

PWGSC Contract #: HT372-090008/001/CY

POR Registration Number: 041-09

HC POR: 09-06

Contract Award Date: September 15, 2009



Perceptions and Intentions of Canadians on Seasonal and H1N1 Vaccines

FINAL INTEGRATED REPORT

Ce rapport est aussi disponible en français sur demande

Submitted to:

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December 31, 2009

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EXECUTIVE SUMMARY

Results presented in this report are based on a national telephone survey of 4,044 Canadians, 16 years of age or older. The survey data was collected between October 8th and 26th, just prior to the roll out of the H1N1 vaccine. The sample was stratified regionally to include 100 cases in each of the territories and 300 cases in each of the provinces, with the exception of Ontario and Quebec, where more cases were collected. The overall margin of error is +/-1.5 per cent, ranging between 3 and 6 per cent for most sub-group segments in the analysis.

The survey evidence was complimented by 14 focus group discussions: six with the general public (in Montreal, St. John's and Saskatoon); and eight with First Nations and Inuit participants (in Saskatoon, Rankin Inlet - Nunavut, Sioux Lookout – northern Ontario, and Manawan – northern Quebec). Two groups were conducted in each centre: one with younger participants aged 18 to 29; and one with older participants aged 30 and over. Parents, pregnant women and those with an underlying health conditions were represented in all centres. Groups were conducted between October 13 and 22, a few days prior to the roll out of the vaccine. The total cost of the study is \$191,935.19 inclusive of GST.

SEASONAL FLU

One in three respondents (31 per cent) in the survey said that they typically get the seasonal flu vaccine each year, while another third (32 per cent) said that they have had the vaccine in the past, but not annually. Four in ten (39 per cent) parents reported that their children have been vaccinated for seasonal flu. In terms of intent to get the seasonal vaccine this year, it is interesting to see that one-third (34 per cent) still said during this time that they intended to get the seasonal flu vaccine this year. Of those who routinely get the vaccine, over three-quarters (78 per cent) thought that they would get it this year. Of those who get it some of the time (but not each year), one-quarter (25 per cent) believed that they would get it this year. Similarly, in terms of vaccinating children, one-third (33 per cent) of parents said that they would get their children vaccinated for seasonal flu.

AWARENESS REGARDING H1N1 AND H1N1 VACCINE

In the weeks leading up to the roll out of the H1N1 vaccine which occurred in late October 2009, survey results indicate that most Canadians (90 per cent) believed that there had been a low to medium number of H1N1 cases up to that point. Very few (eight per cent) believed that there had been a large number of cases over the course of the first wave and the start of the second wave, and few (16 per cent) believed that the cases had been severe. As well, almost half (47 per cent) believed that the worst of the pandemic was yet to come.

Participant awareness in the focus groups was generally high. Participants were aware of the H1N1 flu virus, as well as methods of prevention. Many were following the issue in the news and had heard about recent studies and government announcements. In spite of a high level of awareness, participants expressed relatively low to moderate levels of concern about the pandemic. There was more concern typically expressed by pregnant women, parents, and those with existing health conditions, as well as among older participants in the focus groups. That said, there was also considerable talk of not being worried about it now, because “it isn’t here yet”.

Prior to the roll out of the H1N1 vaccine, almost half of Canadians (42 per cent) were under the mistaken impression that the seasonal flu vaccine would afford them some protection against H1N1. While there were many sources of confusion on the finer points, three in four Canadians (76 per cent) knew before the announcement of the approval and roll out of the H1N1 vaccine that there would be a new vaccine to combat H1N1 that would be available in the fall of 2009.

LEVEL OF INFORMATION AND SOURCES

The demand for information about the H1N1 vaccine was very high leading up to the roll out of the vaccine. More than four in ten (44 per cent) Canadians had already looked for information about the H1N1 vaccine in the weeks leading up to the vaccine’s approval. Another one in four (25 per cent) said that they would be looking for information in the future. Of these, more than half (59 per cent) cited the Internet as the source of information. Television and newspapers are strong secondary sources, according to one in four (26 and 25 per cent, respectively), and one in five (21 per cent) had consulted (or would consult) their physician.

Just over half of Canadians (58 per cent) said in the weeks leading up to the roll out of the vaccine that they had enough information to be able to make the decision about whether to get the vaccine or not. Among the four in ten who did not feel adequately prepared at the time, information about the side effects of the vaccine was the most often required (50 per cent). Others were looking for information about the effectiveness of the vaccine (27 per cent), or about the amount of testing that had been performed leading up to the approval of the vaccine (19 per cent).

In the focus groups, one of the most striking elements was that people reported hearing and seeing a barrage of information and yet, for the most part, said that they felt uninformed (and maybe somewhat skeptical). In spite of the huge amount of information that participants have been exposed to, they seemed to describe themselves as being more inundated or confused by incomplete, too general or contradictory information. Many suggested that they were lacking details about the pandemic as well as about the vaccine (how many cases have there been in my area, how severe are the cases, how bad is it expected to get, should I get the vaccine even though I’m not in a priority group). There was also considerable discussion in the focus groups of new and changing messages from the government, suggesting that the more information comes out the more confused and cloudy the issue becomes in peoples’ minds.

According to survey results, when it comes to a trustworthy source of information about the H1N1 vaccine (or likely about the pandemic in general), by far the most trusted is the family doctor or medical practitioner (62 per cent); a message echoed by focus group participants. This is followed, at a distant second by nurses or other health professionals (nine per cent) or Health Canada (seven per cent), according to survey results.

INTENT TO GET THE H1N1 VACCINE AND CONDITIONS INFLUENCING INTENT

In the weeks leading up to the approval and roll out of the H1N1 vaccine, Canadians were unsure of whether or not to get the vaccine. Survey evidence indicates an even split in the proportion who were very likely to get the vaccine (36 per cent) and those who were very unlikely to get it (also 36 per cent). About one in four were in the middle, and were either leaning toward getting it (11 per cent) or were leaning away from getting it (16 per cent). Those who said before the roll out of the vaccine that they had enough information were twice as likely to get the vaccine (44 per cent), compared with those who said they did not have enough information (24 per cent). Different sources of information also made a difference, with those informed by doctors or pharmacists (48 and 49 per cent, respectively), or newspapers (43 per cent) being more likely to get it. The opposite is true of those reading health magazines (44 per cent) or hearing from nurses or other health professionals (39 per cent), who were more likely than others to say that they would not be getting the vaccine. The same split is evident when asking about parents' intention to vaccinate their children at that time. One in three (34 per cent) believed (before the roll out) that they would have their children vaccinated, while 31 per cent said that they would not.

Many focus group participants said that they were going to wait to see what happens in the first weeks of the new wave before making the decision on whether or not to get the vaccine. In addition to the detached 'wait and see' attitude, many expressed a thirst for specific details about how the pandemic is progressing, how much of a "real" threat it is to them personally, and the specific recommendations regarding the H1N1 vaccine before making a decision about whether or not to get it.

In terms of barriers or reasons for not getting the vaccine early on, about half were more concerned about the vaccine and its effects (either because it is new or because they do not believe in vaccines in general), while the other half simply did not typically feel the need for vaccines and did not see the H1N1 flu any differently. Parents in the survey cited the same types of reasons for not planning to get their children vaccinated, although the concern for side effects was stronger, with more than one in three parents (34 per cent) citing this as the primary reason.

Among the focus group participants who were concerned about the vaccine, there was considerable talk of the newness of the vaccine, the fact that it seems to have been developed in a "rushed" process and that Canada seems to be developing a "different" drug or using a different process for development and testing.

The perceived effectiveness of the H1N1 vaccine was lower than that of the seasonal flu vaccine in survey results. While one in three Canadians (32 per cent) think that the seasonal flu vaccine is very effective, this drops to one in four (28 per cent) where H1N1 is concerned. Also, those who feel better informed are twice as likely (35 per cent compared to 19 per cent of those who do not feel well enough informed) to place their faith in the vaccine. Similarly, there is a strong relationship between perceived effectiveness and intent to get the vaccine. In fact, two-thirds (64 per cent) of those who think that the vaccine is very effective said that they would likely get the vaccine, compared with only 30 per cent of those believing it to be moderately effective and only two per cent of those believing it to be ineffective. The reverse relationship exists with regard to concerns for the side effects, although not as stark. Half of those with little concern about side effects (45 per cent) were likely to get the vaccine, compared with only 31 per cent of those with moderate concerns and 23 per cent of those with strong concerns about side effects of the vaccine. And, as might be expected, more people had concerns about the side effects of the H1N1 vaccine (34 per cent compared with 22 per cent for seasonal flu).

According to ratings of likelihood to get the vaccine, an increased severity of the pandemic would be the primary impetus for more people getting the vaccine. While 36 per cent of Canadians said that they would likely get the vaccine before the roll out, this increased to 59 per cent with a more severe pandemic situation (with only 15 per cent saying that they be unlikely to get it at that point). A doctor's recommendation also has a strong influence on the likelihood of getting the vaccine, going from 36 to 56 per cent. Under the conditions of a tested vaccine or if mass vaccines were available in schools, employment locations and so on, the likelihood increased from 36 to 46 - 47 per cent. Having to pay for the vaccine (29 per cent) and a less severe unfolding of the outbreak (25 per cent) each resulted in considerably fewer people wanting to get the vaccine.

Knowing that the vaccine contained a substance called an adjuvant seemingly made no difference to Canadians (36 per cent very likely). Explaining that the adjuvant has been tested on thousands of people (44 per cent), that it contained a naturally occurring set of ingredients (47 per cent), and that it had been used for decades in other vaccines (48 per cent) each serve to increase Canadian' comfort with the H1N1 vaccine.

COMMUNICATIONS TESTING

Overall, the H1N1 vaccine messages that address side effects in a matter of fact and straight forward way scored the highest ratings. That said, the overall message of getting the H1N1 vaccine to protect themselves and those around them scored among the top most convincing reasons to get the vaccine. Many participants said (later when reacting to particular ads) that protecting themselves for the sake of others resonated well with them and is not something that they had given a lot of thought to. Similar reactions to this message were found when testing the actual ads. For many participants, the idea of getting the vaccine to protect others was a new way of thinking about it, and it made immediate sense to them. This was a reason to consider getting the vaccine, whether or not you were in a priority group and whether or not it would be expected to be severe in your own backyard. The more technical and detailed messages did not test well with participants who felt that they introduced more confusion and questions than they answered.

Generally, all of the ads (print, radio and television) tested reasonably well and did not produce any significant negative reactions. If there was one point of criticism across the board, it was that people have a thirst for knowledge and the tag line makes sense to them (knowledge is your best defence) but that these ads do not in and of themselves give you much additional knowledge.

SOMMAIRE

Les résultats qui figurent dans le présent rapport découlent d'un sondage téléphonique national réalisé auprès de 4 044 Canadiens et Canadiennes âgés de 16 ans et plus. Les données du sondage ont été recueillies entre les 8 et 26 octobre, juste avant que ne commence la vaccination contre le virus H1N1. L'échantillon a été stratifié sur le plan régional de façon à obtenir 100 cas dans chaque territoire et 300 cas dans chaque province, sauf en Ontario et au Québec où les cas ont été plus nombreux. La marge d'erreur, pour l'ensemble, se situe à $\pm 1,5$ p. 100 et elle varie entre 3 et 6 p. 100 pour la plupart des sous-groupes de l'analyse.

Les données du sondage ont été complétées au moyen de 14 discussions de groupe : six en compagnie de membres du grand public (à Montréal, St. John's et Saskatoon) et huit avec des participants des Premières nations et des Inuits (à Saskatoon, Rankin Inlet - Nunavut, Sioux Lookout – nord de l'Ontario et Manawan – nord du Québec). Deux groupes ont été formés à chaque endroit : l'un composé de jeunes participants âgés de 18 à 29 ans et l'autre, de participants plus âgés, soit de 30 ans et plus. À chaque endroit, les parents, les femmes enceintes et les personnes ayant une maladie chronique étaient représentés. Les discussions de groupe se sont déroulées du 13 au 22 octobre, quelques jours avant le début de la vaccination. Le coût total de l'étude est de 191 935.19 \$, TPS comprise.

LA GRIPPE SAISONNIÈRE

Le tiers des répondants (31 p. 100) du sondage ont dit qu'ils se faisaient normalement vacciner chaque année contre la grippe saisonnière tandis qu'un autre tiers (32 p. 100) disent avoir déjà reçu le vaccin mais non chaque année. Quatre parents sur dix (39 p. 100) affirment que leurs enfants ont été vaccinés contre la grippe saisonnière. Quant à l'intention des répondants de recevoir le vaccin contre la grippe saisonnière cette année, il est intéressant de noter que le tiers (34 p. 100) ont persisté à dire au moment de l'étude qu'ils comptaient se faire vacciner contre la grippe saisonnière cette année. Parmi ceux qui se font normalement vacciner, plus des trois quarts (78 p. 100) envisageaient de le faire cette année. Parmi ceux qui se font parfois vacciner (mais non chaque année), le quart (25 p. 100) pensaient le faire cette année. En ce qui concerne la vaccination des enfants, le tiers (33 p. 100) des parents ont dit vouloir faire vacciner leurs enfants contre la grippe saisonnière.

SENSIBILISATION AU VIRUS H1N1 ET AU VACCIN

Au cours des semaines précédant l'arrivée du vaccin contre la grippe H1N1 vers la fin d'octobre 2009, la plupart des Canadiens croyaient (90 p. 100), d'après les résultats du sondage, qu'il y avait eu jusqu'alors un nombre allant de faible à moyen d'infections au virus H1N1. Ils étaient très peu (8 p. 100) à croire qu'il y avait eu un grand nombre d'infections au cours de la première vague et avant le début de la deuxième

vague, et quelques-uns (16 p. 100) à croire que ces cas avaient été sérieux. De même, près de la moitié (47 p. 100) étaient persuadés que le pire de la pandémie restait à venir.

Les participants des groupes de discussion étaient en général bien renseignés. Ils étaient au courant du virus de la grippe H1N1 et des méthodes de prévention. Plusieurs suivaient le déroulement de la situation dans les bulletins de nouvelles et avaient entendu parler d'études récentes et des avis gouvernementaux. Malgré un degré élevé de sensibilisation, les participants ont exprimé des niveaux d'inquiétude allant de relativement faibles à moyens au sujet de la pandémie. Les plus inquiets étaient les femmes enceintes, les parents et les malades chroniques de même que les participants les plus âgés des groupes de discussion. Cela dit, beaucoup ont dit ne pas s'en faire puisque la grippe n'était « pas encore là ».

Avant l'arrivée du vaccin contre la grippe H1N1, près de la moitié des Canadiens (42 p. 100) avaient la fausse impression que le vaccin contre la grippe saisonnière leur assurerait une certaine protection contre la grippe H1N1. Malgré diverses sources de confusion concernant les détails, trois Canadiens sur quatre (76 p. 100) savaient avant que l'approbation du vaccin ne soit annoncée et que la vaccination ne soit commencée qu'il y aurait un nouveau vaccin de disponible à l'automne 2009 pour lutter contre le virus de la grippe H1N1.

DEGRÉ ET SOURCES D'INFORMATION

La demande d'information au sujet du vaccin contre la grippe H1N1 était très forte jusqu'au début du programme de vaccination. Plus de quatre Canadiens sur dix (44 p. 100) avaient déjà cherché à se renseigner sur le vaccin contre la grippe H1N1 au cours des semaines précédant l'approbation du vaccin. Le quart encore (25 p. 100) ont exprimé l'intention de chercher à se renseigner. Parmi ces derniers, plus de la moitié (59 p. 100) ont mentionné Internet comme source d'information. La télévision et les journaux sont d'importantes sources secondaires de l'avis d'un répondant sur quatre (26 et 25 p. 100, respectivement) et un répondant sur cinq (21 p. 100) avait consulté (ou voulait consulter) son médecin.

Un peu plus de la moitié des Canadiens (58 p. 100) ont affirmé au cours des semaines précédant la vaccination qu'ils avaient suffisamment d'information pour pouvoir prendre la décision de se faire vacciner ou non. Pour les quatre personnes sur dix qui ne se sentaient pas assez bien préparées à l'époque, ce dont elles avaient le plus souvent besoin était de l'information sur les effets secondaires du vaccin (50 p. 100). D'autres voulaient des renseignements sur l'efficacité du vaccin (27 p. 100) ou sur la quantité de tests qui avaient été effectués avant que le vaccin ne soit approuvé (19 p. 100).

Au sein des groupes de discussion, l'un des éléments les plus frappants tient au fait que malgré toute l'information qu'ils pouvaient voir et entendre, la plupart des gens ont dit qu'ils se sentaient mal informés (et peut-être quelque peu sceptiques). En dépit de l'énorme quantité d'information à laquelle ils avaient été exposés, les participants semblaient se décrire comme submergés ou confus à cause de renseignements incomplets, de nature trop générale ou contradictoires. Beaucoup ont laissé entendre qu'il leur manquait des détails au sujet de la pandémie ainsi que du vaccin (à savoir, combien y avait-il de cas dans leur région, quelle était leur gravité, à quel point la situation allait-elle se détériorer et devrait-on se faire vacciner même

si on ne fait pas partie d'un groupe prioritaire). Il a aussi été énormément question au sein des groupes de discussion du gouvernement qui lançait de nouveaux messages ou qui modifiait ses anciens, de sorte que plus il donnait d'information, plus la situation devenait confuse ou nébuleuse dans l'esprit des gens.

Selon les résultats du sondage, la source d'information la plus digne de confiance concernant le vaccin contre la grippe H1N1 (de même, en général, qu'au sujet d'une pandémie) est de loin le médecin de famille ou un médecin praticien (62 p. 100), message auquel font écho les participants des groupes de discussion. Viennent ensuite mais beaucoup plus loin, selon les résultats du sondage, les infirmières ou autres professionnels de la santé (9 p. 100) ou Santé Canada (7 p. 100).

INTENTION DE SE FAIRE VACCINER CONTRE LE VIRUS H1N1 ET CONDITIONS QUI INFLUENT SUR CETTE INTENTION

Au cours des semaines précédant l'approbation et l'arrivée du vaccin contre la grippe H1N1, les Canadiens ne savaient pas au juste s'ils devaient se faire vacciner. Le sondage révèle une proportion à égalité entre ceux qui allaient probablement se faire vacciner (36 p. 100) et ceux pour qui la vaccination était très improbable (36 p. 100 aussi). Environ le quart des répondants se situaient dans le milieu, plutôt en faveur de se faire vacciner (11 p. 100) ou plutôt en faveur de ne pas le faire (16 p. 100). Ceux qui se sont dits assez renseignés avant le lancement de la vaccination étaient deux fois plus susceptibles de se faire vacciner (44 p. 100) que ceux qui ont dit ne pas avoir assez d'information (24 p. 100). L'intention différait aussi selon la source d'information, les plus susceptibles de se faire vacciner étant les personnes qui avaient obtenu leur information auprès d'un médecin ou d'un pharmacien (48 et 49 p. 100, respectivement), ou dans les journaux (43 p. 100). À l'opposé, les personnes qui avaient consulté des revues sur la santé (44 p. 100) ou qui s'étaient renseignées auprès d'une infirmière ou d'un autre professionnel de la santé (39 p. 100) étaient plus susceptibles que les autres d'affirmer qu'elles ne se feraient pas vacciner. On constate la même division à propos de l'intention des parents, à l'époque, de faire vacciner leurs enfants. Ils étaient le tiers (34 p. 100) à penser (avant le début de la vaccination) qu'ils feraient vacciner leurs enfants, et 31 p. 100 à affirmer qu'ils ne le feraient pas.

Beaucoup de participants des groupes de discussion ont dit qu'ils attendraient de voir ce qui allait se passer dans les premières semaines de la nouvelle vague avant de prendre la décision de se faire vacciner ou non. Outre l'attentisme s'apparentant à une certaine indifférence, beaucoup se sont montrés avides de détails précis sur l'évolution de la pandémie, sur la menace qu'elle représente « vraiment » pour eux, voulaient de même des recommandations particulières à propos du vaccin contre la grippe H1N1 avant de prendre la décision de se faire vacciner ou non.

En ce qui concerne les obstacles à la vaccination ou les raisons de ne pas la demander dès le début, environ la moitié des répondants s'inquiétaient du vaccin et de ses effets (soit parce qu'il était nouveau ou parce qu'ils se méfiaient des vaccins en général) alors que l'autre moitié ne voyait simplement pas la nécessité des vaccins et ne considéraient pas différemment celui contre la grippe H1N1. Les parents du sondage ont avancé les mêmes sortes de raisons pour ne pas songer à faire vacciner leurs enfants,

quoique leur inquiétude quant aux effets secondaires était plus forte, plus du tiers des parents (34 p. 100) ayant donné cette raison en premier.

Les participants des groupes de discussion qui se sont inquiétés du vaccin ont beaucoup parlé de sa nouveauté, du fait qu'il semblait avoir été élaboré en vitesse et que le Canada semblait avoir mis au point un vaccin « différent » ou avoir procédé différemment pour son élaboration et sa mise à l'essai.

L'efficacité du vaccin contre la grippe H1N1 a été moins bien perçue que celle du vaccin contre la grippe saisonnière selon les résultats du sondage. Alors qu'ils sont un Canadien sur trois (32 p. 100) à croire que le vaccin contre la grippe saisonnière est très efficace, ils ne sont qu'un sur quatre (28 p. 100) à avoir la même impression du vaccin contre la grippe H1N1. De plus, les personnes qui se trouvent bien renseignées sont deux fois plus portées (35 p. 100 comparativement à 19 p. 100 de celles qui pensent manquer d'information) à avoir foi dans le vaccin. De même, il existe un rapport étroit entre l'impression d'efficacité du vaccin et l'intention de l'obtenir. En fait, les deux tiers (64 p. 100) de ceux qui estiment le vaccin très efficace disent qu'ils se feront probablement vacciner, contre seulement 30 p. 100 de ceux qui le croient moyennement efficace et seulement 2 p. 100 de ceux qui le croient inefficace. Il existe une relation contraire, quoique pas aussi frappante, en ce qui concerne l'inquiétude au sujet des effets secondaires. La moitié de ceux qui ne craignent pas beaucoup les effets secondaires du vaccin (45 p. 100) allaient probablement se faire vacciner, comparativement à seulement 31 p. 100 de ceux qui s'en préoccupent moyennement et à 23 p. 100 de ceux qui en sont très inquiets. Comme on pouvait aussi s'y attendre, plus de gens éprouvaient de l'inquiétude quant aux effets secondaires du vaccin contre la grippe H1N1 que du vaccin contre la grippe saisonnière (34 p. 100 en regard de 22 p. 100).

D'après le classement de la probabilité de se faire vacciner, une sévérité accrue de la pandémie serait ce qui pousserait principalement le plus de gens à vouloir se faire vacciner. Alors que 36 p. 100 des Canadiens ont affirmé qu'ils se feraient sans doute vacciner avant que la grippe ne se déclare, le taux grimperait à 59 p. 100 en cas de pandémie plus sévère (et seuls 15 p. 100 des répondants jugent improbable qu'ils se fassent alors vacciner). La recommandation d'un médecin influe aussi beaucoup sur la probabilité de demander le vaccin, laquelle passe de 36 à 56 p. 100. À condition que le vaccin ait été testé ou si la vaccination de masse était offerte dans les écoles, les lieux de travail et ainsi de suite, la probabilité passe alors de 36 à 46 ou 47 p. 100. L'obligation de payer le vaccin (29 p. 100) et une flambée moins sévère que prévu (25 p. 100) auraient l'une et l'autre pour effet de réduire sensiblement le nombre de personnes qui voudraient se faire vacciner.

Le fait de savoir que le vaccin contient une substance appelée adjuvant ne semble pas peser dans la balance aux yeux des Canadiens (36 p. 100 se disent très susceptibles de se faire vacciner). En leur expliquant que l'adjuvant a été testé sur des milliers de personnes (44 p. 100), qu'il renferme un ensemble d'ingrédients naturels (47 p. 100) et qu'il est utilisé depuis des décennies dans d'autres vaccins (48 p. 100), les Canadiens se trouvent dans chaque cas plus à l'aise à l'égard du vaccin contre la grippe H1N1.

TEST DE LA COMMUNICATION

Dans l'ensemble, les messages qui abordent la question des effets secondaires du vaccin contre la grippe H1N1 de manière franche et directe obtiennent les plus hautes notes. Cela dit, le message général selon lequel on doit se faire vacciner contre la grippe H1N1 pour se protéger soi-même et protéger ceux qui nous entourent figure parmi les raisons les plus convaincantes de se faire vacciner. Bien des participants ont dit (plus tard, en réagissant à des projets d'annonces) que l'idée de se protéger soi-même dans l'intérêt des autres leur plaît et qu'ils n'y avaient pas beaucoup réfléchi jusque-là. Ce message lors de tests touchant des annonces réelles a suscité de semblables réactions. Aux yeux de nombreux participants, l'idée de se faire vacciner pour protéger ses proches était nouvelle et ils ont tout de suite trouvé qu'elle avait du bon sens. C'était une bonne raison de songer à se faire vacciner, qu'on fasse partie ou non d'un groupe prioritaire et qu'on s'attende ou non à ce que la grippe sévisse durement dans son milieu. Les messages plus techniques et détaillés n'ont pas beaucoup plu aux participants qui ont trouvé qu'ils provoquaient plus de confusion et plus de questions que ce qu'ils apportaient comme réponses. De façon générale, toutes les annonces (imprimées, radiophoniques et télévisées) ont été assez bien reçues et n'ont pas produit de réactions très négatives. S'il y a une critique qui a été soulevée partout, c'est bien que les gens ont envie de savoir et que le titre d'appel leur paraît sensé (« s'informer c'est se protéger ») mais que ces annonces, en soi, ne leur apportent pas tellement de connaissances supplémentaires.

1. BACKGROUND AND METHODOLOGY

1.1 PURPOSE

To support the Pandemic Risk Communications Strategy, more must be known regarding Canadians' current knowledge, perceptions and behavioural intentions regarding the new H1N1 vaccines and their current behavioural intentions regarding this year's seasonal influenza vaccination. This research will inform the development of communication messages, products and dissemination tactics that may be needed immediately to respond to this current outbreak. The research will build on previous work conducted for PHAC by EKOS that assessed Canadians' current behaviours (e.g., hand-washing, seasonal flu vaccinations, cough and sneeze etiquette, use of antibacterial soaps, cleaning products, hand sanitizers and other precautions) relating to preventing infection or the spread of infection (for self or family), particularly when ill with seasonal colds and/or flu and in the event of any influenza pandemic.

The specific objectives of this study were to:

- Examine awareness of seasonal influenza vaccine and the anticipated H1N1 vaccine;
- Assess and explore current behavioural intentions for these vaccinations;
- Examine potential scenarios (severity of H1N1, costs, availability, number of shots) and their impact on current behavioural intentions for both vaccinations;
- Explore potential barriers and motivations to the take-up of the H1N1 and seasonal influenza vaccines; and
- Assess the association with current level of concern and current behavioural intentions with reference to both vaccinations.

The study includes two lines of evidence: a national telephone survey of 4,044 cases, as well as 14 focus groups. The purpose of the survey was to profile awareness, attitudes and behavioural intentions regarding the H1N1 vaccine in the weeks leading up to its approval and roll out across the country. The survey also briefly touched on communications, related to the need for more information, current information sources and trustworthy spokespersons. The focus groups also explored with participants their views and intentions regarding the H1N1 vaccine, however, much of the time was devoted to communications (information sources and trustworthy spokespersons) and testing of some advertising material to be used in the public information campaign, including messages, radio, print and television ads.

1.2 METHODOLOGY

The national survey included 4,044 interviews with Canadians (Canadian citizens and permanent residents who are 16 years of age and older), completed over the telephone with a trained, bilingual team of interviewers. The sample was stratified nationally to include 100 cases in each of the three territories and 300 cases in each province, with the exception of Quebec and Ontario where 500 and 800 cases were conducted. This size of sample carries with it a level of precision of +/-1.5 per cent for the sample overall, at a .05 confidence level (i.e., 19 times out of 20). The margin of error is +/-5.7 per cent for most provinces and roughly +/-9 to 10 per cent for the three territories. It is +/-4.4 per cent, however, in Quebec and +/-3.5 per cent in Ontario. The sample also includes just over 1,200 parents of children under 18 (with an associated margin of error of +/-2.8 per cent), and 429 youth (with an associated margin of error of +/-4.7 per cent) The margin of error is typically between three and six per cent in most sub-groups that are isolated in the analysis (e.g., age, economic status, gender).

