

COVID-19 Vaccination insight

10 May 2021



- This presentation consolidates national and regional data on vaccine attitudes collected from July 2020 to May 2021.
- The purpose of this presentation is to collate a range of sources of insight about the vaccine in one place which further informs plans and activity around the Covid-19 vaccine.
- With the rapid developments and roll out of the Covid-19 vaccine programme, measures of people's attitudes are regularly surveyed and data may quickly be out of date.
- However, some of the findings related to vaccine attitudes identified in the early research from summer/autumn 2020, have remained consistent throughout, thus still included in the presentation.
- A full reference list of the sources included in this presentation is available on the last slide.

- Vaccine hesitancy has reduced across all ages and ethnic groups.
- Age and ethnicity remain key indicators of hesitancy.
- Lack of trust and risk of immediate and long term (unknown) side effect major barrier to vaccination for people who are hesitant.
- The majority of people believe that vaccines work and will get vaccinated.
- There are vaccine hesitancy variations amongst Black, Asian and ethnic minority groups.
- Women, young people and people from lower socio-economic backgrounds are more likely to be hesitant.
- Main predictor for taking vaccine is to avoid serious illness; to see family and or life to go back to normal.

- GP / nurses / pharmacists / medical professionals
- Direct website links e.g. Public Health England, NHS
- Opinions on social media
- Leader in faith community
- Family and friends

There are variations in level of confidence in the trusted sources, with people from ethnic minority groups relying on leaders in faith community, social media and family and friends more compared to the white population.

Royal Society for Public Health (2020), Healthwatch Bexley (2020), GLA April -21, Lambeth/Southwark, April 2021, Lewisham, April 2021, Lambeth & Southwark, 2021.

YouGov, on behalf of the Greater London Authority (GLA), have been measuring Londoner's (18+) attitudes to vaccination continuously from November 2020. The polls help to identify trends over time in attitudes across a range of demographics. Some of the headlines from the latest Survey in April -21 include:

- **Slight increase in distrust in the vaccine and its safety against previous months**
Those believing they don't need a vaccine has also increased from 21% to 34%.
- **Hesitancy among black Londoners remains higher than for other ethnic groups but is lessening.**
- One in five says they do not think they need the vaccine.
- **Since December, hesitancy has decreased among under 35s at a similar rate of decline as seen among all Londoners.**
- When asked why they are unlikely to take the vaccine, 18-24s are much more likely to say they would like to wait until others have had the vaccine they are also less likely to say they have trust and safety issues with the vaccine.
- **The perceived risk of Covid-19, either to themselves and other Londoners, are now at roughly the lowest rates seen since tracking, at 58% (London) and 27% (individual) respectively.**

As the vaccination roll out progresses towards younger cohorts, efforts to understand young people's attitudes to vaccination will help to inform and target the Communication and Engagement plans for this group.

A survey amongst young people aged 16-25 (n=1,623) by Partnership for Young London, 2021 identified that:

- almost 80% of young people felt that Covid-19 and lockdown have had a negative impact on their mental health
- housing, employment, and mental health are the most important issues for young Londoners following lockdown
- young people are overall unhappy with the Government's response to the pandemic, and this particularly relates to:
 - guidelines were seen as confusing
 - mixed messages about going out
 - labelling young people at fault for such actions despite most saying they almost always followed regulations

YouGov, on behalf of GLA, conducted a survey with 1,002 young Londoner's from 31 March – 7 April (2021), to explore attitudes on vaccination and published data in April 2021. Some of the highlights include:

Vaccine acceptance/hesitancy

- Overall, 73% of 18-34 year old Londoners very likely / fairly likely would take the vaccine
- Hesitancy is higher amongst Black and Mixed ethnicity young Londoners (30% unlikely compared to 15% Asian and 23% White)
- Hesitancy higher with those with lower qualifications and incomes

Reasons for hesitancy:

1. Concerns about immediate side effects
2. Concerns about long term side effects
3. Concerns about speed of development
4. Lack of trust in government /pharmaceuticals

Women significantly more concerned about immediate side effects and long term side effects than men:

- 45% women / 28% men – immediate side effects
- 43% women / 18% long term side effects

