

NCIRD

National Center for Immunization
and Respiratory Diseases

RESULTS FROM OMNIBUS SURVEYS ON VACCINATION RECEIPT, INTENT, AND KABB *JUNE 2023*



Introduction and Methods:

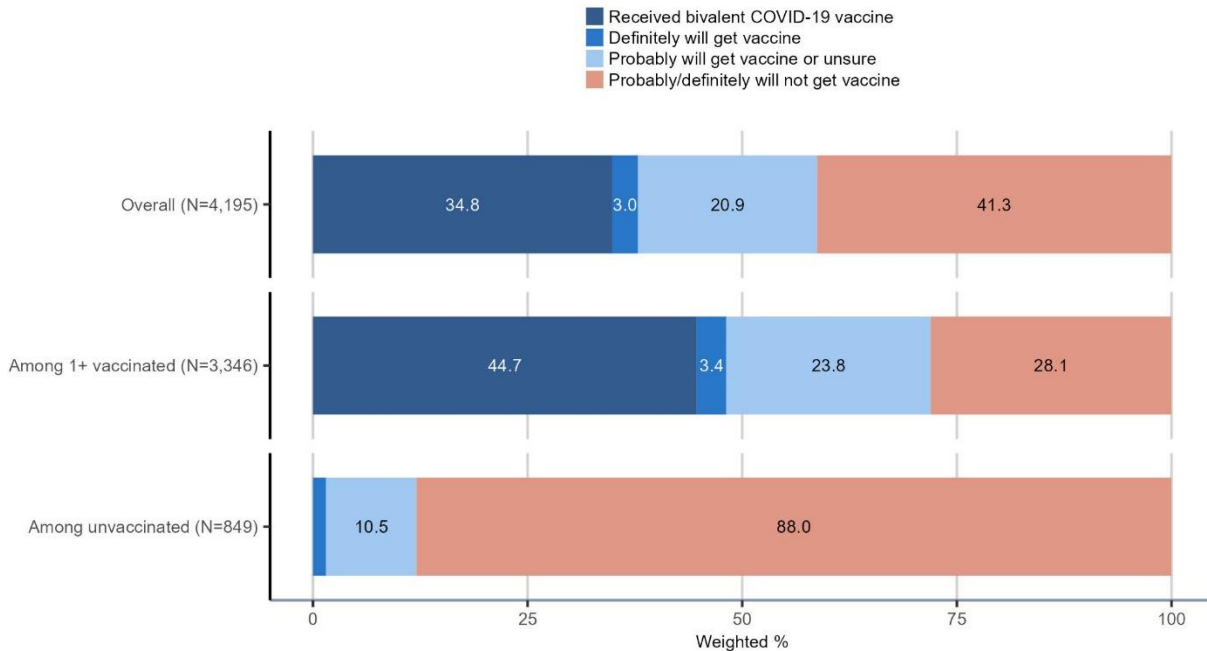
Data for this analysis were collected through the Ipsos Knowledge Panel and NORC AmeriSpeak Omnibus Surveys. CDC uses these surveys for rapid data collection on receipt, intent, knowledge, attitudes, beliefs, and behaviors (KABB) related to COVID-19, influenza, and other routine vaccinations. While coverage is typically assessed by larger surveys such as the National Immunization Survey (NIS) or the Behavioral Risk Factor Surveillance System (BRFSS), they do not have the ability to quickly add new questions and collect in-depth information on current topics of interest to guide the development of strategies and communications to increase vaccination overall and in key priority groups. The two vendors (Ipsos and NORC) use probability-based panels to survey a nationally representative sample of U.S. adults aged 18 years and older. Panel members can participate through multiple modes, primarily via Internet or by telephone. Samples are drawn using an address-based sampling methodology, and data are weighted to represent the non-institutionalized U.S. population and mitigate possible non-response bias. Each month, CDC funds twenty questions to be fielded on two survey waves for each panel, for a total of four survey waves, in addition to demographic variables. For surveys fielded June 8-26, 2023, there were 4,214 total respondents across the four waves.

How to use this report:

Each figure or table showing overall results contains a link or links to appendix figures that show more detailed results. Click the link to view the related detailed table. You can then hit ALT + ← to return to the page you were on.

Overview of Results

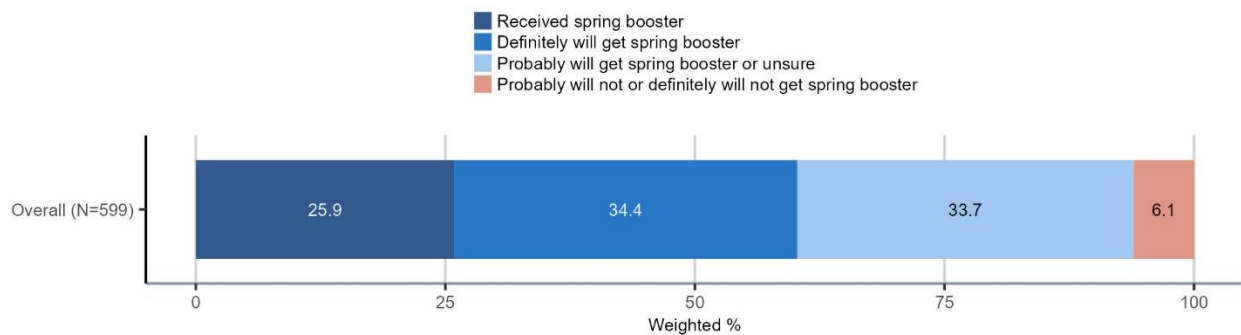
Bivalent COVID-19 vaccine receipt and intent (among adults 18+)



Selected demographic differences:

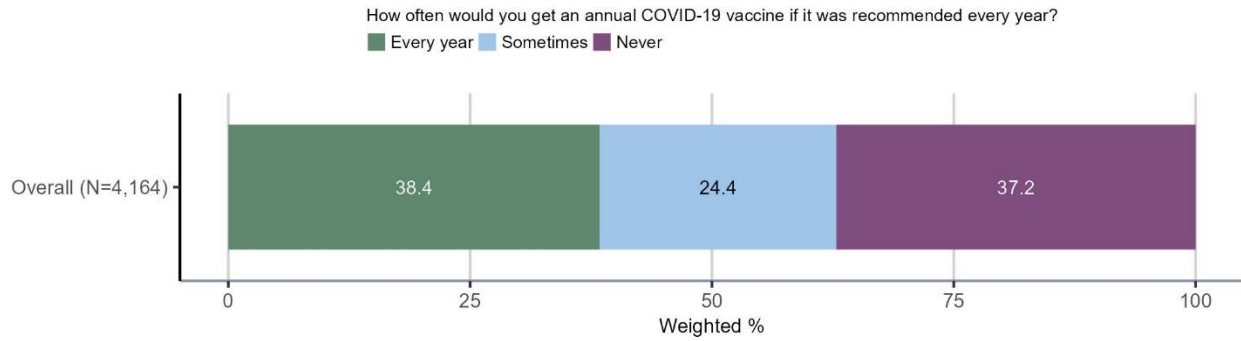
- Older adults, Other non-Hispanic adults, those with more education, and those with insurance were more likely to have already received a bivalent COVID-19 vaccine.
- Those living in rural areas were less likely than those in urban and suburban areas to have received one, and those living in the South were less likely than those in the Northeast and West.
- Hispanic adults were more likely to be open to vaccination (definitely, probably, or unsure if they will get a bivalent vaccine) than White or other non-Hispanic adults.

Second bivalent COVID-19 vaccine (spring booster) receipt and intent (among those who are immunocompromised and/or age 65+)



[Click here](#) for detailed demographic results.

Attitude towards COVID-19 as a routine annual vaccine



Selected demographic differences:

- The likelihood of a person getting an annual COVID-19 vaccine (responded 'every year' or 'sometimes') increased with age and education. The highest income group (\$75,000+) was more likely to respond 'every year' or 'sometimes' than lower income groups.
- Those with no insurance were less likely to respond 'every year' or 'sometimes' compared to those with insurance.
- Those living in rural areas were less likely to respond 'every year' or 'sometimes' compared to other areas.

Top concerns or issues regarding bivalent COVID-19 vaccine		
	<u>Received 1+ doses of COVID-19 vaccine but not the bivalent vaccine*</u>	<u>Unvaccinated with any COVID-19 vaccine*</u>
Definitely will get	<ul style="list-style-type: none"> Too busy or kept forgetting (36.3%) 	Omitted (N<30)
Probably will get / unsure	<ul style="list-style-type: none"> Had enough vaccines (27%) Too busy or kept forgetting (22.2%) No provider recommendation (19.8%) Unknown serious side effects (12.8%) 	<ul style="list-style-type: none"> Unknown serious side effects (37.1%) (difficult to rank these as confidence intervals are wide)
Probably or definitely will NOT get	<ul style="list-style-type: none"> Unknown serious side effects (43.1%) Had enough vaccines (42.4%) Not enough studies (33.8%) Do not trust government/pharma (30.0%) Effectiveness (29.8) Heart-related issues (28.6%) 	<ul style="list-style-type: none"> Unknown serious side effects (56.5%) Do not trust government/pharma (50.5%) Not enough studies (47.1%) Heart-related issues (39.6%) Effectiveness (36.1%)

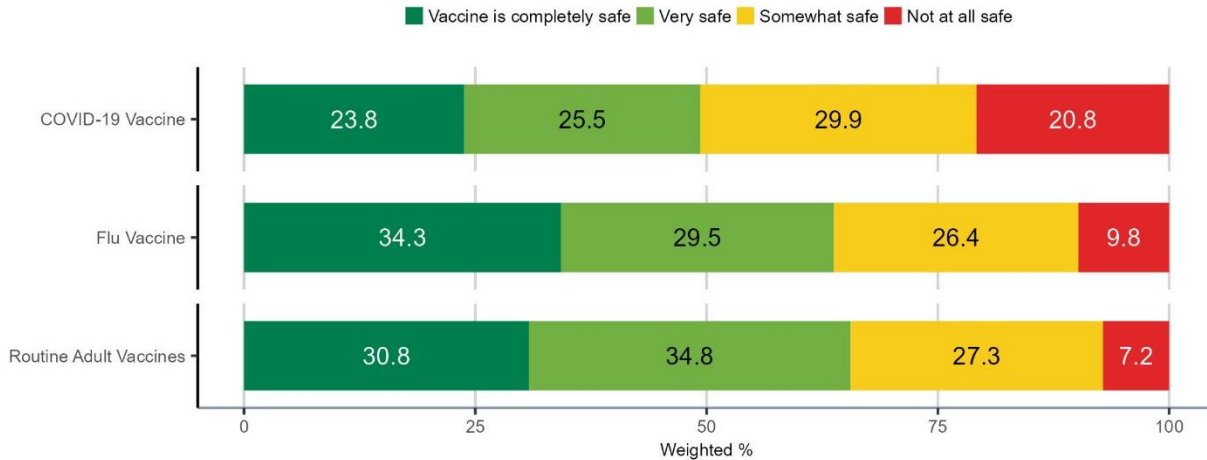
*Click the column headers to view full figures.