The following table presents the provincial and territorial distribution of the sample of 4,044 cases.

TABLE 1.1: Sample size and distribution

Province	Sample Size	Margin of Error
Nova Scotia	301	5.7
Newfoundland	301	5.7
New Brunswick	306	5.6
Prince Edward Island	301	5.7
Quebec	502	4.4
Ontario	801	3.5
Manitoba	300	5.7
Saskatchewan	302	5.6
Alberta	301	5.7
NWT & Nunavut	206	6.8
British Columbia	313	5.5
Yukon	110	9.4
TOTAL	4,044	1.5

In sampling the broader general public, EKOS relies on Survey Sample, produced by ASDE in Gatineau. The software uses the most up to date directories as they become available and is updated quarterly. It samples by Random Digit Dial (RDD) methodology and checks its samples against published phone lists to divide the RDD into "Directory Listed" (DL) and "Directory Not Listed" (DNL) RDD components. The software allows the researcher to set the tolerance level for DNL numbers to an acceptable risk level. The flexibility of this software allows you to sample nationally or within specific

provinces, regions or cities. You can sample according to population representativeness or stipulate stratification parameters, as required.

The survey instrument itself was largely composed of closed-ended questions, with a small number of items with an open category included in the list. Many items were asked using a numeric scale response set. There were roughly 45 items in the questionnaire and it required an average of 13 minutes to administer.

Prior to the conduct of the survey, the survey instrument was tested with 50 people (35 in English and 15 in French) in iterations, with changes being made after the first five to ten and then again after 10 interviews, to ensure that any changes were addressing particular issues experienced in the interviews. These related to small wording changes and skip logic.

At the beginning of each interview the interviewers:

- informed the participants that he or she is a consultant hired by the Government of Canada to carry out the survey;
- informed the participants of the reasons why the survey is being conducted;
- informed the contacted individuals that participation in the survey is voluntary;
- informed the respondent that the survey is registered with the National Survey Registration System;
- informed the individual of the length of the survey; and
- obtained verbal agreement by the individual before beginning the survey.

The survey instrument can be found in Appendix A.

The survey data were collected over a two and a half week period between October 8th and October 26th 2009. The announcement approving the vaccine was made on October 21st. The vaccine was rolled out in New Brunswick on October 23rd, but it was available starting on October 26th in all other provinces and territories. The survey collection employed standard monitoring and call-back techniques. A response rate of 19 per cent was obtained in the collection of the survey sample. Appendix B presents details of this calculation.

Readers should note that sub-group differences are described in this report for a particular segment only when they were statistically different from the rest of the sample and they are judged to be substantively significant. For ease of reporting, results for the 10 point scales were reported according to three collapsed categories. Detailed tables of results provide responses (e.g., collapsed and uncollapsed scales) for all segments reviewed in the analysis (along with statistical testing) and can be found in Appendix F (under separate cover).

In addition to the survey, six focus groups were conducted with members of the general public and eight with First Nations and Inuit populations between October 13th and 22nd. Two groups were held in each location: one with participants under 30¹ and one with adults over 30 years of age. In each group there were several participants with children/grandchildren living with them under the age of 18, as well as several with chronic health conditions. In all of the general public groups, there were also several participants who were pregnant. In the First Nations and Inuit sessions with younger participants there was at least one pregnant person in each group, although this was not the case in the groups with older participants.

The following table provides a general snapshot of focus group participants/locations.

TABLE 1.2: Location of Focus Groups/Group Types

Location	Date	Type	Number of Participants
Saskatoon SK	October 13 th , 2009	General Public	18
Saskatoon SK	October 14 th , 2009	First Nations (on-reserve)	14
Sioux Lookout ON	October 14 th , 2009	First Nations (on-reserve)	16
Montreal QC	October 15 th , 2009	General Public	17
Rankin Inlet NT	October 15 th , 2009	Inuit	15
St. John's NFLD	October 19 th , 2009	General Public	19
Manawan QC	October 22 nd , 2009	First Nations (on-reserve)	18

In Saskatoon and Sioux Lookout, participants spent much of their year living on a nearby reserve, however, the groups were not physically held on a reserve. In Manawan, the group discussions were held in the health clinic on the reserve. In the case of all First Nations sessions, participants were recruited through a combination of random selection, posters to make people aware of the groups and referrals from some local First Nation organizations/centres. In the case of the Manawan groups, the participants were recruited by the community health nurse who announced the groups on a local radio station, in a program discussing H1N1, as well as in a community meeting. For the groups held in Rankin Inlet, NU, recruiting calls took place using a list-based sample (selected on the basis of postal codes) of anyone living within the surrounding area. Referrals and recommendations were also obtained from those who were interested although could not participate themselves.

Each session was two hours in length and participants talked about H1N1, the H1N1 vaccine (as well as views about vaccines in general) and their intentions to get or not get the H1N1 vaccine. They also discussed their information needs, where they were getting information and who they trust to provide information on this issue. Three advertisements were also tested: one print; one radio and one television (the latter two in text/story board format only). Reactions to these ads, as well as to a series of possible messages formed the second half of the discussion.

Appendices C and D provide the recruitment script and moderator's guide for the focus groups.

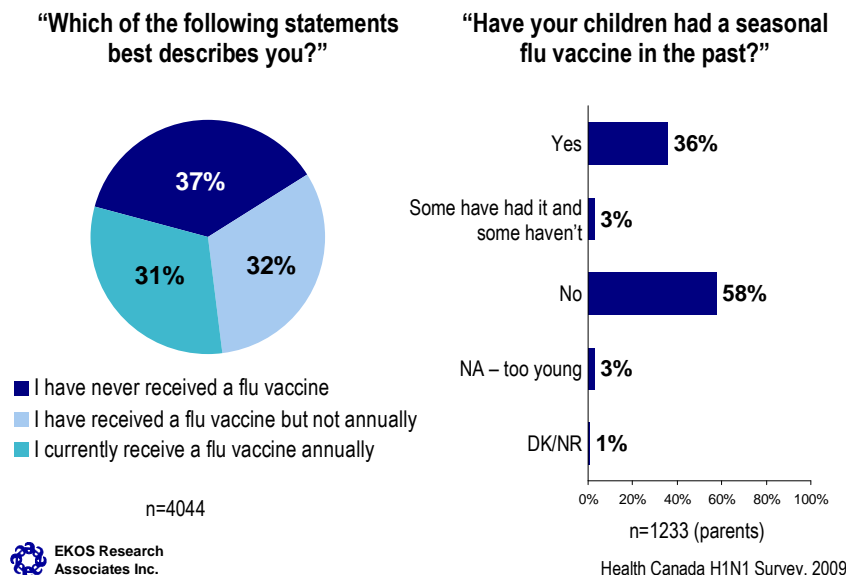
¹ In the case of the Aboriginal groups a few participants were in their 30's.

2. SURVEY RESULTS

2.1 SEASONAL FLU

In order to better understand the orientation of Canadians regarding the H1N1 vaccine, the survey asked whether respondents had ever had the seasonal flu vaccine in the past. One in three (31 per cent) said that they typically get the vaccine each year, while another third (32 per cent) said that they have had the vaccine, but not annually. Almost four in ten (37 per cent) reported that they never get the seasonal flu vaccine. This is higher than the average national rate of immunization for seasonal flu, which was measured at 32 per cent in 2008 and 34 per cent in 2005 vaccine each year².

Propensity Toward Flu Vaccination



- Those more apt to get the vaccine on a routine basis are women (35 per cent), older Canadians, particularly seniors (71 per cent), and those with an underlying health condition (51 per cent). The prevalence is greatest in Nova Scotia (38 per cent), Ontario (36 per cent) and Prince Edward Island (36 per cent), and also reported more often in rural areas (35 per cent).

² Canadian Community Health Survey, Statistics Canada, 2005, 2008

- Canadians who do not get the seasonal flu vaccine are more often 25 to 54 (44 to 47 per cent) as well as parents (43%). There is also a greater propensity not to be vaccinated among the college educated (44 per cent) and households reporting mid-level incomes (40 to 46 per cent). Regionally, the incidence of non-vaccine use is highest in Nunavut (61 per cent), Newfoundland (55 per cent), Quebec (53 per cent), Manitoba (49 per cent) and Saskatchewan (44 per cent). It is also much higher in remote areas (48 per cent), in general.

Many of these same patterns are also reflected for children, with four in ten parents saying that their children have been vaccinated for seasonal flu in the past (36 per cent plus three per cent who say some children in the household have been vaccinated). Just under six in ten (58 per cent) have not vaccinated their children for seasonal flu (and three per cent say that their children are too young at this point to have been vaccinated in the past).

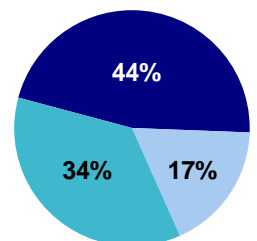
- Parents reporting the highest levels of education (41 per cent) are more apt to get their children vaccinated, while those with a college level of education (30 per cent) are least apt to have done so. A similar pattern is shown by household income, with households reporting the highest incomes (41 per cent) also reporting the highest incidence of vaccination for children.
- The age of the child is also a determining factor. Parents are more apt to report past vaccinations for children between two and eleven (40 per cent) than they are to report vaccinating younger (26 per cent) and older (35 per cent) children.
- Vaccination patterns are strongest in Alberta (49 per cent) and Ontario (43 per cent). Those least likely to vaccinate children live in Quebec and British Columbia (28 per cent in each case), (New Brunswick (26 per cent), Newfoundland (25 per cent), Prince Edward Island (17 per cent), and Manitoba (15 per cent).
- Naturally, patterns of vaccination follow household lines. Parents who have themselves been vaccinated are far more likely to report that they vaccinate their children (67 per cent).

In terms of intent to get the seasonal flu vaccine this year, it is interesting to see that one-third (34 per cent) still said during this time that they intended to get the seasonal flu vaccine this year. This may reflect a mix of loyalty to the flu vaccine and misunderstanding about the protection afforded by the regular vaccine against H1N1. That said, more than four in ten (44 per cent) did not intend to get the seasonal flu vaccine this year.

Of those who routinely get the seasonal flu vaccine, over three-quarters (78 per cent) thought that they would get it again this year. Of those who get it some of the time (but not each year), one-quarter (25 per cent) believed that they would get it. In fact, seven per cent of those who never get the seasonal flu vaccine reported that they would likely get it this year.

Expected Demand for Seasonal Flu Vaccines

"Do you think that you will get the seasonal flu vaccine at any point over this fall or the winter?"



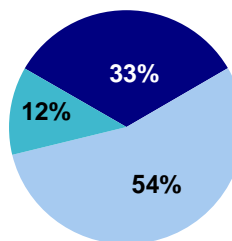
■ Low likelihood (1-3)
 ■ Moderate likelihood (4-7)
 ■ High likelihood (8-10)

n=4044



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"As far as you know right now, do you plan on having your children vaccinated for seasonal flu this fall or winter?"



■ Yes
 ■ No
 ■ DK/NR

n=1233

Health Canada H1N1 Survey, 2009

- Following the same patterns as described for past vaccination behaviour, it is those with underlying health conditions (52 per cent), those aged 55 and over (41 per cent, particularly seniors at 61 per cent), and women (38 per cent) who were most often intending to get the seasonal flu vaccine, along with heavier concentrations in Nova Scotia (41 per cent), Ontario (38 per cent), and in rural areas (40 per cent).
- Canadians living in remote areas (57 per cent), those reporting college levels of education (51 per cent), those under the age of 54 years (between 49 to 55 per cent), household incomes of \$40,000 to \$100,000 (49 to 51 per cent), and men (47 per cent) were considerably more apt to say they would likely not get the vaccine this year, as was the case in Nunavut (66 per cent), Newfoundland (56 per cent), Saskatchewan (52 per cent), Manitoba (52 per cent), and Quebec (50 per cent).

TABLE 2.1: Profile of Seasonal Flu Vaccine Take Up

Do you think that you will get the seasonal flu vaccine at any point over this fall or the winter?			
	Not Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)
Province			
British Columbia	49%	15%	33%
Alberta	42%	20%	32%
Saskatchewan	52%	15%	26%
Manitoba	52%	16%	25%
Ontario	38%	20%	38%
Quebec	50%	15%	33%
New Brunswick	47%	12%	32%
Nova Scotia	39%	15%	41%
Prince Edward Island	42%	13%	39%
Newfoundland	56%	10%	30%
Yukon	44%	21%	29%
Territories	37%	22%	39%
Nunavut	66%	16%	16%
Urban/Rural			
Urban	44%	18%	34%
Rural	43%	13%	40%
Remote	57%	13%	27%
Age			
<25	54%	25%	20%
25-34	55%	21%	23%
35-54	49%	19%	31%
55-64	41%	15%	41%
65+	20%	7%	61%
Gender			
Men	47%	19%	31%
Women	42%	16%	38%
Education			
Elementary-High school	39%	14%	40%
College	51%	18%	28%
University	46%	20%	32%
Graduate	38%	17%	42%
Household Income			
<\$20,000	41%	18%	36%
\$20,000-\$39,000	39%	16%	38%
\$40,000-\$59,000	51%	16%	31%
\$60,000-\$99,000	49%	17%	32%
\$100,000+	46%	20%	32%

Similarly, in terms of vaccinating children, one-third (33 per cent) of parents said that they would get their children vaccinated for seasonal flu this season, while over half (54 per cent) said they likely wouldn't. That said, only two in three (65 per cent) of those who said that their children have had seasonal flu shots in the past say that they would get it for them this year. Another 12 per cent of those who have not had children vaccinated in the past said that they would get this vaccine for their children this year.

- It is younger parents (52 per cent), and in particular Aboriginal parents (44 per cent); and Inuit parents most of all (80 per cent) who said that they would get the seasonal flu vaccine for their children. It was also considerably more prevalent among parents who think that the seasonal flu vaccine would offer some protection against H1N1 (52 per cent).
- Intent to get the vaccine for children was lowest in Newfoundland (66 per cent are unlikely to get it) and Manitoba (67 per cent), as well as for children aged 12 and over (59 per cent). Women were also less apt (57 per cent) to report the intent to vaccinate their children for the seasonal flu this year.

TABLE 2.2: Profile of Seasonal Flu Take Up For Children

As far as you know right now, do you plan on having your children vaccinated for seasonal flu this fall or winter?		
	Yes	No
Province		
British Columbia	25%	63%
Alberta	40%	48%
Saskatchewan	28%	54%
Manitoba	17%	67%
Ontario	36%	48%
Quebec	31%	60%
New Brunswick	35%	56%
Nova Scotia	42%	51%
Prince Edward Island	31%	57%
Newfoundland	20%	66%
Yukon	21%	51%
Territories	37%	40%
Nunavut	35%	57%
Age		
<25	52%	37%
25-34	29%	55%
35-54	33%	55%
55-64	33%	48%
65+	7%	87%

As far as you know right now, do you plan on having your children vaccinated for seasonal flu this fall or winter?		
	Yes	No
Age of Child		
Under 2	32%	52%
2-5	35%	51%
6-11	34%	55%
12+	30%	59%
Gender		
Men	35%	51%
Women	31%	57%
Aboriginal		
Yes	44%	43%
No	32%	55%

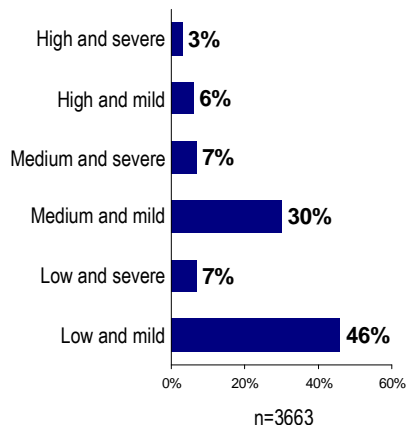
2.2 PERCEPTION OF THE PANDEMIC

In the weeks leading up to the roll out of the vaccine, survey results indicate that most Canadians believed that there had been a low to medium number of H1N1 cases up to that point. Very few believed that there had been a large number of cases over the course of the first wave and the start of the second wave, and few believed that the cases were severe. Overall, almost half (46 per cent) said that there had been a low number of mild cases. Another three in ten (30 per cent) said that there were a medium number of mild cases.

Also, almost half (47 per cent) believed that the worst of the pandemic was yet to come. One-third (32 per cent), however, believed that the pandemic would maintain a steady course and a few (15 per cent) assumed that the worst of it had already passed.

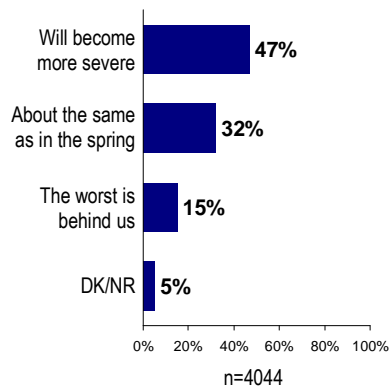
Knowledge of H1N1 Pandemic Situation

"Which of the following do you think best describes the current H1N1 flu situation in Canada, as things stand at the present time? Do you think that there are...?"



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"Compared to the spring, do you think that over the next 6 months, the H1N1 flu situation in Canada will become more severe, be about the same as in the spring, or do you think the worst is behind us?"



Health Canada H1N1 Survey, 2009

- Those believing the situation to be worse were more concentrated in Nunavut (with 31 per cent saying that there were a high number of cases), and among Aboriginal people (15 per cent), Inuit in particular (24 per cent). This is also true of low income segments (11 to 13 per cent believing the situation to be more severe). Aboriginal respondents were also more apt to believe the situation to be severe (21 per cent); again highest among Inuit in particular (31 per cent); along with those with household incomes under \$40K (21 per cent).
- On the other hand, residents of Ontario, Prince Edward Island and the Yukon and those in remote areas were more optimistic about the cases to that point, with over half (50 to 61 per cent) believing that there were relatively few, mild cases to date in each of these regions. Men, as well as those reporting the highest education and incomes, were also more apt than others to believe that the pandemic was mild and there were a low number of cases at the start of the second wave (53 to 55 per cent in each segment).
- Those who believed that the worst was behind us at the start of the second wave were more often residents of Newfoundland (20 per cent), those reporting incomes under \$20,000 (29 per cent) and youth (27 per cent).
- Those believing that the worst was yet to come were more concentrated in Prince Edward Island (61 per cent), British Columbia (55 per cent), or Nova Scotia (54 per cent). This is also true of individuals reporting higher levels of education and income (50 to 59 per cent), those between 35 and 54 (52 per cent), and women (51 per cent), compared with their counterparts. Métis respondents were also considerably more likely to believe that the worst was still ahead at the start of the second wave (64 per cent).

In the focus groups, participant awareness of H1N1 was generally high. Participants were aware of the H1N1 flu virus, as well as methods of prevention. Many were following the issue in the news and had heard about recent studies and government announcements. In spite of a high level of awareness, participants expressed relatively low to moderate levels of concern about the pandemic. This was particularly true among the younger participants who tended to be fairly blasé about getting it. Many said that “it’s like any other flu”, “if I get sick, I get sick”. “It’s no big deal”, feeling like if they are generally healthy then it is not a concern. That said, there were a few who raised the fact that recently a study showed that it is young healthy women, in particular who are getting hit the hardest. One person in Manawan noted “as long as we take precautions, wash our hands, avoid sick people, we should be ok”. Also in Manawan there was a sense of the media overplaying the issue in the news. “It’s on every five minutes on the TV, and we’re tired of hearing the same thing over and over” – a sentiment that was often expressed in other Native and non-Native groups as well.

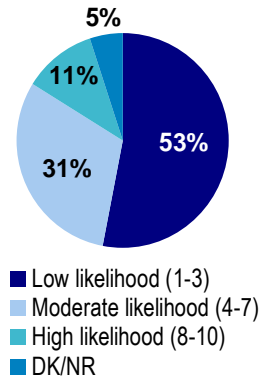
There was more concern typically expressed by pregnant women, parents, and those with existing health conditions, as well as among older participants in the focus groups. That said, there was also considerable talk of not being worried about it now, because “it isn’t here yet”, suggesting that they are leaving the door open for increased concerns later, if they start hearing about more cases or greater severity. This is consistent with the survey findings as well, where the likelihood of getting the vaccine jumps with hearing about increased severity or prevalence of H1N1 cases. There were a few participants scattered across different groups, who expressed greater concerns about H1N1 as being scary. This was more prevalent in the more remote and isolated communities (Sioux Lookout and Rankin Inlet). In Rankin Inlet, in particular, a number of participants said that they were quite worried and indicated a strong desire for more information, saying that “it’s in our community but no one is talking about it”. They were saying that they wanted authorities to tell them how many cases there had been in the community, how bad they were and what people should be doing about it.

Prior to the roll out of the H1N1 vaccine, almost half of Canadians were under the mistaken impression that the seasonal flu vaccine would afford them some protection against H1N1 (11 per cent saying strong likelihood of protection and 31 per cent saying that it might offer them some protection, with another five per cent who are unsure). This is noteworthy given that, particularly among those with concerns about the side effects of the H1N1 vaccine, the mistaken assumption that the seasonal flu vaccine would afford protection might figure prominently in their decision to get (or not get) the H1N1 vaccine.

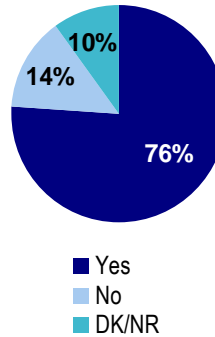
While there were many sources of confusion on the finer points, most Canadians (76 per cent) knew well before the announcement of the approval and roll out of the H1N1 vaccine, that there would be a new vaccine to combat H1N1 that would be available this year. Another 14 per cent did not think that there would be and 10 per cent were unsure.

Knowledge Regarding H1N1 Vaccine

“As far as you know, how likely is it that the seasonal flu vaccine will protect you against contracting H1N1?”



“As far as you know, will there be a new H1N1 flu vaccine available this year?”



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n=4044

Health Canada H1N1 Survey, 2009

- Canadians who are more apt to believe that the seasonal flu vaccine will protect them against H1N1 reside in New Brunswick (15 per cent) or Quebec (14 per cent). This is also true of youth (16 per cent), seniors (17 per cent), and those with the least education (15 per cent) or income (23 per cent).
- Those more apt to understand that the seasonal flu vaccine would not protect them live in British Columbia, or Alberta (59 per cent in each case do not believe the seasonal shot will afford them protection). Canadians between the ages of 35 and 64 are also more aware of this (58 to 59 per cent), as are those with the highest educations (60 per cent) and incomes (67 per cent). There is also a strikingly higher awareness among women who are pregnant (68 per cent), however, with the number of cases in the sample the statistical significance is only at the .1 level.
- The highest awareness that the H1N1 vaccine would be available this year was found in Nova Scotia (83 per cent). Those with the highest educations and incomes were also more aware prior to the roll out (83 to 84 per cent), as were parents with children between the ages of two and five (81 per cent), and those who get the seasonal flu shot annually (83 per cent).

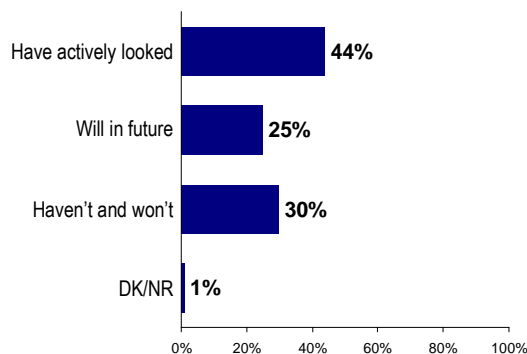
In the focus groups, most participants were aware that there would be a new vaccine coming out in the fall that would protect against H1N1. Some participants were asking, however, if the seasonal flu vaccine would provide any protection against H1N1.

2.3 INFORMATION NEEDS AND SOURCES

The demand for information about the H1N1 vaccine was very high leading up to the roll out of the vaccine. More than four in ten Canadians (44 per cent) had already looked for information about the H1N1 vaccine in the weeks leading up to the vaccine's approval. Another one in four said that they would be looking for information in the future. Only one in three Canadians said that it was unlikely that they would look for any information on the topic.

Demand for H1N1 Information

"Have you/do you think that you will actively look for information about the H1N1 vaccine?"



EKOS Research
Associates Inc.

n=4044

Health Canada H1N1 Survey, 2009

- The need for information on the H1N1 vaccine, prior to the roll out of the vaccine, was strongest in Nunavut (59 per cent said they would look for information, although only 30 per cent said that they had already done so), as well as among Aboriginal people in general (where 40 per cent said that they would look for information and 41 per cent said that they had already done so). It is also heightened among women (where 47 per cent have already looked for information and another 31 per cent said that they will look), parents (where 46 per cent have already looked for information and 33 per cent said that they will look for it), particularly

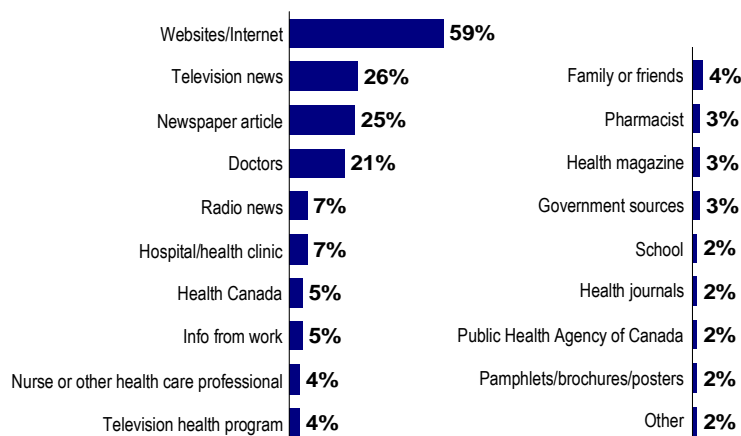
those of two to five year old children (where 51 per cent have already looked for information and another 35 said that they will look for it).

- They demand is also greatest among 35 to 54 year old Canadians where 43 to 50 per cent have already looked and another 27 to 32 per cent said that they will look.
- It was lowest in British Columbia (where 30 per cent said that they will not look for information). The demand is also relatively low among those with high school (with 30 per cent saying they will not look for information. This same pattern exist for those who have no previous history of flu vaccination (where 30 per do not intend to look for information).

Among the seven in ten Canadians (69 per cent) who had looked for information about the H1N1 vaccine prior to the roll out of the vaccine or said that they would look for it in the future, the lion's share of them cited the Internet as the source of information (59 per cent). Television and newspapers are strong secondary sources, according to one in four each. One in five (21 per cent) had consulted (or would consult) their physician and considerably fewer cited other sources (e.g., radio, health clinics). Health Canada was cited specifically as a source in five per cent of cases, and two per cent specifically mentioned the Public Health Agency of Canada (PHAC). That said, it is likely that many Canadians could have been visiting Health Canada/PHAC websites in their online searches, and that some are also unsure of where they received the information. For example, many who received information from television news were hearing information from Dr. David Butler-Jones, Canada's Chief Public Health Officer, or from the Minister of Health.

Sources of Information

"Where do you look to get news and information about the H1N1 vaccine?"

