NCIRD

National Center for Immunization and Respiratory Diseases

RESULTS FROM OMNIBUS SURVEYS ON VACCINATION RECEIPT, INTENT, AND KABB

JULY 2023

Introduction and Methods:

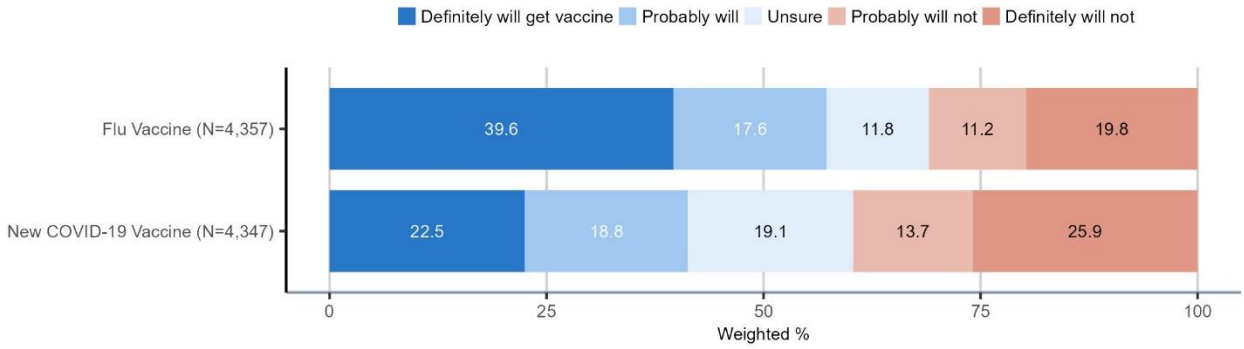
Data for this analysis were collected through the Ipsos Knowledge Panel and NORC AmeriSpeak Omnibus Surveys. CDC uses these surveys for rapid data collection on receipt, intent, knowledge, attitudes, beliefs, and behaviors (KABB) related to COVID-19, influenza, and other routine vaccinations. While coverage 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, in addition to demographic variables, to be fielded on two survey waves for each panel, for a total of four survey waves. For surveys fielded July 7-31, 2023, there were 4,370 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

Fall Respiratory Virus Vaccination Intent (among adults 18+)



The percent who definitely or probably will get a vaccine is significantly different between influenza and the new COVID-19 vaccine.

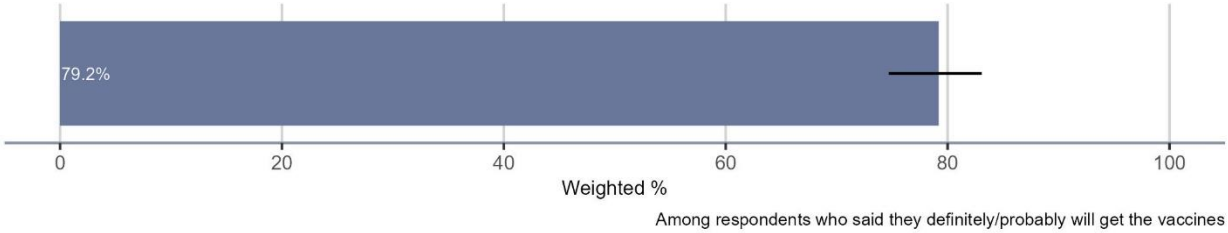
Selected demographic differences in percent who will definitely or probably get these vaccines (see full figures for Influenza and the new COVID-19 vaccine):

- For both vaccines, intent is higher among older adults and those with more education, lower among uninsured adults compared to those with insurance, and lower among those in the lowest income category (<$25,000).
- For influenza vaccine, intent is lower among those living in rural areas compared to those in suburban areas. For the new COVID-19 vaccine, intent is lower among those living in rural areas compared to those in both urban and suburban areas.
- For the new COVID-19 vaccine, intent is lowest among those who are not confident in the safety of COVID-19 vaccines and those who are not concerned about COVID-19.

Among all adults, 41.3% definitely or probably will get the new covid vaccine when available.

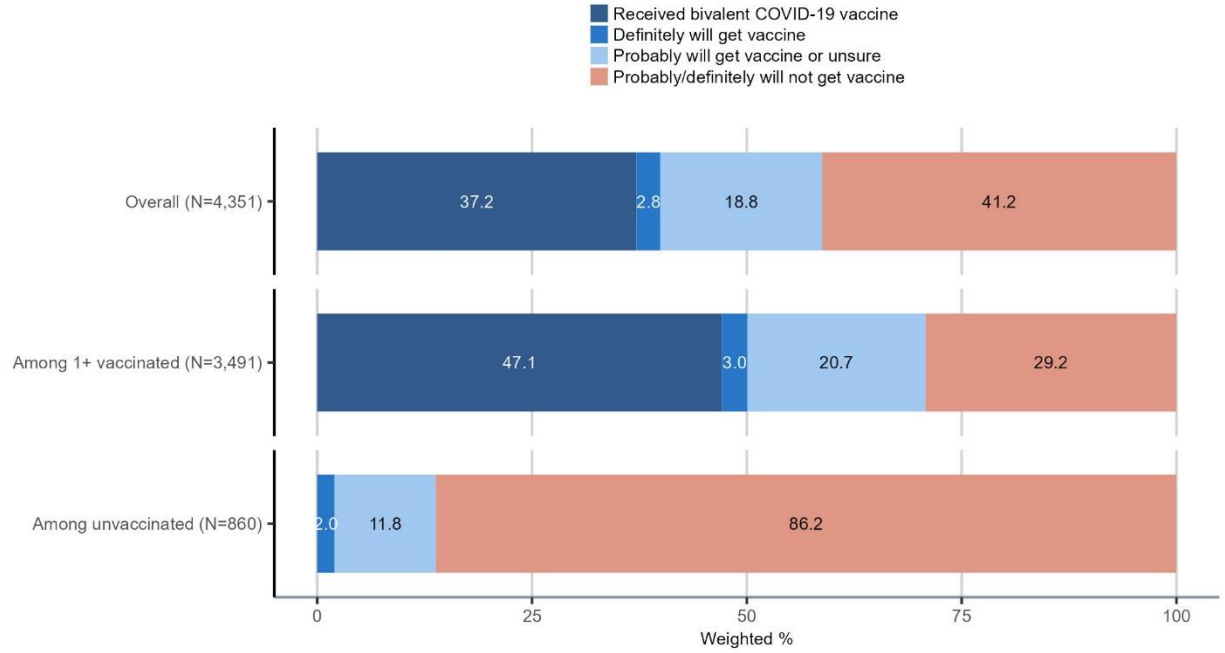
Among those with 1+ covid vaccination doses, 47.2% definitely or probably will get the new vaccine. In October 2022, 62.6% of those with 1+ covid vaccination doses either already received the bivalent vaccine or said they definitely or probably would.

Intent to get influenza vaccine and the new COVID-19 vaccine during the same visit this fall (among adults 18+, N=373)



- This question was only included on one survey fielding in July. There were not enough observations to further stratify results by demographic categories.

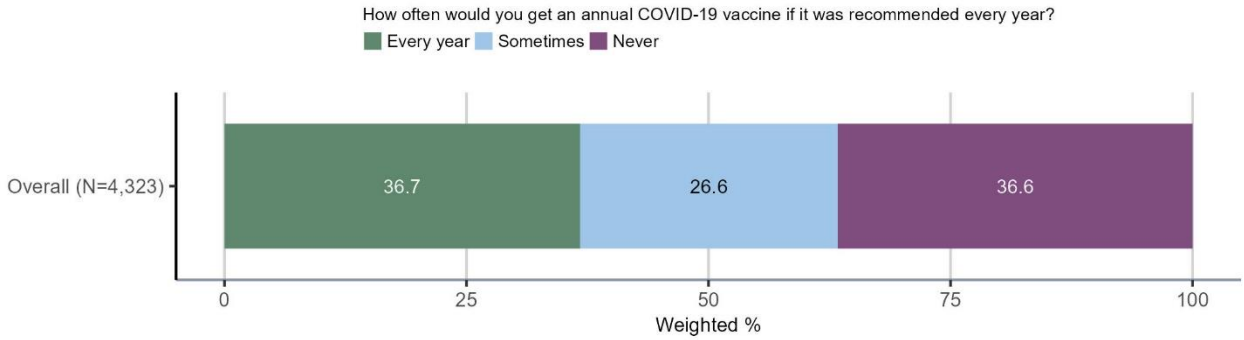
Bivalent COVID-19 vaccine receipt and intent (among adults 18+)



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 Midwest and South were less likely than those in the Northeast and West.
- Hispanic and Black non-Hispanic adults were more likely to be open to vaccination (definitely, probably, or unsure if they will get a bivalent vaccine) than White non-Hispanic adults.

Attitude towards COVID-19 as a routine annual vaccine (among adults 18+)



Selected demographic differences:

- Intent to get an annual COVID-19 vaccine (responded 'every year' or 'sometimes') increased with age and education, and was higher for the highest income group ($75,000+) compared to lower income groups.
- Intent was highest among Other, non-Hispanic adults compared to other groups.
- Uninsured adults had lower intent than insured adults.
- Intent was lower among those living in rural areas, those who are not confident in the safety of COVID-19 vaccines, and those who are not concerned about COVID-19.

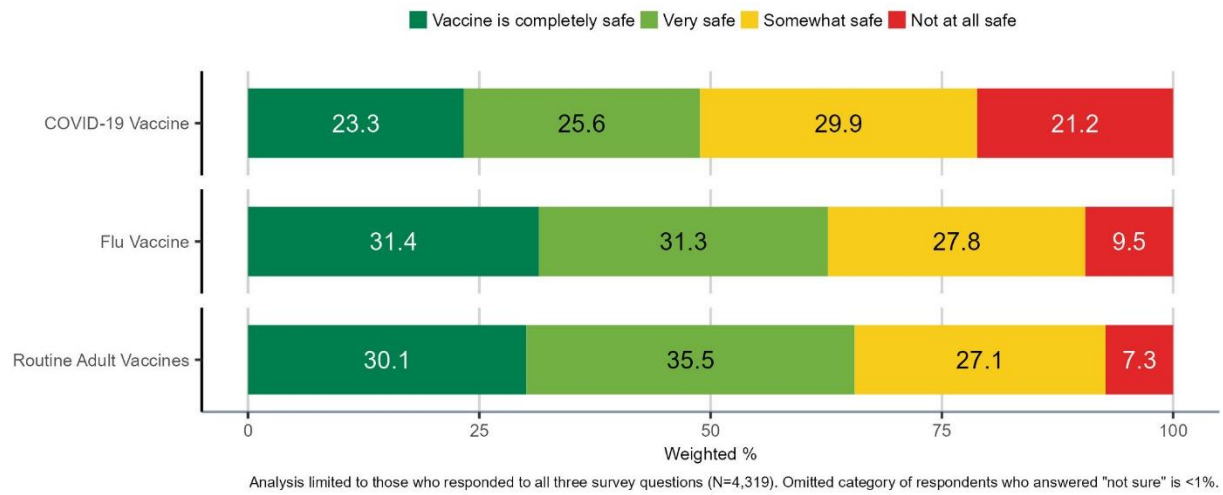
Top concerns or issues regarding bivalent COVID-19 vaccine		
	Received 1+ doses of COVID-19 vaccine but not the bivalent vaccine*	Unvaccinated with any COVID-19 vaccine*
Definitely will get	• Too busy or kept forgetting (17.7%) • No provider recommendation (16.8%)	Omitted (N<30)
Probably will get / unsure	• No provider recommendation (22.5%) • Had enough vaccines (22.3%) • Too busy or kept forgetting (21.1%) • Unknown serious side effects (12.7%)	• Unknown serious side effects (37.9%) (difficult to rank these as confidence intervals are wide)
Probably or definitely will NOT get	• Had enough vaccines (40.1%) • Unknown serious side effects (39.3%) • Not enough studies (31.8%) • Effectiveness (26.9%) • Heart-related issues (25.9%) • Do not trust government/pharma (25.5%)	• Unknown serious side effects (60.5%) • Do not trust government/pharma (51.7%) • Not enough studies (49.1%) • Heart-related issues (44.0%) • Effectiveness (34.7%)