Reasons to reconsider:

1. To protect family
2. To protect most vulnerable
3. Travel and go abroad
4. To prevent another lock down
5. To get back to doing things I love
6. To protect self

33% of those who are unlikely to take the vaccine (22%) said nothing would make them reconsider

Trusted sources 18-24 yr olds:

Instagram 33%
Mainstream TV e.g., news BBC / Channel 4 – 26%
Tik Tok – 25%
YouTube – 23%
Snap chat / Online news papers – 22%

Trusted sources 25-34 yr olds:

Instagram 32%
Online newspapers – 32%
Facebook – 28%
Mainstream TV e.g., news BBC / Channel 4 – 28%
YouTube – 23%

- Young Asian Londoners more likely to be persuaded by medical professional
- Young black Londoners more likely to be persuaded by more information about approval process
- Medical professional the most trusted across all ethnicities and even with those only to take vaccine though lower level, then scientist, Public Health figures
- Religious leaders more trusted within Black, Asian mixed communities than white communities

Demographics

- 83% will take vaccine/ 10% unsure and 7% no.
- **Females** are more likely to say no/be unsure about accepting the vaccine
- The highest age group for no/not sure is 26-65.
- ≥ 60% consider themselves to be at risk of Covid-19.

Important information:

- How long the vaccine lasts
- Side effects
- Timetable – when & where
- Local updates on progress

Sources of information, in order of responses (highest to lowest):

1. Television
2. Government website
3. NHS England website
4. Newspaper/Magazines
5. Social media

Choice of venue, in order of preference:

1. GP practice
2. Vaccination centre
3. Pharmacy
4. Hospital hub

Trusted source of information:

1. GP
2. Direct e-mail
3. Direct website links

Reasons to have vaccine: in order of responses (highest to lowest):

1. Own safety
2. To protect others
3. Go back to normality
4. Believe vaccines work
5. Duty/Common sense

Reasons not to have vaccine in order of responses (highest to lowest):

1. Long term effects
2. Side effects
3. Rushed development/testing
4. Mistrust of Gov/Vaccines/Pharma
5. Covid-19 not a risk

Lack of trust

- previous negative experiences and historical issues including racism
- hidden government agendas - commercial reasons and economic interests.
- control over people
- Ethical issues
- Manufacturer liability
- experiment on black people

Discrimination

- Historical controversies
- Stigma and negativity which they now link with this vaccine.

Conspiracy theories

- Concerns were expressed about attempts to modify people's DNA
- 5G and the vaccine designed to 'microchip' people to allow government tracking of individuals.
- Social media videos aimed at mainly black and other religious groups claiming that vaccination aims to stamp them with '*the mark of the beast*'.

Misinformation

- Social media messages conveying anti-vaccination information, myths etc.

Vaccine safety

- The speed of production
- side effects in the medium to long term
- If there are adverse effects who will help then?
- Concerns that the vaccine will affect fertility.
- Fears of reactions following vaccination

Vaccine effectiveness

- The technology used in production is new and has not been sufficiently tested.

Vaccine ingredients

- concerns over the vaccine's contents incl. aborted foetuses.

Religious beliefs

- Belief in their faith and God's protection above anything else.
- Biblical references to the '*end times*' and '*salvation*'.

Lack of information

- Vaccine not appropriate for people with Sickle Cell Disease
- Vaccine not developed on all community groups e.g. black people not included (or insufficiently) in trials
- Denial of the severity of COVID-19 infection or even the existence of the virus.
- Some people feel that they are not as risk as they are in the younger age group and therefore do not need to have the vaccine.

Family influences

- Younger family members often advise/pressurise older family members NOT to take the vaccine; sometimes though older members may exert pressure.

