



Study Report

Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

Prepared for: Public Health Wales

Prepared by: BMG

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Date: April 2023



Produced by BMG Research
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www.bmgresearch.co.uk

Project: 2326

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UK VAT Registration No. 580 6606 32
Birmingham Chamber of Commerce Member No. B4626
Market Research Society Company Partner
The provision of Market Research Services in accordance with ISO 20252:2012
The provision of Market Research Services in accordance with ISO 9001:2015
The International Standard for Information Security Management ISO 27001:2013
Interviewer Quality Control Scheme (IQCS) Member Company
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1. Introduction

This report contains findings from a programme of quantitative and qualitative data collection exploring the effectiveness of information resources produced by the Vaccine Preventable Disease Programme (VPDP). VPDP sits within the Health Protection Directorate at PHW. The study was conducted by BMG Research on behalf of Public Health Wales (PHW) in 2022-2023.

1.1 Background

Immunisation is the most important way of protecting individuals and the community from preventable diseases and control infectious disease outbreaks. There is a well-established national vaccination programme in Wales, and in 2005 the Vaccine Preventable Disease Programme (VPDP) in Public Health Wales was established to support this. As part of this, the VPDP team at Public Health Wales produce and publish information resources aimed at different audiences.

The COVID-19 pandemic has led to an increase in the volume and pace at which resources around vaccinations need to be produced to ensure the public have accessible information on which to base timely decisions about vaccinations. As such, in late 2022, PHW commissioned BMG research to conduct an evaluation of information resources aimed at service users and service providers.

This evaluation ties in with PHW's co-production approach. This approach refers to a way of working where service users and service providers work together to reach a consensus, with their views being an important factor in the development of information resources.

1.2 Objectives of the study

The study aims to explore awareness and effectiveness of PHW information resources relating to vaccinations among service providers (those planning and delivering vaccination programmes) and a wide range of service user groups (those receiving vaccines). The groups targeted for this study have been detailed in the following sub-section.

In assessing the value and effectiveness of information resources around vaccinations, the study intends to establish:

- Whether service providers and users are aware of existing information resources
- Views of information resources in relation to messaging, content, channels, formats, timeliness, accuracy, accessibility, reliability and relevance to its intended audience

- Whether PHW information resources support informed decision-making on vaccinations or whether any information might be missing
- The most trusted sources of information about vaccination

The study also aims to understand differences in feedback between sub-groups of service users and service providers. This will help establish if and how resources and methods of sharing information might be more or less effective across different population groups.

1.3 Methodology

1.3.1 Quantitative survey

Interviewing as part of the survey was conducted using Computer Assisted Web Interviewing (CAWI). Fieldwork took place between 5th December 2022 and 20th February 2023.

There were two versions of the survey, one for service users and one for service providers. Both surveys had similar questions, with some variations depending on whether the questions were asked to service users or providers. The questionnaires used for each survey can be found in appendices.

Each interview took approximately 15 minutes to complete.

In total, 586 service users and 70 service providers filled in the survey (only full completions are considered). For service users, the majority of responses were completed by panel¹ respondents while a minority were completed via an open link distributed by Public Health Wales to its networks. Service providers completed the survey via the open link only, with Public Health Wales and its partners distributing the survey to relevant respondents.

	Total	Panel	Open link
Service Users	586	529	57
Service Providers	70	0	70

The survey aimed to capture the views of a wide variety of service user and service provider groups. A detailed outline of the profile of respondents who took part in the quantitative survey can be found in the appendices and an overview of the achieved sample has been provided in the following section.

¹ A research panel is a group of pre-recruited individuals who have agreed to take part in surveys and/or qualitative research. Participants usually share demographic information (gender, age, ethnicity, etc) which are then used by researchers to target specific population groups.

1.3.2 Qualitative focus groups

Focus groups were conducted with service users to explore the themes of the survey in further detail, with an emphasis on exploring attitudes towards vaccinations, as well as awareness and views of information on vaccinations.

In total, five focus groups were conducted with a total of 36 service users. Each of these groups involved a different target group- one for service users over 55 years old, one for those from ethnic minority backgrounds, one for expectant or new mothers, one for people with disabilities and one for those aged 16 to 24.

Participants for the focus groups were recruited by professional recruiters from a panel of participants who had agreed to take part in research studies in advance. BMG provided the recruiters with a screening questionnaire and a list of target groups (see 1.4 Achieved sample) to aid recruitment.

Focus groups lasted around 90 minutes and took place on Zoom between 14th February and 21st February. Participants were offered a £50 gift voucher as a thank you for their time.

Further details about the profile of those who took part in the focus groups can be found in the appendices.

1.3.3 Qualitative interviews

In addition to focus groups, in-depth interviews were conducted with service users to explore themes identified in the survey in further detail, with an emphasis on uncovering the reasoning behind attitudes towards vaccinations, as well as awareness and impressions of information on vaccinations. Additionally, interviews were also carried out with service providers to better understand their information needs and gain their feedback on existing information resources.

The topic guides used for qualitative interviews and focus groups can be found in appendices.

In total, 13 interviews were conducted with service users, and six with service providers. As was done for the focus groups, service users were recruited for interviews through professional recruiters to target a range of demographic groups. Service providers, however, were recruited through an opt-in question in the survey, as well as through Public Health Wales' partners.

Interviews took place via either Zoom or Teams, and lasted about 30 minutes. Service users were offered a £30 gift voucher as a thank you for their time.

Further details about the profile of those who took part in the in-depth interviews can be found in the appendices.

1.4 Achieved sample

1.4.1 Sample composition

This research has sought to gather the views of a wide range of service user and service provider groups. The number of people who took part in the research by sub-group reached is shown in the tables below.

Table 1: Service users - sample composition

SERVICE USERS	Number of people who took part in the quantitative survey	Number of people who took part in qualitative depth interviews/focus groups
Older residents (aged 55+)	242	9
Parents of children under 18	154	0
People reporting they have a disability	134	7
LGBTQ+ people	104	1
Carers (family/unpaid carers)	49	2
Ethnic minorities	35	9
Full-time students	24	4
Domiciliary carers	16	0
Residents whose main language is other than English/Welsh	15	3
Muslim people	10	0
Pregnant people/new mothers	5	6
Jewish people	3	0
Care home residents	3	0
Refugees and asylum seekers	0	0
Prison residents	0	0

Table 2: Service providers - sample composition

SERVICE PROVIDERS	Number of people who took part in the quantitative survey	Number of people who took part in qualitative depth interviews/focus groups
Primary care staff	43	3
Secondary care staff	13	2
Social care staff	4	0
Health care staff at a school (e.g. school nurse)	3	1
Care home staff	1	0
Outreach and engagement officers	1	0
Other	5	0

1.4.2 Limitations

While a wide range of service provider and service user groups took part in the research (as shown in the tables above), a few sub-groups have a quantitative base size of below 30, which doesn't allow for analysis at a sub-group level. Where base sizes allow, separate summary documents have been provided showing key findings and recommendations for each sub-group.

The sub-groups with base sizes below 30 include:

- all service provider groups listed above except from primary care staff.
- the following service user groups: domiciliary carers, residents whose main language isn't English or Welsh, pregnant women, care home residents, Jewish and Muslim people.

Additionally, despite efforts from PHW to secure BMG access to prison staff and prison residents as well as care home staff and refugees/asylum seekers, it was not possible to include these groups in the research due to a lack of response from leads or due to the time ethical clearing would take.

It is also worth noting that while some residents whose main language isn't English or Welsh were included in the research as shown in the table above, these participants were fluent in English and able to complete the survey in English/take part in qualitative interviews in English. This suggests that further research may be needed to reach out to residents for whom language is a barrier to understand their information needs and preferences when it comes to vaccinations.

Further research is also recommended with the sub-groups mentioned above for which the number of participants is considered insufficient.

1.5 About this report

1.5.1 Approach

This report presents findings for service users and service providers in turn at an overall level, highlighting significant differences for specific sub-groups where relevant. Separate documents have been provided showing research results and recommendations for sub-groups where participant numbers allow.

Quantitative questions with base sizes of 30 and above have been reported as percentages whereas whole numbers have been used to report questions with base sizes below 30.

1.5.2 Weighting

The data presented is unweighted. This is because the incidence of most of the target groups is unknown. Nonetheless, quotas were set to ensure a good representation by health board, ethnicity and age.

1.5.3 Significance tests

Throughout the report, results are discussed in terms of differences between sub-groups and the total result. Sub-groups have been tested for significance with a two-tailed T-test on column proportions. Differences are considered significant at the 95% confidence interval, meaning that there is only a five percent possibility that the difference occurred by chance rather than by being a real difference. This is a commonly accepted level of confidence.

All differences highlighted in this report are statistically significant unless stated otherwise. If a group isn't mentioned in the discussion of a particular question this is because results for that group are in line with the total result and there are no significant differences.

1.5.4 Rounding

The data used in this report are rounded up or down to the nearest whole percentage point. Because of this, on occasion, tables or charts may add up to 99% or 101%.

1.5.5 Reporting conventions

A symbol *% indicates a percentage that is greater than zero but below zero-point five percent.

2. Key findings and recommendations

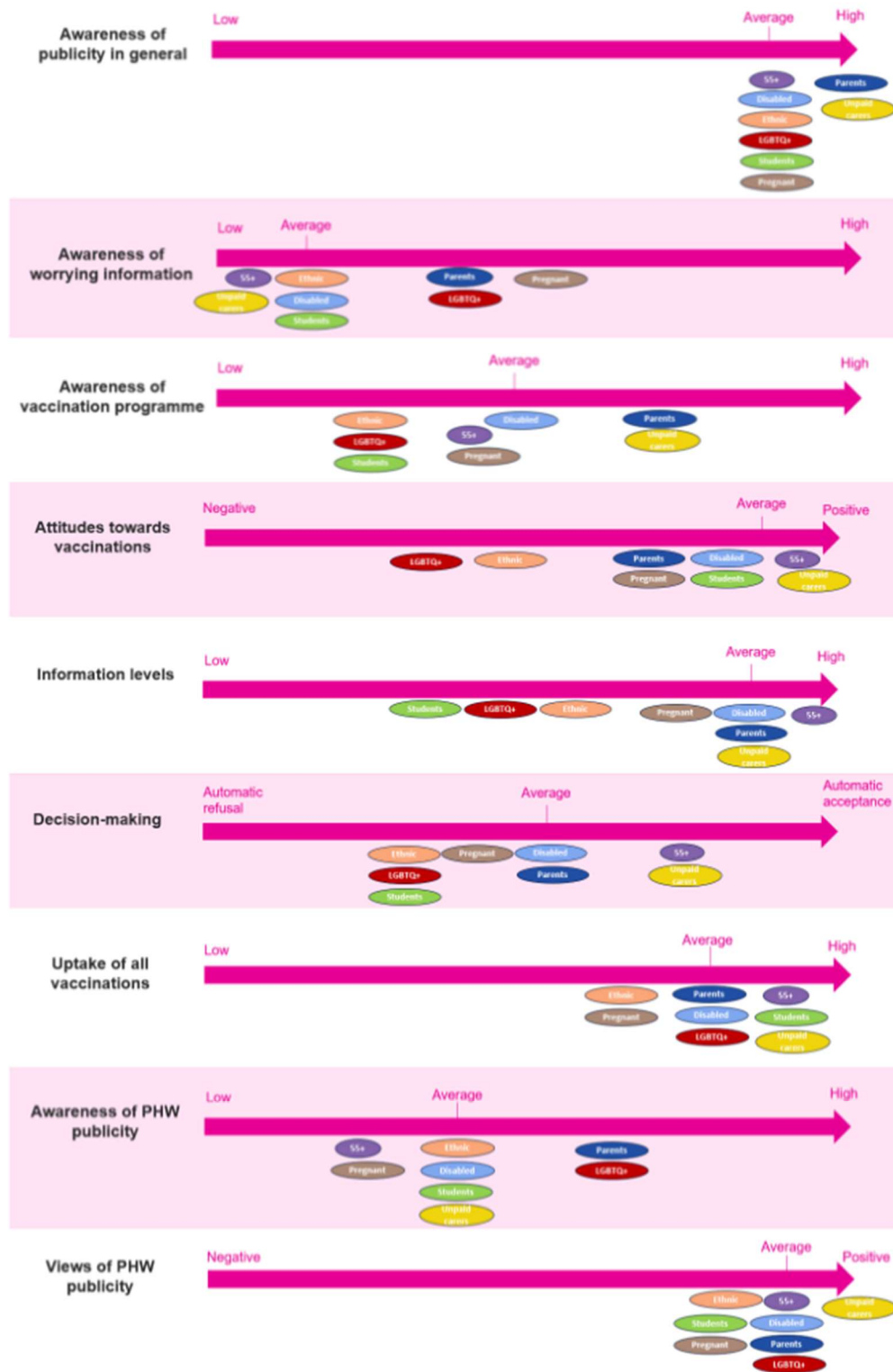
This section presents summary findings from the surveys and qualitative focus groups and interviews with service users and service providers, which explored attitudes towards vaccinations, access to information about vaccinations and awareness and views of PHW publicity. Fieldwork took place between December 2022 and February 2023.

Results are provided at an overall level for service users and service providers in turn, outlining significant differences for sub-groups of users and providers where possible. Further sub-group analysis has been provided in separate documents.

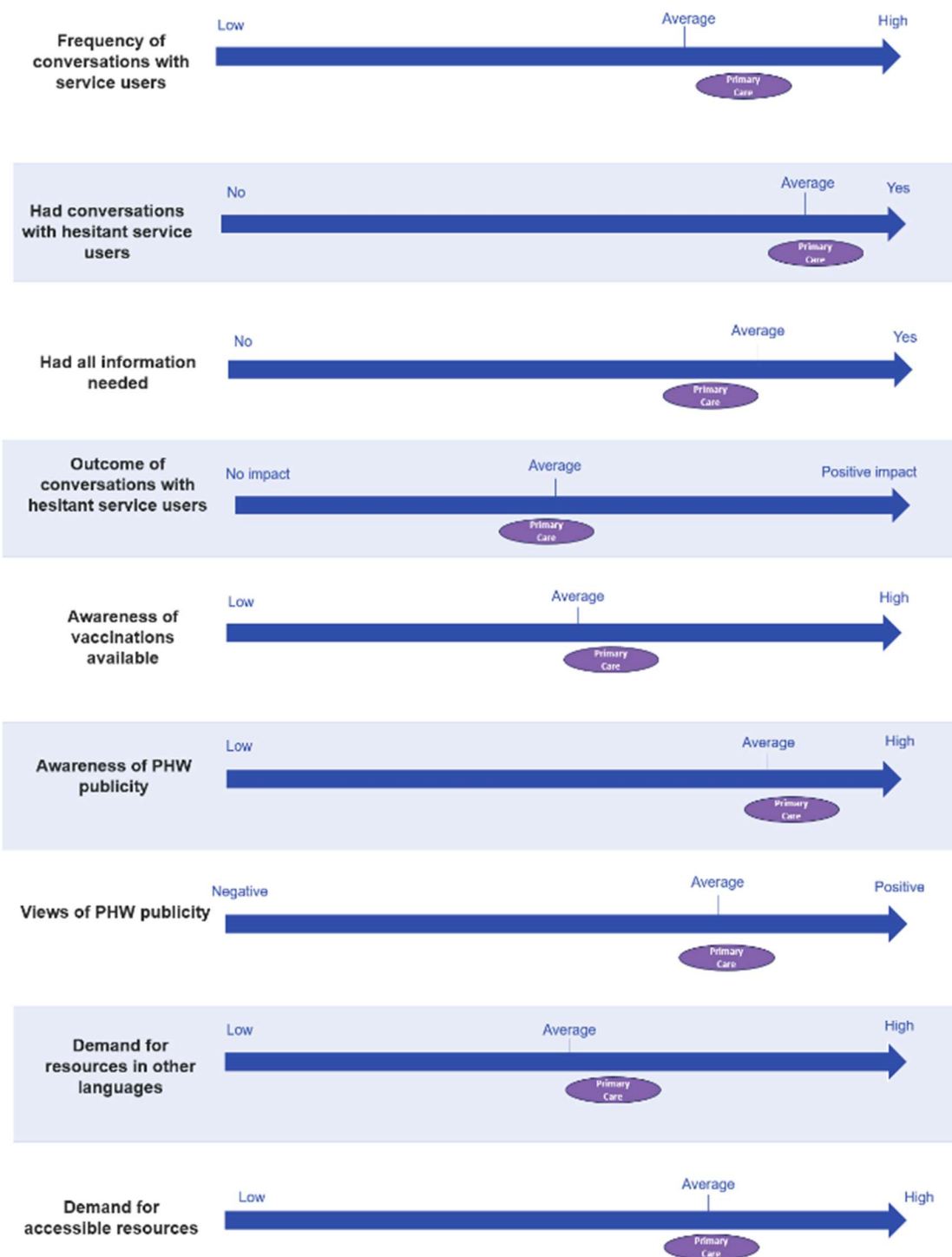
Recommendations are shown in **bold** to ease reading.

2.1 Summary of key findings

Service Users



Service Providers



2.2 Service users

Awareness of general publicity about vaccinations

- Most service users (89%) have seen or heard information about vaccinations in the past 12 months. This suggests that information about vaccinations is widespread and widely available. Therefore, **PHW information resources about vaccination need to focus on differentiation to grab the attention of service users and ensure they engage with information materials.** To this end, some recommendations to improve existing information materials have been provided below (see views on PHW publicity sub-section).
- Welsh speakers are less likely than other groups to have seen or heard information about vaccination in the past 12 months (77%). **PHW should promote information resources in Welsh to ensure Welsh speakers are not left behind when it comes to accessing information about vaccinations.**
- While the majority (73%) of service users had not seen or heard any information that would make them worried or concerned about getting vaccinated in the past 12 months, 21% of service users have encountered concerning information about vaccinations. Social media is the most common channel where service users have encountered concerning information about vaccinations. **Younger age groups (16-24), parents of children under 18, those who receive Universal Credit and people who identify as transgender are more likely to have encountered concerning information about vaccinations, which suggests that ‘myth-busting’ style resources should be created to target these groups.**

Awareness of vaccination programme

- Among service users, awareness of the vaccination programme in Wales is mixed. While awareness of the COVID-19 vaccine (84%), the flu vaccine (76%) and the MMR vaccine (63%) is high, awareness of other vaccinations is lower, with less than half of service users being aware of most vaccines of the national vaccination programme in Wales. This suggests that **further information resources are needed from PHW to educate service users about the vaccines that are available in Wales and the eligibility criteria of these.**
- The following groups of service users are less likely to be aware of several vaccinations of the national vaccination programme in Wales: **people from ethnic minority backgrounds, those aged 55+, LGBTQ+ people, and full-time students. PHW should consider creating targeted information resources to inform these groups about the vaccinations available and what they protect against.**

Attitudes towards vaccinations

- All the diseases that the Welsh vaccination programme protects from are considered to be serious by at least 45% of service users. Flu, genital warts and rotavirus are seen as the least serious diseases, which suggests that **information resources for service users about these vaccines should focus on explaining the severity and prevalence of flu, genital warts and rotavirus.**
- People from ethnic minority backgrounds are more likely to rate several diseases that the Welsh vaccine programme protects from as not serious, as are LGBTQ+ people. **Information resources for people from ethnic minority backgrounds and LGBTQ+ people should focus on highlighting the severity of diseases to encourage vaccine uptake.**
- While most service users (73%) agree that all vaccinations pose a lower risk to them than the diseases they protect from, 19% of service users feel that at least one vaccine is worse for them than the diseases they protect against, with the COVID-19 vaccine being regarded as the riskiest immunisation. This suggests that **information resources about the COVID-19 vaccine should focus on explaining why this vaccination is safe.**
- Adults with disabilities are less likely to say that all vaccines pose a lower risk to them than the diseases they protect from, as are people from ethnic minority backgrounds and parents of children under 18. **Information resources for adults with disabilities, people from ethnic minority backgrounds and parents of children under 18 should focus on addressing concerns about vaccine safety to encourage vaccine uptake.** Qualitative focus groups with pregnant women revealed that this group is also more likely to have concerns about the safety of vaccines (most notably the COVID-19 vaccine given its newness), which suggests that **information resources for pregnant women should also focus on highlighting the safety of vaccines.**
- General perceptions about vaccinations among service users are positive, with eight in 10 agreeing that vaccines work, that vaccines are safe and that they trust vaccines. However, there are some concerns about the ingredients and side effects of vaccines, with 31% and 46% of service users respectively saying that they are worried about these aspects. Therefore, **information resources for service users should include reassurances about the ingredients and side effects of vaccines.**

Access to information and decision-making

- Healthcare professionals (52%), the NHS website (42%), NHS leaflets (29%) and the PHW website are the most commonly used sources of information to find out about vaccines in the past 12 months. Only a minority (10%) have actively used social media to find out about vaccinations.
- While healthcare related sources are also the most trusted by service users, 71% of service users who have used social media say that they trust the

information on these platforms at least to some extent. This is an important finding given that information encountered on social media is more likely than average to convey mixed messages for and against vaccination. **PHW should have an active presence on social media to make objective information about vaccinations available on these platforms.**

- The vast majority of service users (86%) agree that they have had enough information to make informed decisions about whether or not to have vaccinations. There are also high levels of agreement when it comes to knowing where to find information about vaccinations (95%) and knowledge about how vaccines work (81%). Younger age groups (16-24) and people from ethnic minority backgrounds are less likely to agree that they have had enough information about vaccines or that they know where to find it, which suggests that **further information resources are needed for younger people and those from ethnic minority backgrounds to ensure they can make informed decisions about whether or not to get vaccinated.**
- While over half (57%) of service users say that they make automatic decisions to have all their immunisations as soon as they are due/offered, a sizeable proportion (37%) like to check information before making a decision. Those who live in the most deprived areas and people from ethnic minority backgrounds are more likely than average to say that they like to check information before making a decision about whether or not to get vaccinated. This suggests that **information resources are generally needed to support decision making among service users, and even more so for those from disadvantaged backgrounds and people from ethnic minority backgrounds.**

Vaccine uptake, barriers and motivations

- While most (73%) service users say they have had all the vaccinations that were offered to them, just under one in four (24%) say that they have delayed or refused one or more vaccinations. The COVID-19 and the flu vaccines are the most commonly refused or delayed vaccinations among service users. Women, LGBTQ+ people and people from ethnic minority backgrounds are more likely to have refused or delayed vaccinations. **Information resources for women, LGBTQ+ people and people from ethnic minority backgrounds should focus on highlighting the benefits of vaccinations to encourage uptake.**
- A lack of trust in vaccines is the most commonly cited barrier to uptake, followed by a perception that vaccines are not needed, having been ill and recovered from the illness and hearing about other people having side effects. **Information resources for service users should focus on highlighting the benefits of vaccines despite the possibility of recovery from illnesses and re-assuring people about potential side effects to encourage uptake.**

- Conversely, protection of oneself (64%) and others (11%) are among the most common motivations for service users to get vaccinated. **Information resources should convey the message of protection of oneself and others to encourage uptake of vaccinations.**
- Unpaid carers are more likely than other groups of service users to say that protection of others is a motivation to get vaccinated. **Information resources for unpaid carers should focus on messaging that emphasises protecting others to encourage vaccination uptake/draw attention to information resources.**

Awareness and views of PHW publicity

- Awareness of PHW publicity is relatively high, with 41% saying that they have seen at least one leaflet/social media post. Nonetheless, awareness of PHW publicity among those aged 55+ is lower than average (28%). **Further research with residents aged 55+ may be needed to determine the best way of conveying information about vaccines to this group since social media posts and leaflets are less effective to reach out to those aged 55+.**
- Similar to awareness of PHW publicity, awareness of the *Mae Brechu yn achub bywydau/Vaccination saves lives* logo sits at 39% among service users.
- Views of PHW publicity are generally positive among service users, with 88% saying that they are satisfied overall and similar proportions positively rating the amount (89%) and clarity (87%) of information, the design/layout (85%), and how relevant the materials are to themselves (86%). Insights from the qualitative research also show that PHW information materials are generally positively regarded and seen as trustworthy given PHW's link to the NHS. The qualitative interviews and focus groups provide further insights about what information materials should include going forward.
- **Materials need to be short and concise.** Most leaflets are perceived to be 'too wordy'. Information materials should be reviewed to ensure they are short and concise and not overwhelming to increase engagement with these materials.
- **QR codes and signposting to further information links are seen as helpful** and were suggested as a way of reducing the size of current materials without losing information. These should continue to be used.
- Images, such as images that allow target audiences to identify themselves as such or diagrams that explain symptoms or illnesses, are seen as helpful to make information resources digestible, which suggests that these **visual elements should continue to be used in information materials.**
- Where information resources target specific groups, **it needs to be clear why groups are targeted.** There was confusion about why Muslims were targeted during Ramadan in relation to the COVID-19 vaccine.

- There is a **preference for colourful resources** as these are more attention-grabbing. Future information materials should use colour to attract attention.
- Young people (aged 16-24) are more likely than average to be dissatisfied with the PHW publicity materials they were shown. Insights from the qualitative focus group with 16–24-year-olds show that this group finds some publicity materials to be lacking information about vaccines such as what the vaccine protects from and why to have it. There was also a perception that information materials from PHW are too lengthy, and some found some of the language used to be childish. **Information materials for young people aged 16-24 should be reviewed to ensure they are concise and that they contain enough information about vaccinations. Further research with young people aged 16-24 may be needed to user test the language used in information materials for this group.**
- GP surgeries and vaccination centres are the most common places where service users have seen or heard PHW publicity. Additionally, television (71%), Facebook (62%), and WhatsApp (54%) are the most used channels by service users in general (not just to find out about vaccines), followed by YouTube (47%) and radio (45%). **PHW should consider using the following channels to convey information about vaccinations to service users: healthcare settings, television, Facebook, WhatsApp, YouTube and radio.** Differences in channel usage exist by sub-groups of service users, which should be taken into consideration. For more information about recommended channels by sub-group, please refer to the separate summary findings documents by sub-group.
- There is some demand (27%) for accessible formats among those with disabilities. Easy Read and Large Print are the most requested accessible formats. **PHW should ensure information materials are available in accessible formats, including Easy Read and Large Print.**
- **Further research may be needed to understand demand for materials in foreign languages**, since only a small minority of respondents who speak other languages took part in the research.

2.3 Service providers

Conversations about vaccinations with service users

- Most service providers (76%) say that they have initiated conversations about vaccinations with their service users in the past 12 months and just over half (56%) say that their service users have initiated such conversations. Only one in ten (11%) service users say they haven't had any conversations about vaccination at all in the past 12 months. COVID-19 and flu are the most talked about vaccines.

- In terms of the frequency of conversations about vaccinations, the majority (69%) of service providers say that these take place once a week or more often.
- The vast majority of service providers (89%) say that they have had comments or questions from service users who were concerned about having vaccinations in the past 12 months, with COVID-19 and flu being the immunisations that cause the most concern. This highlights the **importance of PHW making quality information resources available for service providers to support conversations with their service users.**
- In particular, service providers who have had conversations with service users who were worried about vaccinations say that the most common sources of concern are side effects (93%) and, to a lesser extent, whether vaccines have been properly tested (63%) and the ingredients of vaccines (50%). **PHW should ensure information resources contain information about the ingredients of vaccines and vaccine testing/safety to support service providers with their conversations about vaccinations with service users.**

Access to information and supporting service users' decision-making

- The PHW website (67%), healthcare professionals (64%), NHS leaflets (59%) and the NHS website (54%) are the most common sources of information used by service providers either for themselves to find out more about vaccinations or to signpost service users. A minority of service users who took part in qualitative interviews also mentioned the Oxford Vaccine Knowledge as a helpful website to signpost users to given the wealth of information that it contains about ingredients and vaccine safety (all backed up by research), combined with personal accounts of getting vaccinated and decision-making. This website is considered helpful also because it is independent from the Government and the NHS, with those who are sceptical about vaccines being more likely to mistrust these bodies. **PHW should consider using links to the Oxford Vaccine Knowledge Project to signpost readers to find out more to appeal to those who are sceptical about vaccinations.**
- Insights from the qualitative interviews with service providers reveal that some service providers have experienced issues related to navigation when accessing the PHW website since it was last updated, with FAQs and leaflets being hard to find for some. Given these problems, some service providers have started using other websites to provide information about vaccinations to service users, such as the English or the Scottish public health websites. **Modifications should be made to the PHW website so that it is easier to navigate and, therefore, find and share information.**
- The overwhelming majority (89%) of service providers say that they have had conversations with service users who were hesitant about whether to get

vaccinated, with the majority of these conversations centring around the COVID-19 and, to a lesser extent, the flu vaccine.

- While most (82%) service providers who have had conversations with hesitant service users felt that they had all the information they needed to talk to their service users, just under two in 10 (18%) felt that they did not have all the information they needed.
- While most service providers feel confident talking to service users about vaccinations and how vaccinations work, lower proportions they feel confident talking to service users or answering questions about how vaccines are tested (53%) and talking to service users or answering questions about the ingredients of vaccines (50%). These results suggest that **service providers may need more information about vaccine testing and ingredients to increase their confidence when dealing with questions or comments from service users.**
- Nonetheless, the outcome of conversations between service providers and hesitant service users can have positive outcomes on vaccine uptake, with 55% of service providers who had conversations saying that their service users decided to immunise following the conversations.

Awareness of and attitudes towards vaccinations available for health and social care workers in Wales

- When asked which vaccinations they think are offered to health and social care staff in Wales, the vaccines most widely acknowledged as available by service providers are COVID-19 (97%) and flu (93%). This is followed by Hepatitis B (76%) and MMR (40%). Fewer than three in ten service providers were aware of other vaccines being offered to health and social care staff. This suggests that **further information resources about the vaccines offered to health and social care staff in Wales may be needed to increase awareness.**
- Qualitative insights show that service providers' main motivations to get vaccinated include protecting oneself and others as well as preventing illness. **Further research may be needed to explore service providers' motivations and barriers to vaccine uptake for themselves (as opposed to views of motivations and barriers among their service users).**

Awareness and views of PHW publicity

- Awareness of PHW publicity among service providers is high, with 89% saying that they had seen PHW publicity before taking part in the survey. Awareness of the *Mae Brechu yn achub bywydau/Vaccination saves lives* logo is also high among service providers (86%).
- Vaccination centres and workplaces are the most common places where service providers have encountered PHW publicity. **Vaccination centres and workplaces should continue to be used going forward to publicise**

information resources among service providers to maintain the current high levels of awareness of PHW publicity.

- Encouragingly, as seen with service users, service providers also have positive views of PHW publicity, with 84% being satisfied overall and similar proportions positively rating the amount of information (90%), how clear the information is (90%) and the design/layout (89%).
- Nonetheless, some improvements to PHW publicity were identified via the qualitative interviews with service providers.
- Some materials are considered to have too much text, with service providers preferring shorter versions of materials with signposting to find out more if desired. **PHW should consider shortening information leaflets where possible.**
- There was a preference for materials with which a large variety of audience groups can identify themselves. For example, service providers consider it important for materials to appeal to a wide variety of ethnicities as well as those with dietary requirements. **PHW should ensure images and text are used in information resources to appeal to a wide range of population groups to encourage them to engage with information resources.**
- Service providers who took part in qualitative interviews would like information resources about vaccines to be available in a range of formats, including digitally and in paper, to ensure no population groups are inadvertently excluded or unable to access information. Service providers consider videos to be a helpful format to make information digestible for service users and to ensure those who are unable to read can access information. **PHW should ensure information resources are available to service providers both digitally and in paper, including writing and audio, to ensure service providers can cater for the needs of a wide range of service user groups.**
- Over half of service providers would like information resources about vaccinations to be available in languages other than English or Welsh so that they can share these with their service users, with Ukrainian and Polish being the most commonly cited languages in which service providers would like resources to be available. **PHW should ensure information resources about vaccination are available in foreign languages, particularly in Polish and Ukrainian.**
- Most (80%) service providers would also like information resources to be available in accessible formats, most notably Easy Read, Large Print and Braille. **PHW should ensure service providers have access to information resources in accessible formats so that they can share these with their service users.**

3. Service Users

3.1 Awareness of publicity about health

3.1.1. Recall of health-related information

Before service users were asked about their perceptions and knowledge of the immunisation programme in Wales, they were asked about their awareness of publicity surrounding vaccinations generally. This section looks at the awareness of publicity about vaccinations in a broader health context.

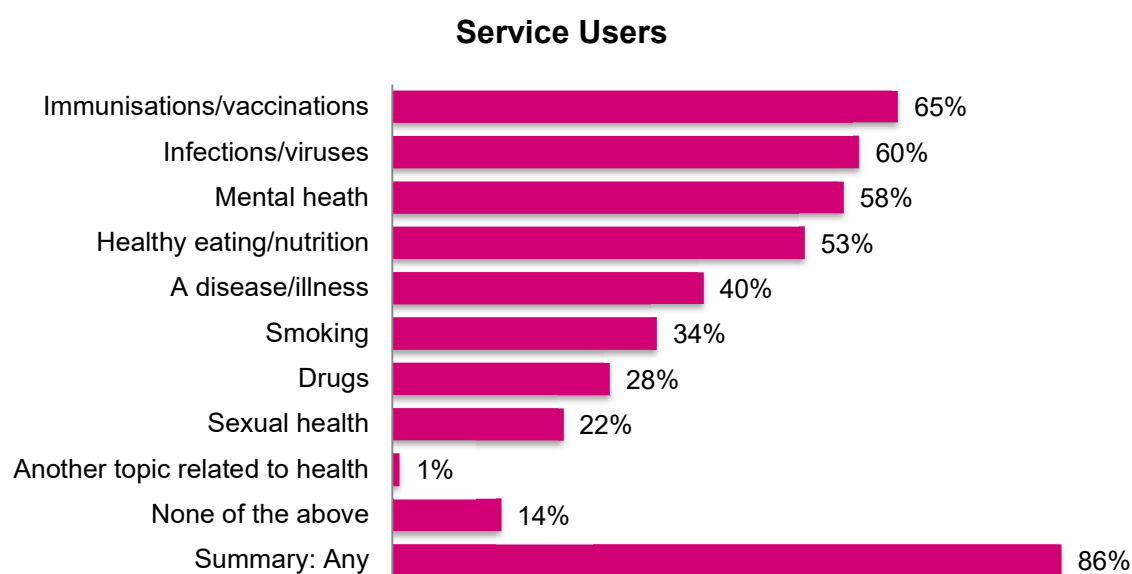
3.1.2 Recall of health-related information

Figure 1 below shows the types of information about people's health that service users have come across in the last 12 months.

Overall, eight in 10 (86%) service users state that they have seen, heard or read information relating to people's health in the past 12 months. The most common topic service users have heard about is immunisations (65%), followed by infections/viruses (60%). Overall, around eight in 10 service users (86%) had heard or had conversations about at least one health related topic.

Those who are parents of children under the age of 18 are more likely to have seen or heard something about people's health in the past year (92%) while respondents from ethnic minority backgrounds are less likely than average to have come across health-related information (74%).

Figure 1: In the past 12 months, have you seen, read or heard anything on the below topics about people's health?



Base: All service users (586)

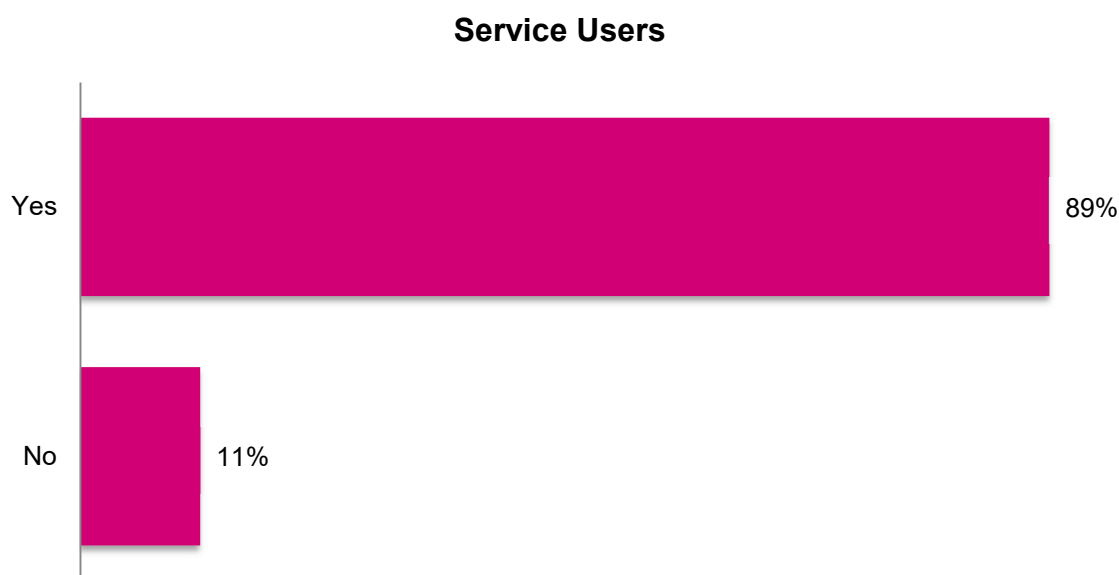
A1

3.1.3 Recall of publicity in relation to vaccinations

Service users were then specifically asked whether they had seen, heard or read anything about vaccinations for people in the past 12 months (see Figure 2). The vast majority (89%) said that they had seen or heard something about vaccinations and only one in 10 (11%) hadn't.

Those whose main language is Welsh are significantly less likely to have come across information on vaccinations (77%) while the opposite holds true of parents of children under 18 years of age (94%), those classed as clinically extremely vulnerable (94%) and religious respondents (92%).

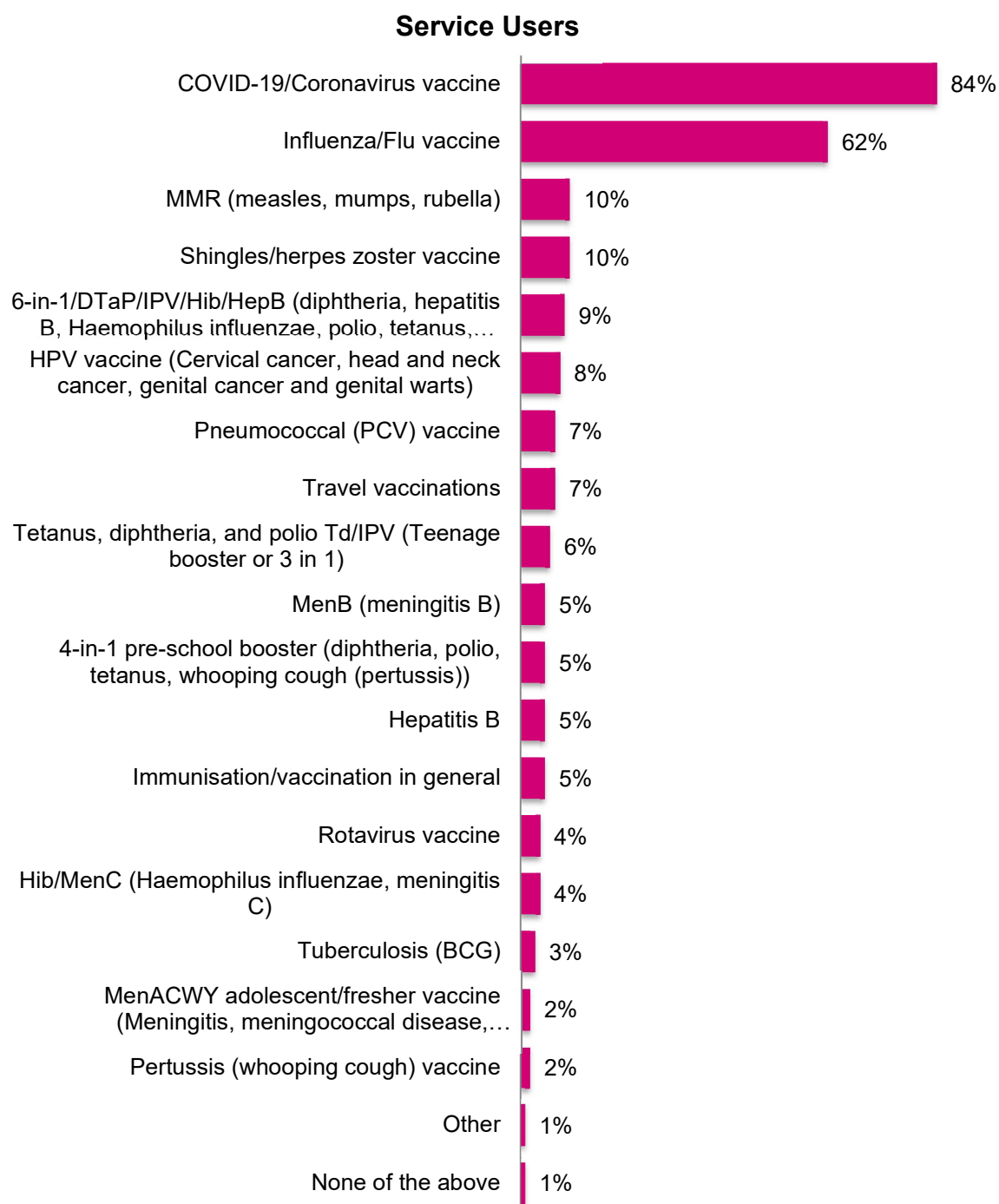
Figure 2: In the past 12 months, have you seen, read or heard anything about vaccinations/immunisations for people?



Base: All service users (586)
A2

Service users who recalled having come across publicity on vaccination were then asked what vaccination the information they had heard/seen was about (see Figure 3Error! Reference source not found.).

Given that fieldwork for this survey took place during Autumn/Winter 2022/23 when the COVID-19 booster and flu vaccines were being promoted for the eligible, it is perhaps not surprising that these are the vaccines service users have heard about the most. Eight in 10 (84%) of those who had come across information said it was about COVID-19 while six in 10 (62%) said that they had seen or heard something about the flu vaccine. Only one in 10 or fewer had come across information about other vaccines.

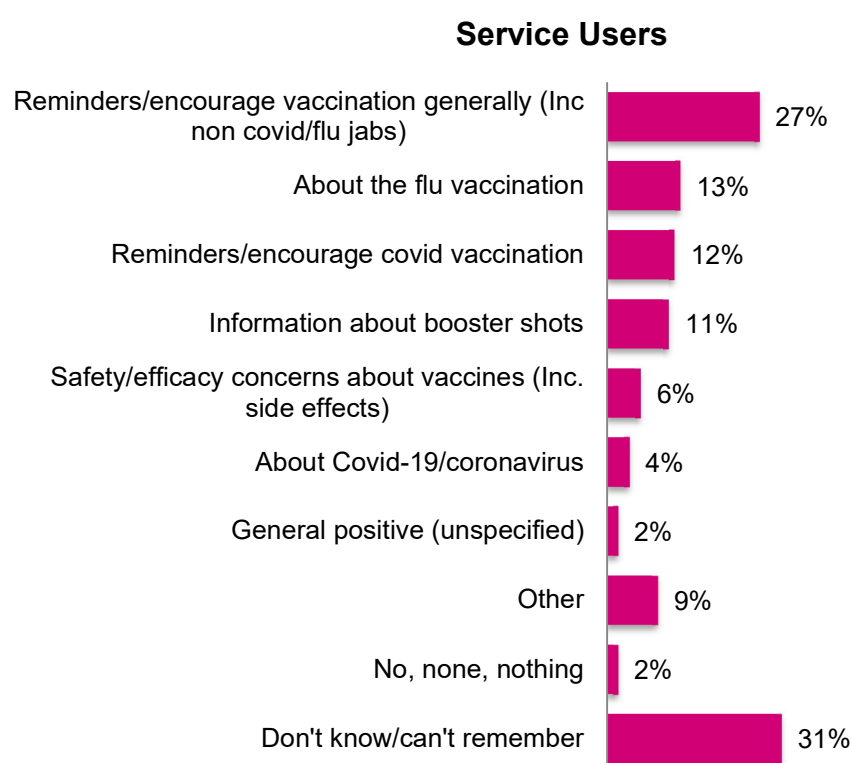
Figure 3: What vaccination was it about?