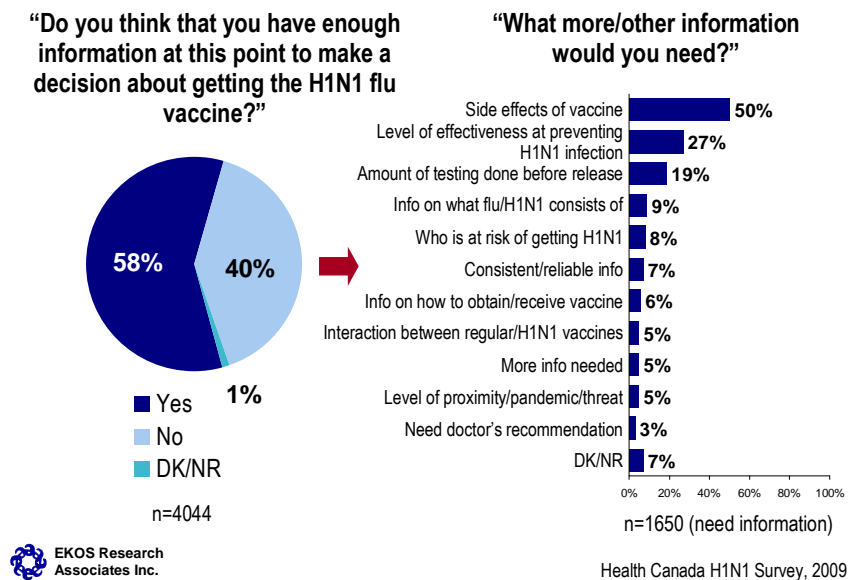


(excludes responses with less than 2%)

- Canadians going to the Internet for information are more heavily concentrated in Ontario (64 per cent), the Northwest Territories (76 per cent) or Nunavut (78 per cent). This is also the case with parents (68 per cent) especially those with children under 2 (74 per cent) and between 2 and 5 years of age (72 per cent), those respondents under 55 years of age (68 per cent), men (65 per cent), Canadians reporting higher household incomes (64 to 73 per cent), as well as education (64 to 67 per cent educated above high school) compared with other Canadians.
- Television news as a source of information was more concentrated in Quebec (35 per cent), among those 55 and over (34 to 41 per cent) and among those with the least education (31 per cent), relative to other Canadians.
- Newspapers are more prevalently used in Manitoba (33 per cent) and Prince Edward Island (35 per cent), as well as among Canadians who are 55 and over (34 to 44 per cent).
- Doctors are more often consulted among seniors (32 per cent), those with underlying health conditions (29 per cent) and among Aboriginal people (30 per cent); among Inuit in particular (49 per cent). Women are more apt to speak with a doctor than men (25 per cent) and this trend is generally more pronounced in Newfoundland (27 per cent).
- Health Canada and government sources in general are more often used by residents of Nunavut (25 per cent in each case) than they are elsewhere across the country.

Just over half of Canadians (58 per cent) said in the weeks leading up to the roll out of the vaccine that they had enough information to be able to make the decision about whether to get the vaccine or not. Among the four in ten who did not feel adequately prepared at the time to make a decision about getting the H1N1 vaccine, they were asked to elaborate on what information they felt they needed or required in order to make an informed decision. Information about the side effects of the vaccine was the most often required information (50 per cent). Others were looking for information about the effectiveness of the vaccine (27 per cent), or about the amount of testing that had been performed leading up to the approval of the vaccine (19 per cent). Fewer (less than one in ten) were looking for details about the composition of the vaccine, the high risk groups, or information about the interaction between the seasonal flu vaccine and H1N1 (and the vaccine). Small numbers of Canadians were generally looking for consistent and reliable information, which was often expressed as a concern in the focus groups as well. Others were interested in details about the availability of the vaccine (i.e., when and where and how to get it). Handfuls wanted to know more about the threat, while others were looking for a recommendation from their doctor about whether or not to get it (also frequently mentioned by focus group respondents).

Need for H1N1 Vaccine Information



- Canadians living in the Yukon (69 per cent) and older Canadians; over 55 (63 per cent) were the most apt to have said before the roll out of the vaccine that they had enough information to be able to make a decision.
- More importantly perhaps, Canadians living in Nunavut (28 per cent), as well as Aboriginal residents in general (47 per cent) were the least likely to say that they had enough information to make this decision. This was most pronounced among the Inuit and Métis where only 42 to

43 per cent of respondents said that they had the information they needed to make the decision.

- Similarly, women (56 per cent), parents (53 per cent), particularly of children under the age of six (46 to 49 per cent), pregnant women (43 per cent) and those between the ages of 25 and 54 (49 per cent) were more likely than other Canadians at that time to say that they did not have enough information on which to base their decision about the vaccine.
- This greater concentration of Canadians who were not feeling adequately prepared was also evident among those who get the seasonal flu shot, but not annually (53 per cent), those who get the flu vaccine for their children (49 per cent) and those who were concerned about the possible side effects of the H1N1 vaccine (52 per cent).

In the focus groups, one of the most striking elements across the groups (and the most consistent finding across general public and First Nations and Inuit groups) was that people report hearing and seeing a barrage of information and yet, for the most part, people said that they feel uninformed (and maybe somewhat sceptical). Everyone said that they have seen or heard a lot about H1N1 on TV, the radio, and generally in the news. They are often also seeing information from schools, kids' sport clubs, workplaces, and so on. Participants described a near saturation of information about H1N1. There is a sense, however, that the information is incomplete. Pieces of the puzzle many feel are missing include information on how H1N1 is transmitted, why it seems to be of serious concern to the government (how is this different from a regular flu), and information on the vaccine (how it has been tested, side-effects and safety). In spite of the huge amount of information that participants have been exposed to, they seemed to describe themselves as being more inundated or confused by incomplete, too general or contradictory information that is causing them to scratch their heads and in some cases, their eyes to glaze over. There is a sense among many participants that they are watching a rumour mill churn trying to figure out what is true and what is fiction.

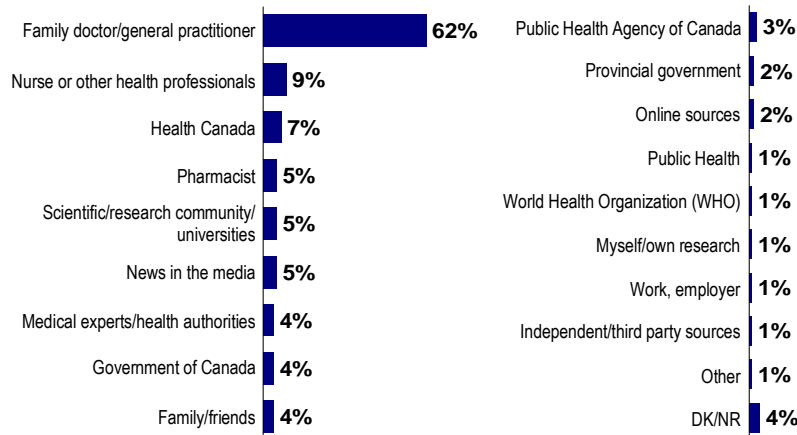
When talking about what they would like to know, many asked about details of the pandemic more than details of the vaccine (how many cases have there been in my area, how severe are the cases, how bad is it expected to get, should I get the vaccine even though I'm not in a priority group). What was most confusing to people is what perhaps can be best described as the increasing prevalence of duelling experts. That is, apparently credible scientists and health care providers seemed to be raising doubt or even outright opposition to the vaccine: "My boss's wife is a nurse and she said not to get it unless you are in a high risk group." "I heard this scientist on TV saying that the vaccine hadn't been properly tested."

There was also considerable discussion in the focus groups of new and changing messages from the government, suggesting that the more information that comes out, the more confused and cloudy the issue becomes in peoples' minds. Participants in some groups (Rankin Inlet, Montreal) said that this is becoming a real credibility issue for the government as people turn off entirely and stop listening until they feel that they are 'getting the real story'.

According to survey results, when it comes to a trustworthy source of information about the H1N1 vaccine (or likely about the pandemic in general), by far the most trusted source is the family doctor or medical practitioner, according to 62 per cent of respondents. This is followed, at a distant second, by nurses or other health professionals (nine per cent), and then Health Canada (seven per cent). Pharmacists are also considered a viable source for some, along with the research community and academics, and the news media (five per cent each). Other medical authorities were also cited, along with the Government of Canada more generically, as were family and friends (by four per cent each). PHAC was specifically cited (three per cent) as were provincial governments (two per cent). PHAC was specifically cited (three per cent) as were provincial governments (two per cent).

Trustworthy Spokespersons

“Who would you trust most to give you the most accurate and complete information about the H1N1 vaccine?”



EKOS Research
Associates Inc.

n=4044

Health Canada H1N1 Survey, 2009

- Canadians placing their trust in doctors are even more concentrated in Newfoundland (75 per cent), Nova Scotia (68 per cent) and Ontario (65 per cent), as well as in more rural areas of the country (68 per cent). Women (66 per cent) and seniors (70 per cent) are also more trusting of doctors, as are those reporting the lowest household income (68 per cent) and education (73 per cent). Canadians with an underlying health condition are also more apt to trust their doctor (68 per cent).
- Nurses and other health practitioners are more often trusted in the Northwest Territories (24 per cent), Nunavut (19 per cent) and the Yukon (18 per cent), as well as in Quebec (14 per cent) and among Aboriginal people (12 per cent) particularly among Inuit (21 per cent), relative to the rest of the country.

- Health Canada is a more trusted source of information in the Yukon (13 per cent), among those with the highest levels of education and household income (11 to 13 per cent), as well as pregnant women (17 per cent) and parents with children under two (11 per cent).
- Websites are generally seen as a trusted source much more often in Nunavut (23 per cent) than anywhere else in Canada.

In the focus groups, when asked about the most trustworthy source of information, scientists were often cited by participants because of the expertise that they have, but physicians/health nurses/community health units were cited the most often as a trusted source. So, authority and expertise is recognized as critical in terms of latest breaking news about the pandemic and vaccine, but people ultimately prefer (and are the most comforted by) a trusted, local authority, whom they know personally (and who personally knows them) for the final recommendation about getting the vaccine. In Manawan in particular, a number of participants said “we’d like to hear from people who got the vaccine”, or from “Aboriginal sources”. There was a sense that doctors, scientists, or other experts would not be credible in telling them to get the vaccine unless they had already obtained it themselves.

2.4 INTENT TO GET THE H1N1 VACCINE

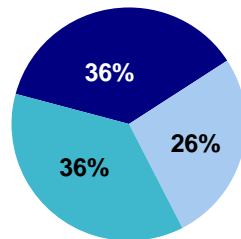
In the weeks leading up to the final approval and roll out of the H1N1 vaccine, which occurred in October 2009, Canadians were unsure of whether or not to get the vaccine. Survey evidence indicates an even split in the proportion who were very likely to get the vaccine (36 per cent) and those who were very unlikely to get it (also 36 per cent). About one in four were in the middle, and were either leaning toward getting it (11 per cent) or were leaning away from getting it (16 per cent).

It is interesting to note that there is a relationship between intent to get the vaccine and the amount of information you believe you have, as well as the sources that you have received information from. Those who said before the roll out of the vaccine that they had enough information were considerably more likely to say they would get the vaccine (44 per cent), compared with those who said they did not have enough information (24 per cent). That said, the relationship could work the other way around, with people feeling the need for much less information if they are convinced that the vaccine is the right way to go. Different sources of information, however, also make a difference, with those informed by more convincing or detailed sources saying that they would be more likely to get the vaccine. For example, 48 to 49 per cent of those informed by doctors or a pharmacist said that they would be very likely to get the vaccine, as is the case with 43 per cent of those reading newspapers for their information. On the other hand, those reading health magazines or hearing from nurses or other health professionals were the most likely to say that they would not be getting the vaccine (44 and 39 per cent, respectively).

The same split is evident when asking about parents' intention to vaccinate their children at that time. One in three (34 per cent) believed (before the roll out) that they would have their children vaccinated, while 31 per cent said that they would not. Again, there was a sizable proportion in the middle (32 per cent), with 14 per cent who were leaning toward getting it and 17 per cent leaning away from getting it. The relationship with having enough or not enough information, and sources of information, however, are not apparent with intent to vaccinate children, with the exception to hearing from hospitals (where 48 per cent of parents said that they would be likely to get their children vaccinated).

Expected Demand for H1N1 Flu Vaccines

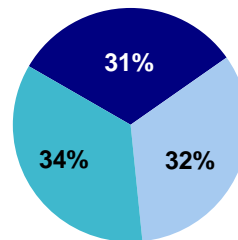
"How likely are you to get the H1N1 flu vaccine when it's available?"



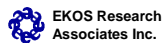
n=4044

■ Low likelihood (1-3)
 ■ Moderate likelihood (4-7)
 ■ High likelihood (8-10)

"How likely are you to get the H1N1 flu vaccine for your children when it's available?"



n=1234



Health Canada H1N1 Survey, 2009

- In terms of getting oneself vaccinated, the intent was highest before the vaccine roll out among older Canadians, with 43 per cent of those between 55 to 64, and 52 per cent of seniors, as well as among those with an underlying health condition (52 per cent) saying they will very likely get vaccinated. It was also higher among Canadians with a graduate degree (46 per cent).
- As with the seasonal flu shot, those who said they were least likely to get it at that time live in Nunavut (62 per cent), British Columbia or Manitoba (44 per cent each), and/or in remote areas (42 per cent) of the country. Between 40 and 41 per cent of Canadians under 55 said that they wouldn't likely get the vaccine, as is also the case with those reporting college levels of education (42 per cent) and household incomes of \$40,000 to \$60,000 (41 per cent). Although Aboriginal people were no less likely to plan on getting it, Métis in particular were more apt to say they would not get it (56 per cent).
- As expected, those who typically get the seasonal flu shot are much more likely to have been planning, even before the roll out, to get the H1N1 vaccine (67 per cent). Also, those who

believed that the pandemic was more severe (42 to 50 per cent) and that the worst was yet to come (45 per cent), as well as those who were aware that the vaccine would be coming out (39 per cent) were all more apt to say they would get the vaccine.

- Intent to vaccinate children was weakest in Manitoba (21 per cent) and most concentrated in New Brunswick and Prince Edward Island (49 to 50 per cent) before the vaccine roll out.
- Also, parents with the highest levels of education (44 per cent) but lowest levels of income (54 per cent with incomes under \$20,000) were more apt than others to be planning to vaccinate their children. Although Aboriginal people were no more likely to be planning on vaccinating their children than others, in this case, Inuit parents were more apt to say they would get it for their children (72 per cent).
- Before the roll out of the vaccine, plans for vaccination were highest for six to eleven year old children (39 per cent) compared with younger and older children.
- The other patterns of vaccine intention for adults (related to previous vaccine behaviour and views about the pandemic) also hold true for parents' views about their children. In fact, parents who typically vaccinate their children for seasonal flu are four times more likely to have intended to vaccinate their children against H1N1 (66 per cent versus only 16 per cent among those parents that typically do not vaccinate their children), even before the roll out of the vaccine.

TABLE 2.3: Intention to Get the Vaccine

How likely are you/your children to get the H1N1 flu vaccine when it's available?						
	ADULTS			CHILDREN		
	Not Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)	Not Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)
Province						
British Columbia	44%	21%	33%	38%	28%	31%
Alberta	36%	26%	36%	28%	33%	38%
Saskatchewan	42%	24%	31%	28%	37%	29%
Manitoba	44%	28%	26%	45%	30%	21%
Ontario	33%	27%	38%	30%	32%	33%
Quebec	37%	26%	36%	30%	33%	35%
New Brunswick	39%	21%	39%	32%	16%	50%
Nova Scotia	32%	28%	38%	22%	41%	31%
Prince Edward Island	28%	29%	40%	20%	26%	49%
Newfoundland	33%	27%	35%	21%	35%	38%
Yukon	38%	26%	34%	16%	63%	16%
Territories	31%	30%	35%	19%	39%	38%
Nunavut	62%	15%	23%	16%	15%	29%

How likely are you/your children to get the H1N1 flu vaccine when it's available?						
	ADULTS			CHILDREN		
	Not Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)	Not Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)
Urban/Rural						
Urban	36%	26%	36%	31%	31%	35%
Rural	38%	24%	36%	34%	33%	31%
Remote	42%	28%	28%	23%	36%	28%
Age						
<25	41%	36%	23%	30%	41%	26%
25-34	40%	31%	28%	29%	39%	31%
35-54	40%	24%	35%	32%	28%	36%
55-64	33%	22%	43%	29%	31%	27%
65+	23%	20%	52%	53%	38%	8%
Health Conditions						
Yes	23%	23%	52%	29%	35%	34%
Amount of Information						
Have enough information	33%	17%	44%			
Don't have enough	34%	39%	24%			
Education						
Elementary-High school	33%	26%	38%	32%	27%	36%
College	42%	25%	31%	35%	33%	29%
University	35%	29%	35%	31%	33%	33%
Graduate	31%	21%	46%	20%	33%	44%
Household Income						
<\$20,000	32%	25%	40%	9%	28%	54%
\$20,000-\$39,000	35%	25%	38%	33%	34%	33%
\$40,000-\$59,000	41%	29%	29%	32%	38%	26%
\$60,000-\$99,000	39%	27%	33%	33%	35%	29%
\$100,000+	37%	24%	39%	31%	29%	36%
Age of Child						
Under 2	--	--	--	36%	33%	30%
2-5	--	--	--	29%	36%	33%
6-11	--	--	--	29%	29%	39%
12+	--	--	--	34%	29%	33%

In the focus groups, although we cannot pinpoint an exact percentage regarding intention, it seemed that between one in five and one in three participants in most groups said that they would get the vaccine. In a few groups (e.g., youth in Sioux Lookout, youth in Rankin Inlet, Manawan) no one said that they would get the vaccine. In some groups (e.g., the adult general public in Saskatoon), about one in three said they would get it. While this is lower than found in the survey, the focus group locations were selected in part for their lower rates of seasonal flu vaccination, and more than half of the groups were with First Nations and Inuit participants, so the groups are not a representative snapshot of the country. Across the groups, considerably fewer youth said that they would get the H1N1 vaccines compared to adults, which is aligned with the survey findings. Reticence was quite strong in the First Nations and Inuit groups, particularly Manawan and Rankin Inlet, although there was also substantial reluctance in Montreal and St. John's.

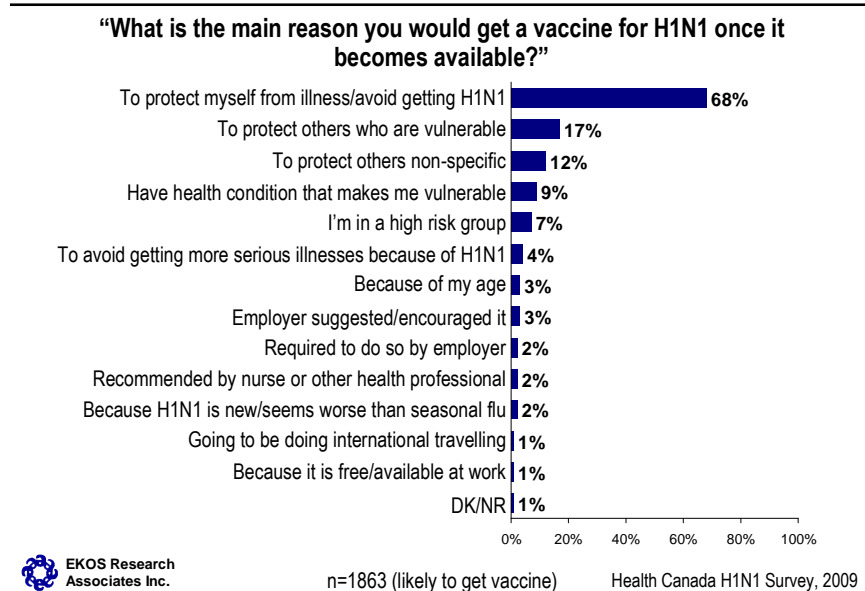
In most groups, participants indicated that they would make the same decision for their child(ren) as for themselves in terms of obtaining the vaccine: if they have concerns about the safety of the vaccine and are unwilling to get vaccinated, they are also unwilling to vaccinate their child(ren) for the same reasons. Only a few participants in Sioux Lookout expressed a willingness to vaccinate their children before themselves in order to "protect them"; and one parent in Newfoundland noted that pressure from their child to get vaccinated might influence their decision.

Many focus group participants said that they were going to wait to see how it all turns in the first weeks of the new wave before making the decision on whether or not to get the vaccine. Most people said that they do not feel well enough informed to make a decision largely because the messages seem to be changing, giving some the sense that no one really knows and that some people (i.e., governments and experts) are making it up as they go along. In addition to the detached wait and see attitude, many expressed a thirst for specific details about how the pandemic is progressing, how much of a "real" threat it is to them personally, and what the specific recommendation is for them with regard to the H1N1 vaccine before making a decision about whether or not to get it. There was less of a demand or curiosity in Manawan as the scepticism about the pandemic and the vaccine was quite high in that set of groups.

Likely fuelled by the wait and see/it isn't here yet attitude, very few of the participants across the 12 focus groups said that they had actively looked for information, although a few did say that they had spoken with their doctor about it (particularly among the at-risk groups). This is considerably lower than seen in the survey results, suggesting that the participants are not a good representation of the "average" Canadian.

Among survey respondents who were reporting in the weeks before the vaccine was rolled out that they would be getting the shot, two-thirds (68 per cent) said that they would be doing it to protect themselves. The secondary reason was the protection of others who are vulnerable (17 per cent) or just generally to protect others (12 per cent). A health condition was also a motivating factor (nine per cent), with a similar proportion (seven per cent) saying they were in a high risk group.

Motives for Vaccination



- Protecting oneself was most prevalent among youth (80 per cent).
- Protecting others who are vulnerable was strongest among parents (30 per cent); particularly parents of children under two (39 per cent), and individuals between the ages of 25 and 54 (24 to 27 per cent), and women (22 per cent).
- Those living in a remote area of the country (15 per cent), as well as respondents between 55 and 64 years of age (16 per cent) are more likely than others to say a health condition will prompt their getting the vaccine once it becomes available
- Seniors and residents of Saskatchewan are more apt than other segments to say that they are intending to get the H1N1 vaccine because they fall into a high risk group or because of their age (10 to 12 per cent).
- Some provinces and territories seem to have greater requirements for workers getting the vaccine. This was most prevalent in the Northwest Territories (14 per cent), Saskatchewan (eight per cent) and Manitoba (seven per cent).

In the focus groups, where participants expressed no concerns about the H1N1 vaccine in the discussions, they were often onside with vaccines in general (often having had the seasonal flu vaccine annually).

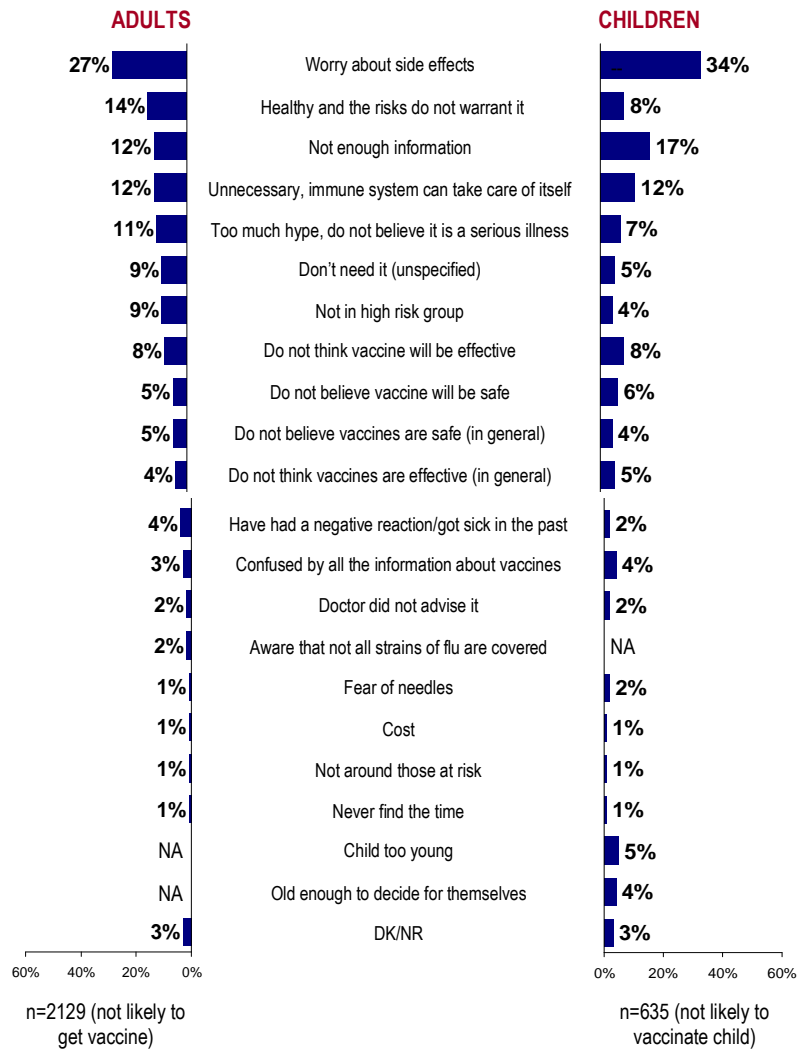
Overall, the perception of the H1N1 vaccine among focus group participants was fairly mixed. Some expressed no particular concerns about it or any possible side-effects, while others were very skeptical about its safety. In Manawan there was strong resistance to the H1N1 vaccine, as something that has not been adequately tested. Many also voiced general scepticism about vaccines. Some said that “people get more sick after the flu shot so....(they would) prefer to just take (their) chances”. The most positive views about the vaccine regarding safety came from the general public participants in Saskatoon.

In terms of barriers or reasons why survey respondents were unlikely to be planning to get the vaccine before the roll out, the most often cited single reason was concern for side effects (27 per cent). Perhaps related to this, another one in ten (12 per cent) said that they felt they needed more information. Among the top reasons, others are more apt to say they were not planning to get the vaccine because they are healthy (14 per cent) and that their immune system can take care of itself (12 per cent). Still another one in ten (11 per cent) said that they do not believe all of the hype about H1N1 and feel that the concern is overblown. At the end of the day, about half of those who were not expecting to get the vaccine early on were more concerned about the vaccine and its effects (either because it is new or because they do not believe in vaccines in general), while the other half simply do not typically feel the need for vaccines and do not see H1N1 any differently.

Parents in the survey cited the same types of reasons for not planning on vaccinating their children, although the concern for side effects was stronger among parents for their children (34 per cent). A slightly higher proportion of parents also said that they wanted more information (17 per cent) and the same proportion felt that their children’s immunity would be sufficient to protect them (12 per cent).

Barriers to Vaccination

“Why would you choose NOT to get the flu vaccine for H1N1?”



EKOS Research
Associates Inc.

Health Canada H1N1 Survey, 2009

- The perception that they are healthy and the vaccine is not warranted is most prevalent in Nunavut (60 per cent), followed by Saskatchewan (19 per cent). Those in the Yukon are the most apt to say that they are not in a high risk group (21 per cent) and that they do not believe in vaccines in general (14 per cent). Newfoundland residents were the most worried about side effects (37 per cent). Albertans and those in Newfoundland made the strongest demand for more information (17 and 20 per cent, respectively).
- Those in the Aboriginal population are more apt than others to say that they do not believe in vaccines (15 per cent) or that their immune system will be sufficient to protect them (18 per cent). First Nations respondents were more apt than others to say that they need more information about the vaccine (22 per cent).
- More Canadians over the age of 55 said that they are not in a high risk group, which was their reason for not planning on getting the vaccine (14 to 17 per cent).
- Side effects were of greater concern to those 25 to 34 and in middle income groups, as well as among the university-educated (31 to 36 per cent). This was also a concern expressed by more parents (32 per cent), particularly parents of young children, under six (40 to 42 per cent). It was also an issue for those with underlying health conditions (34 per cent).
- Youth more often than older Canadians dismissed H1N1 as hype before the vaccine was rolled out (18 per cent).
- Before the roll out of the vaccine, parents of older children (12 and over) were more apt to say that their children's immune system would protect them (18 per cent) and that there was too much hype around H1N1 (16 per cent).
- As with their own reasons for not getting vaccinated, among parents, concerns about side effects were strongest in Newfoundland, in terms of reasons not to vaccinate their children (49 per cent). Lack of information was more prevalent in Prince Edward Island³ (35 per cent), and New Brunswick (31 per cent), as well as in remote areas of Canada (30 per cent), and among Aboriginal people (27 per cent). The same heightened concern for lack of information is also reflected in Nunavut and the Yukon, although there are few cases in these sub-samples, making the data less reliable. That the risk did not warrant a vaccine was a stronger response in Alberta (18 per cent). Concerns for side effects and the need for more information was also most pronounced among 25 to 34 year old parents (44 and 23 per cent, respectively), as well as those with children under six (41 to 42 per cent and 20 to 22 per cent, respectively).

³ As with cases of parents in the three territories not wanting to vaccinate their children, there are relatively few cases in the sample from Prince Edward Island, making the findings less reliable than it is for other provinces.