*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.*	
Race and Ethnicity	• White non-Hispanic adults were more likely to cite lack of trust in the government or pharmaceutical companies • Hispanic adults were less likely to select 'none of the above' than other groups
Income	• Those in the lowest income category (<$25K) were less likely than those with higher incomes to cite perceived natural immunity
Insurance Status	• Those with no insurance were more likely than those with public or private insurance to cite fertility issues, unknown serious side effects, do not trust government or pharmaceutical companies, had enough vaccines, cost/time concerns, or select 'none of the above'
Age	• Those aged 18-49 were more likely to cite concerns about fertility, or to say they were too busy or kept forgetting • Those aged 50-64 were more likely to cite lack of trust in the government or pharmaceutical companies • Those aged 65+ were less likely to cite side effects, no provider recommendation, or not enough studies and more likely to select 'none of the above'

*Results include all respondents, regardless of vaccination status. 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 (among adults 18+)

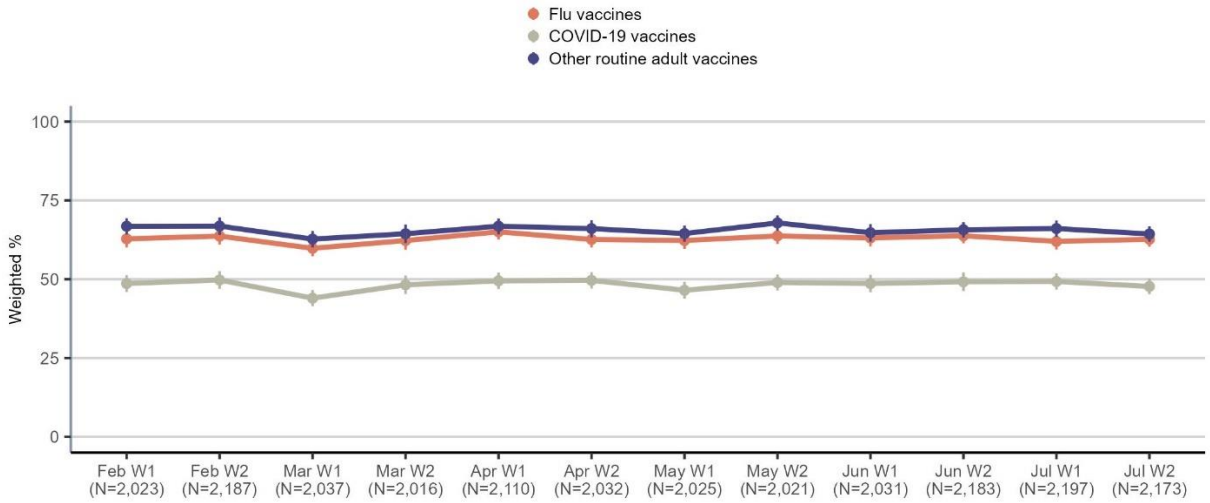


Analysis limited to those who responded to all three survey questions (N=4,319). Omitted category of respondents who answered "not sure" is <1%.

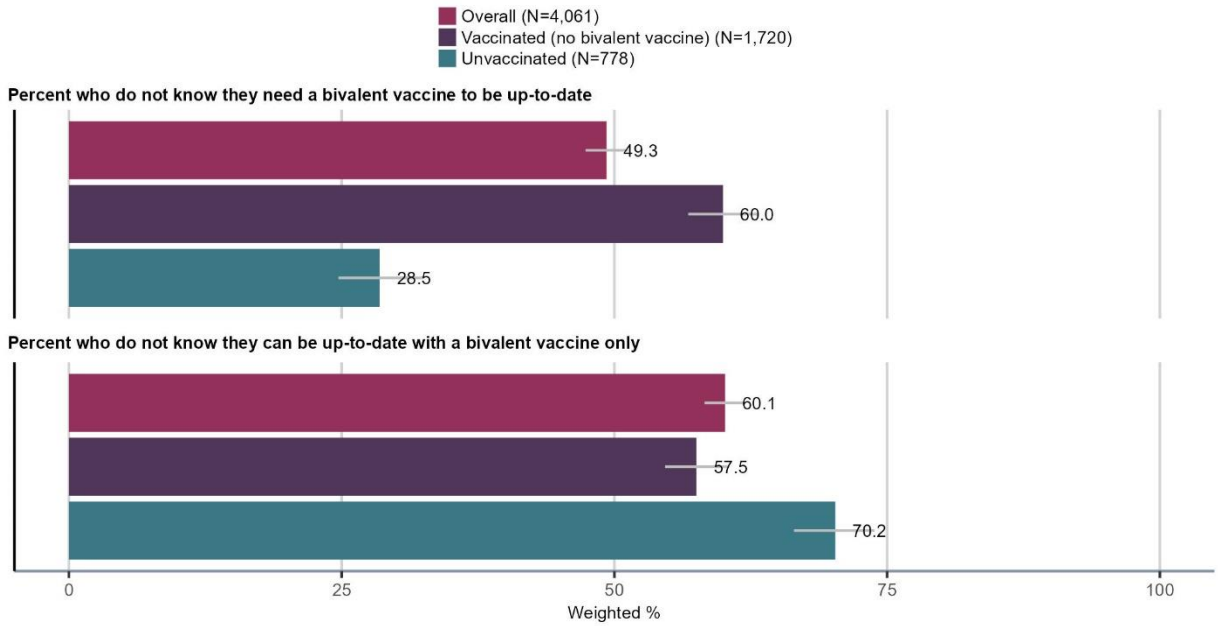
Selected demographic differences in percent responding a vaccine is completely/very safe (see full figures for COVID-19, Influenza, and other routine vaccines):

- Adults aged 65+ were more confident in vaccine safety than other groups for all vaccines.
- Confidence in vaccine safety increased with education and income.
- Hispanic and Black non-Hispanic adults were less confident than White and Other non-Hispanic adults in the safety of influenza and other routine adult vaccines. Black non-Hispanic adults were the least confident in the safety of other routine adult vaccines. Other non-Hispanic adults were more confident in the safety of COVID-19 vaccines than other adults.
- Those from rural areas are less confident in COVID-19 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 Midwest and South were less confident in safety across vaccines than those from the West.
- 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-July 2023 (among adults 18+)



Knowledge of current COVID-19 vaccine recommendations (among adults 18+)

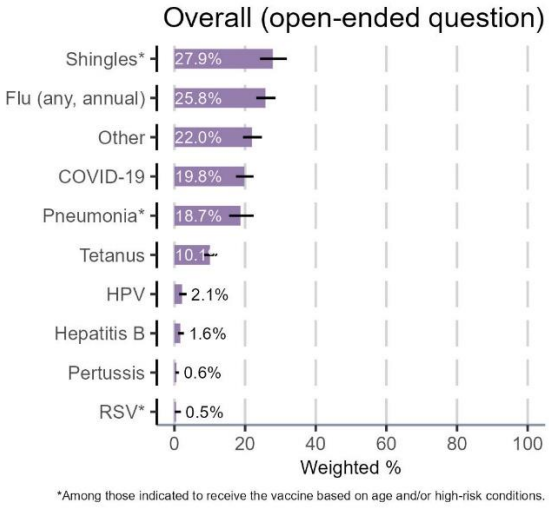


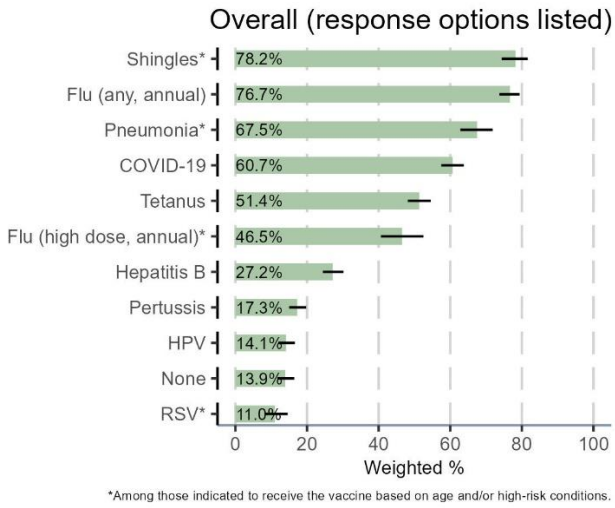
These results come from responses to the bolded portions of the following question:

> 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**
> 2. 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 60% of those with at least one dose of COVID-19 vaccine but no bivalent dose. Click here to view the detailed demographic figure.
- 60.1% of all respondents did not know that a bivalent vaccine dose only is now considered 'up to date.' This includes 70.2% of those who are completely unvaccinated and would only need the one bivalent dose. Click here to view the detailed demographic figure.

