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**Press Release**

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**Release of survey findings on Hong Kong people’s psychosocial wellbeing under the COVID-19 pandemic and attitudes towards vaccination**

**Co-organized by Department of Social Work and Social Administration, HKU; Department of Counselling and Psychology, Hong Kong Shue Yan University (HKSYU); Department of Government and International Studies, Hong Kong Baptist University (HKBU), & Hong Kong Society for Rehabilitation (HKSR)**

At the anniversary of the first COVID-19 case in Hong Kong, the Department of Social Work and Social Administration at the University of Hong Kong (HKU) joined hands with Hong Kong Shue Yan University (HKSYU), Hong Kong Baptist University (HKBU) and Hong Kong Society for Rehabilitation (HKSR) to conduct an online survey on Hong Kong citizens’ adjustment to the year-long pandemic in late-January.

The survey findings comprise two parts – Part 1 on citizens’ psychosocial distress under the pandemic and Part 2 on citizens’ perceptions on COVID-19 vaccination. As the population with a chronic illness is likely to be prioritized in the upcoming vaccination programme, with the support from HKSR, the survey compared the responses of individuals with and without a chronic illness. It is hoped that the findings will foster a better understanding over COVID-19 vaccination among the local public.

The survey was conducted between 22 and 28 January. A total of 2,733 valid responses (Female/Male = 68.1%/31.9%; Mean age = 44.8, ranged from 18 to 89) were collected, with 921 respondents indicating having one or more chronic illnesses. The major findings are as follows:

1. A substantial portion of the respondents showed moderate to severe anxiety (21.8%), depression (18.3%) or post-traumatic stress symptoms (33.8%) that warrant professional emotional support (See Table 1); 21.5% of the respondents indicated two or more categories of moderate to severe psychological distress.
2. 39.7% lacked a supportive social network. Respondents with chronic illness were more likely to be socially isolated than those without (42.7% vs 38.3%).
3. 39.4% of respondents were willing to be vaccinated now if an authorised vaccine is available to them. The intention to vaccinate was higher among respondents with chronic illness (51.2%) than those without (33.3%). Respondents with higher trust to the government or experiencing more financial stress were more likely to vaccinate (See Table 2).
4. When choosing a vaccine, respondents cared most about the efficacy of the vaccine, followed by the chance of severe side effects (see Figure 1). Subsidizing vaccination was found to *reduce* the desirability of the vaccine, while medical insurance against severe side effects may *increase* the uptake. In general, an efficacy of 50% or lower and unknown likelihood of severe side-effects were the two most discouraging attributes.
5. After the respondents indicated their desired vaccine on the conjoint analysis, they were asked when they would be willing to be vaccinated with that option. 40.6% responses on the preferred time of vaccination fell on the last 10% of the vaccination order, suggesting a substantial reservation against early vaccination.
6. COVID-19 testing, intention to vaccinate and occurrence of a confirmed case nearby interacted to impact the preference of the time of vaccination. If the respondents have no intention to vaccinate now or there has been a confirmed case recently in their vicinity, having tested for COVID-19 would infer a preference for later vaccination on their chosen vaccine.

Based on the findings and the sharing from the patient representative, the research team has the following policy recommendations:

1. On relieving psychological distress and social isolation
2. Provide financial safety net for individuals whose finances and employment has been jeopardized by the pandemic as financial stress is the key risk for psychological distress.
3. Provide transparent and accurate pandemic-related information through trust-worthy channels to prevent excessive health anxiety.
4. Re-knit and strengthen community support to close the service gap on emotional support to those with chronic illness, and groups including males, youths, unemployed individuals, and those of higher infection risk in order to prevent the severe emotional sequelae of social isolation and financial stress.
5. On strengthening the vaccination programme
6. Vaccines should be made free-of-charge with medical insurance against serious side-effects for all citizens. An extra living subsidy can be made available to those with a chronic health condition to boost vaccine uptake.
7. Subsidies are unlikely to increase the willingness of vaccination and are thus unnecessary.
8. Information about the vaccines, especially their efficacy and side-effects, should be made as transparent as possible, as uncertainty and low trust to the authority were prominent factors against timely vaccine uptake.
9. The government may also consider the potential effect of virus testing in delaying citizens' preferred timing for vaccination through a false sense of protection against infection. The vaccine promotion campaign should focus on the protection effect of the vaccine.
10. The government may consider prioritizing vaccination for citizens who are more likely to vaccinate earlier, such as older citizens, patients with chronic illness and people in high-risk jobs.
11. Targeting population with chronic illnesses
12. Enhance frontline health professionals’ knowledge about COVID-19 vaccine in order to address enquires about the vaccine from patients with various types of chronic illnesses, hence increase their confidence and motivation to vaccinate.
13. Devote resources to social service organizations and self-help organizations of persons with chronic illnesses to provide more frequent engagement and support to population with chronic illnesses, screen for patients with severe social isolation and psychological distress, and hence provide timely interventions and follow-up actions.  
      