Base: Service users who have heard about vaccinations (522)
A3

Service users who had heard or seen something about vaccination in the last 12 months were then asked what they remembered most about what they saw or heard. This was asked as an open question. Responses were then coded into themes and these have been shown in Figure 4.

One in four (27%) said that they had come across reminders to encourage them to have a flu vaccine while one in 10 (12%) had come across reminders to have the COVID-19 vaccine/boosters (12%). Similar proportions had encountered other types of content in relation to flu vaccines (13%) and COVID-19 boosters (11%). The rest of themes were mentioned by fewer than one in 10 respondents and around one in three (31%) could not remember what the information that they had seen or heard was about.

Figure 4: And what do you remember most about what you saw or heard? What did it say/what did you learn about it?



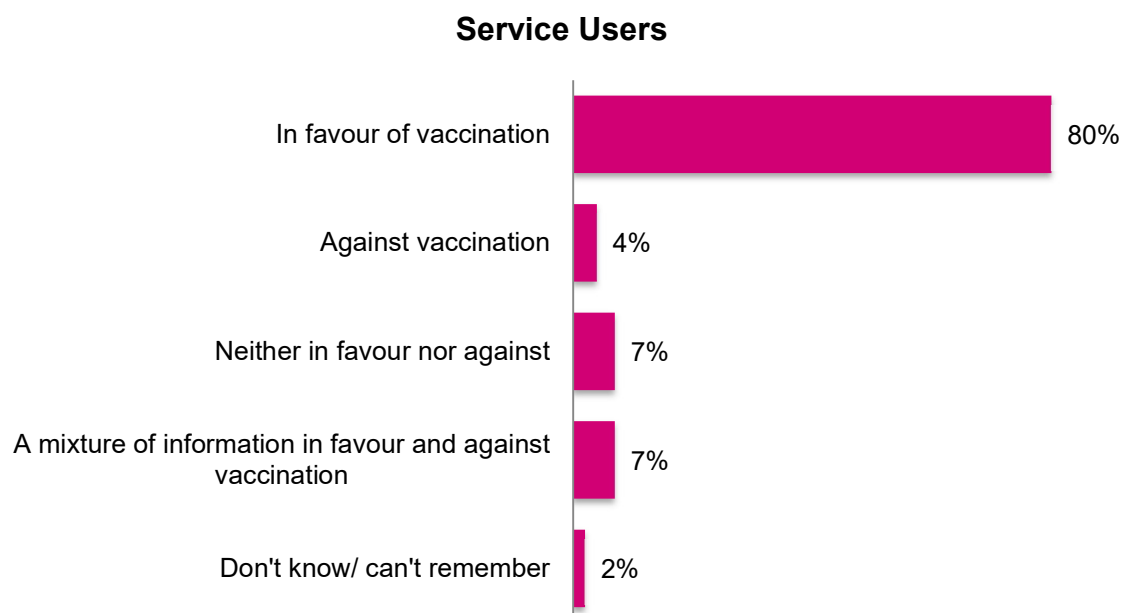
Base: Service users who have heard about vaccinations (522)

A4

Respondents were also asked whether the information they had seen or heard was for or against vaccinations. The results are shown in Figure 5. Encouragingly, eight in 10 (80%) said that the information they had come across was in favour of vaccination. Only four percent had come across information that was purely against vaccination. Seven percent said they had seen a mix of information for and against vaccination and a similar proportion had seen information that was neither for nor against immunisations. The remainder (two percent) were unsure or could not remember.

Respondents from ethnic minority backgrounds are more likely than average to have come across information against vaccination (16%) as are younger respondents i.e., those aged 16 to 24 (10%).

Figure 5: Overall was the information that you saw... ?



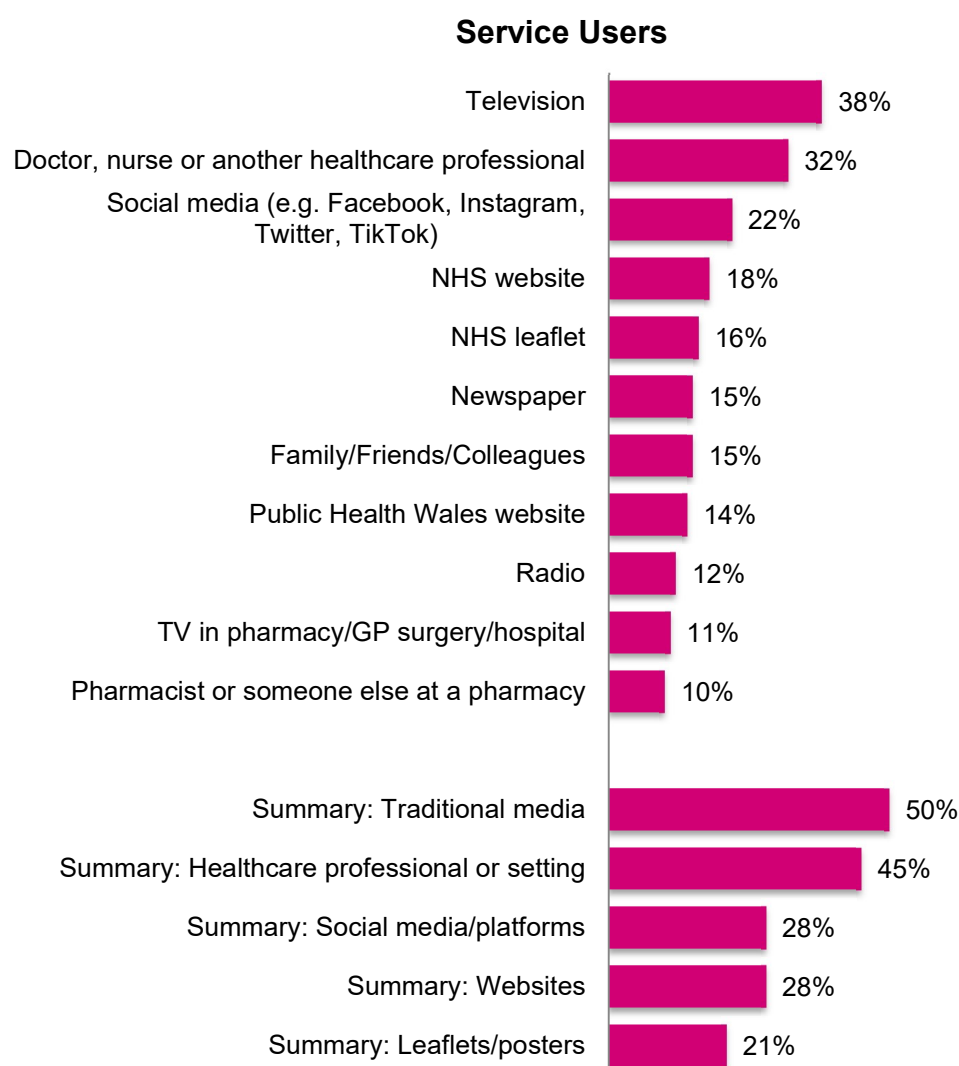
Base: Service users who have heard about vaccinations (522)
A5

Respondents who had seen or heard something about vaccinations in the past 12 months were then asked where they had come across this information (Figure 6).

Television (38%), healthcare professionals (32%), social media (22%) and the NHS website (18%) are the most common sources of information.

Looking at overall sources of information from these results, service users most commonly obtained information on vaccinations from traditional media (50%), including television, radio and newspapers, and healthcare professionals/settings (45%). This is followed by online sources, with 28% mentioning social media platforms and websites respectively. One in five (21%) had come across posters and leaflets about vaccinations.

Figure 6: And where did you see or hear this?



Base: Service users who have heard about vaccinations (522)

A6

*Codes below 10% are not shown to ease reading

Looking at the sentiment on information encountered by source, information received via social media is less likely than average to convey messages in favour of vaccination and more likely to convey a mixture of messages for and against vaccination (Table 3). Conversely, information obtained from healthcare professionals is more likely to convey messages in favour of vaccination (49%) and less likely to convey information against (26%). Additionally, information seen or heard on traditional media (television, newspapers, radio) is also more likely to be seen as in favour of vaccination (54%).

Table 3: Overall was the information that you saw/heard ... by source (Service Users)

	TOTAL	In favour of vaccination	Against vaccination	Neither in favour nor against	A mixture of information in favour and against vaccination
Summary: Traditional media	50%	<u>54%</u>	38%	35%	45%
Summary: Healthcare professional or setting	45%	<u>49%</u>	19%	35%	<u>26%</u>
Summary: Social media/platforms	28%	<u>24%</u>	52%	41%	<u>45%</u>
Summary: Websites	28%	30%	14%	22%	32%
Summary: Leaflets/posters	21%	21%	10%	14%	26%

Figures underlined indicate statistically significant differences versus the total at the 95% level of confidence

Qualitative interviews and focus groups show that the most common type of information service users have encountered recently about vaccinations are leaflets given to them by healthcare professionals at the time they were getting their COVID-19 vaccines and boosters. A minority also remembered encountering information about flu vaccines at pharmacies and GP surgeries.

"I think I was given a leaflet about COVID". SEG DE/Benefits recipient

"I remember walking out [after having the COVID-19 vaccine] with like six pieces of paper. I don't think anyone actually reads them. That was after, I can't remember knowing much about it beforehand". Aged 16-24

"I was told a bit about the flu vaccine at the chemist but not much". Person from ethnic minority background

Nonetheless, misinformation was also commonly cited as being encountered by service users. More information about misinformation has been included in the following sub-section.

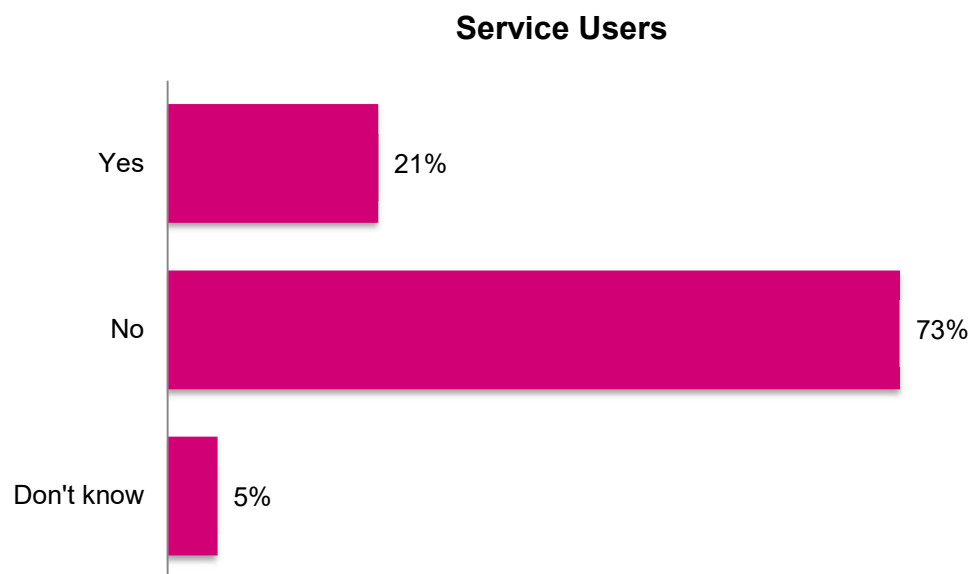
3.1.4 Recall of concerning information in relation to vaccinations

Service users were then asked whether they had encountered any information that would make them concerned or worried about having a vaccination (see Figure 7).

The majority (73%) had not seen or heard anything that would make them worried or concerned about having a vaccination. However, one in five (21%) had come across concerning information.

Younger respondents aged 16-24 are more likely to have come across information that would make them worried about having a vaccine (35%), as are parents of children under 18 (35%), those who receive benefits or Universal Credit (36%), respondents identifying as transgender (67%), and those educated to degree level or above (27%).

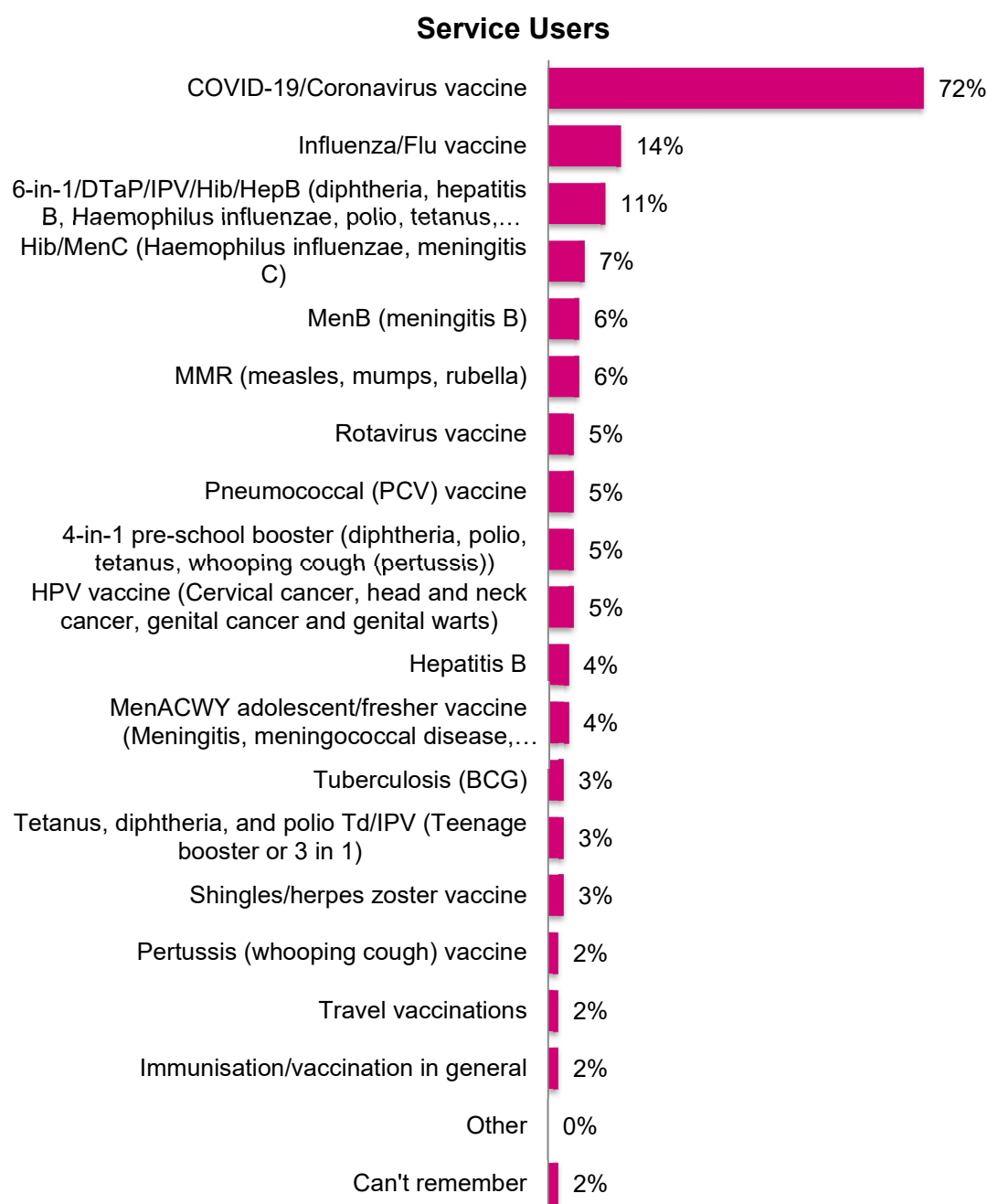
Figure 7: Is there anything you have come across that would make you concerned or worried about having a vaccination?



Base: All service users (586)
A7

Service users who had seen or heard concerning information about vaccination were asked what vaccine(s) this information made them concerned about (Figure 8).

The majority of those who had come across concerning information said that it related to COVID-19 (72%). The rest of the vaccines were mentioned to a substantially lower extent, with 14% referring to flu and 11% citing the six-in-one/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis)) vaccine. Other vaccines were mentioned by fewer than one in 10 of those who had seen concerning information.

Figure 8: Which vaccination(s) did it make you feel concerned about?

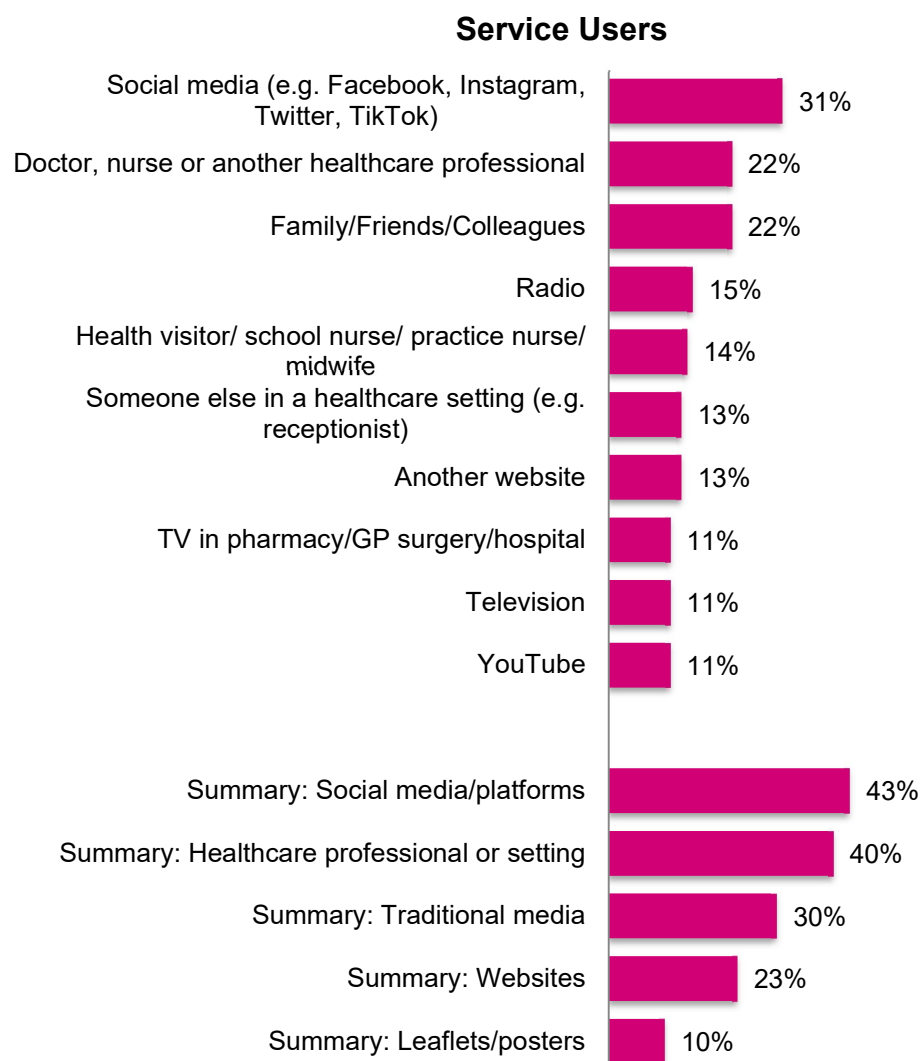
Base: Service users who have seen concerning information (125)

A8

Service users who had seen or heard concerning information were then asked about the channels where they had come across such information (see Figure 9).

Social media was the main source where respondents had come across concerning information (31%), followed by healthcare professionals (22%), and family/friends/colleagues (22%).

Figure 9: And where did you see or hear this information which would make you concerned about having a vaccination?



Base: Service users who have seen concerning information (125)

A9

*Codes below 10% are not shown to ease reading

Qualitative focus groups and interviews confirm that it is common for different groups of service users to have come across concerning information, mostly on social media or via word of mouth. Most of this information related to COVID-19 vaccines, and to a lesser extent the MMR vaccine.

"Someone at my daughter's school saying that they felt ill after [having] the COVID vaccine". Unpaid carer

"About the COVID one, that it causes blood clots and men being sterile..."
Adult with disabilities

"Conspiracy theories [...] for example that COVID doesn't exist, that we're getting a chip inserted instead of the vaccine for the Government to track us, that the vaccine is making people of certain races infertile [...]". Aged 25-54

"I've seen a lot on TikTok recently. I think it's from Americans, about the autism-MMR link". Pregnant woman

Nonetheless, it is worth noting that most service users who participated in qualitative focus groups and interviews dismissed this information, labelling it as 'conspiracy' or unbalanced views, and said it wouldn't make them worried to get themselves or their child vaccinated.

"It makes me a bit more wary but I still tend to go ahead with the vaccines anyway because I know everyone reacts to vaccines differently". Member of the LGBTQ+ community

"It wouldn't put me off getting my child vaccinated though". Pregnant woman

"I wasn't worried in the slightest". Aged 25-54

"If it was that, it's probably one in a million chance but I actually don't think it is. I think it's coincidence if someone is very ill after a vaccine so I personally don't take any notice". Unpaid carer

However, there is evidence that this concerning information encountered has had an impact on some, with some participants saying that they are more 'sceptical' since the COVID pandemic, and that they question vaccinations more since then. This theme was more predominant among pregnant women and less so for other groups.

"I think I'm slightly more sceptical since COVID that we don't have all the information and you don't know what you don't know [...]". Pregnant woman

"[...] Since COVID I'm more sceptical about it [vaccines] so I'm questioning it a lot more than I would have previously [...]". Pregnant woman

A service user who took part in qualitative focus groups also suggested that it will be important for PHW and other public health bodies to educate people on how to be critical about the information they encounter so as to combat misinformation about vaccines.

"I don't know the capacity of Public Health Wales but actually teaching people how to be critical of the information they find would be very beneficial for health services". Adult with disabilities

3.2 Prompted awareness of all vaccinations available

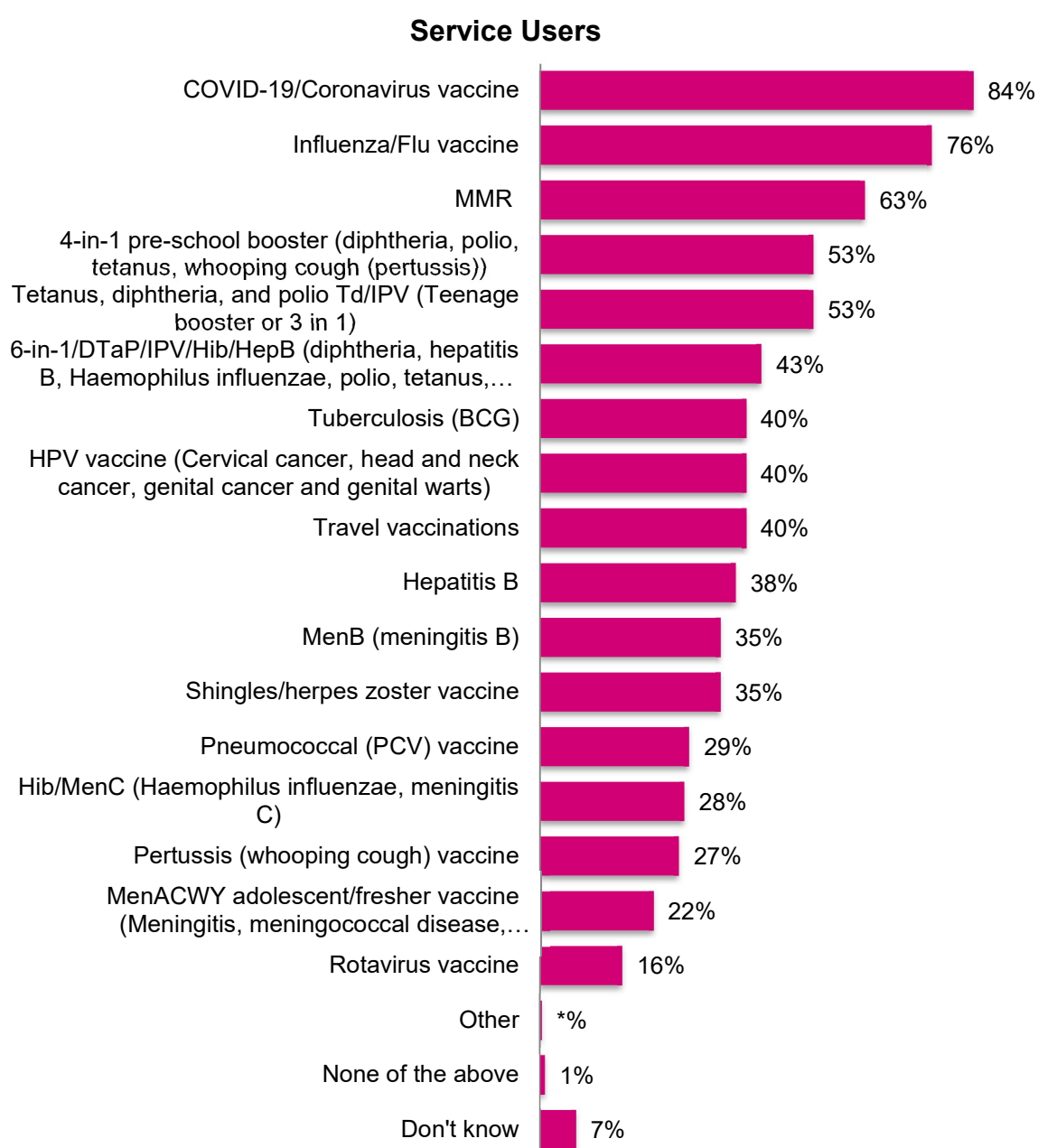
3.2.1 Introduction

This section looks at awareness of all vaccinations offered to people in Wales among service users.

3.2.2 Awareness of vaccinations available

Figure 10 shows service users' awareness of vaccinations available to people in Wales. The COVID-19 vaccine is the vaccination service users are most aware of (84%), followed by flu (76%), MMR (63%), the four in one pre-school booster (53%) and the teenage booster (tetanus, diphtheria and polio) (53%). Less than half of respondents are aware of other vaccines, with MenACWY (22%) and rotavirus (16%) being the vaccines service users are least aware of.

Figure 10: What vaccines do you think are currently available for people in Wales?



Base: All service users (586)

B1

Codes below 10% are not shown to ease reading

The following groups of service users are less likely to be aware of several vaccinations of the national vaccination programme in Wales: people from ethnic minority backgrounds, those aged 55+, LGBTQ+ people, and those aged 16-24 and full-time students.

3.3 Attitudes towards vaccinations

3.3.1 Introduction

This section explores the attitudes that service users hold towards vaccination in general, including their perceptions of severity of the diseases that vaccines protect against, the perceived safety of vaccinations, and trust in vaccinations.

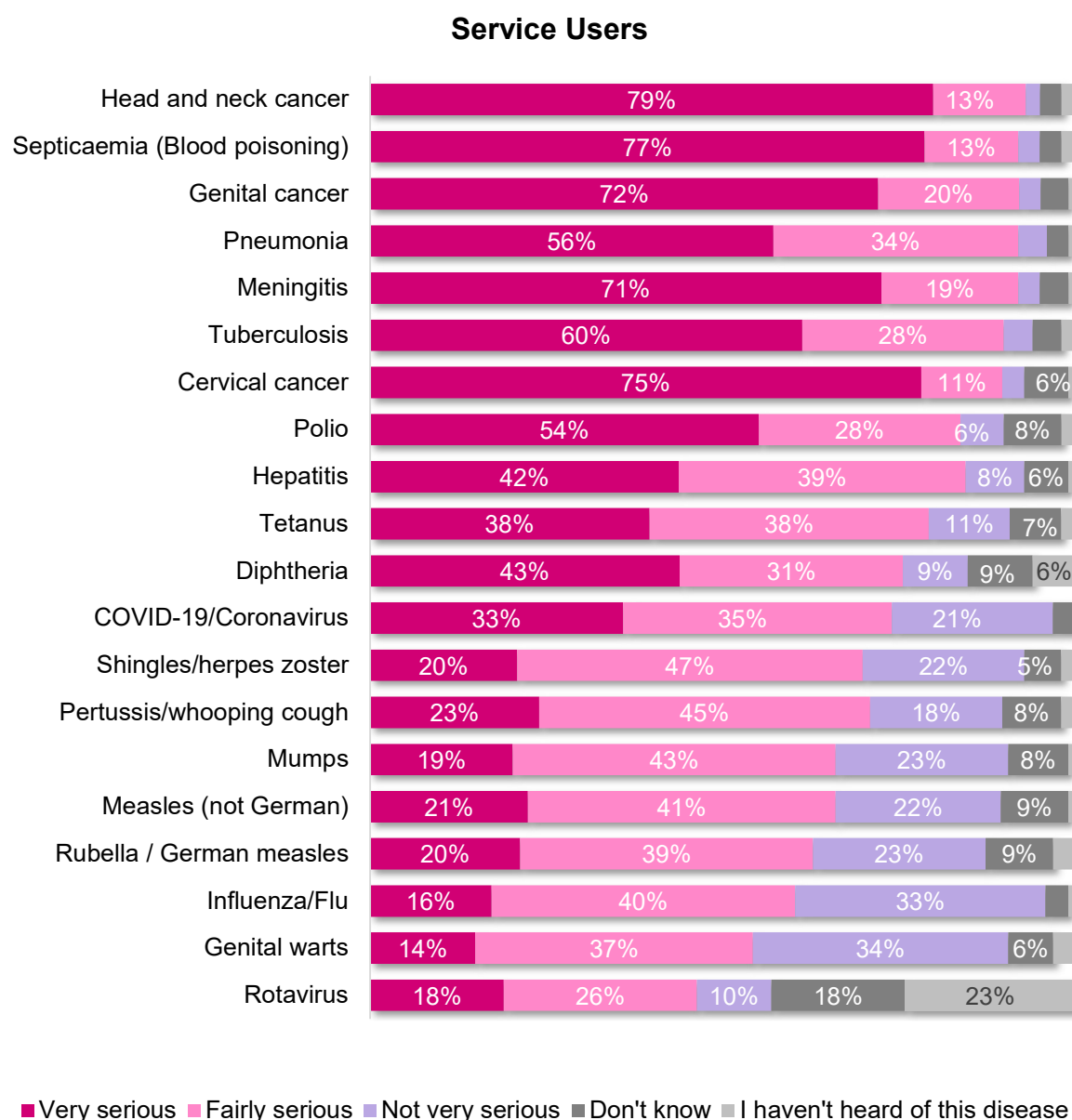
3.3.2 Perceived severity of diseases

Service users were asked to consider how serious they thought it would be for their health if they contracted any of the diseases that the vaccination programme in Wales protects against.

All the diseases shown in Figure 11 are considered to be very or fairly serious by at least 45% of respondents, with septicaemia (77%) and the three cancers listed (head and neck cancer, 79%; cervical cancer, 75%; and genital cancer, 72%) registering the highest 'very serious' scores. These are followed by tuberculosis (60% rated it very serious), pneumonia (56%) and polio (54%). Conversely, the diseases rated as least serious are influenza/flu (16% rate flu very serious), genital warts (14%) and rotavirus (18%). In relation to the latter, however, it is worth mentioning that the low serious scores for rotavirus are due to a sizeable proportion (41%) saying either that they didn't know or that they hadn't heard of rotavirus as a disease, rather than to a high proportion of respondents saying that rotavirus is not serious as a disease (only 14% rated this disease as not serious, compared to 40% who said so when asked about flu and genital warts respectively). The proportion saying don't know/haven't heard of rotavirus is much higher than for the rest of diseases.

There are some differences in perceptions of disease severity across different groups, with respondents from ethnic minority backgrounds, LGBTQ+ people and those who have come across concerning information being more likely to say that a majority of the diseases listed are not serious.

Figure 11: How serious do you think it could potentially be to your health if you got the following diseases?



Base: All service users (586)

B2

*Labels under five percent have been removed to ease reading

3.3.3 Views on safety of immunisations

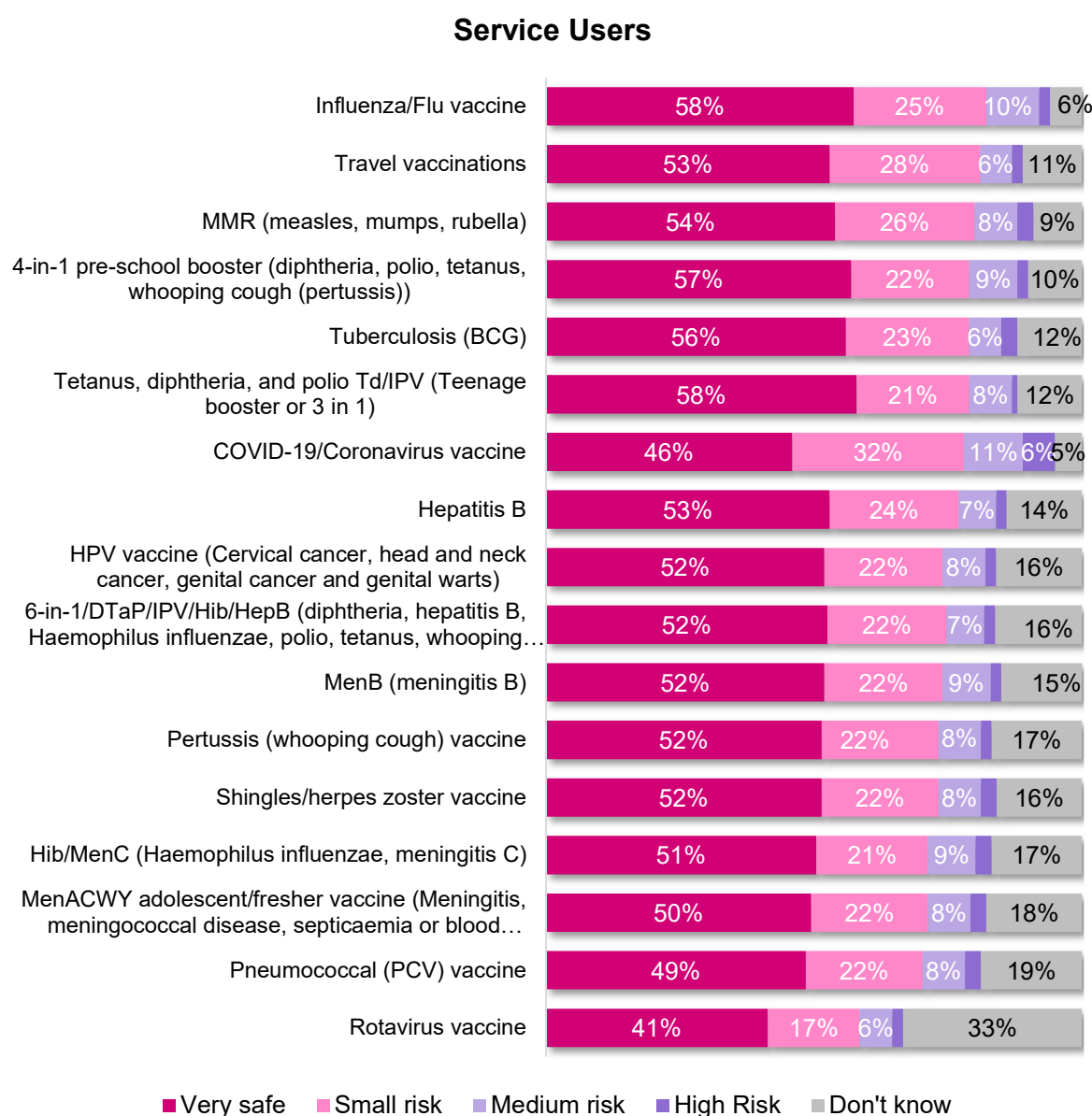
Following on from the perceived severity of diseases, service users were asked about their views in relation to the safety of immunisations (Figure 12).

At least seven in 10 service users agreed that most vaccines are either very safe or pose only a small risk: 83% said so when asked about the flu vaccine, 81% about travel vaccinations, and 80% about the MMR vaccine. Conversely, COVID-19

vaccine is seen as the least safe vaccine, with 17% saying that it poses a medium to high risk.

The following groups of service users are more likely to say that most of the vaccines listed below pose a medium to high risk: parents of children aged under 18, respondents from ethnic minority backgrounds, and respondents identifying as transgender.

Figure 12: How safe do you personally feel each of these vaccines are?



Base: All service users (586)

B3

*Labels under five percent have been removed to ease reading

Service users were then asked whether they think that there are vaccines that are worse for people than the actual diseases they protect from (Figure 13).

Encouragingly, the majority of service users (73%) said that all vaccinations pose a lower risk compared to them compared to the diseases they protect from. 8% didn't know and the remainder (19%) believe that at least one vaccine is worse for them than the diseases they protect against.

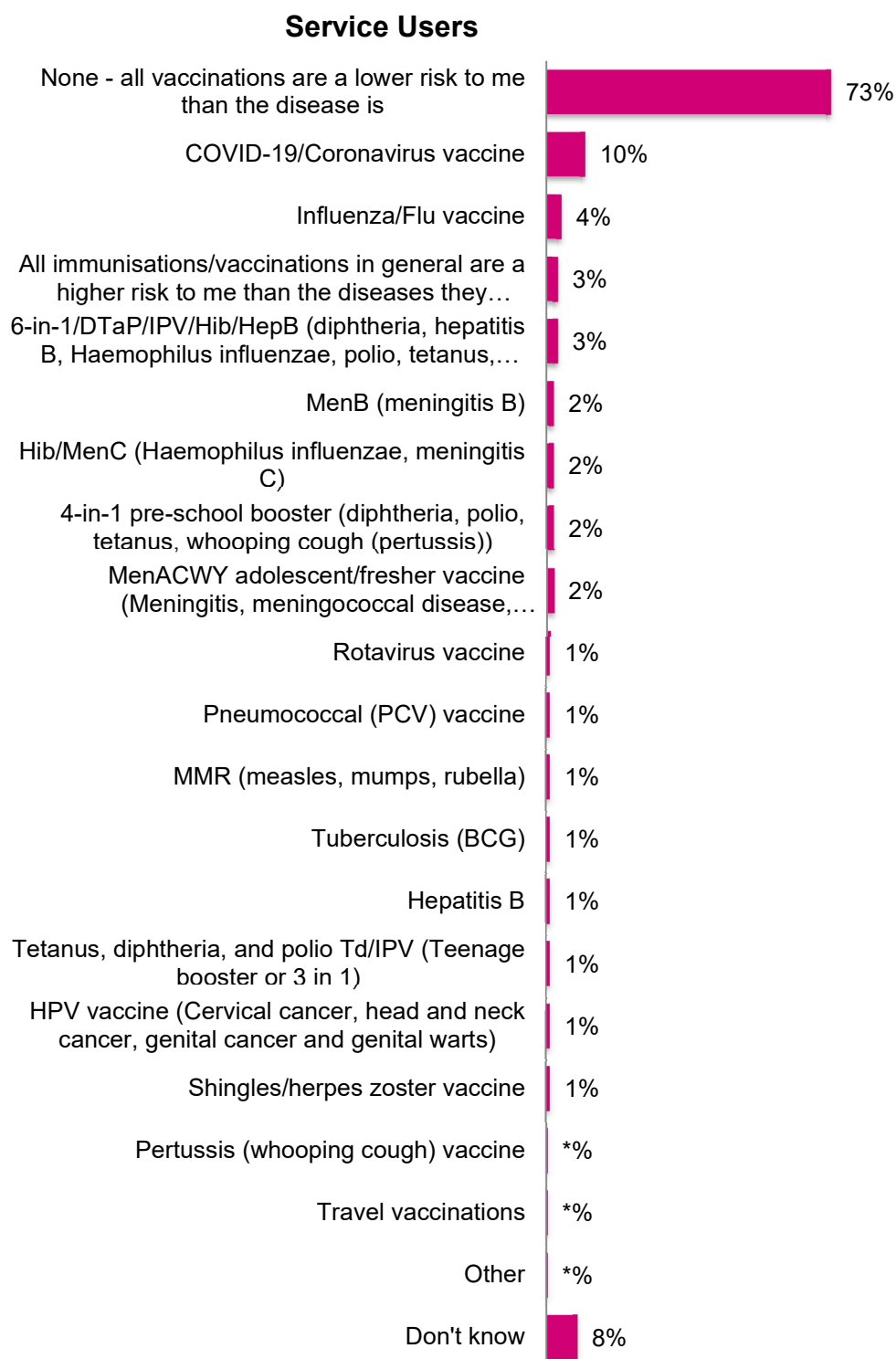
The COVID-19 vaccine is the immunisation most likely to be regarded as riskier than the disease itself, with one in 10 (10%) stating this. Less than five percent said that other vaccines are riskier than the diseases they protect from and just three percent said that all vaccines generally pose a higher risk to them than the diseases they protect against.

The following groups of service users are less likely to say that all vaccinations are a lower risk to them than the diseases they protect against:

- respondents reporting they have a disability (66%),
- parents of children aged under 18 (66%),
- those who receive benefits or Universal Credit (64%),
- younger respondents (aged 16-24), (62%),
- respondents with mental health conditions (59%),
- respondents identifying as bisexual (48%),
- respondents identifying as transgender (35%).

As such, information resources for the groups highlighted above should focus on explaining why vaccinations are safe to encourage uptake.

Figure 13: Do you think there are any vaccines that are worse for you than the actual illness/disease? If so, which ones?



Base: All service users (586)
B3

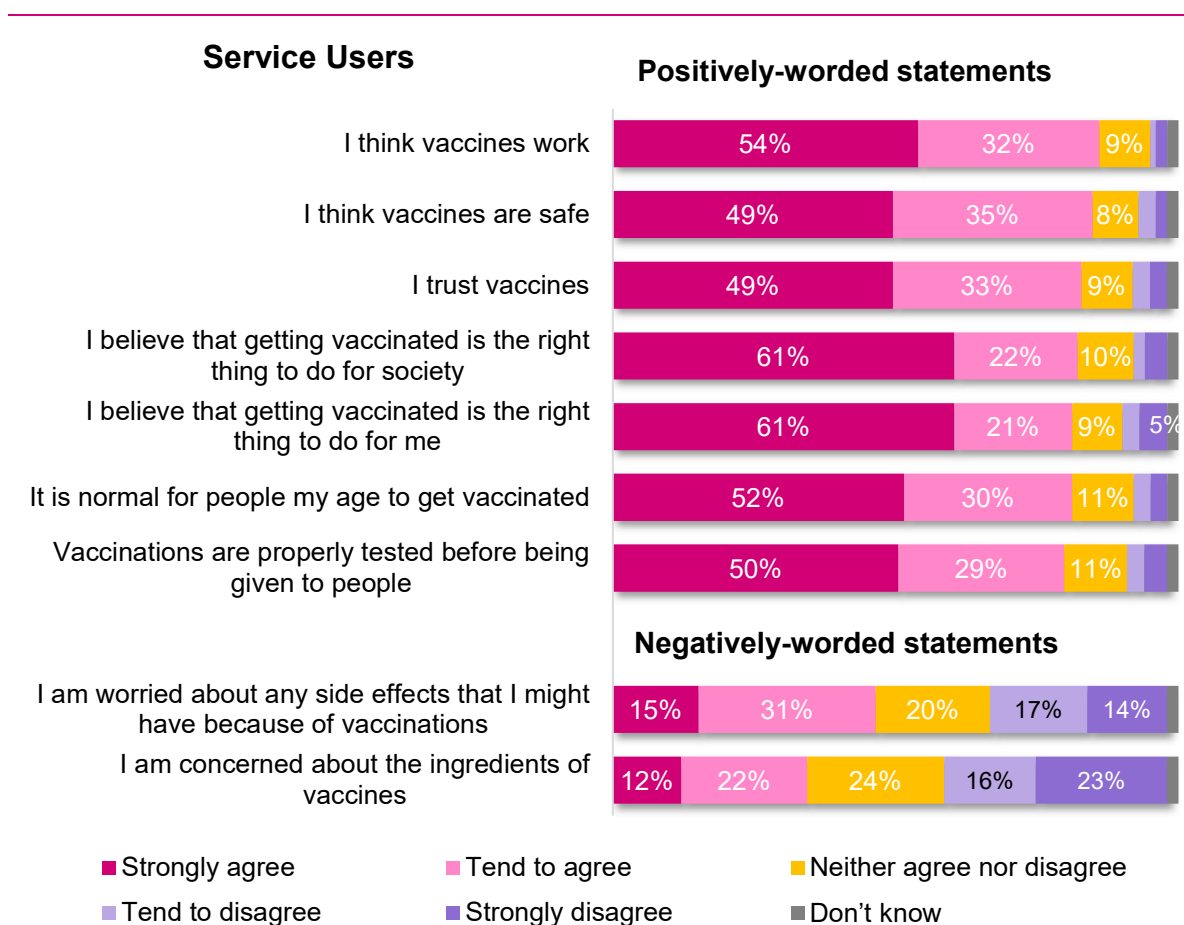
3.3.4 Vaccination perceptions and trust

To further explore service users' perceptions of vaccinations, respondents were shown a list of positively and negatively worded statements and asked the extent to which they agreed with each. The results are shown in Figure 14.