While ‘unknown or serious side effects’ was the top concern/issue regarding bivalent COVID-19 vaccination among most demographic subgroups, there were differences in other concerns by subgroup.*

<u>Race and Ethnicity</u>	<ul style="list-style-type: none">• White non-Hispanic adults were more likely to say that they do not need the bivalent vaccine due to perceived natural immunity
<u>Income</u>	<ul style="list-style-type: none">• Those in the highest income category (\$75K+) were more likely than those in the lowest income category (<\$25K) to cite ‘had enough vaccines’
<u>Insurance Status</u>	<ul style="list-style-type: none">• Those with public or private insurance were more likely than those with no insurance to cite ‘no provider recommendation’ and ‘had enough vaccines’
<u>Age</u>	<ul style="list-style-type: none">• Those aged 18-49 were more likely to cite concerns about fertility, or to say they were ‘too busy or kept forgetting’• Those aged 65+ were more likely to select ‘none of the above’

*Click the demographic categories to view full figures.

Confidence in vaccine safety is higher for influenza and other routine adult vaccines than for COVID-19 vaccine

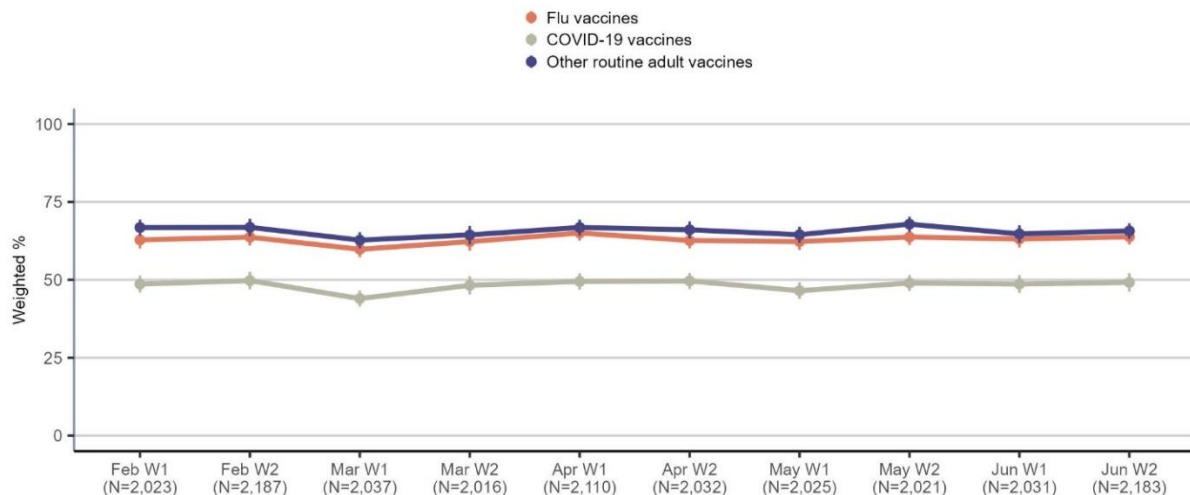


Analysis limited to those who responded to all three survey questions (N=4,164). Omitted category of respondents who answered "not sure" is <1%.

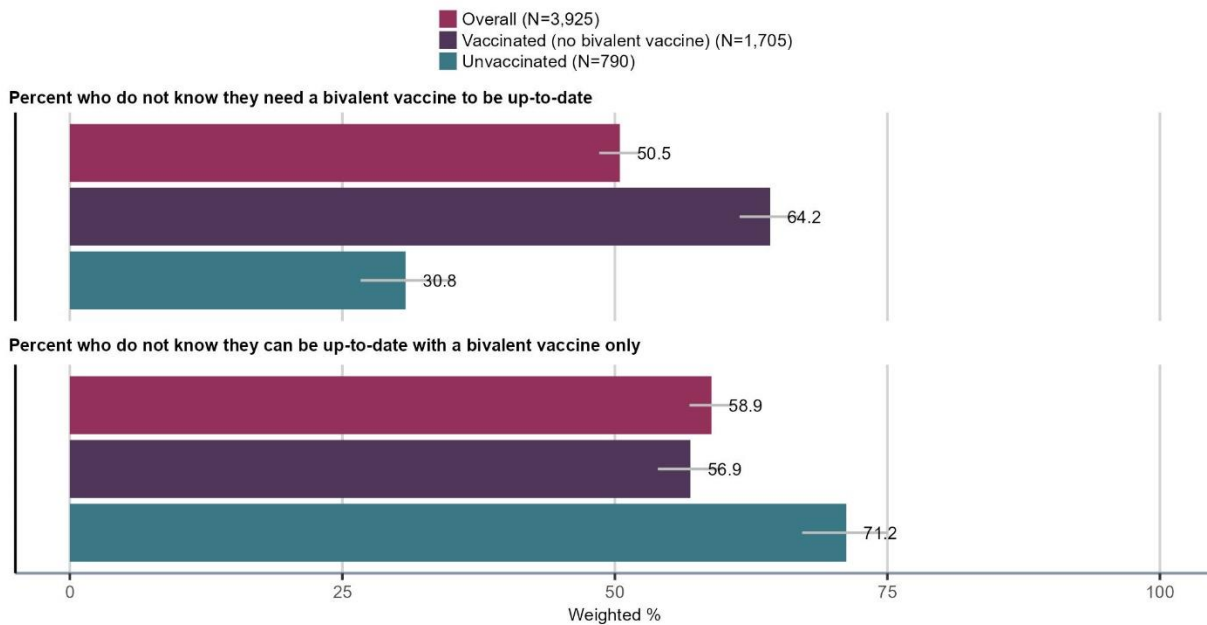
Selected demographic differences in percent responding a vaccine is completely/very safe (see full figures for [COVID-19](#), [Influenza](#), and [other routine vaccines](#)):

- Adults aged 65+ were more confident in vaccine safety than other groups for all vaccines.
- Confidence in vaccine safety increased with education and income.
- Black adults were less confident than all other groups in safety of influenza and other routine vaccines. Confidence in COVID-19 vaccine safety is still low for Black adults and was equally low for Hispanic adults. Confidence is also lower among Hispanic adults for other routine vaccines relative to White non-Hispanic and Other non-Hispanic adults, and lower for influenza relative to White non-Hispanic adults.
- Those from rural areas are less confident in COVID-19 and influenza vaccine safety than those from urban and suburban areas, and less confident in safety of routine vaccines than those from suburban areas.
- Those from the South were less confident in safety across vaccines than those from the West, and also less confident than those from the Northeast for influenza and other routine vaccines.
- Uninsured respondents were less confident in vaccine safety than those with insurance for all vaccines.

Percent respondents who answered vaccine is completely safe or very safe has been consistent across survey waves (February-June 2023)



Knowledge of current COVID-19 vaccine recommendations

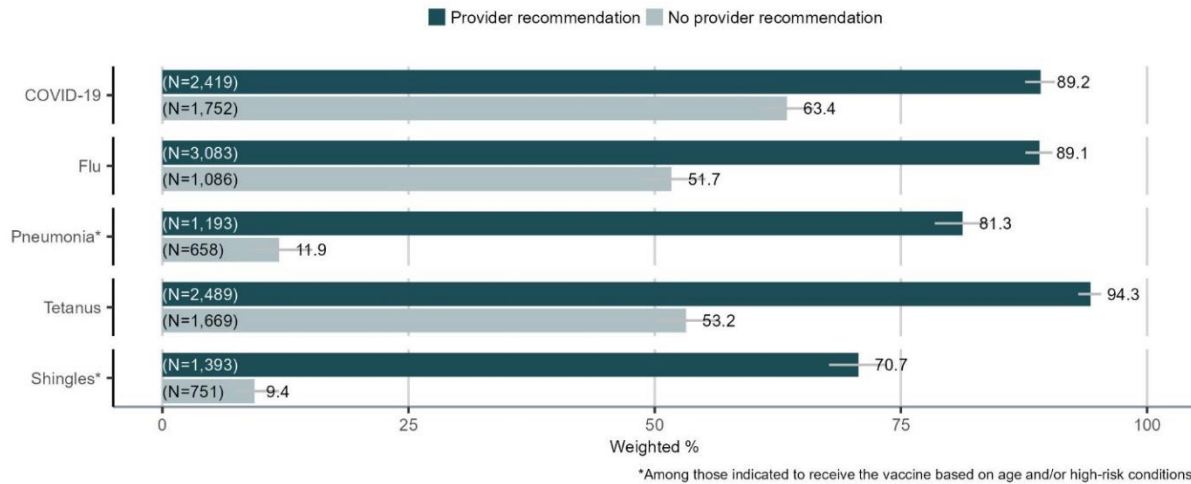


These results come from responses to the bolded portions of the following question:

Would an adult (age 18 or older) be considered “up to date” for COVID-19 vaccination if they did the following? (Yes or No)

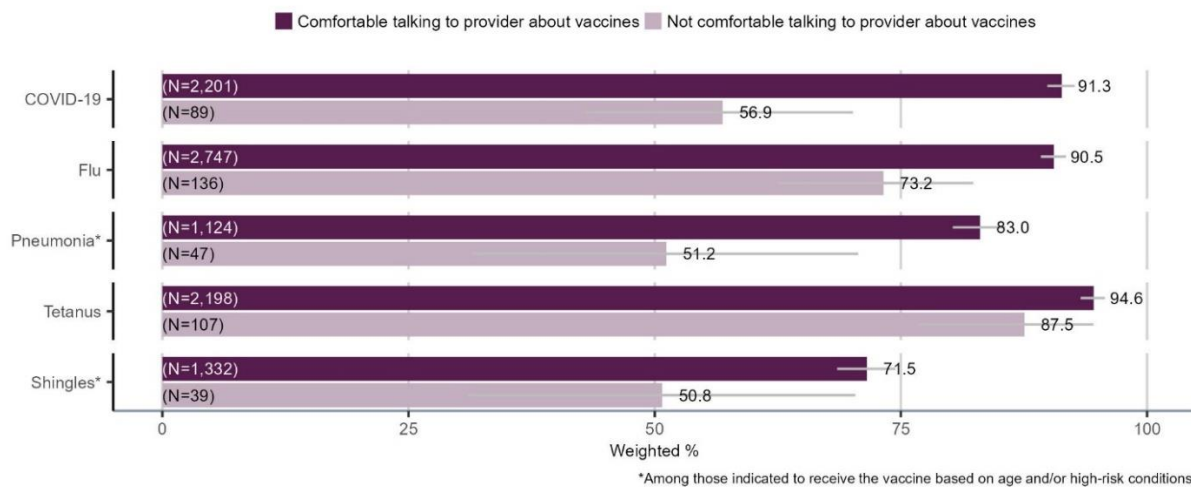
- 1. Completed the primary series with a monovalent (original) vaccine**
 - Completed the primary series with a monovalent (original) vaccine and then got a bivalent (updated) vaccine
 - 3. Received only a bivalent (updated) vaccine**
- About half of all respondents incorrectly answered that a primary series + monovalent (original) vaccine is considered ‘up to date’ (e.g., they do not know you need a bivalent dose). This includes 64.2% of those with at least one dose of COVID-19 vaccine. [Click here](#) to view the detailed demographic figure.
 - 58.9% of all respondents did not know that a bivalent vaccine dose only is now considered ‘up to date.’ This includes 71.2% of those who are completely unvaccinated and would only need the one bivalent dose. [Click here](#) to view the detailed demographic figure.