Among the focus group participants who were concerned about the vaccine, there was considerable talk of the newness of the vaccine, the fact that it seems to have been developed in a “rushed” process and that Canada seems to be developing a “different” drug or using a different process for development and testing. In some groups (particularly, in Manawan, Montreal, St. John’s and Rankin Inlet) they suggested that Canada/the government may not have a solid grasp of the situation and that it is behind other countries. In St. John’s there was a preference expressed for hearing about the vaccine from the federal government, however, as many had developed trust issues with the provincial health authorities in recent months over breast cancer testing procedures. In Montreal, some participants talked of governments lacking in leadership and a sense that no particular person or organization was in charge. It is also important to note that there was some appreciation of the fact that federal, provincial and local governments all had a role to play in the vaccination process, though no one seemed to have a clear sense of the division of labour.

Overall, focus group participants who said that they would not be getting the H1N1 vaccine were typically split into two camps: preferring to let their own immune system protect them – seeing the vaccine as unnecessary; and those who do not trust the vaccine (and perhaps vaccines in general) worrying about side effects, a vaccine that is too new and untested or rushed in the testing procedures. In Montreal there was also distrust expressed for the drug companies benefiting from H1N1 and of a government(s) that does not have all of the answers.

Among those group participants who were not sure whether they would get the H1N1 vaccine, some felt that they either want to wait and see how bad the pandemic gets and perhaps how close to home it will hit, or are looking for more definitive information and/or assurances that this vaccine is needed (for them personally) and that it is safe. This was more prevalent in the First Nations and Inuit groups than it was in the general public (although present in both). It is also important to note that the potential consequences of a “wait and see” approach to getting vaccinated were not top of mind (e.g., no mention of the lag-time required for the vaccine to take full-effect). Many expressed a preference for getting information or a recommendation from a local and familiar (and in some cases First Nations and Inuit) source to tell them that *they* should be getting the vaccine.

2.5 PERCEIVED EFFECTIVENESS OF THE H1N1 VACCINE

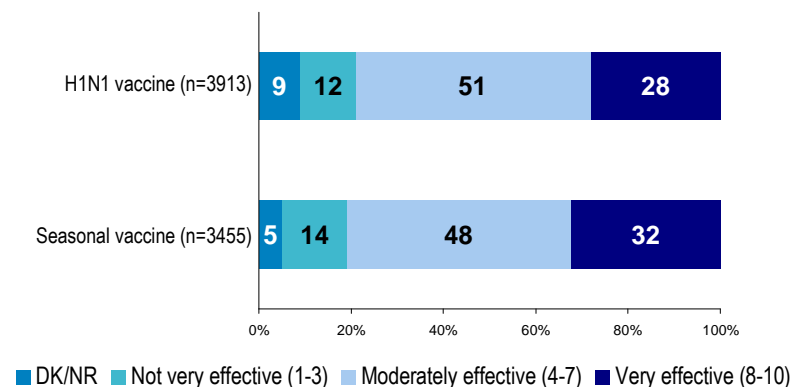
It is perhaps not surprising to see that the intended take up for the H1N1 vaccine (before the roll out) was lower than the typical rate of vaccination for the seasonal flu, given that the perceived effectiveness of the H1N1 vaccine was lower than that of the seasonal flu vaccine. In the survey findings, although one in three Canadians (32 per cent) think that the seasonal flu vaccine is very effective, this drops

to 28 per cent where H1N1 is concerned. That said, the average rating on the ten point scale is the same for the two vaccines (6.19 being the average rating in each case).

It is not surprising, given the relationship between intent to get the vaccine and having enough information, that those who feel better informed also said that they place more faith in the vaccine being very effective (35 per cent versus only 19 per cent among those who don't feel well enough informed). Similarly, there is a strong relationship between perceived effectiveness and intent to get the vaccine. In fact, two-thirds (64 per cent) of those who think that the vaccine is very effective said that they would likely get the vaccine, compared with only 30 per cent of those believing it to be moderately effective and only two per cent of those believing it to be ineffective. The reverse relationship exists with regard to concerns for the side effects, although not as stark. Half of those with little concern about side effects were likely to get the vaccine, compared with only 38 per cent of those with moderate concerns and 23 per cent of those with strong concerns about side effects of the vaccine.

Perceived Effectiveness of Vaccines

"From what you have heard or read, how effective do you think the ... vaccine is in protecting Canadians from ... flu?"



- The greatest faith in the H1N1 vaccine is placed by residents of Prince Edward Island and Quebec (32 per cent each) as well as by seniors (33 per cent), those earning less than \$40,000 (33 per cent) or under \$20,000 (41 per cent), those with a high school level of education (32 per cent), and Inuit respondents (40 per cent). Also, Canadians with a history of taking vaccines (38 per cent) and those who believed that the pandemic was already fairly severe (35 per cent believing there are a medium to low number of cases to 42 per cent who perceive a high number of cases) placed more faith in the effectiveness of the vaccine. In many cases, the patterns are the same for those believing in the H1N1 vaccine and those

believing in the seasonal flu vaccine (e.g., Quebecers, older Canadians, and the less educated and affluent).

- Those with the least faith in the effectiveness of the H1N1 vaccine at the time of the roll out were Aboriginal people (with 16 per cent rating its effectiveness as low). This is particularly true of Métis and First Nation respondents (21 and 20 per cent respectively rating it low). Canadians between 25 and 54 gave it the lowest average rating, as did those with a college level of education, and those reporting \$40,000 to \$60,000 (with 11 to 14 per cent giving it a low rating). Parents with two to five year old children also gave it a low rating more often (15 per cent). Those with no history of flu vaccine and those believing the H1N1 pandemic to be mild also rated the vaccine as less effective overall (19 and 14 per cent giving it a low rating).

TABLE 2.4: Profile of Views About Vaccine Efficacy

From what you have heard or read, how effective do you think the H1N1 vaccine will be in protecting Canadians from H1N1?			
	Not Very Effective (1-3)	Moderately Effective (4-7)	Very Effective (8-10)
Province			
British Columbia	11%	47%	32%
Alberta	11%	50%	26%
Saskatchewan	12%	56%	24%
Manitoba	13%	54%	24%
Ontario	12%	51%	26%
Quebec	12%	51%	32%
New Brunswick	12%	47%	30%
Nova Scotia	7%	53%	29%
Prince Edward Island	6%	50%	32%
Newfoundland	10%	50%	31%
Yukon	11%	56%	19%
Territories	13%	51%	25%
Nunavut	6%	48%	20%
Age			
<25	10%	56%	29%
25-34	14%	55%	24%
35-54	13%	49%	28%
55-64	11%	47%	30%
65+	7%	48%	33%
Education			
Elementary-High school	11%	48%	32%
College	14%	51%	27%
University	11%	53%	26%
Graduate	7%	53%	30%

From what you have heard or read, how effective do you think the H1N1 vaccine will be in protecting Canadians from H1N1?			
	Not Very Effective (1-3)	Moderately Effective (4-7)	Very Effective (8-10)
Household Income			
<\$20,000	10%	41%	41%
\$20,000-\$39,000	11%	47%	33%
\$40,000-\$59,000	11%	60%	22%
\$60,000-\$99,000	12%	52%	27%
\$100,000+	11%	54%	25%

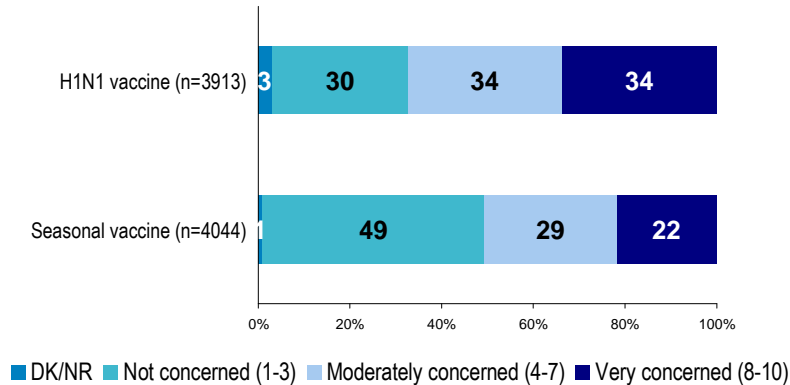
2.6 CONCERNS FOR SIDE EFFECTS OF THE H1N1 VACCINE

Similarly, it may not be surprising that the intended take up of the H1N1 vaccine was lower than that of the seasonal flu prior to the H1N1 vaccine roll out, given that more people had concerns about the side effects of the H1N1 vaccine at that time (34 per cent compared with 22 per cent for seasonal flu). In fact, only one in three (30 per cent) said that they were not particularly concerned about side effects of the H1N1 vaccine, compared with half of Canadians (49 per cent) saying the same about the seasonal flu.

The same relationships exist between concerns for side-effects and having enough information, in this case in reverse. Those who believed, even before the roll out of the vaccine, that they had enough information were much less likely to express concerns about side effects, whereas those who did not feel that they had enough were much more apt to express concerns about the vaccine (45 per cent compared with only 26 per cent of those who felt they had enough information). Sources also have a bearing. Naturally, concern for side effects and intent to get the vaccine work in the opposite direction, as is the case with perceptions about effectiveness of the vaccine. In fact, twice as many Canadians who did not have concerns about the vaccine said that they would likely get it compared with the number who did have concerns (as already outlined in Section 2.4)

Level of Concern for Vaccines Side-Effects

“How concerned are you about side-effects from the ... vaccine?”



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- Strong concern for side effects of the H1N1 vaccine are most concentrated in Newfoundland (45 per cent), among women (39 per cent), those between 25 and 54 (38 to 42 per cent), among the college-educated (40 per cent), and parents (42 per cent), particularly of children under two (55 per cent), as well as pregnant women (53 per cent). It was also higher among all Aboriginal groups (from 48 per cent expressing strong concerns generally, to 56 per cent among Inuit and 63 per cent among Métis).
- Naturally, there was a strong concern among those expressing concerns about vaccines in general, however, even 15 per cent of Canadians who are not concerned about the effects of seasonal flu vaccines said that they were worried about the effects of the H1N1 vaccine.
- The level of concern is lower among those with highest level education (35 per cent among those with Graduate degrees), those in British Columbia (where 36 per cent said that they were not very concerned), among men (37 per cent), youth (36 per cent), those over 55 (33 to 39 per cent), as well as among those who do not have children (33 per cent are not very concerned).

TABLE 2.5: Profile of Concern Regarding H1N1 Vaccine

How concerned are you about side-effects from the seasonal/H1N1 vaccine?						
	SEASONAL VACCINE			H1N1 VACCINE		
	Not Very Concerned (1-3)	Moderately Concerned (4-7)	Very Concerned (8-10)	Not Very Concerned (1-3)	Moderately Concerned (4-7)	Very Concerned (8-10)
Province						
British Columbia	52%	25%	23%	36%	29%	31%
Alberta	50%	27%	22%	29%	38%	31%
Saskatchewan	49%	23%	26%	27%	32%	36%
Manitoba	43%	34%	22%	25%	37%	35%
Ontario	48%	28%	23%	30%	33%	35%
Quebec	47%	34%	19%	29%	37%	33%
New Brunswick	51%	25%	22%	28%	31%	37%
Nova Scotia	51%	32%	15%	29%	35%	31%
Prince Edward Island	54%	25%	19%	30%	35%	33%
Newfoundland	45%	26%	28%	24%	27%	45%
Yukon	56%	25%	18%	29%	35%	33%
Territories	52%	29%	18%	33%	31%	30%
Nunavut	21%	41%	16%	33%	46%	21%
Gender						
Men	53%	27%	19%	37%	34%	28%
Women	44%	30%	24%	23%	35%	39%
Education						
Elementary-High school	51%	27%	21%	30%	32%	34%
College	42%	32%	26%	24%	34%	40%
University	51%	28%	20%	33%	35%	30%
Graduate	53%	29%	18%	35%	37%	26%
Age						
<25	51%	30%	19%	36%	37%	27%
25-34	42%	32%	26%	23%	33%	42%
35-54	42%	33%	24%	25%	35%	38%
55-64	49%	27%	23%	33%	33%	32%
65+	66%	18%	15%	39%	32%	24%
Age of Child						
Under 2	37%	32%	30%	18%	26%	55%
2-5	39%	34%	26%	17%	37%	44%
6-11	42%	32%	25%	23%	33%	40%
12+	47%	31%	20%	28%	29%	40%

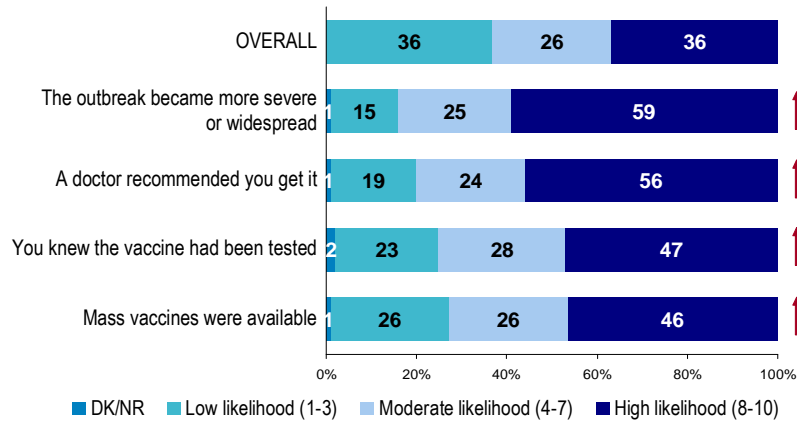
How concerned are you about side-effects from the seasonal/H1N1 vaccine?						
	SEASONAL VACCINE			H1N1 VACCINE		
	Not Very Concerned (1-3)	Moderately Concerned (4-7)	Very Concerned (8-10)	Not Very Concerned (1-3)	Moderately Concerned (4-7)	Very Concerned (8-10)
At Risk Groups						
Pregnant	52%	22%	27%	19%	23%	53%
Health condition	56%	26%	18%	31%	35%	31%
First Nations	35%	26%	39%	24%	30%	45%
Métis	23%	40%	36%	6%	27%	63%
Inuit	19%	29%	52%	8%	36%	56%

2.7 CONDITIONS THAT AFFECT VACCINATION INTENT

In addition to asking about the overall intent of Canadians with regard to getting the H1N1 vaccine, the survey also explored different conditions under which Canadians might be more or less likely to get the vaccine. According to ratings of likelihood to get the vaccine, an increased severity of the pandemic would be the primary impetus for more people getting the vaccine. While 36 per cent of Canadians said that they would likely get the vaccine before the roll out, this increased to 59 per cent in a more severe pandemic situation (with only 15 per cent saying that they be unlikely to get it at that point). Almost as strong an impetus, a doctor's recommendation also goes a long way toward increasing the likelihood of getting the vaccine, going from 36 to 56 per cent under this condition (and only 19 per cent saying that they would be unlikely to get the vaccine if a doctor recommended it). If the public knew that the vaccine had been tested or if mass vaccines were available in schools, employment locations and so on, the likelihood would also increase from 36 to 46 - 47 per cent. That said, one in four each said that they would still not be likely to get it, even under these circumstances.

Positive Influencing Factors in Vaccination Decision

"If ... how likely would you be to get the H1N1 vaccine?"



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Looking at the impact on intent by specific groups, both a doctor's recommendation and a more severe outbreak serve to secure most of those who initially said they would get it plus 52 to 65 per cent of those who initially indicated that they were moderately likely to get the vaccine. Between the two, a more severe outbreak seemed to bring more people toward a strong likelihood of getting the vaccine (65 per cent versus 52 per cent in the case of a doctor's recommendation). A more severe outbreak than expected also did more to positively influence people who had originally intended not to get the vaccine, bringing 40 per cent to a middle of the road position and 20 per cent strongly leaning toward getting the vaccine. In the case of the doctor's recommendation 30 per cent of this same group moved toward the middle and 22 per cent said that they would be highly likely to get the vaccine.

Knowing that the vaccine had been tested secures 89 per cent of those who were already strongly likely to get the vaccine, plus 39 per cent of those who were moderately likely to get it (in the absolute). It also moved 28 per cent of those who did not think that they would get it toward a middle of the road position, and 13 per cent toward getting it. The numbers are very similar with the availability of mass vaccines.

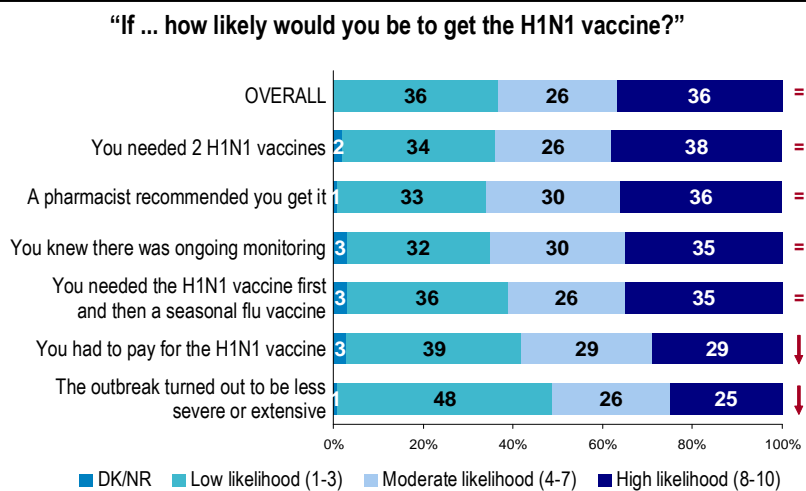
TABLE 2.6: Shift in Intent to Get the Vaccine (I)

	LIKELIHOOD TO GET VACCINE		
	Not Very Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)
If a doctor recommended you get the H1N1 vaccine...			
Not very likely (1-3)	47%	3%	1%
Moderately likely (4-7)	30%	44%	5%
Very likely (8-10)	22%	52%	94%
If the outbreak of H1N1 suddenly became more severe or widespread...			
Not very likely (1-3)	39%	3%	0%
Moderately likely (4-7)	40%	32%	6%
Very likely (8-10)	20%	65%	93%
If you knew the vaccine had been tested...			
Not very likely (1-3)	57%	7%	1%
Moderately likely (4-7)	28%	54%	8%
Very likely (8-10)	13%	39%	89%
If mass vaccines were available or needed to be given in workplaces, community centres, and other public places...			
Not very likely (1-3)	64%	5%	4%
Moderately likely (4-7)	23%	54%	9%
Very likely (8-10)	11%	41%	87%

- In the case of increased severity, over and above the patterns described earlier for those intending and not intending to get the H1N1 vaccine, Quebecers (64 per cent) and those with an underlying health condition (72 per cent) would be even more likely to get the vaccine.
- Among those with underlying health issues (72 per cent), those in Prince Edward Island (66 per cent), and those over 55 (64 to 68 per cent) a doctor' recommendation would increase likelihood of getting the vaccine more than it would among other segments.
- Knowing about testing procedures is more apt to have a positive impact in Prince Edward Island (57 per cent), Nova Scotia (55 per cent) among seniors (62 per cent), those with higher education (50 per cent of those with a Graduate level) and those with a health condition (58 per cent). It has the least effect in Saskatchewan (where 32 per cent still said that they would be unlikely to get it).
- Mass vaccinations have a stronger appeal in Northwest Territories (68 per cent) and among those 55 and over (56 per cent) and those with a health condition (57 per cent), compared with others. Canadians between the ages of 25 and 34 are the least apt to increase their likelihood of getting the vaccine because of mass vaccinations (34 per cent still said that they were unlikely to get it).

Perhaps not surprisingly, there are also factors or conditions that would have a negative impact on intention to get the vaccine. Having to pay for the vaccine indicated that fewer Canadians would be likely to get the vaccine, as was also the case with a less severe unfolding of the outbreak (with only 29 and 25 per cent saying that they would be highly likely to get it under these conditions and in the case of decreased severity, almost half saying that they were unlikely to get the vaccine). That said, the need for two vaccines, a recommendation from a pharmacist, and ongoing monitoring had little impact on the intention to get the vaccine. In each case, similar numbers of Canadians said that they would or would not be likely to get it and the shift of people in one camp to another over the different conditions is negligible.

Neutral or Negative Influencing Factors in Vaccination Decision



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n=1951-2039

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In three of the more neutral conditions (pharmacist recommendation, need for the 2 types of vaccines and need for 2 H1N1 vaccines) three in four of those who had made up their minds to get the vaccine, still said that under these conditions they would be highly likely to get it. In each case 20 to 26 per cent of those who were on the fence initially said that they would be likely to get it under these conditions (with two types of shots having the least impact). In each condition one in four to one in seven individuals who had originally said that they were unlikely to get the vaccine changed their mind to a more middle of the road position (with the greatest influence coming from the recommendation from a pharmacist). Under each condition, fewer than ten per cent of the non-vaccine group changed their mind toward a definite intention to get the vaccine. Ongoing monitoring shows similar although more tepid results in terms of securing people from those who were originally intending to get the vaccine (69 per cent) or moving many people from a middle of the road or negative position to a positive one.

In the case of a less severe outbreak or paying for the vaccine, only 61 to 62 per cent of those who were positive about getting the vaccine remain secure. Relatively small numbers of the middle of the road cases moved towards a more positive position and very few were truly converted from a negative to a positive intent.

TABLE 2.7: Shift in Intent to Get The Vaccine (II)

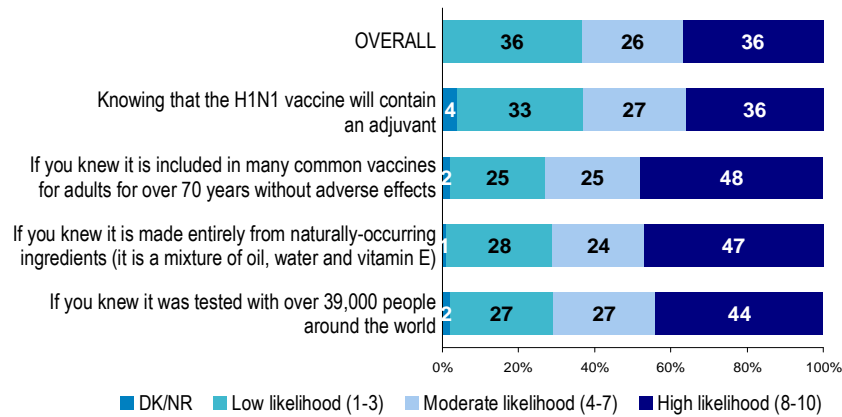
	LIKELIHOOD TO GET VACCINE		
	Not Very Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)
If a pharmacist recommended you get the H1N1 vaccine...			
Not very likely (1-3)	67%	19%	10%
Moderately likely (4-7)	25%	55%	16%
Very likely (8-10)	7%	25%	73%
If you needed the H1N1 vaccine first and then a seasonal flu vaccine later in the flu season...			
Not very likely (1-3)	78%	20%	6%
Moderately likely (4-7)	15%	57%	16%
Very likely (8-10)	6%	20%	75%
If you needed 2 H1N1 vaccines spread out over 3 weeks or so to make it effective...			
Not very likely (1-3)	74%	16%	6%
Moderately likely (4-7)	15%	57%	16%
Very likely (8-10)	9%	26%	77%
If you knew that there was ongoing monitoring for any negative reactions to the vaccine...			
Not very likely (1-3)	67%	15%	8%
Moderately likely (4-7)	21%	60%	20%
Very likely (8-10)	11%	22%	69%
If you had to pay for the H1N1 vaccine...			
Not very likely (1-3)	79%	27%	8%
Moderately likely (4-7)	12%	53%	28%
Very likely (8-10)	8%	17%	61%
If the outbreak of H1N1 turned out to be less severe or extensive than originally expected...			
Not very likely (1-3)	90%	40%	10%
Moderately likely (4-7)	8%	52%	28%
Very likely (8-10)	1%	7%	62%

- Requiring two shots (of H1N1 or for the two types of flu) did not have as negative an impact on residents of Ontario (40 to 42 per cent likely under these conditions), among seniors (46 to 48 per cent), or among those with a health condition (48 to 54 per cent), although Quebecers were more dampened (45 per cent not very likely) in their enthusiasm for the vaccine under these conditions where the two type of vaccines were concerned. Parents of school age children (45 per cent), rural residents (43 per cent) and those with Graduate level of education (46 per cent) were also not as put off by the need for two doses of the H1N1 vaccine as others were.
- Ongoing monitoring had a more positive influence on Albertans (42 per cent) and Ontarians (39 per cent) than others across the country, however, more Quebecers (27 per cent) were put off by this. Those with a health condition (42 per cent) were also more apt to believe ongoing monitoring would increase their likelihood of getting the H1N1 vaccine.
- The pharmacist's recommendation was more of a positive influence in Nova Scotia (44 per cent) and Prince Edward Island (46 per cent), as well as among rural residents (41 per cent) and First Nations people (51 per cent), and those with a health condition (48 per cent). It had a more negative impact in Manitoba (43 per cent), among the Métis (60 per cent) and parents with children under 2 years (44 per cent not very likely to get vaccine under this condition).
- Paying for the vaccine is less of an issue among women (31 per cent), those with an underlying health condition (40 per cent), those over 55 (36 to 42 per cent) and in Prince Edward Island (47 per cent), while it has a fairly strong negative impact in Nunavut (72 per cent not very likely), and those under 25 (52 per cent).
- A less severe outbreak has more of a negative impact in Manitoba (59 per cent), Alberta (55 per cent) and Nunavut (74 per cent), as well as among younger Canadians (under 35 years of age, ranging between 56 to 60 per cent) and remote Canadians (54 per cent) who state a less severe outbreak would prompt a lesser likelihood of getting the vaccine under these circumstances). Meanwhile, those with a health condition (40 per cent) are very likely to get the H1N1 vaccine under this circumstance.

Knowing that the vaccine contains a substance called an adjuvant seemingly makes no difference to Canadians. Virtually the same result was found in terms of intent to obtain the vaccine, with and without pointing to an adjuvant. This was perhaps not surprising given that, in the focus groups, virtually no one had heard of an adjuvant and, of the very few who had, they had very limited understanding of what that substance was or its purpose in the vaccine. Explaining that the adjuvant has been tested on thousands of people, that it contains a naturally occurring set of ingredients and that it has been used for decades in other vaccines each serve to increase the likelihood that people would get the vaccine, although the fact that it has been tested does not fair quite as well at positively influencing people toward getting the vaccine (with 44 per cent saying that they would be likely to get it compared with 47 to 48 per cent).

Influencing Factors Regarding Adjuvant

There is a substance in the Canadian H1N1 vaccine called an adjuvant.
 "How likely are you to get the H1N1 flu vaccine...?"



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n=2663-4044

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TABLE 2.8: Shift in Intent to Get the Vaccine (III)

	LIKELIHOOD TO GET VACCINE		
	Not Very Likely (1-3)	Moderately Likely (4-7)	Very Likely (8-10)
Knowing that the H1N1 vaccine that is being produced for most Canadians will contain an adjuvant, how likely are you to get the H1N1 flu vaccine when it's available later this fall...			
Not very likely (1-3)	80%	10%	2%
Moderately likely (4-7)	13%	67%	12%
Very likely (8-10)	4%	17%	83%
If you knew that adjuvants have been included in many common vaccines for adults and children, such as Tetanus, Polio, Hepatitis A and Hepatitis B vaccines, and that these vaccines have been given for over 70 years without adverse effects...			
Not very likely (1-3)	65%	5%	1%
Moderately likely (4-7)	21%	56%	7%
Very likely (8-10)	12%	38%	92%
If you knew that the adjuvant in the H1N1 vaccine has been tested with over 39,000 people around the world as part of clinical trials...			
Not very likely (1-3)	69%	6%	1%
Moderately likely (4-7)	22%	63%	8%
Very likely (8-10)	8%	30%	89%
If you knew that the adjuvant in the H1N1 vaccine is made entirely from naturally-occurring ingredients – it is a mixture of oil, water and vitamin E...			
Not very likely (1-3)	65%	10%	3%
Moderately likely (4-7)	21%	50%	8%
Very likely (8-10)	14%	39%	88%

- Knowing that the vaccine contains an adjuvant has more of an impact on residents of Prince Edward Island (44 per cent) and those with an underlying health condition (50 per cent) who state they are very likely to get the H1N1 flu vaccine, as were those with a Graduate level education (48 per cent) or a household income over \$100K (40 per cent). It has a more negative impact on residents of Manitoba (43 per cent) and Nunavut (59 per cent), as well as those living in remote communities (44 per cent), Canadians between the ages of 25 and 54 (35 to 39 per cent), as well as college educated respondents (39 per cent) who state they are not very likely to get the vaccine under this circumstance.
- Knowing that the vaccine has been used for more than 70 years has a positive impact on the decision of Canadians with the least or most education (53 and 56 per cent, respectively), as well as among seniors (59 per cent) and those with a health condition (63 per cent). This scenario had a more negative impact on residents of Manitoba (35 per cent) and Nunavut (65 per cent).
- Knowing that it contains naturally occurring ingredients has a more positive impact on residents of Nova Scotia (54 per cent) and Prince Edward Island (59 per cent), although it has

a more negative impact on residents of remote areas (38 per cent, not very likely to get the vaccine under this condition).