When it comes to the positively worded statements, around eight in 10 agreed with these statements and fewer than one in 10 disagree. 86% agreed that vaccines work, 84% agreed that vaccines are safe and 83% trust vaccines. Similar proportions agreed that getting vaccinated is the right thing to do for society (82%) and for themselves (81%). 81% believe it is normal for people their age to get vaccinated and 79% agreed that vaccinations are properly tested.

Looking at the negatively worded statements, opinions are more nuanced, with agreement and disagreement scores being similar or agreement being higher than disagreement. While 31% disagreed that they are worried about the side effects of vaccination, 46% agreed with this statement. Additionally, 39% disagreed that they are concerned about the ingredients of vaccines but 31% agreed with this. This suggests that there are some concerns among service users in relation to the potential side effects and the ingredients of vaccines.

Figure 14: Now, you will be shown a series of statements about things that other people have said about vaccinations. To what extent do you agree or disagree with the following statements?



Base: All service users (586)

E1

*Labels under five percent have been removed to ease reading

The following groups are more likely to agree that they are worried about the side effects of vaccinations: Parents (49%), respondents aged 16-24 (48%), those who live in Aneurin Bevan University Health Board (47%), respondents identifying as transgender (47%), those in the most deprived quintile (44%), and those who receive benefits or Universal Credit (42%).

Furthermore, respondents aged 16-24 (54%) and female respondents (51%) are more likely to agree that they are concerned about the ingredients of vaccines.

The themes identified in the quantitative survey were validated by the qualitative interviews and focus groups, with a majority of service users who took part in the qualitative component of this research stating that they trust vaccinations because they are recommended by healthcare professionals and some saying that they had some concerns about the side effects of the COVID-19 vaccine because it was new.

"Medical professionals know what they're doing and I trust the vaccines".
Unpaid carer

"[My partner and I] we did actually research the MMR [vaccine] when we had our first child as we weren't sure about it. [...] We got it [done], we trust the GP [and] nurses...". Person whose main language other than English or Welsh

"[...] Possibly with the COVID one, I did more reading about that because it was a new one. Otherwise, any other vaccines that have been around for a while I just have them, I don't question it". Pregnant woman

"There wasn't much information around long-term effects [of the COVID vaccine] as they obviously didn't know. It would be interesting to see more in the future". Person aged 16-24

3.4 Access to information and decision-making process

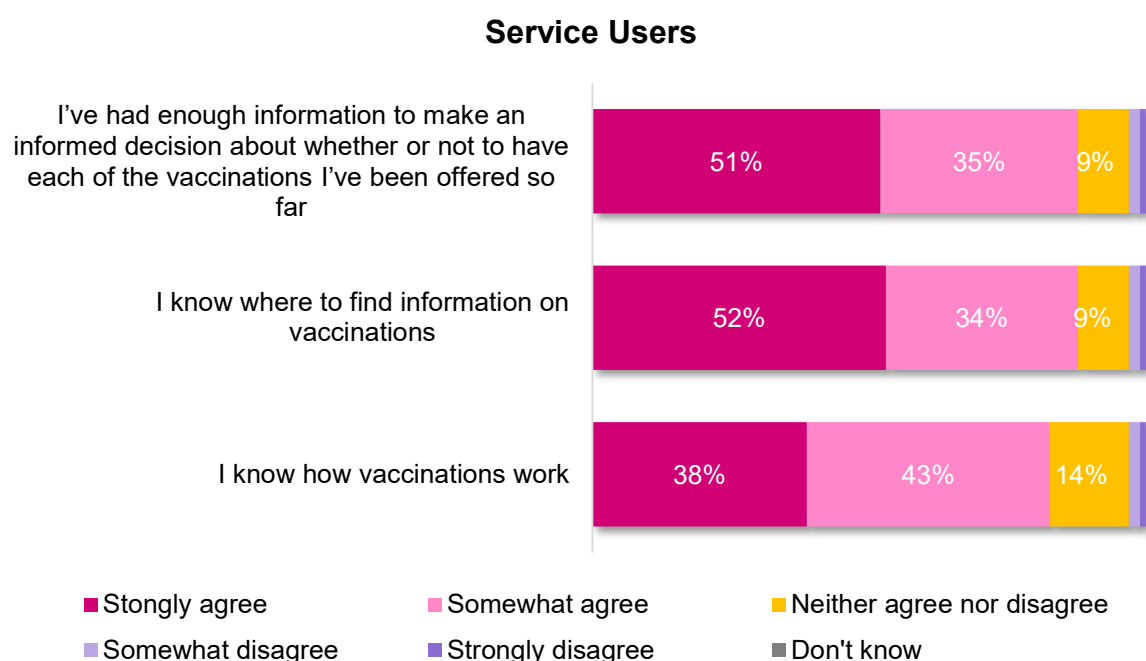
3.4.1 Introduction

This section examines the sources of information service users have used to find out about vaccinations and how much they trust different sources. The impact of information resources on decision-making in relation to whether or not getting vaccinations is also explored.

3.4.2 Levels of information

Figure 15 shows levels of agreement of service users with a series of statements which seek to understand levels of information about and knowledge of vaccinations.

Around eight in 10 agree that they have had enough information to make informed decisions about whether or not to have vaccinations so far (86%), with similar proportions agreeing that they know where to find information on vaccinations (85%) and that they know how vaccines work (81%). Just three percent respectively disagreed with these statements, and around one in 10 were neutral.

Figure 15: To what extent do you agree or disagree with the following statements?

Base: All service users (586)

C1

*Labels under five percent have been removed to ease reading

Respondents aged 16 to 24 are more likely to disagree with all three statements about levels of information and knowledge of vaccinations. This is also the case of respondents from ethnic minority backgrounds, although the results for the latter group are not statistically significant given the low base size for this sub-group (35 respondents from ethnic minority backgrounds in total).

The small minority of service users who disagreed that they had enough information to make informed decisions as to whether or not to have vaccinations (15) were then asked what information they were missing. This was asked as an open question. Given the low number of respondents, responses could not be coded into themes. Nonetheless, answers to this question show that participants would like to know more about ingredients and side effects, which ties with the findings in Figure 14.

Qualitative focus groups and interviews with service users show that a majority felt they had all the information they needed to have to make an informed decision on whether or not to get the vaccinations they have been offered so far.

"I felt I had all the information I needed to have". Person aged 25-54

"The information is always there and if there are any bits that are missing, the nurse that's there before you have it, you'd ask them". Pregnant woman

“There’s always information on the letters we receive inviting me or my daughter or my dad to [get] vaccines and they also include numbers to ring if you have any questions”. Unpaid carer

A minority of service users who took part in the qualitative interviews and focus groups (mostly young people aged 16-24), however, mentioned that they didn’t necessarily have all the information they needed to make an informed decision about whether or not to have the COVID-19 vaccine. This was because leaflets with information were usually handed out to people after the vaccine was administered.

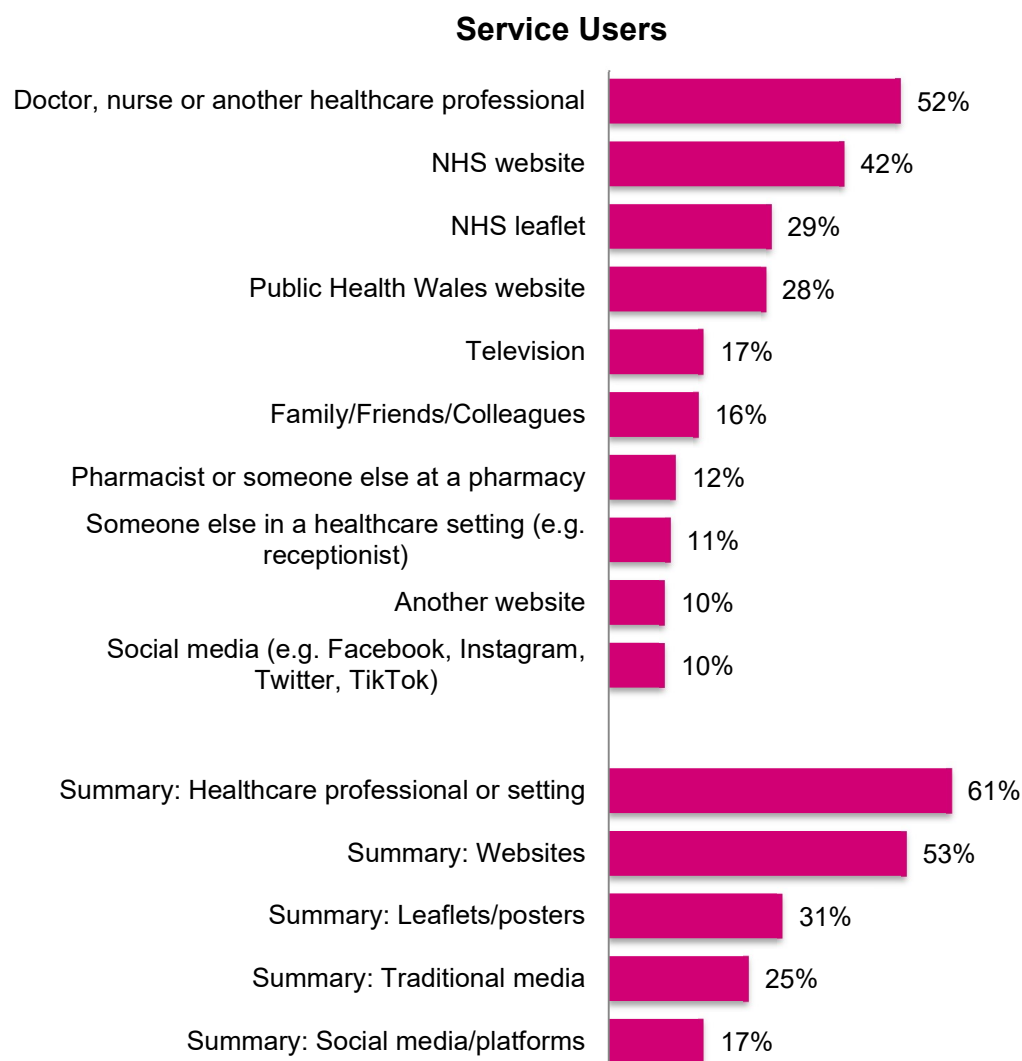
“I remember specifically for the COVID vaccine you were given the information after you had it, given a leaflet, so you couldn’t really make an informed decision beforehand”. Person aged 16-24

3.4.3 Sources of information

The most common sources of information used by service users to find out about vaccinations are healthcare professionals (52%), followed by the NHS website (42%) and NHS leaflets (29%). Close to three in 10 (28%) say that they have used the Public Health Wales website to find out about vaccines.

One in four have used traditional media to find out about vaccinations (25%) and only a minority have used social media (17%) for this purpose.

Figure 16: Which of the following have you used before today to find out about vaccinations?



Base: All service users (586)

G1

*Codes below 10% are not shown to ease reading

3.4.4 Trust in sources of information

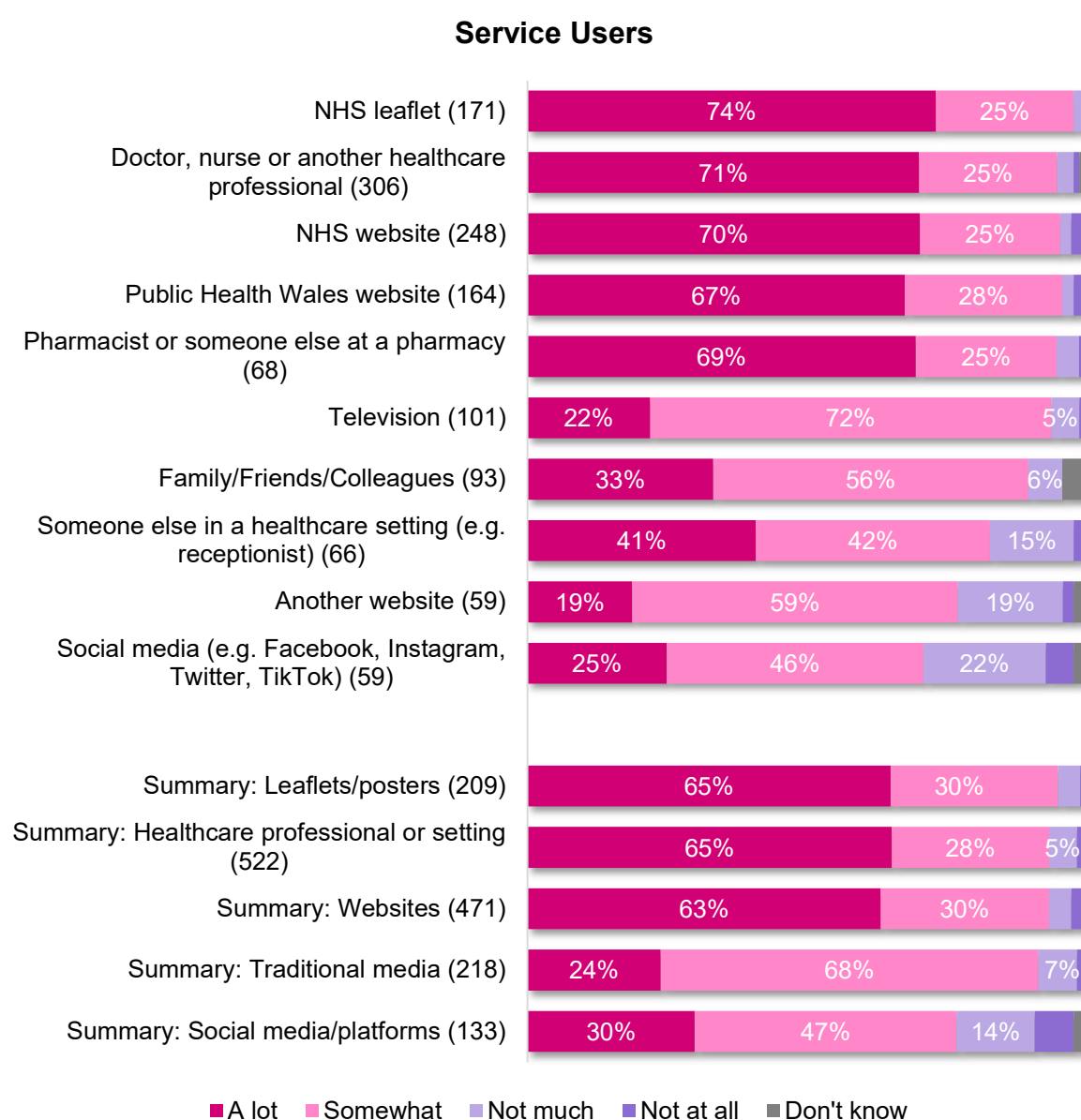
To help better understand service users' trust in the information from various sources, survey participants were shown the list of sources that they said they had used to find out about vaccines and asked to state how much they trust them (see Figure 17).

The following sources of information have the highest 'trust a lot' scores: NHS leaflets (74%), doctors/nurses/other healthcare professionals (71%), the NHS website (70%), pharmacists or other people in pharmacies (69%), and the Public Health Wales website (67%).

Conversely, social media and websites (other than the NHS or PHW's) are the sources that service users trust the least, with 27% saying that they trust social

media not much or not at all and 20% saying so for websites other than the NHS or PHW's. Nonetheless, it is worth noting that 25% of those who have used social media to find out about vaccines trust it a lot, with a further 46% saying that they trust this source somewhat. Overall, 71% of service users who have used social media say that they trust the information on these platforms at least to some extent. This is an important consideration since, as discussed in section 3.1.3, information encountered on social media is more likely than average to convey mixed messages for and against vaccination. Similarly, 78% of those who have used websites other than the NHS or PHW's trust these at least somewhat.

Figure 17: And how much do you trust the information given to you from these sources?



Base: Service users who have used each resource (base sizes in parenthesis)

G2

*Labels under five percent have been removed to ease reading

*Only results for sources used by at least 10% of respondents at question G1 are shown

The NHS website was commonly cited as a trusted source among service users in qualitative interviews and focus groups.

"[NHS website] I find that's the most trustworthy source I can find so I don't tend to look at anything else because I'm not really sure how trustworthy the information is". Member of the LGBTQ+ community

"I trust it [NHS website] and it's not going to be any random person saying what they think about it". Unpaid carer

"[The information on the NHS website] matches up with the information that you're given by your GP and your midwife. Sometimes it can be dramatised if you go on different websites and you don't know the source where it's come from". Pregnant woman

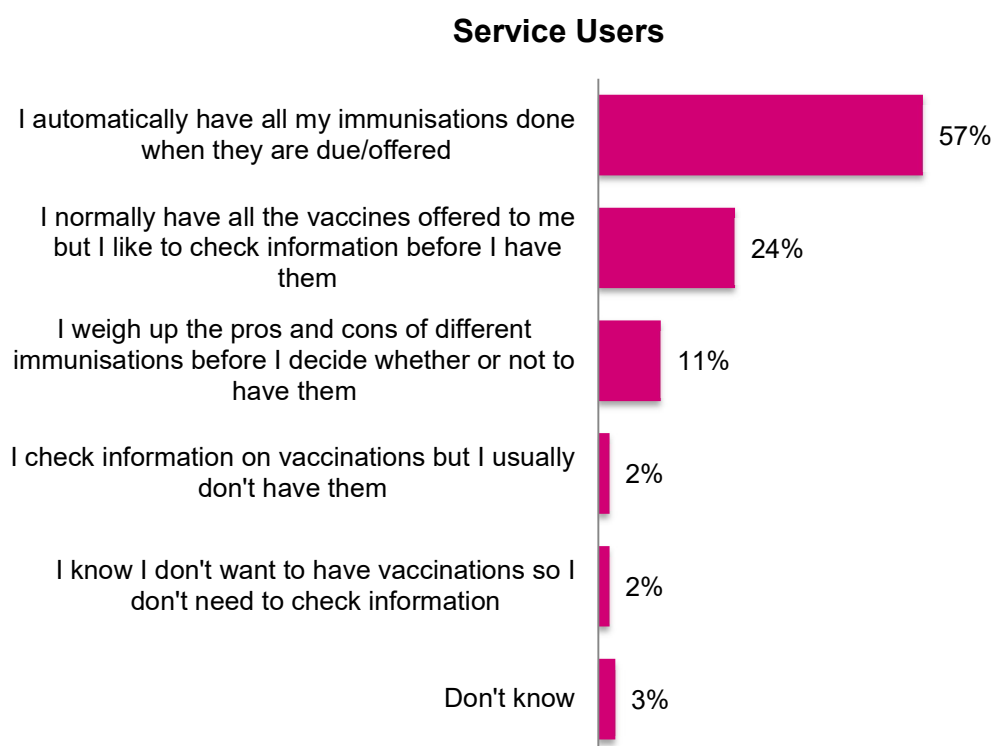
"My personal bugbear with [other] websites is when they state a statistic and don't reference it. Is it from the company's website? I want to get a full rounded picture but how do I know if you're not going to put any backing to it". Person aged 16-24

3.4.5 Decision-making process

Following on from service users' attitudes towards vaccinations and their levels of knowledge and information needs, a question was asked in the survey to understand the decision-making process of service users when it comes to getting vaccinations (see Figure 18).

Over half (57%) of service users said they automatically have all the immunisations they are offered. One in four (24%) said that they normally have all the vaccines offered to them but they like to check information before getting the vaccines, and one in 10 (11%) weigh up the pros and cons of different vaccines before deciding whether to have them or not. Just two percent stated that they check information on vaccinations but they usually don't have them, with a similar proportion stating that they know they don't want to have vaccinations and therefore don't need to check information. The remaining three percent don't know.

Figure 18: When considering immunisations offered to you so far, which of the following best describes you?



Base: All service users (586)
F1

Service users who live in the most deprived quintile (17%), and those from ethnic minority backgrounds (37%), are more likely to say that they weigh up the pros and cons of vaccinations before deciding whether or not to have them (17%). Older residents (aged 55+) (64%) and unpaid carers (76%) are more likely to say that they make automatic decisions to have the vaccinations they are offered.

3.5 Vaccine uptake, barriers and motivations

3.5.1 Introduction

This section explores service users' uptake of the vaccinations offered to them so far, as well as the barriers and motivations to getting vaccinations.

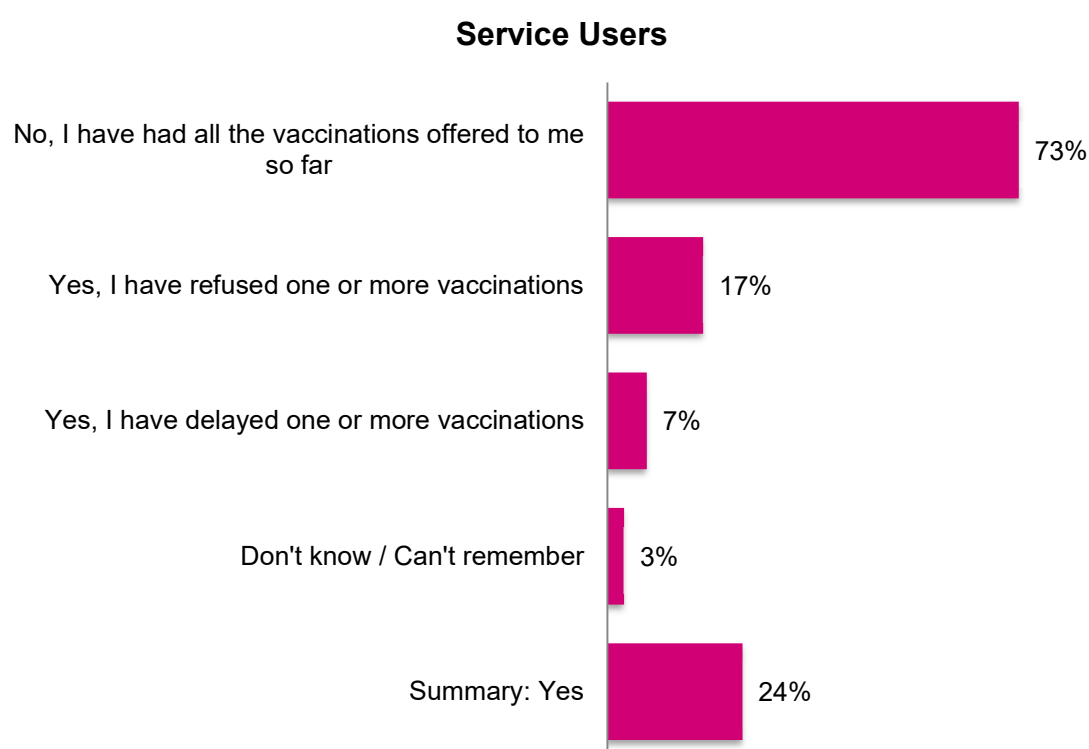
3.5.2 Uptake of vaccinations

Seven in 10 (73%) service users said that they have had all the vaccinations offered to them so far (see Figure 19). However, just under one in four (24%) stated that they have refused or delayed one or more vaccines: this comprises 17% who claimed to have refused one or more vaccinations and an additional seven percent who said that they have delayed one or more vaccinations. The remaining three percent didn't know or couldn't remember whether they have refused or delayed vaccinations.

Female respondents are more likely to have refused or delayed vaccinations (27%), as are respondents who identify as bisexual (42%) and those who have encountered concerning information on vaccinations (55%). Respondents from ethnic minority backgrounds are also more likely to have refused or delayed vaccines (29%); however, this result is not statistically significant given the low base size for this group (35).

In contrast, older residents (79%) and unpaid carers (86%) are more likely than average to have received all the vaccinations offered to them.

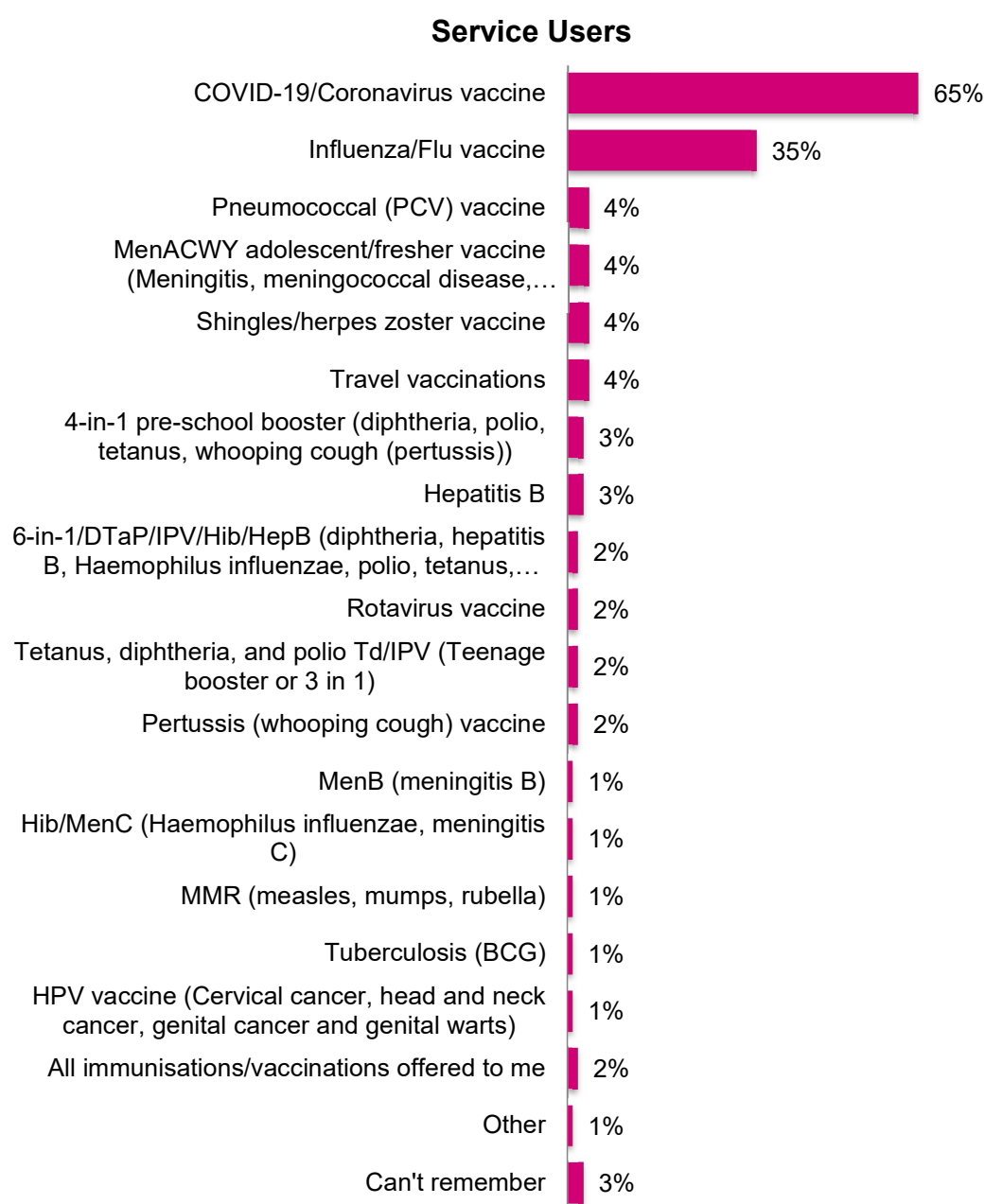
Figure 19: Thinking about all the vaccinations that have been offered to you so far, have you ever refused or delayed a vaccination?



Base: All service users (586)
D1

The service users who said that they had refused or delayed vaccinations (140 out of 586 respondents) were asked which vaccinations they had refused or delayed (see Figure 20). Just under two in three (65%) of these respondents said that they had refused or delayed the COVID-19 vaccine, and one in three (35%) said that they had refused or delayed a flu vaccine. The rest of vaccines had been refused or delayed by less than five percent of respondents who have ever refused or delayed vaccinations.

Figure 20: Which vaccination(s) did you refuse or delay?



Base: Service users who have refused or delayed vaccinations (140)
D3

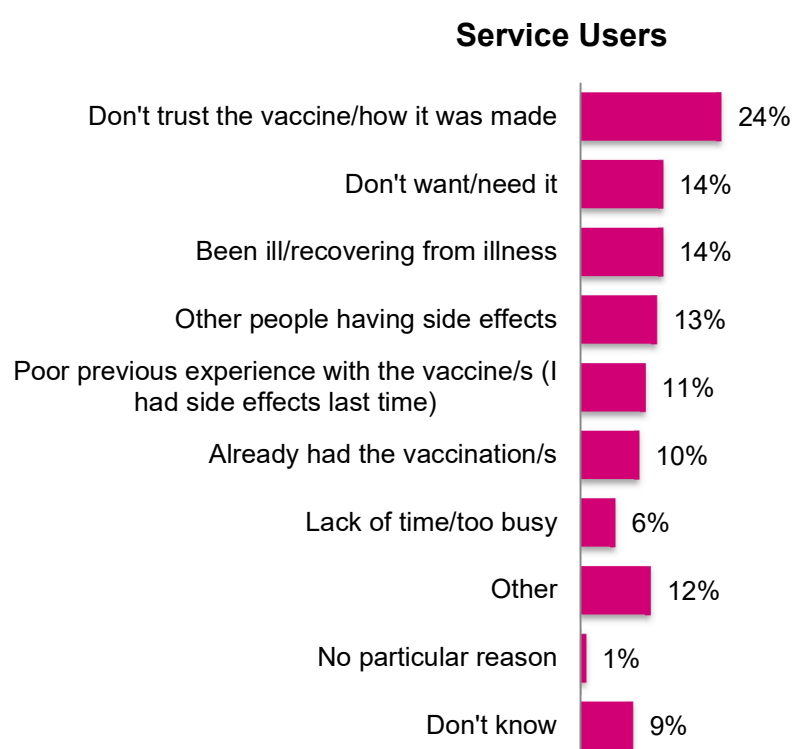
3.5.3 Barriers

The service users who said that they had refused or delayed vaccinations (140 out of 586 respondents) were then asked about their reasons for doing so. This was asked as an open question. The verbatims were coded into themes and these have been shown in Figure 21.

The most common reason for refusing or delaying vaccinations is a lack of trust in vaccines and how they were made, with 24% of those who have refused/delayed

vaccinations alluding to this. Other reasons include: thinking that the vaccine is not necessary (14%), having had the illness prior to receiving a vaccine and having recovered (14%), and fears about side effects, whether personally experienced in previous occasions (11%) or having heard about side effects from other people (13%).

Figure 21: Why did you decide to refuse or delay this vaccination(s)?

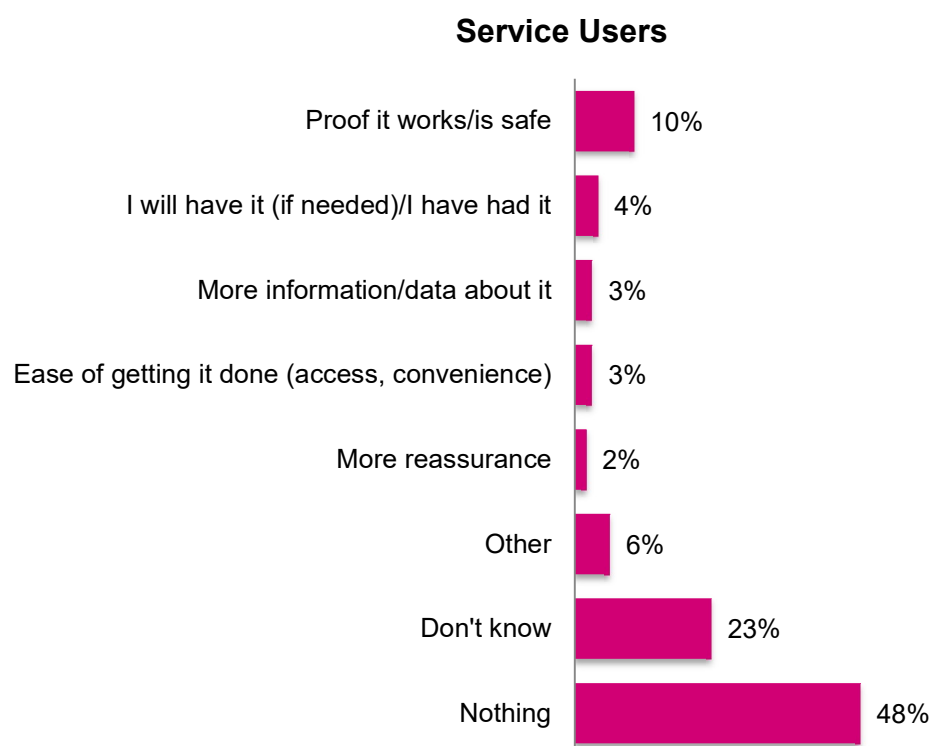


Base: Service users who have refused or delayed vaccinations (140)
D4

Service users who had refused or delayed vaccinations were also asked whether anything would encourage them to get vaccinated in the future. This was also asked as an open question and responses were subsequently coded into themes. These themes are shown in Figure 22.

While just under half (48%) of those who have refused or delayed vaccinations said that nothing would encourage them to get vaccinated, around one in 10 (10%) cited proof of vaccine safety and efficacy as something that would encourage them to get immunised in the future. Other themes were mentioned by fewer than one in 10 respondents, but these include: more information/data on vaccinations (three percent), more reassurance (two percent), and more ease of access/convenience (three percent).

Figure 22: Would anything encourage you not to refuse or delay vaccination(s) in the future?



Base: Service users who have refused or delayed vaccinations (140)
D5

Qualitative interviews and focus groups show that concerns about vaccine safety and secondary effects are among the main barriers to uptake among service users. This was a concern particularly among some pregnant women.

"I tend to have them all [vaccines]. Obviously, I had some concerns about the COVID vaccine because it was brand new but the other ones it was absolutely fine". Pregnant woman

Another commonly cited barrier by service users and service providers that took part in the survey was the fact that some people think they don't need certain vaccines because some diseases are seen as not dangerous. This theme was also captured by the qualitative interviews and focus groups with service users.

"I tend to be very healthy and active. I don't get many bugs. I'd rather take my chances with the actual flu. I have heard people who are very ill after it [the flu vaccine]". SEG DE/Benefits recipient

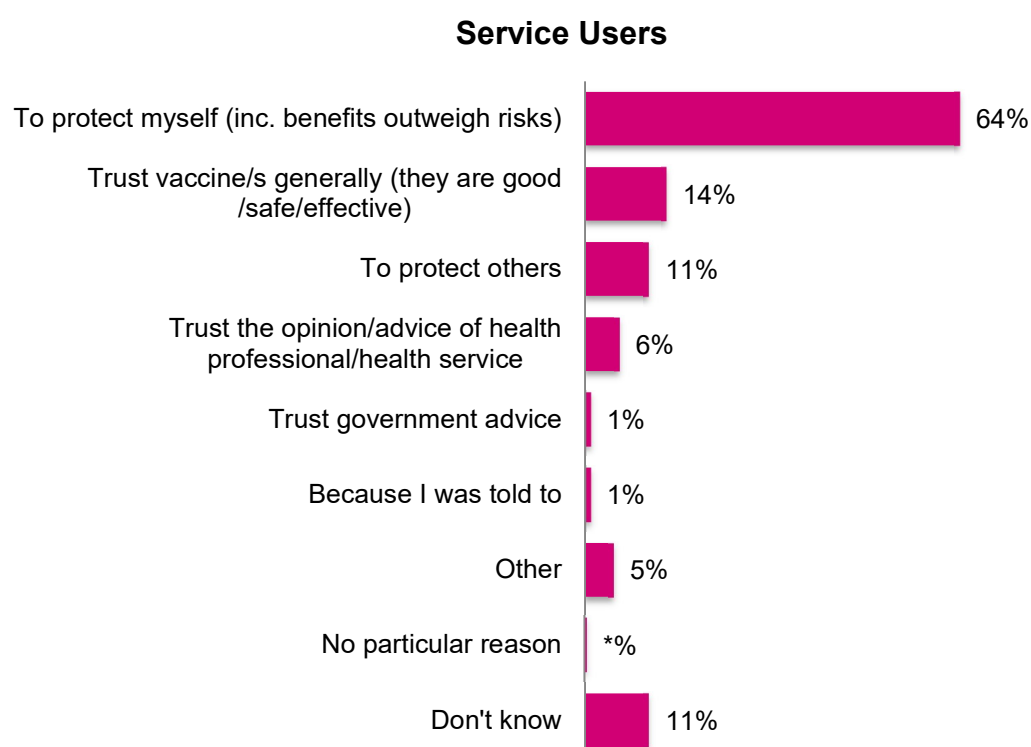
3.5.4 Motivations

As discussed in section 3.5.2, the majority of service users say they have had all the vaccinations offered to them (430 respondents). These respondents were asked about their motivations for getting vaccinated. This was asked as an open question and the coded themes are shown in Figure 23.

Protection of oneself comes as the top reason for getting immunised (64%), with around one in 10 also mentioning protecting others (11%) and trusting vaccines (14%). The rest of themes were mentioned by fewer than one in 10 of those who had received all their vaccinations.

Unpaid carers are more likely than other groups of service users to say that protection of others is a motivation to get vaccinated.

Figure 23: Why did you decide to have all the vaccinations offered to you?



Base: Service users who have had vaccinations offered to them (430)
D1

Qualitative insights confirm that protection of oneself and others are the main motivators for service users to get vaccinated.

"The wife of my friend didn't have the MMR vaccine and she was left with a long-term disability... You can be against them but the jabs are there for a reason. They're there because millions have died over the centuries from these basic things [...] Jabs are preventative, they're important". Adult with disabilities

"I think [the COVID vaccine] is having a positive effect in terms of less hospitalisations and even friends who have had had Covid have less symptoms after having the vaccine". Person aged 16-24

"If you can have a vaccine, I'd say obviously go for it because not only are you helping yourself but it's also being thoughtful of other people that are vulnerable and catch things easily, specially people from older demographics or people with immune issues". LGBTQ+ person

3.6 Awareness and views of PHW publicity

3.6.1 Introduction

This section analyses service users' awareness of PHW publicity in relation to vaccinations. It then examines channels via which respondents have come across PHW publicity as well as views of PHW publicity materials.

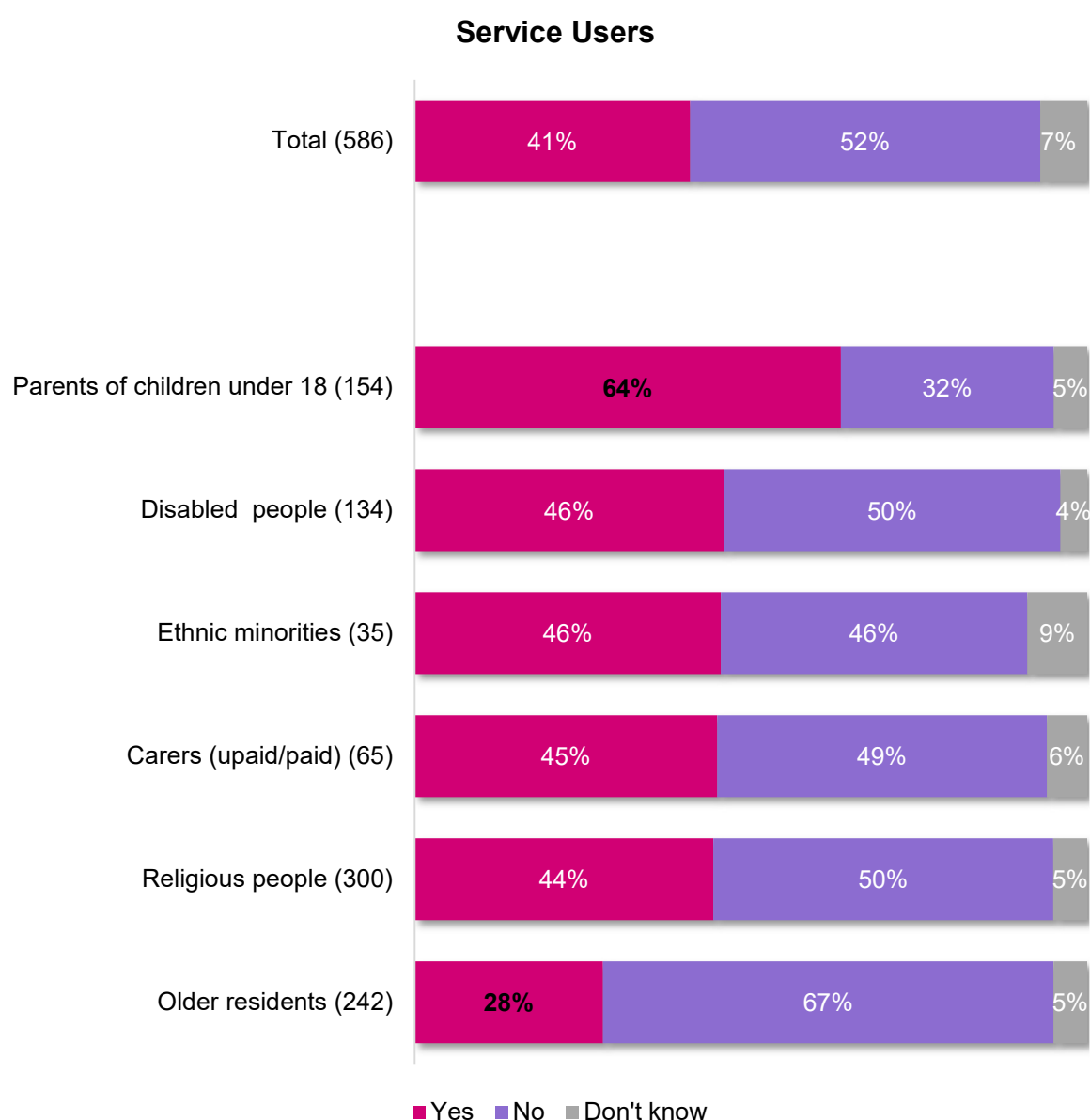
3.6.2 Awareness of PHW publicity

Service users were shown a series of PHW leaflets and social media posts about vaccinations and asked whether they had seen those prior to taking part in the survey. The materials shown were different depending on the respondent's sub-group (see ')

Appendix 3: Materials evaluated at the quantitative survey' for a full breakdown of groups and adverts shown) but all respondents were shown three variations of materials.

Overall, two in five (41%) said that they have seen at least one leaflet/social media post before taking part in the survey. There are some differences by sub-group, with parents significantly more likely to have come across PHW publicity (64%) and older residents (aged 55+) less likely to have done so (28%). For the rest of sub-groups shown below, the results are in line with the total result.

Figure 24: Have you seen any of these leaflets or social media posts before today?