Vaccine receipt by healthcare provider recommendation



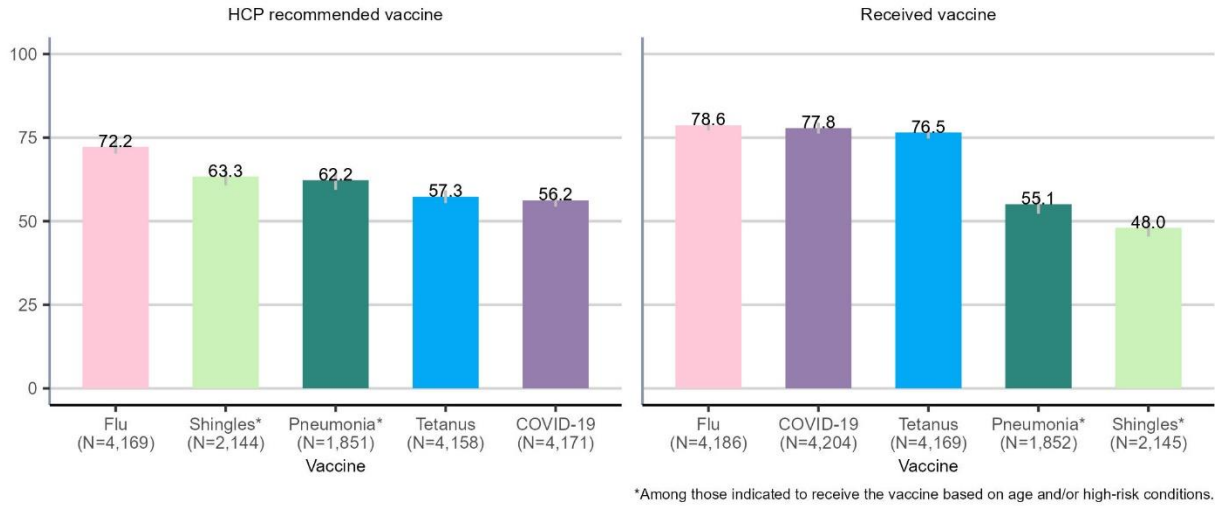
- Those who received a provider recommendation were more likely to receive the recommended vaccine across all vaccines.
- The disparity is larger for pneumonia and shingles vaccines, thus provider recommendation is even more important.
- Among those who received a provider recommendation for COVID-19 vaccine, Other non-Hispanic adults were more likely than other groups to get one.
- Among those who received a provider recommendation for a tetanus vaccine, Black non-Hispanic and Hispanic adults were less likely to get one than White non-Hispanic adults.
- [Click here](#) to view the detailed results by race and ethnicity

Percent respondents who reported receiving vaccine among all who were recommended the vaccine, by comfort talking to provider about vaccines



- Among respondents who received a provider recommendation, those who reported being comfortable talking to their provider about vaccines were more likely to receive the recommended vaccine across all vaccines. However, the difference was not significant for tetanus and shingles vaccines.

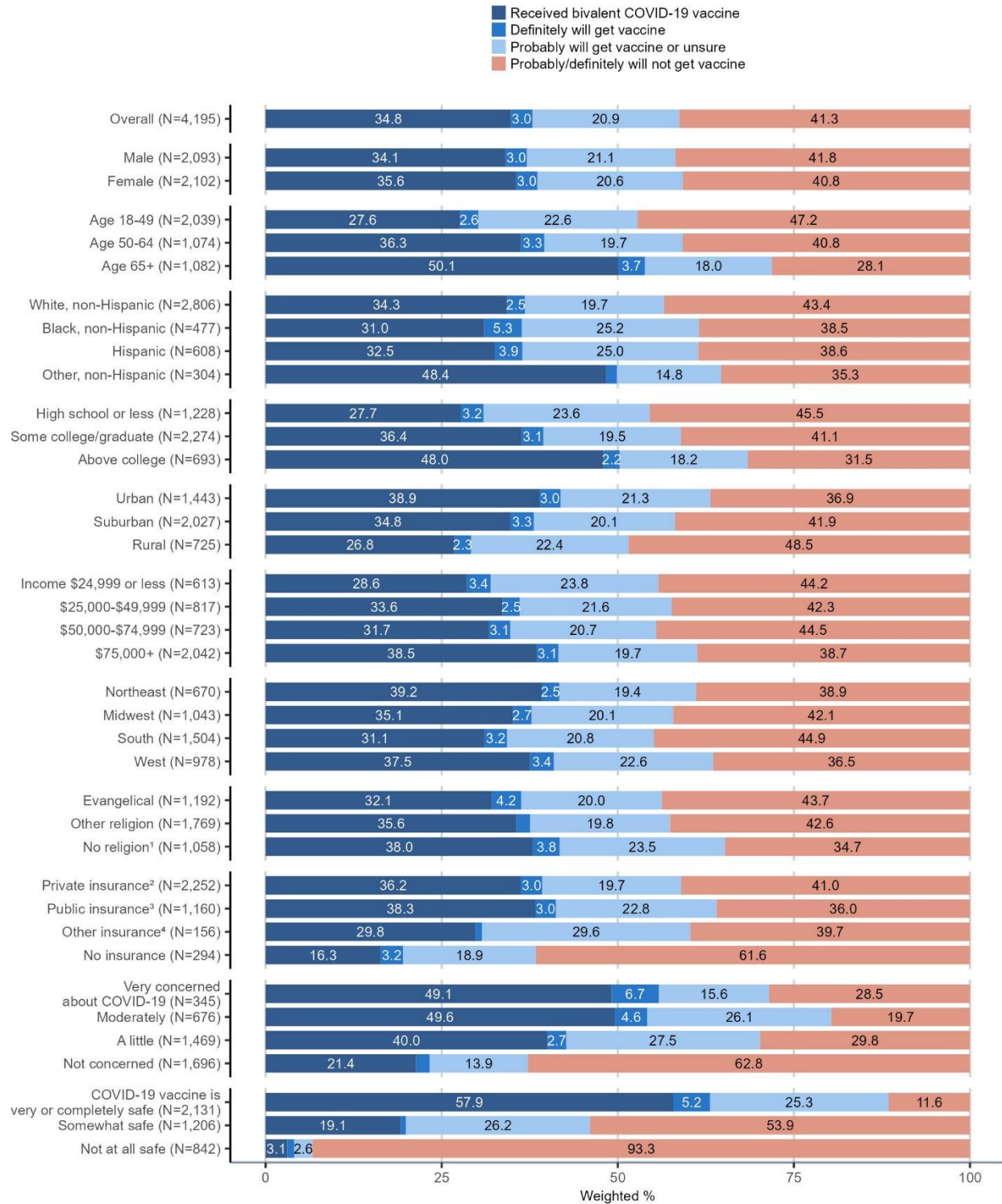
“Has a health care provider ever recommended/have you ever gotten the following vaccine(s)?”



- Among those eligible for each vaccine, a higher percentage were recommended influenza vaccine compared to other vaccines. A higher percentage received influenza, COVID-19, and tetanus vaccines compared to pneumonia and shingles.

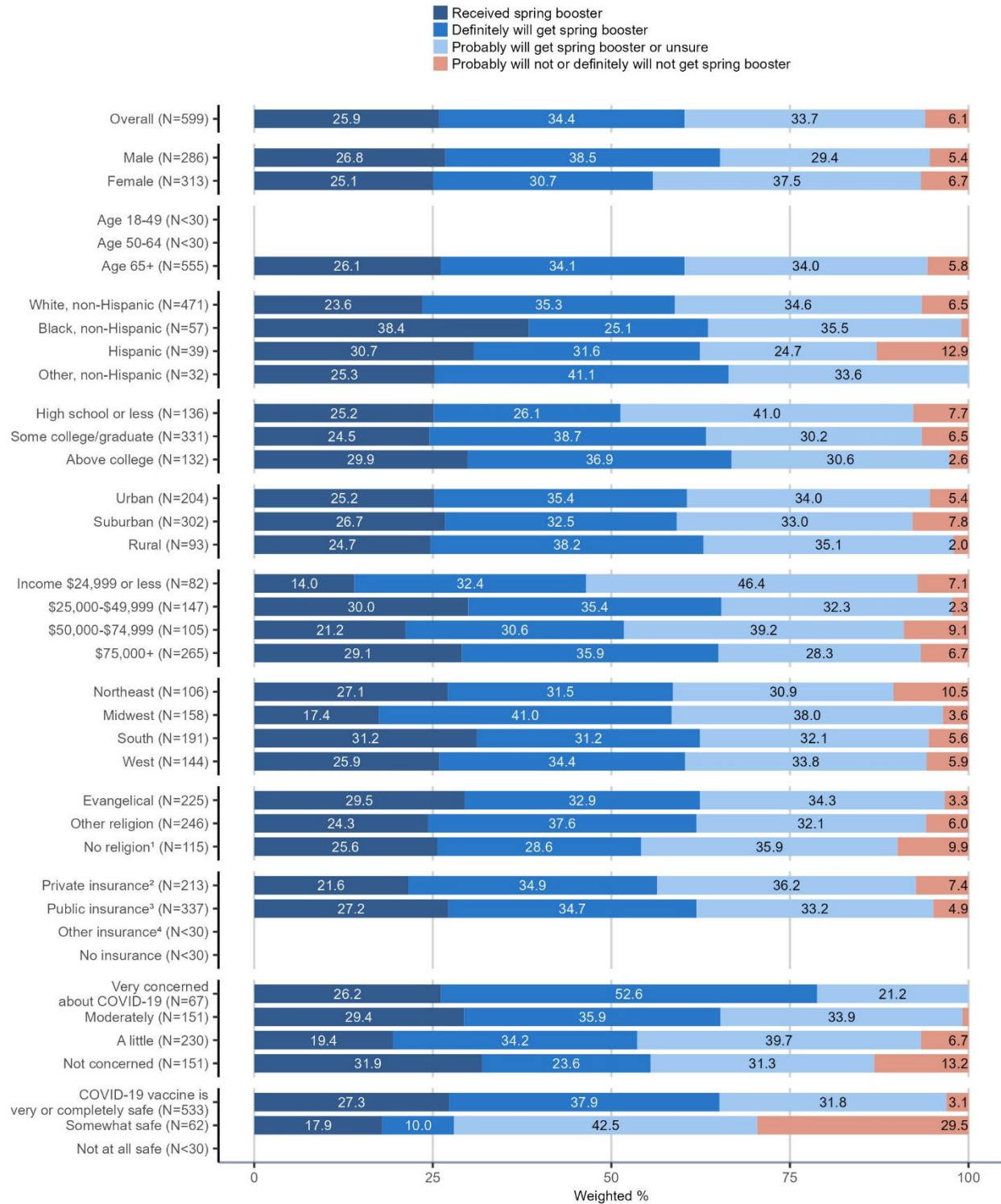
June 2023 Omnibus Surveys on Vaccination Status, Intent, Knowledge, and KABBs – Detailed Figures