Vaccine acceptance / hesitancy:

- Some people have taken the vaccine despite hesitations
- Vaccine acceptance have increased over time

Reasons for hesitancy: general concerns:

- Concerns that vaccine will become mandatory
- Influenced by positive and negative experiences around them
- Unable to find answers to their questions about the vaccine

Reasons to have vaccine:

- Practical concerns e.g. travel, go back to normal, employment

General feedback:

- Vaccine choice is causing anxiety – due to conflicting information, campaigns and social pressure e.g. through employers
- Many are undertaking their own research to find answer about vaccine
- Disagreement with priority cohorts – front line staff first
- Some scepticisms towards government and roll out of vaccine

Vaccine acceptance / hesitancy:

- Lowest confidence in black ethnic groups, followed by Asian groups
- High level of variations among black ethnic groups and gender

Reasons for hesitancy within ethnic groups :

- Effect of vaccine on Black people
- Lack of Black representation in trials
- Distrust of authorities
- Inequalities
- Historical medical injustices

Reasons for hesitancy: general concerns:

- Those who have medical concerns about the vaccine
- Those who perceive themselves safe from the virus, or greater risk from vaccine than virus
- Those who are inclined into a distrustful worldview

Reasons to have vaccine:

1. To protect others
2. Return to day to day life
3. Safety – e.g. return to work (school)

Vaccine acceptance / hesitancy:

- 1 in 5 respondents were doubtful or definite that they would not have a COVID-19 vaccine if offered tomorrow
- Vaccine hesitancy was highest amongst younger respondents and those from a Black, Asian or Minority ethnic background

Reasons for hesitancy: general concerns:

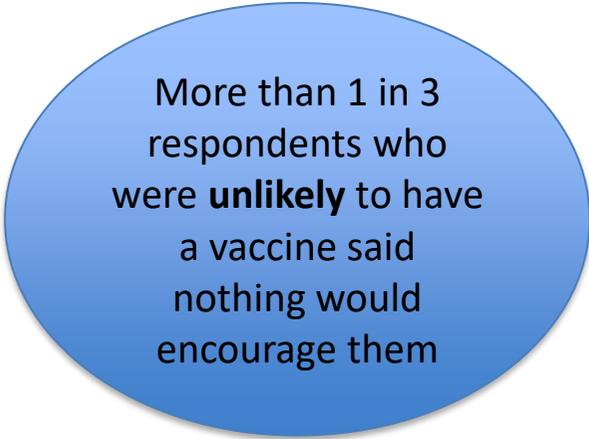
1. Concerns about side effects
2. Speed of vaccine development
3. Safety of vaccine
4. Lack of knowing what is in the vaccine
5. Lack of trust of Covid-19 vaccine specifically

Reasons to have vaccine:

1. To protect myself
2. To protect others
3. To reduce transmission / for life to go back to normal

Reasons to re-consider:

- See how others respond
- More research on those having had the vaccine



More than 1 in 3 respondents who were **unlikely** to have a vaccine said nothing would encourage them

- **Safety and efficacy:**

- Concern about information about side effects and living with a long term condition and ability to make an 'informed choice'
- Concern about effects of vaccine on people living with sickle cell
- Query about the efficacy of the vaccine for people on immunosuppressive
- Queries about how vaccine works for people who have previously had Covid
- How does someone who has been vaccinated know that they are protected
- What are the differences in the vaccines available
- Effect of vaccine on pregnancy, breastfeeding and fertility
- Allergies –clarification around trigger factors and epi pens

- **Logistics:**

- Time table for vaccination roll out
- How will undocumented people be invited to access the vaccination? What database of contact details is being used to invite people to attend for a vaccination? Different hospitals have different systems to each other and to GPs. (Expansion if needed) If I have moved recently, who do I need to update my details with as a priority?
- Concern about tracking and call / recall for homeless / undocumented people & accessing support

- **Concerns raised:**

- Concerns about big pharma and distrust of this amongst some communities
- View of white authority from younger people from BAME communities
- Concerns over how regularly they may need the vaccine
- Concerned about info vacuum around the COVID-19 vaccine and myths being spread
- Vaccine has not been tested on children
- What are the differences in the vaccines available
- Concerns over how regularly they may need the vaccine

- **Vaccine passports:**

- Anxiety about being told you must have the vaccine and consequences of vaccine refusal
- Unease at idea of vaccine becoming compulsory or all but compulsory (e.g. Immunity passports) especially amongst unpaid carers

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- You Gov / The Times Survey(November 2020)
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