Base: Service users (base sizes in parenthesis)

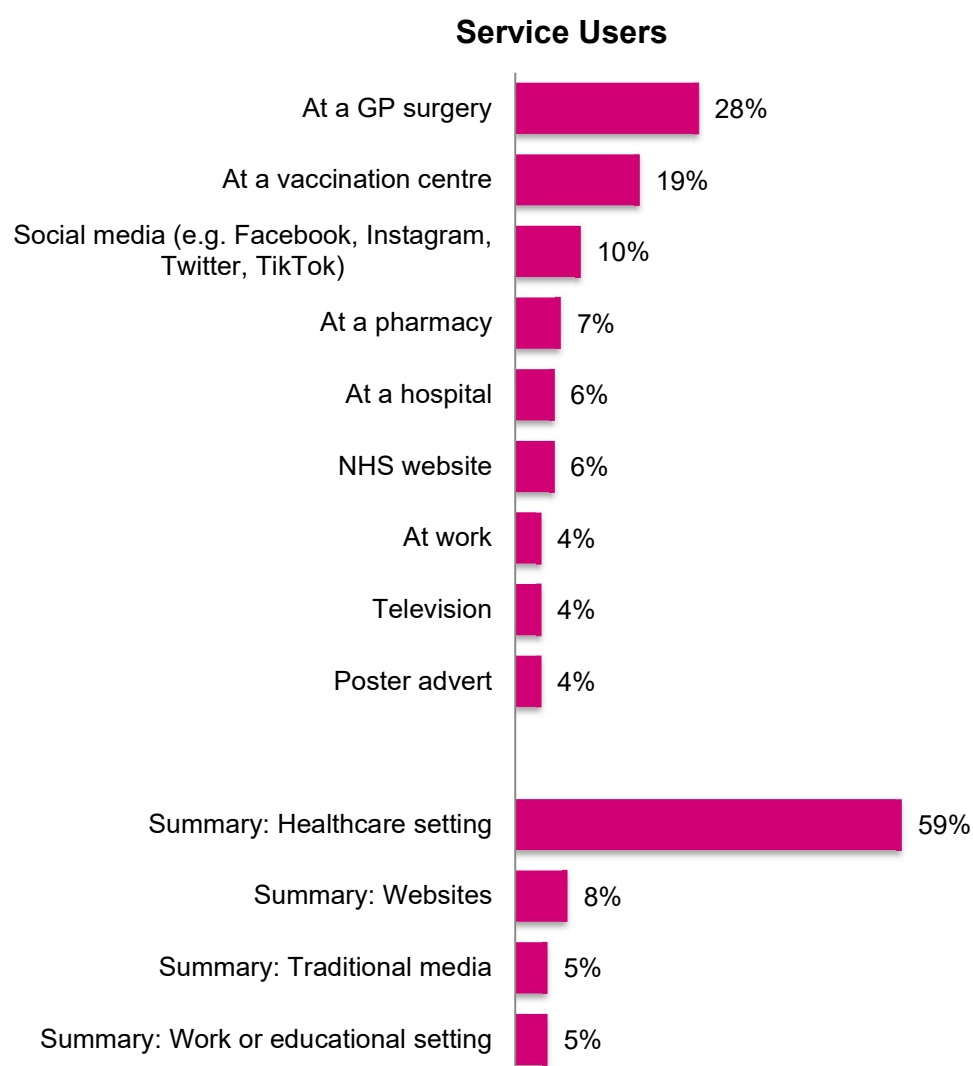
H1

Figures in black indicate statistically significant differences versus the total at the 95% level of confidence

Figure 25 shows the sources where service users have come across PHW publicity. GP surgeries (28%) and vaccination centres (19%) come at the top of the list of channels where service users have seen PHW publicity. This is followed by social media (10%). The rest of channels were mentioned by fewer than one in 10 respondents.

Overall, healthcare professionals and healthcare settings are the most common way of coming across PHW publicity (59%).

Figure 25: Where did you see this?



Base: Service users who have seen PHW publicity (240)

H2

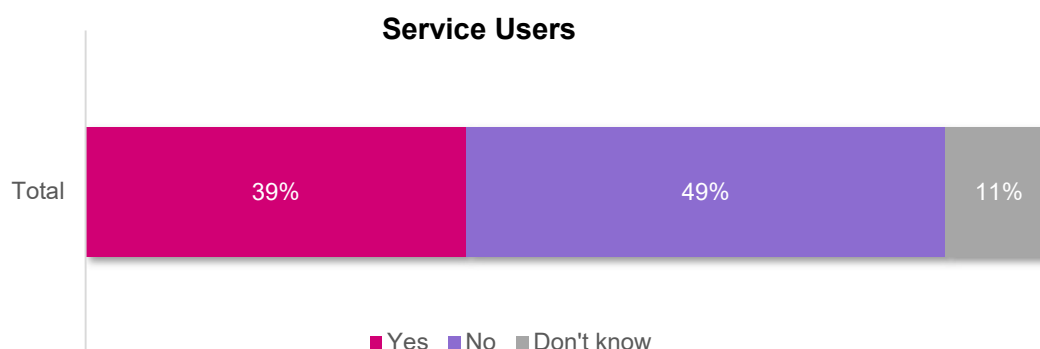
*Codes below four percent are not shown to ease reading

Service users were then asked if they had seen the *Mae Brechu yn achub bywydau/Vaccination saves lives* logo before taking part in the survey (see Figure 26).

Just under two in five (39%) said that they have seen this logo while just under half (49%) of service users said they haven't seen it before. The remainder (11%) didn't know.

Parents of children under the age of 18 are more likely to have seen the *Mae Brechu yn achub bywydau/Vaccination saves lives* logo (56%), as are those who receive benefits or Universal Credit (49%). Conversely, older residents (aged 55+) are less likely to have seen the logo (21%).

Figure 26: Had you seen the logo below before today?



Base: All service users (586)
H5

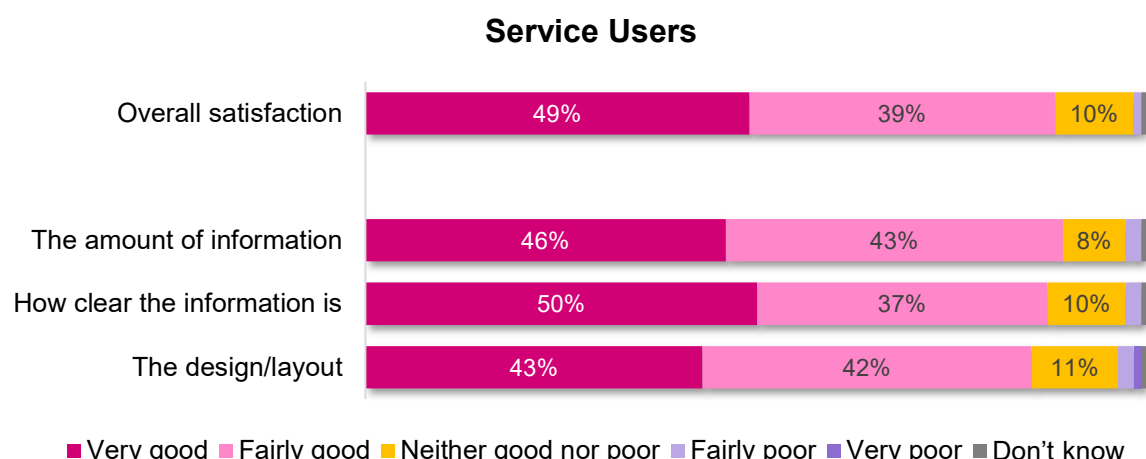
3.6.3 Views of PHW publicity

Figure 27 shows service users' views of PHW publicity.

Close to nine in 10 (88%) were satisfied overall with the PHW materials they were shown. Similar proportions were satisfied with the amount of information (89%), how clear the information is (87%) and the design/layout (85%). Less than four percent were dissatisfied with any of these aspects, with the remaining one in 10 being mostly neutral about the materials.

Younger respondents, aged 16-24, are more likely than average to be dissatisfied overall with the materials they were shown (three percent).

Figure 27: In general, how good or poor are the following elements of the leaflets/social media posts?



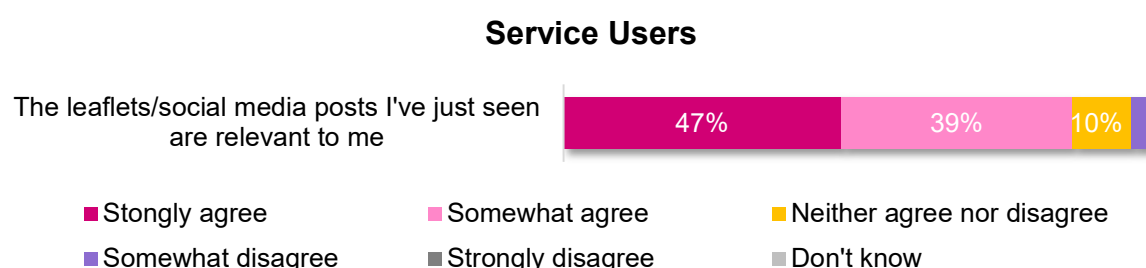
Base: Service users who have seen PHW publicity (240)

H3

*Labels under five percent have been removed to ease reading

Service users were then asked whether the leaflets and social media posts they were shown were relevant to them. 86% agreed that the materials are relevant and only four percent disagreed. One in 10 (10%) were neutral and one percent didn't know.

Figure 28: And to what extent do you agree or disagree with the following statement?



Base: Service users who have seen PHW publicity (240)

H4

*Labels under five percent have been removed to ease reading

In qualitative interviews and focus groups, it was possible to probe participants further to gather more detail about their views of PHW vaccination materials. The PHW materials used for the qualitative focus groups and interviews can be found in Appendix 4: Materials evaluated at the qualitative focus groups and interviews.

Across discussions about all of the communications there were certain themes which participants found to be positive. In general, where communications contained colours, images or diagrams; they were considered eye-catching.

"I like the colours. There's not too much but it's better than being plain, it catches your eye a bit more." LGBTQ+, Adult's COVID and Flu Leaflet (appendix 4:7)

Given the appeal of imagery and colours, one of the materials that participants appreciated was the comic strip-style explaining COVID-19 vaccinations (appendix 4:10).

"Everything is explained clearly with words and images. I like the image of COVID as a bus, and the shield to show the protection." Person classed as SEG DE/Receiving Benefits, Comic Strip on COVID-19 Vaccinations (appendix 4:10)

"Even if you don't read it, you get a good idea of what's going on. It works even if it's across the other side of the room." Person aged 16-24, Comic Strip on COVID-19 Vaccinations (appendix 4:10)

"I would actually read this, as childish as it is. It's fun even for my age group." Person aged 16-24, Comic Strip on COVID-19 Vaccinations (appendix 4:10)

Still related to visuals, service users appreciated when communications clearly target their group, as they know there would be guidance that is relevant to them and they would feel considered by the healthcare system.

"The picture on the front, I like it as it's a baby so you're going to think: 'yeah that's relevant to me'." Pregnant woman, Vaccines for Babies and Children Leaflet (appendix 4:1)

"The images are relevant, it's nice that they have a same-sex couple on the front page so it makes the LGBTQ community more aware that it's pointed at them as well so they don't feel excluded." LGBTQ+ person, Monkeypox Leaflet (appendix 4:17)

Furthermore, when it comes to layout, bold headings were also appreciated in making a large amount of information easy to navigate.

"The fact that it's got the headings, it means that I would be able to skip to anything I was interested in." Adult aged 25-54, Adult's COVID and Flu Leaflet (appendix 4:7)

In spite of headings and visual elements being valued, the general perception among service users was that leaflets and written materials are generally 'too wordy', with the amount of text being considered excessive and overwhelming for most.

"It's too wordy I think, there's a lot of information". Pregnant woman, Vaccines for Babies and Children Leaflet (appendix 4:1)

"There's a lot in there [...] It's overwhelming". Adult with disabilities, Adult's COVID and Flu Leaflet (appendix 4:8)

A common topic in discussions was how it might be difficult to include all of the necessary information without being too wordy to keep people's engagement. Additionally, there is a clear sense that the level of explanation and understanding service users want to see differs a lot. Some groups or individuals prefer to know about every detail of the vaccination including who it is for, what it protects from, how it works, ingredients and side effects. Others, however, do not want or need to know so much and would just like an overview of the practical basics around whether they need a given vaccine and how to get it.

"It won't be for everyone as it is obviously aimed more for younger people, and as it's simple, there might be missing information." Person classed as SEG DE/Receiving Benefits, Comic Strip on COVID-19 Vaccine (appendix 4:10)

"I think it covers everything but it seems to be a bit long...if you spend the time to read it, it's okay." Adult with Disabilities, Adult's COVID and Flu Leaflet (appendix 4:8)

Participants also picked up on ways that the communications dealt with the balance between information brevity and including all information needed, specifically the use of a section with links or a QR code to more information. Even before seeing the materials, several participants mentioned QR codes as a valuable feature on communications around vaccinations, so that people could see an eye-catching poster or leaflet and know where to go if they did want to find out more.

"This feels very informative with the additional links and QR codes...It's very concise and to the point and it also gives more information and directs you to proper websites". Unpaid Carer, Easy Read HPV Leaflet (appendix 4:16)

"You don't want too much information or small print. Keep it simple, keep it real and give a direction to a website." Person from ethnic minority background

Most participants felt the materials they were shown gave them all the information they needed to have about each vaccine, and only a minority of participants identified pieces of information that were lacking in the materials shown or that they would have liked to see. Lacking information related mostly to eligibility criteria and reasons for getting the vaccine/what it protects from.

“I would like more information on eligibility, and if people with certain conditions couldn’t have the vaccines.” LGBTQ+ person, Adult’s COVID and Flu Leaflet (appendix 4:7)

“I get that they don’t want to overload it with information but I don’t know what these vaccines do, why I’d get them, and if I had them already.” Person aged 16-24, Going to University Social Media Post (appendix 4:12)

While service users appreciated the materials that targeted specific groups, there was some confusion with regards to the target audience of certain materials when these do not target a specific collective. This was particularly the case for the adult’s COVID and flu leaflet, which showed two older adults on the front page, and also the social media post around preparing for university.

“The first picture is of older people so I think this doesn’t look like it’s for me.” Adults with Disabilities, Adult’s COVID and Flu Leaflet (appendix 4:8)

“Looking at the front page, I’d think it’s aimed at over 60s.” Unpaid carer, Adult’s COVID and Flu Leaflet (appendix 4:8)

“It’s not clear if they are targeting existing students or potential students...and not everyone goes to university so you might think it doesn’t apply to you when it does.” Person aged 16-24, Preparing for University Social Media Post (appendix 4:12)

Furthermore, in a minority of cases the targeted audiences felt that communications missed the mark, either because of the language used or because of a lack of understanding as to why a particular group was targeted.

“Considering that they’re using words like aspirin, condom et cetera, to use the word ‘private parts’ is so infantile for a medical leaflet and seems a bit silly...depends on the age group but if you’re reading this as a teenager, it might make you feel quite childish/patronised. HPV itself isn’t a childish thing to discuss.” Person aged 16-24, Easy Read HPV Leaflet (appendix 4:15)

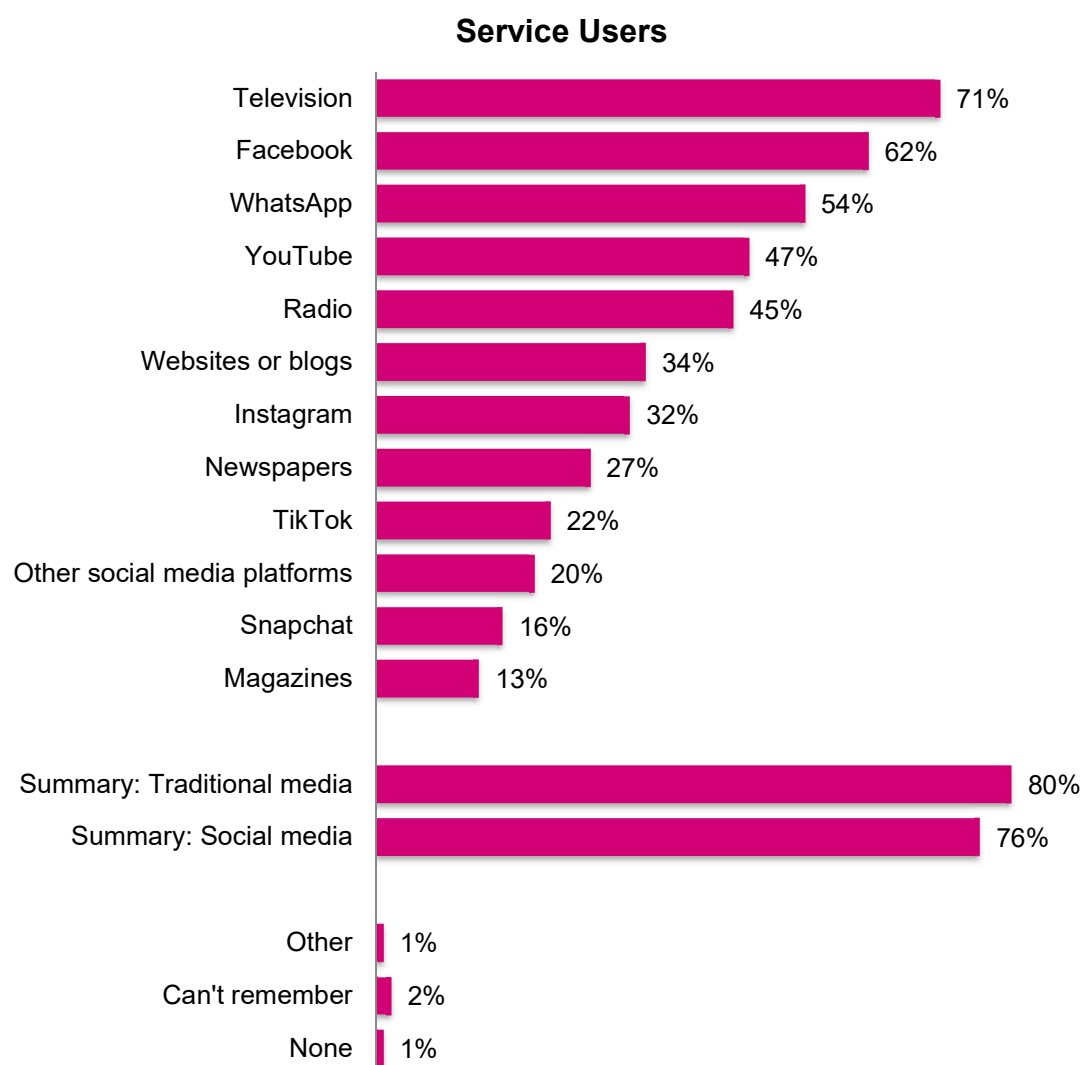
“It might have good intentions to try and appeal to Muslim members of the community, but it seems a bit pointless. I can’t see how Ramadan and COVID are linked, so not sure what it is trying to do.” Person from ethnic minority background, Ramadan Social Media Campaign (appendix 4:4)

3.6.4 Format and channel preference for PHW publicity

So as to understand the best channels to use to publicise PHW materials, service users were asked what channels they use at least twice a week (see Figure 29).

Television (71%), Facebook (62%), and WhatsApp (54%) are the most used channels, followed by YouTube (47%) and radio (45%).

Figure 29: And which of the following do you normally use at least twice a week?



Base: All service users (586)
G3

Younger respondents, aged 16-24, are less likely than other age groups to use Facebook (55%) and more likely to use other social media platforms such as Instagram (52%, compared to 32% overall) and TikTok (54%, compared to 22% overall). YouTube is also more commonly used by younger generations (68%, compared to 47% overall). Conversely, older residents (aged 55+) are more likely than average to use traditional media such as television (86%, compared to 71% overall), radio (55%, compared to 45% overall), and newspapers (39%, compared to 27% overall).

Unpaid carers are more likely than average to use: television (86%, compared to 71% overall), Facebook (76%, compared to 62% overall), and newspapers (41%, compared to 27% overall).

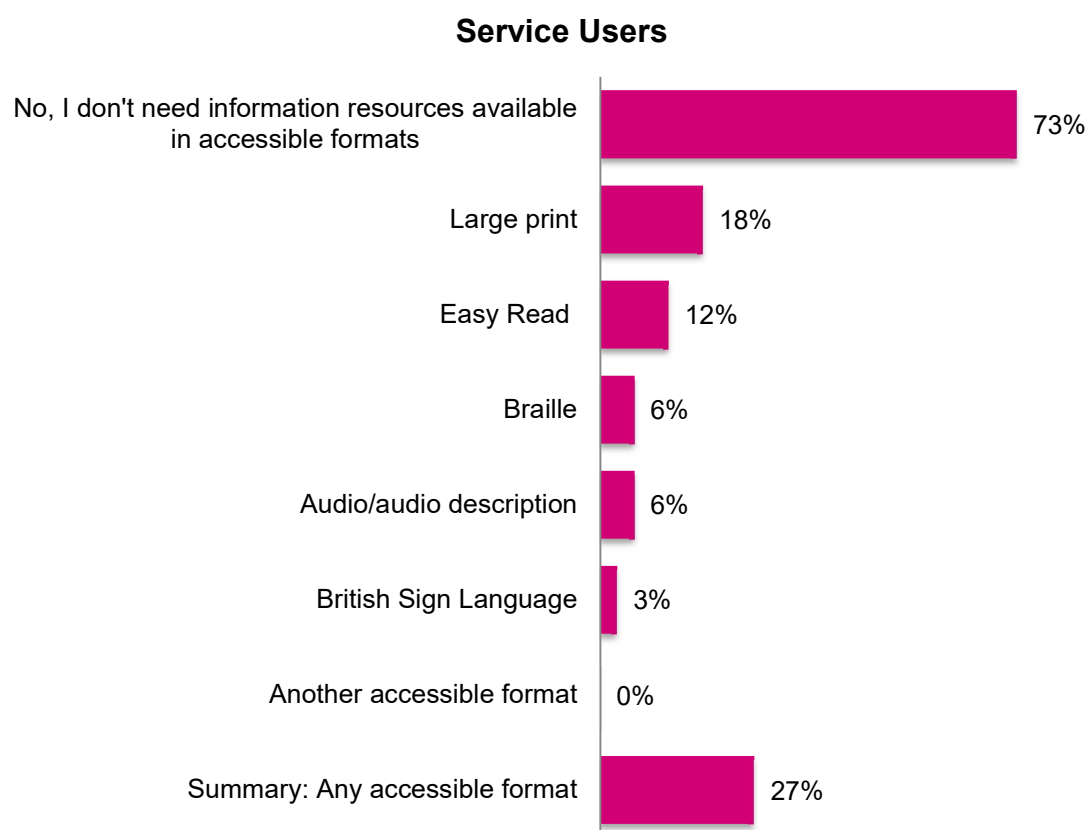
Furthermore, respondents from ethnic minority backgrounds are more likely to use: WhatsApp (71%, compared to 54% overall), Instagram (60%, compared to 32% overall), TikTok (37%, compared to 22% overall), and Snapchat (29%, compared to 16% overall). Similarly, parents of children under 18 years of age are more likely to use social media channels, including Facebook (70%, compared to 62% overall), Instagram (42%, compared to 32% overall), TikTok (30%, compared to 22% overall), and Snapchat (21%, compared to 16% overall).

The above differences should be taken into account when targeting different population groups.

Service users who had disabilities (143) were asked whether they would like to have information resources about vaccinations available in accessible formats (Figure 30).

Seven in 10 (73%) felt they don't need information resources available in accessible formats (73%). However, one in four (27%) would like information about vaccinations available in accessible formats. These formats include: large print (18%), Easy Read (12%), Braille (six percent), audio description (six percent) and sign language (three percent).

Figure 30: And would you like to have information resources about vaccinations available in any of the following accessible formats?



Base: Service users who have a disability (143)
H4B

Service users who took part in the survey and said that the main language they speak at home is other than English or Welsh were asked whether they would like to have vaccination resources available in their language. It should be noted that only 15 respondents said that their main language was other than English or Welsh, as such the results for this question should be interpreted with caution. Of those 15 respondents, the majority (12) are happy having these resources in English or Welsh only and just three respondents said that they would like these resources available in their own language. It should be noted that all surveys from respondents whose main language isn't English/Welsh were completed in English/Welsh, meaning that these views are not representative of those for whom language may be a barrier. More research should be conducted in the future with those for whom language is a barrier.

When asked in qualitative discussions where information should be shared, typically service users named healthcare settings such as chemists and doctors' surgeries, as well as other public places such as supermarkets, buses and public lavatories. In some cases, there were suggestions that materials should be shared where they can be seen by target groups, for example in schools or maternity wards. However, some

mentioned that not many people may pick up leaflets or read posters, and these physical materials may be expensive and not environmentally friendly.

"You don't always take in posters when you're out and about". Person from ethnic minority background

"In this day and age, there must be a better place to spread information than with leaflets." Person aged 55+

Other suggested channels for reaching the masses are television adverts or social media posts. However, it is clear that only certain messengers would be effective, depending on the level of trust audiences have in the organisation or person sharing the communications.

"I do think social media is quite good as they can target a large audience but it would have to depend on who it was posted by. If it was anyone other than NHS/PHW I'd ignore it". Person aged 16-24

With regards to format, videos were also suggested as an appropriate format to convey information on vaccinations. Service users mentioned that videos can be a good way of making information about vaccinations digestible compared to leaflets.

"Not that I don't like reading but... a video you just have to listen to". Adult with disabilities

"If that information could be put in a video that'd be helpful". Pregnant woman

It is clear to service users that there is no 'one-size-fits-all' approach, and this is particularly evident when looking across minority demographics. Service users from ethnic minority backgrounds spoken to in discussions are more likely to have heard negative things about vaccinations through word of mouth as they tend to live in 'tight knit' communities. Therefore, these service users would like to see advocates who are within their ethnic or religious communities to help share factual information.

"The problem with things like this in a Somali community is that it is a tight knit community and everyone knows and will tell you about someone who has had bad experiences. We could do with more advocates within the community, as a lot of information can spread." Person whose main language isn't English/Welsh

Additionally, it was suggested that for targeting those in vulnerable groups such as those with additional needs, it may be necessary to adopt a more direct approach.

"The best prompt for someone with cognitive needs would be someone reaching out personally, because my son for example wouldn't reach out

proactively. A letter would also likely be dismissed while a phone call is an excellent means of communication.” Unpaid Carer

4. Service Providers

4.1 Conversations about vaccination

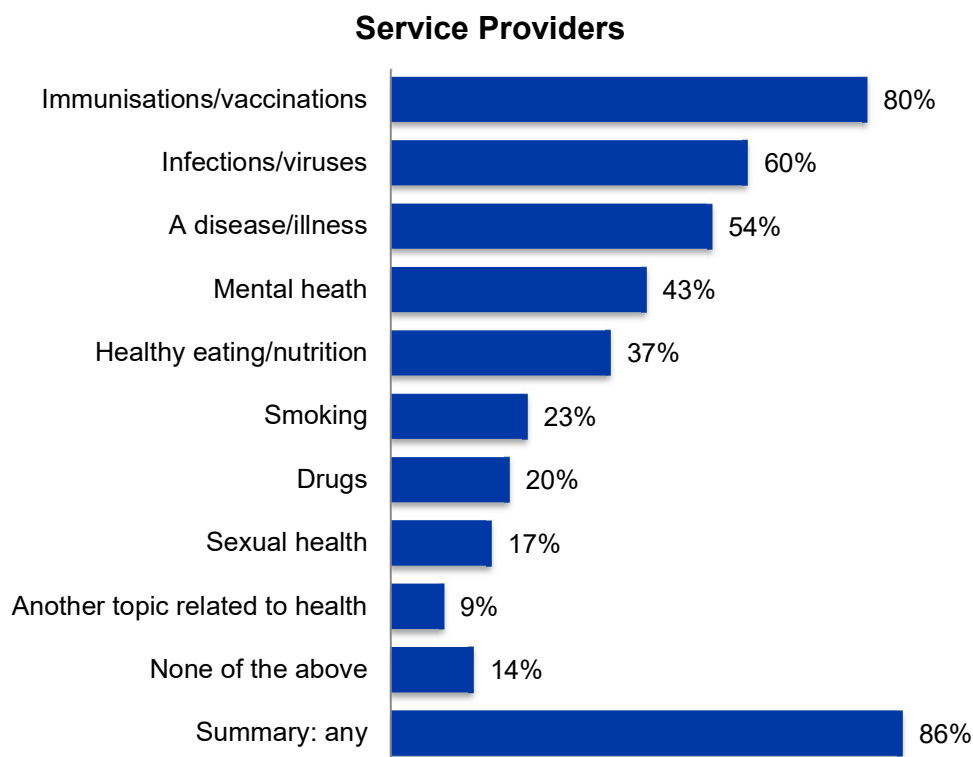
4.1.1 Introduction

Before service providers were asked about their perceptions and knowledge of the immunisation programme in Wales, they were asked about any conversations they may have had with their service users about vaccinations. This section looks at conversations about vaccinations in a broader health context.

4.1.2 Recall of health-related conversations

Service providers were asked what health-related topics, if any, from the below list (Figure 31) they had had conversations about with their service users in the past 12 months. Immunisations/vaccinations was the most commonly cited topic (80%), followed by infections/viruses (60%), and diseases/illnesses (54%).

Figure 31: In the past 12 months, have you had any conversations or questions from your service users about any of the topics below?



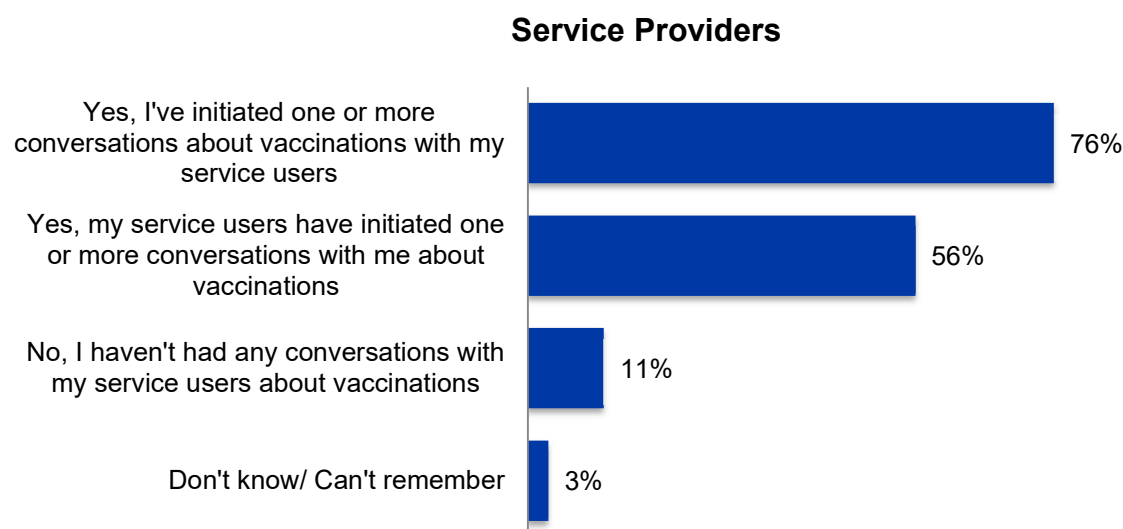
Base: All service providers (70)

A1

4.1.3 Recall of conversations in relation to vaccinations

Service providers were asked whether they had had any conversations with users regarding vaccinations (Figure 32). Three in four (76%) service providers said they have initiated such discussions, and a lower proportion (56%) said that they have had conversations that service users initiated. Around one in 10 (11%) have not had any conversations regarding vaccinations with service users in the last 12 months.

Figure 32: In the past 12 months, have you had any conversations or questions/comments from service users about immunisations/vaccinations?

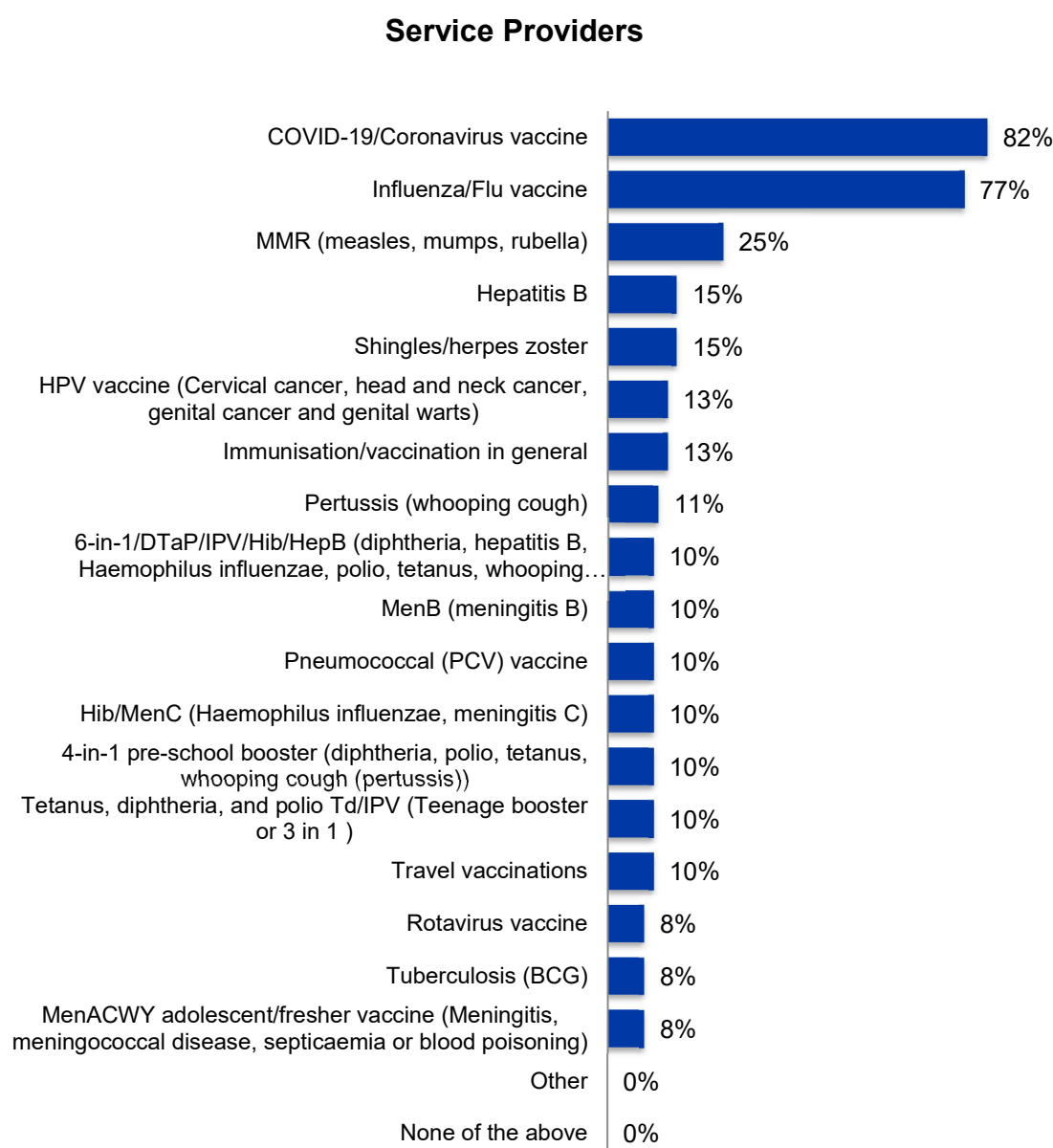


Base: All service providers (70)

A2

Where providers have had these conversations, the most talked about vaccines are COVID-19 (82%) and flu (77%). Other vaccines are discussed notably less frequently, with conversations about MMR (25%) being the next highest.

Figure 33: What vaccination was it about?

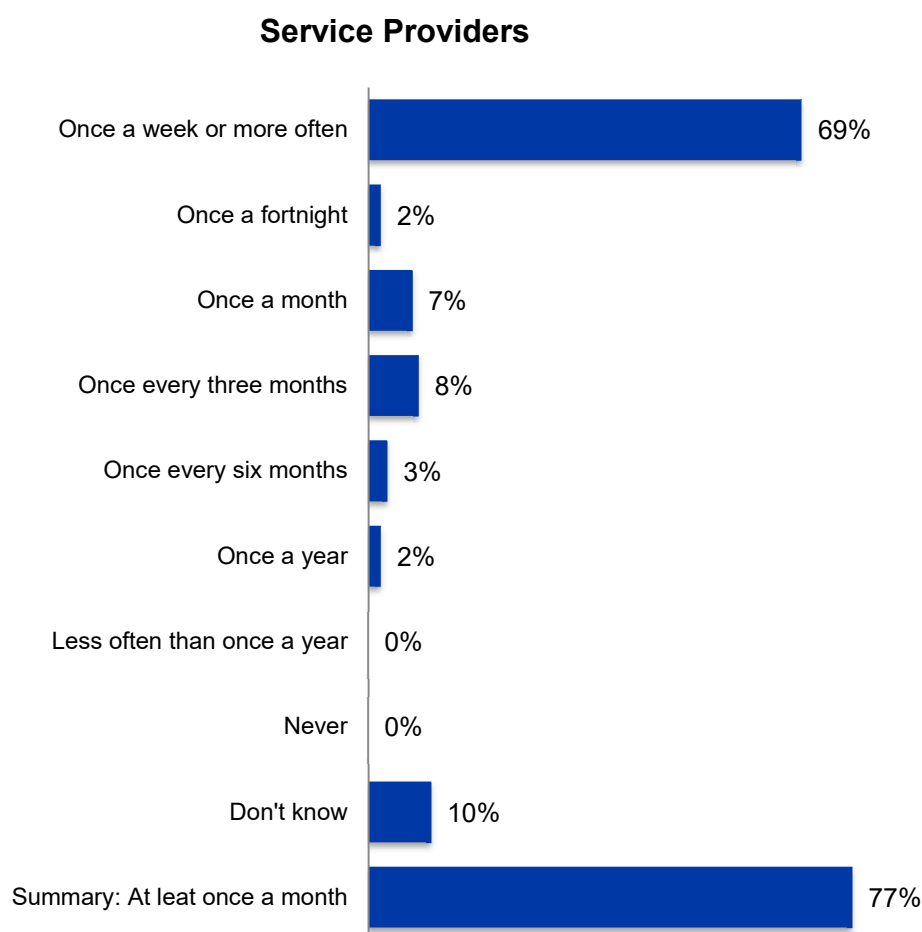


Base: All service providers who have had conversations about vaccinations (61)

A3

The majority of service providers who have conversations about vaccinations do so once a week or more often (69%). Overall, three in four (77%) service providers who have conversations with service users about vaccinations say that they do so at least once a month.

Figure 34: And how often do you tend to have conversations about vaccinations with your service users?



Base: All service providers who have had conversations about vaccinations (61)

A5

Service providers who took part in qualitative interviews said that the conversations about vaccinations they tend to have with service users centre around reminding/encouraging users to have vaccinations and answering questions about side effects and ingredients.

"I call parents up about whether their children have missed their vaccinations. Then ask if they want to get back on schedule and arrange one or not".
Primary care staff

"Conversations with children and young people to discuss side effects/how they will feel, and whether they need to have [vaccines] at school". Primary care staff

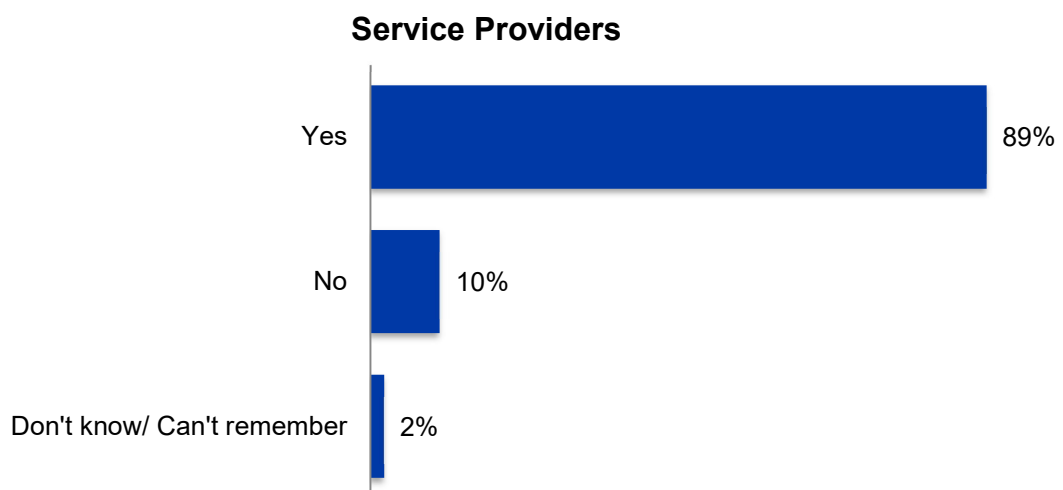
"[Discussions with service users are in relation to] Ingredients mainly".
Primary care staff

Service providers had experience of dealing with service users who had come across misinformation, particularly since the COVID-19 pandemic. More information about misinformation has been included in the following sub-section.

4.1.4 Recall of concerning questions/comments in relation to vaccinations

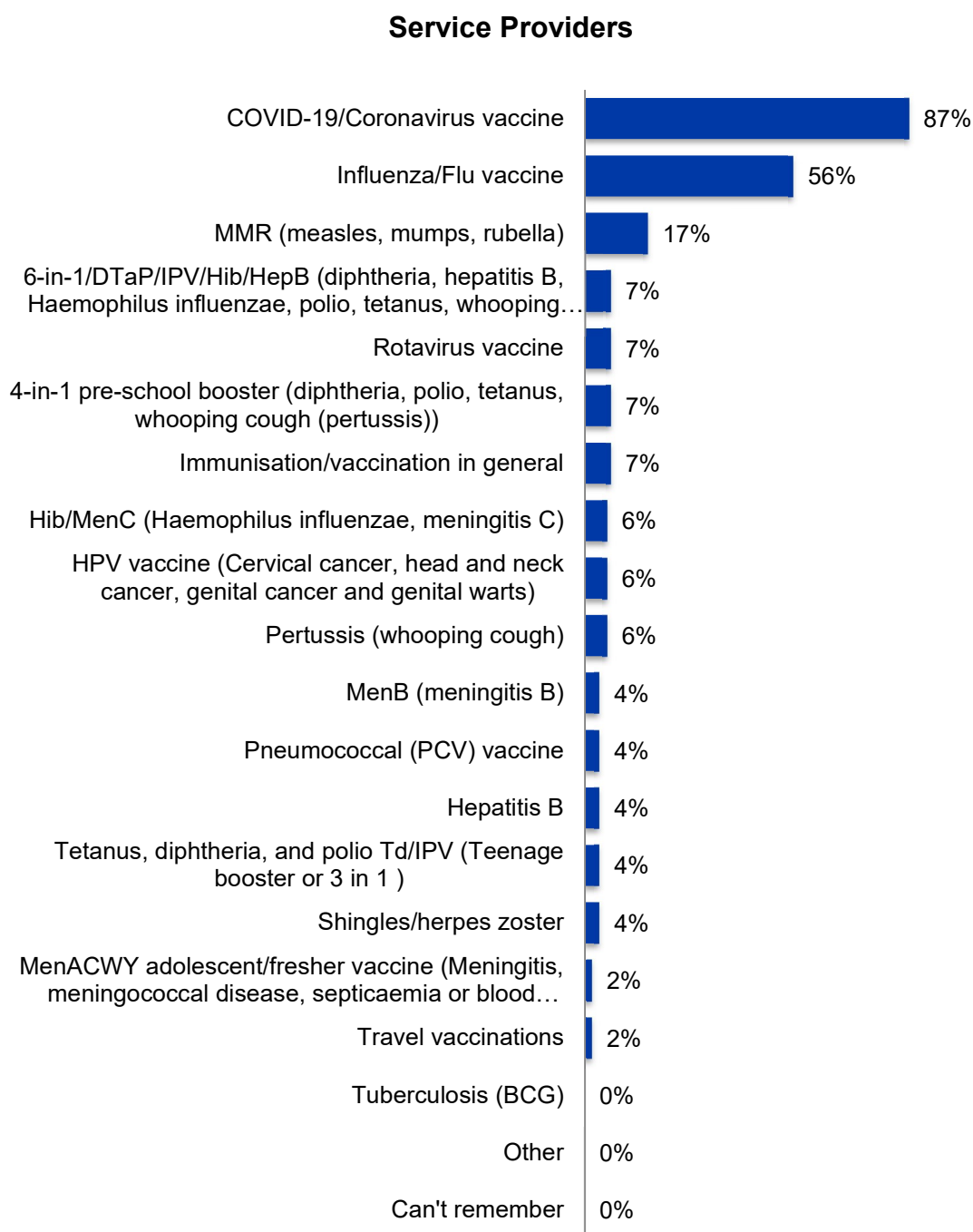
Service providers who had had conversations with their service users about vaccinations were then asked if their service users had had any comments or questions specifically related to concerns or worries about having vaccinations (Figure 35). The vast majority (89%) of service providers said they had had this type of comments or questions from their service users.