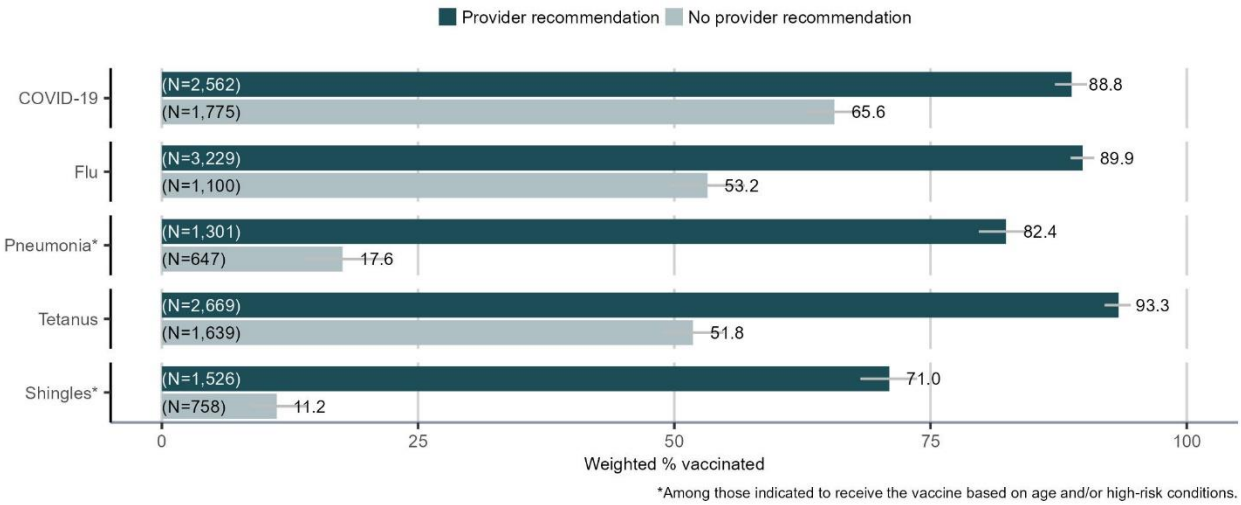
What vaccines do you believe are recommended for someone your age with your health history? (among adults 18+, N=998)





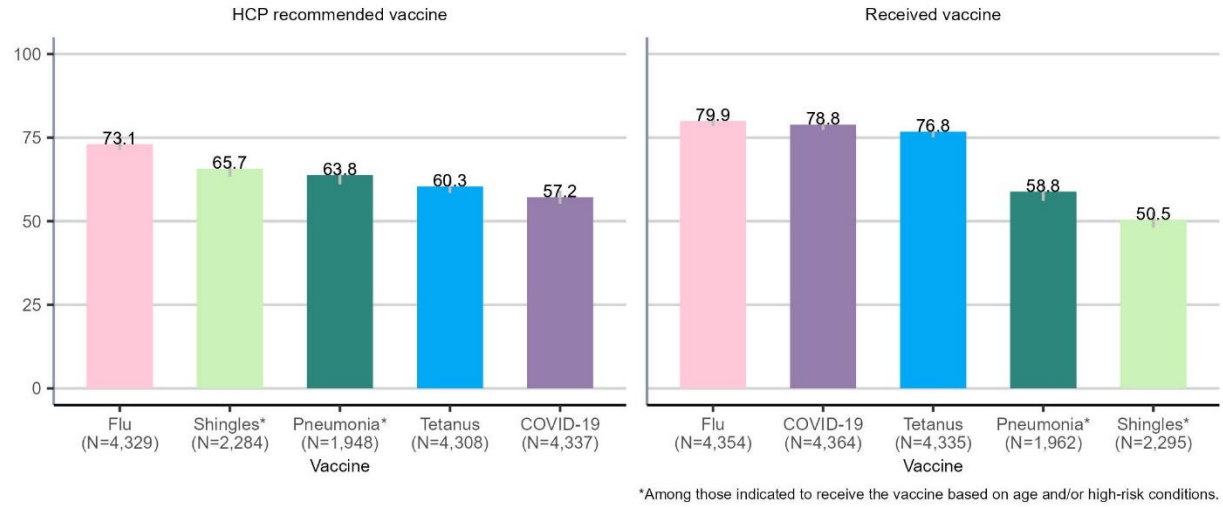
- Respondents were first asked to list recommended vaccines in an open-ended question. They were then shown a list of vaccines and asked to select all that apply. These questions were only included on one survey fielding in July.
- For the figure on the right, "Flu (any, annual)" includes those who selected "Flu (regular, annual)" and/or "Flu (high dose, annual)." Three-quarters of all respondents correctly selected flu as a recommended vaccine; however, less than half of those eligible for a high dose flu vaccine selected that option.

Vaccine receipt by healthcare provider recommendation (among adults 18+)



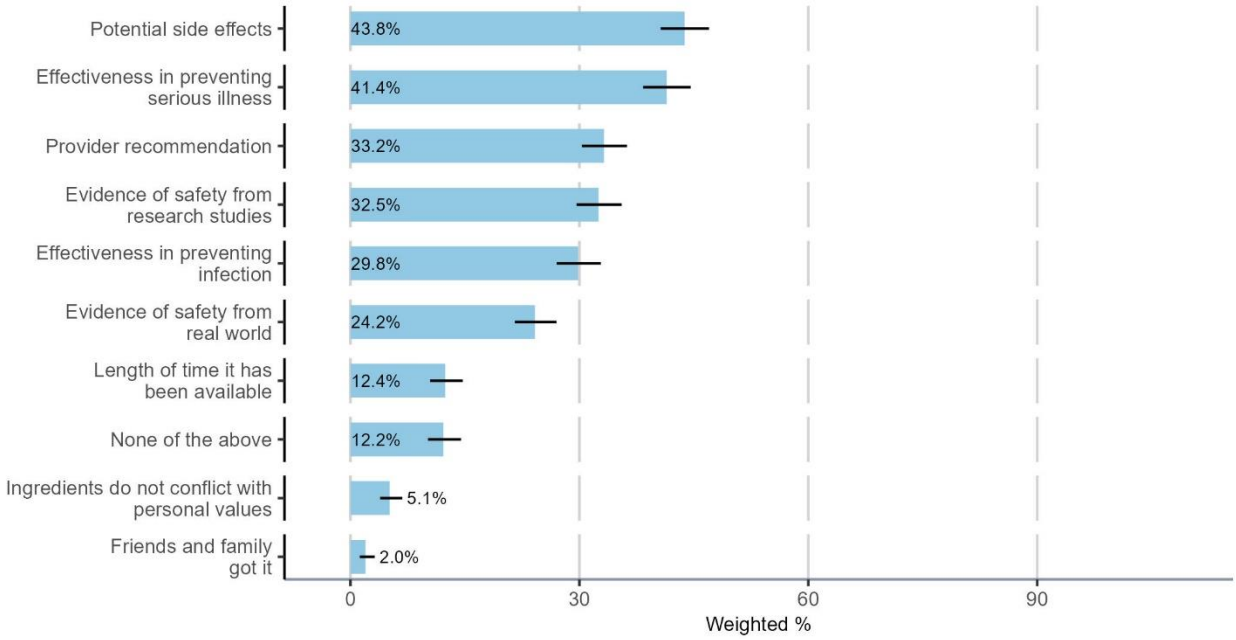
- Those who received a provider recommendation were more likely to receive the recommended vaccine across all vaccines.
- The disparity is larger for pneumonia and shingles vaccines, thus provider recommendation is even more important.
- Among those who received a provider recommendation for COVID-19 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 and Other non-Hispanic adults.
- Click here to view the detailed results by race and ethnicity

"Has a health care provider ever recommended/have you ever gotten the following vaccine(s)?" (among adults 18+)



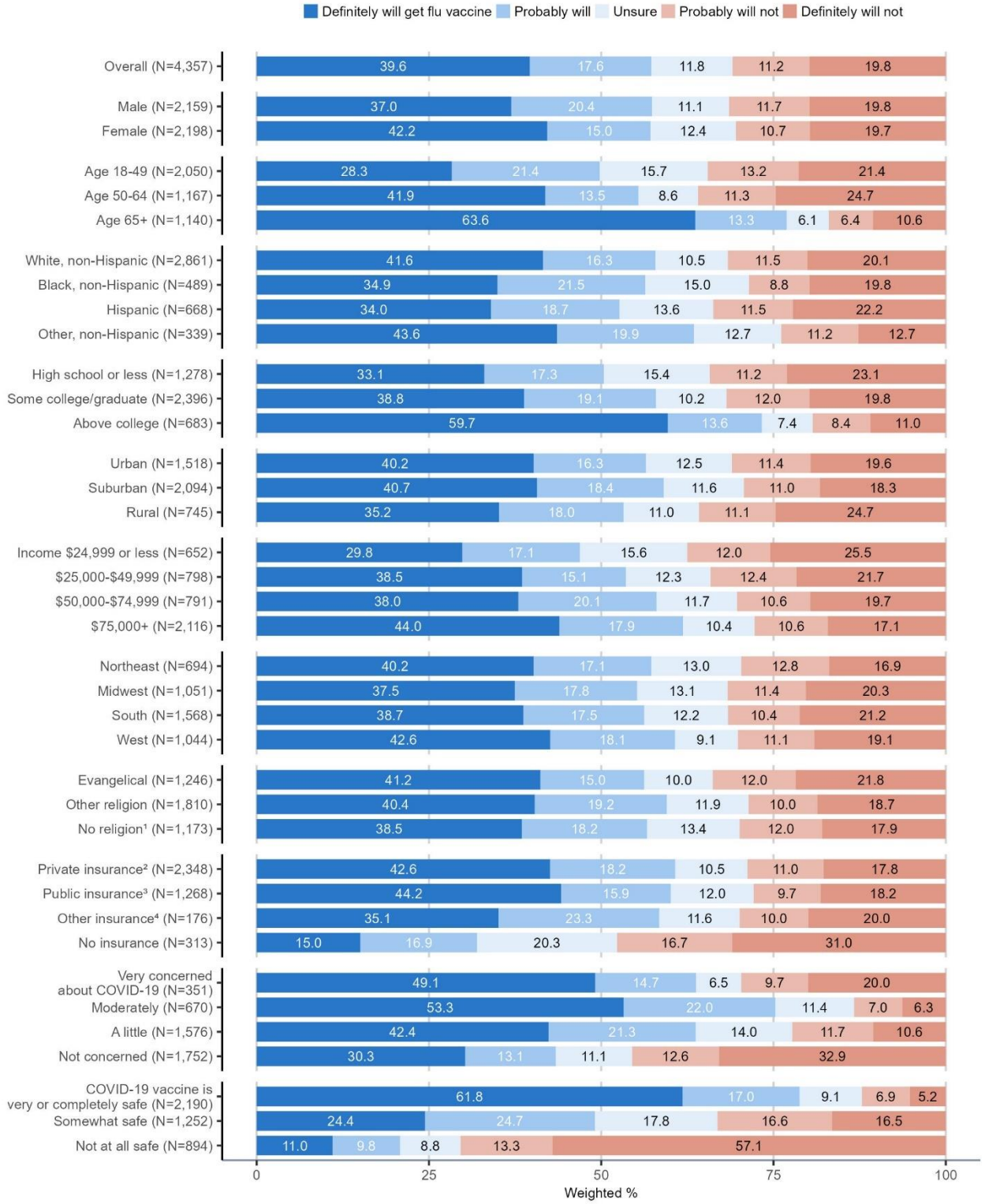
- Among those eligible for each vaccine, a higher percentage were recommended influenza vaccine compared to other vaccines. A higher percentage received influenza, COVID-19, and tetanus vaccines compared to pneumonia and shingles.