- Knowing that it has been tested with 39,000 people has a more positive influence on women (48 per cent), seniors (62 per cent), those with higher household incomes (49 per cent), those with health conditions (58 per cent) and residents of Nova Scotia (51 per cent), while those living in British Columbia (35 per cent), the Yukon (38 per cent) and Nunavut (46 per cent) are the least positively influenced.

In the focus groups, while very few participants seemed to know what an adjuvant is, discussion of an adjuvanted version for everyone, except pregnant women, who would get a non-adjuvanted version, sparked questions among some. Understanding that pregnant women had not been part of any clinical trials seemed to make sense to everyone and satisfy any concerns. Not having heard much about adjuvants, many felt they could not comment. In general, the fact that adjuvants had been used in many commonly used vaccines for decades was also comforting to many. Knowing that the adjuvant contained natural ingredients was of interest to many; but participants particularly focused on extensive use in past vaccines (except with pregnant women) as key in demonstrating its safety.

3. ADDITIONAL EVIDENCE – COMMUNICATIONS TESTING

As described in Chapter 1, the focus groups dedicated considerable time to the testing of communications messages and three individual ads: radio, print, and television. Following are the results of this testing process.

3.1 MESSAGES

A series of eight messages were tested with the general public (with two more added for the First Nations and Inuit groups that were specific to these populations). Participants were asked to read each one and rate it (from 1-low to 10-high) in terms of how clear it was, how informative it was and the extent to which it convinced them to get the vaccine.

Following is a table with the average rating provided by respondents in terms of how clear, informative and convincing each statement is. Overall, the two messages that address side effects in a matter of fact and straight forward way⁴, scored the highest in terms of the three aspects that were tested (with message 4 scoring slightly higher than message 5). That said, the overall message of getting the H1N1 vaccine to protect themselves and those around them⁵ was scored among the most clear and convincing reasons to get the vaccine. Many participants said (later when reacting to particular ads) that protecting themselves for the sake of others resonated well with them and is not something that they had given a lot of thought to. Since the purpose of the vaccine program is about numbers of protected individuals at a societal level, it is critical to know that this argument is not at all obvious to people, but that it makes immediate sense to them and is considered a strong reason for getting vaccinated.

The more technical and detailed messages did not test well with participants who felt that they introduced more confusion and questions than they answered. As shown by the average ratings for clarity, the third, seventh and eighth statements, which discuss Thimerosal, and adjuvanted and unadjuvanted vaccines, the public did not rate these more detailed, technical statements with any degree of clarity. They were also rated modestly in terms of level of information that they provided and not generally seen as

⁴ These two messages are:

Message 4 - Vaccines can have side effects but they are usually mild. You need to weigh the risks of side effects with the risks of serious health problems if you catch the flu.

Message 5 - The most common side effects of the flu vaccine are soreness in the arm where the vaccine was given, hoarseness, sore or red eyes, itchiness and for some a mild fever.

⁵ The overall message was: Immunization is the best way to protect yourself and those around you who might be at risk from the H1N1 flu virus.

convincing statements. Among these, the eighth statement about lack of evidence of unadjuvanted vaccines being safer is rated the lowest across all three dimensions. The sixth statement, that most people experience no side effects from the flu vaccine, was considered to be clear but it was not rated as particularly informative or convincing. The second statement (that vaccines are safe) was generally rated low across all three dimensions.

In the First Nations and Inuit groups, there was one Aboriginal-specific message tested (that the vaccine is available to everyone, including First Nations/Inuit population), which was viewed with a double-edged sword. On the one hand it was given a higher rating than other statements by most participants. On the other hand, several participants said that it seems odd to single them out that way when H1N1 is a national issue and can be viewed as almost insulting, echoing that Aboriginal people want to see themselves in ads or information, but that it must be done in a way that is respectful and sensitive. A second message tested in the First Nations and Inuit groups was that the benefits of receiving the H1N1 vaccine outweigh the potential risks. This was seen as having modest clarity, and was assigned a low rating in terms of how informative or convincing it was.

Average Ratings across All Participants

	Messages	Clear	Informative	Convincing
1	Immunization is the best way to protect yourself and those around you who might be at risk from the H1N1 flu virus.	6.97	4.65	5.45
2	Vaccines are safe. The dangers from vaccine-preventable diseases (like the flu) are many times greater than the risk of a reaction to the vaccine.	5.86	4.87	4.22
3	Thimerosal is used in the H1N1 vaccine to stabilize it. This helps maintain its quality during storage. Thimerosal does contain a small but safe amount of mercury. A can of tuna fish has 4 times the amount of mercury as the thimerosal in the H1N1 vaccine.	5.73	5.56	4.28
4	Vaccines can have side effects but they are usually mild. You need to weigh the risks of side effects with the risks of serious health problems if you catch the flu.	7	5.86	5.21
5	The most common side effects of the flu vaccine are soreness in the arm where the vaccine was given, hoarseness, sore or red eyes, itchiness and for some a mild fever.	7.62	7	5.71
6	Most people experience no side effects from the flu vaccine.	6.88	5.22	4.58
7	An adjuvanted vaccine is a vaccine that includes a substance that boosts an individual's immune system and increases their response to a vaccine. An unadjuvanted vaccine has no "booster" element.	5.38	5.32	4.13
8	There is no evidence that unadjuvanted vaccines are more safe than adjuvanted. Unadjuvanted vaccines just have fewer components.	4.82	4.74	3.79
9*	All Canadians who want to be vaccinated, including First Nations/Inuit, will have access to the vaccine.	7.95	7.05	6.14
10*	The benefits of receiving the H1N1 vaccine outweigh the potential risks.	5.6	4.84	4.02

* Note that the last two statements were only tested in focus groups with First Nations and Inuit participants. The participants in the general public groups received only the first eight statements.

3.2 AD TESTING (IN GENERAL)

Generally, all of the ads (print, radio and television) tested reasonably well and did not produce any significant negative reactions. If there was one point of criticism across the board, it was that although people have a thirst for knowledge about the H1N1 flu virus and vaccine and the tag line “knowledge is your best defence” makes sense to them, these ads do not in and of themselves provide much additional knowledge. This suggested that one or two additional facts about the vaccine would be well-received and that a clearer link to the 1-800 line and/or website as the means by which they will gain knowledge may be needed.

a) Print Ad

The ad tested well – it was seen as clear and friendly in its tone. The image of a doctor was seen as suitable. Participants liked the tag line, but some felt it clashes with the content of the ad, which focuses on the vaccine and priority groups. The ad was also seen as reasonably good at attracting attention, but less among youth (particularly in the Saskatoon youth/general public group). Several said that having the “H1N1” in the title should be bigger and more visible. Participants were shown the same print ad with and without Dr. David Butler-Jones in the ad. No one saw Dr. David Butler-Jones, Canada’s Chief Public Health Officer, as an advantage (largely because many did not know who he was and he seemed to represent more of an image of a business man rather than a doctor) and most preferred the more obvious healthcare provider as a spokesperson, reflecting what participants had said in general about communications and spokespersons.

In First Nations and Inuit communities – use of a figure they would know/be comfortable with will be important. Use of native languages was also cited in Rankin Inlet, although not in the other First Nations groups.

Most people take away from this ad that you have a choice about getting the vaccine, which may be a double-edged sword, given the current lack of commitment regarding the vaccine. Many said that they would want more information about side effects, facts about H1N1 and so on. In the Saskatoon First Nations groups, the two messages of having “enough vaccine for everyone who wants or needs it”, and the list of priority groups, were seen as contradictory and confusing. A number of participants in Rankin Inlet said that there is too much emphasis placed on the vaccine and not enough on other methods of prevention (e.g., washing hands and coughing/sneezing into your shirt). Participants in the Manawan groups generally said that they wanted more information about the safety of the vaccine rather than about priority groups. They indicated that this ad would do nothing to convince them to consider or obtain the vaccine for themselves or their family members. As well, the title “What you need to know about the H1N1 flu vaccine” was seen as too generic for some participants. Several participants said that they would go to the website or that it would prompt them to ask their doctor about it.

b) Radio Ad

The radio ad was also seen as clear and in some ways more directive which many liked, given that they are looking for specific recommendations about whether or not to get the vaccine. That said, there were participants in Montreal, Rankin Inlet and Manawan who found the specific wording to be a bit pushy, suggesting the need to soften some language in the ad.

In the case of the radio ad, Dr. David Butler-Jones is seen as the appropriate person for the advertisement. “If he is the one in charge then he should be the one doing the ad.” That said, many participants said that they did not know who Dr. Butler-Jones was, so this would have to be made clear.

Some participants in Saskatoon and Montreal focused on the “everyone who needs and wants it” as being a confusing and difficult to interpret message. “I only want it if I need it, so what does that mean?”⁶ In some ways, this seemed to embody the frustration that many are feeling with the information coming from the government which seems to say a lot, but not really anything that is useful to them in making their decision.

First Nations and Inuit participants said that the ad was missing information as well, in particular, information that would speak to them (their own people, their own community, where to get the vaccine locally, etc.)

Perhaps the most striking element of the ad testing was the extent to which people had not thought about, and yet immediately understood, the message of “protecting those around you”. For many participants this was a revelation – they had not been thinking about H1N1 and the vaccine in that context before, but it made immediate sense to them. This was a reason to consider getting the vaccine, whether or not you were in a priority group and whether or not it would be expected to be severe in your own backyard. This message gave people pause. It gave them a reason to re-evaluate whether or not getting the vaccine makes sense for them. Some said that it would have them checking the website or calling the 1-800 number for more information.

c) TV Ad

The television ad also tested well and was seen as having a good, reassuring, feel about getting the vaccine. Youth, in particular, thought it would get attention.

Some participants said that there was still an issue with the lack of clarity around “needs and wants it”.

⁶ It should be noted that this was observed in the three sets of groups led by one moderator, who specifically probed for this, and did not come up in the other sets of groups (where it was not specifically probed).

As with the radio ad, the message of protecting others around you resonated very well and suggested that people might re-think the vaccine decision on this basis.

It is noteworthy that quite a number of participants said that the visuals of happy people were a little bit too light hearted for the subject matter and that a more serious tone (with no smiling) might be more effective.

The different situations/vignettes (clinic setting, school, home) was considered to be a good concept, and people liked the scenarios generally. That said, the teacher was considered to be a bit out of place insofar as she is the one saying that there is enough vaccine for everyone (that might be more natural coming from a doctor instead) and that the math problem on the board might be at odds with a discussion about the vaccine. The first scenario of the nurse helping the patient was seen as unclear, because it was not obvious what type of person was being portrayed. Several participants also said that a person who is obviously not in a priority group (e.g., construction worker) would be more striking for most people, suggesting that everyone should get it. A few participants suggested that clichés such as the doctor's chart should be avoided.

If the ad were to feature Dr. David Butler-Jones at the end, that would be seen as positive for the most part or at least neutral. Again, making sure that people know that he is a health practitioner would also be helpful and lend credibility.

Participants echoed again that they still said they needed and wanted more information. A few, particularly in First Nations and Inuit sessions, said that the ad was a bit too superficial and should actually provide you with a few facts that you need to know. Participants in Manawan in particular, felt that the ad needed more actual facts (e.g., numbers of people affected by H1N1). They were generally fairly negative about the ad saying that it was "ordinary", "just marketing and brainwashing", and "it makes us feel we have to get vaccinated". That said, many said that they would call the 1-800 (First Nations and Inuit) or check the cited website (less in First Nations and Inuit) to get more info. A few said that the link between going to the website and or toll free number and gaining knowledge (as your best defence) needed to be a bit more pronounced.

In the First Nations and Inuit groups in Rankin Inlet and in Sioux Lookout, there was a sense that Aboriginal populations would be less able to take advantage of ongoing monitoring information about reactions and side effects based on the experience of others, if they were in a priority group and get the vaccine first. Participants in Manawan were also fairly suspicious of Aboriginal populations as a priority group. Making the connection clear between H1N1 and chronic diseases such as diabetes (which is far more prevalent in Aboriginal populations) and they felt the limited health care capacity to deal with widespread outbreaks in very small and remote communities needs to be made more obvious, otherwise the natural inclination is toward suspicion ("why do we have to go first?").

Most participants across most groups felt that “real people” or actors who are convincing as “real people” would make the best spokespeople in the television ad. While participants in some groups expressed a strong preference for “real” people (i.e., Rankin Inlet, Manawan and Newfoundland), others noted that it is very difficult to tell the difference between actors and real people (e.g., Saskatoon, Sioux Lookout, Montreal), suggesting that the key is that they seem real. Participants felt that it is easier to identify with people who seem real or who you feel could be “off the street”, and that they are more “convincing”. Participants in Rankin Inlet noted that real people or locals would be more trustworthy.

4. SUMMARY

In the weeks leading up to the roll out of the H1N1 vaccine in late October 2009, the intention to get the vaccine was modest at 36 per cent. As many people weren't going to get it as were, and many were sitting on the fence. In the focus groups, participants argued that they were not very concerned yet about H1N1 because the first wave in Spring 2009 had been very mild and the second wave had not hit very strongly yet (in its first weeks in Fall 2009). Many seemed hesitant to commit to something that they had not yet seen up close and personal, and had adopted a wait and see approach.

With the benefit of now knowing how events unfolded in the first week after the roll out (and the end of the survey), we have seen that Canadians began changing their minds with the availability of the vaccine and the sudden surge in H1N1 cases a few weeks into the second wave (particularly with the sudden death of two pre-teen/teenage children in Ontario). These events gave rise to an increase in demand, which played out in the media as long line-ups and concerns about shortages of vaccine. This, in turn, likely served to heighten the concern regarding H1N1 and increase the demand for the vaccine even more. Presumably if the survey had continued over the course of the first few weeks after the roll out of the vaccine, the findings in the current report could look different in terms of intent to get the vaccine, concerns regarding the vaccine and perceived effectiveness of the vaccine, as well as on some indicators regarding information uptake and sources. The implications point to lessons around behavioural intention regarding a new vaccine, which people will be instinctively leery of at first, particularly in the face of a pandemic which people have yet to see unfold first hand. It further suggests caution in relying heavily on this type of extrapolation, given that intention can shift dramatically over a matter of hours once people begin to see a surge in the pandemic (particularly if they begin to hear about deaths in previously unsuspected target groups), and people beginning to get the vaccine.

Although survey results and focus group discussions suggested that most Canadians were hearing a lot about H1N1 and the vaccine, from a wide variety of sources, results also showed that they felt generally confused, uninformed and, for many, unprepared to make the decision about whether or not to get the vaccine. Many pointed to missing, vague and contradictory information that contributed to frustration, disengagement and concerns about the credibility of information sources. Changing messages and recommendations played a central role, leading most focus group participants and almost half of survey respondents to say that they did not have the information that they needed to make this decision (for themselves or for their children).

In terms of information, people were looking for specific details (and perhaps assurances) about how severe and widespread the pandemic was expected to be in their own area, and whether or not they (personally) should be getting the vaccine. Straightforward messaging about possible side effects was also a key piece of information that resonated in the focus groups. Medical health practitioners, with family

doctors at the top of the list, were seen by most as the best source for telling people what they need to know, and providing recommendations about whether or not to get the vaccine.

Those in the no camp regarding the vaccine (at least prior to the roll out of the vaccine and surge in cases in the second wave), were generally split into two groups: those expressing limited concern about the pandemic, believing that their own immunity would protect them; and those who were more concerned about the vaccine than they were about the pandemic. In the focus groups, the older groups focused on what they perceived to be a rushed vaccine that had not been adequately tested. Parents were even more represented in this group than were other Canadians (who were not in the position of having to make this decision for others).

Generally, in the face of confusing and seemingly contradictory information, a new vaccine, and a pandemic that had yet to surge in the second wave, there was greater concern for side effects of the H1N1 vaccine than is typically expressed about the seasonal flu vaccine. Coupled with this, was even less faith placed in the effectiveness of the H1N1 vaccine than is typically placed in the effectiveness of the seasonal flu vaccine (which is traditionally mixed). Results also showed (perhaps obviously) a very strong relationship between perceived faith in the vaccine and intent to get it.

It was interesting to note that both a more severe unfolding of the pandemic and a doctor's recommendation were the two conditions under which Canadians said that they would be more likely to get the vaccine, both of which became more prevalent in the media coverage of the pandemic at precisely the time of the roll out of the vaccine (and sudden increase in intent to get the vaccine). Results also indicated that Canadians would be less likely to get the vaccine if they saw that the pandemic was less severe. As Canadians wait in line for priority cases to be vaccinated, if they begin to see and hear that the pandemic has already peaked, and that there is a large reduction in cases, then likely the demand for the vaccine for those who have not yet received it will quickly wane. It is also interesting to note that adjuvant, at least in the days and weeks prior to the roll out of the vaccine, was not a strong factor in people's intent to get (or not get) the vaccine. That said, hearing that it is made of naturally-occurring ingredients and that it has been in other vaccines for decades does serve to increase comfort levels with the vaccine.

Testing of the communications and social marketing materials revealed that the protection of others is a strong motivator and a message that, while not initially obvious to most, resonates well. This message will likely make many people think carefully about the vaccination decision. That said, it will be interesting to see the interaction between this and impressions of a less severe (or waning) pandemic. While the argument to protect others likely has the potential to have a strong influence as the second wave increases in volume and severity, it will likely have considerably less influence as people see the threat quickly diminishing.

APPENDIX A
SURVEY INSTRUMENT
(ENGLISH AND FRENCH)

INTRO [0,0]

Hello, my name is ... and I'm calling from EKOS Research Associates. We are conducting a survey for the Government of Canada to obtain the views of Canadians on the topic of the H1N1 flu virus, sometimes referred to as Swine Flu. The interview only takes about ten minutes. It's completely voluntary, and will not affect any services you might receive from the Government of Canada, but it will help the government to understand what people are thinking about this issue. The survey is registered with the National Survey Registration System and all of your answers will be kept completely confidential. Can I ask if you are at least 16 years old and a permanent resident of Canada?

FOR RESPONDENTS SEEKING MORE INFORMATION: The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-800-554-9996.

PRIV [0,0]

This call may be recorded for quality control or training purposes.

SEX

Record gender of respondent.

DO NOT ASK

Male..... 1
Female 2

LANG

Record language of correspondence

DO NOT ASK

English..... 1
French..... 2

PARNT

Do you have any children under the age of 18?

Yes..... 1
No 2
DK/NR 9

Q2

Which of the following statements best describes you?

READ LIST

I have never received a flu vaccine	1
I have received a flu vaccine but not annually.....	2
I currently receive a flu vaccine annually	3
DK/NR	9

Q3

Do you think that you will get the seasonal flu vaccine at any point over this fall or the winter on a scale where 1 means not at all likely, 10 means extremely likely?

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
Already obtained the seasonal vaccine for this year.....	11
DK/NR	99

Q4

How concerned are you about side-effects from the seasonal flu vaccine on a scale, where 1 means not at all concerned, 10 - extremely concerned?

1. Not at all concerned.....	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely concerned	10
Don't know/Not sure	99

Q5

If... PARNT.EQ.1

Have your children had a seasonal flu vaccine in the past?

NOTE TO INTERVIEWER: If the child is too young for these, code as "too young"

Yes..... 1
Some have had it and some haven't 2
No 3
Not applicable too young..... 4
DK/NR 9

Q6

If... PARNT.EQ.1

As far as you know right now, do you plan on having your children vaccinated for seasonal flu this fall or winter?

NOTE TO INTERVIEWER: If the child is too young for these, but the parent says that they plan to get it this year -code as yes. If they volunteer that the child is too young - ask "Do you think that you will when they are old enough?" and code as "plan to once of age"

Yes..... 1
No 2
(DO NOT READ) Plan to once of age 8
DK/NR 9

PANINFO [0,0]

For the rest of the survey, I'm going to refer to the H1N1 flu virus or swine flu simply as "H1N1".

Q9B1

Which of the following do you think best describes the current H1N1 flu situation in Canada, as things stand at the present time? Do you think that there are...

READ LIST

A high number of cases 1
A medium number of cases 2
A low number of cases 3
None 4
(DO NOT READ)DK/NR 9

Q9B2

If... Q9B1.NE.4

And do you think that those cases are mostly...

READ LIST

Severe	1
Mild	2
(DO NOT READ)DK/NR	9

Q9C

Compared to the spring, do you think that over the next 6 months, the H1N1 flu situation in Canada will become more severe, be about the same as in the spring, or do you think the worst is behind us?

Will become more severe	1
About the same as in the spring.....	2
The worst is behind us	3
DK/NR	9

Q11

As far as you know, how likely is it that the seasonal flu vaccine will protect you against contracting H1N1 on a scale where 1 means not at all likely, 10 means extremely likely?

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q12

As far as you know, will there be a new H1N1 flu vaccine available this year?

Yes.....	1
No.....	2
DK/NR	9

->Q13

PREQ13 [0,0]

If... Q12.EQ.2,9

In fact, there will be an H1N1 flu vaccine available to the Canadian public this fall (2009).

Q13

Do you think that you have enough information at this point to make a decision about getting the H1N1 flu vaccine?

Yes..... 1
No..... 2
DK/NR 9

Q14 [1,15]

If... Q13.EQ.2

What more/other information would you need?

DO NOT READ LISTIf says "Official statement/announcement" ask further about what you would want this statement or announcement to address-tell you?

Side effects of the vaccine..... 1
Who is at risk of getting H1N1..... 2
Level of effectiveness at preventing H1N1 infection 3
Amount of testing done before release 4
Interaction between the regular and H1N1 vaccines 5
OTHER (Specify)-> AQ14; C400 L6 C80 77
DK/NR 99

Q15

How likely are you to get the H1N1 flu vaccine when it's available on a scale where 1 means not at all likely, 10 means extremely likely.

1. Not at all likely 1
2..... 2
3..... 3
4..... 4
5..... 5
6..... 6
7..... 7
8..... 8
9..... 9
10. Extremely likely 10
DK/NR 99

Q16A [1,20]

If... Q15.EQ.6-10

What is the main reason you would get a vaccine for H1N1 once it becomes available?

DO NOT READ, If respondent says because of current health/health issues clarify whether mean they have an existing health condition or just want to protect health/avoid illness - what is the MAIN reason code all that apply, probe: anything else?

Recommended by nurse or other health professional	1	
Have health condition that makes me vulnerable	2	
Required to do so by employer.....	3	
To protect myself from illness/avoid getting H1N1	4	
To protect others who are vulnerable (e.g. seniors, children).....	5	
To protect others non-specific	6	
To avoid getting more serious illnesses because of H1N1	7	
Employer suggested/encouraged it.....	8	
Because it is free/available at work	9	
Because H1N1 is new/because H1N1 seems worse than seasonal flu.....	10	
Because there is lots of talk about it everywhere.....	11	
Going to be doing international travelling	12	
I'm in a high risk group	13	
Because of my age.....	14	
OTHER (Specify)-> AQ16A; C400 L6 C80	77	B
DK/NR	99	BX

Q16B [1,30]

If... Q15.EQ.1-5,99

Why would you choose NOT to get the flu vaccine for H1N1?

DO NOT READ, code all that apply, probe: any other reason?

Confused by all the information about vaccines.....	1	
Unnecessary, immune system can take care of itself.....	2	
Do not believe that vaccines are safe (in general)	3	
Do not believe that H1N1 vaccine will be safe	4	
Do not think vaccines are effective (in general).....	5	
Do not think H1N1 vaccine will be effective	6	
I'm healthy and the risks do not warrant it/confidence in own immune system	7	
Never find the time	8	
Last time I got a flu vaccine I got sick.....	9	
Have had a negative reaction to the flu vaccine in the past.....	10	
Aware that not all strains of the flu are covered	11	
Fear of needles.....	12	
Not around those at risk.....	13	
Doctor did not advise it	14	
Not in high risk group.....	15	
Cost (if not provided free of charge)	16	
Don't need it	17	
Not enough information	18	
1976/previous H1N1 vaccine incident.....	19	
Concerned about/heard there might be side effects from vaccine	20	
Concerned about Thimerosal or mercury in the vaccine	21	

Fear of getting Guillain Barré Syndrome from the vaccine.....	22	
I am pregnant	23	
Worry about side effects.....	24	
OTHER (Specify)-> AQ16B; C400 L6 C80	77	B
DK/NR	99	BX

Q15K

If... PARNT.EQ.1

How likely are you to get the H1N1 flu vaccine for your children when it's available on a scale where 1 means not at all likely, 10 means extremely likely.

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q16BK [1,30]

If... PARNT.EQ.1.AND.Q15K.EQ.1-5,99

Why would you choose NOT to get the flu vaccine for H1N1 for your children?

DO NOT READ, code all that apply, probe: any other reason?

Confused by all the information about vaccines.....	1
Unnecessary, immune system can take care of itself.....	2
Do not believe that vaccines are safe (in general)	3
Do not believe that H1N1 vaccine will be safe	4
Do not think vaccines are effective (in general).....	5
Do not think H1N1 vaccine will be effective	6
They are healthy and the risks do not warrant it	7
Never find the time	8
Last time they got a flu vaccine they got sick	9
Have had a negative reaction to the flu vaccine in the past	10
Aware that not all strains of the flu are covered	11
Fear of needles	12
Not around those at risk	13
Doctor did not advise it	14
Not in high risk group	15
Cost (if not provided free of charge)	16
Don't need it	17
Not enough information	18
1976/previous H1N1 vaccine incident.....	19
Concerned about/heard there might be side effects from vaccine	20
Concerned about Thimerosal or mercury in the vaccine	21

Fear of getting Guillain Barré Syndrome from the vaccine.....	22	
Child too young	23	
Other (SPECIFY)-> AQ16BK; C400 L6 C80.....	77	B
DK/NR	99	BX

Q17

From what you have heard or read, how effective do you think the H1N1 vaccine will be in protecting Canadians from H1N1? Rate your answer on a scale where 1 is not at all effective, 10 is extremely effective.

1. Not at all effective	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely effective	10
DK/NR	99

Q18

How concerned are you about side-effects from the H1N1 vaccine on a scale, where 1 means not at all concerned, 10 - extremely concerned?

1. Not at all concerned.....	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely concerned	10
Don't know/Not sure	99

PQ19 [0,0]

I'd like to read you a list of some possible scenarios about the H1N1 vaccine and ask you how likely you think you would be to get the H1N1 vaccine under these conditions. In each case, rate your answer on a scale where 1 is not at all likely, 10 is extremely likely.

Q19

If... ROT1.EQ.1

If you needed 2 H1N1 vaccines spread out over 3 weeks or so to make it effective

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q20

If... ROT2.EQ.1

If you needed the H1N1 vaccine first and then a seasonal flu vaccine later in the flu season

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q21

If... ROT11.EQ.1

If you had to pay for the H1N1 vaccine

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q22

If... ROT3.EQ.1

If the outbreak of H1N1 turned out to be less severe or extensive than originally expected

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q23

If... ROT4.EQ.1

If the outbreak of H1N1 suddenly became more severe or widespread

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q25

If... ROT5.EQ.1

If you knew the vaccine had been tested

How likely would you be to get the H1N1 vaccine...If probed: testing = clinical trials

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q26

If... ROT6.EQ.1

If you knew that there was ongoing monitoring for any negative reactions to the vaccine

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q27

If... ROT7.EQ.1

If mass vaccines were available or needed to be given in workplaces, community centres, and other public places

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q28A

If... ROT8.EQ.1

If a doctor recommended you get the H1N1 vaccine

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q28B

If... ROT9.EQ.1

If a pharmacist recommended you get the H1N1 vaccine

How likely would you be to get the H1N1 vaccine...