Figure 35: And in the past 12 months have you had any comments or questions from service users who were worried or concerned about having vaccinations?



Base: Service providers who have had conversations about vaccinations (61)
A6

Service providers who had had comments or questions from service users who were worried about having vaccinations were then asked what vaccination(s) their service users expressed concerns about (Figure 36). The vast majority reported that their service users' concerns were related to the COVID-19 vaccine (87%). The flu vaccine was also a common topic of concern (56%). The rest of vaccines were mentioned by fewer than two in 10 respondents.

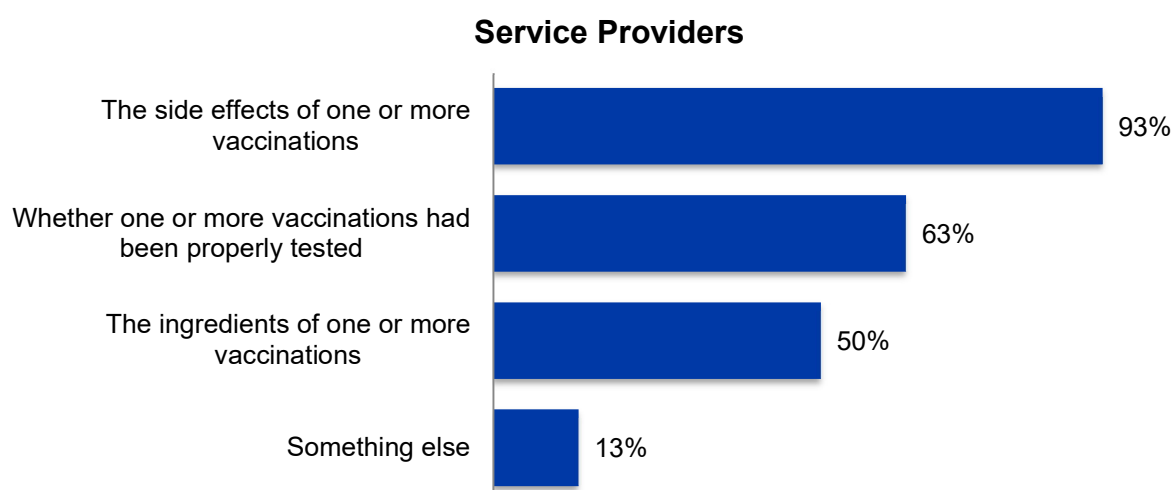
Figure 36: Which vaccination(s) were they worried about?

Base: All service providers who had worried service users (54)

A7

Service providers who had had comments or questions from service users who were worried about having vaccinations were also asked what the service users were worried about (Figure 37). The key concern is vaccines' side effects (93%). This is followed by worries about whether vaccines have been properly tested (63%), and concerns about the ingredients in vaccines (50%).

Figure 37: And what were they worried about?



Base: All service providers who had worried service users (54)

A9

There was also a feeling among service providers who took part in qualitative interviews that the misinformation around the COVID and MMR vaccines has changed the type of conversations they have with service users, with these now being more focused on 'myth busting' and trying to educate users on how to be critical about the information they encounter so that they distinguish reliable sources from those that are not reliable.

"COVID changed the [vaccination] landscape quite significantly and the conversations, and it's about basically what's correct and what's not, what's factual and what's not, because so much misinformation is available on social media. And that's a concern that people are having. So what I was trying to tell them is 'look at where the source comes from'. We tell them where they can find the source, if it's from www.itsyourtime or speaknow.com, it's not really from Public Health Wales. So it's things like that really, making them aware of some of the information that is available". Secondary care staff

"People are still worried a little bit about autism and we've still got some remnants of people not wanting to have the MMR vaccine. And so really what I'm trying to do is myth bust [...] with some parents". Primary care staff

4.2 Prompted awareness of all vaccinations available

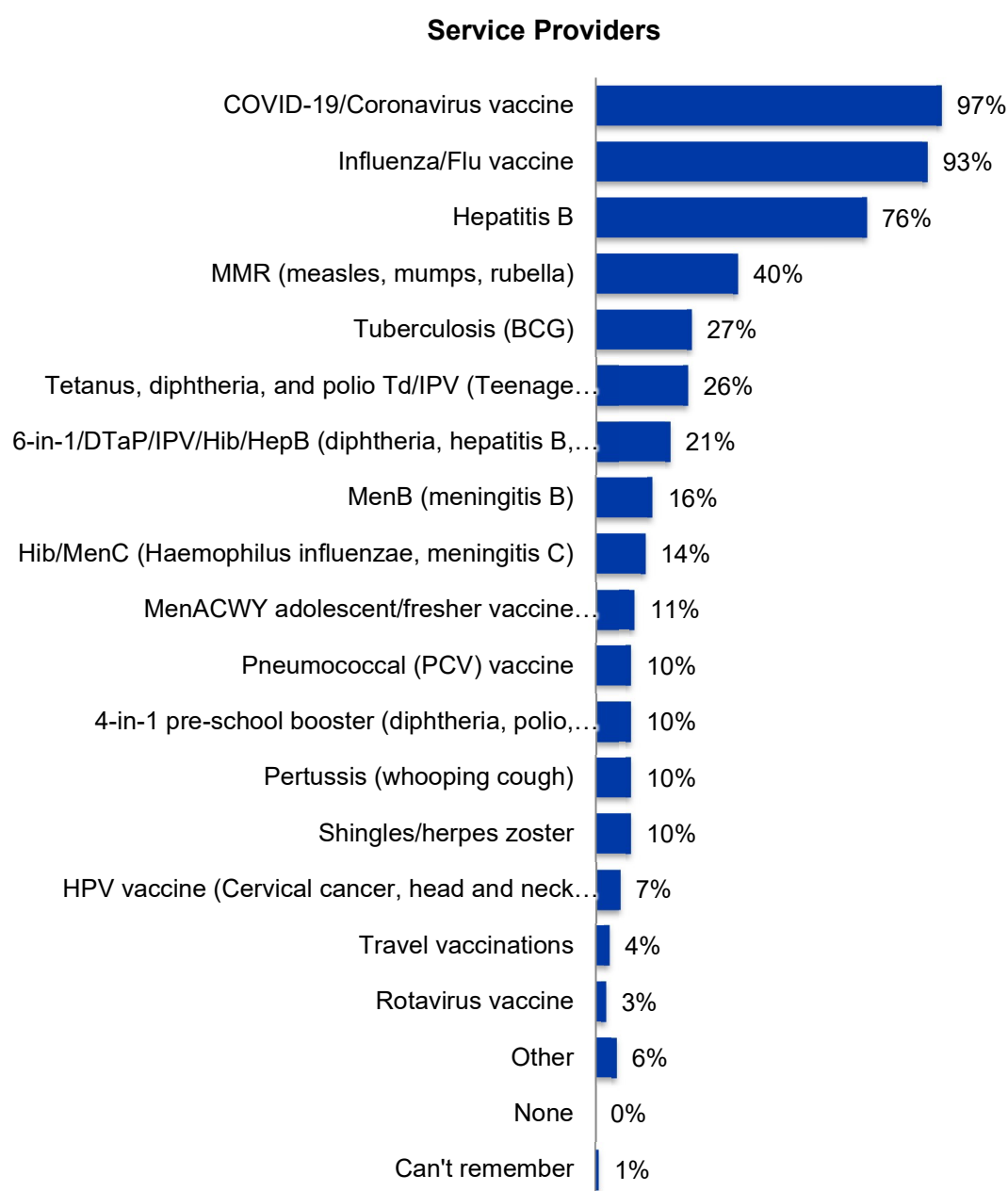
4.2.1 Introduction

This section looks at awareness of vaccinations offered to health and social care staff in Wales among service providers.

4.2.2 Awareness of vaccinations available for health and social care staff

Service providers were asked which vaccinations they think are offered to health and social care staff in Wales (Figure 38). The vaccines most widely acknowledged as available are COVID-19 (97%) and flu (93%). This is followed by Hepatitis B (76%) and MMR (40%). Fewer than three in 10 service users were aware of other vaccines being offered to health and social care staff.

Figure 38: What vaccines do you think are currently offered to health and social care staff in Wales?



Base: All service providers (70)
B1

4.3 Access to information and supporting decision-making

4.3.1 Introduction

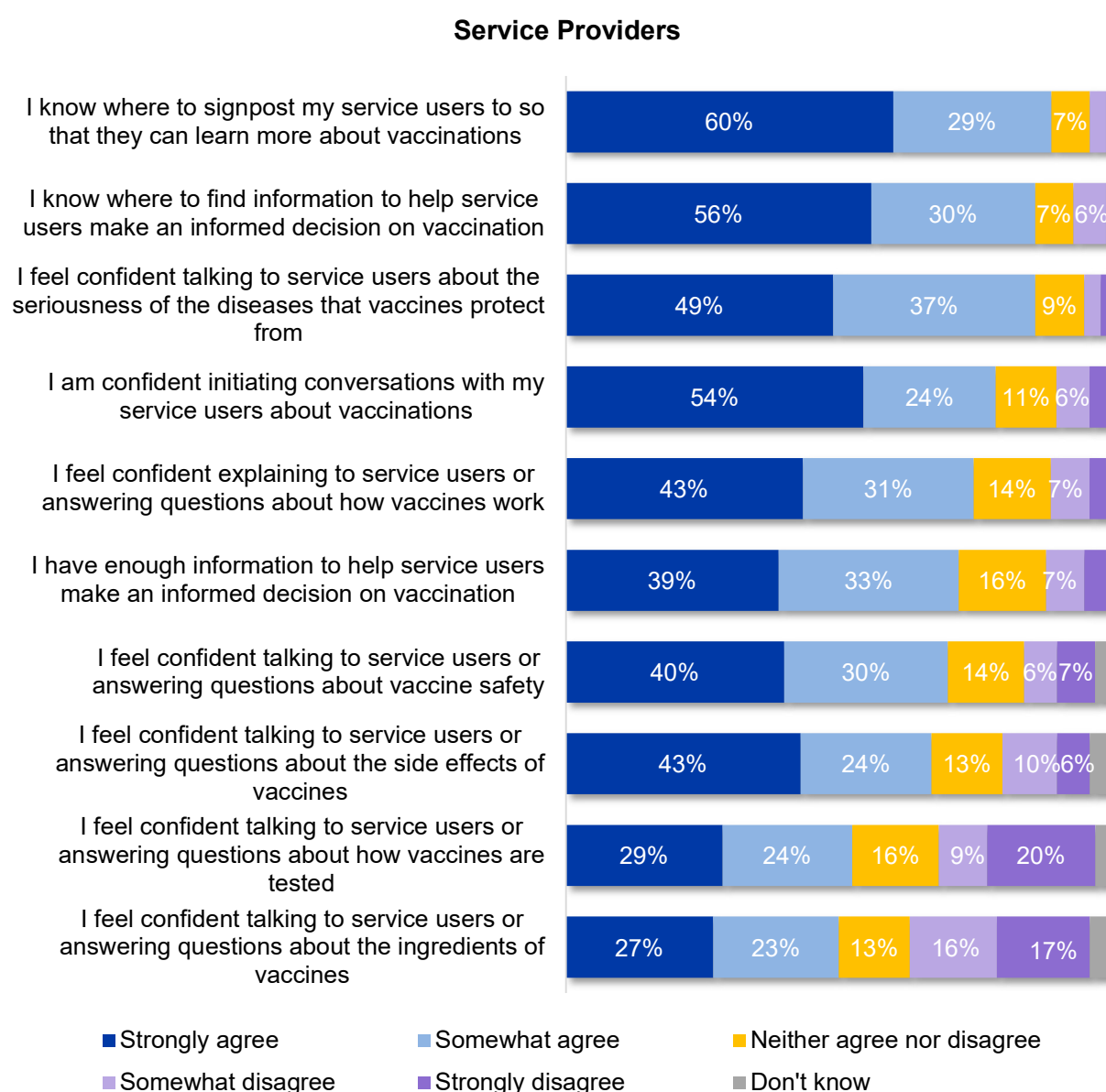
This section examines the sources of information service providers have used to find out about vaccinations/signpost service users and how much they trust different sources. The impact of conversations with service users on decision-making about getting vaccinated is also explored.

4.3.2 Levels of information

Service providers who took part in the survey were asked how much they agree or disagree with a series of statements about vaccination information and how they interact with service users (Figure 39). The vast majority of providers (89%) agreed that they know where to signpost service users so that they can learn more about vaccinations. Similarly, most providers also agreed that they know where to find information to help users make an informed decision on vaccinations (86%) and that they feel confident talking to service users about the seriousness of the diseases that vaccines protect from (86%).

Moreover, just under eight in 10 (79%) feel confident initiating conversations with their service users about vaccinations. And seven in 10 feel confident explaining to service users or answering questions about how vaccines work (74%). Similar proportions agreed that they have enough information to help service users make an informed decision on vaccination (71%) and that they feel confident talking to service users or answering questions about vaccine safety (70%). Additionally, 67% feel confident talking to service users or answering questions about the side effects of vaccines. Just around one in 10 disagreed with these statements.

However, levels of agreement with the following two statements are lower than for the ones discussed above: 53% agreed that they feel confident talking to service users or answering questions about how vaccines are tested, with a similar proportion (50%) agreeing that they feel confident talking to service users or answering questions about the ingredients of vaccines. Three in 10 service providers disagreed with these two statements (29% and 33% respectively). These results suggest that service providers may need more information about vaccine testing and ingredients to increase their confidence when dealing with questions or comments from service users.

Figure 39: To what extent do you agree or disagree with the following statements?

Base: All service providers (70)

C1

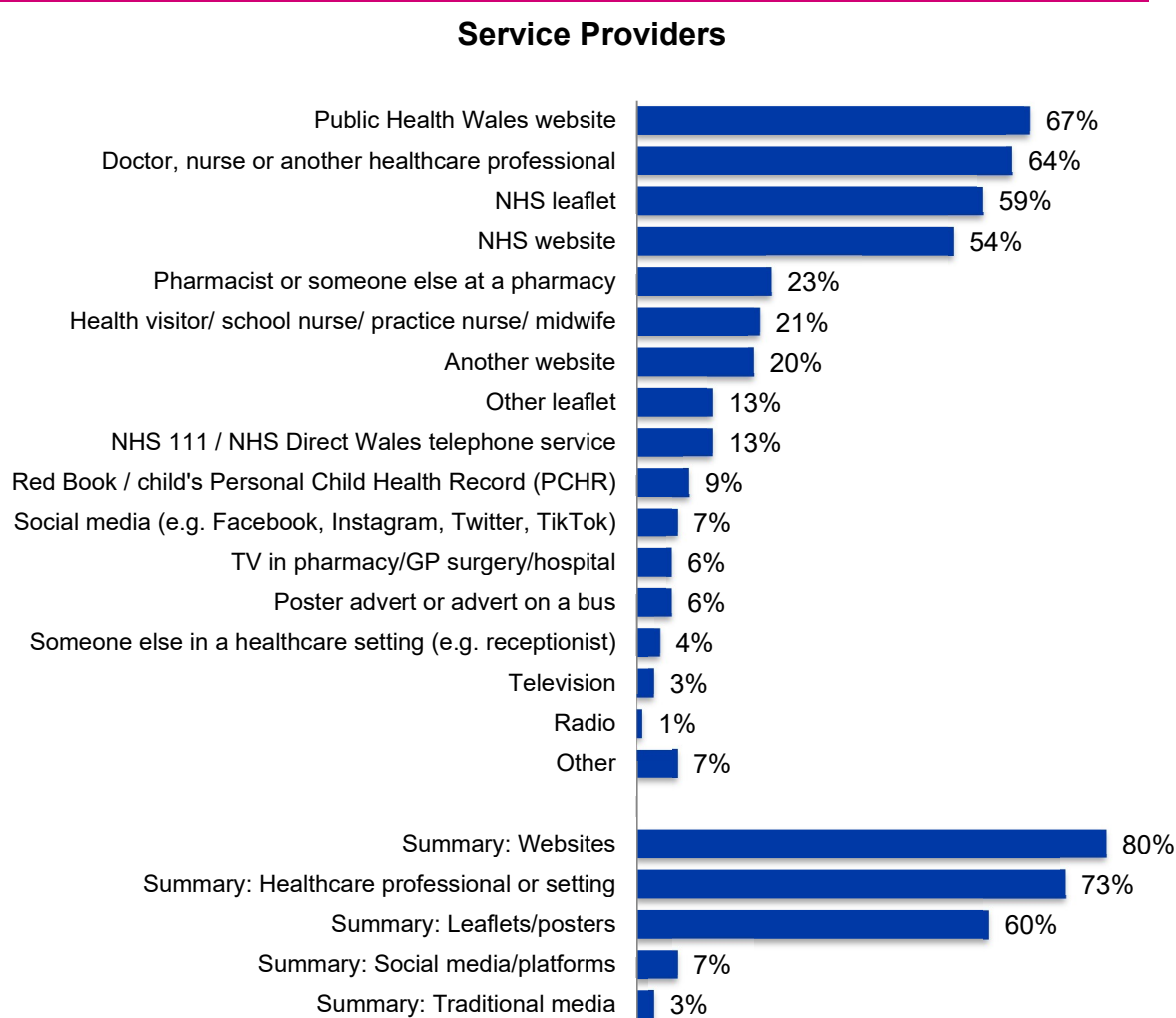
*Labels under five percent have been removed to ease reading

Service providers who disagreed with any of the above statements were asked in an open question what information they are missing and what else they would need to help them feel more confident in talking to service users about vaccinations. Only 15 respondents in total disagreed with the statements in the figure above, as such results for this additional question should be interpreted with caution. Responses given centre around having more information around vaccinations in relation to ingredients, side effects and testing.

4.3.3 Sources of information

Service providers were also asked about the sources that they use to find out more about vaccinations, either for themselves or their service users (Figure 40). Public Health Wales is the most commonly used source of information among service providers (67%), followed by healthcare professionals (64%), NHS leaflets (59%), and the NHS website (54%). The rest of sources were mentioned by less than 25% of respondents.

Figure 40: Which of the following have you used before today to find out more about vaccinations or to signpost your service users to so that they can get further information on vaccinations?



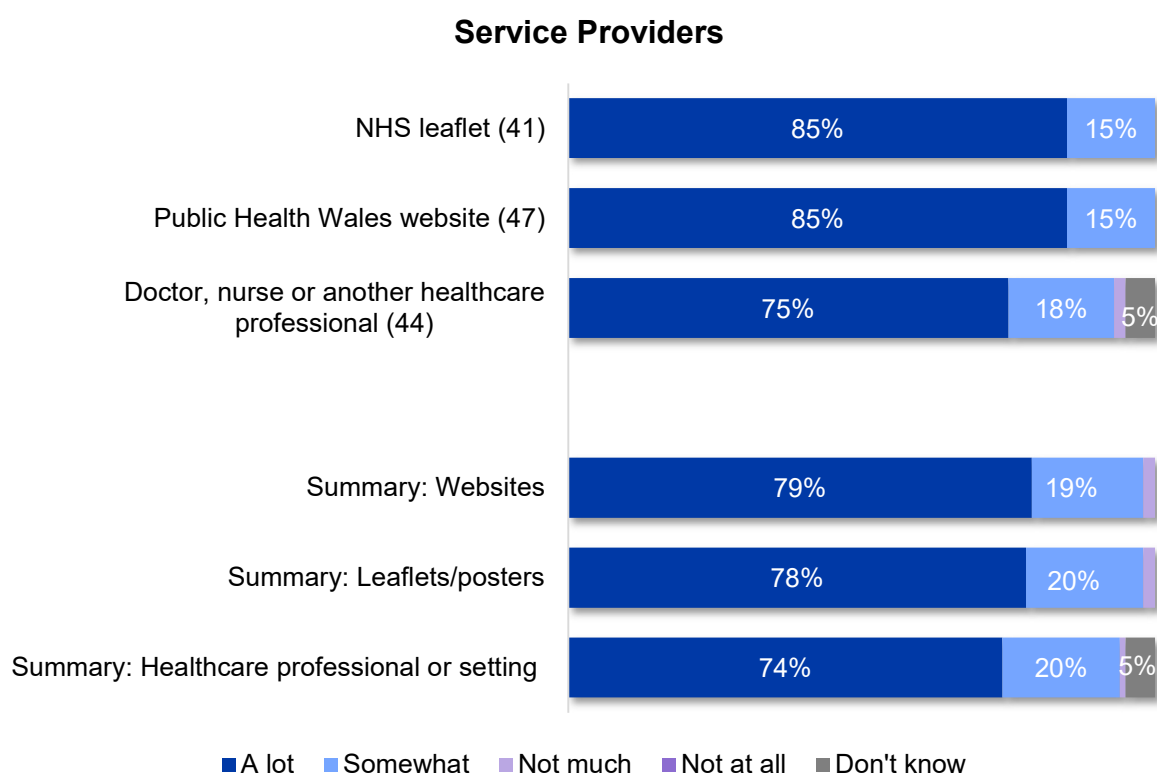
Base: All service providers (70)

G1

4.3.4 Trust in sources of information

After being asked about sources of information, service providers were asked how much they trust the source(s) they had used. Trust is high among service providers. Overall, between seven and eight in 10 trust the following sources a lot: the PHW website (85%), NHS leaflets (85%), and doctors/nurses/other healthcare professionals (75%).

Figure 41: And how much do you trust the information on vaccination from these sources?



Base: Service providers who have used each resource (base sizes in parenthesis)
G2

*Only results for sources used by at least 30 respondents at question G1 are shown

*Labels under five percent have been removed to ease reading

Service providers who took part in qualitative interviews were asked what sources of information they trust to educate themselves and provide information to their service users. NHS leaflets and the NHS website and the PHW website and PHW leaflets were commonly mentioned. However, a minority mentioned that they have been having some problems finding information on the PHW website since it was updated. These issues relate to navigation, with FAQs and leaflets being hard to find for some.

"One of the big issues I have with Public Health Wales at the moment is that they changed their website and [...] I would go so far as to say it's not fit for

purpose. I can't find anything on there that I want. Leaflets and if somebody comes with a query, usually a clinician coming to us with a query, I always like to give them the evidence for why something's being said and there's been a few things where it used to be on the FAQ page on the old website and the FAQ page now is just flu and COVID. There's nothing [for] the other vaccines, so I can't find the evidence that you used to know where it was".

Secondary care staff

"I do order leaflets [from PHW website]. Again, another issue I have is trying to find the translations of them into [other] languages, so I always have to make a note for myself again, because it's just easier to just go directly with the link that I've got here to get foreign versions of things, because again, on the Welsh site, I can't readily find things at all". Primary care staff

"Not all of the leaflets on the [NHS] web page are listed [on the PHW website]. [Leaflets on the PHW website] don't seem to be in any order, they're not in alphabetical order. Perhaps they're in order of when they were actually updated, but it's unstructured. [...] You don't know whether you're going to find the information or not. And then we scroll to the actual thing. And this is just very difficult to read. [...] It's just [too small]". Secondary care staff

Given these problems, some service providers said that they use other websites to provide information to service users, such as the English or the Scottish public health websites, particularly when it comes to finding leaflets and/or finding information translated into other languages.

"I don't even bother going to the Public health Wales website. I Google it. It's that bad. I end up finding stuff from the Scottish website as much as anything, or I try to just go straight to the English [public health website], but of course you never know if it's going to be a tweak to it compared to the Welsh site, because technically we should be using the Welsh stuff". Secondary care staff

Suggestions to improve the navigation issues on the PHW website include having summary pages with all the leaflets available categorised (e.g. by alphabetical order) and for the search function to be improved.

"You need like a summary page of what all the leaflets are because people are struggling to order, to scroll through all of this just takes forever. And when people are so busy, they haven't got the time. So perhaps people need to know in a summary page what leaflets are available for their service users. The whole thing needs a complete refresh really". Secondary care staff

"If it had a similar format to the way it was before, where everything was together and you could find by disease or by vaccine and if the search box

was even vaguely useful with the key terms that you're putting in because it really is rubbish, you'd have to spend ages scrolling through loads of things that have no relevance whatsoever". Secondary care staff

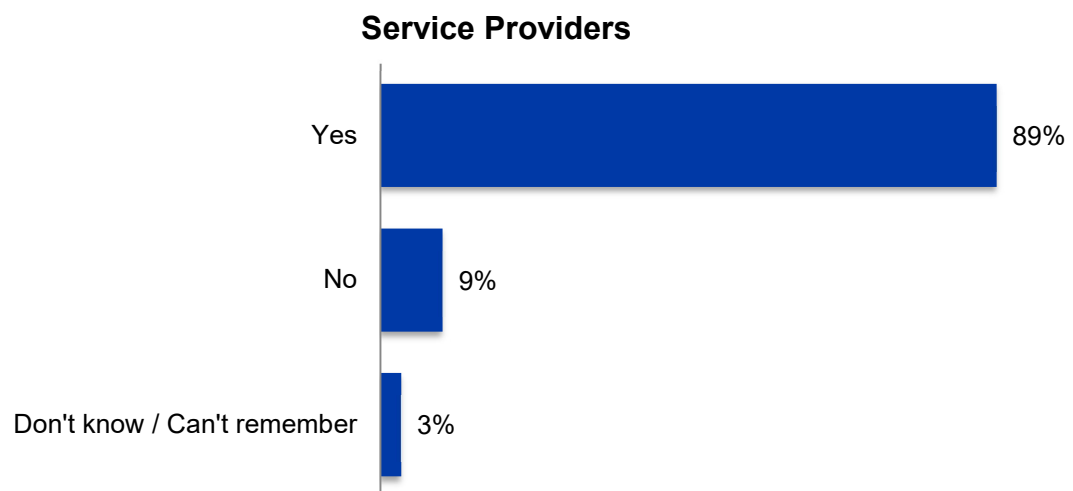
Apart from the NHS Wales and the PHW websites, another commonly cited website among service providers to provide information to service users was the Oxford Vaccine Knowledge Project. Service providers felt that this is a good site to signpost users to because it provides information about different aspects of vaccinations, such as ingredients and safety checks, while also being user-friendly as it contains videos with personal accounts.

"[Oxford Vaccine Knowledge Project] would be my go-to [website]. I think the NHS websites can put people off because they view it as this government business. If you give them something independent, they're more likely to go for it, I think. Plus, I don't think the NHS sites as are as interesting to interact with as this Vaccine Knowledge Project is. It deals with most things though, like a lot of the reasons I would use that would be for people who were on the borderline. So they'll have worries about vaccines and that has specific sections on things like the ingredients in the vaccines or what the safety checks were. It has videos of people's personal experience of things, so it could be someone who had an autistic child". Primary care staff

4.3.5 Decision-making process

Service providers were asked whether they have had conversations with service users who were hesitant about whether or not to get vaccinated (Figure 42). Nine in 10 (89%) providers said they have had conversations with hesitant users, while nine percent have not and two percent said they did not know or could not remember.

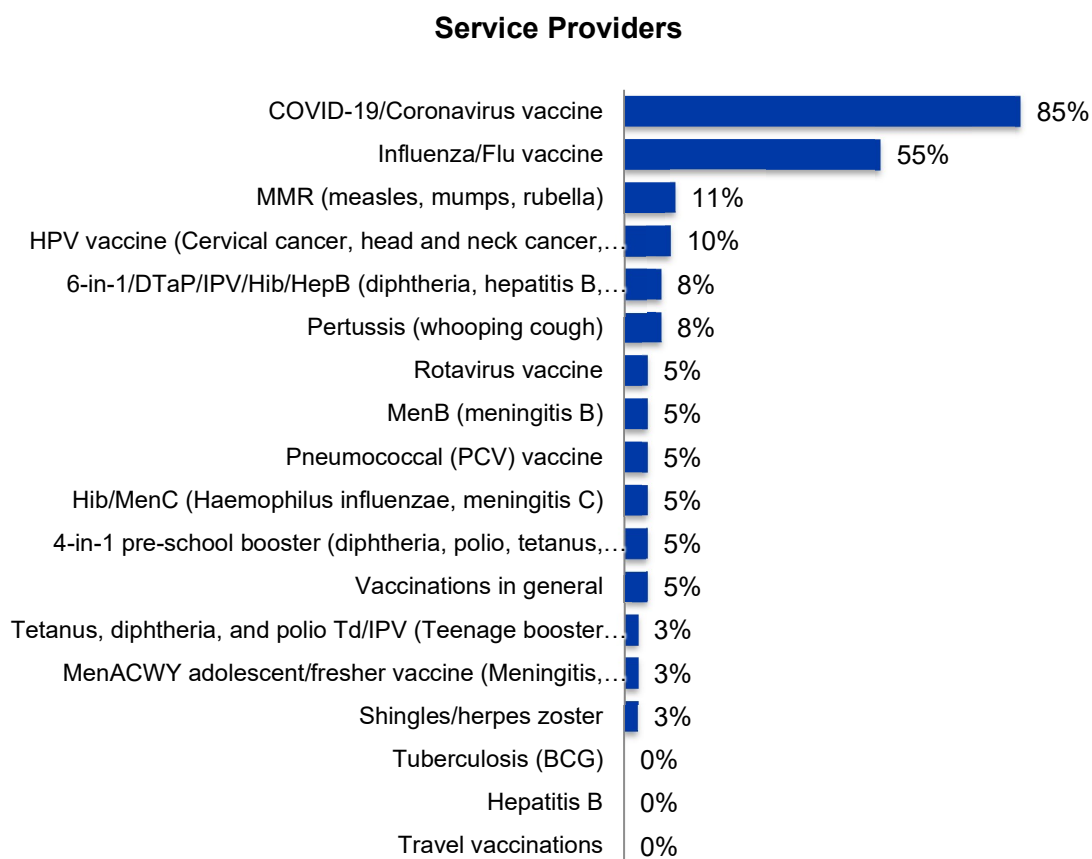
Figure 42: In the past 12 months, have you had any conversations with one or more service users who were hesitant about whether to get vaccinated or not?



Base: All service providers (70)

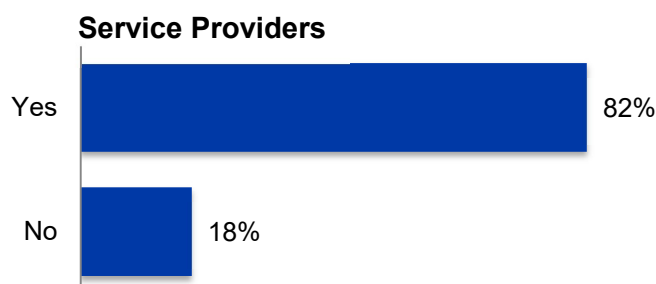
F1

Where service providers have experienced conversations with service users who were hesitant about having vaccinations, they report that the vast majority of these conversations were about COVID-19 vaccines specifically (85%). This is followed by the flu vaccine (55%). The rest of the vaccines were cited by one in 10 respondents or fewer.

Figure 43: And which vaccine(s) were they hesitant about?

Base: Service providers who have had discussions with hesitant service users (62)
F1A

Service providers who have had discussions with hesitant service users were asked if they had all the information needed to have these conversations (Figure 44). Eight in 10 (82%) said they did have all the information they needed while 18% said they did not.

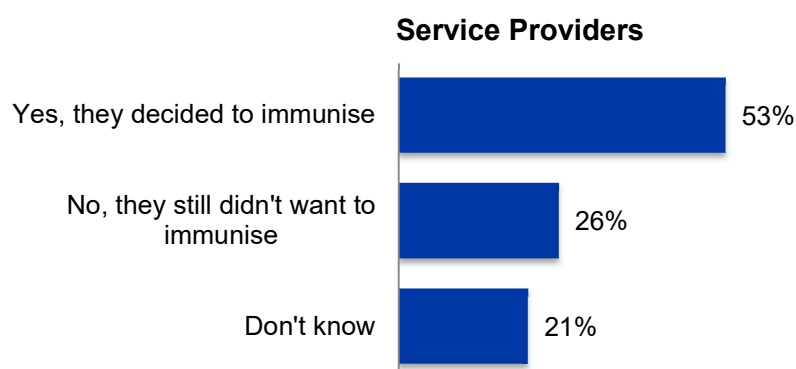
Figure 44: And did you have all the information you needed to talk to your service user(s)?

Base: Service providers who have had discussions with hesitant service users (62)
F2

Of the service providers who said they did not have all the information they needed to talk to their service users (11 respondents in total), four respondents said they did not know where to find the information they needed. These four respondents were then asked what they were missing. They said they would have liked to know more around exact details or research studies to share. The results to these questions should be interpreted with caution given the low base sizes.

Additionally, service providers who have had conversations with hesitant service users were asked about the outcome of those conversations (Figure 45). Just over half of providers said that, following these conversations, service users changed their mind and decided to immunise (53%), while one in four (26%) said service users did not want to immunise anyway, and 21% didn't know what the outcome was.

Figure 45: And did your service user(s) change their mind?



Base: All service providers who have had discussions with hesitant service users (62)
F5

4.4 Vaccine uptake, barriers and motivations

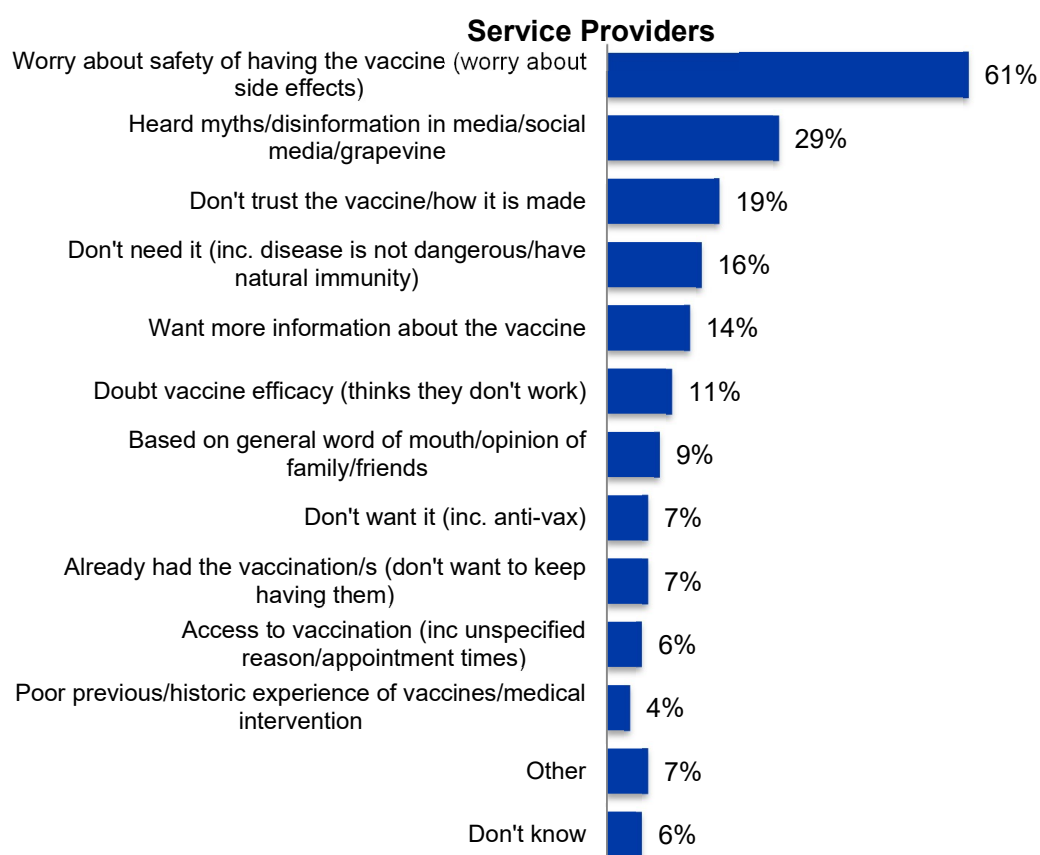
4.4.1 Introduction

This section explores service providers' views of service users' barriers and motivations to uptake of immunisations.

4.4.2 Barriers to vaccine uptake

Service providers were asked what they think the barriers are for service users to get vaccines (Figure 46). The most common barrier cited relates to concerns about the safety of vaccines and side effects (61%). This is double as likely as the next reason given, which is that users have heard disinformation in the media or through social media or friends (29%). Other less commonly cited barriers include: a lack of trust in vaccines (19%), a perception that certain vaccines are not necessary because diseases are as seen as not severe (16%), a desire to have more information on vaccines (14%), and doubts about vaccine efficacy (11%). The rest of themes were mentioned by fewer than one in 10 respondents. These barriers tie with the ones brought up by service users themselves (Figure 21).

Figure 46: And again thinking about your experience of dealing with service users, what do you think are the reasons why some of them may refuse vaccinations?



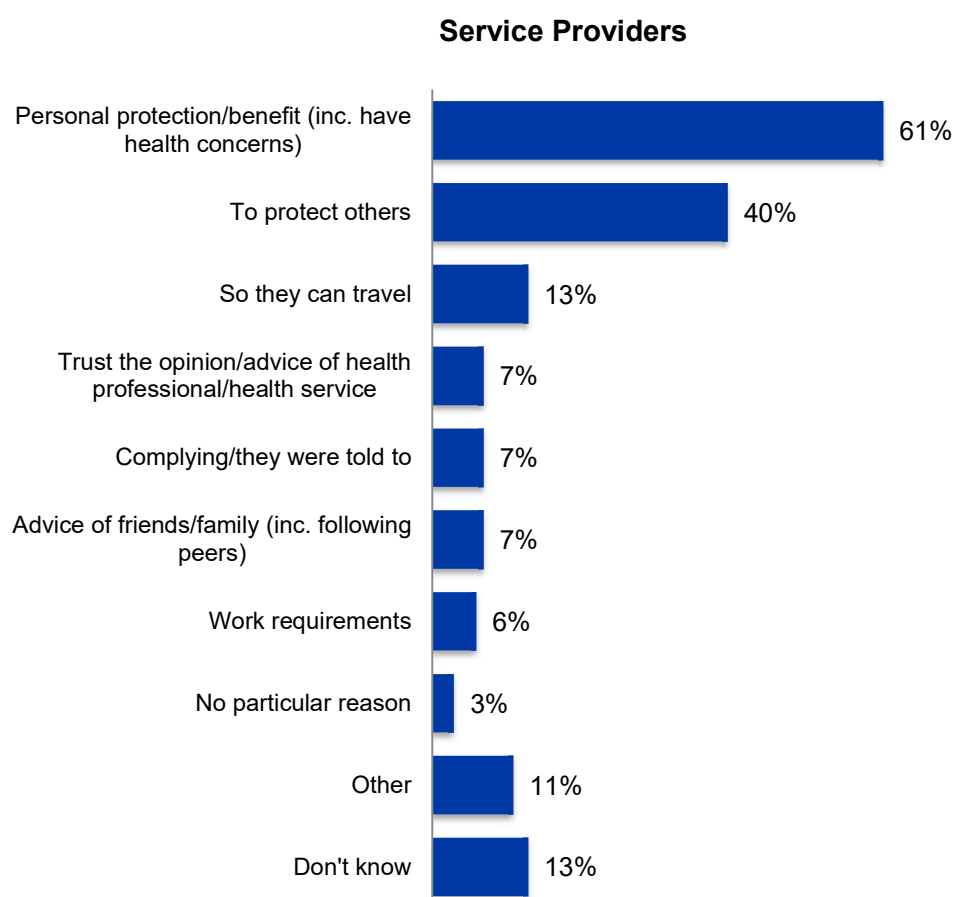
Base: All service providers (70)

D4

4.4.3 Motivations

Service providers were asked what they think the motivations of their service users are to get vaccinated (Figure 47). Service providers said that, based on their experience, protection of oneself (61%) and others (40%) are a key motivation for getting vaccinated. Other reasons were mentioned less frequently and include: being able to travel (13%), trusting the opinion of healthcare professionals (seven percent), wanting to comply with advice in general (seven percent) or advice from friends and family in particular (seven percent), and vaccination being a requirement of employment (six percent).

Figure 47: And again thinking about your experience of dealing with service users, what do you think are your service users' motivations for getting vaccinated when vaccines are offered to them?



Base: All service providers (70)
D2

Qualitative insights confirm that protection of oneself and others are also the main motivators for service providers to get vaccinated themselves.

"I'm a big advocate for vaccines. I promote it in work, obviously, it's my day job, and with family and friends. It's an absolute essential life saver, basically. People don't realise it, but it's all in the prevention model. And that's why it's important to maximise the uptake". Healthcare staff

Further research may be needed to explore in more detail service providers' motivations and barriers to vaccine uptake for themselves, as opposed to their service users.

4.5 Awareness and views of PHW publicity

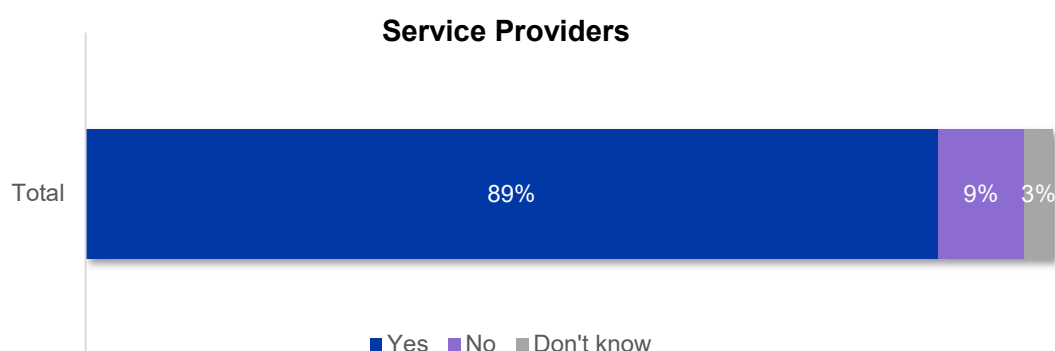
4.5.1 Introduction

This section analyses service providers' awareness of PHW publicity in relation to vaccinations. It then examines channels via which respondents have come across PHW publicity as well as views on PHW publicity materials.

4.5.2 Awareness of PHW publicity

Service providers were also shown a set of various PHW information resources about vaccination and asked whether they had seen them previously (Figure 48). The materials that service providers were shown have been outlined in Appendix 3: Materials evaluated at the quantitative survey. Overall, just under nine in 10 (89%) providers have seen at least one of the information resources before while nine percent have not, and the remainder did not know. As could be expected, awareness of PHW publicity is significantly higher among service providers (89%) than among service users (41%).

Figure 48: Have you seen any of these resources before today?