Bivalent COVID-19 vaccine receipt and intent, by demographics



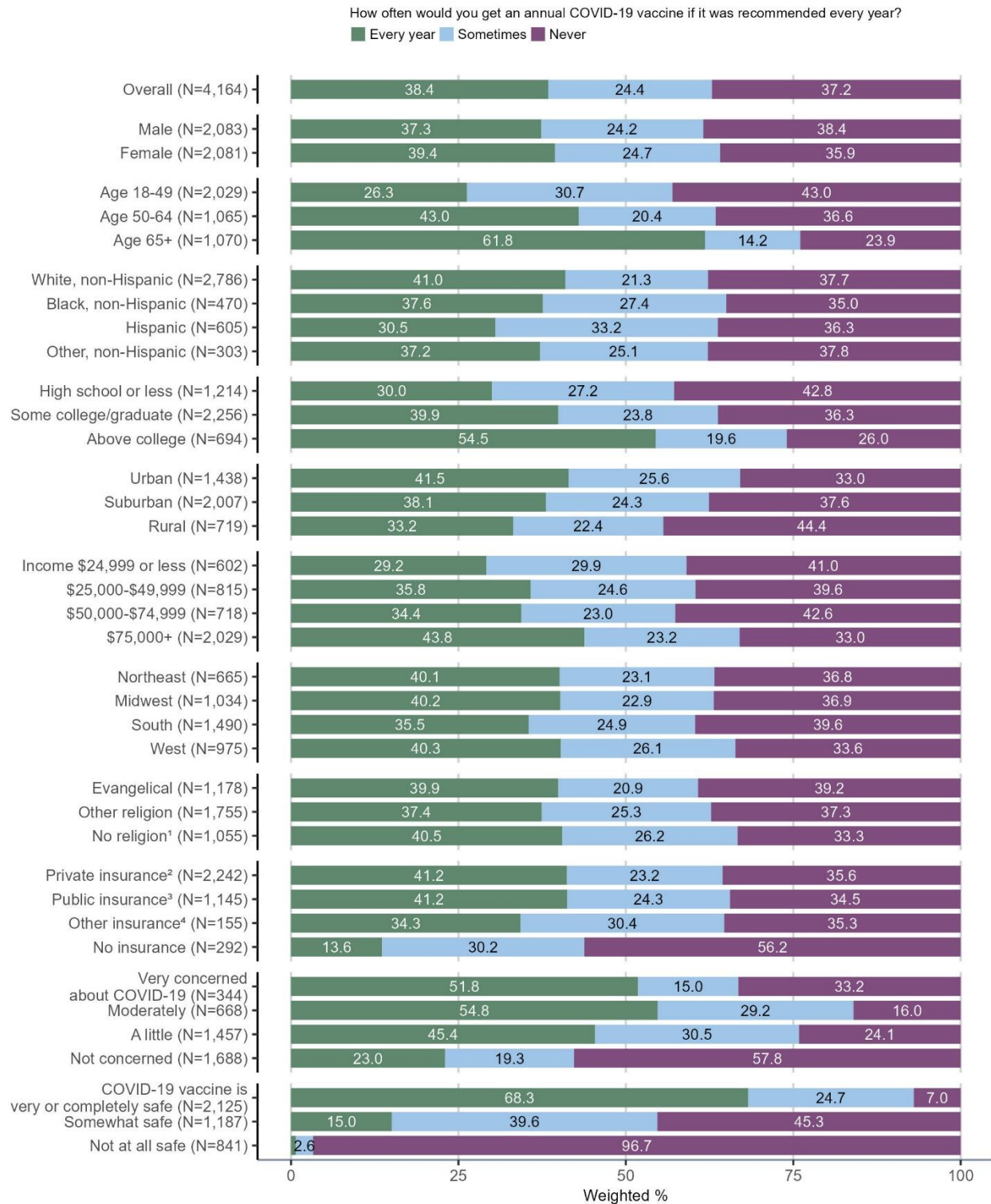
Demographic subcategories with <30 respondents are suppressed. Categories under 2% are not labeled. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification.

Second bivalent COVID-19 vaccine (spring booster) receipt and intent, by demographics (among those who are immunocompromised and/or 65+)



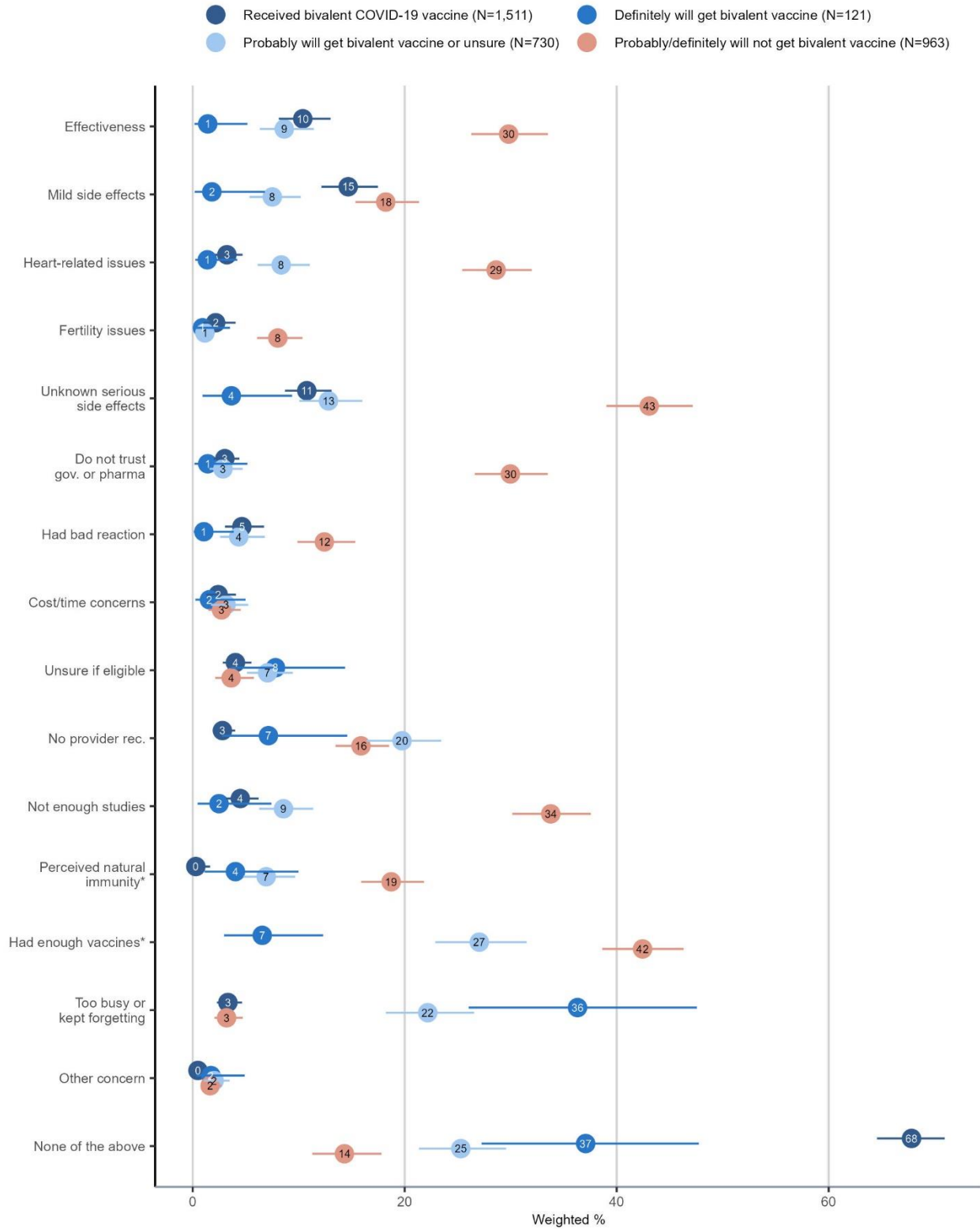
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Attitude towards COVID-19 as a routine annual vaccine, by demographics