When deciding whether or not to get a vaccine, what information is more important to you? (among adults 18+, N=1,006)



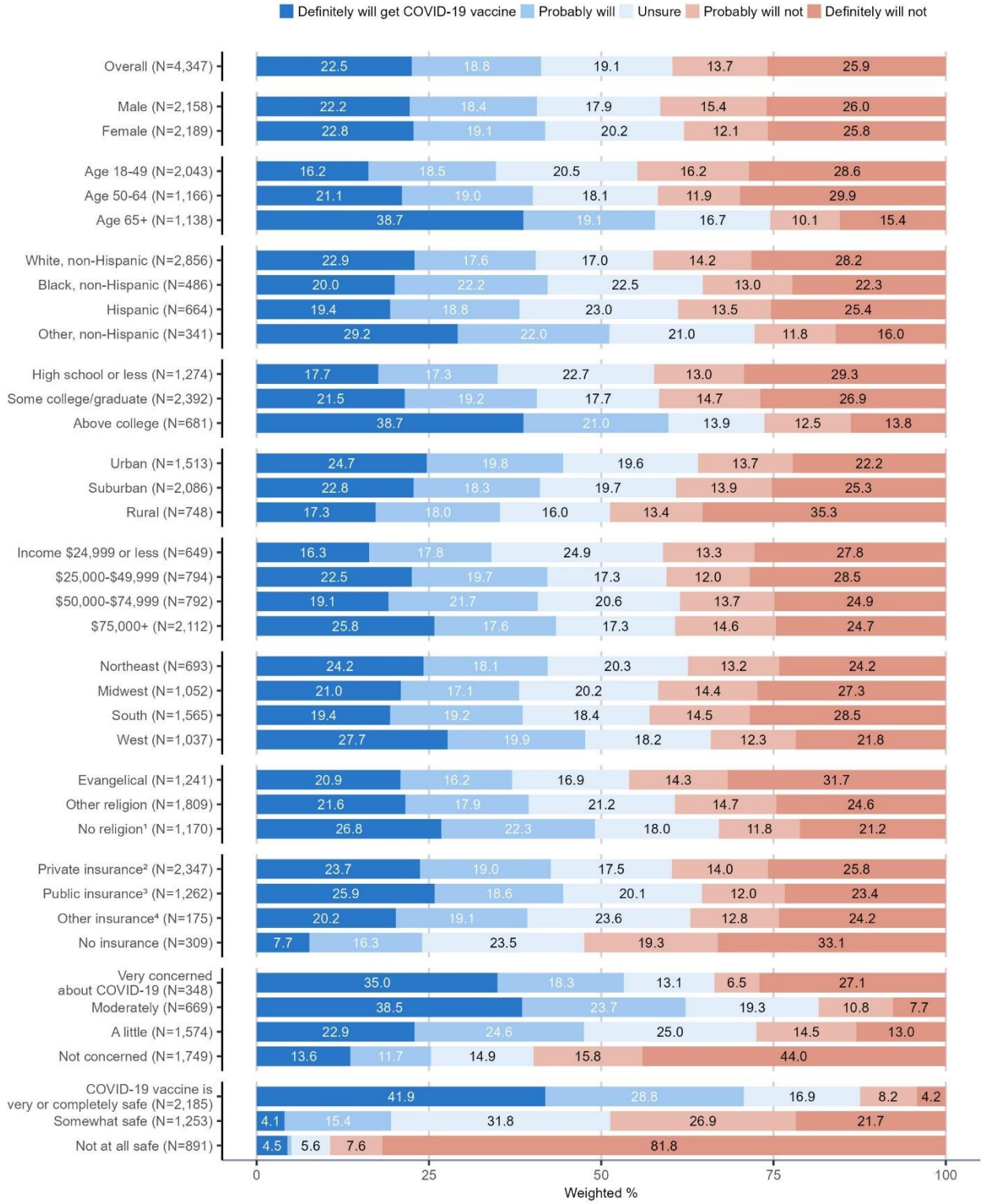
- Respondents were asked to select up to three choices. This question was only included on one survey fielding in July.

Influenza vaccine intent, by demographics



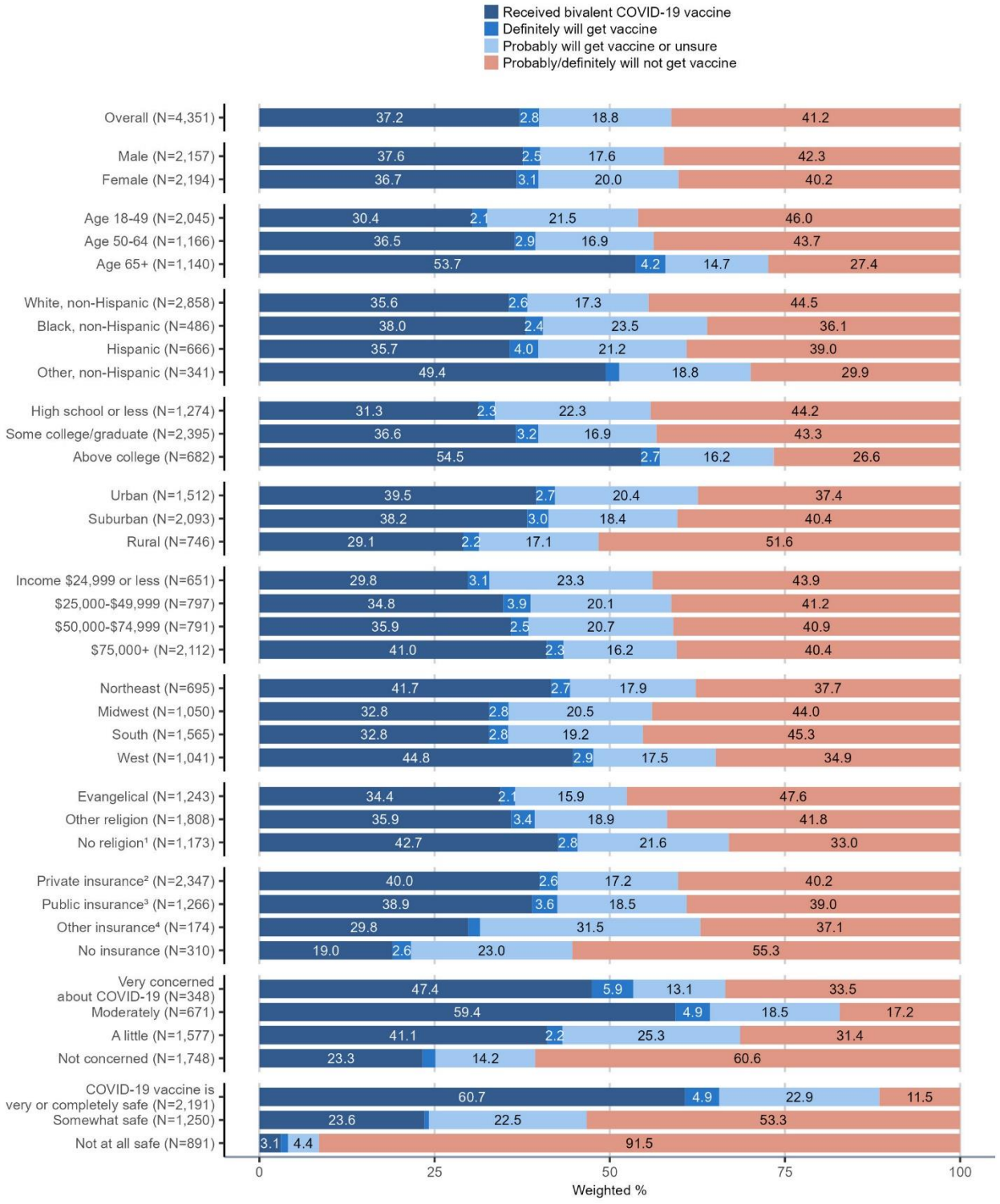
¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC and Ipsos base urbanicity on different, but comparable 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.

New COVID-19 vaccine intent, by demographics



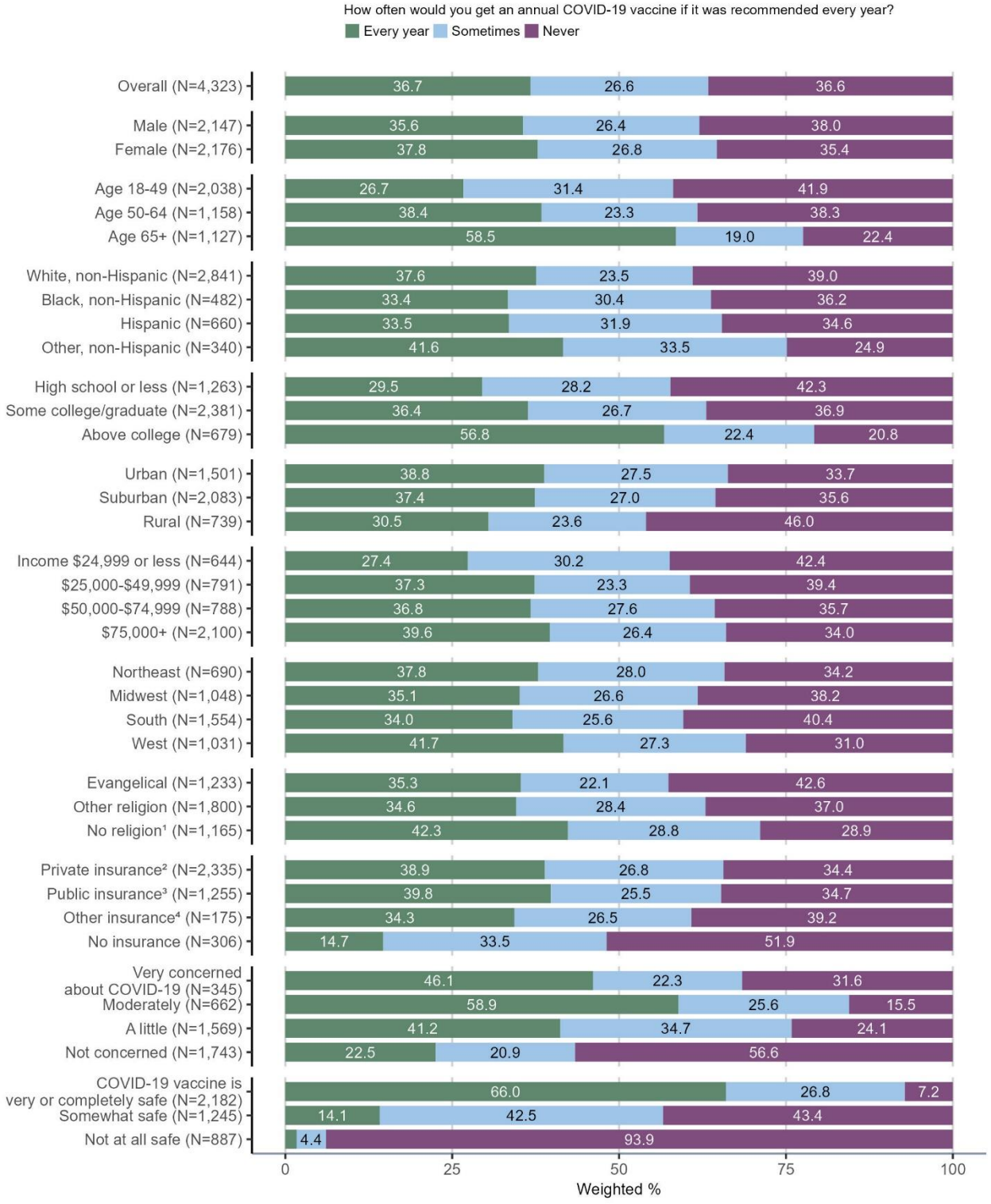
¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC and Ipsos base urbanicity on different, but comparable 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.