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

PQ30 [0,0]

There is a substance in the Canadian H1N1 vaccine called an adjuvant that is designed to increase the effectiveness of the vaccine. Everyone will be getting this version, with the exception of some at-risk segments of the population, such as pregnant women, who will receive a non-adjuvanted version of the vaccine

Pronunciation is a-ju-vent, with emphasis on "a"

Q30

Knowing that the H1N1 vaccine that is being produced for most Canadians will contain an adjuvant, how likely are you to get the H1N1 flu vaccine when it's available later this fall on the same scale.

read scale again if needed

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q31

If... ROT10.EQ.1.OR.ROT10.EQ.3

If you knew that adjuvants have been included in many common vaccines for adults and children, such as Tetanus, Polio, Hepatitis A and Hepatitis B vaccines, and that these vaccines have been given for over 70 years without adverse effects, how likely are you to get the H1N1 flu vaccine when it's available later this fall on the same scale,

read scale again if needed.

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q31B

If... ROT10.EQ.1.OR.ROT10.EQ.2

If you knew that the adjuvant in the H1N1 vaccine is made entirely from naturally-occurring ingredients - it is a mixture of oil, water and vitamin E, how likely are you to get the H1N1 flu vaccine when it's available later this fall on the same scale.

read scale again if needed.

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q31C

If... ROT10.EQ.2.OR.ROT10.EQ.3

If you knew that the adjuvant in the H1N1 vaccine has been tested with over 39,000 people around the world as part of clinical trials, how likely are you to get the H1N1 flu vaccine when it's available later this fall on the same scale.

read scale again if needed.

1. Not at all likely	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extremely likely	10
DK/NR	99

Q34A

Have you actively looked for information about the H1N1 vaccine?

Yes.....	1
No.....	2
DK/NR	9

Q34B

If... Q34A.EQ.2,9

Do you think that you will actively look for information about the H1N1 vaccine at any point in the future?

Yes.....	1	
No.....	2	->Q36
DK/NR	9	->Q36

TENSRCLCALC

TENSRCL = (\$Q34A == 2) ? 1 : (\$Q34A == 1) ? 2 : 1

TENSRCL

would.....	1
did.....	2

Q35 [1,3]

Where &TENSRCL you look to get news and information about the H1N1 vaccine?

DO NOT READ LIST; ACCEPT UP TO 3 RESPONSES

Television news	1	
Television health program.....	2	
Radio news	3	
Radio health program	4	
Newspaper article	5	
Health magazine	6	
Health journals	7	
Books/Library.....	8	
Websites/Internet.....	9	
Doctors (e.g., family doctor)	10	
Nurse or other health care professional	11	
Hospital/health clinic	12	
Pharmacist	13	
School.....	14	
Health Canada	15	
Public Health Agency of Canada.....	16	
Family or friends	17	
Public Health	18	
Other (Please specify)-> AQ35; C300 L4 C80.....	77	B
DK/NR	99	BX

Q36 [1,6]

Who would you trust most to give you the most accurate and complete information about the H1N1 vaccine?

DO NOT READ LIST - ACCEPT AS MANY AS APPLY if they say "medical community" ask them who they mean by that (their doctor, medical experts, Health Canada or Public Health Agency of Canada, nurses... who exactly do they mean when they say community?)

Public Health Agency of Canada.....	1	
Government of Canada.....	2	
Provincial government.....	3	
Scientific/research community/universities.....	4	
Your family doctor/a general practitioner (GP).....	5	
Pharmacist	6	
Nurse or other health professionals/hospitals/clinics.....	7	
News in the media	8	
Family/friends	9	
Traditional medicine practitioners/Elders.....	10	
Health Canada	11	
Medical experts-health authorities.....	12	
Other (please specify)-> AQ36; C200 L4 C80.....	77	B
Don't know/Not sure	99	BX
ONLINE SOURCES, GENERAL (EG. SEARCH ENGINES, MEDICAL INFORMATION SITES/WEB MD, WEBSITES GENERALLY).....	13	I
HOTLINES, INFORMATION LINES (EG. INFO-SANTE)	14	I
ALTERNATIVE HEALTH/MEDECINE, PRACTITIONERS (EG. HOMOPATHS, NATUROPATH).....	15	I
MYSELF, OWN RESEARCH.....	16	I
WORK, EMPLOYER	17	I
Public Health	18	

DEMIN [0,0]

The last few questions are to understand the answers to earlier questions and will not be used for any other purposes. All responses are completely confidential.

Q37

If... PARNT.EQ.1

How many children do you have under the age of 18?

Number:-> AQ37; N2.0 [1-98].....	77	
DK/NR	99	BX

Q37B [1,4]

If... PARNT.EQ.1

How old are they?

TAKE ALL THAT APPLY

Under 2	1	
2-5	2	
6-11	3	
12 or older	4	
DK/NR	9	X

Q38A

If... SEX.EQ.2

There are some segments of the population who may be more at risk/concerned about H1N1 and the vaccine than other segments. Are you currently pregnant?

Yes.....	1
No	2
DK/NR	9

Q38B

Have you been told by a doctor or health professional that you have any of the following medical conditions: heart or lung disease, asthma, kidney disease, diabetes, or a disease that causes decreased immunity such as cancer or HIV/AIDS?

If respondent says yes after first 1-2, do not continue list - it's only yes/no to any

Yes.....	1
No	2
DK/NR	9

Q40

May I place your age into one of the following general age categories?

READ LIST

16-19 years	1
20-24 years	2
25-29 years	3
30-34 years	4
35-44 years	5
45-54 years	6
55-64 years	7
65 years or older	8
(DO NOT READ) DK/NR	99

Q41

What is the highest level of schooling that you have completed?

Read list if necessary

Some high school or less	1
High school graduate	2
Some college	3
Community/Technical college or CEGEP graduate	4
Private college graduate	5
Some university	6
Bachelor's degree	7
Graduate degree	8
(DO NOT READ) Don't know/No response	99

Q42

What is your annual HOUSEHOLD income from all sources before taxes?

Read list if necessary

<\$10,000	1
\$10,000-\$19,999	2
\$20,000-\$29,999	3
\$30,000-\$39,999	4
\$40,000-\$49,999	5
\$50,000-\$59,999	6
\$60,000-\$79,999	7
\$80,000-\$99,999	8
\$100,000-\$119,999	9
\$120,000 or more	10
(DO NOT READ) Don't know/No response	99

Q43

If... RURALEQ.0

How far would you estimate your community is from a large urban centre?

Read list if necessary

Less than 50 km's	1
50 to 100 km's	2
101-200kms	3
201-300 km's	4
More than 300 km's	5
(DO NOT READ) Don't know/No response	99

Q44A

Do you consider yourself to be an Aboriginal person by virtue of your ancestry?

Yes..... 1
No..... 2
DK/NR 9

Q44B

If... Q44A.EQ.1

Do you consider yourself to be a ...

READ LIST

First Nations person..... 1
Métis..... 2
Inuit 3
Other..... 77 B
DK/NR 99 B

Q44C

If... Q44B.EQ.1

Do you typically live on a reserve for more than six months of the year?

Yes..... 1
No..... 2
DK/NR 9

QEND

1 1

COMM

Do you have any additional comments?

Yes (please specify)-> ACOMM; C350 L3 C75 1
No..... 2

THNK [0,0]

These are all the questions that I have. Thank you for your time.

INTRO [0,0]

Bonjour Madame/Monsieur. Je suis... et je vous téléphone de la part des Associés de recherche EKOS. Nous faisons un sondage pour le gouvernement du Canada afin de connaître l'opinion des Canadiens au sujet du virus de la grippe H1N1, qu'on appelle aussi parfois grippe porcine. L'entrevue ne prend qu'une dizaine de minutes. Vous êtes tout à fait libre d'y participer et votre décision n'affectera pas les services que vous recevez ou pourriez recevoir du gouvernement du Canada, mais elle pourrait renseigner le gouvernement sur ce que les gens pensent de cette question. Le sondage a été enregistré auprès du Système national d'enregistrement des sondages. Puis-je savoir si vous avez au moins 16 ans et si vous êtes résident permanent du Canada?

POUR LES RÉPONDANTS QUI VEULENT PLUS D'INFORMATION: Le système d'enregistrement a été créé par l'industrie canadienne de la recherche par sondage pour permettre au public de vérifier l'authenticité d'un sondage, d'obtenir de l'information sur l'industrie du sondage ou de déposer une plainte. Le numéro sans frais du système d'enregistrement est le 1-800-554-9996.

PRIV [0,0]

Cet appel peut être enregistré pour fins de contrôle de la qualité ou de formation.

SEX

Inscrire le sexe du répondant.

NE PAS DEMANDER

Homme 1
Femme 2

LANG

Inscrire la langue de correspondance

NE PAS DEMANDER

Anglais 1
Français 2

PARNT

Avez-vous des enfants de moins de 18 ans?

Oui 1
Non 2
NSP/PDR 9

Q2

Laquelle des phrases suivantes vous décrit le mieux?

LIRE LA LISTE

Je n'ai jamais été vacciné contre la grippe	1
J'ai déjà été vacciné contre la grippe mais pas annuellement	2
Je me fais vacciner contre la grippe annuellement	3
NSP/PDR.....	9

Q3

Pensez-vous vous faire vacciner contre la grippe saisonnière à un moment donné au cours de cet automne ou de cet hiver? Veuillez répondre selon une échelle où 1 signifie pas du tout probable et 10, extrêmement probable.

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
J'ai déjà été vacciné contre la grippe saisonnière pour cette année.	11
NSP/PDR.....	99

Q4

Dans quelle mesure êtes-vous inquiet des effets secondaires du vaccin contre la grippe saisonnière? Veuillez répondre selon une échelle où 1 signifie pas du tout inquiet et 10, extrêmement inquiet.

1. Pas du tout inquiet	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement inquiet	10
Je ne sais pas/Incertain	99

Q5

If... PARNT.EQ.1

Vos enfants ont-ils été vaccinés contre la grippe saisonnière par le passé?

NOTE POUR L'ENQUÊTEUR: Si l'enfant est trop jeune pour cela, coder comme "trop jeune".

Oui.....	1
Certains oui, d'autres non.....	2
Non.....	3
Sans objet trop jeune.....	4
NSP/PDR.....	9

Q6

If... PARNT.EQ.1

Pour l'instant, prévoyez-vous faire vacciner vos enfants contre la grippe saisonnière cet automne ou cet hiver

NOTE POUR L'ENQUÊTEUR: Si l'enfant est trop jeune encore mais que le parent dit prévoir le faire cette année, coder comme si c'était Oui. Si le répondant affirme de lui-même que l'enfant est trop jeune, demander: «Prévoyez-vous le faire quand votre enfant sera assez âgé?» et coder sous «Prévoit le faire quand il en aura l'âge».

Oui.....	1
Non.....	2
(NE PAS LIRE) Prévoit de le faire quand il en aura l'âge.....	8
NSP/PDR.....	9

PANINFO [0,0]

D'ici la fin du sondage, pour parler du virus de la grippe H1N1 ou de la grippe porcine je vais simplement employer l'expression grippe H1N1.

Q9B1

Selon vous, quelle situation décrit le mieux celle qui règne actuellement au Canada en ce qui concerne la grippe H1N1? Diriez-vous qu'il y a...

LIRE LA LISTE

Beaucoup de cas.....	1
Un nombre moyen de cas.....	2
Pas beaucoup de cas.....	3
Aucun.....	4
(NE PAS LIRE)NSP/PDR.....	9

Q9B2

If... Q9B1.NE.4

Et pensez-vous que ces cas sont surtout...

LIRE LA LISTE

Graves.....	1
Bénins.....	2
(NE PAS LIRE)NSP/PDR.....	9

Q9C

Comparativement au printemps, pensez-vous que dans les six prochains mois la situation de la grippe H1N1 va s'aggraver, demeurer à peu près comme au printemps ou croyez-vous que le pire est passé?...

S'aggraver	1
Demeurer à peu près comme au printemps.....	2
Le pire est passé	3
NSP/PDR.....	9

Q11

D'après vous, quelle est la probabilité que le vaccin contre la grippe saisonnière vous protège contre la grippe H1N1, selon une échelle où 1 signifie pas du tout probable et 10, extrêmement probable?

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q12

Pensez-vous qu'il y aura un nouveau vaccin contre la grippe H1N1 de disponible cette année?

Oui.....	1
Non.....	2
NSP/PDR.....	9

->Q13

PREQ13 [0,0]

If... Q12.EQ.2,9

En fait, il y aura un nouveau vaccin contre la grippe H1N1 d'offert aux Canadiens cet automne (2009).

Q13

Vous trouvez-vous assez bien renseigné jusqu'ici pour prendre la décision de vous faire vacciner ou non contre la grippe H1N1?

Oui..... 1
Non..... 2
NSP/PDR..... 9

Q14 [1,15]

If... Q13.EQ.2

De quels autres renseignements auriez-vous besoin?

NE PAS LIRE LA LISTE Si le répondant dit «Annonce/déclaration officielle», lui demander ce que cette annonce ou déclaration devrait contenir/faire savoir.

Effets secondaires du vaccin..... 1
Ceux qui risquent d'attraper le H1N1..... 2
Efficacité pour prévenir l'infection au H1N1 3
Ampleur des tests avant le lancement du vaccin 4
Interaction entre le vaccin ordinaire et le vaccin contre le H1N1..... 5
AUTRE RÉPONSE (préciser)-> AQ14; C400 L6 C80..... 77
NSP/PDR..... 99

Q15

Quelle est la probabilité que vous vous fassiez vacciner contre la grippe H1N1 quand le vaccin sera disponible, selon une échelle où 1 signifie pas du tout probable et 10, extrêmement probable ?

1. Pas du tout probable 1
2..... 2
3..... 3
4..... 4
5..... 5
6..... 6
7..... 7
8..... 8
9..... 9
10. Extrêmement probable..... 10
NSP/PDR..... 99

Q16A [1,20]

If... Q15.EQ.6-10

Quelle serait votre principale raison de vous faire vacciner contre la grippe H1N1 lorsque le vaccin sera disponible?

NE PAS LIRE, Si le répondant dit pour des raisons de santé, lui demander s'il a présentement un problème de santé ou s'il veut simplement protéger sa santé/éviter de tomber malade – quelle est sa PRINCIPALE raison coder toute réponse pertinente, approfondir: y en a-t-il une autre?

Recommandé par infirmière ou autre professionnel de la santé	1	
Problème de santé qui me rend vulnérable	2	
Mon employeur l'exige	3	
Me protéger contre la maladie/la grippe H1N1	4	
Protéger des personnes vulnérables (personnes âgées, enfants)	5	
Protéger quelqu'un d'autre sans préciser	6	
Éviter d'attraper une maladie encore plus grave à cause de la grippe H1N1	7	
Mon employeur le suggère/m'y encourage	8	
C'est gratuit/disponible au travail	9	
La grippe H1N1 est nouvelle/semble pire que la grippe saisonnière	10	
On en parle beaucoup partout	11	
Voyage à l'étranger de prévu	12	
Je fais partie d'un groupe à risque	13	
À cause de mon âge	14	
AUTRE RÉPONSE (préciser)-> AQ16A; C400 L6 C80	77	B
NSP/PDR	99	BX

Q16B [1,30]

If... Q15.EQ.1-5,99

Pourquoi décideriez-vous de NE PAS vous faire vacciner contre la grippe H1N1?

NE PAS LIRE, coder toute réponse pertinente, approfondir: y a-t-il une autre raison?

Confusion à cause de toute l'information sur les vaccins	1
Inutile, le système immunitaire peut faire son travail	2
Je ne pense pas que les vaccins (en général) soient sécuritaires	3
Je ne pense pas que le vaccin contre la grippe H1N1 sera sécuritaire	4
Je ne pense pas que les vaccins (en général) soient efficaces	5
Je ne pense pas que le vaccin contre la grippe H1N1 sera efficace	6
Je suis en bonne santé et ça n'en vaut pas le risque/je fais confiance à mon système immunitaire	7
Je ne trouve jamais le temps	8
À mon dernier vaccin contre la grippe je suis tombé malade	9
J'ai déjà eu une réaction négative au vaccin contre la grippe par le passé	10
Toutes les souches de la grippe ne seront pas visées	11
Peur des injections	12
Pas entouré de personnes à risque	13
Le médecin ne me le recommande pas	14
Je ne fais pas partie d'un groupe à risque	15
Le coût (si le vaccin n'est pas offert gratuitement)	16
Pas besoin	17
Pas assez d'information	18
Incident en 1976/avant le vaccin contre la grippe H1N1	19

Je crains/j'ai entendu dire que le vaccin peut avoir des effets secondaires	20	
Crainte de la présence de thimérosal ou de mercure dans le vaccin	21	
Crainte d'attraper le syndrome de Guillain-Barré à cause du vaccin	22	
Je suis enceinte	23	
Je crains les effets secondaires	24	
AUTRE RÉPONSE (préciser)-> AQ16B; C400 L6 C80	77	B
NSP/PDR.....	99	BX

Q15K

If... PARNT.EQ.1

Quelle est la probabilité que vous fassiez vacciner vos enfants contre la grippe H1N1 quand le vaccin sera disponible, selon une échelle où 1 signifie pas du tout probable et 10, extrêmement probable?

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q16BK [1,30]

If... PARNT.EQ.1.AND.Q15K.EQ.1-5,99

Pourquoi décideriez-vous de NE PAS faire vacciner vos enfants contre la grippe H1N1?

NE PAS LIRE, coder toute réponse pertinente, approfondir: y a-t-il une autre raison?

Confusion à cause de toute l'information sur les vaccins.....	1
Inutile, le système immunitaire peut faire son travail.....	2
Je ne pense pas que les vaccins (en général) soient sécuritaires.....	3
Je ne pense pas que le vaccin contre la grippe H1N1 sera sécuritaire	4
Je ne pense pas que les vaccins (en général) soient efficaces	5
Je ne pense pas que le vaccin contre la grippe H1N1 sera efficace	6
Ils sont en bonne santé et ça n'en vaut pas le risque.....	7
Je ne trouve jamais le temps	8
À leur dernier vaccin contre la grippe ils sont tombés malades.....	9
Ont déjà eu une réaction négative au vaccin contre la grippe par le passé	10
Toutes les souches de la grippe ne seront pas visées	11
Peur des injections.....	12
Pas entourés de personnes à risque	13
Le médecin ne le recommande pas.....	14
Ne font pas partie d'un groupe à risque.....	15
Le coût (si le vaccin n'est pas offert gratuitement)	16
Pas besoin	17
Pas assez d'information	18

Incident en 1976/avant le vaccin contre la grippe H1N1	19	
Je crains/j'ai entendu dire que le vaccin peut avoir des effets secondaires	20	
Crainte de la présence de thimérosal ou de mercure dans le vaccin	21	
Crainte d'attraper le syndrome de Guillain-Barré à cause du vaccin	22	
Enfant trop jeune	23	
AUTRE RÉPONSE (préciser)-> AQ16BK; C400 L6 C80	77	B
NSP/PDR.....	99	BX

Q17

D'après ce que vous avez lu ou entendu dire, dans quelle mesure le vaccin contre la grippe H1N1 sera-t-il efficace, selon vous, pour ce qui est de protéger les Canadiens contre la grippe H1N1? Veuillez situer votre réponse sur une échelle où 1 signifie pas du tout efficace, 10, extrêmement efficace.

1. Pas du tout efficace.....	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement efficace	10
NSP/PDR.....	99

Q18

Dans quelle mesure êtes-vous inquiet des effets secondaires du vaccin contre la grippe H1N1, selon une échelle où 1 signifie pas du tout inquiet et 10, extrêmement inquiet?

1. Pas du tout craintif.....	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement inquiet	10
Je ne sais pas/Incertain	99

PQ19 [0,0]

Je vais vous présenter diverses possibilités concernant le vaccin contre la grippe H1N1 et vous demander quelle serait la probabilité que vous vous fassiez vacciner dans ces conditions. Veuillez, à chaque fois, situer votre réponse sur une échelle où 1 signifie pas du tout probable et 10, extrêmement probable.

Q19

If... ROT1.EQ.1

Si vous aviez besoin de 2 injections en 3 semaines pour que le vaccin contre la grippe H1N1 soit efficace

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q20

If... ROT2.EQ.1

Si vous deviez d'abord vous faire vacciner contre la grippe H1N1 puis, plus tard au cours de la saison, contre la grippe saisonnière

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q21

If... ROT11.EQ.1

Si vous deviez payer le vaccin contre la grippe H1N1

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q22

If... ROT3.EQ.1

Si l'épidémie de grippe H1N1 se révélait moins grave ou moins répandue que prévu

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q23

If... ROT4.EQ.1

Si l'épidémie de grippe H1N1 s'aggravait soudainement ou devenait pandémique

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

- | | |
|-------------------------------|----|
| 1. Pas du tout probable | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7..... | 7 |
| 8..... | 8 |
| 9..... | 9 |
| 10. Extrêmement probable..... | 10 |
| NSP/PDR..... | 99 |

Q25

If... ROT5.EQ.1

Si vous saviez que le vaccin a été testé

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...Si on veut savoir: testé
= essais cliniques

- | | |
|-------------------------------|----|
| 1. Pas du tout probable | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7..... | 7 |
| 8..... | 8 |
| 9..... | 9 |
| 10. Extrêmement probable..... | 10 |
| NSP/PDR..... | 99 |

Q26

If... ROT6.EQ.1

Si vous saviez que le dépistage se poursuit pour voir si le vaccin provoque des réactions négatives

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q27

If... ROT7.EQ.1

S'il y avait une vaccination systématique en milieu de travail, dans les centres communautaires et autres lieux publics

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q28A

If... ROT8.EQ.1

Si un médecin vous recommandait de vous faire vacciner contre la grippe H1N1

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

- | | |
|-------------------------------|----|
| 1. Pas du tout probable | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7..... | 7 |
| 8..... | 8 |
| 9..... | 9 |
| 10. Extrêmement probable..... | 10 |
| NSP/PDR..... | 99 |

Q28B

If... ROT9.EQ.1

Si un pharmacien vous recommandait de vous faire vacciner contre la grippe H1N1

Quelle serait la probabilité que vous vous fassiez vacciner contre la grippe H1N1...

- | | |
|-------------------------------|----|
| 1. Pas du tout probable | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7..... | 7 |
| 8..... | 8 |
| 9..... | 9 |
| 10. Extrêmement probable..... | 10 |
| NSP/PDR..... | 99 |

PQ30 [0,0]

Le vaccin canadien contre la grippe H1N1 comporte un adjuvant qui a pour but de renforcer l'efficacité du vaccin. C'est la formule qui sera distribuée à tout le monde sauf à certains segments à risque de la population, comme les femmes enceintes, qui recevront un vaccin sans adjuvant.

Se prononce ad-ju-vant

Sachant que le vaccin en voie de production qui sera offert à la majorité des Canadiens va comporter un adjuvant quelle est, selon la même échelle, la probabilité que vous vous fassiez vacciner contre la grippe H1N1 lorsque le vaccin sera disponible plus tard cet automne?

lire à nouveau l'échelle, au besoin

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q31

If... ROT10.EQ.1.OR.ROT10.EQ.3

Si l'on vous disait que beaucoup de vaccins communs destinés aux adultes et aux enfants, comme les vaccins contre le tétanos, la polio, l'hépatite A et l'hépatite B, comportent des adjuvants et sont administrés depuis plus de 70 ans sans effets nocifs quelle serait, selon la même échelle, la probabilité que vous vous fassiez vacciner contre la grippe H1N1 lorsque le vaccin sera disponible plus tard cet automne?

lire à nouveau l'échelle, au besoin

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q31B

If... ROT10.EQ.1.OR.ROT10.EQ.2

Si l'on vous disait que l'adjuvant du vaccin contre la grippe H1N1 se compose entièrement d'ingrédients d'origine naturelle – soit un mélange d'huile, d'eau et de vitamine E - quelle serait, selon la même échelle, la probabilité que vous vous fassiez vacciner contre la grippe H1N1 lorsque le vaccin sera disponible plus tard cet automne?

lire à nouveau l'échelle, au besoin

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q31C

If... ROT10.EQ.2.OR.ROT10.EQ.3

Si l'on vous disait que l'adjuvant du vaccin contre la grippe H1N1 a été testé sur plus de 39 000 personnes à travers le monde dans le cadre d'essais cliniques quelle serait, selon la même échelle, la probabilité que vous vous fassiez vacciner contre la grippe H1N1 lorsque le vaccin sera disponible plus tard cet automne?

lire à nouveau l'échelle, au besoin

1. Pas du tout probable	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10. Extrêmement probable.....	10
NSP/PDR.....	99

Q34A

Avez-vous cherché à vous renseigner sur le vaccin contre la grippe H1N1?

Oui..... 1
 Non..... 2
 NSP/PDR..... 9

Q34B

If... Q34A.EQ.2,9

Prévoyez-vous chercher à vous renseigner sur le vaccin contre la grippe H1N1 à un moment donné?

Oui..... 1
 Non..... 2 ->Q36
 NSP/PDR..... 9 ->Q36

TENSRCLCALC

TENSRCL = (\$Q34A == 2) ? 1 : (\$Q34A == 1) ? 2 : 1

TENSRCL

iriez-vous chercher 1
 avez-vous cherché 2

Q35 [1,3]

Où &TENSRCL des nouvelles et de l'information sur le vaccin contre la grippe H1N1?

NE PAS LIRE LA LISTE; ACCEPTER JUSQU'À 3 RÉPONSES

Nouvelles à la télévision..... 1
 Émission sur la santé à la télévision 2
 Nouvelles à la radio 3
 Émission sur la santé à la radio 4
 Article de journal 5
 Magazine sur la santé 6
 Revue scientifique sur la santé 7
 Livres/bibliothèque..... 8
 Sites Web/Internet 9
 Médecin (p. ex., médecin de famille) 10
 Infirmière ou autre professionnel de la santé..... 11
 Hôpital/clinique sanitaire..... 12
 Pharmacien 13
 École 14
 Santé Canada 15
 Agence de santé publique du Canada 16
 Famille ou amis 17
 Hygiène publique 18

Autre réponse (préciser)-> AQ35; C300 L4 C80	77	B
NSP/PDR.....	99	BX

Q36 [1,6]

À qui feriez-vous le plus confiance pour obtenir une information exacte et complète sur le vaccin contre la grippe H1N1?

NE PAS LIRE LA LISTE - ACCEPTER TOUTE RÉPONSE PERTINENTE si le répondant dit «les milieux médicaux», lui demander à qui ou à quoi il pense précisément (son médecin, des spécialistes médicaux, Santé Canada ou l'Agence de santé publique du Canada, les infirmières, etc.?)

Agence de santé publique du Canada	1	
Gouvernement du Canada	2	
Gouvernement provincial	3	
Milieux scientifiques/chercheurs/universités.....	4	
Votre médecin de famille/un généraliste	5	
Pharmacien	6	
Infirmière ou autres professionnels de la santé/hôpitaux/cliniques	7	
Nouvelles dans les médias.....	8	
Famille/amis	9	
Praticiens de médecine traditionnelle/aînés.....	10	
Santé Canada	11	
Spécialistes médicaux-autorités sanitaires.....	12	
Autre réponse (veuillez préciser)-> AQ36; C200 L4 C80	77	B
Je ne sais pas/Incertain	99	BX
SOURCES EN LIGNE, EN GÉNÉRAL (P. EX., MOTEURS DE RECHERCHE, SITES D'INFORMATION MÉDICALE/WEB MD, SITES WEB EN GÉNÉRAL)		
	13	I
LIGNES OUVERTES, LIGNES D'INFORMATION (P. EX., INFO-SANTÉ)	14	I
PRATICIENS DE MÉDECINE DOUCE/ALTERNATIVE (P. EX., HOMÉOPATHE, NATUROPATHE)		
	15	I
MOI-MÊME, MES PROPRES RECHERCHES	16	I
TRAVAIL, EMPLOYEUR	17	I
Hygiène publique	18	

DEMIN [0,0]

Les dernières questions visent à mieux comprendre vos réponses précédentes et ne serviront à aucune autre fin. Toutes vos réponses seront traitées de manière absolument confidentielle.

