

COVID-19-19 vaccination insight

22 December 2020



King's College London and Ipsos Mori, July 2020



- Interviews with 2,237 adults 16 – 75 in UK, 17 – 20 July 20
- Summary report at <https://www.kcl.ac.uk/news/whos-least-likely-to-say-theyll-get-a-covid-19-vaccine>
- Full report at <https://www.kcl.ac.uk/policy-institute/assets/coronavirus-uncertainties.pdf>

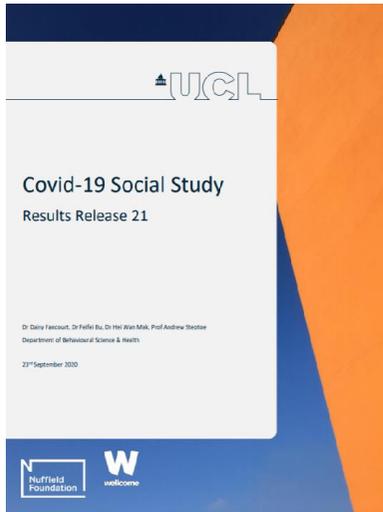
- 53% are certain or very likely to get the vaccine, if one becomes available
- 20% fairly likely
- 16% unlikely or definitely not

- Younger people twice as likely to say than older people they are unlikely or definitely will not get the vaccine (22% 16-24 yo, 22% 25-34 yo / 11% 55–75s)

Those who say they probably or definitely won't get the vaccine.

- 24% of those who say they don't wear face masks
- 23% of those who have had or think they have had coronavirus
- 27% of those who say they get a great deal of info on COVID-19 from WhatsApp

UCL, COVID-19-19 Social Study, ongoing



- On-going study with 70,000 participants about how people are feeling during pandemic
- Weeks 26 – 17 included attitudes about vaccinations (published 23 Sept)
- Summary findings: <https://www.ucl.ac.uk/news/2020/sep/fifth-people-say-theyre-unlikely-get-vaccinated-against-covid-19>
- Full report for weeks 26 – 27 https://b6bdc03-332c-4ff9-8b9d-28f9c957493a.filesusr.com/ugd/3d9db5_c2d0874d37b24bb5a9d535bf0e7f4f32.pdf

- 85% of adults agree that vaccines work (38% strongly trust, 34% mod trust, 13% trust on balance)
- 78% of adults likely to get a vaccine when approved (49% v likely, 15% moderately likely, 13% more likely than unlikely)
- 22% unlikely (8% more unlikely, 4% mod unlikely, 10% v unlikely)

- 53% believe that vaccines can cause unforeseen side effects in the future (30% slightly believe, 17% mod agree, 6% strongly agree)
- 25% respondents believe to varying degrees that vaccines are used for commercial profiteering
- 4% strongly agree, 7% mod agree, 15% slightly agree that vaccines are a con

You Gov / The Times survey, November 2020



- Survey of 1,632 adults in GB (196 Londoners) 11 & 12 Nov 20
- Summary findings:
<https://yougov.co.uk/topics/health/articles-reports/2020/11/16/how-many-britons-are-willing-to-take-coronavirus-vacc>
- Full results:
https://docs.cdn.yougov.com/vu2gc5rr8l/TheTimes_Vaccines_201112.pdf

London:

- 67% say they are very (41%) likely or fairly (26%) likely to get the vaccine
- 18% unlikely
- 14% unsure

Of those in London who said they were unlikely:

- 58% want to wait and see whether it is safe
- 24% do not trust this (i.e. the Pfizer) vaccine specifically

GB:

- 67% say they are very (42%) likely or fairly (25%) likely to get the vaccine when it is available
- 21% unlikely
- 12% unsure

The Royal Society and the British Academy, Oct 2020

THE
ROYAL
SOCIETY

 The
British
Academy

21 OCTOBER 2020

COVID-19 vaccine deployment:
Behaviour, ethics, misinformation
and policy strategies

This rapid review of science of the behavioural aspects of vaccine uptake and misinformation is from the Royal Society and the British Academy to assist in the understanding of COVID-19.