    *“Chronic illness patients are experiencing greater social isolation, but tend to have higher intention to vaccinate. We welcome the government prioritizing their vaccines toward this population, which will facilitate a head-start to the coming vaccination programme.”*

**Details of survey findings**

1. Distress under COVID-19 pandemic

Anxiety, depression and post-traumatic stress symptoms were measured by the Patient Health Questionnaire-4 (PHQ-4) and Chinese Impact of Event Scale-Revised (CIES-R). 21.8%, 18.3% and 33.8% of respondents showed moderate to severe anxiety, depression and post-traumatic stress symptoms in relation to the COVID-19 pandemic that warrant professional emotional support (See Table 1). 21.5% of respondents indicated two or more categories of moderate to severe psychological distress. Yet, the risks of psychological distress were similar between respondents with and without a chronic illness. Psychological distress was more common among respondents with lower education and higher financial stress. Of note, depression was more common among younger adults (18-39) than middle aged (40-59) and older adults (60+) (See Table 3).

Social isolation was measured with the Lubben Social Network Scale (LSNS). While about four in ten respondents reported being socially isolated, social isolation was more common among respondents with a chronic illness (42.7%) than those without (38.3%). Social isolation was also more common among male respondents as well as parents and those living with a disabled person.

While perceptions of higher infection risk, lower confidence to one’s preventive measures and less trust to the local medical sector were related to higher risk of distress, having been tested positive or quarantined were *not* found to be predictors of distress.

1. Intention to vaccinate

39.4% respondents indicated that they will vaccinate now if an authorised vaccine is available to them according to their age, occupation and health condition. The intention to vaccinate was higher among respondents with a chronic illness (51.2%) than those without (33.3%).

Respondents with a chronic illness were more likely to treat COVID-19 vaccination as a collective responsibility and a necessary solution to control the pandemic. However, respondents without a chronic illness tended to foresee more constraints against vaccination than respondents with a chronic illness. Both groups indicated a high preference for engaging in extensive information-seeking before making vaccination-related decision but relatively low confidence over the existing vaccination programme. (See Table 4)

For both groups, respondents who are male, older, having tested for COVID-19, experiencing more financial stress and placing greater trust on the local government were more likely to vaccinate (See Table 2).

1. Factors of consideration for vaccine

A conjoint analysis was conducted to examine the desirability of different attributes of a vaccine. Respondents were presented with two vaccine options; each was characterised by a set of six randomized attributes 1) efficacy of the vaccine, 2) likelihood of mild side-effects, 3) likelihood of severe side-effects, 4) pricing and subsidies, 5) whether insurance is provided to compensate for severe side-effects and whether a living subsidy is provided on top of the medical insurance, and 6) queuing time after registration for vaccination. Participants were asked to choose an option from the presented two with attributes randomized. The findings are as follows (see Figure 1):

* Respondents cared most about the efficacy of the vaccine when choosing between two options. Vaccines with an efficacy of 90% to 95% or above increased vaccination intention, while 50% to 70% or less discouraged vaccination.
* The second most important factor was the likelihood of severe side-effects. A vaccine was least preferred when the likelihood of severe side-effects was indicated as ‘unknown’. Respondents were relatively less sensitive to the likelihood of mild side-effects, yet a lower likelihood rendered higher desirability.
* A free vaccine was preferred over a subsidized or paid one. However, financial incentives worked to the contrary, the higher the amount of subsidy provided as reward for vaccination, the less desirable the vaccine became to the respondents.
* A vaccine that comes along with medical insurance against severe side-effects were more appealing than one without the insurance. However, an added living subsidy did not increase the appeal of the vaccine.
* Shorter queuing time after registration was *not* a significant factor compared to the abovementioned ones.
* Respondents without a chronic illness cared more about the efficacy and the likelihood of both severe and mild side-effects when making their decision to vaccinate compared to their counterparts with a chronic illness. Free and subsidized vaccines, as well as a living subsidy on top of the medical insurance were more appealing to respondents with a chronic illness than respondents without a chronic illness.

1. Timing for vaccination

During the conjoint analysis, participants were asked to indicate when they would like to receive their preferred vaccine with response options ranging from the first 10%, second 10% to be vaccinated among the population up to the last 10%.

Over 40.6% responses fell into the last 10% group, indicating a strong tendency to delay vaccination as much as possible. The choices other than the last 10% were rather uniformly distributed.