Q37

If... PARNT.EQ.1

Combien d'enfants de moins de 18 ans avez-vous?

Nombre :-> AQ37; N2.0 [1-98]..... 77
 NSP/PDR..... 99 BX

Q37B [1,4]

If... PARNT.EQ.1

Quel âge a-t-il/ont-ils?

NOTER TOUTE RÉPONSE PERTINENTE

Moins de 2 ans..... 1
 2-5 ans 2
 6-11 ans 3
 12 ans ou plus 4
 NSP/PDR..... 9 X

Q38A

If... SEX.EQ.2

Certains segments de la population sont plus à risque/plus inquiets en ce qui concerne la grippe H1N1 et le vaccin. Êtes-vous enceinte?

Oui..... 1
 Non 2
 NSP/PDR..... 9

Q38B

Est-ce qu'un médecin ou un autre professionnel de la santé vous a dit que vous aviez l'un ou l'autre des troubles médicaux suivants : maladie cardiaque ou pulmonaire, asthme, maladie du rein, diabète ou maladie qui affaiblit le système immunitaire, comme le cancer ou le VIH/sida?

Si c'est oui à 1 ou 2, ne pas poursuivre l'énumération – on veut oui/non à l'un ou l'autre des troubles

Oui..... 1
 Non 2
 NSP/PDR..... 9

Q40

Puis-je vous situer dans l'un des groupes d'âges suivants?

LIRE LA LISTE

16-19 ans	1
20—24 ans.....	2
25-29 ans	3
30-34 ans	4
35-44 ans	5
45-54 ans	6
55-64 ans	7
65 ans ou plus	8
(NE PAS LIRE) NSP/PDR.....	99

Q41

Quel est le plus haut niveau de scolarité que vous avez atteint?

Lire la liste, au besoin

Un peu d'école secondaire ou moins	1
Diplôme d'études secondaires	2
Un peu d'études collégiales.....	3
Diplôme de collège communautaire/école technique ou CEGEP.....	4
Diplôme d'un collège privé	5
Un peu d'études universitaires	6
Baccalauréat	7
Diplôme d'études supérieures	8
(NE PAS LIRE) Je ne sais pas/Pas de réponse.....	99

Q42

Quel est le revenu annuel de votre MÉNAGE, de toutes sources et avant impôts?

Lire la liste, au besoin

<10 000\$.....	1
10 000\$-19 999\$.....	2
20 000\$-29 999\$.....	3
30 000\$-39 999\$.....	4
40 000\$-49 999\$.....	5
50 000\$-59 999\$.....	6
60 000\$-79 999\$.....	7
80 000\$-99 999\$.....	8
100 000\$-119 999\$.....	9
120 000\$ ou plus	10
(NE PAS LIRE) Je ne sais pas/Pas de réponse.....	99

Q43

If... RURALE.Q.0

D'après vous, à quelle distance d'un grand centre urbain votre collectivité se trouve-t-elle?

Lire la liste, au besoin

Moins de 50 km.....	1
50-100 km.....	2
101-200 km.....	3
201-300 km.....	4
Plus de 300 km	5
(NE PAS LIRE) Je ne sais pas/Pas de réponse.....	99

Q44A

Vous considérez-vous comme un Autochtone en vertu de vos ancêtres?

Oui.....	1
Non.....	2
NSP/PDR.....	9

Q44B

If... Q44A.EQ.1

Vous considérez-vous comme un...

LIRE LA LISTE

Membre d'une Première Nation	1	
Métis.....	2	
Inuit	3	
Autre.....	77	B
NSP/PDR.....	99	B

Q44C

If... Q44B.EQ.1

Habitez-vous normalement dans une réserve pendant plus de six mois par année?

Oui.....	1
Non.....	2
NSP/PDR.....	9

QEND

1.....	1
--------	---

COMM

Auriez-vous des commentaires à ajouter?

Oui (veuillez préciser)-> ACOMM; C350 L3 C75 1
Non 2

THNK [0,0]

Voilà toutes les questions que j'avais à vous poser. Merci de m'avoir accordé de votre temps.

APPENDIX B

SURVEY RESPONSE RATE

SEASONAL & H1N1 VACCINES STUDY RESPONSE RATE				
	Final Disposition	#	Totals	# of Calls
Unused			271	
A Invalid numbers			4264	5898
	BC - Blocked by Bell	47		100
	BU - Business/Fax /Modem	749		1313
	DU - Duplicate Number			
	NF - Invalid Number	3468		4485
B Unresolved (U)			10957	39695
	AM - Callback in 2 hrs	5303		23854
	AP - Callback - Specific time/date	371		1568
	EV - Evening Call Request			
	FR - French Household	137		705
	HO - Head Office - Unreachable 1-800#'s			
	Incomplete			
	NA - Callback in 12 hrs	5135		13524
	ON - Will go Online to Complete Survey			
	RH - Referred to Head Office			
	RT - Number Retired			
	SA - Soft AP - Date/Time Required			
	X - Exit without Dialling	11		44
C Non-responding, unknown eligibility				
D Ineligible (R)			384	769
	IG - Ineligible	18		39
	LN - Language Barrier	355		708
	QF - Quota Filled	11		22
E In-Scope, Non-responding, eligible (IS)			7039	14236
	IR - Incomplete Refusals	95		181
	RF - Refusal	6915		13979
	UN - Unavailable within Project Timeframe	29		76
F Completed interviews (R)			3836	8242
	Complete	3836		8242
TOTALS		26480	26480	68840
Response Rate Table (R/(U+IS+R))				
	Method (MRIA formulas)	Outcome		
	Empirical Method	Response Rate	19.00%	
	Estimation Method	Eligibility Rate	96.60%	
		Response Rate	17.90%	

APPENDIX C

FOCUS GROUP SCREENER



Respondent Name: _____

Home Phone #: _____

Group: _____

Recruiter: _____

RECRUIT 11 (to get 8 or 9) PER GROUP

Hello, my name is _____ from EKOS Research, a Canadian public opinion research company. We are conducting a study on behalf of the Government of Canada which involves a series of group discussions with Canadians who are 18 years of age or older on the topic of H1N1, sometimes also called the Swine Flu.

Your participation in the research is completely voluntary and your decision to participate or not will not affect any dealings that you may have with EKOS Research or the Government of Canada. By being involved in the discussion, you will help the government improve the way it communicates its messages to Canadians in communities like yours. The information is being collected under the authority of the Privacy Act and other applicable privacy laws. The full names of participants will not be provided to the government or any other third party. Also, the government will only receive the final results of the study in the form of a report, which will contain non-identifying aggregate information. May I continue? **(If “no”, thank and terminate)**

The session will last a maximum of 2 hours and you will receive a cash honorarium as a thank you for attending the session. May we have your permission to ask you some further questions to see if you fit in our study?

Yes.....1

No.....2 – **THANK AND TERMINATE**

INDICATE:

Male.....1 – Try for a mix

Female.....2

City		Type of Group	Time and Date
Saskatoon	Grp 1	Gen Pop 18-29 yrs old (English)	October 13th, 5:30-7:30pm
	Grp 2	Gen Pop 30+ yrs old (English)	October 13th, 7:30-9:30pm
	Grp 3	Aboriginal 18-29 yrs old (English)	October 14th, 5:30-7:30pm
	Grp 4	Aboriginal 30+ yrs old (English)	October 14th, 7:30-9:30pm
Sioux Lookout	Grp 5	Aboriginal 18-29 yrs old (English)	October 14th, 5:30-7:30pm
	Grp 6	Aboriginal 30+ yrs old (English)	October 14th, 7:30-9:30pm
Rankin Inlet	Grp 7	Aboriginal 18-29 yrs old (English)	October 15th, 5:30-7:30pm
	Grp 8	Aboriginal 30+ yrs old (English)	October 15th, 7:30-9:30pm
Montreal	Grp 9	Gen Pop 18-29 yrs old (French)	October 15th, 5:30-7:30pm
	Grp 10	Gen Pop 30+ yrs old (French)	October 15th, 7:30-9:30pm
St. John's	Grp 11	Gen Pop 18-29 yrs old (French)	October 19th, 5:30-7:30pm
	Grp 12	Gen Pop 30+ yrs old (French)	October 19th, 7:30-9:30pm
Manawan	Grp 13	Aboriginal 18-29 yrs old (French)	October 20th, 5:30-7:30pm
	Grp 14	Aboriginal 30+ yrs old (French)	October 20th, 7:30-9:30pm

1. Are you or is any member of your household or immediate family employed in:

	No	Yes
An advertising agency	()	()
A market research company	()	()
The media (Print, Radio, TV, Internet)	()	()
The health profession	()	()

IF YES TO ANY OF THE ABOVE – THANK AND TERMINATE

2. May I have your age, please?

SPECIFY

Under 18 years.....1 – **THANK AND TERMINATE**
18 – 29 years.....2 Grp 1, 3, 5, 7, 9, 11, 13
30+ years3 Grp 2, 4, 6, 8, 10, 12, 14

3. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you, in voicing your opinions in front of others, in English/French? Are you....

Very Comfortable.....1
Comfortable.....2
Fairly Comfortable.....3
Not Very Comfortable.....4 – **THANK AND TERMINATE**
Very Uncomfortable.....5 – **THANK AND TERMINATE**

4. Some participants in group discussions are asked to read a short document. How would you rate your ability to, for example, read and comprehend a newspaper? Are you....

Very Able.....1
Able.....2
Reasonably Able.....3
Not Very Able.....4 – **THANK AND TERMINATE**
Very Unable.....5 – **THANK AND TERMINATE**

5. Have you ever attended a focus group or one to one discussion for which you have received a sum of money?

Yes.....1
No.....2 – **SKIP TO Q. 6**

- 5b. When did you last attend one of these discussions?

TERMINATE IF IN THE PAST 6 MONTHS

6. If MALE - Can you tell me if there is anyone in the household who is currently pregnant? IF YES, ask if it is possible to speak with this person as some groups may have a different level of concern around H1N1 and vaccines and it would be really useful for us to speak with some of these people in the group.
IF FEMALE – Are you currently pregnant, or is there someone else in the household who is (as it would be really useful for us to speak with you/them in the group)?

Yes.....1 – **2 per group**
No.....2

If referring someone, obtain full name and phone number:

7. Do you have a child or children under the age of 18 years old who currently live with you? If YES, what is the age of the child or children?

Yes.....1 – 2 per group

No.....2

Note age of child/children: _____

8. Have you or has someone in your household been diagnosed with respiratory disease (such as asthma), cardiovascular disease, diabetes or immunosuppression? IF YES, ask if you are speaking with this person. IF NOT, ask whether it would be possible to speak with this person as some groups may have a different level of concern and would be really useful for us to speak with some of these people in the group.

Yes.....1 – 2 per group

No.....2

9. **[On-reserve ONLY]** Do you live on-reserve for more than 6 months in an average year?

Yes.....1

No.....2 –THANK and **TERMINATE**

NOTE: IF RESPONDENT OFFERS ANY REASON SUCH AS SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY – THANK AND TERMINATE

IMPORTANT:

The **focus group** is 2 hours in length, but we are asking that all participants arrive 10 minutes prior to the start time of the session. Are you able to be at the facility 10 minutes prior to the session time?

Yes.....1

No.....2 – **TERMINATE**

As mentioned, the group discussion will last approximately 2 hours and we offer each participant a \$65 [GEN POP]; \$75 [ABORIGINAL] cash gift as a token of our appreciation. I should also tell you that the groups will be audio and or video taped for research purposes and members of the research team may be observing the discussion from an adjoining room. Everything you say will be kept confidential.

[] CHECK TO INDICATE YOU HAVE READ THE STATEMENT TO THE RESPONDENT.

City		Location	Time and Date
Saskatoon	Grp 1 & 2	Location details	October 13th
	Grp 3 & 4	Location details	October 14th
Sioux Lookout	Grp 5 & 6	Location details	October 14th
Rankin Inlet	Grp 7 & 8	Location details	October 15th
Montreal	Grp 9 & 10	Location details	October 15th
St. John's	Grp 11 & 12	Location details	October 19th
Manawan	Grp 13 & 14	Location details (on-reserve)	October 20th



Nom du répondant: _____ # à la maison : _____

Groupe: _____ **Recruteur** _____

Recruter 11 par groupe

Bonjour/Bonsoir, mon nom est _____ des Associés de recherche EKOS, une entreprise canadienne de recherche sur l'opinion publique. Nous avons été chargé par le Gouvernement du Canada d'entreprendre une étude sur le H1N1, aussi appelé grippe porcine, à l'aide d'une série de groupes de discussion avec des Canadiens âgés de 18 ans ou plus.

Votre participation à cette recherche est entièrement volontaire et votre décision d'y participer ou non n'affectera en rien les interactions que vous pourriez avoir avec EKOS ou le Gouvernement du Canada. En vous impliquant dans la discussion, vous aiderez le gouvernement à améliorer la façon dont il communique ses messages aux Canadiens dans des communautés comme la vôtre. Toute information recueillie, utilisée et/ou dévoilée sera utilisée qu'à des fins de recherche seulement et seront traitées conformément aux exigences de la Loi sur la protection des renseignements personnels. Le nom complet des participants ne sera pas communiqué au gouvernement ni à un tiers parti. De plus, le gouvernement recevra seulement les résultats finaux de l'étude sous la forme d'un rapport qui ne contiendra que de l'information globale non identifiée. Puis-je continuer? **(Si 'NON', remerciez et terminez)**

La session durera un maximum de 2 heures et vous recevrez une somme en argent comptant en guise de remerciement pour votre participation. Puis-je avoir votre permission pour vous poser quelques questions afin de voir si vous vous qualifiez à notre étude?

Oui..... 1
Non..... 2 – **REMERCIER ET TERMINER**

INDIQUER:
ET FEMMES

Homme..... 1 – **ESSAYER UN MÉLANGE D'HOMMES**
Femme..... 2 –

Ville		Type de groupe	DATE ET HEURE:
Montréal	Grp 9	Pop générale 18-29 ans (Français)	15 octobre, 17h30
	Grp 10	Pop générale 30+ ans (Français)	15 octobre, 19h30

1. Est-ce que vous ou un membre de votre foyer ou de votre famille immédiate travaille ou a déjà travaillé en:

	Non	Oui
Agence de publicité	()	()
Recherche en marketing	()	()
Un média (Presse écrite, Radio, TV)	()	()
Une profession de la santé	()	()

SI "OUI" À UNE DES MENTIONS CI-DESSUS – REMERCIER ET TERMINER

2. Puis-je avoir votre âge, s.v.p.? _____ **PRECISER**
- Moins de 18 ans.....1 – **REMERCIER ET TERMINER**
 18 – 29 ans.....2 Grp 9
 30+ ans3 Grp 10
3. On demande aux participants d'exprimer leurs opinions et leurs pensées. Dans quelle mesure êtes-vous confortable d'exprimer votre opinion devant les autres? Êtes-vous....
- Très confortable..... 1
 Confortable..... 2
 Assez confortable..... 3
 Pas très confortable..... 4 - **REMERCIER ET TERMINER**
 Très inconfortable 5 - **REMERCIER ET TERMINER**
4. Certains des participants dans le groupe de discussion seront requis de lire un court document. Quel est votre capacité à lire et comprendre un journal, par exemple. Êtes-vous...
- Très capable.....1
 Capable.....2
 Raisonnablement capable.....3
 Pas très capable.....4 – **REMERCIER ET TERMINER**
 Incapable.....5 – **REMERCIER ET TERMINER**
5. Avez-vous déjà participé à un groupe de discussion ou à une entrevue face-à-face pour lequel vous avez reçu une somme d'argent?
- Oui.....1
 Non.....2 – **PASSER À LA Q.6**
- 5b. A quand remonte votre dernière participation à une de ces discussions?

TERMINER SI AU COURS DES 6 DERNIERS MOIS

7. SI HOMME – Pouvez-vous me dire s'il y a quelqu'un dans votre ménage qui est enceinte? SI OUI, demandez s'il est possible de parler avec cette personne puisque certains groupes peuvent avoir un niveau différent de préoccupation avec le H1N1 et les vaccins. Il serait donc très utile pour nous de pouvoir parler avec ces personnes dans un groupe de discussion.
 SI FEMME – Êtes-vous enceinte, ou y a-t-il quelqu'un d'autre dans votre ménage qui l'est (car il nous serait très utile de parler avec vous ou elles dans un groupe de discussion).
 Oui.....1 – **2 par groupe**
 Non.....2

Si la personne réfère quelqu'un, veuillez obtenir le nom complet ainsi que le numéro de téléphone

7. Avez-vous un ou des enfants en-dessous de l'âge de 18 ans qui habitent avec vous en ce moment? SI OUI, quel est l'âge de votre ou vos enfants?

Oui.....1 – 2 PAR GROUPE
Non.....2

Notez l'âge de l'enfant/des enfants: _____

9. Avez-vous, vous ou un membre de votre ménage, été diagnostiqué avec une maladie respiratoire (tel que l'asthme), une maladie cardio-vasculaire, du diabète ou de l'immunosuppression. SI OUI, demandez si vous parlez bien à cette personne. SI NON, demandez s'il est possible de parler avec cette personne puisque certains groupes peuvent avoir un niveau d'inquiétude différent et il serait très utile de parler avec ces personnes dans un groupe de discussion.

Oui.....1 – 2 par groupe
Non.....2

9. **[DANS UNE RÉSERVE SEULEMENT]** Vivez-vous dans une réserve pour une période de plus de 6 mois dans une année?

Oui.....1
Non.....2 – REMERCIER ET TERMINER

NOTE: SI LE RÉPONDANT MENTIONNE UN PROBLÈME VISUEL OU AUDITIF, UN PROBLÈME À ÉCRIRE OU A S'EXPRIMER, UN PROBLÈME À COMMUNIQUER DE FAÇON EFFICACE - REMERCIER ET TERMINER

IMPORTANT:

La session durera 2 heures, mais nous demandons à tous les participants d'arriver 10 minutes avant le début de la session. Est-il possible pour vous d'être présent 10 minutes avant le début de la session?

Oui.....1
Non.....2 – TERMINER

Tel que mentionné, le groupe de discussion durera 2 heures et nous offrons à chaque participant la somme de 65.00 \$ en argent comptant en guise de remerciement pour sa participation. Je dois aussi vous dire que la rencontre sera enregistrée sur bande audio et ce dans un but de recherche et des membres de l'équipe de recherche observeront à partir d'une pièce voisine. Tout ce que vous direz restera strictement confidentiel.

[] COCHER AFIN D'INDIQUER QUE L'ÉNONCÉ A ÉTÉ LU AU RÉPONDANT

MONTREAL

Groupe 9

Jeudi

15 octobre

17h30

FRANÇAIS

Groupe 10

Jeudi

15 octobre

19h30

FRANÇAIS

INCITATIF: 65.00\$

DURÉE DU GROUPE: 2 HEURES

ENDROIT:

Montréal

Ad Hoc Recherche

1250, rue Guy

Bureau 900

514.937.4040

APPENDIX D

FOCUS GROUP MODERATOR'S GUIDE

H1N1 FLU VACCINE
MODERATOR'S GUIDE
GENERAL PUBLIC / FIRST NATIONS ON-RESERVE / INUIT
OCTOBER 9, 2009

1. INTRODUCTION (5 MINUTES)

- Explanation of format and “ground rules”:
- Purpose of the discussion.
- Discussion is being audio taped for research purposes.
- All comments are confidential.
- Please try to speak one at a time. There aren't any right or wrong answers to the things we'll be talking about — we're just looking for your honest opinions.
- It's okay to disagree. Please speak up even if you think you're the only one who feels a certain way about an issue.
- Moderator's role: raise issues for discussion, watch for time and make sure everyone has a chance to participate.
- Participant introductions: Your first name only and what you like to do in your free time.
- Questions?

2. WARM-UP (10 MINUTES)

1. I'd like to start by asking you what you know or have been hearing about H1N1, also sometimes referred to as Swine Flu? What have you been hearing about it?
 - Is there anyone here who hasn't heard about H1N1, also sometimes referred to as Swine Flu?
2. How are you feeling about H1N1? Is it worrisome? Do you think that it is understated or overstated in the media?
3. What are your concerns and questions surrounding H1N1?

3. EXPECTED VACCINE BEHAVIOUR (25 MINUTES)

4. What do you think about vaccines to prevent diseases?
 - Do you think that they work? Do you think that they are safe? Do you worry about side effects?
 - Do you generally get vaccines for the flu each year, for example?
5. How many of you are aware that a vaccine is currently being produced for H1N1? And, what do you think about the vaccine?
 - Do you think that it will be effective in protecting Canadians against contracting H1N1? Why? Why not? (*Probe for effectiveness of seasonal flu vaccine and guessing strains in advance, and for timing of H1N1 vaccine availability.*)
 - Are you wondering or worried about side effects? What are you concerned about (what kind of side effects)?
6. Have any of you heard about a product in the H1N1 vaccine called adjuvant? What have you heard about it?

In fact, there is a substance in the Canadian H1N1 vaccine called an adjuvant that is designed to increase the effectiveness of the vaccine. Everyone will be getting this version, with the exception of some at-risk segments of the population, such as pregnant women, who will receive a non-adjuvanted version of the vaccine

- Are you worried or have any concerns about adjuvant in the H1N1 vaccine (e.g., side effects)? What are your concerns?
- What information would you want to have to feel reassured that adjuvant is safe?

- ◇ Probe for: given that adjuvant has been included in other vaccines for many years (e.g. Tetanus, Polio, Hep A and B), it is being made from natural ingredients (oil, water, vitamin E), it has been tested with over 39,000 people around the world in clinical trials.
- 7. How many of you think that you will get the H1N1 vaccine when it is available later this fall?
 - Why would you choose to get it/not to get it?
 - ◇ Probe for concerns about confusing/sketchy or conflicting information, issues about effectiveness and need, safety and side effects not already mentioned), that it has an adjuvant.
 - Do you think that some of your family members / friends will get it and not others? Why would that be? What are the things you are considering?

4. COMMUNICATIONS (10 MINUTES)

- 8. So, we've talked about what H1N1 is and about getting or not getting the vaccine, I'd like to ask you where you are getting information about H1N1 and the vaccine?
 - News sources (television, radio, newspapers, magazines Internet sites). Which ones?
 - Talking with your health care provider
 - Information from schools, churches and community groups
 - Discussing it with your friends and family
- 9. And how are you feeling about that information? Are you getting what information you need to be able to make decisions about the vaccine?
 - Is it good information, too complicated, conflicting, confusing?
 - What about the amount? Is it too much or too little information, or the right amount? Is it reassuring to get information or are you tired of hearing about it?
 - How does it make you feel about making a decision about getting vaccinated for H1N1?
- 10. Who are you hearing from mostly? What kind of spokespeople? What kind of spokesperson do you want to hear from about the H1N1 vaccine? Why? (expertise, trust, responsibility, attention on issue). Is there one person or source that seems to stand out for you as the best source right now? Why?

5. TESTING OF MESSAGES AND COMMUNICATIONS (70 MINUTES)

I would like to take some time to show you some messages and advertisements that are being considered for reaching Canadians with a message about getting the H1N1 vaccine. I'd like to go through those with you now and get your reactions to each.

11. First, I'd like to hand out another sheet, this time with some messages on it and ask you to react to each one by rating it for is how clear it is, and then how convincing it is in telling Canadians about getting the H1N1 vaccine. Then I would like you to indicate the 2-3 most convincing arguments or facts and tell me what you like most about it or why or how it does the job of informing or convincing you.

- *Hand out with 8 messages (gen pop)/10 messages (FN/I) with 4 columns (clarity, informative, convincing, most convincing) → give participants 5 minutes*
- Which ones were best and why? Which ones didn't you like and why? Is it about clarity, information, believability?

12. Now, I would like to have you look at a print ad that is being considered by the Government of Canada. Have a look at what it says and how it is laid out and what is seems to convey to you. *(Give everyone a few minutes).*

- What is the main thing the ad is saying? What are the main messages?
- How clear is the ad? Is it easy to understand?
- What do you think of Knowledge is the Best Defence? Is it memorable? Would you identify with this
- Does it provide you with the right kind of information? What about the list of immunization priorities? Is this a clear list and is it helpful to know this?
- How do you like the ad? Is there anything you don't like about it or find unclear/confusing? Is there anything that you particularly like about it?
- Does it do a good job of conveying the message? What about the tone? Is this the right type of print ad to reach out to Canadians about getting the H1N1 vaccine?
- Do you think that if you read one of these print ads it would influence your decision about getting or not getting the vaccine? How and why?
- Would you go to the fightflu.ca website or talk to your health care provider after seeing this ad?
- Do you find the ad relevant? Is it credible/believable

- Where would you see this ad doing the most good/being seen the most/ the best context for getting the word out on this particular issue?
13. Now, I'd like to have you read a script that might be used for a radio ad from the Government of Canada and then give me your impressions in the same way you just did. Then we'll break it down in more detail
- *Have participants read script*
 - What is the main thing the ad is saying?
 - How clear is the ad? Is it easy to understand?
 - Do you believe what the ad is saying about the vaccine protecting you and those around you who may be at risk? Is it conveying a relevant message?
 - How do you like the ad? Is there anything you don't like about it or found unclear/confusing? Is there anything that you particularly like about it?
 - Does it do a good job of conveying the message? Why/why not? What about the tone?
 - Have you heard or seen Dr. David Butler-Jones in the news before? Is he a believable spokesperson for the H1N1 vaccine? Why/why not? If not, who do you think would be a believable spokesperson?
 - Is this the right type of radio ad to reach out to Canadians about getting the H1N1 vaccine?
 - Do you think that if people heard one of these radio ads it would change their minds about getting or not getting the vaccine? How and why?
 - Would you go to the fightflu.ca website or call 1-800 O-Canada after hearing this ad? Would you go somewhere else to look for more information?
14. Now, I'd like to go through some pictures of what a television ad might look like for the Government of Canada and get your impressions in the same way we just did and then we'll break it down in more detail
- *Go through storyboard*
 - What is the main thing the ad is saying? What are the main messages?
 - How clear is the ad? Is it easy to understand?
 - Does it provide you with the right kind of information?
 - How do you like the ad? Is there anything you don't like about it or found unclear/confusing? Is there anything that you particularly like about it?

- What do you think of the different situations and types of people that the ad used to convey the message (probe for: nurse, teacher, man, doctor)? Are they relevant and clear and appropriate? Are these good images to use do you think? Are these believable situations?
 - Does it do a good job of conveying the message? Why/why not? What about the tone?
 - Is this the right type of television ad to reach out to Canadians about getting the H1N1 vaccine?
 - Do you think that if people saw one of these television ads it would change their minds about getting or not getting the vaccine? How and why?
 - Would you go to the fightflu.ca website or call 1-800 O Canada to get more information about the H1N1 vaccine as a result of this ad?
15. Now that we have reviewed some messages and looked at print, radio and television ads, I'd like to ask one last question before you go. What do you think that the Government of Canada (and maybe governments in general) should be telling Canadians about the H1N1 vaccine? What message or type of information should they be conveying?
- What would you advise anyone who is in charge of developing advertisements on this topic for the Government to do or keep in mind?
 - What approach would you take (e.g., message, tone) if you were responsible for reaching out to Canadians and telling them about the H1N1 vaccine?

6. WRAP-UP (2 MINUTES)

16. Do you have anything to add before we end our discussion?

THANK YOU VERY MUCH FOR YOUR PARTICIPATION

VACCINATION CONTRE LA GRIPPE H1N1
GUIDE DU MODÉRATEUR
GRAND PUBLIC / PREMIÈRES NATIONS - RÉSERVE / INUITS
9 OCTOBRE 2009

1. INTRODUCTION (5 MINUTES)

- Explanation of format and “ground rules”:
- Purpose of the discussion.
- Discussion is being audio taped for research purposes.
- All comments are confidential.
- Please try to speak one at a time. There aren't any right or wrong answers to the things we'll be talking about — we're just looking for your honest opinions.
- It's okay to disagree. Please speak up even if you think you're the only one who feels a certain way about an issue.
- Moderator's role: raise issues for discussion, watch for time and make sure everyone has a chance to participate.
- Participant introductions: Your first name only and what you like to do in your free time.
- Questions?