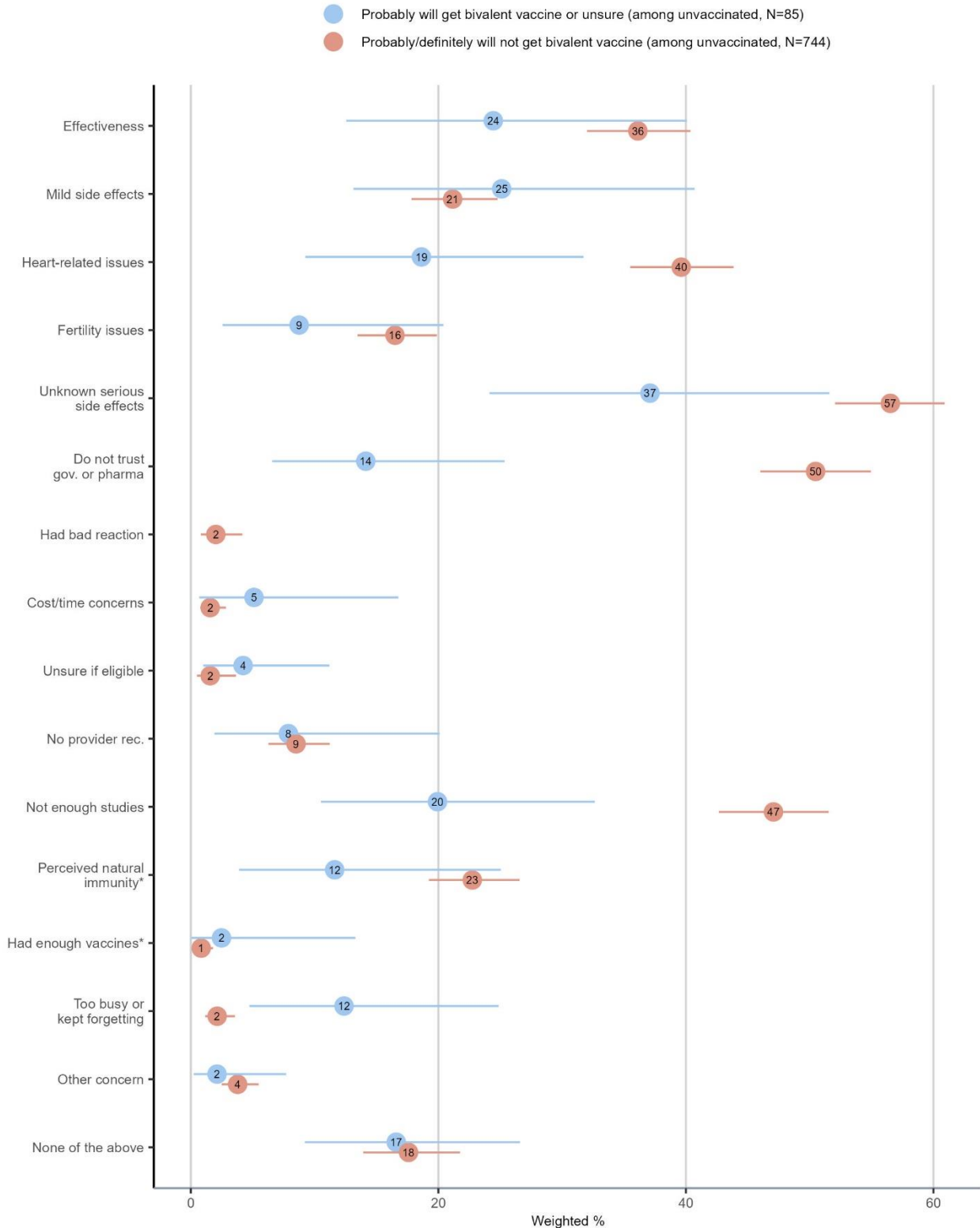


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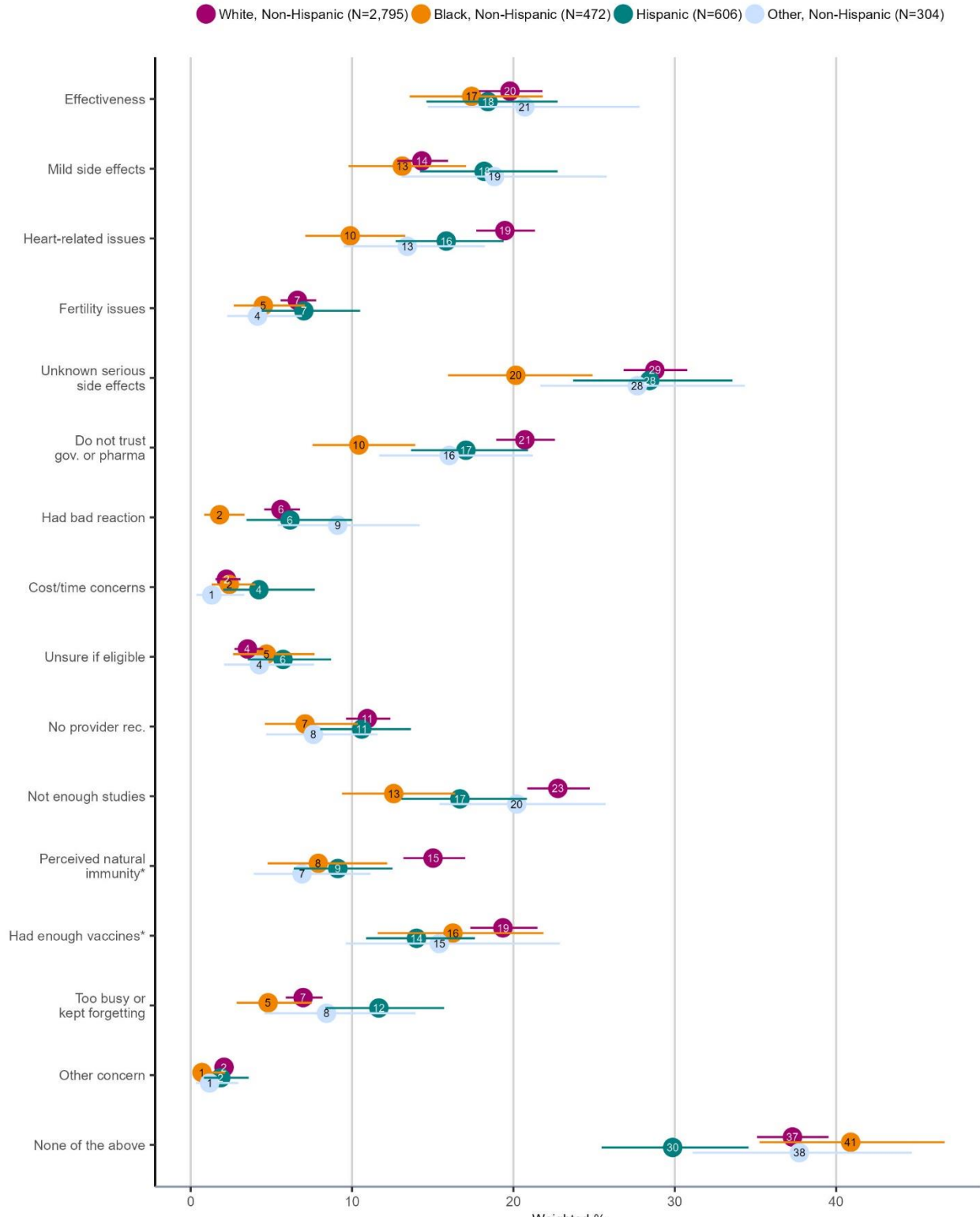
Concerns and issues about bivalent vaccine receipt, by bivalent vaccine status and intent (among those who received 1+ doses of COVID-19 vaccine)



Concerns and issues about bivalent vaccine receipt, by bivalent vaccine status and intent (among unvaccinated)