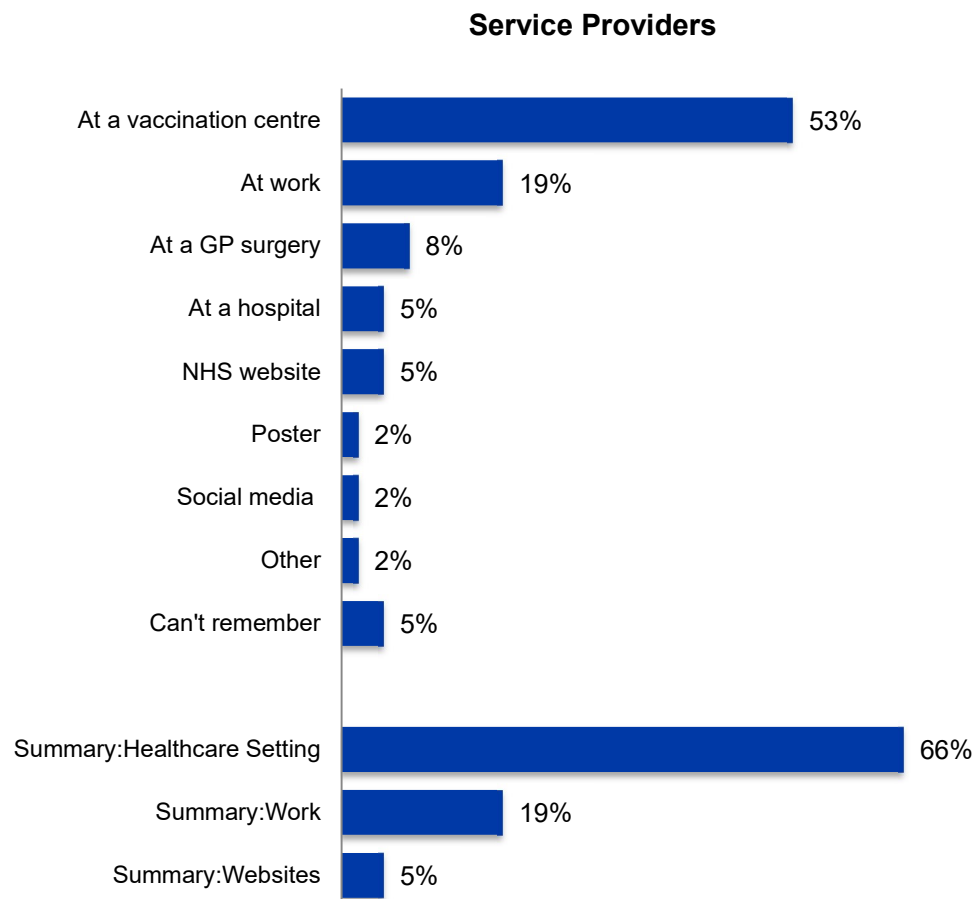


Base: All service providers (70)
H1

When service providers who have seen PHW resources were asked where this was, over half said that it was at a vaccination centre (53%), and two in five referred to

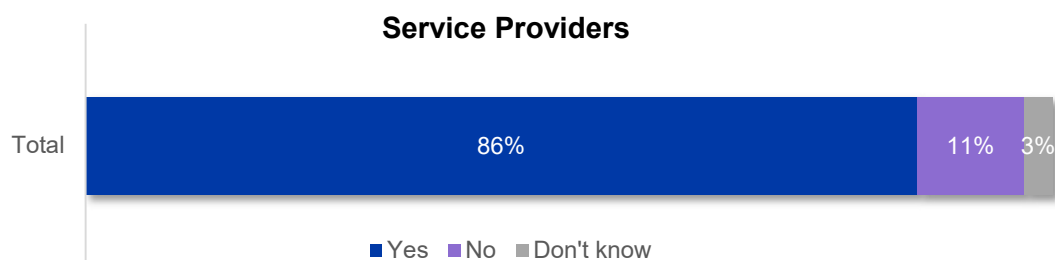
their workplace (19%). Overall, 66% have come across PHW publicity in a healthcare setting.

Figure 49: Where did you see this?



Base: Service providers who have seen PHW resources (62)
H2

Most service providers (86%) said that they have seen the *Mae Brechu yn achub bywydau/Vaccination saves lives* logo prior to taking part in the survey, with the proportion being higher than among service users (39%), as noted with awareness of PHW publicity.

Figure 50: Had you seen the logo below before today?

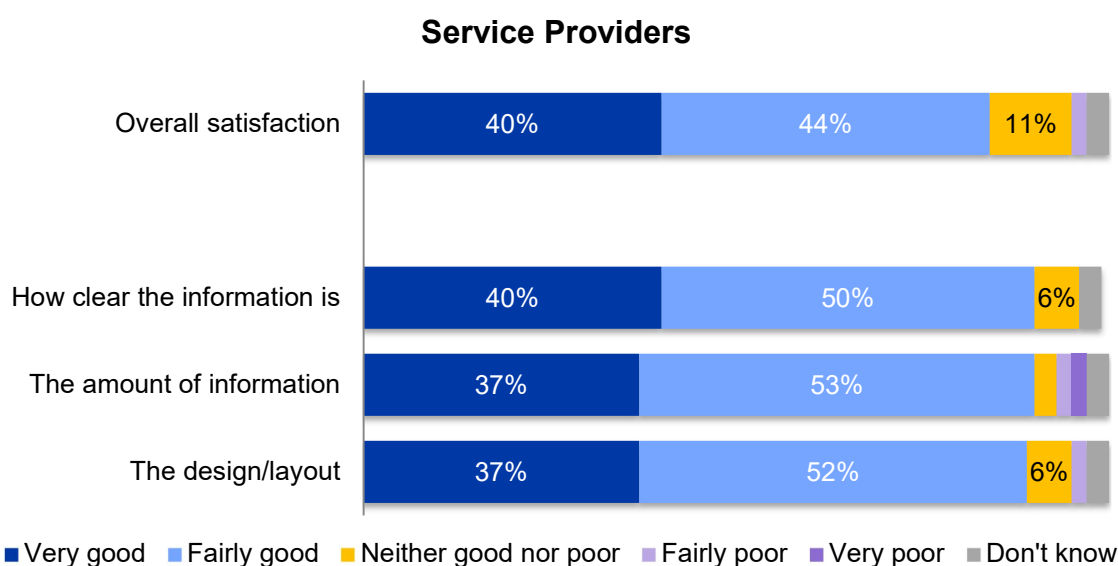
Base: All service providers (70)

H5

4.5.3 Views of PHW publicity

As with service users, service providers who said that they had seen PHW information resources around vaccinations at the survey were asked about their views on the materials they were shown (Figure 51).

84% of those who had seen the materials are satisfied overall with them with similar proportions expressing positive views about the amount of information (90% said that this was either very or fairly good), how clear the information is (90%) and the design/layout (89%). The remaining respondents were either neutral or said they didn't know and only three percent were negative about just one of these aspects: the amount of information, with three percent saying that this was fairly poor.

Figure 51: In general, how good or poor are the following elements of the leaflets/social media posts?

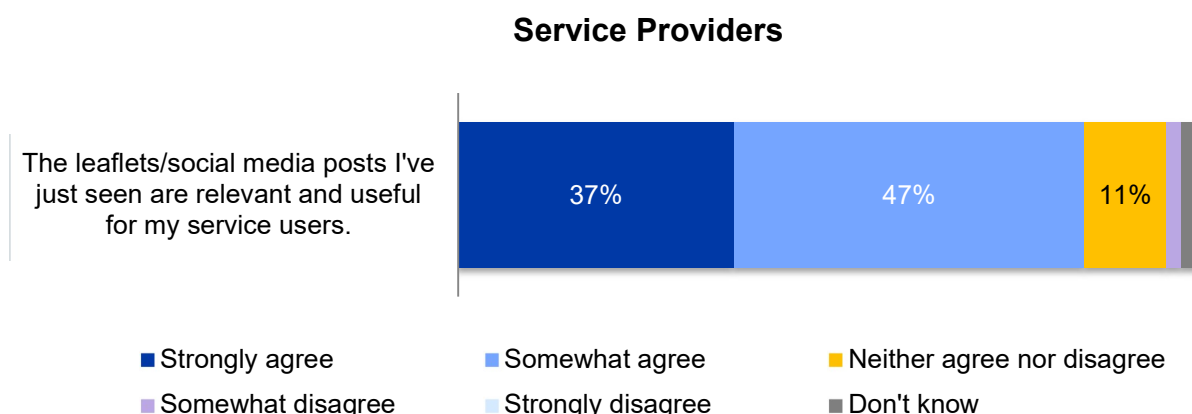
Base: All service providers who have seen PHW resources (62)

H3

*Labels under five percent have been removed to ease reading

Service providers who had seen the PHW materials were asked the extent to which they thought the materials are relevant and useful for their service users (Figure 52). Most agree that the materials are relevant for their service users (84%). One in 10 neither agree nor disagree (11%) and two percent disagree.

Figure 52: And to what extent do you agree or disagree with the following statement?



Base: All service providers who have seen PHW resources (62)
H4

*Labels under five percent have been removed to ease reading

In qualitative interviews, service providers were generally positive about the materials shown and, as healthcare professionals and being more likely to have seen or used them before taking part in the research, could share a different perspective on the benefits and drawbacks of each. Service providers shared not only thoughts on how useful materials are for them, but also for their service users.

As seen with service users, a key feature brought up when looking at communications was the amount of text and information, and the understanding of the need to find a balance between sharing enough but not losing audience interest.

"There's a lot of information. I suppose it's all important to be said, it's just a lot to read." Primary care staff, Adult's COVID and Flu Leaflet (appendix 4:8)

"People get bored and switch off and so I don't think they get into the end of the leaflet unless you're somebody that really wants to read about it in depth." Secondary care staff, Adult's COVID and Flu Leaflet (appendix 4:8)

"Too, too long. We need to get short and punchy. It's a fine balance, isn't it? Trying to be transparent with all of the information and to help people to make that decision, but some people just won't read it." Secondary care staff, Vaccines for Babies and Children Leaflet (appendix 4:1)

Colours and diagrams on materials were praised in terms of catching attention, but more practical implications and concerns were raised for users.

"Some might find it gross, but it is good to show what [HPV] can look like. Showing needles may not be a good idea as they may be different from the needles the nurses actually use so this may confuse or scare people." Primary care staff, Easy Read HPV Leaflet (appendix 4:16)

"I like the colour scheme, this sort of turquoise blue". Primary care staff, Poster for Healthcare Workers (appendix 4:19)

Service providers also often commented on the factual information included in the communications, appreciating the transparency and clear explanations for both healthcare workers and different service users.

"I quite like it. It gives the message their viruses can kill. Protect yourself and others. And in some ways that's quite hard hitting, but it's factual. So yeah, I think that's quite a good poster." Nurse immunisation coordinator, Poster for Healthcare Workers (appendix 4:19)

"Easy to read as not loads of written information, good for children of school age as it explains easily for a child, then they can talk to parents about it when they go home." Immunisation nurse, Easy Read HPV Leaflet (appendix 4:16)

In particular, service providers liked to see that a lot of necessary information was included such as side effects, eligibility, and signs and symptoms of diseases.

"Very informative. I like the list of who is eligible". Primary care staff, Adult's COVID and Flu Leaflet (appendix 4:8)

"I quite like this because it does show the signs of the meningitis and that and it does give you the different things to be aware of with regards to the vaccine. So I think this is fairly good". Primary care staff, Vaccines for Babies and Children Leaflet (appendix 4:1)

"The glass test, I think that's quite helpful". Secondary staff, Vaccines for Babies and Children Leaflet (appendix 4:1)

When thinking about how well the communications appeal to target groups, providers tended to focus more on thinking about their users than themselves, though healthcare-specific communications were considered informative and appropriate. Rather, providers thought about demographic groups who may feel included or excluded from the materials and information either because of the content, images or format.

"The second page is all blue with white writing and it looks modern but actually that is not good for people who have eyesight problems." Secondary staff, Adult's COVID and Flu Leaflet (appendix 4:7)

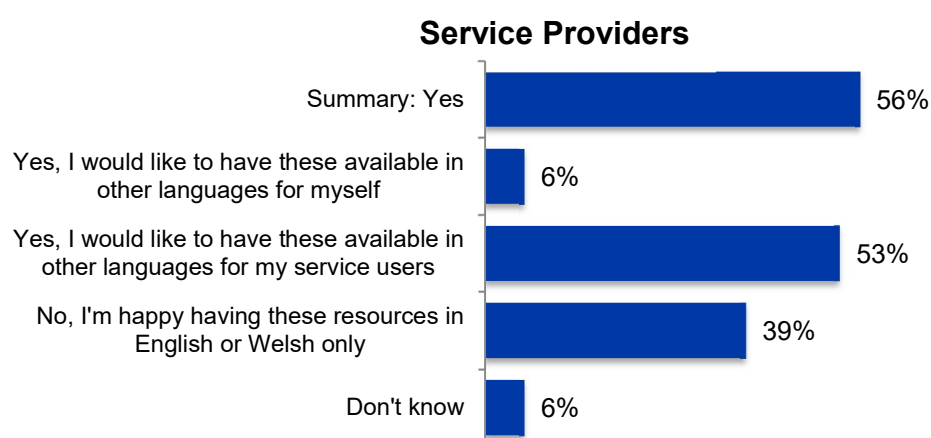
"The photographs, they all look like white babies to me. And obviously the problem with the glass test picture is that you're assuming someone's white and if you've got darker skin, it's very hard to see the rash." Primary care staff, Vaccines for Babies and Children Leaflet (appendix 4:1)

"That's what I encounter because I deal mainly with childhood vaccines and that's very much what parents are worried about. But equally a lot of people are vegetarian and vegan, so they want to know what's inside the vaccines. And [...] for certain religious reasons, they'll want to know what's in it as well. So I think increasingly you need to say what's in the vaccines". Primary care staff, Adult's COVID and Flu Leaflet (appendix 4:7)

4.5.4 Format and channel preference for PHW publicity

Service providers who took part in the survey were also asked some questions about their preferences for communications about vaccinations. One question asked whether providers would like to have information resources about vaccinations in languages other than English and Welsh (Figure 53). Overall, 56% of service providers said that they would like to have materials available in other languages. Just six percent said that they would like them for themselves, while 53% stated that they would like them for service users. Two in five (39%) stated that they are happy having resources in only English and Welsh.

Figure 53: And would you like to have these type of information resources about vaccinations available in languages other than English or Welsh?

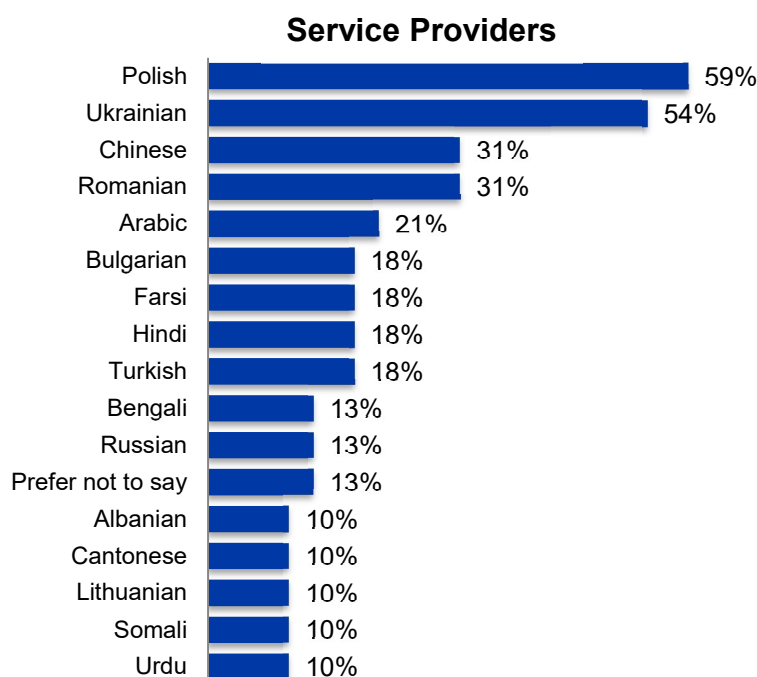


Base: All service providers (70)
H4A

Of those who said they would like resources in other languages, the languages most frequently named are Polish (59%) and Ukrainian (54%). Chinese and Romanian are

also named by one in three service providers (31%). Of all the 68 languages offered as options, 46 are chosen by at least one service provider as a language they would like to see vaccination resources available.

Figure 54: In what languages would you like to have information resources about vaccinations available?

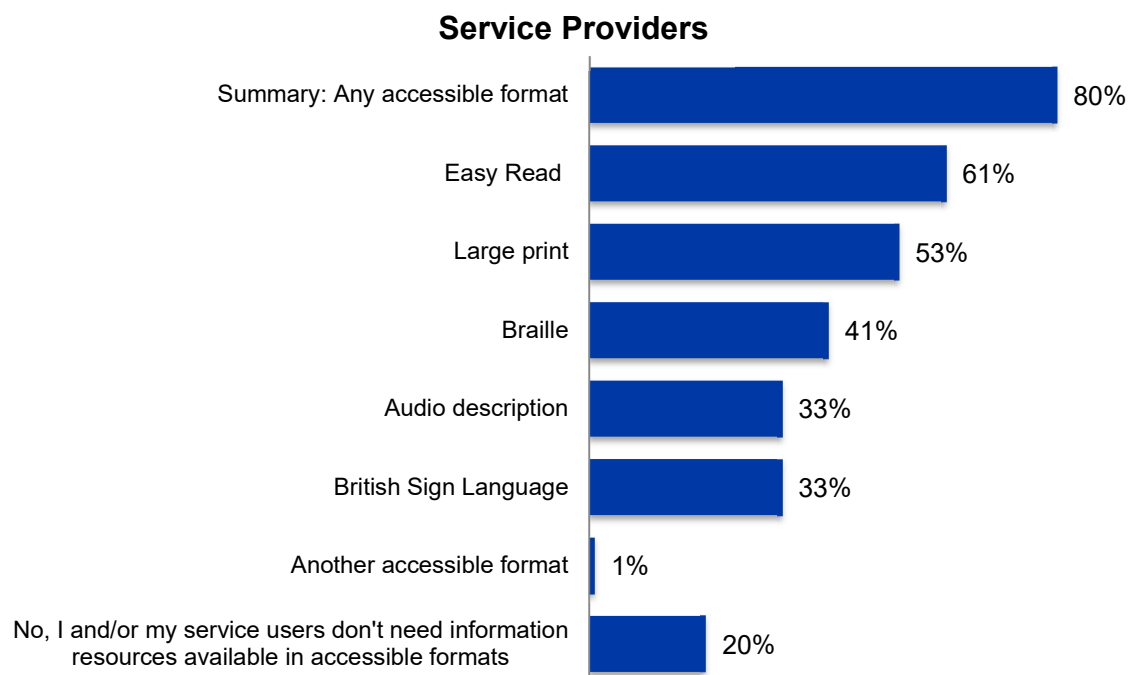


Base: Service providers who would like PHW resources in another language (39)
H4A1

Codes below 10% are not shown to ease reading

Service providers were also asked whether they would like information resources available in any accessible formats, and which ones these would be (Figure 55). The majority (80%) of service providers said that they would like to see resources in an accessible format, with Easy Read formats being the most common answer (61%). Having resources in large print is also something that over half of providers would like to see (53%). This is followed by Braille at 41%, audio description, and British Sign Language at 33% respectively. None of the accessible options were chosen by fewer than one in three service providers. These proportions are higher than among service users with disabilities, who were less likely than service providers to say that they would like to have information resources on vaccination available in accessible formats (27%, compared to 80% of service providers).

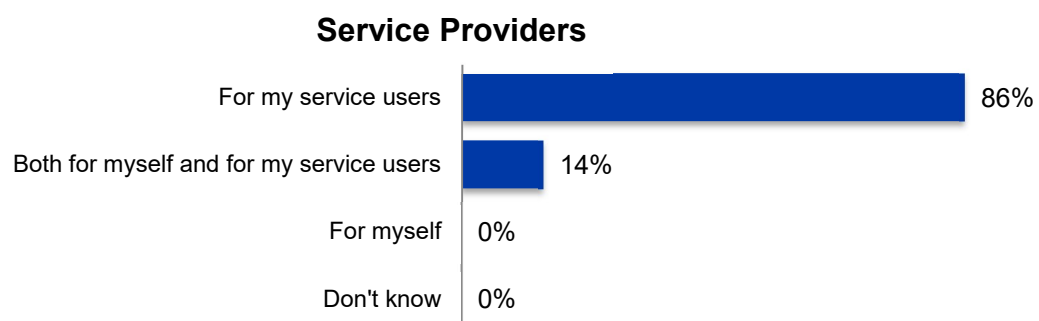
Figure 55: And would you like to have information resources about vaccinations available in any of the following accessible formats?



Base: All service providers (70)
H4B

Service providers who said they would like to see resources in an accessible format were also asked whether these would be for themselves or for their service users (Figure 56). As seen for other languages, the vast majority of service providers who want to see accessible formats want them for their service users (86%) while none want them for themselves alone. A small proportion (14%) say they would like accessible formatting for both their users and themselves.

Figure 56: And would like these accessible formats to used them for yourself, for your service users or both?



Base: Service providers would like accessible formats (56)
H4C

Service providers who took part in qualitative interviews gave a range of suggestions as to where vaccination information materials should be shared. When thinking about themselves and other healthcare workers, workplaces were mentioned as appropriate for providers to see and access information.

“If you’re in the hospital, you’d want it on the walls in the corridors, but if you’re working out in the community it should be in the clinics or buildings where we’ve got lots of administrative staff and clinical staff.” Primary care staff

When thinking about service users, physical places such as GP practices and libraries are recommended as places to share information, in some cases coming directly from the provider. What is evident is that providers want service users to know where to go to look for information if they want to find it.

“We should be giving them [leaflets] out to patients so that they can have reliable information and pointing them to the NHS website.” Secondary care staff

However, outside of healthcare settings, service providers believe that digital sources are the most effective method of spreading information, even though some drawbacks were identified.

“Information should really move online for young people, as they’re on their phones and computers and more likely to see things there than they are to pick up a piece of paper they’ve been sent or seen out and about.” Primary care staff

“There’s so many pros and cons of digital. Some people are very savvy with it and some people have no internet at all.” Primary care staff

“What I’ve noticed on social media is that people will comment. You get people negatively commenting which isn’t helpful for people as they are sharing their own opinions.” Primary care staff

For service providers, videos were seen as important since certain communities, such as traveller communities, are often illiterate and therefore videos would help to reach these groups.

“And the beauty of infographics and videos is, of course, that [...]. Especially within some of the communities that we work with, there [are] a lot of literacy issues, some people don’t read [...]” Secondary care staff

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As seen in the survey results, service providers who took part in qualitative interviews also mentioned that they would like materials to be available in accessible formats and in different languages so that they can use these to provide information to a diversity of service user groups.

“[We] need a range of leaflets to give people. Easy read ones are brilliant and online videos are also good for some.” Primary care staff

“There needs to be more of an easy read format, and maybe health professionals [should be] having conversations with harder to reach communities”. Secondary care staff

“Having things in a lot of different languages is good.” Primary care staff

Appendix 1: Quantitative sample profile

The tables below summarise the profile of service users and service providers who took part in the quantitative survey. Significant differences were discussed for sub-groups with base sizes of 30 or above only as it is not possible to detect significant differences for groups with base sizes lower than 30.

Where answers within the same category do not add up to the total number of respondents (586 service users and 70 service providers), this is because some participants chose not to provide this information.

Table 4: Sample profile of service users who took part in the quantitative survey

		Base size	%
Key groups	Care home residents	3	0.5%
	Older residents (aged 55+)	242	41%
	Carers (family/unpaid carers)	49	8%
	Domiciliary carers	16	3%
	Students	24	4%
	Parents of children under 18	154	26%
	Pregnant people	5	1%
	Disabled	134	23%
	Ethnic minorities	35	6%
	Religion and belief – Muslim	10	2%
	Religion and belief – Jewish	3	0.5%
	Men who have sex with men	20	3%
	Refugees and asylum seekers	0	0%
	Prison residents	0	0%
Health board	Aneurin Bevan University Health Board	102	17%
	Betsi Cadwaladr University Health Board	107	18%
	Cardiff and Vale University Health Board	97	17%
	Cwm Taf Morgannwg University Health Board	96	16%
	Hywel Dda University Health Board	86	15%
	Powys Teaching Health Board	26	4%
	Swansea Bay University Health Board	72	12%
WIMD quintile	1 - Least deprived	110	19%
	2	106	18%

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		Base size	%
	3	120	20%
	4	129	22%
	5 - Most deprived	121	21%
Gender	Female	313	53%
	Male	273	47%
Age	16-24	79	13%
	25-34	85	15%
	35-44	85	15%
	45-54	95	16%
	55-64	100	17%
	65-74	107	18%
	75+	35	6%
Ethnicity	White	548	94%
	Ethnic minorities	35	6%
Disability	Yes	143	24%
	No	423	72%
Main language spoken at home	English	532	91%
	Welsh	39	7%
	Other than English or Welsh	15	3%
Clinically extremely vulnerable	Yes	140	24%
	No	423	73%

Table 5: Sample profile of service providers who took part in the quantitative survey

		Base size	%
Job role	Primary care staff	43	61%
	Secondary care staff	13	19%
	Social care staff	4	6%
	Health care staff at a school (e.g. school nurse)	3	4%
	Care home staff	1	1%
	Outreach and engagement officers	1	1%
	Other	5	7%
Health board	Aneurin Bevan University Health Board	11	16%
	Betsi Cadwaladr University Health Board	6	9%

Appendix 1: Quantitative sample profile

		Base size	%
	Cardiff and Vale University Health Board	8	11%
	Cwm Taf Morgannwg University Health Board	22	31%
	Hywel Dda University Health Board	7	10%
	Powys Teaching Health Board	15	21%
	Swansea Bay University Health Board	1	1%
WIMD quintile	1 - Least deprived	10	14%
	2	22	31%
	3	16	23%
	4	14	20%
	5 - Most deprived	8	11%
Gender	Female	59	84%
	Male	10	14%
Age	16-24	1	1%
	25-34	8	11%
	35-44	11	16%
	45-54	26	37%
	55-64	21	30%
	65-74	3	4%
	75+	0	0%
Ethnicity	White	67	96%
	Ethnic minorities	3	4%
Disability	Yes	3	4%
	No	61	87%
	Don't know/prefer not to say	6	9%
Main language spoken at home	English	67	96%
	Welsh	2	3%
	Other than English or Welsh	1	1%
Clinically extremely vulnerable	Yes	15	21%
	No	51	73%

Appendix 2: Qualitative sample profile

The tables below summarise the profile of service users and service providers who took part in qualitative research. A total of 49 service users took part, 36 through five focus groups and 13 through in-depth interviews. A total of six service providers took part, through in-depth interviews.

Where answers within the same category do not add up to the total number of respondents (49 service users and six service providers), this is because some participants chose not to provide this information.

Table 6: Sample profile of service users who took part in the focus groups

Service User Target Group	Number of participants
Over 55s	9
Ethnic Minority Backgrounds	7
Participants with Disabilities	7
Expectant/New Mothers	6
16–24-year-olds	7

Table 7: Sample profile of service users who took part in the interviews

Service User Target Group	Number of interviews
SEG DE/ on housing benefits/universal credit	3
Main language isn't English/ Welsh	2
Member of the LGBTQ+ community	1
Unpaid carer	4
Adults aged 25-54	3

Table 8: Sample profile of service users who took part in the focus groups and interviews

	Number of participants	%
Key groups	Over 55s	22%
	Ethnic Minority Backgrounds	24%




		Number of participants	%
	Participants with Disabilities/Chronic Health Conditions	15	31%
	Expectant/New Mothers	6	12%
	16–24-year-olds	10	20%
	Unpaid Carer	5	10%
	LGBTQ+	6	12%
	SEG DE/Receiving Benefits	12	24%
Region	South East Wales	35	71%
	Mid Wales	1	2%
	North Wales	4	8%
	South West Wales	7	14%
	Powys	1	2%
Gender	Female	28	57%
	Male	17	35%
Age	16-24	10	20%
	25-34	7	14%
	35-44	11	22%
	45-54	8	16%
	55-64	6	12%
	65-74	5	10%
	75+	0	0%
Ethnicity	White	35	71%
	Ethnic minorities	12	24%
Disability	Yes	9	18%
	No	40	82%
Main language spoken at home	English	43	88%
	Welsh	1	2%
	Other than English or Welsh	3	6%

Table 9: Sample profile of service providers who took part in qualitative interviews²

Service User Target Group	Number of interviews
Immunisation Nurse	2
Immunisation Team Coordinator	2
GP Partner	1
School Healthcare Staff	1

² Health boards not included to preserve participants' anonymity.

Appendix 3: Materials evaluated at the quantitative survey

Material	Images	Audience
1		<p>NHS Wales Staff</p> <p>Primary Care Staff</p> <p>Local Authority-adult residents; outreach workers; social care staff</p>
2		<p>NHS Wales Staff</p> <p>Care Home Staff</p> <p>Domiciliary Carers</p> <p>Other Service Providers</p> <p>Residents aged 55+</p> <p>Unpaid Carers</p> <p>Sensory Loss (Hearing)</p> <p>Jewish</p> <p>Men who have sex with men</p> <p>Other Service Users</p>
3		<p>Primary Care Staff</p> <p>Ethnic Minority Groups</p>

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4



NHS Wales Staff
Primary Care Staff

5



Local Authority-Schools

6



Local Authority-Schools

7



Local Authority-Schools

8		<p>Local Authority-adult residents; outreach workers; social care staff</p> <p>Care Home Staff</p> <p>Care Home Residents/55+</p>
9		<p>Local Authority-adult residents; outreach workers; social care staff</p>
10		<p>Care Home Staff</p>
11		<p>Domiciliary Carers</p> <p>Other Service Providers</p> <p>Unpaid Carers</p> <p>Sensory Loss (Hearing)</p> <p>Jewish</p> <p>Muslim</p> <p>Other Service Users</p>

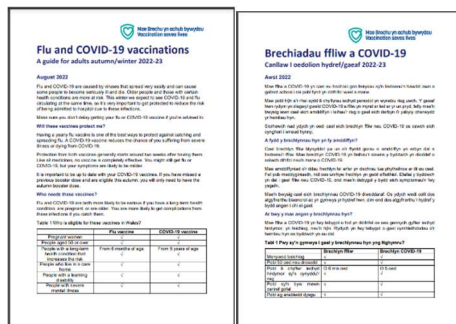
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12



Domiciliary Carers

13



Other Service Providers
Unpaid Carers
Other Service Users

14



Care Home Residents/55+

15





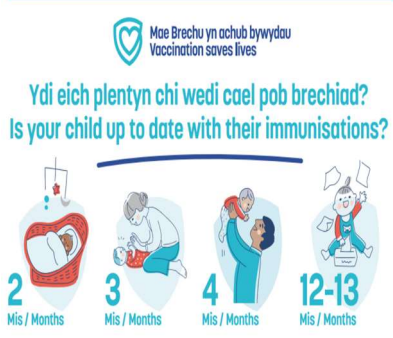


Students

16

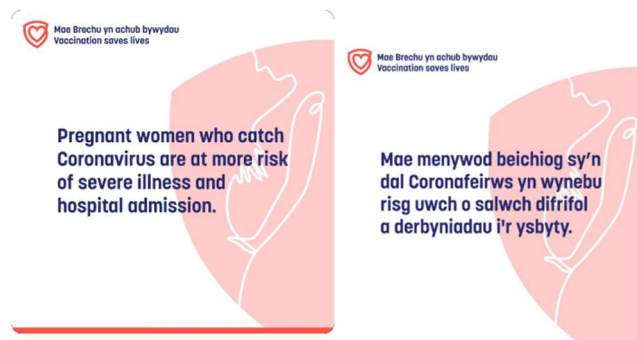


Students
Learning Disabilities

17		Students
18		Learning Disabilities
19		Parents
20		Parents
21		Parents

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22



Pregnancy and Maternity

23



Pregnancy and Maternity

24



Pregnancy and Maternity

25


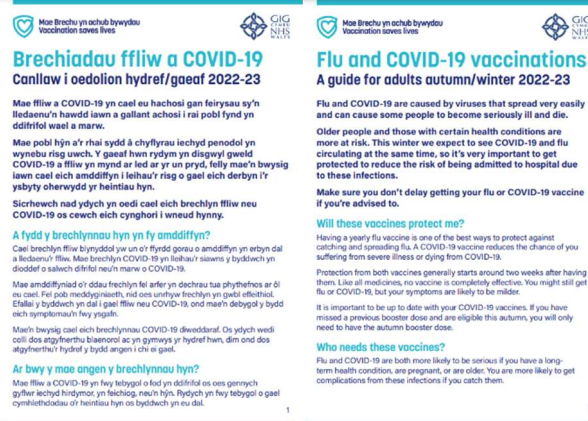





Sensory Loss (Hearing)

26



Sensory Loss (Sight)
Learning Disabilities

27		Sensory Loss (Sight)
28		Sensory Loss (Sight)
29		Ethnic Minority Groups
30		Ethnic Minority Groups
31		Muslim

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32



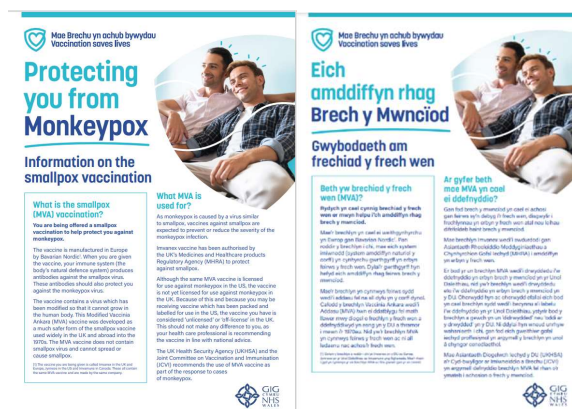
Muslim
Jewish

33



Men who have sex with men

34



Men who have sex with men

Appendix 4: Materials evaluated at the qualitative focus groups and interviews

Material	Images	Audience
1		<p>Expectant/New Mums</p> <p>Ethnic Minority Backgrounds</p> <p>SEG DE/Receiving Benefits</p> <p>Service Providers</p>
2		<p>Expectant/New Mums</p>
3		<p>Ethnic Minorities</p>

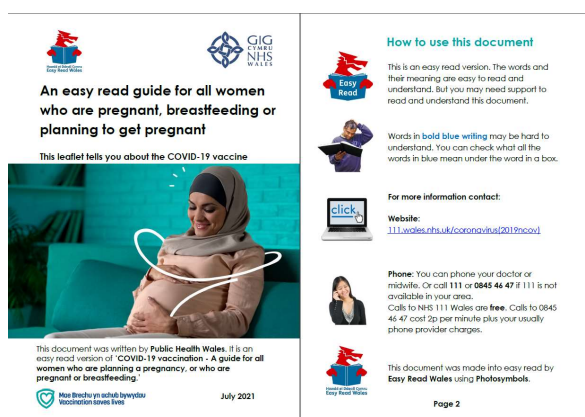
Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

4



Ethnic Minorities

5



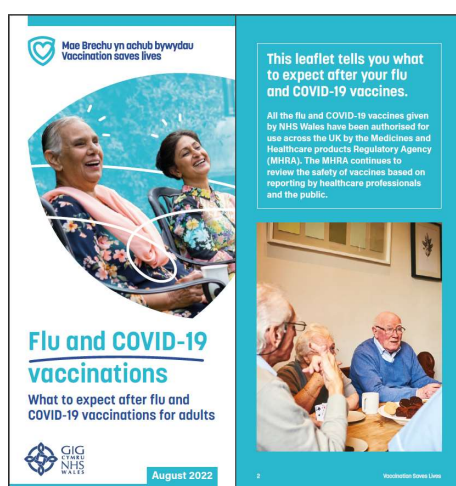
New/Expectant Mums
People with Disabilities

6

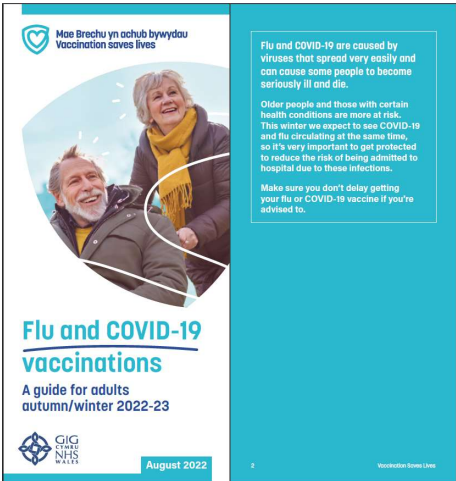

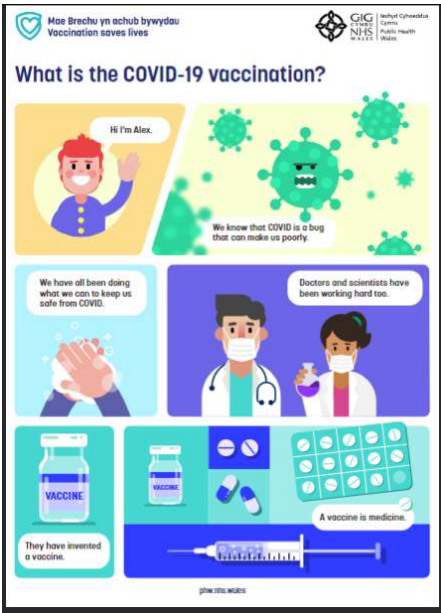


55+

7

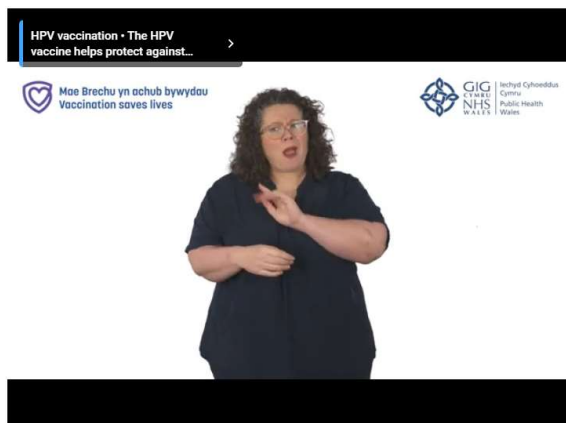


55+
LGBTQ+
General Adults 25-54
English/Welsh not First Language

<p>8</p>		<p>Unpaid Carer SEG DE/Receiving Benefits People with Disabilities Service Providers</p>
<p>9</p>		<p>55+ General Adults 25-54 English/Welsh not First Language</p>
<p>10</p>		<p>General Adults 25-54 DE/Receiving Benefits Aged 16-24 English/Welsh not First Language</p>

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11



People with Disabilities

12



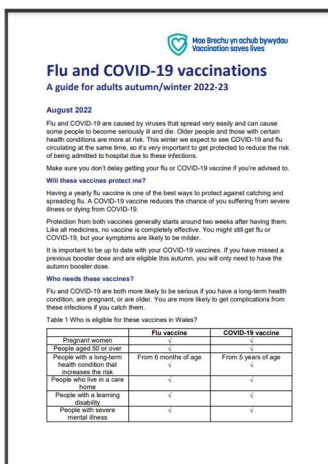
Aged 16-24

13




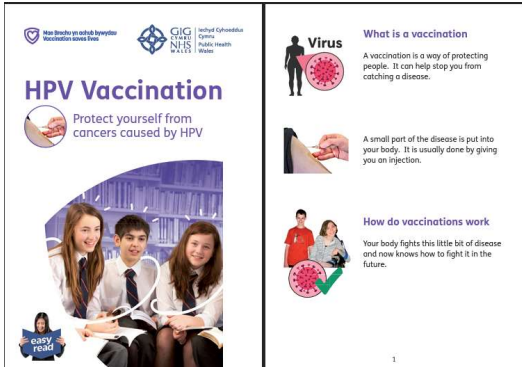
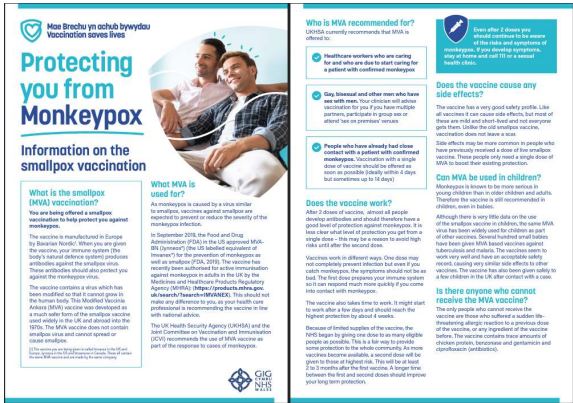
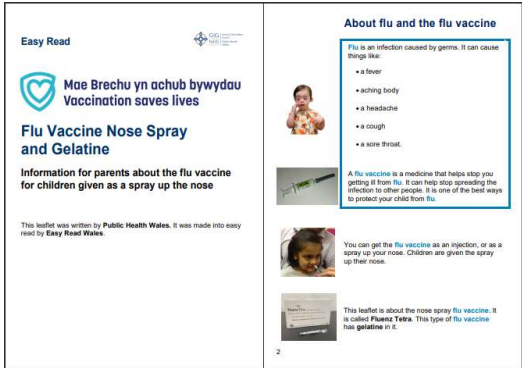

Aged 16-24

14



Unpaid Carer

Appendix 4: Materials evaluated at the qualitative focus groups and interviews

15		Unpaid Carer
16		Aged 16-24 Unpaid Carer LGBTQ+ General Adults 25-54 Service Providers
17		LGBTQ+
18		Service Providers
19		Service Providers

Appendix 5: Survey questionnaire – Service users

Screening & Profiling (Section S)

INTRO TEXT

Firstly, some questions about you ...

Base: All respondents

SINGLE RESPONSE

S01_B. This survey **requires** respondents to give their full postcode. Are you happy to provide this?

This information will only be used for statistical purposes to analyse the results by specific areas, such as Local Authority, Constituency and Government areas. Asking for your postcode saves you time and helps us to report more accurate information. All answers will be treated entirely anonymously and postcode information will not be used for any other purpose.

Please select one only

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No	SCREENOUT	

Base: All respondents

OPEN RESPONSE, POSTCODE FORMATTING & VALIDATION APPLIED

S02. Could you please provide your full UK postcode?

Please ensure to **include a space** where applicable, e.g. AB1 2CD

Please answer in the box below

Base: All respondents

SINGLE RESPONSE

S04_B. How old are you?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Under 16	SCREENOUT	
2	16 to 24		

3	25 to 34		
4	35 to 44		
5	45 to 54		
6	55 to 64		
7	65 to 74		
8	75+		
98	Prefer not to say	SCREENOUT	

Base: All respondents

SINGLE RESPONSE

S03. What is your sex?

If you are non-binary or you are not sure how to answer, you could use the sex registered on your official documents, such as your birth certificate. A voluntary question about trans status or history will follow if you are aged 16 or over. You can respond as non-binary in that question.

Please select one only

Code	Answer list	Scripting notes	Routing
1	Female		
2	Male		
98	Prefer not to say	SCREENOUT	
97	Don't know	SCREENOUT	

Base: All if 16+ (**S04_B=2-8**)

SINGLE RESPONSE

S03B. Do you consider yourself to be trans, or have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

SINGLE RESPONSE

T0. Which of the following do you consider yourself to be?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Heterosexual or straight		
2	Gay or lesbian		
3	Bisexual		
95	Prefer to use another term (please specify)	ADD OPEN TEXT BOX	
98	Prefer not to say		

SINGLE RESPONSE

T6. Do you have a disability?

The Disability Discrimination Act (DDA) defines a person with a disability as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Prefer not to say		

Base: those who have a disability (T6=1)

SINGLE RESPONSE

T6A. Which of the following apply to you?

Please select all that apply.

Fixed codes	Answer list	Scripting notes	Routing
1	Partial or total loss of hearing		
2	Partial or total loss of vision		

3	Speech impediment or impairment		
4	Other communication difficulty		
5	Mobility impairment or difficulty moving around		
6	Learning difficulty or learning disability		
7	Mental health condition or disorder		
8	Severe physical disfigurement		
9	A longstanding illness or disease		
95	Other (please specify)	ADD OPEN TEXT BOX	
96	None of the above	EXCLUSIVE	
97	Don't know	EXCLUSIVE	
98	Prefer not to say	EXCLUSIVE	

Base: All respondents

SINGLE RESPONSE

T1. What is your ethnicity?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
	White	HEADING NOT CODE	
1	British/English/Welsh/Scottish/Northern Irish		
2	Irish		
3	Gypsy, Traveller or Irish Traveller		
4	Any other white background		
	Mixed	HEADING NOT CODE	
5	White and Black Caribbean		
6	White and Black African		
7	White and Asian		
8	Any other Mixed/ Multiple ethnic background		
	Asian and British Asian	HEADING NOT CODE	
9	Indian		
10	Pakistani		

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11	Bangladeshi		
12	Chinese		
13	Any other Asian background		
	Black and Black British	HEADING NOT CODE	
14	African		
15	Caribbean		
16	Any other Black/ African/ Caribbean background		
	Other ethnic group	HEADING NOT CODE	
17	Arab		
95	Other		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE, DROPDOWN LIST

T3. What is the main language that you speak at home?