- Rapid review of the science of the behavioural aspects of vaccine take up
- Full report: <https://royalsociety.org/-/media/policy/projects/set-c/set-c-vaccine-deployment.pdf>

Around 36% of people in the UK report they are uncertain or unlikely to be vaccinated against COVID-19 uncertain (27%) or very unlikely (9%) to be vaccinated against COVID-19

5 central behaviours underpin take up and need tailored dialogue to address:

1. Complacency (perception of risk, severity of disease)
2. Trust and confidence (efficacy and safety)
3. Convenience (barriers, access)
4. Sources of information
5. Socio-demographic variation (e.g. education, sex, ethnicity, religion, past vaccine behaviour)

Need

- Transparent dialogue and community engagement
- Balanced messaging about risks that match everyday experience
- Clarity on safety, efficacy and vaccination schedule
- Move from global and national messaging to mobilising local communities. (use GPs, councils, pharmacies to support local messaging)
- Engage in conversation and dialogue, not reactive challenges, respecting emotions (peer to peer)
- Empower the public to spot and report misinformation

Number Cruncher poll for ITV's Peston show, October 2020

Poll: >2,000 UK adults between 9 and 17 October 2020 (1,088 white respondents and 1,000 BAME respondents)

Summary findings: <https://www.ncpolitics.uk/2020/10/ethnic-minorities-and-coronavirus/>

- 45% of white respondents will get a vaccine as soon as it is available
- 34% will 'wait and see'
- 13% will not get a vaccine
- 8% don't know

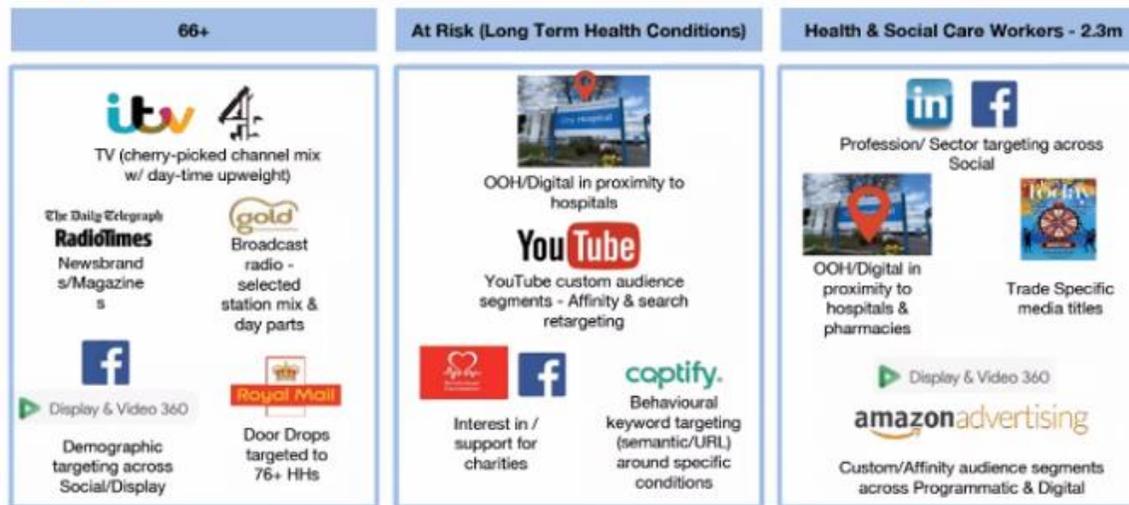
- 28% of BAME respondents will get vaccine as soon as available
- 43% will 'wait and see'
- 16% will not get a vaccine
- 13% don't know

- 22% BAME respondents in London will get a vaccine as soon as available
- 45% will 'wait and see'
- 17% will not get a vaccine
- 15% don't know

- 46% of white respondents in London will get a vaccine as soon as it is available
- 31% will 'wait and see'
- 11% will not
- 12% don't know

NHS England & Public Health England, national communications call, 25 Nov 20

AN INTEGRATED PAID MEDIA CAMPAIGN to support launch and roll-out



Audience for communicators (not targeting vaccine rejectors):

- Adopters
- Vaccine hesitant
- Vaccine resistant

Strong motivators with the public is to get life back to normal as well as for professionals both personally and professionally

Campaign testing (public):

- High awareness
- Hope and excitement
- Some cautiousness
- Campaign is reassuring and motivating
- Some concern about side effects
- Need to manage expectations of when available e.g.. older people not in priority groups

Campaign testing (health and social care staff):

- Stronger sense of urgency
- Some safety concerns
- Desire for clinical evidence
- Slightly lower awareness with care home workers
- Doctors responded better to more scientific elements rather than light hearted ones
- See need to target messages to priority groups⁷

Oxford Coronavirus Explanations, Attitudes, and Narratives Survey (OCEANS), University of Oxford, Dec 2020

On line survey (Sept – Oct) of 5,114 adults representative of UK population in terms of age, gender, ethnicity, religion, income

- 72% willing to be vaccinated
- 16% unsure
- 12% likely to delay / avoid getting vaccine

Concerns:

- the potential collective benefit
- the likelihood of COVID-19 infection
- the effectiveness of a vaccine
- its side-effects
- the speed of vaccine development

Data suggests that those who are hesitant are more likely to be:

- Mistrustful of doctors
- Hold conspiracy theories
- Have little or no faith in institutions
- Feel they are a lower social status than others

Hesitancy slightly higher:

- young people
- women
- those on lower income
- people of Black ethnicity

Summary findings: <https://www.ox.ac.uk/news/science-blog/covid-19-vaccine-hesitancy-uk>

Full report: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/C30FDB5C3D87123F28E351FDAAD5351A/S0033291720005188a.pdf/covid19_vaccine_hesitancy_in_the_uk_the_oxford_coronavirus_explanations_attitudes_and_narratives_survey_oceans_ii.pdf

https://www.cambridge.org/core/content/view/C30FDB5C3D87123F28E351FDAAD5351A/S0033291720005188a.pdf/covid19_vaccine_hesitancy_in_the_uk_the_oxford_coronavirus_explanations_attitudes_and_narratives_survey_oceans_ii.pdf

Royal Society for Public Health, 16 Dec 2020



Summary findings: <https://www.rsph.org.uk/about-us/news/new-poll-finds-bame-groups-less-likely-to-want-covid-vaccine.html>

- 76% of respondents would take a COVID-19-19 jab on the advice of their GP or health professional
- 8% very unlikely

- 57% of BAME respondents (199) would take vaccine
- 55% Asian respondents would take vaccine
- 35% of BAME respondents not willing to be vaccinated said they would likely change their mind if given more information from GP about effectiveness (compared to 18% of white respondents)

- 70% of lowest earners likely to get vaccine compared to 84% of highest earners
- 14% of Londoners reported they are very unlikely to get the vaccine
- 80% of men likely to get vaccine compared to 73% women

Southwark

- Concern about tracking and call / recall for homeless / undocumented people & accessing support
- Unease at idea of vaccine becoming compulsory or all but compulsory (e.g. Immunity passports) especially amongst unpaid carers
- Concerns at speed of development & understanding of side effects and people being seen as guineas pigs - some mention of thalidomide within communities
- Vaccines is seen as a means of controlling communities
- Uncertainty on priority categories for the COVID-19 vaccine
- Concern about the amount of profit to be made from the vaccine and motives behind it
- Concern about ingredients of vaccines and links to abortions
- Lack of access to ask real time questions online of NHS/other trusted source of authority
- People don't know who to ask questions of
- Concerned about info vacuum around the COVID-19 vaccine and myths being spread

Lambeth

- Concern about unknown side effects given speed of development
- Concern about cancer as a particular side effect
- Some doubts about efficacy and whether this is different in the different vaccines
- Clarity required about number of injections and whether the vaccination needs to be annual and how long immunity lasts for
- Clarity whether the vaccination prevents transmission of COVID-19 as well as protection to individual
- Query about whether people need to sign a disclaimer to prevent pursuing legal actions
- Clarity over systems in place to monitor adverse reaction
- Concerns about the talk of vaccination passports and how this sits with a patient centred approach and informed consent
- Vaccines is seen as a way to control communities
- Lack of trust in government

Greenwich

- Concern about information about side effects and living with a long term condition and ability to make an 'informed choice'
- Concerns about big pharma and distrust of this amongst some communities
- Concern about effects of vaccine on people living with sickle cell

Lewisham

- Wariness of newness / novelty of virus and effectiveness and side effects
- Confusion over differences in how the vaccines is delivered – e.g.. 2 doses required of Pfizer vaccine and 1 dos of the Oxford vaccine
- Concern about effectiveness of vaccine as virus mutates
- Stories in media of people collapsing after receiving it are not helpful
- Concerns about Pfizer as an ethical organisation
- Anxiety about being told you must have the vaccine and consequences of vaccine refusal
- How strong belief systems might lead to a less reactive, more fatalistic mindset regarding vaccine uptake
- In several cultures women are responsible for the emotional regulation of the community so may have strong influence over vaccine uptake
- Concerns about vaccine been given to those who 'shout the loudest' and know how the system works
- Concerns about fairness of decisions about who gets the vaccine e.g.. older husband and younger wife living together

Motivators and barriers

Motivators

- Belief in vaccinations and trust that they work
- Wanting to get life back to normal and see family & friends
- Belief that having a vaccine is the right thing to do
- Hope – being at risk and wanting to feel safe
- Ease of getting vaccine

Barriers

- Lack of trust and confidence
 - concern about unknown side effects
 - distrust of pharmaceutical companies and authority
 - distrust of vaccines in general
- Lack of information from trusted sources
- Perception of not being at risk
- Belief that vaccination is another form of control
- Lack of understanding of who is at risk and why and whether people are guinea pigs
- Lack of understanding of priority groups and timelines
- Concern about ingredients