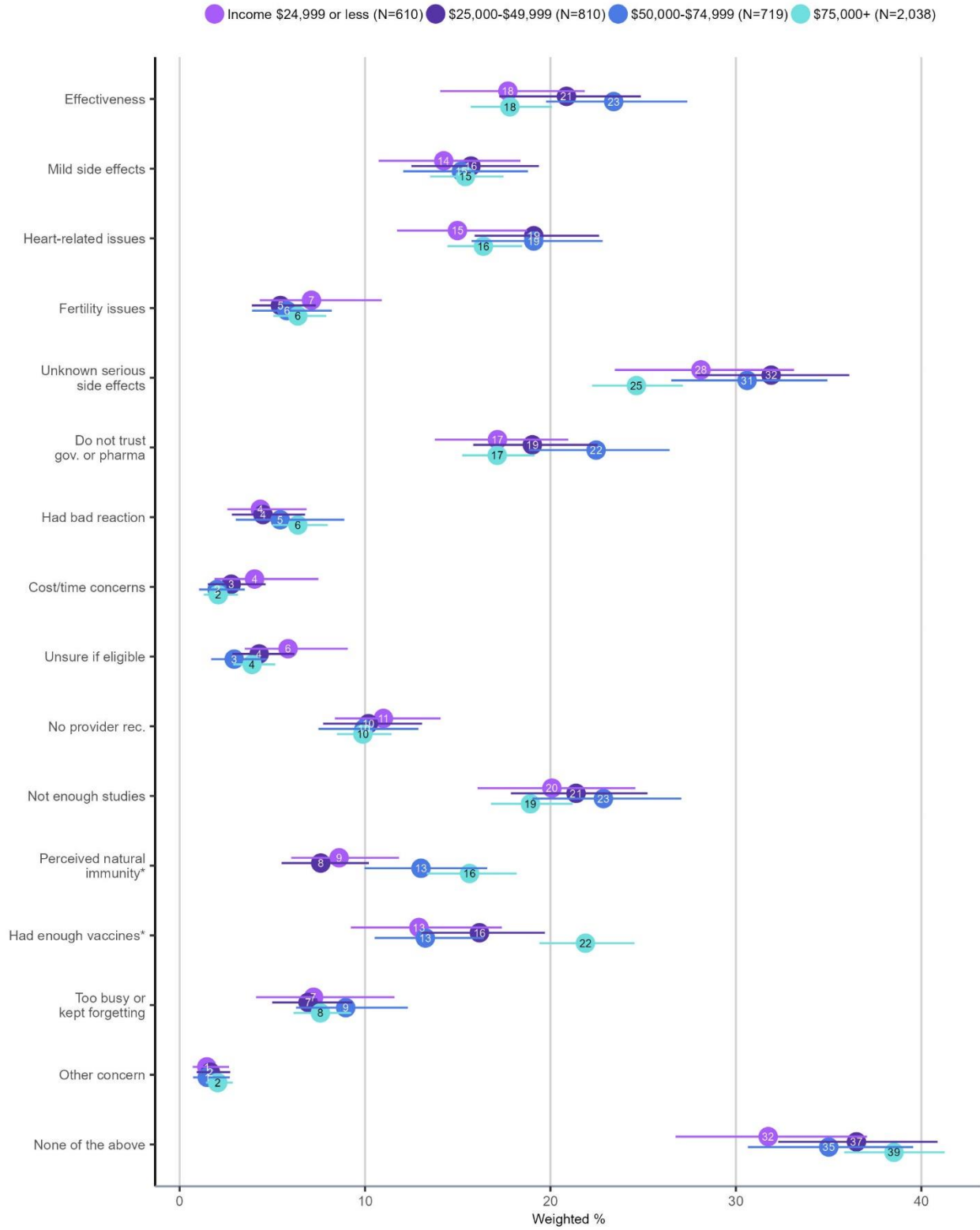


Concerns and issues about bivalent vaccine receipt, by race and ethnicity

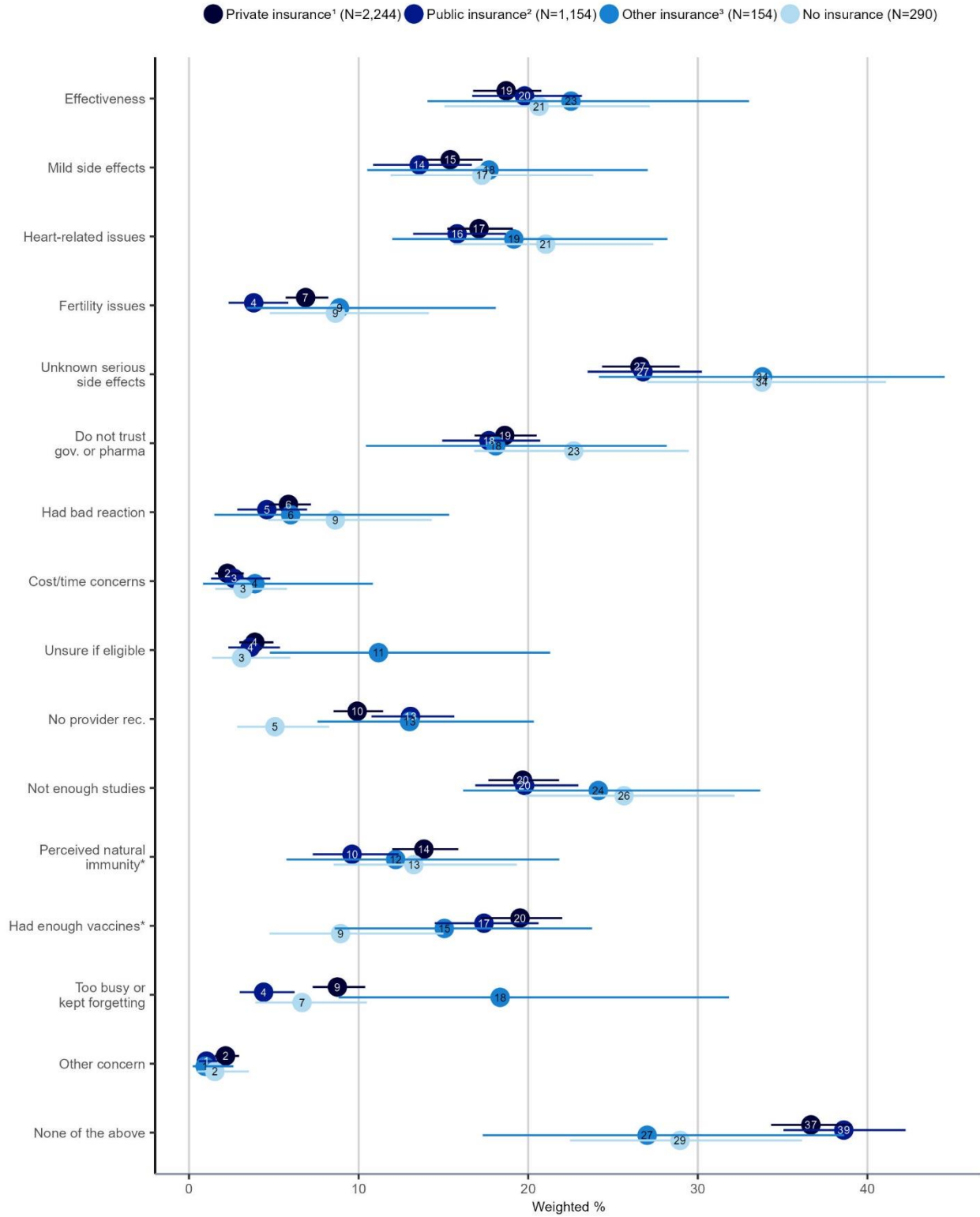


*Option not offered to respondents who already received a bivalent booster vaccine.

Concerns and issues about bivalent vaccine receipt, by income

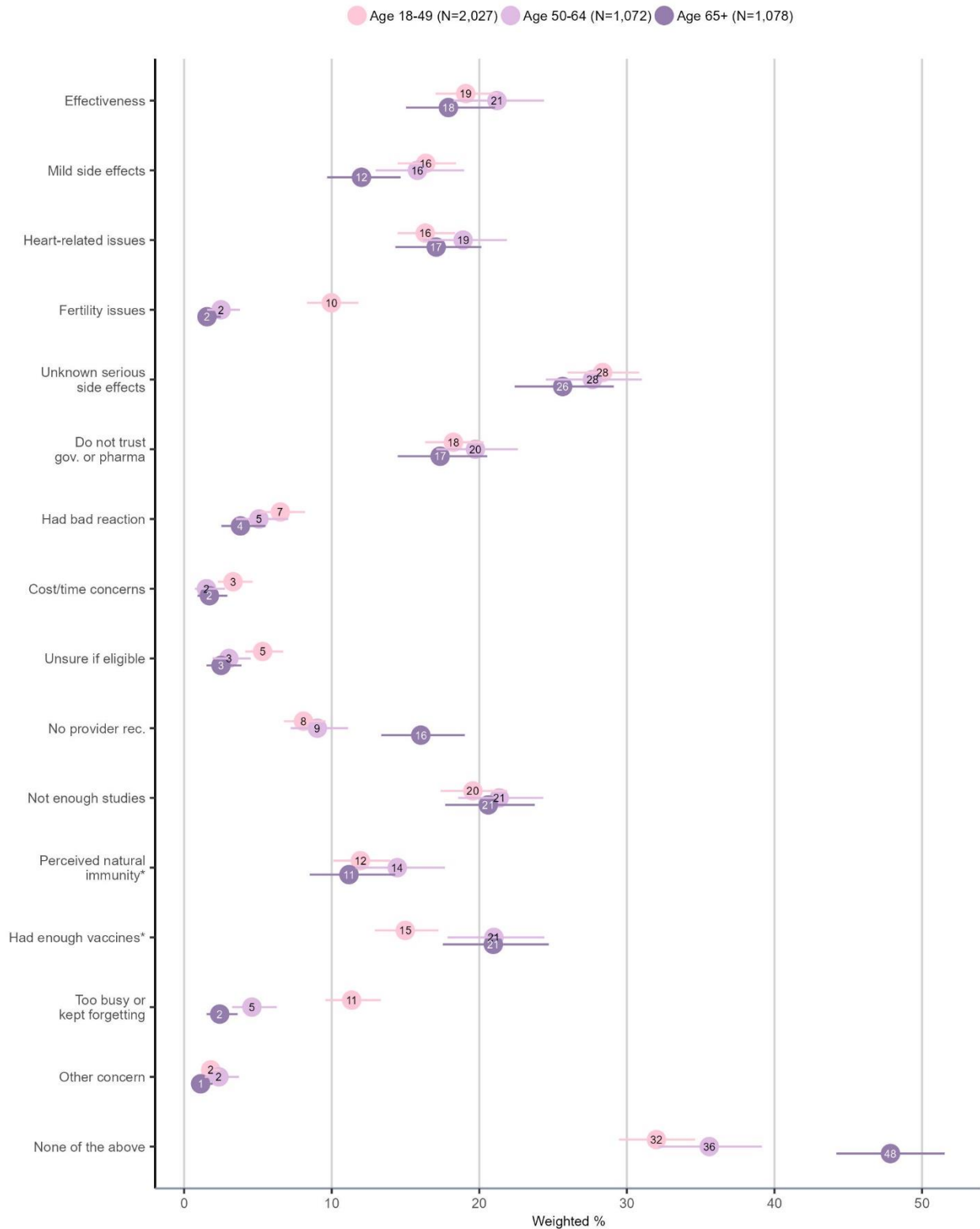


Concerns and issues about bivalent vaccine receipt, by insurance status



*Option not offered to respondents who already received a bivalent booster vaccine.
¹Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ²Includes Medicare and Medicaid. ³Includes VA, IHS, and "other."

Concerns and issues about bivalent vaccine receipt, by age



Explanation of bivalent vaccine concerns and issues labels

Survey question:

“An updated COVID-19 vaccine became available in **September 2022** that is known as a ‘bivalent’ vaccine. It can better protect against the most recent Omicron subvariants as well as the original COVID-19 virus. Did/Do you have any of the following concerns or issues about getting a bivalent COVID-19 vaccine? Please select ALL that apply.”

Response items, with abbreviated labels used in this report in *italics*:

Effectiveness: I was/am concerned about its effectiveness

Mild side effects: I was/am worried about mild short-term side effects, such as fever and fatigue

Heart-related issues: I was/am worried about heart-related issues, blood clots, or a stroke

Fertility: I was/am worried about fertility-related issues

Unknown serious side eff.: I was/am worried about unknown serious side effects

Do not trust gov. or pharma: I did not/do not trust the government or pharmaceutical companies

Had bad reaction: I had a bad reaction after my previous vaccination

Cost/time concerns: I was/am worried about the costs of the vaccine or other related costs (travel, childcare, taking time off)

Unsure if eligible: I didn’t/don’t know if I was/am eligible

No provider rec: I had/have not received a recommendation from my doctor

Not enough studies: I didn’t/don’t feel that the updated vaccine had been studied enough (e.g., lack of human trial data)

Perceived natural immunity: I do not need the updated vaccine because I had COVID-19 and have antibodies (Option not offered to respondents who already received a bivalent vaccine)

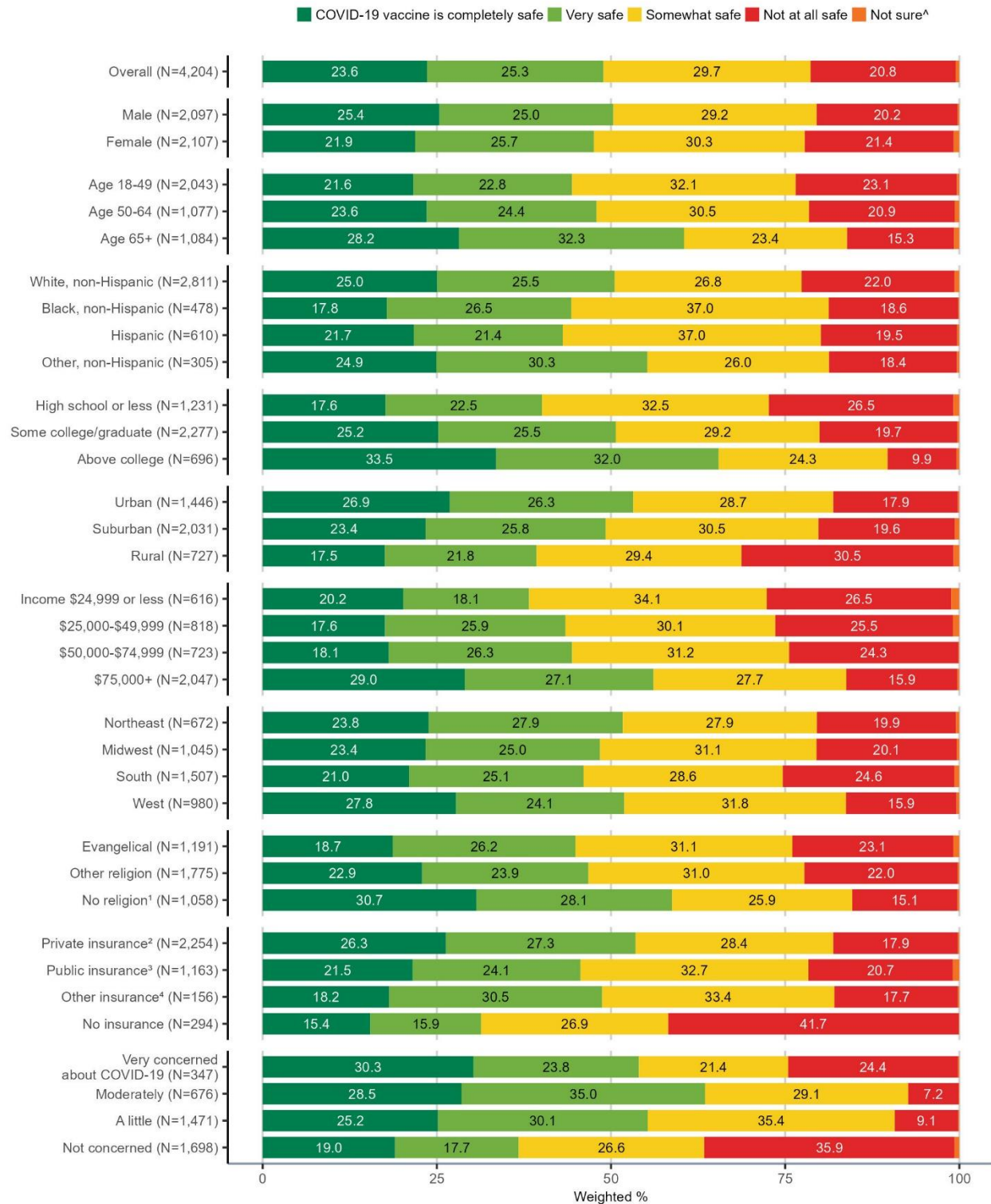
Had enough vaccines: I have already gotten enough COVID-19 doses (Option not offered to respondents who already received a bivalent vaccine)