Bivalent COVID-19 vaccine receipt and intent, by demographics



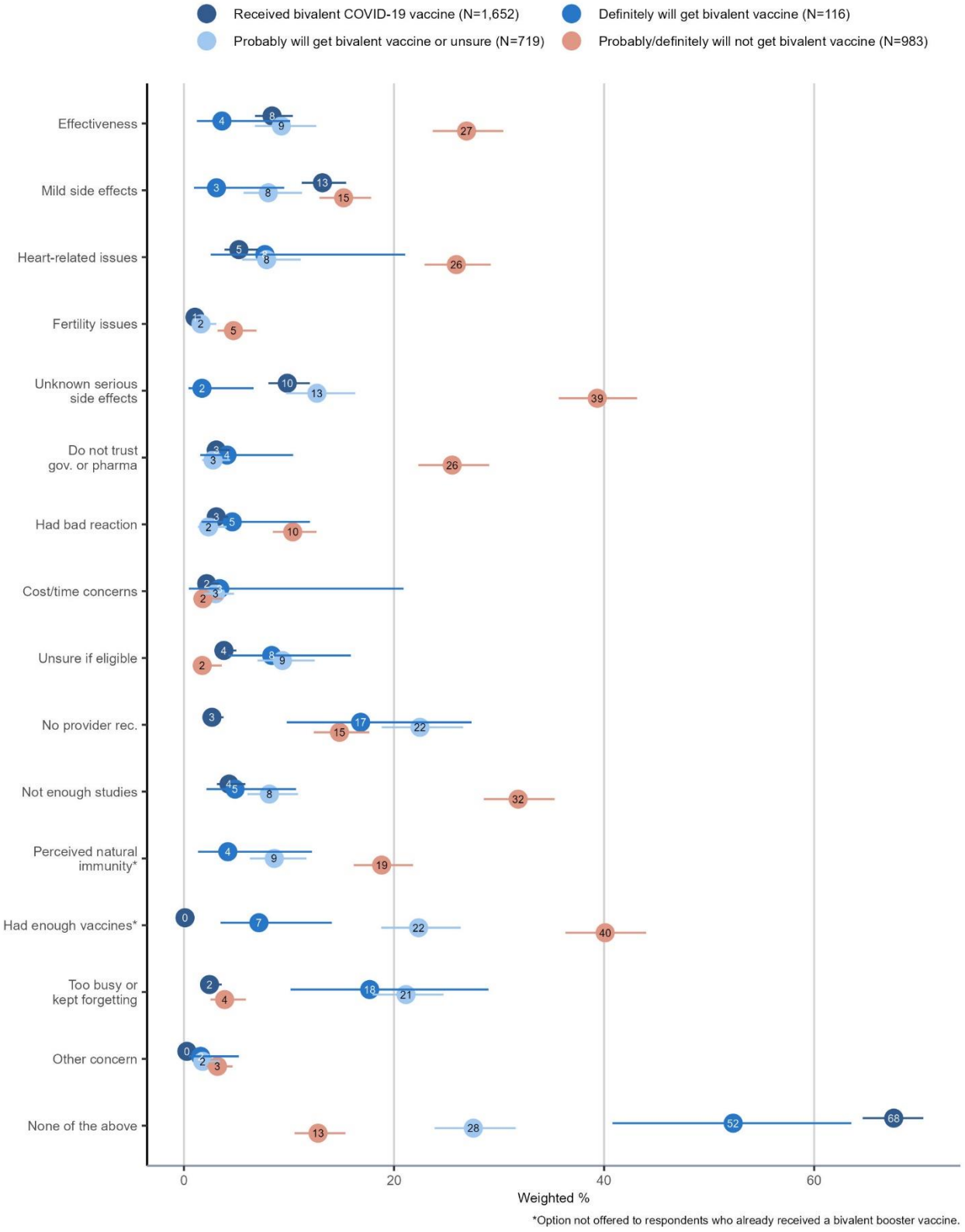
Demographic subcategories with <30 respondents are suppressed. Categories under 2% are not labeled. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and 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.

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

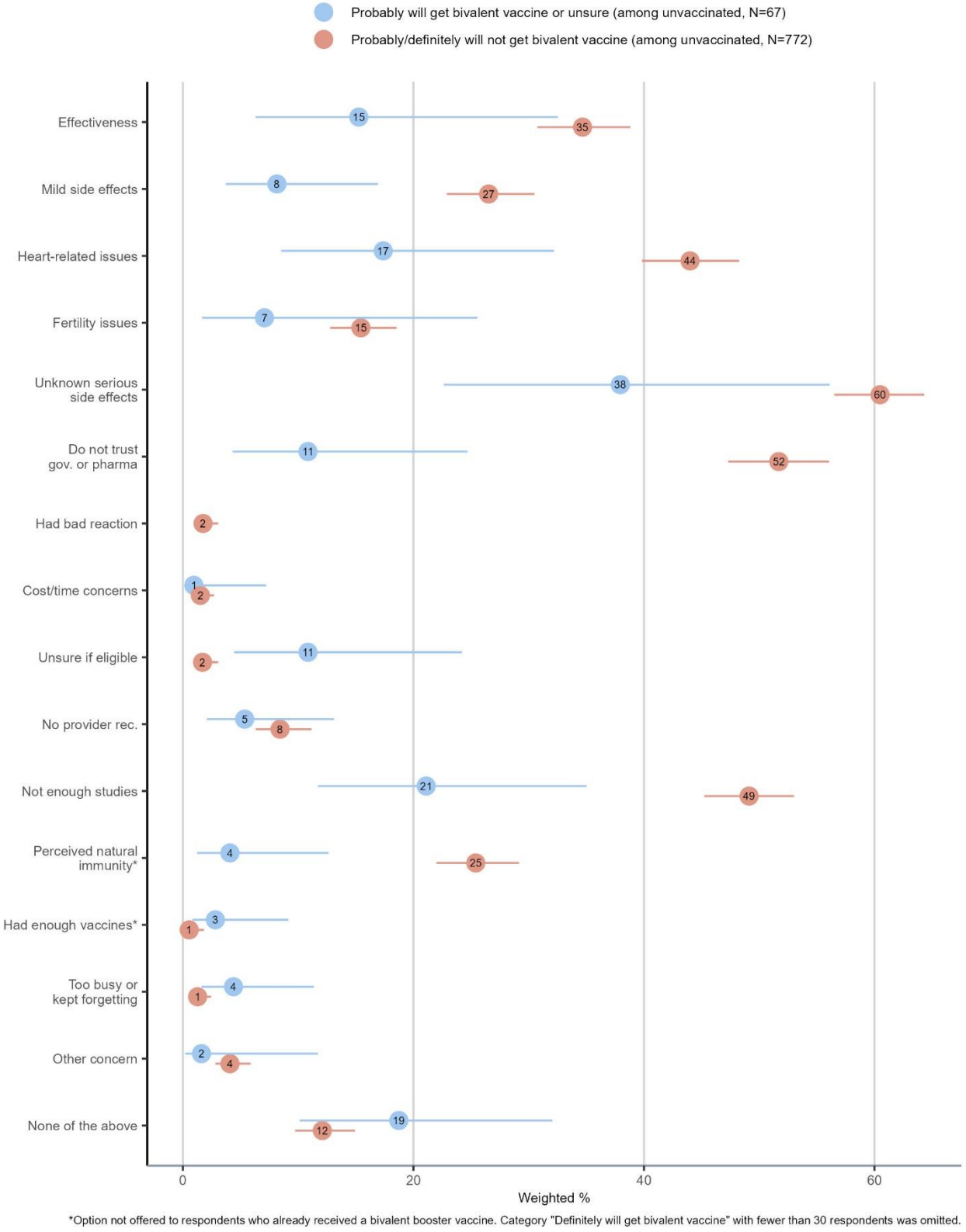


Demographic subcategories with <30 respondents are suppressed. Categories under 2% are not labeled. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and 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.

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

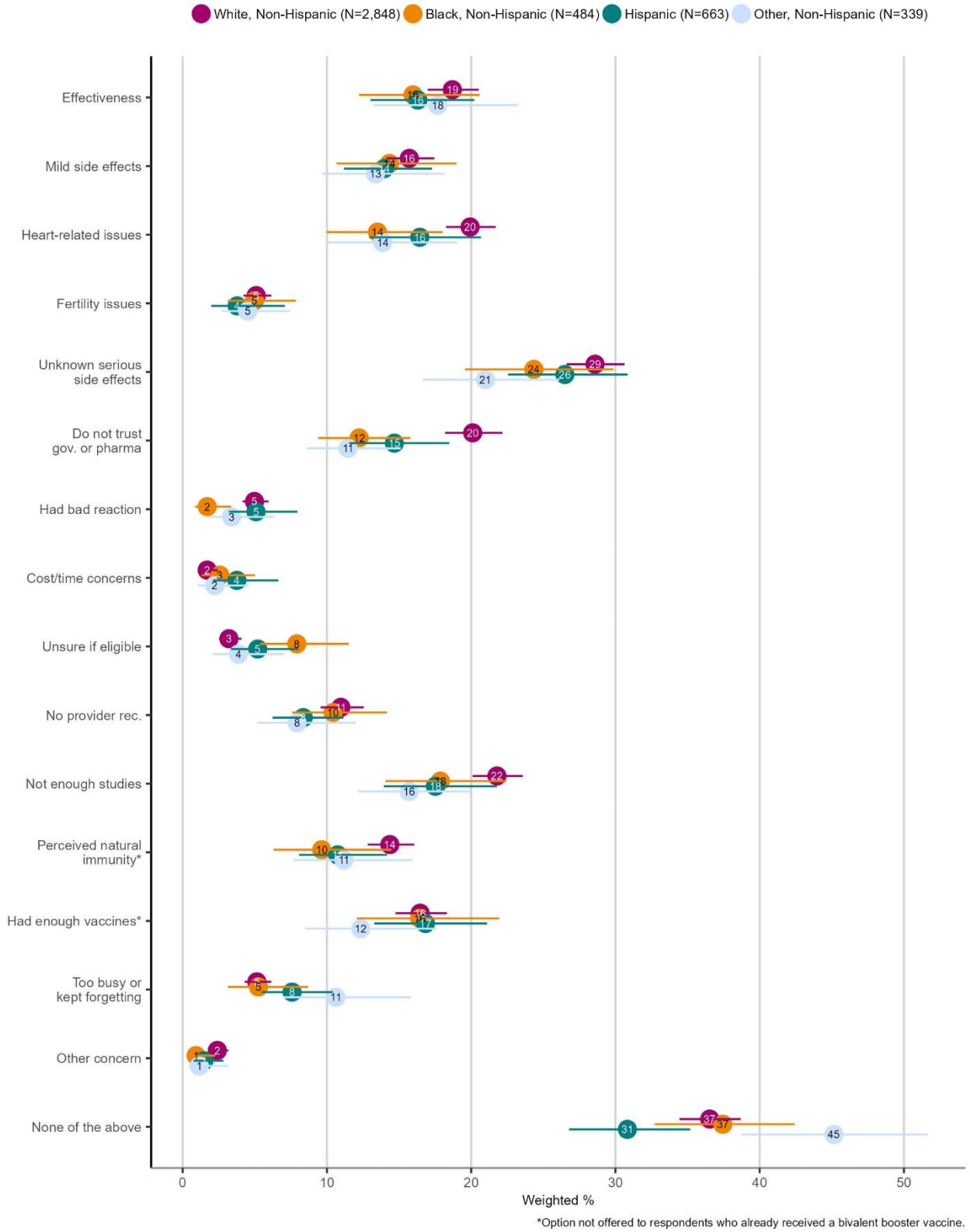


Concerns and issues about bivalent vaccine receipt, by bivalent vaccine intent (among those unvaccinated with any COVID-19 vaccine)