Fixed codes	Answer list	Scripting notes	Routing
1	English		
2	Welsh		
3	Afrikaans		
4	Albanian		
5	Arabic		
6	Armenian		
7	Basque		
8	Bengali		
9	Byelorussian		
10	Burmese		
11	Bulgarian		
12	Catalan		
13	Czech		
14	Chinese		
15	Croatian		

16	Cantonese		
17	Danish		
18	Dutch		
19	Estonian		
20	Faroese		
21	Farsi		
22	Finnish		
23	French		
24	Flemish		
25	German		
26	Greek		
27	Hebrew		
28	Hindi		
29	Hungarian		
30	Icelandic		
31	Indonesian		
32	Italian		
33	Japanese		
34	Korean		
35	Kurdish		
36	Laotian		
37	Latvian		
38	Lithuanian		
39	Macedonian		
40	Mandarin		
41	Malay		
42	Maltese		
43	Nepali		
44	Norwegian		
45	Pashto		
46	Polish		
47	Portuguese		
48	Romanian		
49	Russian		
50	Serbian		
51	Slovak		

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52	Slovenian		
53	Somali		
54	Spanish		
55	Swedish		
56	Swahili		
57	Filipino		
58	Tajik		
59	Tamil		
60	Thai		
61	Tibetan		
62	Tongan		
63	Turkish		
64	Turkmen		
65	Ukrainian		
66	Urdu		
67	Uzbek		
68	Vietnamese		
95	Another language (please specify)	OPEN TEXT BOX	
96	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T2. What is your religion, if any?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		
2	Buddhist		
3	Hindu		
4	Jewish		
5	Muslim		
6	Sikh		

95	Other (please specify)	ADD OPEN TEXT BOX	
96	No religion		
98	Prefer not to say		

Base: All respondents

MULTICODE

T8. Are you any of the below?

Please select all that apply.

Fixed codes	Answer list	Scripting notes	Routing
1	Pregnant		
2	A parent/guardian of a child(ren) below the age of 18		
3	An unpaid carer for someone who is ill or disabled		
4	A paid carer for someone who is ill or disabled		
5	Care home resident		
6	Prison resident	SHOW IF OPEN LINK ONLY	
7	A refugee/asylum seeker		
96	None of the above	EXCLUSIVE	
98	Prefer not to say	EXCLUSIVE	

Base: All respondents

SINGLE RESPONSE

T4. Which of these activities best describes what you are doing at present?

If you are doing more than one of these activities, please select your main activity.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Employed in full-time job (30 hours plus per week)		

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2	Employed in part-time job (Under 30 hours per week)		
3	Self-employed - full or part time		
4	Maternity/Paternity/Shared parental leave		
5	On a government supported training programme, e.g. Modern apprentice		
6	Student in full-time education at school, college or university		
7	Unemployed and available for work		
8	Permanently sick/disabled		
9	Looking after the home		
10	Retired		
11	Unpaid work for a business, community or voluntary organisation		
95	Doing something else		
98	Prefer not to say		

Section A: Spontaneous awareness of publicity

Base: All respondents

MULTICODE

A1. In the past 12 months, have you seen, read or heard anything on the below topics about people's health?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Healthy eating/nutrition		
2	Immunisations/vaccinations		
3	Infections/viruses		
4	A disease/illness		
5	Smoking		
6	Drugs		
7	Sexual health		
8	Mental health		
95	Other topic related to health (please specify)	OPEN TEXT	
96	None of the above	EXCLUSIVE	

Base: All respondents

SINGLE RESPONSE

A2. In the past 12 months, have you seen, read or heard anything about vaccinations/immunisations for people?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: those who have heard about vaccinations (A1=2 OR A2=1)

MULTICODE

A3. What vaccination was it about?

Please select all that apply

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Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		
7	"4-in-1 pre-school booster" (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or "3 in 1")		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough) vaccine		
16	Shingles/herpes zoster vaccine		
17	Travel vaccinations		
18	Immunisation/vaccination in general	EXCLUSIVE	
95	Other (please specify)	OPEN TEXT	
96	None of the above	EXCLUSIVE	

Base: those who have heard about vaccinations (A1=2 OR A2=1)

OPEN RESPONSE

A4. And what do you remember most about what you saw or heard? What did it say/what did you learn about it?

Please answer in the box below

[]

Fixed codes	Answer list	Scripting notes	Routing
97	Can't remember	EXCLUSIVE	

Base: those who have heard about vaccinations (A1=2 OR A2=1)

SINGLE RESPONSE

A5. Overall was the information that you saw... ?

Fixed codes	Answer list	Scripting notes	Routing
1	In favour of vaccination		
2	Against vaccination		
3	Neither in favour nor against		
4	A mixture of information in favour and against vaccination		
97	Don't know/ can't remember		

Base: those who have heard about vaccinations (A1=2 OR A2=1)

MULTICODE, RANDOMISE

A6. And where did you see or hear this?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Doctor, nurse or another healthcare professional		
2	Someone else in a healthcare setting (e.g. receptionist)	SHOW ALWAYS BELOW DOCTOR, NURSE...	

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3	Health visitor/ school nurse/ practice nurse/ midwife		
4	Pharmacist or someone else at a pharmacy		
5	TV in pharmacy/GP surgery/hospital		
6	Poster advert or advert on a bus		
7	Radio		
8	Newspaper		
9	Magazine		
10	Television		
11	NHS leaflet		
12	Other leaflet	SHOW ALWAYS BELOW NHS LEAFLET	
13	NHS 111 / NHS Direct Wales telephone service		
14	NHS website		
15	Public Health Wales website		
16	Another website	SHOW ALWAYS BELOW NHS WEBSITE	
17	Red Book / child's Personal Child Health Record (PCHR)		
18	Family/Friends/Colleagues		
19	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
20	Snapchat		
21	WhatsApp		
22	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	

Base: All respondents

SINGLE RESPONSE

A7. Is there anything you have come across that would make you concerned or worried about having a vaccination?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		

Base: those who have seen worrying information (A7=1)

MULTICODE

A8. Which vaccination(s) did it make you feel concerned about?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		
7	"4-in-1 pre-school booster" (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or "3 in 1")		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough) vaccine		

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16	Shingles/herpes zoster vaccine		
17	Travel vaccinations		
18	Immunisation/vaccination in general	EXCLUSIVE	
95	Other (please specify)	OPEN TEXT	
96	Can't remember	EXCLUSIVE	

Base: those who have seen worrying information (A7=1)

MULTICODE

A9. And where did you see or hear this information which would make you concerned about having a vaccination?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Doctor, nurse or another healthcare professional		
2	Someone else in a healthcare setting (e.g. receptionist)	SHOW ALWAYS BELOW DOCTOR, NURSE...	
3	Health visitor/ school nurse/ practice nurse/ midwife		
4	Pharmacist or someone else at a pharmacy		
5	TV in pharmacy/GP surgery/hospital		
6	Poster advert or advert on a bus		
7	Radio		
8	Newspaper		
9	Magazine		
10	Television		
11	NHS leaflet		
12	Other leaflet	SHOW ALWAYS BELOW NHS LEAFLET	
13	NHS 111 / NHS Direct Wales telephone service		
14	NHS website		
15	Public Health Wales website		
16	Another website	SHOW ALWAYS BELOW NHS AND PHW WEBSITES	

17	Red Book / child's Personal Child Health Record (PCHR)		
18	Family/Friends/Colleagues		
19	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
20	Snapchat		
21	WhatsApp		
22	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	

Section B: Prompted awareness and views of vaccination programme

INTRO TEXT

We now have some questions about the vaccinations that are available for free in Wales.

Base: All respondents

MULTICODE

B1. What vaccines do you think are currently available for people in Wales?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		

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7	"4-in-1 pre-school booster" (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or "3 in 1")		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough) vaccine		
16	Shingles/herpes zoster vaccine		
17	Travel vaccinations		
95	Other (please specify)	OPEN TEXT	
96	None of the above	EXCLUSIVE	
96	Don't know	EXCLUSIVE	

Base: All respondents

SINGLE CODE PER ROW

B2. How serious do you think it could potentially be to your health if you got the following diseases?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	Measles (not German)		
2	Rubella / German measles		
3	Mumps		
4	Polio		
5	Diphtheria		
6	Tetanus		

7	Meningitis		
8	Septicaemia (Blood poisoning)		
9	Cervical cancer		
10	Head and neck cancer		
11	Genital cancer		
12	Genital warts		
13	Influenza/Flu		
14	COVID-19/Coronavirus		
15	Shingles/herpes zoster		
16	Pertussis/whooping cough		
17	Pneumonia		
18	Rotavirus		
19	Hepatitis		
20	Tuberculosis		

COLUMNS

Fixed codes	Answer list	Scripting notes	Routing
1	Very serious		
2	Fairly serious		
3	Not very serious		
4	Not at all serious		
96	Don't know		
5	I haven't heard of this disease		

Base: All respondents

SINGLE CODE PER ROW, ROTATE ROWS

B3. How safe do you personally feel each of these vaccines are?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		
7	"4-in-1 pre-school booster" (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or "3 in 1")		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough) vaccine		
16	Shingles/herpes zoster vaccine		
17	Travel vaccinations		

COLUMNS

Fixed codes	Answer list	Scripting notes	Routing
1	Very safe		
2	Small risk		
3	Medium risk		
4	High Risk		
96	Don't know		

Base: All respondents

SINGLE CODE PER ROW

B4. Do you think there are any vaccines that are worse for you than the actual illness/disease? If so, which ones?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	None – all vaccinations are a lower risk to me than the disease is	EXCLUSIVE	
2	All immunisations/vaccinations in general are a higher risk to me than the diseases they protect from	EXCLUSIVE	
3	“6-in-1”/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
4	Rotavirus vaccine		
5	MenB (meningitis B)		
6	Pneumococcal (PCV) vaccine		
7	Hib/MenC (Haemophilus influenzae, meningitis C)		
8	MMR (measles, mumps, rubella)		
9	“4-in-1 pre-school booster” (diphtheria, polio, tetanus, whooping cough (pertussis))		

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10	Tuberculosis (BCG)		
11	Hepatitis B		
12	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or “3 in 1”)		
13	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
14	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
15	COVID-19/Coronavirus vaccine		
16	Influenza/Flu vaccine		
17	Pertussis (whooping cough) vaccine		
18	Shingles/herpes zoster vaccine		
19	Travel vaccinations		
95	Other (please specify)	OPEN TEXT	
96	Can't remember	EXCLUSIVE	

Section C: Knowledge and access to information

INTRO TEXT

We now have some questions about the vaccinations that have been offered to you so far.

Base: All respondents

SINGLE CODE PER ROW, ROTATE ROWS

C1. To what extent do you agree or disagree with the following statements?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	I've had enough information to make an informed decision about whether or not to have each of the vaccinations I've been offered so far		
2	I know where to find information on vaccinations		
3	I know how vaccinations work		

COLUMNS

Column code	Column list	Scripting notes	Routing
1	Stongly agree		
2	Somewhat agree		
3	Neither agree nor disagree		
4	Somewhat disagree		
5	Strongly disagree		
97	Don't know	FIX	

Base: those who didn't have enough information to make an informed decision
(C1_Statement 1=4 OR 5 OR 97)

OPEN TEXT

C2. What information were you missing? What else would you have liked to know to be able to make an informed decision?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

Section D: Uptake, motivations and barriers

Base: All respondents

MULTICODE

D1. Thinking about all the vaccinations that have been offered to you so far, have you ever refused or delayed a vaccination?

Please select all that apply

Column code	Column list	Scripting notes	Routing
1	No, I have had all the vaccinations offered to me so far	EXCLUSIVE	
2	Yes, I have refused one or more vaccinations		

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3	Yes, I have delayed one or more vaccinations		
97	Don't know / Can't remember	EXCLUSIVE	

Base: those who have had all vaccinations offered to them (D1=1)

OPEN TEXT

D2. Why did you decide to have all the vaccinations offered to you?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

Base: those who delayed or refused vaccinations (D1=2 OR 3)

MULTICODE

D3. Which vaccination(s) did you refuse or delay?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		
7	"4-in-1 pre-school booster" (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		

10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or “3 in 1”)		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough) vaccine		
16	Shingles/herpes zoster vaccine		
17	Travel vaccinations		
18	All immunisations/vaccinations offered to me	EXCLUSIVE	
95	Other (please specify)	OPEN TEXT	
96	Can't remember	EXCLUSIVE	

Base: those who delayed or refused vaccinations (D1=2 OR 3)

OPEN TEXT

D4. Why did you decide to refuse or delay this vaccination(s)?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

Base: those who delayed or refused vaccinations (D1=2 OR 3)

OPEN TEXT

D5. Would anything encourage you not to refuse or delay vaccination(s) in the future?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

96	Nothing		
----	---------	--	--

Section E: Perceptions of vaccinations

Base: All respondents

SINGLE CODE PER ROW, RANDOMISE ROWS

E1. Now, you will be shown a series of statements about things that other people have said about vaccinations. To what extent do you agree or disagree with the following statements?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	I am concerned about the ingredients of vaccines		
2	Vaccinations are properly tested before being given to people		
3	I am worried about any side effects that I might have because of vaccinations		
4	I trust vaccines		
5	I think vaccines work		
6	I think vaccines are safe		
7	I believe that getting vaccinated is the right thing to do for me		
8	I believe that getting vaccinated is the right thing to do for society		
9	It is normal for people my age to get vaccinated		

COLUMNS

Column code	Column list	Scripting notes	Routing
1	Strongly agree		
2	Somewhat agree		
3	Neither agree nor disagree		
4	Somewhat disagree		
5	Strongly disagree		
97	Don't know	FIX	

Section F: Decision making

Base: All respondents

SINGLE CODE

F1. When considering immunisations offered to you so far, which of the following best describes you?

Fixed codes	Answer list	Scripting notes	Routing
1	I automatically have all my immunisations done when they are due/offered		
2	I normally have all the vaccines offered to me but I like to check information before I have them		
3	I weigh up the pros and cons of different immunisations before I decide whether or not to have them		
4	I check information on vaccinations but I usually don't have them		
5	I know I don't want to have vaccinations so I don't need to check information		
97	Don't know		

Section G: Sources of information and levels of trust

Base: All respondents

MULTICODE, RANDOMISE

G1. Which of the following have you used before today to find out about vaccinations?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Doctor, nurse or another healthcare professional		
2	Someone else in a healthcare setting (e.g. receptionist)	SHOW ALWAYS BELOW DOCTOR, NURSE...	
3	Health visitor/ school nurse/ practice nurse/ midwife		

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4	Pharmacist or someone else at a pharmacy		
5	TV in pharmacy/GP surgery/hospital		
6	Poster advert or advert on a bus		
7	Radio		
8	Newspaper		
9	Magazine		
10	Television		
11	NHS leaflet		
12	Other leaflet	SHOW ALWAYS BELOW NHS LEAFLET	
13	NHS 111 / NHS Direct Wales telephone service		
14	NHS website		
15	Public Health Wales website		
16	Another website	SHOW ALWAYS BELOW NHS WEBSITE	
17	Red Book / child's Personal Child Health Record (PCHR)		
18	Family/Friends/Colleagues		
19	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
20	Snapchat		
21	WhatsApp		
22	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	
96	None	EXCLUSIVE, FIXED	

Base: those who have used sources of information (G1=1-95)

SINGLE CODE PER ROW, PIPE CODES SELECTED AT G1

G2. And how much do you trust the information given to you from these sources?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	Doctor, nurse or another healthcare professional		
2	Someone else in a healthcare setting (e.g. receptionist)	SHOW ALWAYS BELOW DOCTOR, NURSE...	
3	Health visitor/ school nurse/ practice nurse/ midwife		
4	Pharmacist or someone else at a pharmacy		
5	TV in pharmacy/GP surgery/hospital		
6	Poster advert or advert on a bus		
7	Radio		
8	Newspaper		
9	Magazine		
10	Television		
11	NHS leaflet		
12	Other leaflet	SHOW ALWAYS BELOW NHS LEAFLET	
13	NHS 111 / NHS Direct Wales telephone service		
14	NHS website		
15	Public Health Wales website		
16	Another website	SHOW ALWAYS BELOW NHS WEBSITE	
17	Red Book / child's Personal Child Health Record (PCHR)		
18	Family/Friends/Colleagues		
19	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
20	Snapchat		
21	WhatsApp		

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22	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	

COLUMNS

Column code	Column list	Scripting notes	Routing
1	A lot		
2	Somewhat		
3	Not much		
4	Not at all		
97	Don't know	FIX	

Base: All respondents

MULTICODE, RANDOMISE

G3. And which of the following do you normally use at least twice a week?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Radio		
2	Newspapers		
3	Magazines		
4	Television		
5	Websites or blogs		
6	Facebook		
7	Instagram		
8	TikTok		
9	Other social media platforms		
10	Snapchat		
11	WhatsApp		
12	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	
96	None	EXCLUSIVE, FIXED	

Section H: Awareness and views of PHW publicity


Base: All respondents

MULTI CODE

H1. We have included below the front covers of various leaflets about vaccination as well as some social media posts. Have you seen any of these leaflets or social media posts before today?

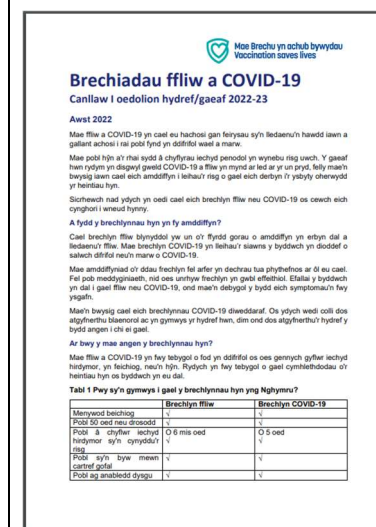
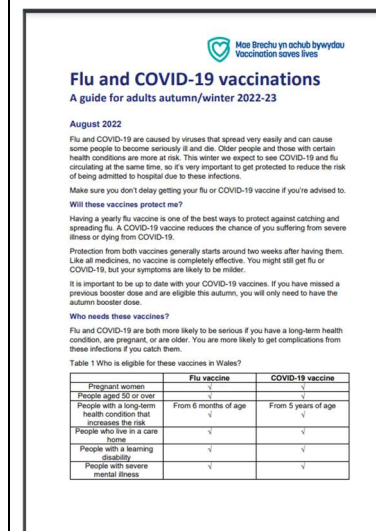
Click an image to see a larger version in a new tab

[INSERT PUBLICITY MATERIALS]

<u>Sample Group</u>	<u>Social media post</u>	<u>Website</u>	<u>Leaflet</u>	<u>Other resource</u>
Care home – residents/ older residents [SHOW IF T8=5 OR S04_B=6-8]				

[illegible]

Carers
(family/
unpaid
carers)
[SHOW IF
T8=3]











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<p>Domiciliar y carers [SHOW IF T8=4]</p>				
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Prisons:
residents
[SHOW IF
T8=6]


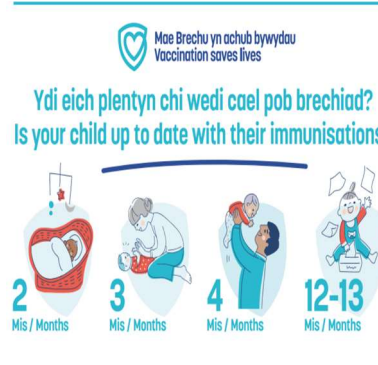


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<p>Students [SHOW IF T4=6]</p>	<p>Is vaccination on your <u>to do list</u>?</p> <p><u>Before leaving for university</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Two doses of MMR vaccine <input checked="" type="checkbox"/> One dose of MenACWY~ <input checked="" type="checkbox"/> Two doses of COVID-19 vaccine <input checked="" type="checkbox"/> Two doses of HPV vaccination* <p><input checked="" type="checkbox"/> Know the signs and symptoms of meningitis and septicaemia</p> <p><input checked="" type="checkbox"/> Know how to seek medical advice</p> <p><small>*For females students up to 25 years of age, male students who are HIV+ should have the HPV vaccine up to 45 years of age or Sexual Health Centre</small></p> <p><u>Once you get to university you should</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Register with a GP as soon as you can – don't wait until you have a problem <input checked="" type="checkbox"/> Arrange with your GP to catch up on any vaccines you have missed <p>To find out if your vaccinations are up to date please contact your GP surgery</p> <p> Mae Brechu yn achub bywydau Vaccination saves lives</p>		<div data-bbox="1256 209 1424 568"> <p> Mae Brechu yn achub bywydau Vaccination saves lives</p>  <p>HPV Vaccination Protecting against HPV infection to help reduce your risk of cancer</p> <p> GIG NHS Wales Yr Undeb Gyhoeddus Cymru Public Health Wales</p> </div> <div data-bbox="1429 209 1597 568"> <p> Mae Brechu yn achub bywydau Vaccination saves lives</p>  <p>Brechu HPV Amddiffyn rhag haint HPV er mwyn helpu i lleihau eich risg o ganser</p> <p> GIG NHS Wales Yr Undeb Gyhoeddus Cymru Public Health Wales</p> </div>	
	<p>A yw brechu ar eich rhestr <u>obethau i'w gwneud</u>?</p> <p><u>Cyn gadael am y brifysgol</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dau ddos o'r brechlyn MMR <input checked="" type="checkbox"/> Un dos o MenACWY~ <input checked="" type="checkbox"/> Dau ddos o'r brechlyn COVID-19 <input checked="" type="checkbox"/> Dau ddos o'r brechlyn HPV* <p><input checked="" type="checkbox"/> Gwybod arwyddion a symptomau llid yr ymennydd a septisemia</p> <p><input checked="" type="checkbox"/> Gwybod sut i geisio cyngor meddygol</p> <p><u>Pan fyddwch yn cyrraedd y brifysgol dylech</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Gofrestru gyda meddyg teulu cyn gynted ag y gallwch – peldiwrch ag aros nes bod gennych problem <input checked="" type="checkbox"/> Trefnu gyda'ch meddyg teulu i ddal i fyny ar unrhyw frechlynnau rydych wedi'u colli <p>To gael gwybod a yw eich brechliadau'n gyfredol, cysylltwch â'ch meddyg teulu</p> <p> Mae Brechu yn achub bywydau Vaccination saves lives</p>			

	<div><div><p>Are you up to date with your vaccinations?</p><p> Mae Brechu yn achub bywydau Vaccination saves lives</p></div><div><p>Ydych chi wedi cael eich brechiadau diweddaraf?</p><p> Mae Brechu yn achub bywydau Vaccination saves lives</p></div></div>			
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<p>Parents [SHOW IF T8=2]</p>				
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[illegible]



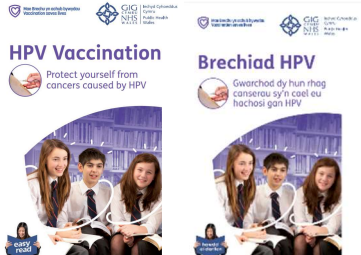
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<p>Pregnancy and maternity [SHOW IF T8=1]</p>	<p><u>Respiratory Virus Vaccination (padlet.com)</u></p> 			<p><u>About the vaccine - Public Health Wales (nhs.wales)</u> (pregnancy)</p> <p>Further information on COVID-19 vaccines, pregnancy and breastfeeding is available from the Royal College of Obstetricians and Gynaecologists.</p> 
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<p>Disability:</p> <p>Sensory loss (hearing)</p> <p>[SHOW IF T6A=1]</p>				<p><u>HPV vaccine – Public Health Wales (nhs.wales)</u></p> <p>BSL - Your guide to the HPV vaccination leaflet</p> 
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<p>Disability:</p> <p>Sensory loss (sight) [SHOW IF T6A=2]</p>		 <p>Flu and COVID-19 vaccine for adults</p> <p>Things you may feel after having the flu or COVID-19 vaccine</p> <p>COVID-19 oedolion hydref/gaeaf 2022-23</p> <p>Things you may feel after having the flu or COVID-19 vaccine</p>	 <p>Flu</p> <p>Protect children and young people with a simple nasal spray</p> <p>Information about flu vaccination for children and young people in 2022/23</p> <p>5 reasons to get your child vaccinated against flu</p> <ol style="list-style-type: none"> 1. Protect your child The vaccine will help protect your child against serious complications from flu, like pneumonia. 2. Protect you, your family and friends Vaccinating your child against flu will help protect others especially if they are vulnerable to complications from flu. 3. It's a nasal spray Most children have a quick and painless nasal spray and are not upset afterwards. 4. It's better than having flu Flu illness is unpleasant and can be serious for some children. Flu vaccines are safe and have been given to millions of children worldwide. 5. Avoid losses When children get flu they miss school or important opportunities to develop, and parents may need to take time off work or make other childcare arrangements. <p>Y Ffliw</p> <p>Amddiffyn plant a phobl ifanc gyda chwistrell syml yn y trwyn</p> <p>Gwybodaeth am y ffliw i blant a phobl ifanc yn 2022/23</p> <p>5 rheswm i frechu eich plentyn rhag y ffliw</p> <ol style="list-style-type: none"> 1. Diogelu eich plentyn Bydd y brechiad yn helpu i ddiogelu eich plentyn rhag cymhlethdodau difrifol y ffliw fel niwmonia. 2. Eich diogelu chi, eich teulu a'ch ffrindiau Bydd brechu eich plentyn rhag y ffliw yn helpu i ddiogelu eraill, yn enwedig os ydynt yn agored i niweid o gymhlethdodau ffliw. 3. Chwistrell yn y trwyn yw hwn Mae'r rhan fwyaf o blant yn cael chwistrell sydyn a di-boen ac nid ydynt yn cael eu heffeithio ganddo. 4. Mae'n well na chael y ffliw Mae salwch y ffliw yn amhlesurus a gall fod yn ddifrifol i rai plant. Mae brechiadau ffliw yn ddiogel ac maent wedi cael eu rhoi i filiynau o blant ym mhob cwr o'r byd. 5. Osgoi colli pethau Pan mae plant yn cael y ffliw, maent yn colli'r ysgol neu gyfleoedd pwysig i ddatblygu, ac efallai y bydd angen i neni gymryd amser o'r gwaith neu wneud trefniadau gofal plant eraill. 	 <p>Brechiadau ffliw a COVID-19</p> <p>Canllaw i oedolion hydref/gaeaf 2022-23</p> <p>Mae ffliw a COVID-19 yn cael eu hachosi gan feirysau sy'n lledaenu'n hawdd iawn a gallant achosi i rai pobl fynd yn ddifrifol wael a marw.</p> <p>Mae pobl hŷn a'r rhai sydd â chyflyrau iechyd penodol yn wynebu risg uwch. Y gaeaf hwn rydym yn disgwyl gweld COVID-19 a ffliw yn mynd ar led ar yr un pryd, felly mae'n bwysig iawn cael eich amddiffyn i leihau'r risg o gael eich derbyn i'r ysbty oherwydd yr heintiau hyn.</p> <p>Sicrhewch nad ydych yn oedi cael eich brechlyn ffliw neu COVID-19 os cewch eich cynghori i wneud hynny.</p> <p>A fydd y brechlynnau hyn yn fy amddiffyn?</p> <p>Cael brechlyn ffliw blynyddol yw un o'r ffordd gorau o amddiffyn yn erbyn dal a lledaenu'r ffliw. Mae brechlyn COVID-19 yn lleihau'r siawns y byddwch yn dioddef o salwch difrifol neu'n marw o COVID-19.</p> <p>Mae amddiffyniad o'r ddau frechlyn fel arfer yn dechrau tua phlythnos ar ôl eu cael. Fel pob meddyginaeth, nid oes unrhyw frechlyn yn gwbl effeithiol. Efallai y byddwch yn dal i gael ffliw neu COVID-19, ond mae'n debygol y bydd eich symptomau'n fwy ysgafn.</p> <p>Mae'n bwysig cael eich brechlynnau COVID-19 diweddaraf. Os ydych wedi colli dos atgynferthu blaenorol ac yn gymwys yr hydref hwn, dim ond dos atgynferthu'r hydref y bydd angen i chi ei gael.</p> <p>Ar bwy y mae angen y brechlynnau hyn?</p> <p>Mae ffliw a COVID-19 yn fwy tebygol o fod yn ddifrifol os oes gennych gyflwr iechyd hirdymor, yn feichiog, neu'n hŷn. Rydych yn fwy tebygol o gael cymhlethdodau o'r heintiau hyn os byddwch yn eu dal.</p> <p>Flu and COVID-19 vaccinations</p> <p>A guide for adults autumn/winter 2022-23</p> <p>Flu and COVID-19 are caused by viruses that spread very easily and can cause some people to become seriously ill and die.</p> <p>Older people and those with certain health conditions are more at risk. This winter we expect to see COVID-19 and flu circulating at the same time, so it's very important to get protected to reduce the risk of being admitted to hospital due to these infections.</p> <p>Make sure you don't delay getting your flu or COVID-19 vaccine if you're advised to.</p> <p>Will these vaccines protect me?</p> <p>Having a yearly flu vaccine is one of the best ways to protect against catching and spreading flu. A COVID-19 vaccine reduces the chance of you suffering from severe illness or dying from COVID-19.</p> <p>Protection from both vaccines generally starts around two weeks after having them. Like all medicines, no vaccine is completely effective. You might still get flu or COVID-19, but your symptoms are likely to be milder.</p> <p>It is important to be up to date with your COVID-19 vaccines. If you have missed a previous booster dose and are eligible this autumn, you will only need to have the autumn booster dose.</p> <p>Who needs these vaccines?</p> <p>Flu and COVID-19 are both more likely to be serious if you have a long-term health condition, are pregnant, or are older. You are more likely to get complications from these infections if you catch them.</p>
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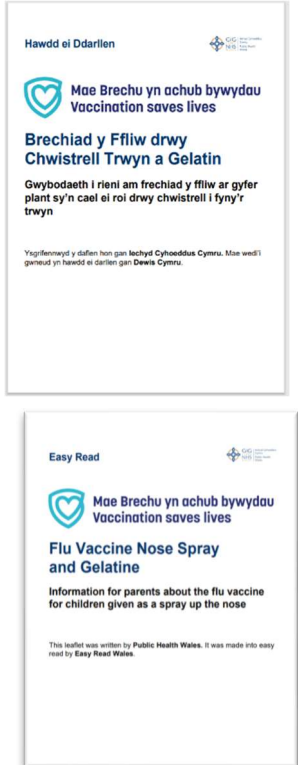
<p>Disability: Learning disability [SHOW IF T6A=6]</p>			 	
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Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

<p>Ethnicity [SHOW IF T1=5 to 95]</p>				
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<p>Religion and belief – Muslim [SHOW IF T2=5]</p>			<div data-bbox="1272 220 1552 584"> <p>Easy Read</p> <p>Mae Brechu yn achub bywydau Vaccination saves lives</p> <p>Flu Vaccine Nose Spray and Gelatine</p> <p>Information for parents about the flu vaccine for children given as a spray up the nose</p> <p><small>This leaflet was written by Public Health Wales. It was made into easy read by Easy Read Wales.</small></p> </div> <div data-bbox="1256 622 1541 1013"> <p>Hawdd ei Ddarllen</p> <p>Mae Brechu yn achub bywydau Vaccination saves lives</p> <p>Brechid y Ffliw drwy Chwistrell Trwyn a Gelatin</p> <p>Gwybodaeth i rieni am frechiad y fflw ar gyfer plant sy'n cael ei roi drwy chwistrell i tyny'r trwyn</p> <p><small>Ysgrifennwyd y daflen hon gan Iechyd Cyhoeddus Cymru. Mae wedi'i ganeud yn hawdd ei darllen gan Dewis Cymru.</small></p> </div>	
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Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

<p>Religion and belief – Jewish [SHOW IF T2=4]</p>			
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Sexual
orientation
[SHOW IF
S03=2
AND T0=2
OR 3]

Brechiadau fflw a COVID-19
Canllaw i oedolion hydref/gaeaf 2022-23

April 2022

Flu and COVID-19 vaccinations
A guide for adults autumn/winter 2022-23

August 2022

HPV vaccine
The HPV vaccine is a series of three injections that protect you against four types of HPV. It is given to young people aged 12 to 13 years old.

Background
The HPV vaccine is a series of three injections that protect you against four types of HPV. It is given to young people aged 12 to 13 years old.

HPV
The HPV vaccine is a series of three injections that protect you against four types of HPV. It is given to young people aged 12 to 13 years old.

Cefndir
The HPV vaccine is a series of three injections that protect you against four types of HPV. It is given to young people aged 12 to 13 years old.

Protecting you from Monkeypox
Information on the smallpox vaccination

What is the smallpox (MVA) vaccination?
You are being offered a smallpox vaccination to help protect you against monkeypox.

What MVA is used for?
Monkeypox is caused by a virus similar to smallpox. Vaccines against smallpox are expected to prevent or reduce the severity of the monkeypox infection.

Information on the smallpox vaccination
The vaccine is manufactured in Europe by Bavarian Nordic. When you are given the vaccine, your immune system (the body's natural defence against germs) produces antibodies against the smallpox virus. These antibodies should also protect you against the monkeypox virus.

What MVA is used for?
The vaccine is used to protect you against monkeypox. It is given to young people aged 16 to 17 years old.

Eich amddiffyn rhag Brech y Mwncïod
Gwybodaeth am frechïad y frech wen

Beth yw brechïad y frech wen (MVA)?
Mae'n golygu bod chi'n cael y frech wen (MVA) i helpu chi i ddod i ben y frech wen (MVA).

Ar gyfer beth mae MVA yn cael ei ddefnyddio?
Mae MVA yn cael ei ddefnyddio i helpu chi i ddod i ben y frech wen (MVA).

Ar gyfer beth mae MVA yn cael ei ddefnyddio?
Mae MVA yn cael ei ddefnyddio i helpu chi i ddod i ben y frech wen (MVA).

Refugees and Asylum seekers [SHOW IF T3=49 OR T3=65]

Щеплення вакциною MMR (КПК)

Захищає від інфекцій кору, епідемічного паротиту і

Чому вакцина MMR є важливою?

Вакцина MMR захищає від трьох вакцинних інфекцій: кору, епідемічного паротиту і корулю.

Прийнято 9 з 10 мільйонів людей в Уельсі отримали вакцину MMR і є захищеними від вакцинних захворювань. Для того, щоб отримати вакцину MMR, ці захворювання (особливо кір і епідемічний паротит) все ще залишаються загрозой для здоров'я.

Чому я маю отримати вакцинацію MMR?

Вакцина MMR є найбільш ефективним, набагато ефективнішим способом захистити вас і вашу дитину від кору, епідемічного паротиту і корулю. З моменту впровадження цієї вакцини в 1988 році ці інфекції стали рідкісними в Сполученому Королівстві.

Водночас, спостерігалися випадки спалахів вакцинних захворювань, особливо кору, коли кількість осіб, що отримали вакцину, скоротилася.

Вакцина MMR може захистити вас і вашу дитину від серйозного захворювання.

Від чого саме захищає вакцина?

Кір

Кір спричиняється дуже заразним вірусом, що може призвести до серйозних та потенційно летальних для життя ускладнень. Практично кожен, хто заражається ним, матиме високу температуру та висипання і погирляється дуже погано. Одна людина з кожних 10 отримуватиме ускладнення, включаючи запалення легень (пневмонія) та мезенцефаліт. Кір може вбити – під час спалаху захворювання на кір в Уельсі в 2013 році заразилося понад 1200 людей, 88 потребували госпіталізації та одна людина померла.

Кір є однією з найважливіших захворювань, про які варто знати. Ви та ваша дитина будете вразливими до цього смертельного захворювання, поки не захиститеся вакциною.

Епідемічний паротит

Вірус епідемічного паротиту призводить до болючого набряку залоз на обличчі, шийі і шиї, а також спричиняє гарячку та головний біль. Для усунення належить запалення м'язів (миофаліт) та обоняттєву м'язу (менінгіт). Вірус епідемічного паротиту також призводить до болючого набряку тестисів у чоловіків та яєчників у жінок. Трохи менше половини всіх чоловіків, у яких проявився біль, та набряк тестисів, пов'язані з паротитом, помічають зменшення тестисів.

Вакцинація від COVID-19

Посібник для дорослих

Січень 2022 року

Ukrainian

Пневмококковая вакцина для детей до двух лет

В этой брошюре рассказывается о пневмококковой инфекции и пневмококковой вакцине для детей.

Что такое пневмококковая инфекция?

Пневмококковая инфекция является одной из наиболее частых причин пневмонии, инфекции среднего уха, синусита, сепсиса, менингита, инфекции легких и инфекции других органов. Пневмококковая инфекция является причиной смерти детей раннего возраста. Пневмококковая инфекция является причиной смерти взрослых. В Великобритании ежегодно умирают от пневмококковой инфекции около 10 000 человек. Пневмококковая инфекция является причиной смерти детей раннего возраста. Пневмококковая инфекция является причиной смерти взрослых. В Великобритании ежегодно умирают от пневмококковой инфекции около 10 000 человек.

Что делать при подозрении на менингит?

Если вы заметили какие-либо из следующих симптомов, немедленно обратитесь к врачу. Если вы заметили какие-либо из следующих симптомов, немедленно обратитесь к врачу. Если вы заметили какие-либо из следующих симптомов, немедленно обратитесь к врачу. Если вы заметили какие-либо из следующих симптомов, немедленно обратитесь к врачу.

Тест на менингит со стерильным стеклом

Стекло, не содержащее никаких примесей, является признаком менингитической инфекции (заболевания менингитом).

После прикосновения к стеклу оно становится влажным.

После того как вы берете его, и другие могут использовать.

Продолжайте прижимать.

General –
CREATE
DUMMY
VARIABLE AND
SHOW IF RESPONDENT
DOESN'T FIT
WITHIN ANY OF THE
ABOVE GROUPS



Flu and COVID-19 vaccinations
A guide for adults autumn/winter 2022-23

August 2022

Flu and COVID-19 are caused by viruses that spread very easily and can cause some people to become seriously ill and die. Older people and those with certain health conditions are more at risk. This winter we expect to see COVID-19 and flu circulating at the same time, so it's very important to get protected to reduce the risk of being admitted to hospital due to these infections.

Make sure you don't delay getting your flu or COVID-19 vaccine if you're advised to.

Will these vaccines protect me?

Having a yearly flu vaccine is one of the best ways to protect against catching and spreading flu. A COVID-19 vaccine reduces the chance of you suffering from severe illness or dying from COVID-19.

Protection from both vaccines generally starts around two weeks after having them. Like all medicines, no vaccine is completely effective. You might still get flu or COVID-19, but your symptoms are likely to be milder.

It is important to be up to date with your COVID-19 vaccines. If you have missed a previous booster dose and are eligible this autumn, you will only need to have the autumn booster dose.

Who needs these vaccines?

Flu and COVID-19 are both more likely to be serious if you have a long-term health condition, are pregnant, or are older. You are more likely to get complications from these infections if you catch them.

Table 1 Who is eligible for these vaccines in Wales?

	Flu vaccine	COVID-19 vaccine
Pregnant women	✓	✓
People aged 50 or over	✓	✓
People with a long-term health condition that increases the risk	From 6 months of age	From 5 years of age
People who live in a care home	✓	✓
People with a learning disability	✓	✓
People with severe mental illness	✓	✓

Brechiadau fflw a COVID-19
Canllaw i oedolion hydref/gaeaf 2022-23

Awst 2022

Mae fflw a COVID-19 yn cael eu hachosi gan feirysau sy'n lledaenu'n hawdd iawn a gallent achosi i rai pobl fynd yn difrifol weel a marw.

Mae pobl hŷn a'r mae eiddo a chylffirau iechyd penodol yn wynebu risg uwch. Y gaeaf hwn rydym yn disgwyl gweld COVID-19 a fflw yn mynd ar fed ar yr un pryd, felly mae'n bwysig iawn cael eich amddiffyn i leihau'r risg o gael eich derbyn i'r ystafly oherwydd y hennau hyn.

Sicrhewch nad ydych chi oedi cael eich brechlyn fflw neu COVID-19 os cewch eich cynghori i wneud hynny.

A fydd y brechlynnau hyn yn fy amddiffyn?

Cael brechlyn fflw blynyddol yw un o'r ffordd gorau o amddiffyn yn eiddyn dal a lledaenu'r fflw. Mae brechlyn COVID-19 yn lleihau'r siawns y byddwch yn doddef o salwch difrifol neu'n marw o COVID-19.

Mae amddiffyniad o'r ddaau brechlyn fel arfer yn dechrau tua phwythnos ar ôl eu cael. Fel pob meddyginaeth, nid oes unrhyw brechlyn yn gwel effeithiol. Efallai y byddwch yn dal i gael fflw neu COVID-19, ond mae'n debygol y bydd eich symptomau'n heu ysgafn.

Mae'n bwysig cael eich brechlynnau COVID-19 dweiddaraf. Os ydych chi wedi colli dos alghenrthu blaenorol ac yn gymysg y hydref hwn, dim ond dos alghenrthu'r hydref y bydd angen i chi ei gael.

Ar bwy y mae angen y brechlynnau hyn?

Mae fflw a COVID-19 yn fey tebygol o fod yn difrifol os oes gennych gyflwr iechyd hertymor, yn iechlog, mae'n hŷn. Rydych chi'n fey tebygol o gael cymhlethdodau o'r hennau hyn os byddwch yn eu dal.

Tabl 1 Pwy sy'n gymysg i gael y brechlynnau hyn yng Nghymru?

	Brechlyn fflw	Brechlyn COVID-19
Mamnewd bechlog	✓	✓
Pobl 50 oed neu drosodd	✓	✓
Pobl a chylffir iechyd hertymor sy'n cymysgu	O 6 mis oed	O 5 oed
Pobl sy'n byw mewn cartref gofod	✓	✓
Pobl ag amhleidd dyngau	✓	✓

Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		

Base: those who have seen PHW publicity (H1=1)

SINGLE CODE

H2. Where did you see this?

Fixed codes	Answer list	Scripting notes	Routing
1	At a GP surgery		
2	At a vaccination centre		
3	At a hospital		
4	At a pharmacy		
5	At work		
6	At school/college/university		
7	NHS website		
8	Another website		
9	Newspaper		
10	Magazine		
11	Television		
12	Poster advert		
13	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
14	Red Book / child's Personal Child Health Record (PCHR)		
15	Snapchat		
16	WhatsApp		
17	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	

Base: those who have seen PHW publicity (H1=1)

SINGLE CODE PER ROW

H3. In general, how good or poor are the following elements of the leaflets/social media posts?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	The amount of information		
2	The design/layout		
3	How clear the information is		
4	Overall satisfaction		

COLUMNS

Column code	Column list	Scripting notes	Routing
1	Very good		
2	Fairly good		
3	Neither good nor poor		
4	Fairly poor		
5	Very poor		
97	Don't know	FIX	

Base: those who have seen PHW publicity (H1=1)

SINGLE CODE

H4. And to what extent do you agree or disagree with the following statements? The leaflets/social media posts I've just seen are relevant to me.

Fixed code	Answer list	Scripting notes	Routing
1	Strongly agree		
2	Somewhat agree		
3	Neither agree nor disagree		
4	Somewhat disagree		
5	Strongly disagree		
97	Don't know	FIX	

Base: those whose main language isn't English or Welsh (T3=codes 3 to 95)

SINGLE CODE

H4A. And would you like to have these type of information resources about vaccinations available in **[INSERT LANGUAGE FROM QUESTION T3]**? Please note that these materials on information about vaccinations aren't currently available in languages other than English or Welsh. This question is trying to gauge people's preferences.