Time preference for vaccination was affected by the attributes of the vaccine, the demographic characteristics of the respondents and respondents’ perception to the pandemic:

* Vaccines with higher likelihood of severe side-effects was found to delay vaccination, whereas the provision of medical insurance encouraged earlier vaccination.
* Respondents who are male, older, with lower education and in a high-risk job (e.g., medical, frequent face-to-face contacts) preferred earlier vaccination. The presence of a chronic illness was *not* related to the preference of vaccination time.
* Respondents with higher confidence on own preventive measures but lower trust in the local government tended to delay vaccination.

**Sharing from a patient representative**

Mr Gary LAI is a psoriasis patient and the chairman of a self-help organization of persons with chronic illness – Hong Kong Psoriasis Patients Association. Psoriasis is a chronic inflammatory skin disease caused by the dysfunction of the immune system. Despite viewing the vaccination programme as an important move toward controlling the pandemic, Mr Lai highlighted several major concerns as a patient with a chronic illness, including whether the vaccine will have undesirable and severe interactions with the drugs they are regularly taking especially biopharmaceuticals and whether the severe and mild side-effects would be intensified by their existing conditions especially if those conditions are related to a dysregulated immune system.

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Attachments:

Table 1:

|  |  |  |  |
| --- | --- | --- | --- |
| Psychological distress | % of moderate to severe levels | | |
| All | With chronic illness | Without chronic illness |
| Anxiety (e.g., feel uneasy about the future, nervous, irritated) | 21.8% | 23.1% | 21.2% |
| Depression (e.g., uninterested in things, frustrated, hopeless) | 18.3% | 16.9% | 18.9% |
| Post-traumatic stress (e.g., intrusive pandemic-related fears, oversensitivity or avoidance of pandemic-related information) | 33.8% | 33.4% | 34.0% |

Table 2:

|  |  |
| --- | --- |
| Major factors affecting intention to vaccinate | % who intend to vaccinate |
| Gender |  |
| Male | 46.8% |
| Female | 36.9% |
| Age group |  |
| 18-39 | 22.8% |
| 40-59 | 46.4% |
| 60 or above | 60.4% |
| COVID-19 testing before |  |
| Yes | 49.3% |
| No | 28.7% |
| Financial stress |  |
| Higher than average score | 42.5% |
| Lower than average score | 33.7% |
| Trust in government |  |
| Higher than average score | 66.2% |
| Lower than average score | 19.2% |

Table 3:

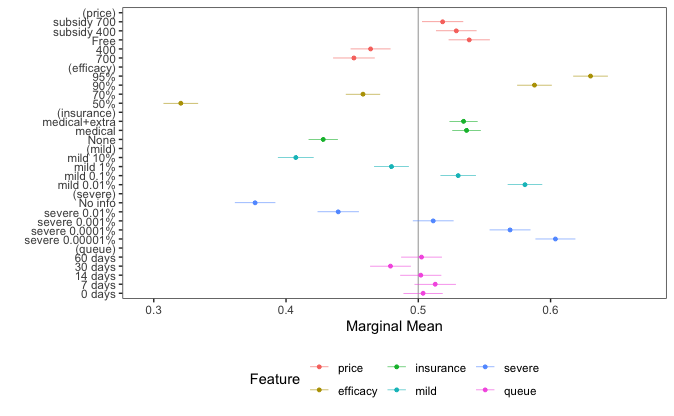
|  |  |
| --- | --- |
| Age group | % of moderate to severe depression symptoms |
| 18-39 | 21.2% |
| 40-59 | 17.6% |
| 60 or above | 13.1% |
| All | 18.3% |

Table 4:

|  |  |  |  |
| --- | --- | --- | --- |
| Perceptions of COVID-19 vaccination | All | With chronic illness | Without chronic illness |
| Confidence on vaccination programme | 6.8 | 7.8 | 6.3 |
| COVID-19 vaccination as a collective responsibility | 9.3 | 9.6 | 9.1 |
| Necessity of vaccination to control the pandemic | 9.7 | 10.3 | 9.5 |
| Constraints against vaccination due to daily routines and lack of information | 7.0 | 6.6 | 7.2 |
| Need for extensive information-seeking before making vaccination-related decision | 11.5 | 11.5 | 11.5 |

*Note*. Scale ranged from 2 to 14 with higher score indicating greater agreement.

Figure 1

  
***Note***. A marginal mean refers to the probability of choosing the vaccine option with that attribute over another one without the attribute. Hence, above 0.5 indicates a preference for one option over another. A 50% efficacy and unknown likelihood of severe side-effects were the two most undesirable attributes (see solid circles); whereas a 95% efficacy and a 0.00001% (one over ten million) likelihood of severe side-effects were the two most desirable attributes (see dashed circles).