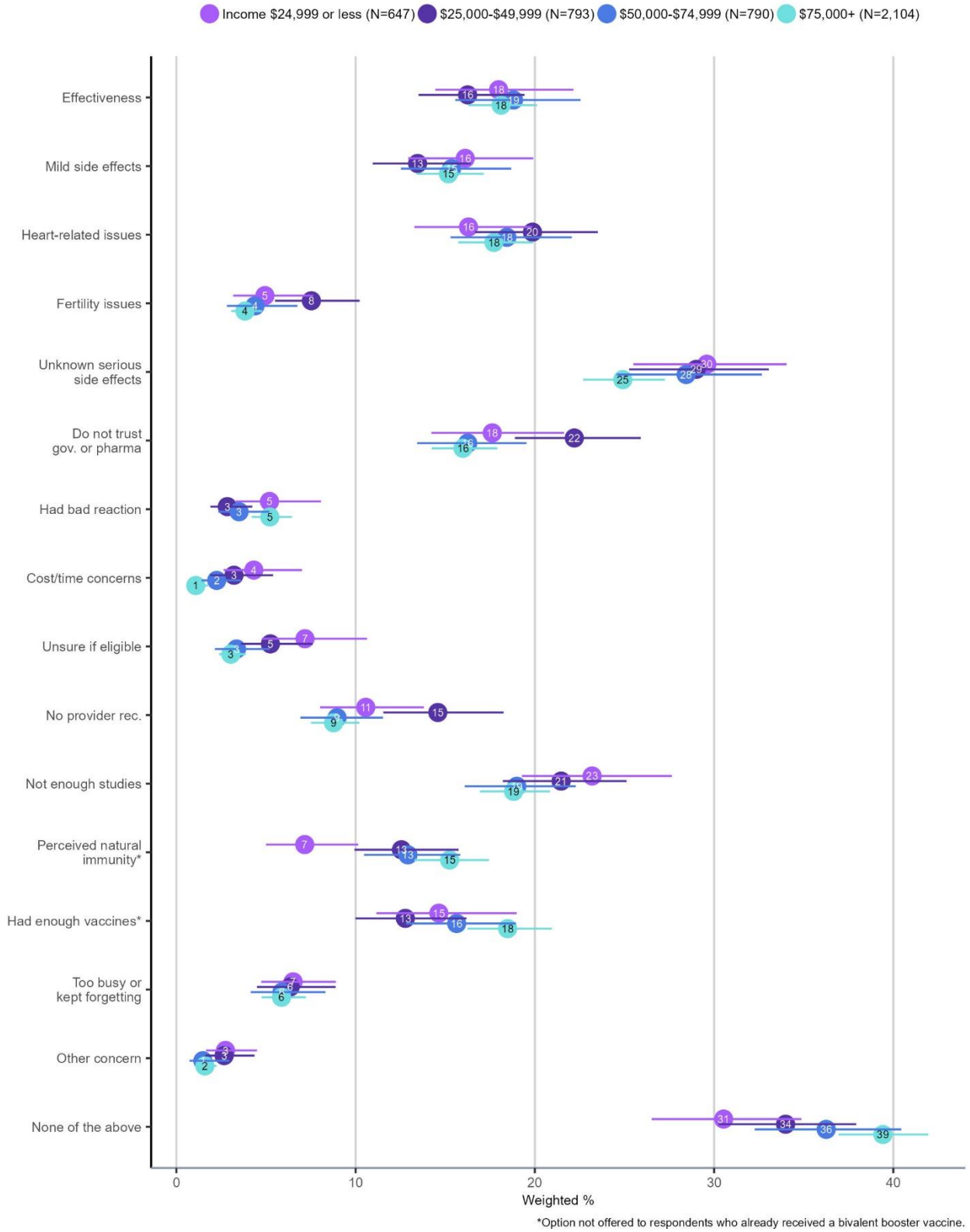


*Option not offered to respondents who already received a bivalent booster vaccine. Category "Definitely will get bivalent vaccine" with fewer than 30 respondents was omitted.

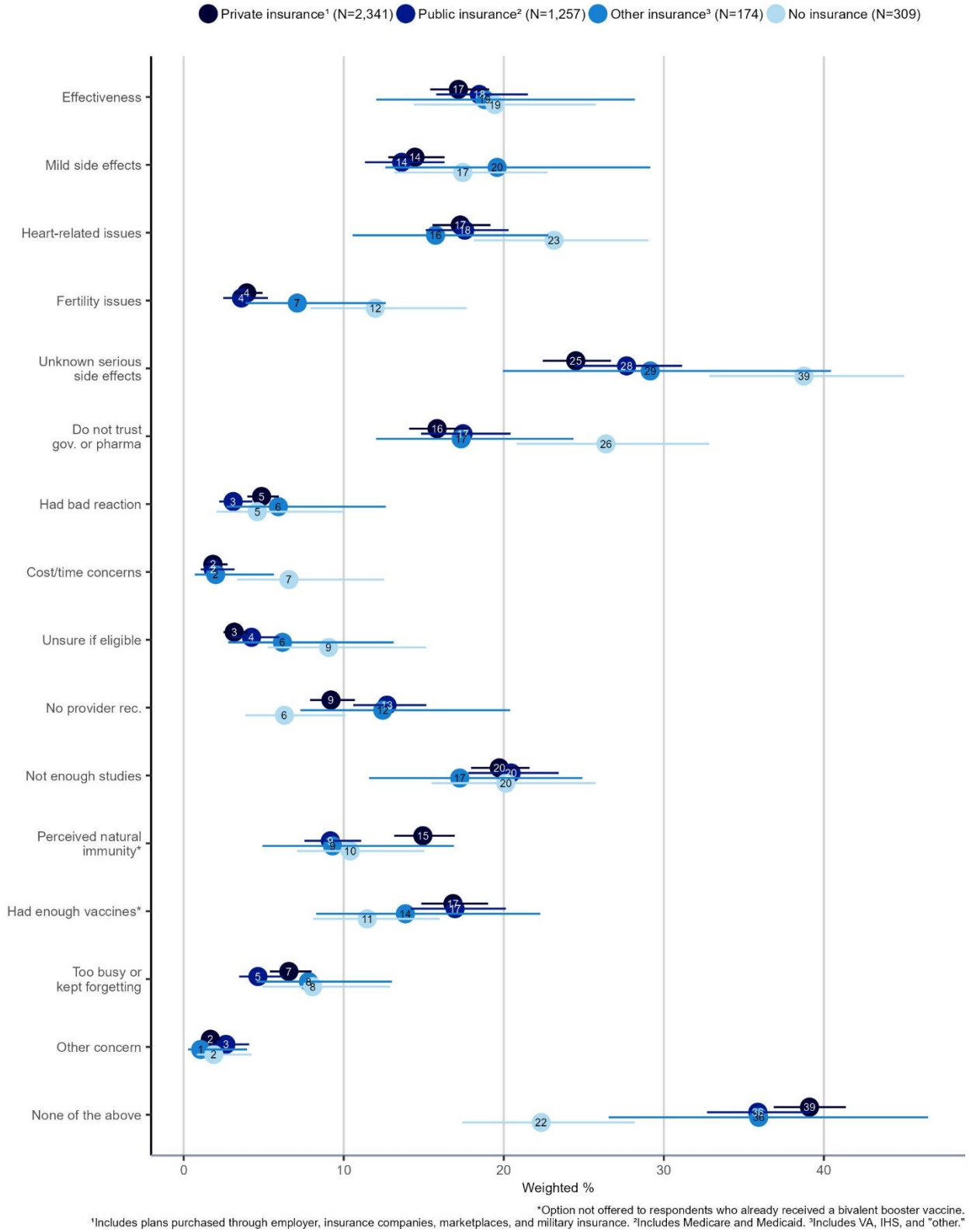
Concerns and issues about bivalent vaccine receipt, by race and ethnicity