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, I would like to have these available in [INSERT LANGUAGE FROM QUESTION T3]		
2	No, I'm happy having these resources in English or Welsh only		
97	Don't know		

Base: those who have a disability (T6=1)

MULTICODE

H4B. And would you like to have information resources about vaccinations available in any of the following accessible formats?

Fixed code	Answer list	Scripting notes	Routing
1	No, I don't need information resources available in accessible formats	EXCLUSIVE	
2	Large print		
3	Braille		
4	Audio/audio description		
5	Easy Read [ADD HOVER OVER DEFINITION: Easy Read is a way of translating difficult information and making it easy to understand]		
8	British Sign Language		
95	Another accessible format (please specify)	OPEN TEXT BOX	

Base: All respondents

SINGLE CODE

H5. Had you seen the logo below before today?



Mae Brechu yn achub bywydau
Vaccination saves lives

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		

Closing demographics (Section T)

INTRO TEXT

Thank you for your responses. We now have some final questions about you. This will help us to make sure we have captured views from a cross-section of people. We recognise that you might consider some of these questions to be personal or sensitive, and if you prefer not to answer them that's fine. The information you provide will be used for the sole purpose of understanding the views of different groups.

Base: All respondents

SINGLE RESPONSE

T5. What is the highest level of educational qualifications you've received so far?

Fixed codes	Answer list	Scripting notes	Routing
1	PhD/Doctor		
2	Masters		
3	Bachelors Degree or equivalent (Such as a NVQ level 5)		
4	Higher education (Such as a HND or a NVQ level 4)		

Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

5	A level or equivalent (Such as Scottish Highers or NVQ level 3)		
6	GCSE and below (Such as O level or an RSA Diploma)		
7	Other qualifications (Such as NVQ level 1)		
8	No qualifications		
9	Prefer not to say		

Base: All respondents

Base: All respondents

MULTICODE

T7. Are you currently affected by any of the below?

Please select all that apply.

Fixed codes	Answer list	Scripting notes	Routing
1	Cancers (such as leukaemia or lymphoma)		
2	Diabetes		
3	Serious heart problems		
4	Chest complaint or breathing difficulties, including poorly controlled asthma		
5	Kidney, liver or a gut disease		
6	Lowered immunity due to disease or treatment (steroid medication, chemotherapy or radiotherapy)		
7	An organ transplant		
8	A neurodisability or neuromuscular condition		
9	A severe or profound learning disability		
10	Down's syndrome		
11	A problem with your spleen, e.g. sickle cell disease, or you have had your spleen removed		
12	Epilepsy		
13	Serious genetic problems		
96	None of the above	EXCLUSIVE	

97	Don't know	EXCLUSIVE	
98	Prefer not to say	EXCLUSIVE	

Base: All respondents

SINGLE RESPONSE

T9. Do you currently receive any benefits or Universal Credit?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Prefer not to say		

Re-contact (Section R)

Base: All respondents **OPEN LINK ONLY**

OPEN RESPONSE, APPLY VALIDATION

T9. We may wish to contact you to ask further questions about this research in a follow-up interview or workshop. If you are happy to be contacted about this possibility, please leave your details below.

Fixed codes	Answer list	Scripting notes	Routing
1	Name	OPEN TEXT BOX	
2	Email address	OPEN TEXT BOX	
3	Contract number	OPEN TEXT BOX	
98	I don't want to be contacted again	EXCLUSIVE	

CLOSING TEXT

You have reached the end of the survey. Thank you for taking the time to answer our questions. Your input is really appreciated and will help Public Health Wales improve their information resources.

Please **click next** to submit your responses.

Appendix 6: Survey questionnaire – service providers

Screening & Profiling (Section S)

INTRO TEXT

Firstly, some questions about you ...

Base: All respondents

SINGLE RESPONSE

S01_B. This survey **requires** respondents to give their full postcode. Are you happy to provide this?

This information will only be used for statistical purposes to analyse the results by specific areas, such as Local Authority, Constituency and Government areas. Asking for your postcode saves you time and helps us to report more accurate information. All answers will be treated entirely anonymously and postcode information will not be used for any other purpose.

Please select one only

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No	SCREENOUT	

Base: All respondents

OPEN RESPONSE, POSTCODE FORMATTING & VALIDATION APPLIED

S02. COULD YOU PLEASE PROVIDE THE FULL UK POSTCODE OF YOUR PLACE OF WORK?

Please ensure to **include a space** where applicable, e.g. AB1 2CD

Please answer in the box below

Base: All respondents

SINGLE RESPONSE

S04_B. How old are you?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Under 16	SCREENOUT	

2	16 to 24		
3	25 to 34		
4	35 to 44		
5	45 to 54		
6	55 to 64		
7	65 to 74		
8	75+		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

S03. What is your sex?

If you are non-binary or you are not sure how to answer, you could use the sex registered on your official documents, such as your birth certificate. A voluntary question about trans status or history will follow. You can respond as non-binary in that question.

Please select one only

Code	Answer list	Scripting notes	Routing
1	Female		
2	Male		
98	Prefer not to say		
97	Don't know	SCREENOUT	

Base: All respondents

SINGLE RESPONSE

S03B. Do you consider yourself to be trans, or have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T0. Which of the below are you?

Fixed codes	Answer list	Scripting notes	Routing
1	Primary care staff		
2	Secondary care staff		
3	Occupational health staff		
4	Outreach and engagement officers		
5	Health care staff at a school (e.g. school nurse)		
6	Social care staff		
7	Care home staff		
8	Domiciliary carer		
9	Prison staff		
95	Other (please specify)	ADD OPEN TEXT BOX	

Section A: Frequency and sentiment of exchanges

Base: All respondents

MULTICODE

A1. In the past 12 months, have you had any conversations or questions from your service users about any of the topics below?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Healthy eating/nutrition		
2	Immunisations/vaccinations		
3	Infections/viruses		
4	A disease/illness		
5	Smoking		
6	Drugs		
7	Sexual health		
8	Mental health		

95	Another topic related to health (please specify)	OPEN TEXT	
96	None of the above	EXCLUSIVE	

Base: All respondents

MULTICODE

A2. In the past 12 months, have you had any conversations or questions/comments from service users about immunisations/vaccinations?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, I've initiated one or more conversations about vaccinations with my service users		
2	Yes, my service users have initiated one or more conversations with me about vaccinations		
3	No, I haven't had any conversations with my service users about vaccinations	EXCLUSIVE	
97	Don't know/ Can't remember	EXCLUSIVE	

Base: those who have had conversations about vaccinations (A1=2 OR A2=1 OR 2)

MULTICODE

A3. What vaccination was it about?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		

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6	MMR (measles, mumps, rubella)		
7	"4-in-1 pre-school booster" (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or "3 in 1")		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough)		
16	Shingles/herpes zoster		
17	Travel vaccinations		
18	Immunisation/vaccination in general	EXCLUSIVE	
95	Other (please specify)	OPEN TEXT	
96	None of the above	EXCLUSIVE	

Base: those who have had conversations about vaccinations (A1=2 OR A2=1 OR 2)

SINGLE CODE

A5. And how often do you tend to have conversations about vaccinations with your service users?

Fixed codes	Answer list	Scripting notes	Routing
1	Once a week or more often		
2	Once a fortnight		
3	Once a month		
4	Once every three months		
5	Once every six months		
6	Once a year		
9	Less often than once a year		
10	Never		

97	Don't know		
----	------------	--	--

Base: those who have had conversations about vaccinations (A1=2 OR A2=1 OR 2)

SINGLE RESPONSE

A6. And in the past 12 months have you had any comments or questions from service users who were worried or concerned about having vaccinations?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know/ Can't remember		

Base: those who had worried service users (A6=1)

MULTICODE

A7. Which vaccination(s) were they worried about?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		
7	"4-in-1 pre-school booster" (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or "3 in 1")		

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11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough)		
16	Shingles/herpes zoster		
17	Travel vaccinations		
18	Immunisation/vaccination in general	EXCLUSIVE	
95	Other (please specify)	OPEN TEXT	
96	Can't remember	EXCLUSIVE	

Base: those who had worried service users (A6=1)

MULTICODE

A9. What were they worried about?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	The ingredients of one or more vaccinations		
2	The side effects of one or more vaccinations		
3	Whether one or more vaccinations had been properly tested		
95	Something else (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	

Section B: Prompted awareness and views of vaccination programme

Base: All respondents

MULTICODE

B1. What vaccines do you think are currently offered to health and social care staff in Wales?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	“6-in-1”/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		
5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		
7	“4-in-1 pre-school booster” (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or “3 in 1”)		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough)		
16	Shingles/herpes zoster		
17	Travel vaccinations		
95	Other (please specify)	OPEN TEXT	
96	None	EXCLUSIVE	
97	Can't remember	EXCLUSIVE	

Section C: Knowledge and access to information

INTRO TEXT

We now have some questions about the vaccinations offered to the public in Wales.

Base: All respondents

SINGLE CODE PER ROW, ROTATE ROWS

C1. To what extent do you agree or disagree with the following statements?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	I have enough information to help service users make an informed decision on vaccination		
2	I know where to find information to help service users make an informed decision on vaccination		
3	I feel confident talking to service users about the seriousness of the diseases that vaccines protect from		
4	I feel confident explaining to service users or answering questions about how vaccines work		
5	I feel confident talking to service users or answering questions about the ingredients of vaccines		
6	I feel confident talking to service users or answering questions about the side effects of vaccines		
7	I feel confident talking to service users or answering questions about how vaccines are tested		
8	I feel confident talking to service users or answering questions about vaccine safety		
9	I am confident initiating conversations with my service users about vaccinations		
10	I know where to signpost my service users to so that they can learn more about vaccinations		

COLUMNS

Column code	Column list	Scripting notes	Routing
1	Stongly agree		
2	Somewhat agree		
3	Neither agree nor disagree		
4	Somewhat disagree		
5	Strongly disagree		
97	Don't know	FIX	

Base: those who don't feel confident (C1 any statement=4 OR 5 OR 97)

OPEN TEXT

C2. What information are you missing? What else would you need to feel more confident about talking to your service users about vaccination?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

Section D: Perceptions of motivations and barriers for uptake

Base: All respondents

OPEN TEXT

D2. From your experience of dealing with service users, what do you think are your service users' motivations for getting vaccinated when vaccines are offered to them?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

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Base: those who delayed or refused vaccinations (D1=2 OR 3)

OPEN TEXT

D4. And again thinking about your experience of dealing with service users, what do you think are the reasons why some of them may refuse vaccinations?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

Section E: Decision making

Base: All respondents

SINGLE CODE

F1. In the past 12 months, have you had any conversations with one or more service users who were hesitant about whether to get vaccinated or not?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know / Can't remember		

Base: those who have had discussions with hesitant service users (F1=1)

SINGLE CODE

F1A. And which vaccine(s) were they hesitant about?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	"6-in-1"/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis))		
2	Rotavirus vaccine		
3	MenB (meningitis B)		
4	Pneumococcal (PCV) vaccine		

5	Hib/MenC (Haemophilus influenzae, meningitis C)		
6	MMR (measles, mumps, rubella)		
7	“4-in-1 pre-school booster” (diphtheria, polio, tetanus, whooping cough (pertussis))		
8	Tuberculosis (BCG)		
9	Hepatitis B		
10	Tetanus, diphtheria, and polio Td/IPV (Teenage booster or “3 in 1”)		
11	MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning)		
12	HPV vaccine (Cervical cancer, head and neck cancer, genital cancer and genital warts)		
13	COVID-19/Coronavirus vaccine		
14	Influenza/Flu vaccine		
15	Pertussis (whooping cough)		
16	Shingles/herpes zoster		
17	Travel vaccinations		
95	Other (please specify)	OPEN TEXT	
96	Vaccinations in general		
97	Can't remember	EXCLUSIVE	

Base: those who have had discussions with hesitant service users (F1=1)

SINGLE CODE

F2. And did you have all the information you needed to talk to your service user(s)?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

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Base: those who didn't have all the information they needed (F2=2)

SINGLE CODE

F3. Did you know where to find the information you needed to talk to your service user(s)?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: those who didn't have all the information they needed and didn't know where to find it (F3=2)

OPEN TEXT

F4. What information were you missing? What else would you have liked to know that you didn't?

Please type in your answer below. Please be as detailed as possible.

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know		

Base: those who have had discussions with hesitant service users (F1=1)

SINGLE CODE

F5. And did your service user(s) change their mind? If you have had more than one conversation with service users who were hesitant about whether to immunise or not, think on average about all of your interactions in the past 12 months or your most recent interaction.

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, they decided to immunise		
2	No, they still didn't want to immunise		
97	Don't know		

Section G: Sources of information and levels of trust

Base: All respondents

MULTICODE, RANDOMISE

G1. Which of the following have you used before today to find out more about vaccinations or to signpost your service users to so that they can get further information on vaccinations?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Doctor, nurse or another healthcare professional		
2	Someone else in a healthcare setting (e.g. receptionist)	SHOW ALWAYS BELOW DOCTOR, NURSE...	
3	Health visitor/ school nurse/ practice nurse/ midwife		
4	Pharmacist or someone else at a pharmacy		
5	TV in pharmacy/GP surgery/hospital		
6	Poster advert or advert on a bus		
7	Radio		
8	Newspaper		
9	Magazine		
10	Television		
11	NHS leaflet		
12	Other leaflet	SHOW ALWAYS BELOW NHS LEAFLET	
13	NHS 111 / NHS Direct Wales telephone service		
14	NHS website		
15	Public Health Wales website		
16	Another website	SHOW ALWAYS BELOW NHS WEBSITE	
17	Red Book / child's Personal Child Health Record (PCHR)		
18	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
19	Snapchat		

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20	WhatsApp		
21	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	
96	None	EXCLUSIVE, FIXED	

Base: those who have used sources of information (G1=1-95)

SINGLE CODE PER ROW, PIPE CODES SELECTED AT G1

G2. And how much do you trust the information on vaccination from these sources?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	Doctor, nurse or another healthcare professional		
2	Someone else in a healthcare setting (e.g. receptionist)	SHOW ALWAYS BELOW DOCTOR, NURSE...	
3	Health visitor/ school nurse/ practice nurse/ midwife		
4	Pharmacist or someone else at a pharmacy		
5	TV in pharmacy/GP surgery/hospital		
6	Poster advert or advert on a bus		
7	Radio		
8	Newspaper		
9	Magazine		
10	Television		
11	NHS leaflet		
12	Other leaflet	SHOW ALWAYS BELOW NHS LEAFLET	
13	NHS 111 / NHS Direct Wales telephone service		
14	NHS website		
15	Public Health Wales website		

16	Another website	SHOW ALWAYS BELOW NHS WEBSITE	
17	Red Book / child's Personal Child Health Record (PCHR)		
18	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
19	Snapchat		
20	WhatsApp		
21	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	

COLUMNS

Column code	Column list	Scripting notes	Routing
1	A lot		
2	Somewhat		
3	Not much		
4	Not at all		
97	Don't know	FIX	

Section H: Awareness and views of PHW publicity

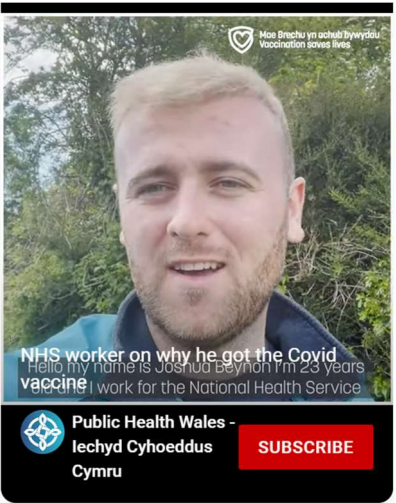


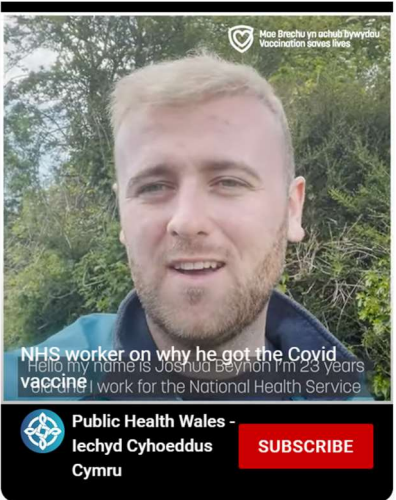


Base: All respondents

MULTI CODE, ADD TICK BOX BELOW EACH INFO MATERIALS SO RESPS CAN SELECT THE ONES THEY'VE SEEN







H1. We have included below the front covers of various information resources about vaccination. Have you seen any of these resources before today? This could have been online, on social media, as a paper leaflet or a poster.

Click an image to see a larger version in a new tab.






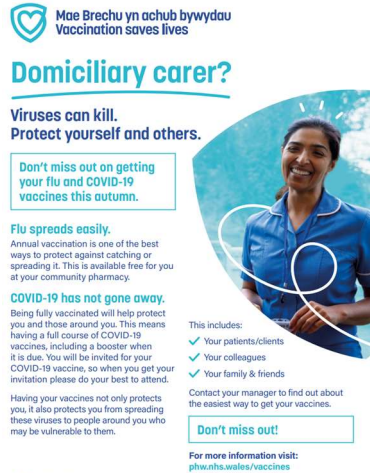
Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

Sample Group	Social media post	Website	Leaflet	Other resource
<p>NHS Wales Staff [SHOW IF T0=2-3]</p>				
<p>Primary care staff [SHOW IF T0=1]</p>				

Appendix 6: Survey questionnaire – service providers

<p>Local authority – schools [SHOW IF T0=5]</p>				
<p>Local authority – adult residents; outreach workers; social care staff; [SHOW IF T0=4,6]</p>				

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<p>Care home – staff [SHOW IF T0=7]</p>				
<p>Domiciliar y carers [SHOW IF T0=8]</p>				

<p>Prison Staff [SHOW IF T0=9]</p>		<p>Mae Brechu yn achub bywydau Vaccination saves lives</p> <p>Gall pob carcharwr yng Nghymru sy'n oedolyn gael brechiad y fflw a brechiad COVID-19 am ddim</p> <p>Mae COVID-19 a'r fflw yn feirysau a gallant wneud rhai pobl yn sâl iawn</p> <p>Gall y feirysau hyn lledaenu'n hawdd iawn o berson i berson yn uwngedig mewn amgylchedd fel carchar</p> <p>Brechu yw'r ffordd orau i chi ddiogelu eich hun ac eraill rhag COVID-19 a'r fflw y gaeaf yma</p> <p>Byddwch yn cael yr un brechiadau a'r rhai sydd ar gael yn y gymuned</p> <p>Mae brechiadau'r fflw a COVID-19 yn ddiogel. Nid oes tystiolaeth bod brechiadau COVID-19 yn effeithio ar flwrthlondeb dynion neu ferched</p> <p>Mae'r rhan fwyaf o'r sgîl-efelthiau'n rhai ysgafn a thymor byr, fel poenau cyffwrdd neu symptomau tebyg i'r fflw. Gallwch ofyn am paracetamol i helpu gyda hyn. Os bydd eich symptomau yn gwaethu, siaradwch â'fîm gŵl iechyd</p> <p>Fel pob meddyginiaeth, nid oes unrhyw frechiad yn gwbl effeithiol. Eiddau y byddwch chi'n dal i gael COVID-19 neu'r fflw ond mae'ch symptomau chi'n debygol o fod yn ysgafnach</p> <p>! Pledwch og ondi, osiawch gael brechiadau'r fflw a COVID-19 cyn gyswllt og y byddant yn cael eu cyning i chi, siaradwch gyda'r fîm gŵl iechyd am fwy o wybodaeth</p> <p>GIG Cyhoeddus Cymru Public Health Wales ISBN 978-1-83768-092-6 © 2022 Public Health Wales NHS Trust</p>	<p>Mae Brechu yn achub bywydau Vaccination saves lives</p> <p>Brechiadau COVID-19 a'r fflw or gael nawr</p> <p>COVID-19 and flu vaccines are now available</p> <p>Gall pob oedolyn gyda meuen carchar yng Nghymru gael brechiad y fflw a brechiad COVID-19 am ddim. Mae COVID-19 a'r fflw yn feirysau sy'n gallu bod yn ddifrifol iawn</p> <p>All adult prisoners in Wales can have a free flu vaccine and COVID-19 vaccine. COVID-19 and flu are viruses that can be very serious.</p> <p>Gwarchodwch eich hun ac eraill Protect yourself and others</p> <p>GIG Cyhoeddus Cymru Public Health Wales ISBN 978-1-83768-092-6 © 2022 Public Health Wales NHS Trust</p>	<p>Mae Brechu yn achub bywydau Vaccination saves lives</p> <p>Gall feirysau ladd Viruses can kill</p> <p>Gwarchodwch eich hun ac eraill. Protect yourself and others.</p> <p>Mae COVID-19 a'r fflw yn ddau feirws a all fod yn ddifrifol iawn. Bydd cael eich brechu rhag COVID-19 a'r fflw yn helpu i'ch amddiffyn chi ac eraill. Siaradwch â'ch rheolwr neu edrych ar y fewnwyd am fwy o wybodaeth.</p> <p>COVID-19 and flu are both viruses that can be very serious. Getting vaccinated against COVID-19 and flu will help protect you and others. Talk to your manager or see the intranet for more information.</p> <p>Gallwch gael gwybod mwy am frechlyn COVID-19 a'r fflw yn: icc.gig.cymru/brechlyn</p> <p>You can find out more about COVID-19 and flu vaccination at: phw.nhs.wales/vaccines</p> <p>GIG Cyhoeddus Cymru Public Health Wales ISBN 978-1-83768-092-6 © 2022 Public Health Wales NHS Trust</p>
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Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP), Public Health Wales

Other
[SHOW IF
T0=95]

Brechiadau fflw a COVID-19

Canllaw i oedolion hydref/gaeaf 2022-23

Awst 2022

Flu and COVID-19 vaccinations

A guide for adults autumn/winter 2022-23

August 2022

Flu and COVID-19 vaccinations

A guide for adults autumn/winter 2022-23

August 2022

Flu and COVID-19 are caused by viruses that spread very easily and can cause some people to become seriously ill and die. Older people and those with certain health conditions are more at risk. This winter we expect to see COVID-19 and flu circulating at the same time, so it's very important to get protected to reduce the risk of being admitted to hospital due to these infections.

Make sure you don't delay getting your flu or COVID-19 vaccine if you're advised to.

Will these vaccines protect me?

Having a yearly flu vaccine is one of the best ways to protect against catching and spreading flu. A COVID-19 vaccine reduces the chance of you suffering from severe illness or dying from COVID-19.

Protection from both vaccines generally starts around two weeks after having them. Like all medicines, no vaccine is completely effective. You might still get flu or COVID-19, but your symptoms are likely to be milder.

It is important to be up to date with your COVID-19 vaccines. If you have missed a previous booster dose and are eligible this autumn, you will only need to have the autumn booster dose.

Who needs these vaccines?

Flu and COVID-19 are both more likely to be serious if you have a long-term health condition, are pregnant, or are older. You are more likely to get complications from these infections if you catch them.

Table 1 Who is eligible for these vaccines in Wales?

	Flu vaccine	COVID-19 vaccine
Pregnant women	✓	✓
People aged 50 or over	✓	✓
People with a long-term health condition that increases the risk	From 6 months of age	From 5 years of age
People who live in a care home	✓	✓
People with a learning disability	✓	✓
People with severe mental illness	✓	✓

Brechiadau fflw a COVID-19

Canllaw i oedolion hydref/gaeaf 2022-23

Awst 2022

Mae fflw a COVID-19 yn cael eu hachosi gan feirysau sy'n lledaenu'n hawdd iawn a gallant achosi i chi poŷt fynd yn ddifrifol weel a mwy.

Mae pobol hyn yn fwy eiddo i achosi i chi fynd yn ddifrifol weel a mwy. Y gaeaf hwn rydym yn disgwyl gweld COVID-19 a fflw yn mynd ar lled ar yr un pryd, felly mae'n bwysig iawn cael eich amddiffyn i leihau'r risg o gael eich derbyn i'r ystafly oherwydd y hennidau hyn.

Sicrhewch nad ydych chi oeddi cael eich brechlyn fflw neu COVID-19 os cewch eich cynghori i wneud hynny.

A fydd y brechlynnau hyn yn fy amddiffyn?

Cael brechlyn fflw llymddol yw un o'r ffordd gorau o amddiffyn yn atyn dal a lledaenu'r fflw. Mae brechlyn COVID-19 yn lleihau'r siawns y byddwch yn doddef o achosi difrifol neu'n marw o COVID-19.

Mae amddiffyniad o'r ddau brechlyn fel arfer yn dechrau tua phwythnos ar ôl eu cael. Fael pob meddyginniaeth, nid oes unrhyw brechlyn yn gwbl effeithiol. Efallai y byddwch yn dal i gael fflw neu COVID-19, ond mae'n debygol y bydd eich symptomau'n fwy ysgafn.

Mae'n bwysig cael eich brechlynnau COVID-19 diweddara. Os ydych chi wedi colli dos alghymerthu blaenorol ac yn gymysg y hydref hwn, dim ond dos alghymerthu hydref y bydd angen i chi ei gael.

Ar bwy y mae angen y brechlynnau hyn?

Mae fflw a COVID-19 yn fwy tebygol o fod yn ddifrifol os oes gennych gyflwr iechyd hertymor, yn fachog, neu'n hyn. Fydlach yn fwy tebygol o gael cymhlethdodau o'r hennidau hyn os byddwch yn eu dal.

Tabl 1 Pwy sy'n gymysg i gael y brechlynnau hyn yng Nghymru?

	Brechlyn fflw	Brechlyn COVID-19
Mamwedd bechgyn	✓	✓
Pobl 50 oed neu drosodd	✓	✓
Pobl a chyflwr iechyd hertymor sy'n cymysgu	O 6 mis oed	O 5 oed
Pobl sy'n byw mewn cartref gofod	✓	✓
Pobl ag anabledd dygysu	✓	✓

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		

Base: those who have seen PHW publicity (H1=1)

SINGLE CODE

H2. Where did you see this?

Fixed codes	Answer list	Scripting notes	Routing
1	At a GP surgery		
2	At a vaccination centre		
3	At a hospital		
4	At a pharmacy		
5	At work		
6	At school/college/university		
7	NHS website		
8	Another website		
9	Newspaper		
10	Magazine		
11	Television		
12	Poster		
13	Social media (e.g. Facebook, Instagram, Twitter, TikTok)		
14	Red Book / child's Personal Child Health Record (PCHR)		
15	Snapchat		
16	WhatsApp		
17	YouTube		
95	Other (please specify)	OPEN TEXT, FIXED	
97	Can't remember	EXCLUSIVE, FIXED	

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Base: those who have seen PHW publicity (H1=1)

SINGLE CODE PER ROW

H3. In general, how good or poor are the following elements of the leaflets/social media posts?

Please select one answer per row

ROWS

Fixed codes	Answer list	Scripting notes	Routing
1	The amount of information		
2	The design/layout		
3	How clear the information is		
4	Overall satisfaction		

COLUMNS

Column code	Column list	Scripting notes	Routing
1	Very good		
2	Fairly good		
3	Neither good nor poor		
4	Fairly poor		
5	Very poor		
97	Don't know	FIX	

Base: those who have seen PHW publicity (H1=1)

SINGLE CODE

H4. And to what extent do you agree or disagree with the following statements? The leaflets/social media posts I've just seen are relevant and useful for my service users.

Fixed code	Answer list	Scripting notes	Routing
1	Strongly agree		
2	Somewhat agree		
3	Neither agree nor disagree		
4	Somewhat disagree		

5	Strongly disagree		
97	Don't know	FIX	

Base: All respondents

MULTI CODE

H4A. And would you like to have these type of information resources about vaccinations available in languages other than English or Welsh? Please note that these materials on information about vaccinations aren't currently available in languages other than English or Welsh. This question is trying to gauge people's preferences.

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, I would like to have these available in other languages <u>for myself</u>		
2	Yes, I would like to have these available in other languages <u>for my service users</u>		
3	No, I'm happy having these resources in English or Welsh only	EXCLUSIVE	
97	Don't know	EXCLUSIVE	

Base: Where would like info in other languages (H4A=1, 2)

MULTI CODE

H4A. In what languages would you like to have information resources about vaccinations available?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	English		
2	Welsh		
3	Afrikaans		
4	Albanian		
5	Arabic		
6	Armenian		
7	Basque		

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8	Bengali		
9	Byelorussian		
10	Burmese		
11	Bulgarian		
12	Catalan		
13	Czech		
14	Chinese		
15	Croatian		
16	Cantonese		
17	Danish		
18	Dutch		
19	Estonian		
20	Faroese		
21	Farsi		
22	Finnish		
23	French		
24	Flemish		
25	German		
26	Greek		
27	Hebrew		
28	Hindi		
29	Hungarian		
30	Icelandic		
31	Indonesian		
32	Italian		
33	Japanese		
34	Korean		
35	Kurdish		
36	Laotian		
37	Latvian		
38	Lithuanian		
39	Macedonian		
40	Mandarin		
41	Malay		
42	Maltese		
43	Nepali		

44	Norwegian		
45	Pashto		
46	Polish		
47	Portuguese		
48	Romanian		
49	Russian		
50	Serbian		
51	Slovak		
52	Slovenian		
53	Somali		
54	Spanish		
55	Swedish		
56	Swahili		
57	Filipino		
58	Tajik		
59	Tamil		
60	Thai		
61	Tibetan		
62	Tongan		
63	Turkish		
64	Turkmen		
65	Ukrainian		
66	Urdu		
67	Uzbek		
68	Vietnamese		
95	Another language (please specify)	OPEN TEXT BOX	
96	Prefer not to say		

Base: All respondents

MULTICODE

H4B. And would you like to have information resources about vaccinations available in any of the following accessible formats?

Please select all that apply

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Fixed code	Answer list	Scripting notes	Routing
1	No, I and/or my service users don't need information resources available in accessible formats	EXCLUSIVE	
2	Large print		
3	Braille		
4	Audio/audio description		
7	Easy Read [ADD HOVER OVER DEFINITION: Easy Read is a way of translating difficult information and making it easy to understand]		
8	British Sign Language		
95	Another accessible format (please specify)	OPEN TEXT BOX	

Base: All who would like accessible formats (H4B=2-8)

SINGLE CODE

H4C. And would like these accessible formats to used them for yourself, for your service users or both?

Fixed codes	Answer list	Scripting notes	Routing
1	For myself		
2	For my service users		
3	Both for myself and for my service users		
97	Don't know		

Base: All respondents

SINGLE CODE

H5. Had you seen the logo below before today?



Mae Brechu yn achub bywydau Vaccination saves lives

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		

Closing demographics (Section T)

INTRO TEXT

Thank you for your responses. We now have some final questions about you. This will help us to make sure we have captured views from a cross-section of people. We recognise that you might consider some of these questions to be personal or sensitive, and if you prefer not to answer them that's fine. The information you provide will be used for the sole purpose of understanding the views of different groups.

Base: All respondents

SINGLE RESPONSE

T0X. Which of the following do you consider yourself to be?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Heterosexual or straight		
2	Gay or lesbian		
3	Bisexual		
95	Prefer to use another term (please specify)	ADD OPEN TEXT BOX	
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T1. What is your ethnicity?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
	White	HEADING NOT CODE	
1	British/English/Welsh/Scottish/Northern Irish		
2	Irish		
3	Gypsy, Traveller or Irish Traveller		
4	Any other white background		
	Mixed	HEADING NOT CODE	
5	White and Black Caribbean		
6	White and Black African		
7	White and Asian		
8	Any other Mixed/ Multiple ethnic background		
	Asian and British Asian	HEADING NOT CODE	
9	Indian		
10	Pakistani		
11	Bangladeshi		
12	Chinese		
13	Any other Asian background		
	Black and Black British	HEADING NOT CODE	
14	African		
15	Caribbean		
16	Any other Black/ African/ Caribbean background		
	Other ethnic group	HEADING NOT CODE	
17	Arab		
95	Other		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T2. What is your religion, if any?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		
2	Buddhist		
3	Hindu		
4	Jewish		
5	Muslim		
6	Sikh		
95	Other (please specify)	ADD OPEN TEXT BOX	
96	No religion		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T6. Do you have a disability?

The Disability Discrimination Act (DDA) defines a person with a disability as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Prefer not to say		

Base: those who have a disability (T6=1)

SINGLE RESPONSE

T6A. Which of the following apply to you?

Please select all that apply.

Fixed codes	Answer list	Scripting notes	Routing
1	Partial or total loss of hearing		
2	Partial or total loss of vision		
3	Speech impediment or impairment		
4	Other communication difficulty		
5	Mobility impairment or difficulty moving around		
6	Learning difficulty or learning disability		
7	Mental health condition or disorder		
8	Severe physical disfigurement		
9	A longstanding illness or disease		
95	Other (please specify)	ADD OPEN TEXT BOX	
96	None of the above	EXCLUSIVE	
97	Don't know	EXCLUSIVE	
98	Prefer not to say	EXCLUSIVE	

MULTICODE

T7. Are you currently affected by any of the below?

Please select all that apply.

Fixed codes	Answer list	Scripting notes	Routing
1	Cancers (such as leukaemia or lymphoma)		
2	Diabetes		
3	Serious heart problems		
4	Chest complaint or breathing difficulties, including poorly controlled asthma		
5	Kidney, liver or a gut disease		

6	Lowered immunity due to disease or treatment (steroid medication, chemotherapy or radiotherapy)		
7	An organ transplant		
8	A neurodisability or neuromuscular condition		
9	A severe or profound learning disability		
10	Down's syndrome		
11	A problem with your spleen, e.g. sickle cell disease, or you have had your spleen removed		
12	Epilepsy		
13	Serious genetic problems		
96	None of the above	EXCLUSIVE	
97	Don't know	EXCLUSIVE	
98	Prefer not to say	EXCLUSIVE	

Base: All respondents

SINGLE RESPONSE, DROPDOWN LIST

T3. What is the main language that you speak at home?

Fixed codes	Answer list	Scripting notes	Routing
1	English		
2	Welsh		
3	Afrikaans		
4	Albanian		
5	Arabic		
6	Armenian		
7	Basque		
8	Bengali		
9	Byelorussian		
10	Burmese		
11	Bulgarian		
12	Catalan		
13	Czech		

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14	Chinese		
15	Croatian		
16	Cantonese		
17	Danish		
18	Dutch		
19	Estonian		
20	Faroese		
21	Farsi		
22	Finnish		
23	French		
24	Flemish		
25	German		
26	Greek		
27	Hebrew		
28	Hindi		
29	Hungarian		
30	Icelandic		
31	Indonesian		
32	Italian		
33	Japanese		
34	Korean		
35	Kurdish		
36	Laotian		
37	Latvian		
38	Lithuanian		
39	Macedonian		
40	Mandarin		
41	Malay		
42	Maltese		
43	Nepali		
44	Norwegian		
45	Pashto		
46	Polish		
47	Portuguese		
48	Romanian		
49	Russian		

50	Serbian		
51	Slovak		
52	Slovenian		
53	Somali		
54	Spanish		
55	Swedish		
56	Swahili		
57	Filipino		
58	Tajik		
59	Tamil		
60	Thai		
61	Tibetan		
62	Tongan		
63	Turkish		
64	Turkmen		
65	Ukrainian		
66	Urdu		
67	Uzbek		
68	Vietnamese		
95	Another language (please specify)	OPEN TEXT BOX	
96	Prefer not to say		

Base: All respondents
SINGLE RESPONSE

T5. What is the highest level of educational qualifications you've received so far?

Fixed codes	Answer list	Scripting notes	Routing
1	PhD/Doctor		
2	Masters		
3	Bachelors Degree or equivalent (Such as a NVQ level 5)		
4	Higher education (Such as a HND or a NVQ level 4)		
5	A level or equivalent (Such as Scottish Highers or NVQ level 3)		
6	GCSE and below (Such as O level or an RSA Diploma)		

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7	Other qualifications (Such as NVQ level 1)		
8	No qualifications		
9	Prefer not to say		

Base: All respondents

Re-contact (Section R)

Base: All respondents **OPEN LINK ONLY**

OPEN RESPONSE, APPLY VALIDATION

T9. We may wish to contact you to ask further questions about this research in a follow-up interview or workshop. If you are happy to be contacted about this possibility, please leave your details below.

Fixed codes	Answer list	Scripting notes	Routing
1	Name	OPEN TEXT BOX	
2	Email address	OPEN TEXT BOX	
3	Contract number	OPEN TEXT BOX	
98	I don't want to be contacted again	EXCLUSIVE	

CLOSING TEXT

You have reached the end of the survey. Thank you for taking the time to answer our questions. Your input is really appreciated and will help Public Health Wales improve their information resources.

Please **click next** to submit your responses.

Appendix 7: Qualitative topic guide – Service users

Section 1: Background and introduction (1/5 minutes)

- Please could you tell me a bit about yourself?
 - Name, age, occupation

Section 2: Awareness, experiences and opinions of vaccinations in Wales (8/25 minutes)

- What vaccinations are people offered in Wales?
 - *For free? Paid?*
 - *To children? Adults?*
- In general, what do you think about these vaccines? Why?
 - *Probe: for or against; relative safety; individual vs. societal good; normalcy; susceptibility to disease; perception of risk; severity of outcomes; vaccine effectiveness; trust*
- Do you usually have all of the vaccines offered to you?
 - *Why? Why not?*
- Thinking about recent vaccines you have been offered/received, were you shown any information about it?
 - *Was this before it was offered, after it was accepted, before it was done or after it was done?*
 - *What form did the information take? Was it from a doctor/nurse/in person professional? Was it online/in a leaflet?*
 - *Was it helpful? Why/ why not?*
- Do you usually feel that you have all the necessary information about a vaccination to make an informed decision on it?
 - *Why? Why not?*
 - *What information were you hoping for/expecting?*
 - *Did you try to find information yourself? If yes, where did you look? What could you / couldn't you find?*
 - *When would you prefer to receive this information? With vaccine invitation, before appointment, at appointment?*

Section 3: Unprompted awareness and opinions of information resources (8/25 minutes)

- Thinking more generally, have you seen any information on vaccinations recently?
 - *What was it about? Positive/negative? What did you learn?*
 - *Where did you hear or see this? Did you find the information given reliable? How did you make this decision/assess reliability?*
- If have not seen any:
 - *Would you like to see more information?*
 - *Where would you like it to come from/not come from?*
 - *What use do you think it would have?*
- Where do you/would you go if you wanted information about vaccines?
 - *Why?*

- What would a good piece of information look like?
 - ASK RESPONDENTS TO DRAW OR DESCRIBE WHAT AN EFFECTIVE PIECE OF INFORMATION WOULD LOOK LIKE- ASK TO SHARE
 - *Probe on images, wording, information, signposting*

Section 4: Prompted awareness and opinions of information resources (10/30 minutes)

- We will now show you some recent communication about vaccinations in Wales
 - SHOW CONTENT: 3 PIECES OF COMMUNICATION, TWO LEAFLETS AND ONE SOCIAL MEDIA/ONLINE (DEPENDING ON GROUP)
 - ENSURE AT LEAST ONE GENERAL PIECE OF COMMUNICATIONS AND TWO TAILORED DEPENDING ON GROUPS.
- Have you seen this image/these images before?
 - *If yes, where? What do you remember about them? What did you think about them at the time?*
- What do you like/dislike about this communication?
 - *Amount of information*
 - *Design/layout*
 - *How clear the information is*
 - *Overall satisfactin with it*
- Was the information reliable/trustworthy/tell you what you need?
 - *Did it inform any decisions?*
 - *If trustworthy, what in particular makes it so? If not, why not?*
- What additional information would you want it to have, if any?
- Where do you think information around vaccinations should be displayed to have the biggest impact?
 - *Probe: doctors' surgeries, bus stops, any other places or messengers that you would trust*
- TAILOR FOR DIFFERENT GROUPS:
 - *Do you think this information/communication is relevant to you as a [e.g. parent/carer]*
 - *Where would be the best place to show you information?*
 - *Who should be sharing communication with these groups? Are there any other people/sources that you trust?*
 - *Are there any other features that would be useful for you or those similar to you?*
 - *Probe: literacy ability, additional needs, health conditions etc.*

Wrap up (2 minutes)

- Is there anything additional you'd like to add?
 - **Thank and Close**

Appendix 8: Qualitative topic guide – Service providers

Section 1: Background and introduction (1/5 minutes)

- Please could you tell me a bit about yourself?
 - Name, age, occupation
 - What sort of provider are they?

Section 2: Awareness of vaccinations in Wales and experiences with service users (8/25 minutes)

- What vaccinations are people offered in Wales?
 - *For free? Paid?*
 - *To children? Adults?*
 - *And what vaccines do you think are offered to health and social care staff?*
- In general, what do you think about these vaccines? Why?
 - *Probe: for or against; relative safety; individual vs. societal good; normalcy; susceptibility to disease; perception of risk; severity of outcomes; vaccine effectiveness; trust*
- How often do you have conversations with service users about vaccinations?
 - *What is generally discussed? Do they want advice?*
 - *Are any particular vaccinations the subject of more conversations than others?*
- Do you give out information to service users about vaccinations?
 - *At what stage do you do this? (Probe: with vaccine invitation, if concerns are raised etc.)*
 - *Do you usually have the information they need? If not, do you know where to find it?*
 - *Are there any particular vaccines that are easier/harder to find information on?*
 - *Are there any other difficulties in having conversations about vaccinations with service users?*

Section 3: Unprompted awareness and opinions of information resources (8/25 minutes)

- Where do you usually go for information about vaccinations, or to signpost your service users to?
 - *Are these typically the same areas for yourself and for service users?*
 - *Why these places/people?*
- Do your service users tell you about other places they have received information about vaccinations from?
 - *Where?*
 - *What types of information are they looking for/seeing?*
 - *Are they the same places you would instruct your service users to go? Why not?*
- What do you usually look for in communications to educate or inform yourself about vaccinations?
 - *Visually?*
 - *Wording and content?*

- And what do you usually look for in communications that you share with or communicate to service users?
 - *Visually?*
 - *Wording and content?*
- What would a good piece of information for your service users look like?
 - ASK RESPONDENTS TO DRAW OR DESCRIBE WHAT AN EFFECTIVE PIECE OF INFORMATION WOULD LOOK LIKE- ASK TO SHARE
 - *Probe on images, wording, information, signposting*

Section 4: Prompted awareness and opinions of information resources (10/30 minutes)

- We will now show you some recent communication about vaccinations in Wales
 - SHOW CONTENT : 3 COMMUNICATIONS. 2 X LEAFLETS AND 1 SOCIAL MEDIA/ ONLINE POST.
 - FOR EACH INTERVIEW KEEP ONE GENERAL ITEM AND TWO ITEMS SPECIFIC TO GROUPS.
- Have you seen this image/these images before?
 - *If yes, where? What do you remember about them? What did you think about them at the time?*
- What do you like/dislike about this communication?
 - *Amount of information*
 - *Design/layout*
 - *How clear the information is*
 - *Overall satisfactin with it*
- Was the information reliable/trustworthy/tell you what you need to be able to provide service users with an understanding of vaccinations?
 - *Did it inform any decisions?*
 - *If trustworthy, what in particular makes it so? If not, why not?*
 - *(If relevant) does it tell you what you need to make decisions around your own vaccinaiton options?*
- What additional information would you want it to have, if any?
- Do you think this information is useful for service users or you as a service provider – or both?
 - *How should they differ for different audiences?*
- Where do you think information around vaccinations should be displayed to have the biggest impact?
 - *Probe: doctors' surgeries, bus stops, any other places or messengers that you would trust*
- TAILOR FOR DIFFERENT GROUPS:
 - *Do you think this information/communication is relevant to you as a [e.g. carer]?*
 - *Where would be the best place to show you information?*
 - *Who should be sharing communication with these groups? Are there any other people/sources that you trust?*
 - *Are there any other features that would be useful for groups you provide service to?*
 - *Probe: literacy ability, additional needs, health conditions etc.*

Wrap up (2 minutes)

- Is there anything additional you'd like to add?
 - **Thank and Close**

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