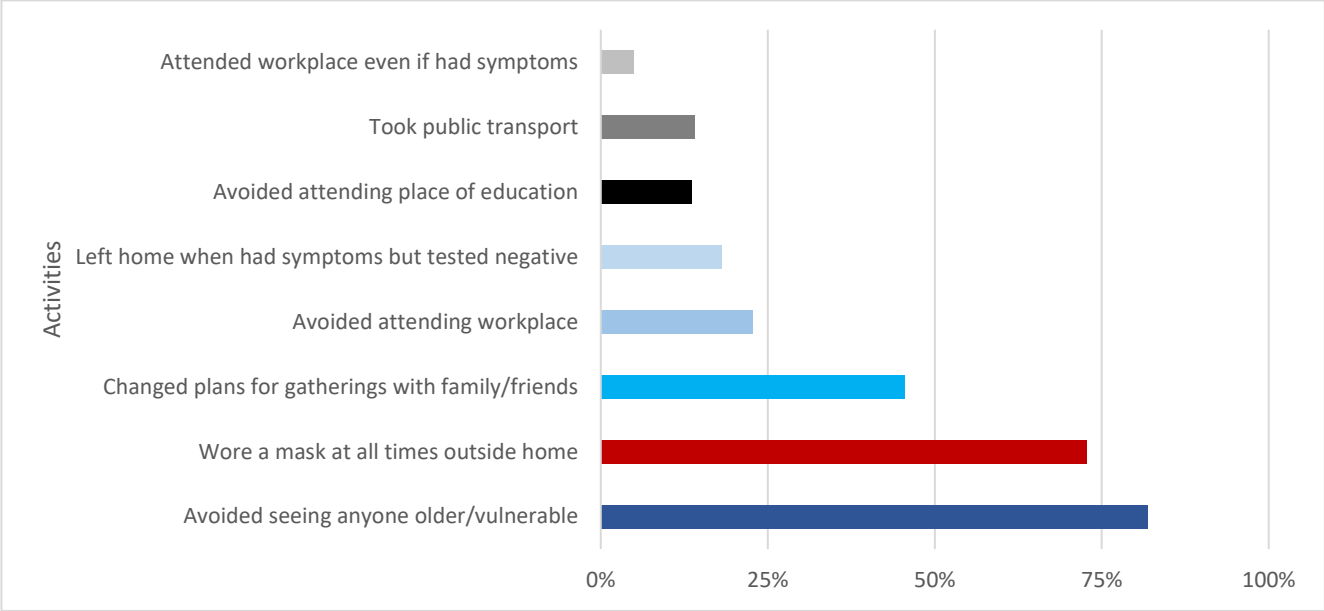
Of the 22 participants who were household/household-like contacts and left their home during their seven-day quarantine period, 86% (19/22) followed the advice on frequent testing using a RAT, 64% (14/22) avoided attending sensitive settings, 64% (14/22) wore a mask indoors when not in their home, and 59% (13/22) notified their employer/education place they were a household/household-like contact (Figure 10).

Figure 10: Percentage of household/household-like contacts who were able to follow government recommendations for household/household-like contacts (N=22)



Household/household-like contacts who left home during the seven-day quarantine period (n=22) were asked about their risk reduction behaviour when they were out of home in the seven days after being notified as a household/household-like contact. Participants reported avoiding seeing older/vulnerable people (82%, 18/22), wearing a mask at all times when outside their home (73%, 16/22), and changing plans for gatherings with family and/or friends (45%, 10/22, Figure 11).

Figure 11: Risk reduction undertaken by household/household-like contacts who left home during seven-day quarantine period (N=22)



COMMUNITY ENGAGEMENT GROUP INSIGHTS

ADHERENCE TO ISOLATION AND QUARANTINE REQUIREMENTS

Members of the Community Engagement Group reported that people in their communities were isolating quarantining as required. Those who could work from home during their COVID-19 infection did not feel extra resources were needed to manage the isolation period. However, the representative of the senior Indian community said his organisation still provided masks and RATs as needed to community members who were isolating or quarantining.

The representative for healthcare workers reported that removing access to special leave for COVID-19 infection was having ramifications for healthcare workers who did not have sufficient sick leave or personal leave to cover the isolation and quarantine period.

Difficulty isolating from others in the household after testing positive to COVID-19 was reported by participants in the group discussion. One participant said that many in his community wore masks when they could not physically distance at home, however some people were still contracting the infection from a household member in isolation. Members reported that fortunately, now that many in the community were fully vaccinated, the resulting COVID-19 infections were not serious. Another representative said that many older Victorians had re-commenced travelling interstate and were contracting COVID-19 during their travel. This created issues for physical distancing when sharing hotel rooms, during bus tours etc.

The representative for healthcare workers warned that the over-reliance on RATs undermined healthcare workers' confidence that colleagues were not inadvertently passing on the virus. She reported, "it's almost impossible to get a PCR" in her health service, resulting in healthcare workers who were household/household-like contacts being less able to get tested earlier and more accurately to identify COVID-19 infection.

There were also reports of uncertainty in the community about the recently shortened isolation period, particularly whether this would lead to people with COVID-19 leaving isolation while they were potentially infectious.

NOTIFICATION OF COVID-19 INFECTIONS

Several participants reported that they or their friends/family had not notified the Government of their positive RAT result for COVID-19. They perceived there was "no point" in reporting a positive RAT result. They thought that reporting could potentially result in logistical complications (particularly when travelling interstate). One participant, with lived experience of COVID-19, was primarily motivated to report her result for being exempted from testing requirements for an upcoming overseas trip. Another participant, who reported her positive result in Darwin, received no response. She described the reporting experience as entering "a deep well of non-caring". Other participants reported more positive experiences, including regular contact from the Department of Health and the provision of pulse oximeters when needed.

Participants felt that people who reported a positive result should be acknowledged with a timely follow-up text from the Government. Participants also perceived that more information and resources should be offered to people who were at-risk of severe infection or visiting from interstate. One participant suggested that reporting a positive result for COVID-19 could be a pre-requisite for accessing anti-viral medications.

The culture of reporting test results to the Government was more entrenched in health services because the process impacted healthcare workers' return-to-work dates. Healthcare workers were also required to notify Human Resources about their positive RAT result via text to access sick leave.

Most participants reported that community members were not notifying people who were social contacts after contracting COVID-19. There were a few reasons for this. Firstly, there was a perception among many community members that getting COVID-19 was no longer a “big deal”. Also, identifying “who gave it to who” was almost impossible given so many cases of COVID-19 in the community. However, the representative for the senior Indian community encouraged all members of his social group to avoid group meetings if they had symptoms or COVID-19 infection.

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