Concerns and issues about bivalent vaccine receipt, by income

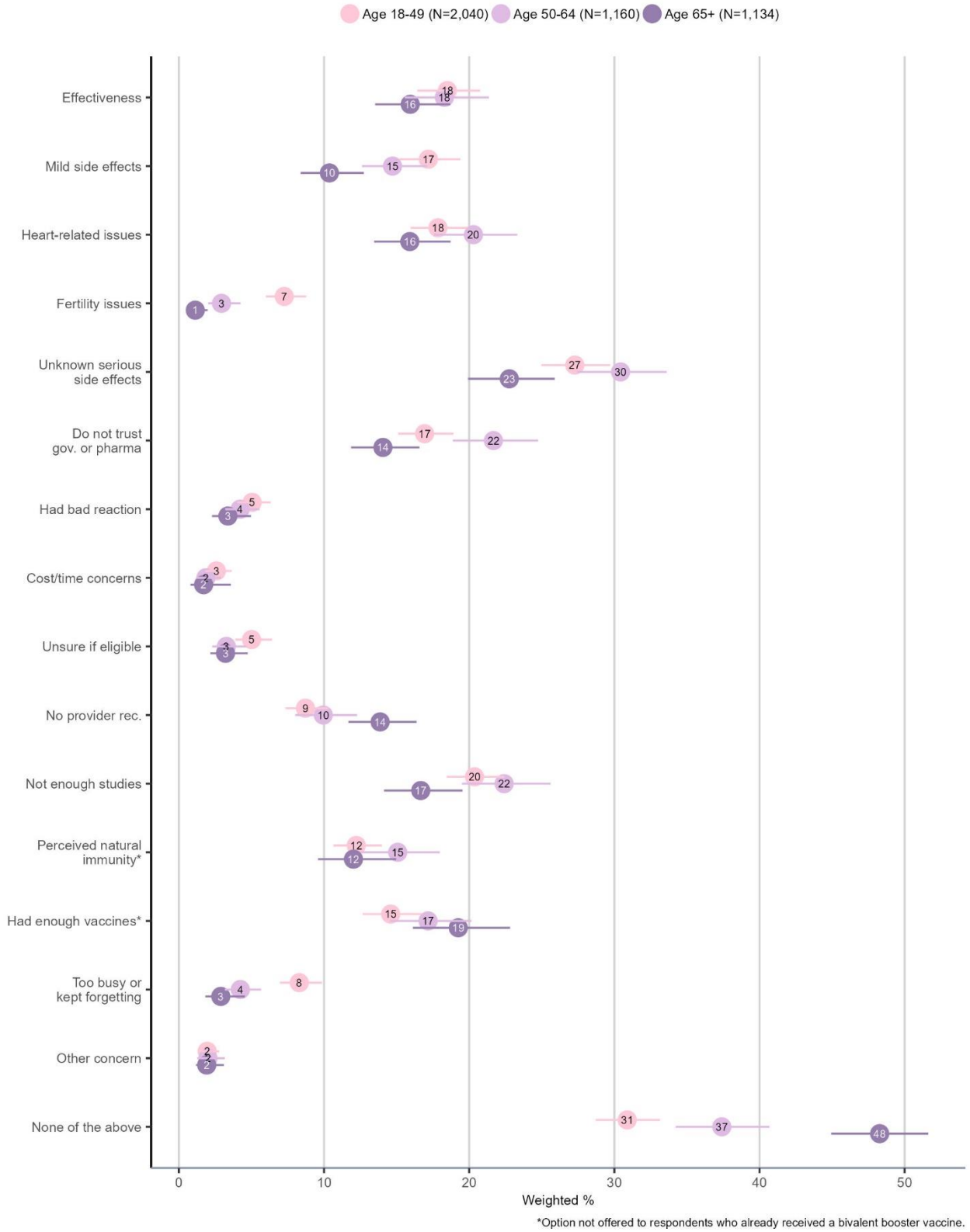


Concerns and issues about bivalent vaccine receipt, by insurance status



*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

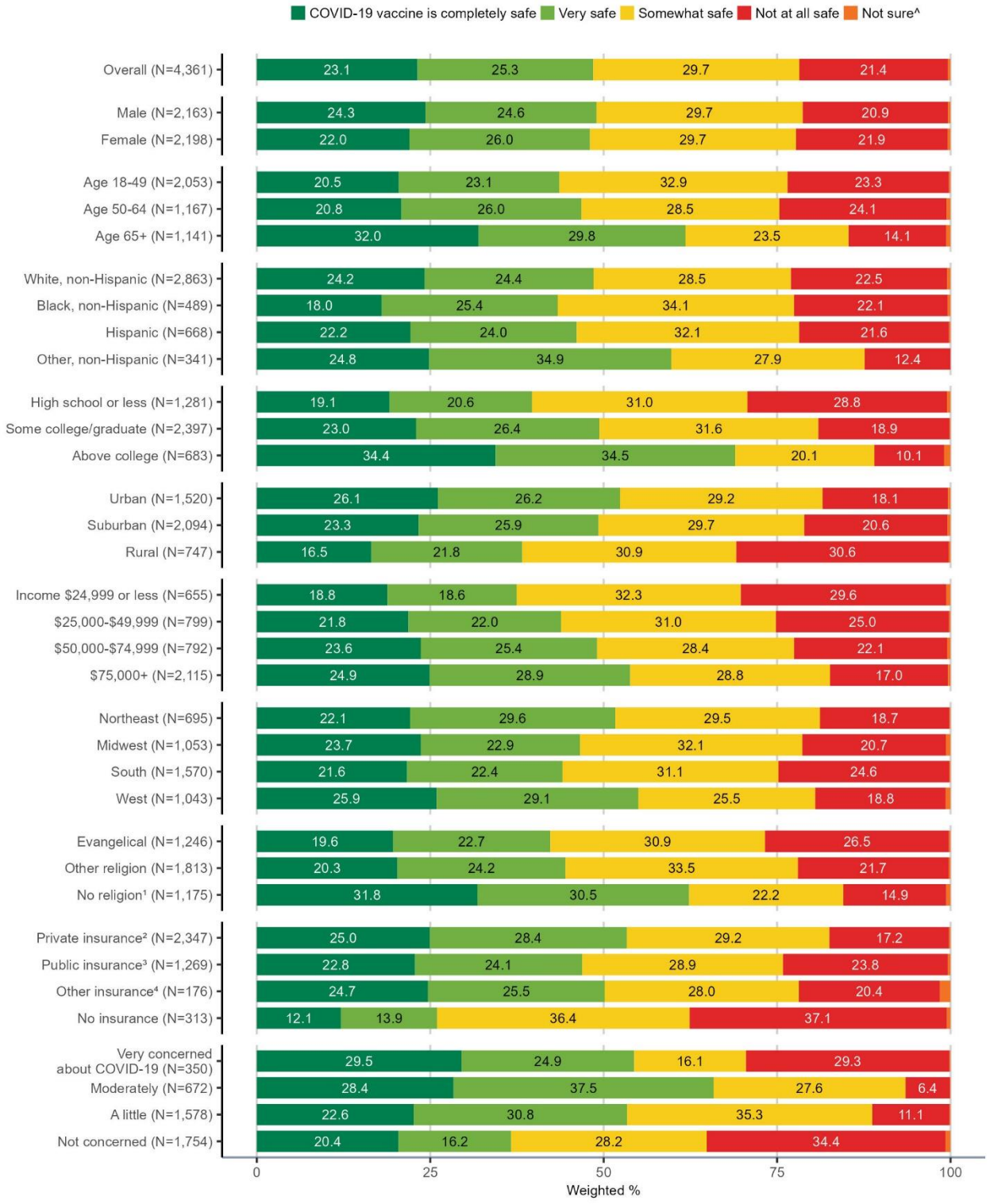
Survey question:

"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*:

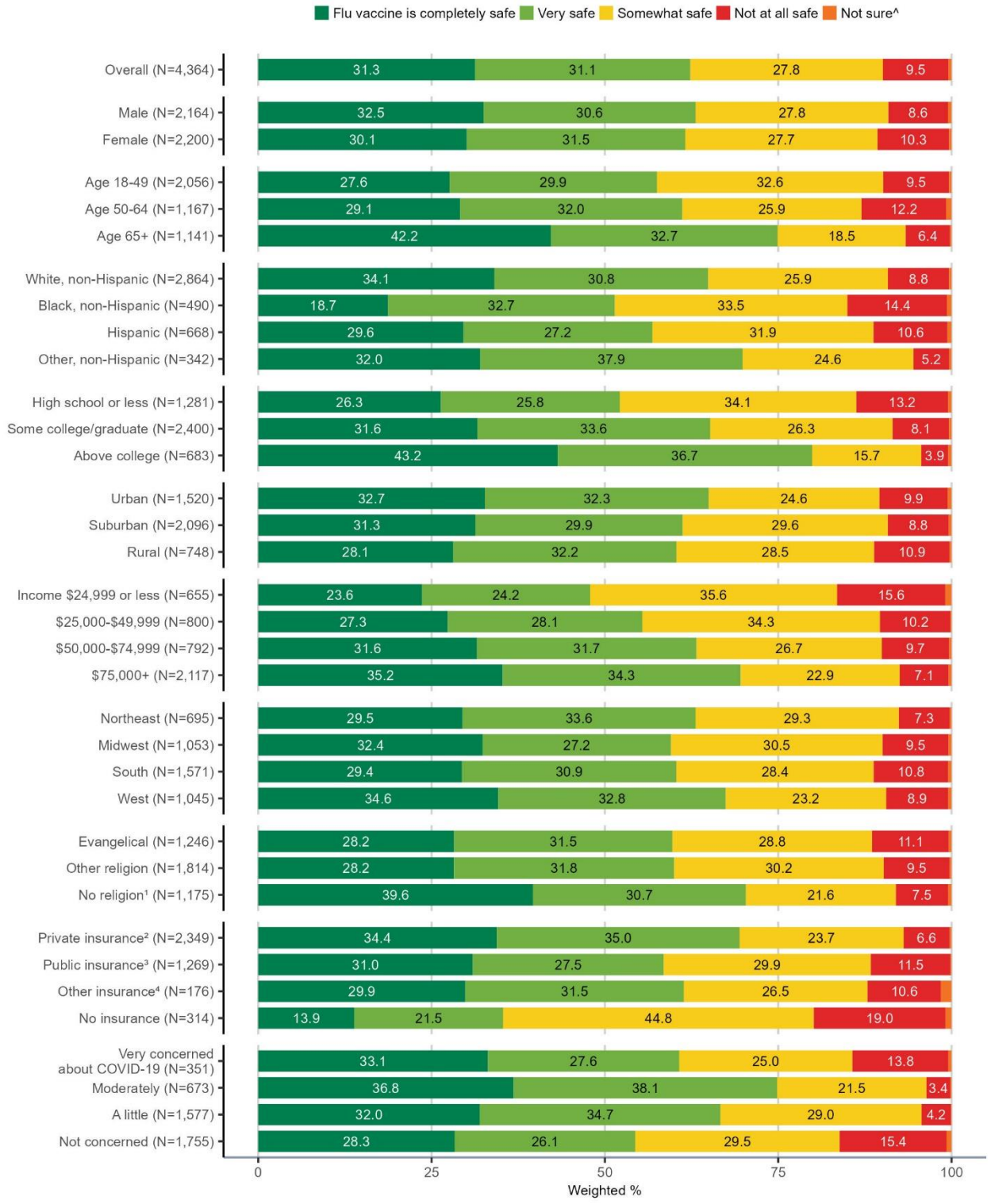
Effectiveness: I was/am concerned about its effectiveness
Mild side effects: I was/am worried about mild short-term side effects, such as fever and fatigue
Heart-related issues: I was/am worried about heart-related issues, blood clots, or a stroke
Fertility: I was/am worried about fertility-related issues
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