2. ENTRÉE EN MATIÈRE (10 MINUTES)

1. Pour commencer, je vais vous demander ce que vous savez ou avez entendu dire au sujet de la grippe H1N1 qu'on appelle aussi parfois la grippe porcine? Qu'est-ce que vous en avez entendu dire?
 - Y a-t-il quelqu'un ici présent qui n'a pas entendu parler de la grippe H1N1 qu'on appelle aussi parfois la grippe porcine?
2. Quelles sont vos impressions au sujet de la grippe H1N1? Êtes-vous inquiet? Trouvez-vous qu'on sous-estime ou qu'on exagère la situation dans les médias?
3. Quelles sont vos inquiétudes et questions à propos de la grippe H1N1?

3. COMPORTEMENT PROBABLE RELATIF À LA VACCINATION (25 MINUTES)

4. Que pensez-vous des vaccins pour ce qui est de prévenir des maladies?
 - Les croyez-vous efficaces? Les croyez-vous sécuritaires? Êtes-vous inquiet de leurs effets secondaires?
 - Par exemple, vous faites-vous vacciner chaque année contre la grippe?
5. Combien d'entre vous savent qu'il y a un vaccin contre la grippe H1N1 en voie de préparation? Et que pensez-vous de ce vaccin?
 - Pensez-vous qu'il sera efficace pour ce qui est de protéger les Canadiens contre le virus de la grippe H1N1? Pourquoi? Pourquoi pas? (*Approfondir : efficacité du vaccin contre la grippe saisonnière, besoin de deviner les prochaines souches et disponibilité en temps opportun du vaccin contre la grippe H1N1.*)
 - Êtes-vous curieux ou inquiet des effets secondaires? Que craignez-vous le plus (quelle sorte d'effets secondaires)?
6. Y en a-t-il parmi vous qui ont entendu parler d'un produit appelé adjuvant dans le vaccin contre la grippe H1N1? Qu'est-ce que vous en avez entendu dire?

En fait, il existe dans le vaccin canadien contre la grippe H1N1 une substance appelée adjuvant, qui a pour but d'accroître l'efficacité du vaccin. Tout le monde va recevoir cette formule sauf certains segments à risque de la population, comme les femmes enceintes, qui recevront un vaccin sans adjuvant.

- Êtes-vous inquiet ou préoccupé au sujet d'un adjuvant dans le vaccin contre la grippe H1N1 (p. ex., effets secondaires)? Qu'est-ce qui vous préoccupe?
- De quels renseignements auriez-vous besoin pour vous rassurer quant à la sécurité de l'adjuvant?
 - ◇ Approfondir : étant donné que l'adjuvant est employé dans d'autres vaccins depuis de nombreuses années (p. ex., contre le tétanos, la polio, l'hépatite A et B), qu'il se compose d'ingrédients naturels (huile, eau, vitamine E), que le vaccin a fait l'objet d'essais cliniques auprès de plus de 39 000 personnes à travers le monde.

7. Combien d'entre vous prévoient se faire vacciner contre la grippe H1N1 quand le vaccin sera disponible plus tard cet automne?

- Pourquoi choisirez-vous de vous faire ou de ne pas vous faire vacciner?
 - ◇ Approfondir : renseignements qui portent à confusion, sont rudimentaires ou contradictoires, inquiétude au sujet de l'efficacité et du besoin, de la sécurité et des effets secondaires (non mentionnés jusqu'ici), présence d'un adjuvant.
- Diriez-vous que certains des membres de votre famille ou de vos amis vont se faire vacciner tandis que d'autres ne le feront pas? Pourquoi, selon vous? À quoi pensez-vous en particulier?
- Qu'en est-il de vos parents, et que pensez-vous de l'idée de faire vacciner vos enfants contre la grippe H1N1? Pensez-vous les faire vacciner? Trouvez-vous que vous possédez toute l'information voulue pour prendre cette décision?

4. COMMUNICATIONS (10 MINUTES)

8. Après avoir parlé de la grippe H1N1 et de l'idée de se faire ou non vacciner, j'aimerais maintenant savoir où vous prenez votre information sur la grippe H1N1 et le vaccin?

- Sources de nouvelles (télévision, radio, journaux, magazines, sites Internet). Lesquels?
- Conversation avec votre fournisseur de soins de santé
- Information donnée à l'école, à l'église, dans des groupes communautaires
- Discussion avec vos amis et votre famille

9. Et que pensez-vous de cette information? Obtenez-vous les renseignements dont vous avez besoin pour prendre vos décisions au sujet du vaccin?
- Cette information est-elle bonne, trop compliquée, contradictoire, porte-t-elle à confusion?
 - Et sa quantité? Est-ce trop, trop peu ou la bonne quantité d'information? Est-ce rassurant de recevoir de l'information ou êtes-vous fatigué d'en entendre parler?
 - Comment cela influe-t-il sur votre décision de vous faire ou non vacciner contre la grippe H1N1?
10. D'où vous vient surtout l'information que vous recevez? De quel genre de porte-parole s'agit-il? De quel genre de porte-parole souhaitez-vous entendre parler du vaccin contre la grippe H1N1? Pourquoi? (expertise, confiance, responsabilité, attention portée au sujet). Y a-t-il quelqu'un ou quelque chose qui vous semble être présentement la meilleure source? Pourquoi?

5. MISE À L'ESSAI DE MESSAGES ET DE COMMUNICATIONS (70 MINUTES)

Je vais maintenant prendre un peu de temps pour vous montrer des messages et des annonces qui sont à l'étude dans le but d'amener les Canadiens et les Canadiennes à se faire vacciner contre la grippe H1N1. Nous allons les passer en revue et je vais vous demander dans chaque cas vos réactions.

11. D'abord, je vais vous remettre une feuille où sont écrits un certain nombre de messages, et vous demander de réagir à chacun en lui attribuant une note pour sa clarté et pour sa façon convaincante d'inviter les Canadiens à se faire vacciner contre la grippe H1N1. Ensuite, vous indiquerez quels sont les 2 ou 3 arguments ou faits les plus convaincants et je vous demanderai ce qui vous plaît par-dessus tout à leur sujet, pourquoi ou comment ils parviennent à vous informer ou à vous convaincre.
- *Remettre le feuillet comportant 8 messages (grand public)/10 messages (PN/I) sur quatre colonnes (clair, informatif, convaincant, le plus convaincant) → accorder 5 minutes aux participants*
 - Lesquels trouvez-vous les meilleurs, et pourquoi? Lesquels vous ont déplu, et pourquoi? Est-ce une question de clarté, d'information, de crédibilité?

12. Et maintenant, voici une publicité imprimée que le gouvernement du Canada envisage. Jetez un coup d'œil à ce qu'on y dit, à sa mise en page et au message qu'on semble vouloir vous transmettre. (*Accordez à chacune quelques minutes.*)

- Qu'est-ce que cette publicité vous dit surtout? Quels sont les principaux messages?
- Cette publicité est-elle claire? Est-elle facile à comprendre?
- Que pensez-vous de « S'informer, c'est se protéger »? Est-ce facile à se rappeler? Seriez-vous d'accord avec cette idée?
- Que diriez-vous si au lieu de la chercheuse dans son sarrau de laboratoire il y avait l'image du Dr David Butler Jones, médecin en chef de la santé publique du Canada, avec son nom et son titre d'écrits en-dessous? Est-ce que ce serait mieux? L'annonce tendrait-elle à être plus crédible?
- Y trouvez-vous le genre de renseignements qu'il vous faut? Que dites-vous de la liste des immunisations prioritaires? Est-elle claire et est-il utile de connaître ces priorités?
- Cette publicité vous plaît-elle? Y a-t-il quelque chose que vous n'aimez pas à son sujet ou que vous trouvez ambigu ou portant à confusion? Y a-t-il quelque chose qui vous plaît en particulier?
- Réussit-elle à bien transmettre le message? Que pensez-vous du ton employé? Est-ce le bon genre de publicité imprimée pour convaincre les Canadiens de se faire vacciner contre la grippe H1N1?
- L'une ou l'autre de ces publicités imprimées influencerait-elle sur votre décision de vous faire ou non vacciner? Comment et pourquoi?
- Consulteriez-vous le site Web combattezagrippe.ca ou votre fournisseur de soins de santé après avoir vu cette publicité?
- Trouvez-vous cette publicité pertinente? Est-elle crédible, digne de foi?
- Où cette publicité ferait-elle le plus de bien, serait-elle vue par le plus grand nombre, offrirait-elle le meilleur contexte pour de l'information sur cette question?

13. Je vais maintenant vous demander de lire le scénario d'une publicité radiophonique que le gouvernement du Canada envisage, et de me donner vos impressions comme vous venez de le faire. Nous l'étudierons ensuite plus en détails.

- *Demander aux participants de lire le scénario*
- Quel est le principal message de cette publicité?
- Est-elle claire? Est-elle facile à comprendre?

- Croyez-vous ce que dit cette publicité au sujet du vaccin qui vous protège, vous et ceux de votre entourage qui pourraient être à risque? Transmet-elle un message pertinent?
- Cette publicité vous plaît-elle? Y a-t-il quelque chose que vous n'aimez pas à son sujet ou que vous trouvez ambigu ou portant à confusion? Y a-t-il quelque chose qui vous plaît en particulier?
- Réussit-elle à bien transmettre le message? Que pensez-vous du ton employé?
- Avez-vous déjà vu ou entendu au bulletin de nouvelles le Dr David Butler-Jones? Est-il un porte-parole crédible pour le vaccin contre la grippe H1N1? Pourquoi/pourquoi pas? Si c'est non, qui serait d'après vous un porte-parole crédible?
- Est-ce une bonne sorte de publicité radiophonique pour convaincre les Canadiens de se faire vacciner contre la grippe H1N1?
- Pensez-vous qu'en entendant l'une de ces publicités à la radio les gens pourraient changer d'avis quant à l'obtention, oui ou non, du vaccin? Comment et pourquoi?
- Consulteriez-vous le site Web combattezagrippe.ca ou composeriez-vous le 1-800 O-Canada après avoir entendu cette publicité? Iriez-vous chercher ailleurs un complément d'information?

14. Voyons maintenant quelques images d'une publicité télévisée que le gouvernement du Canada pourrait envisager, après quoi vous me donnerez vos impressions comme vous venez de le faire. Nous l'étudierons ensuite plus en détails.

- *Regarder le scénarimage (storyboard)*
- Qu'est-ce que cette publicité vous dit surtout? Quels sont les principaux messages?
- Est-elle claire? Est-elle facile à comprendre?
- Vous apporte-t-elle la bonne sorte d'information?
- Cette publicité vous plaît-elle? Y a-t-il quelque chose que vous n'aimez pas à son sujet ou que vous trouvez ambigu ou portant à confusion? Y a-t-il quelque chose qui vous plaît en particulier?
- Que pensez-vous des diverses situations et des divers genres de personnes qui servent à transmettre le message dans cette publicité (approfondir : infirmière, enseignante, homme, médecin)? Est-ce pertinent, clair et approprié? Trouvez-vous que ce sont des images qu'il convient d'utiliser? Les situations vous semblent-elles crédibles?
- Est-il important que les personnages de la publicité soient de vraies personnes ou bien des comédiens? Pensez-vous que les gens vont remarquer la différence?

- Si l'une des vraies personnes était le Dr David Butler-Jones et qu'à la fin de la publicité il disait : « S'informer, c'est se protéger », est-ce que ce serait mieux? Est-ce que cela tendrait à être plus crédible?
 - Réussit-elle à bien transmettre le message? Pourquoi/pourquoi pas? Que pensez-vous du ton employé?
 - Est-ce une bonne sorte de publicité télévisée pour convaincre les Canadiens de se faire vacciner contre la grippe H1N1?
 - Pensez-vous qu'en voyant l'une de ces publicités à la télévision les gens pourraient changer d'avis quant à l'obtention, oui ou non, du vaccin? Comment et pourquoi?
 - Consulteriez-vous le site Web combattezlalagrippe.ca ou composeriez-vous le 1-800 O-Canada pour vous renseigner davantage sur le vaccin contre la grippe H1N1 après avoir vu cette publicité?
15. Après avoir examiné quelques messages et regardé des publicités imprimées ou destinées à la radio ou à la télévision, j'ai une dernière question à vous poser. Qu'est-ce que le gouvernement du Canada (et peut-être les gouvernements en général) devrait dire aux Canadiens à propos du vaccin contre la grippe H1N1? Quel devrait être le message ou le genre d'information à transmettre?
- Que conseillerez-vous de faire ou de garder à l'esprit à quiconque est chargé de mettre au point de la publicité sur cette question pour le gouvernement?
 - Quelle serait votre approche (p. ex., message, ton) si vous deviez vous adresser aux Canadiens au sujet du vaccin contre la grippe H1N1?

6. RÉCAPITULATION (2 MINUTES)

16. Aimeriez-vous ajouter quoi que ce soit avant de clore notre discussion?

MERCI BEAUCOUP DE VOTRE PARTICIPATION

APPENDIX E
FOCUS GROUP MATERIALS
(TESTING SHEET, PRINT, RADIO
AND TELEVISION ADS)

GENERAL PUBLIC**HOW CLEAR?**

1 = Not at all clear
10=Extremely clear

HOW INFORMATIVE?

1 = Not at all informative
10=Extremely informative

HOW CONVINCING?

1 = Not at all convincing
10=Extremely convincing

**MOST
CONVINCING
(choose 2-3)**

Immunization is the best way to protect yourself and those around you who might be at risk from the H1N1 flu virus.

#_____

#_____

#_____

Vaccines are safe. The dangers from vaccine-preventable diseases (like the flu) are many times greater than the risk of a reaction to the vaccine.

#_____

#_____

#_____

Thimerosal is used in the H1N1 vaccine to stabilize it. This helps maintain its quality during storage. Thimerosal does contain a small but safe amount of mercury. A can of tuna fish has 4 times the amount of mercury as the thimerosal in the H1N1 vaccine.

#_____

#_____

#_____

Vaccines can have side effects but they are usually mild. You need to weigh the risks of side effects with the risks of serious health problems if you catch the flu.

#_____

#_____

#_____

The most common side effects of the flu vaccine are soreness in the arm where the vaccine was given, hoarseness, sore or red eyes, itchiness and for some a mild fever.

#_____

#_____

#_____

Most people experience no side effects from the flu vaccine.

#_____

#_____

#_____

An adjuvanted vaccine is a vaccine that includes a substance that boosts an individual's immune system and increases their response to a vaccine. An unadjuvanted vaccine has no "booster" element.

#_____

#_____

#_____

There is no evidence that unadjuvanted vaccines are more safe than adjuvanted. Unadjuvanted vaccines just have fewer components.

#_____

#_____

#_____

GRAND PUBLIC**CLAIR?**1 = Pas du tout
10 = Parfaitement**INFORMATIF?**1 = Pas du tout
10 = Parfaitement**CONVAINCANT?**1 = Pas du tout
10 = Parfaitement**LE PLUS
CONVAINCANT
(en choisir 2-3)**

L'immunisation est la meilleure façon de se protéger et de protéger les gens dans notre entourage susceptibles d'attraper la grippe H1N1.

N° ____

N° ____

N° ____

Les vaccins sont sûrs. Les dangers associés à des maladies pouvant être prévenues par un vaccin (comme la grippe) sont de loin supérieurs au risque d'une réaction négative au vaccin.

N° ____

N° ____

N° ____

Le thimérosal entre dans la fabrication du vaccin contre la grippe H1N1 afin de le stabiliser et d'en maintenir la qualité pendant l'entreposage. Le thimérosal contient une quantité faible, mais sans danger de mercure. Une boîte de thon renferme quatre fois plus de mercure que le thimérosal présent dans le vaccin.

N° ____

N° ____

N° ____

Les vaccins peuvent avoir des effets secondaires, mais ils sont normalement bénins. Il faut soupeser le risque d'effets secondaires et le risque de problèmes de santé graves causés par la grippe.

N° ____

N° ____

N° ____

Les effets secondaires les plus courants du vaccin contre la grippe sont une douleur au bras où le vaccin est administré, un enrouement, des yeux rouges ou sensibles, des démangeaisons et, pour certains, un peu de fièvre.

N° ____

N° ____

N° ____

La plupart des gens n'ont aucun effet secondaire après l'administration du vaccin contre la grippe.

N° ____

N° ____

N° ____

Un vaccin avec adjuvant contient une substance qui stimule le système immunitaire et renforce la réponse au vaccin. Un vaccin sans adjuvant ne contient aucun élément « stimulant ».

N° ____

N° ____

N° ____

Rien n'indique que les vaccins sans adjuvant sont plus sécuritaires. Ils contiennent tout simplement un moins grand nombre de composants.

N° ____

N° ____

N° ____

FIRST NATIONS

HOW CLEAR?
1 = Not at all clear
10=Extremely clear

HOW INFORMATIVE?
1 = Not at all informative
10=Extremely informative

HOW CONVINCING?
1 = Not at all convincing
10=Extremely convincing

**MOST
CONVINCING
(choose 2-3)**

Immunization is the best way to protect yourself and those around you who might be at risk from the H1N1 flu virus.

#_____

#_____

#_____

Vaccines are safe. The dangers from vaccine-preventable diseases (like the flu) are many times greater than the risk of a reaction to the vaccine.

#_____

#_____

#_____

Thimerosal is used in the H1N1 vaccine to stabilize it. This helps maintain its quality during storage. Thimerosal does contain a small but safe amount of mercury. A can of tuna fish has 4 times the amount of mercury as the thimerosal in the H1N1 vaccine.

#_____

#_____

#_____

Vaccines can have side effects but they are usually mild. You need to weigh the risks of side effects with the risks of serious health problems if you catch the flu.

#_____

#_____

#_____

The most common side effects of the flu vaccine are soreness in the arm where the vaccine was given, hoarseness, sore or red eyes, itchiness and for some a mild fever.

#_____

#_____

#_____

Most people experience no side effects from the flu vaccine.

#_____

#_____

#_____

An adjuvanted vaccine is a vaccine that includes a substance that boosts an individual's immune system and increases their response to a vaccine. An unadjuvanted vaccine has no "booster" element.

#_____

#_____

#_____

There is no evidence that unadjuvanted vaccines are more safe than adjuvanted. Unadjuvanted vaccines just have fewer components.

#_____

#_____

#_____

All Canadians who want to be vaccinated, including First Nations, will have access to the vaccine.

#_____

#_____

#_____

The benefits of receiving the H1N1 vaccine outweigh the potential risks.

#_____

#_____

#_____

PREMIÈRES NATIONS

CLAIR?
1 = Pas du tout
10= Parfaitement

INFORMATIF?
1 = Pas du tout
10= Parfaitement

CONVAINCANT?
1 = Pas du tout
10= Parfaitement

LE PLUS CONVAINCANT
(en choisir 2-3)

L'immunisation est la meilleure façon de vous protéger, vous et ceux de votre entourage qui seraient susceptibles d'attraper le virus de la grippe H1N1.

#____

#____

#____

Les vaccins sont sécuritaires. Les dangers associés à des maladies pouvant être prévenues par un vaccin (comme la grippe) sont de loin supérieurs au risque d'une réaction négative au vaccin.

#____

#____

#____

Le thimérosal entre dans la fabrication du vaccin H1N1 afin de le stabiliser. Cela contribue à en maintenir la qualité pendant l'entreposage. Le thimérosal contient une quantité faible mais sécuritaire de mercure. Une boîte de thon renferme quatre fois plus de mercure que le thimérosal du vaccin H1N1.

#____

#____

#____

Les vaccins peuvent avoir des effets secondaires mais qui sont d'habitude légers. Il faut sopeser le risque d'effets secondaires et le risque de problèmes de santé graves causés par la grippe.

#____

#____

#____

Les effets secondaires les plus courants du vaccin contre la grippe sont de la douleur au bras où le vaccin a été donné, un enrouement, des yeux rouges ou sensibles, une démangeaison et, pour certains, un peu de fièvre.

#____

#____

#____

La plupart des gens n'éprouvent aucun effet secondaire après un vaccin contre la grippe.

#____

#____

#____

Un vaccin avec adjuvant comporte une substance qui stimule le système immunitaire et renforce la réponse au vaccin. Un vaccin sans adjuvant ne comporte pas d'élément « stimulant ».

#____

#____

#____

Rien n'indique que les vaccins sans adjuvant sont plus sécuritaires. Les vaccins sans adjuvant comportent tout simplement un moins grand nombre de composants.

#____

#____

#____

Tous les Canadiens qui veulent se faire vacciner, incluant les Premières Nations, auront accès au vaccin.

#____

#____

#____

Les bénéfices à recevoir le vaccin H1N1 surpassent les risques potentiels.

#____

#____

#____



WHAT YOU NEED TO KNOW ABOUT THE H1N1 FLU VACCINE

Immunization is the best way to protect yourself against the H1N1 flu virus. In Canada, we have enough vaccine for everyone who wants and needs it. Those who need it most will get it first.

Immunization priorities

- ▶ Pregnant women
- ▶ Children 6 months to less than 5 years of age
- ▶ People living in remote and isolated settings or communities
- ▶ Health care workers
- ▶ People under 65 with chronic conditions (Canadians over 65 have been less affected by the virus to date)
- ▶ Household contacts and care providers of persons at high risk who cannot be immunized
- ▶ People otherwise identified as high risk

For more information about the H1N1 vaccine, visit www.fightflu.ca, or talk to your health care provider.

**KNOWLEDGE IS
YOUR BEST DEFENCE**

www.fightflu.ca

or call 1 800 O-Canada (1-800-622-6232) TTY 1-800-926-9105



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada



CE QUE VOUS DEVEZ SAVOIR AU SUJET DU VACCIN CONTRE LA GRIPPE H1N1

La vaccination est le meilleur moyen de vous protéger du virus de la grippe H1N1. Le Canada a suffisamment de vaccins pour toutes les personnes qui en ont besoin et veulent le recevoir. Ceux qui en ont le plus besoin le recevront en premier.

Vaccinations prioritaires

- ▶ Enfants âgés de moins de cinq ans (et en particulier de moins de deux ans)
- ▶ Femmes enceintes
- ▶ Personnes atteintes d'une maladie chronique comme : maladie du cœur, diabète, asthme et maladie pulmonaire chronique, obésité grave, etc.
- ▶ Travailleurs du secteur de la santé
- ▶ Personnes vivant ou prenant soin de personnes à risque de complications ne pouvant être vaccinées à cause d'allergies ou pour d'autres raisons
- ▶ Personnes vivant dans des lieux/communautés éloignés ou isolés

Pour plus d'information au sujet du vaccin H1N1, visitez www.combattezlagrippe.ca ou communiquez avec votre professionnel de la santé.

**S'INFORMER, C'EST
SE PROTÉGER**

www.combattezlagrippe.ca

ou téléphonez au **1 800 O-Canada (1-800-622-6232)** ATS 1-800-926-9105



Agence de la santé
publique du Canada

Public Health
Agency of Canada

Canada

PHAC MARKETING APPROACH FALL 2009: 4 SCENARIOS*
H1N1 FLU VIRUS OUTBREAK RESPONSE

SCENARIO 3 (:30) - Immunization

SFX: Sound TAG

I'm Dr. David Butler-Jones - Canada's Chief Public Health Officer.

You can play a part in protecting yourself and the people around you who may be at risk from the H1N1 flu virus.

Get the H1N1 flu vaccine.

Canada has enough vaccine for everyone who wants and needs it.

To find out more about the H1N1 flu vaccine and the H1N1 flu virus, visit fightflu.ca or call 1 800 O-Canada.

Knowledge is your best defence.

A message from the Public Health Agency of Canada.

PHAC MARKETING APPROACH FALL 2009: 4 SCENARIOS*
H1N1 FLU VIRUS OUTBREAK RESPONSE

SCENARIO 3 (:30) – Vaccination – FRENCH

SFX : Sound TAG

Ici le Dr David Butler-Jones, médecin en chef de la santé publique du Canada.

Vous pouvez vous protéger du virus de la grippe H1N1, vous et les personnes de votre entourage qui pourraient être à risque.

Faites-vous vacciner contre le virus de la grippe H1N1.

Le Canada a suffisamment de vaccins pour toutes les personnes qui en ont besoin et veulent le recevoir.

Pour en savoir plus sur le vaccin contre la grippe H1N1 et le virus de la grippe H1N1, visitez combattezlalagrippe.ca ou composez le 1 800 O-Canada.

S'informer, c'est se protéger.

Un message de l'Agence de la santé publique du Canada.

3290 PHAC H1N1_Immunization (informing Canadians about the H1N1 vaccine)

:30s TV Storyboard_11/08/09



VIDEO
Nurse at flu-shot clinic. She has just given an injection,

AUDIO
Music: soft, ambient



VIDEO
and is ushering the smiling patient out from behind the curtain.

AUDIO
Nurse: "Immunization is the best way to protect yourself from the H1N1 flu virus..."



VIDEO
Cut to a female teacher in front of her grade 4 class. She is writing a math question on the chalkboard.



VIDEO
She turns to the camera and speaks.

AUDIO
Teacher: "To fight H1N1, Canada has enough vaccine for everyone who wants and needs it."



VIDEO
Cut to man bringing his pregnant wife a glass of milk;



VIDEO
he turns to the camera and speaks.

AUDIO
Man: "By getting vaccinated, you protect yourself and the people around you that may be at risk."



VIDEO
Cut to a doctor in a clinic setting, he is walking towards the camera, and he picks up a patient chart as he goes.



VIDEO
Close-up of doctor

AUDIO
Doctor: "When it comes to the H1N1 flu vaccine..."



VIDEO
Super titles fade in

SUPER
www.fightflu.ca 1 800 O-Canada
(1-800-622-6232) TTY 1-800-926-9105

AUDIO
Doctor: "... Knowledge is your best defence."



VIDEO
Background fades to white

SUPER
www.fightflu.ca 1 800 O-Canada
(1-800-622-6232) TTY 1-800-926-9105

AUDIO
V/O Doctor: "Visit fightflu.ca or call to learn more."



VIDEO
Dissolve to Canada Wordmark.

SUPER
Canada Wordmark

AUDIO
V/O Female announcer: "A message from the Government of Canada."

3290 PHAC H1N1_Immunization (informing Canadians about the H1N1 vaccine)

:30s TV Storyboard_10/09/09_V2



VIDÉO
Une infirmière dans une clinique de vaccination.
Elle vient de faire une injection et

AUDIO
Musique d'ambiance douce



VIDÉO
écarte le rideau pour laisser sortir un patient souriant.

AUDIO
Infirmière : « La vaccination est le meilleur moyen
de vous protéger du virus de la grippe H1N1... »



VIDÉO
On coupe à une enseignante dans une salle de classe,
devant des élèves de 4^e année. Elle est en train d'écrire
une question de mathématiques au tableau.



VIDÉO
Elle se tourne vers la caméra et s'adresse aux téléspectateurs.

AUDIO
Enseignante : « Le Canada a suffisamment de vaccins
pour toutes les personnes qui en ont besoin et veulent
le recevoir. »



VIDÉO
On coupe à un homme qui apporte un verre de lait
à sa femme enceinte.



VIDÉO
Il se tourne vers la caméra pour s'adresser aux
téléspectateurs.

AUDIO
Homme : « En vous faisant vacciner, vous vous protégez —
vous et les personnes de votre entourage qui pourraient
être à risque. »



VIDÉO
On coupe à un médecin dans un hôpital. Il se
dirige vers la caméra et saisit au passage le dossier
d'un patient.



VIDÉO
Gros plan sur le médecin

AUDIO
Médecin : « Quand on parle du vaccin contre la
grippe H1N1... »



VIDÉO
Fondu aux supers à l'écran

SUPER À L'ÉCRAN
www.combattezlagrippe.ca 1 800 O-Canada
(1-800-622-6232) ATS : 1-800-926-9105

AUDIO
Médecin (en voix hors-champ) : « ... s'informer, c'est
se protéger. »



VIDÉO
Fondu au blanc de l'arrière-plan

SUPER À L'ÉCRAN
www.combattezlagrippe.ca 1 800 O-Canada
(1-800-622-6232) ATS : 1-800-926-9105

AUDIO
Médecin (en voix hors-champ) : « Pour en savoir plus,
visitez combattezlagrippe.ca ou appelez. »



VIDÉO
Fondu enchaîné au mot-symbole Canada

SUPER À L'ÉCRAN
Mot-symbole Canada

AUDIO
Annonceur (voix de femme) : « Un message du
Gouvernement du Canada. »