Too busy or kept forgetting: I was/am too busy and/or I kept/keep forgetting

Other concern: Other concern, please specify:

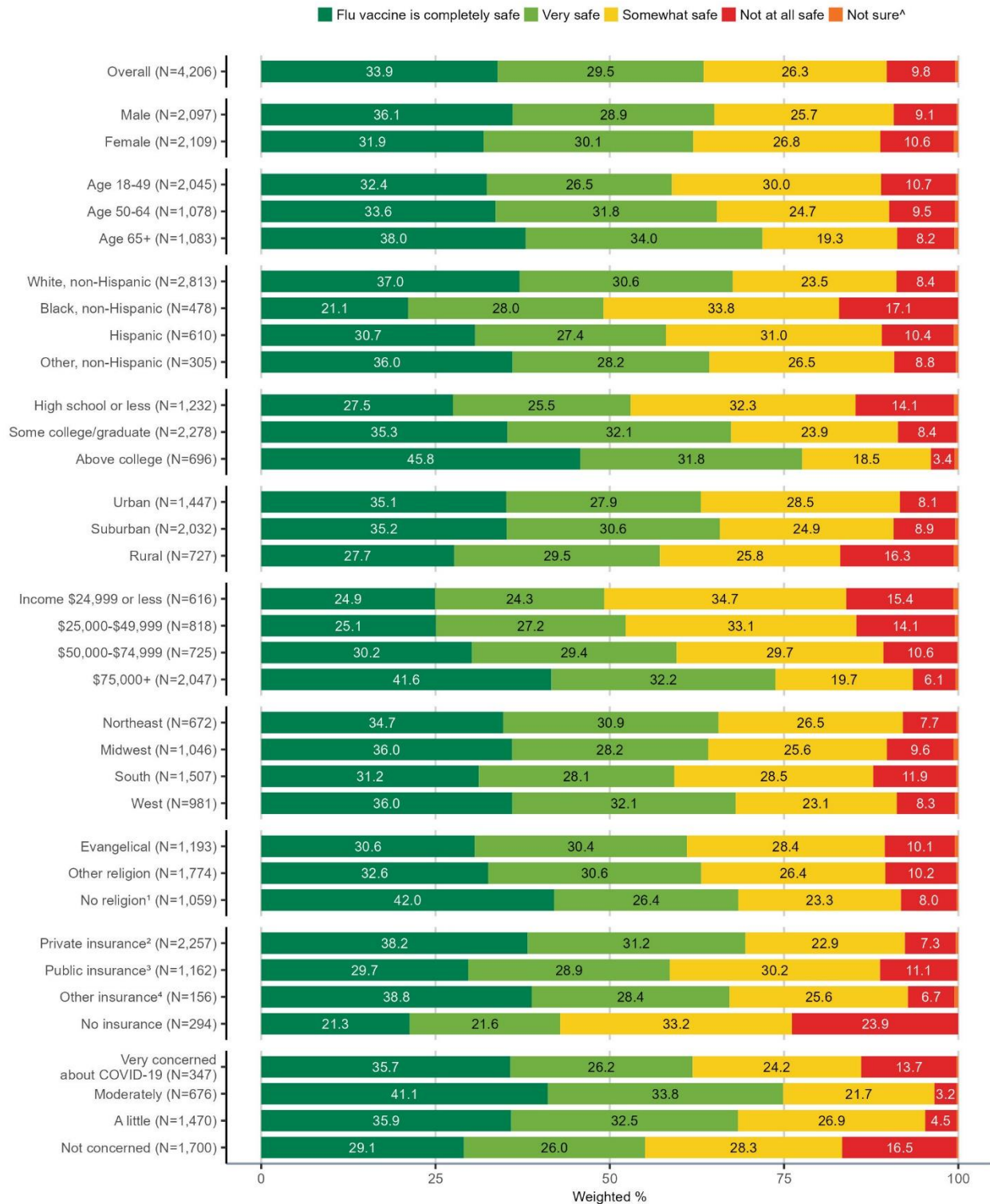
None of the above: None of the above

Confidence in COVID-19 vaccine safety, by demographics



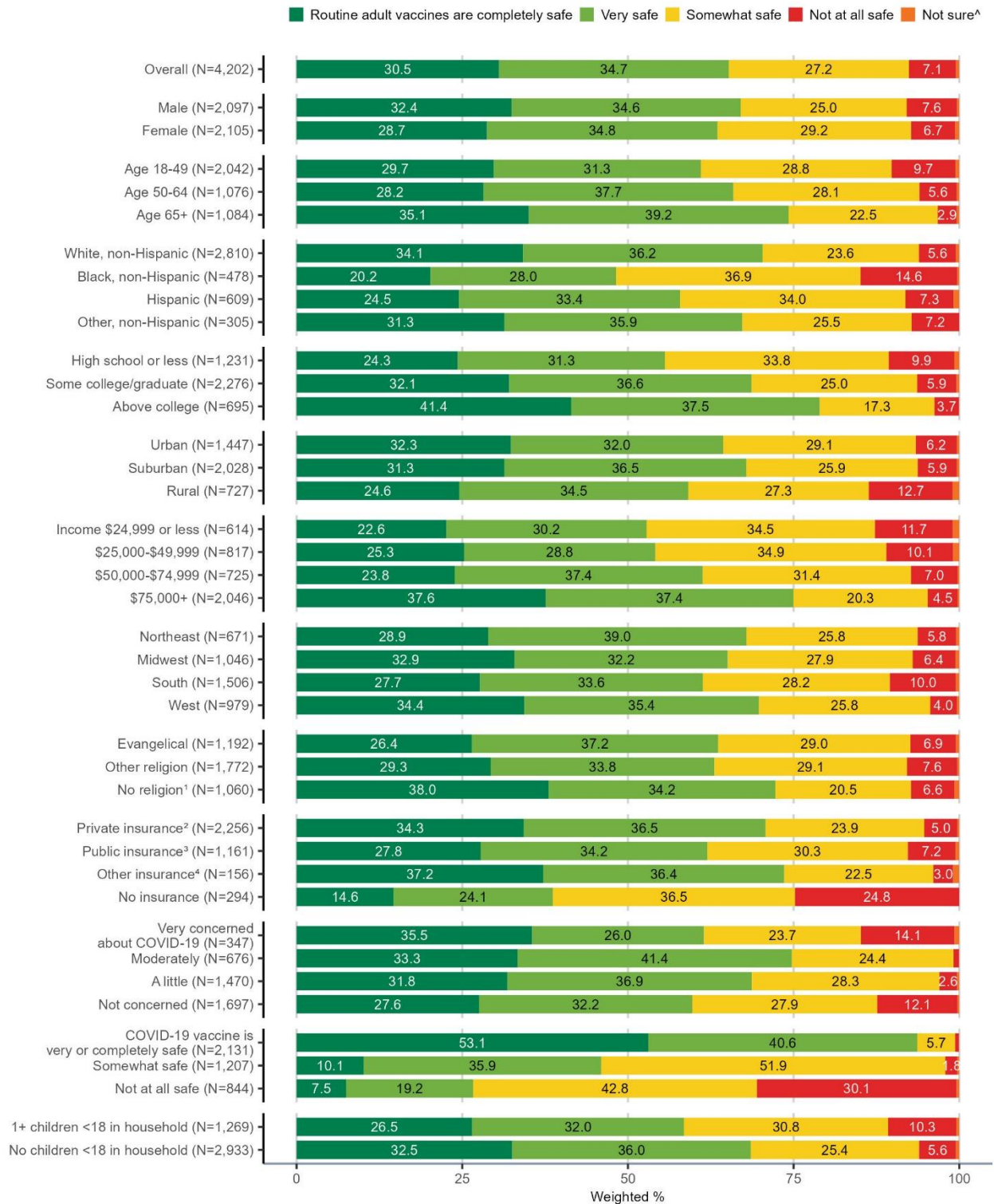
[^]Percent label not shown due to small size of category. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification.