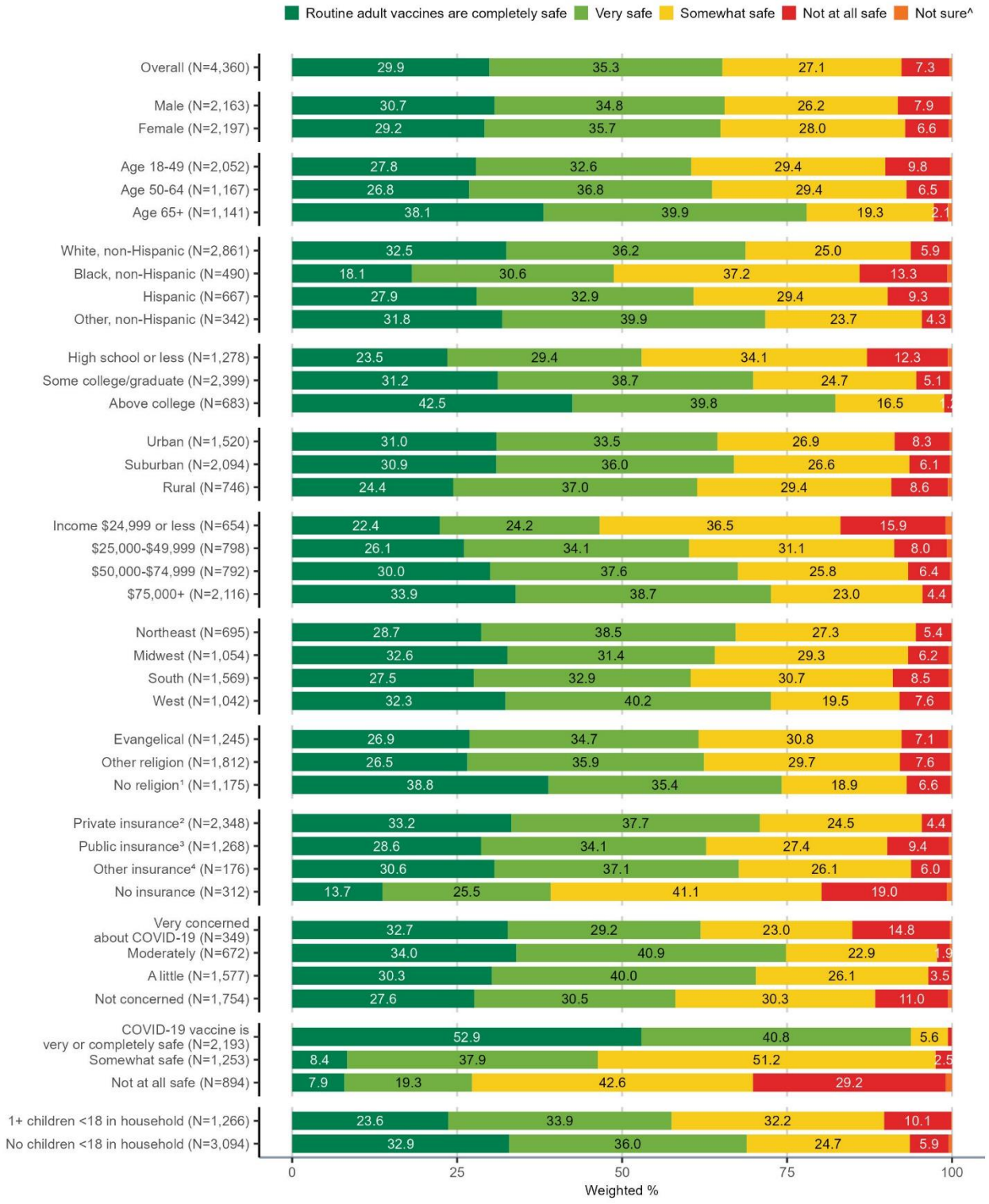
^Percent label not shown due to small size of catgegory. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC 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



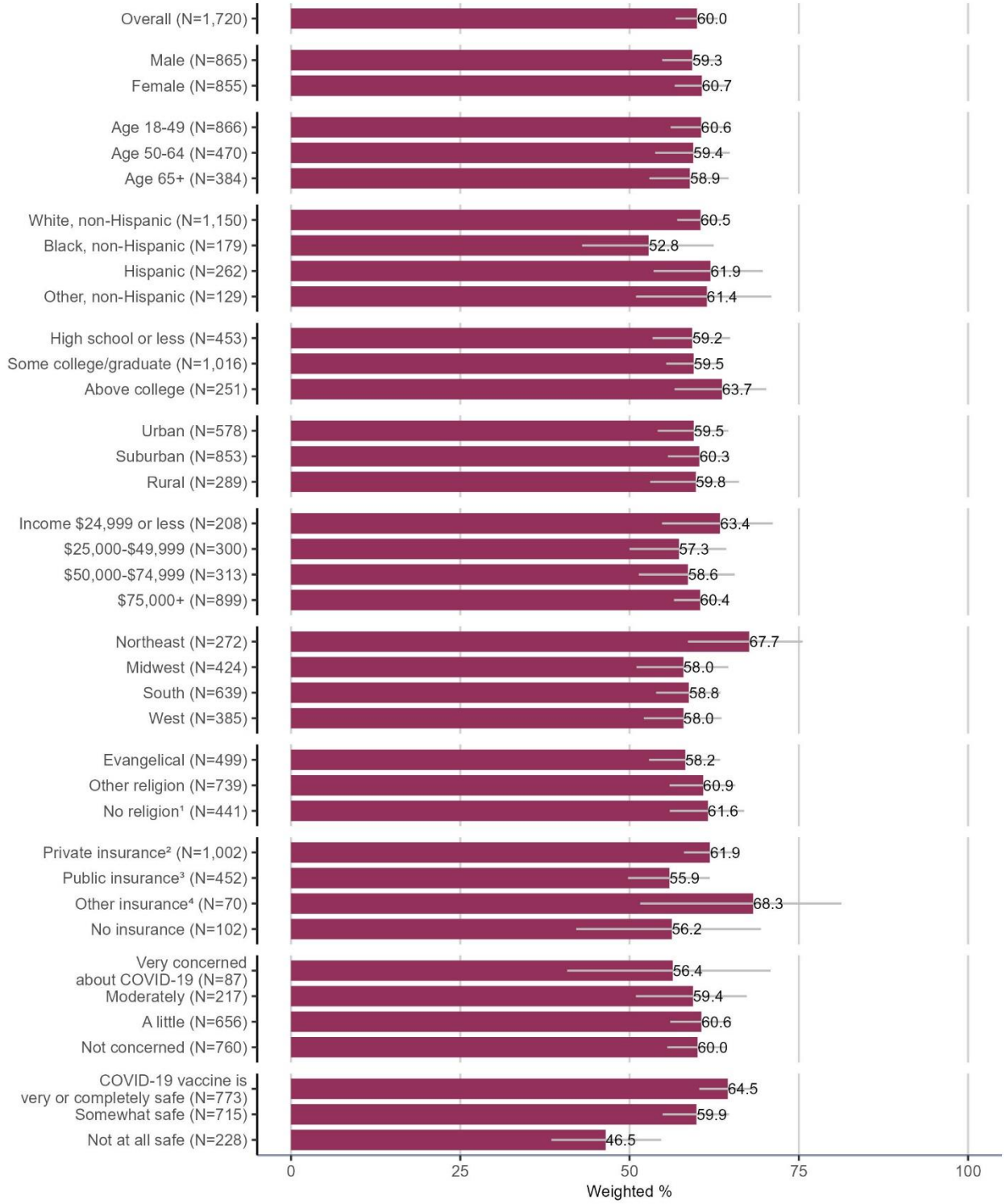
^Percent label not shown due to small size of catgegory. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC 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 other routine adult vaccines safety, by demographics



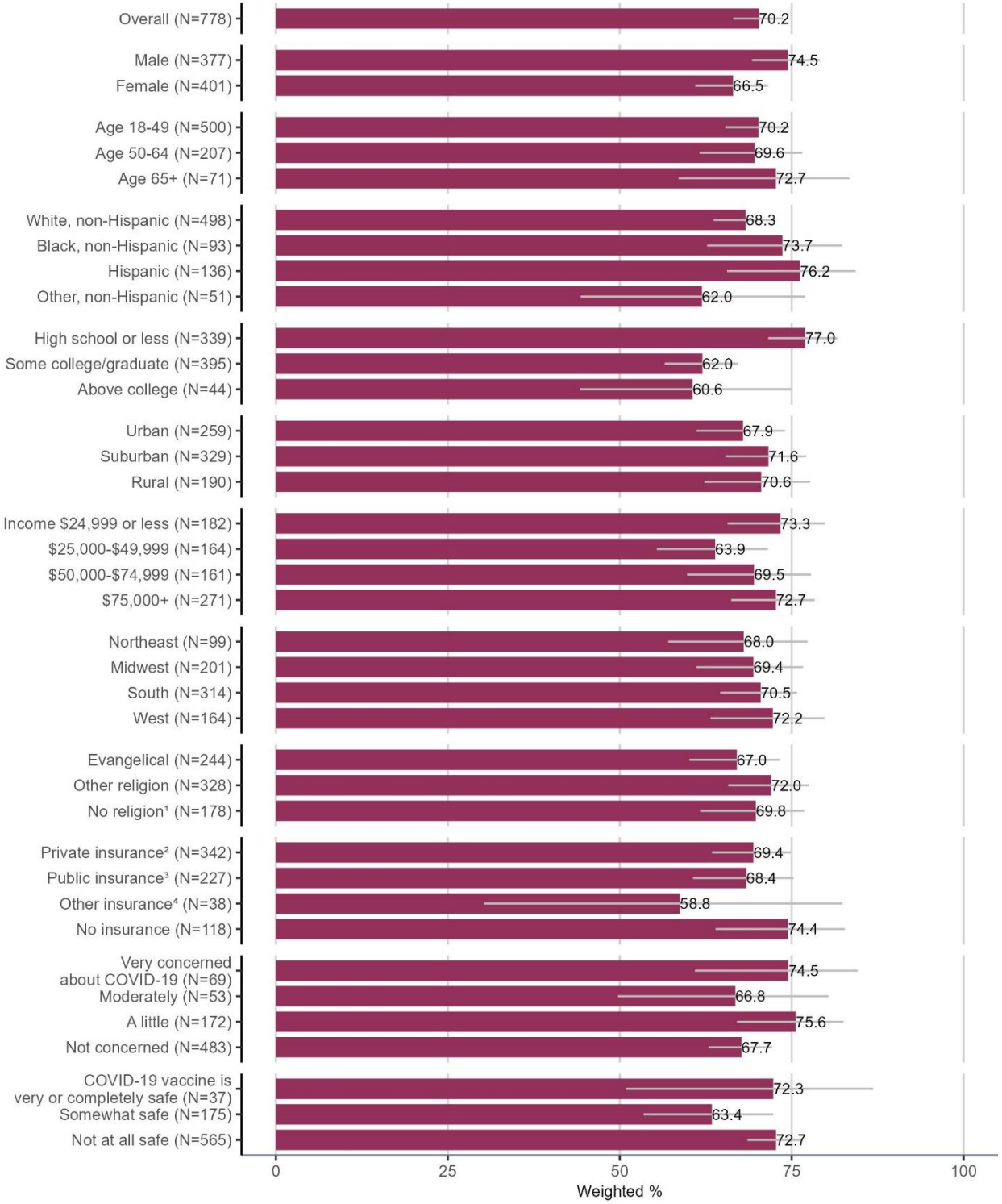
^Percent label not shown due to small size of catgegory. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and Medicaid. ⁴Includes VA, IHS, and "other." NORC 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.

Percent who do not know they need a bivalent vaccine to be up-to-date (among those who received 1+ COVID-19 vaccines but not a bivalent vaccine), 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.

Percent who do not know they can be up-to-date with a bivalent vaccine only (among those unvaccinated with any COVID-19 vaccine), 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.

Vaccine receipt by healthcare provider recommendation and race and ethnicity