Confidence in influenza vaccine safety, by demographics



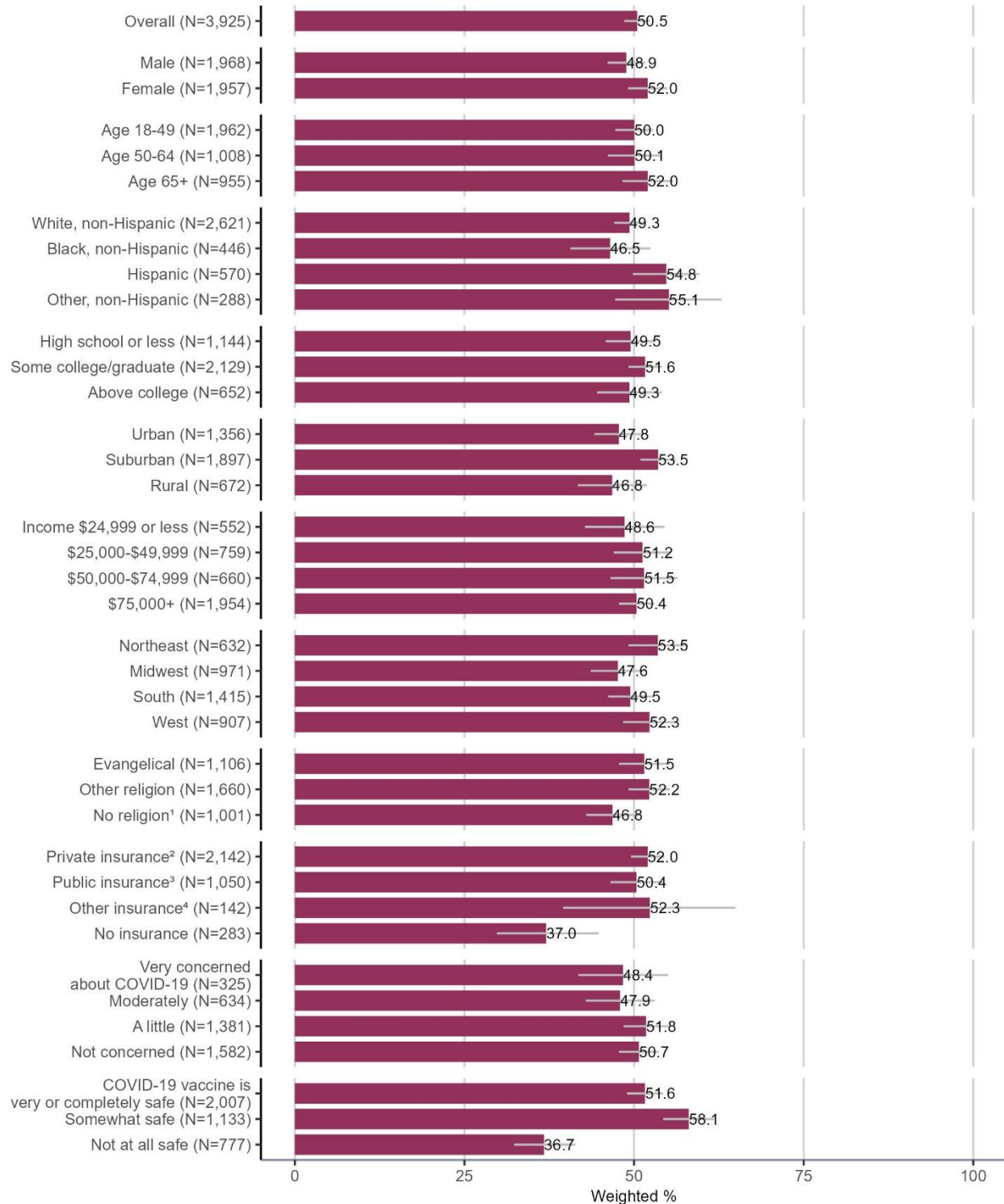
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Confidence in other routine adult vaccines safety, by demographics



[^]Percent label not shown due to small size of category. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Communiting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification.

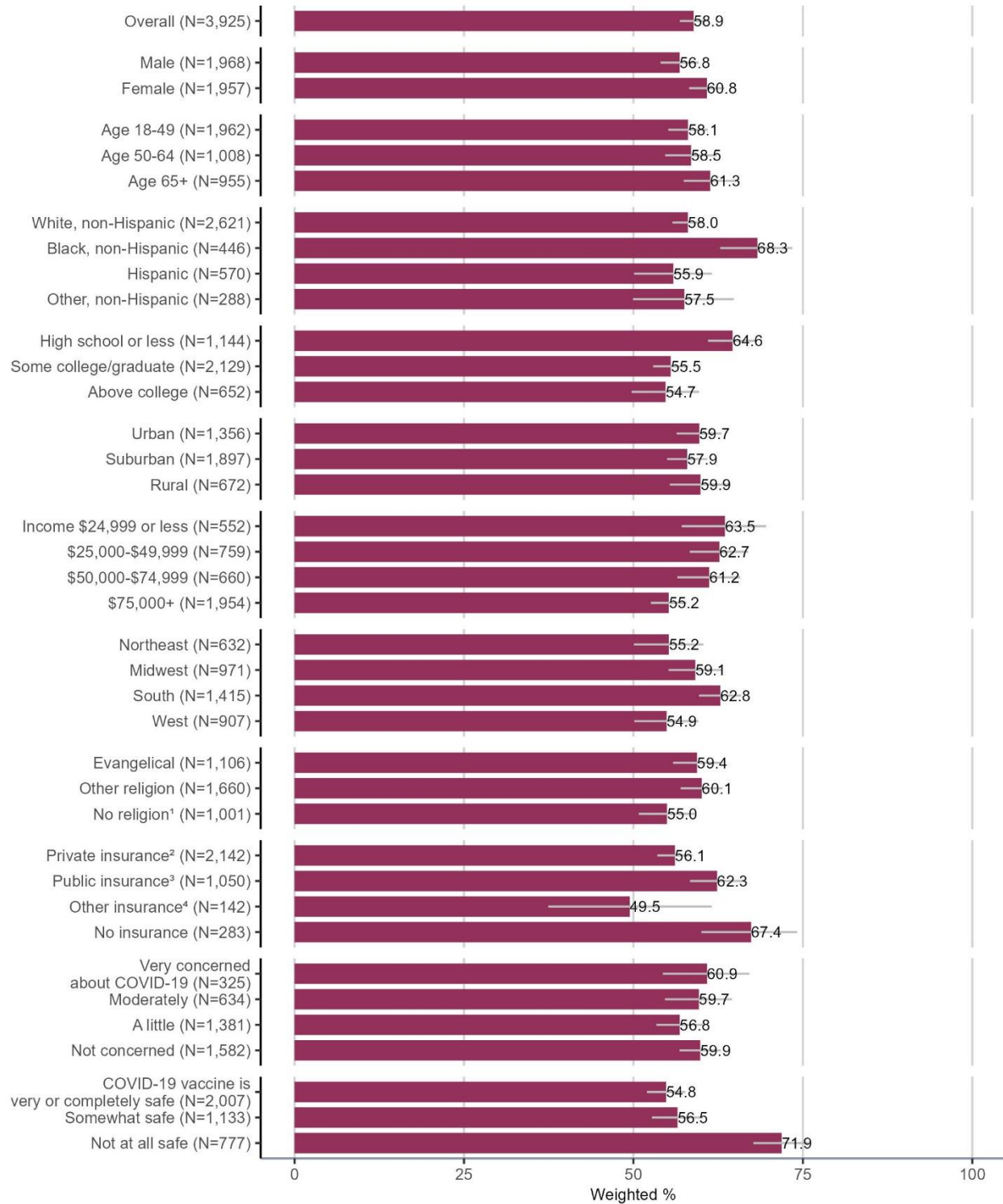
Percent who do not know they need a bivalent vaccine to be up-to-date, by demographics



Demographic subcategories with <30 respondents are suppressed. Categories under 2% are not labeled. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification.

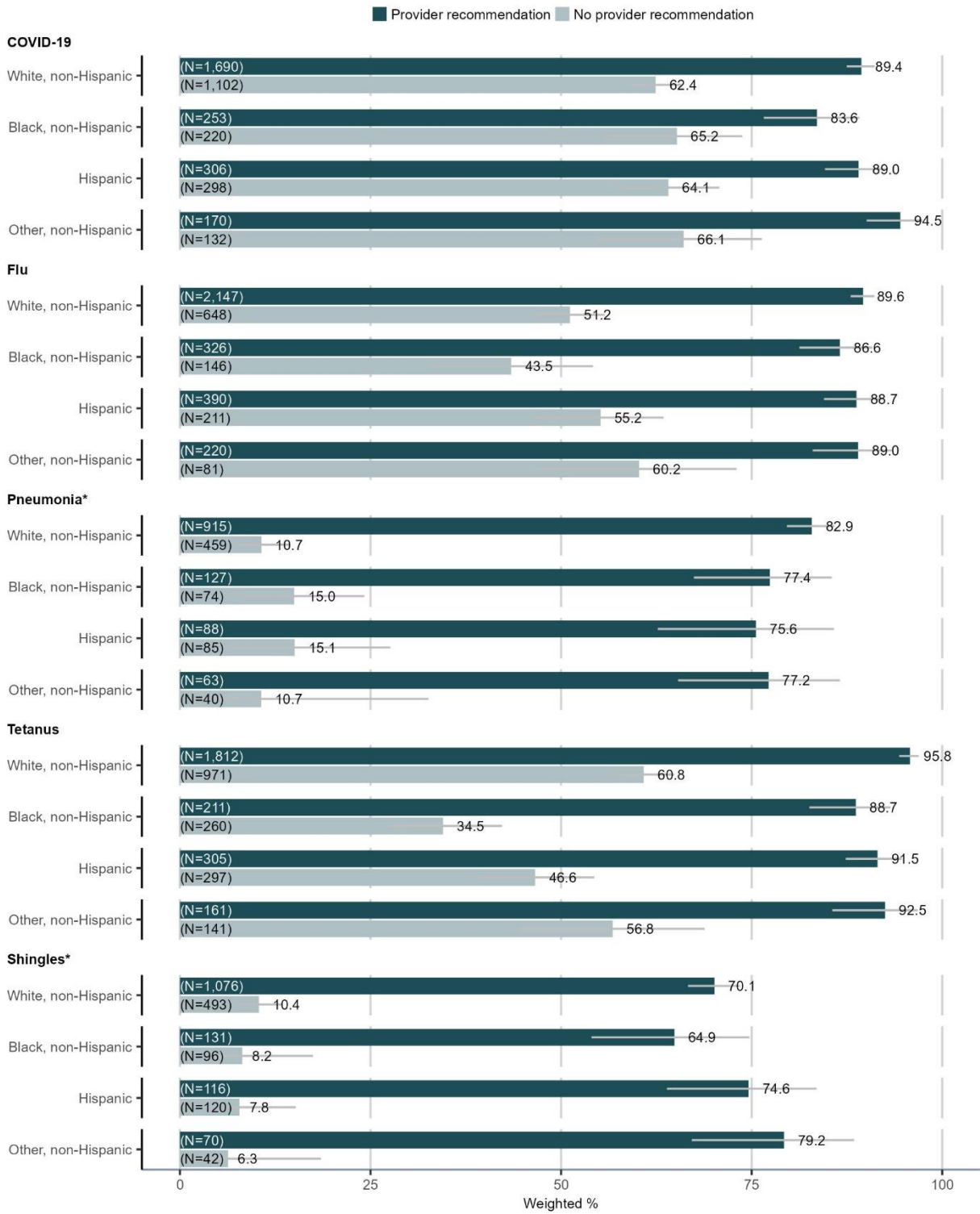
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Percent who do not know they can be up-to-date with a bivalent vaccine only, by demographics



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Vaccine receipt by healthcare provider recommendation and race and ethnicity



*Among those indicated to receive the vaccine based on age and/or high-risk conditions.