NCIRD

National Center for Immunization and Respiratory Diseases

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

## *AUGUST 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 August 10-28, 2023, there were 4,299 total respondents across the four waves.

# How to use this report:

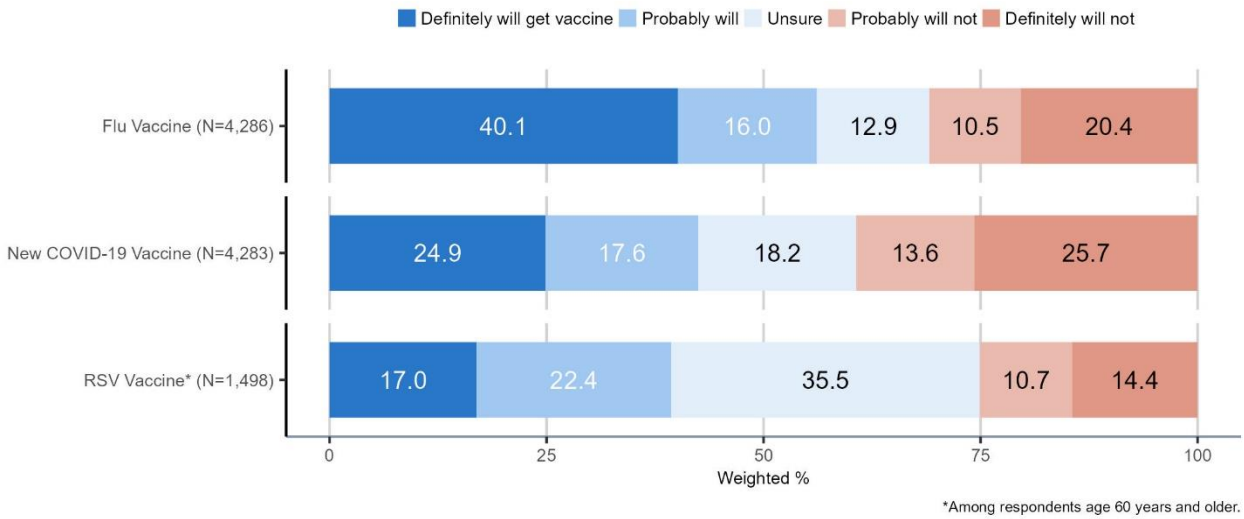
Each figure or table showing overall results contains a link or links to appendix figures that show more detailed results. Click the link to view the related detailed table. You can then hit ALT + ← to return to the page you were on.

# Abbreviations:

BRFSS: Behavioral Risk Factor Surveillance System
CDC: Centers for Disease Control and Prevention
FDA: Food and Drug Administration
HCP: Healthcare provider
HHS: Department of Health and Human Services
IHS: Indian Health Service
KABB: knowledge, attitudes, beliefs, and behaviors
NIH: National Institutes of Health
NIS: National Immunization Survey
NORC: National Opinion Research Center
RSV: Respiratory syncytial virus
VA: Department of Veterans Affairs
WHO: World Health Organization

# Overview of Results

**Intent to get fall respiratory virus vaccines (among adults 18+)**

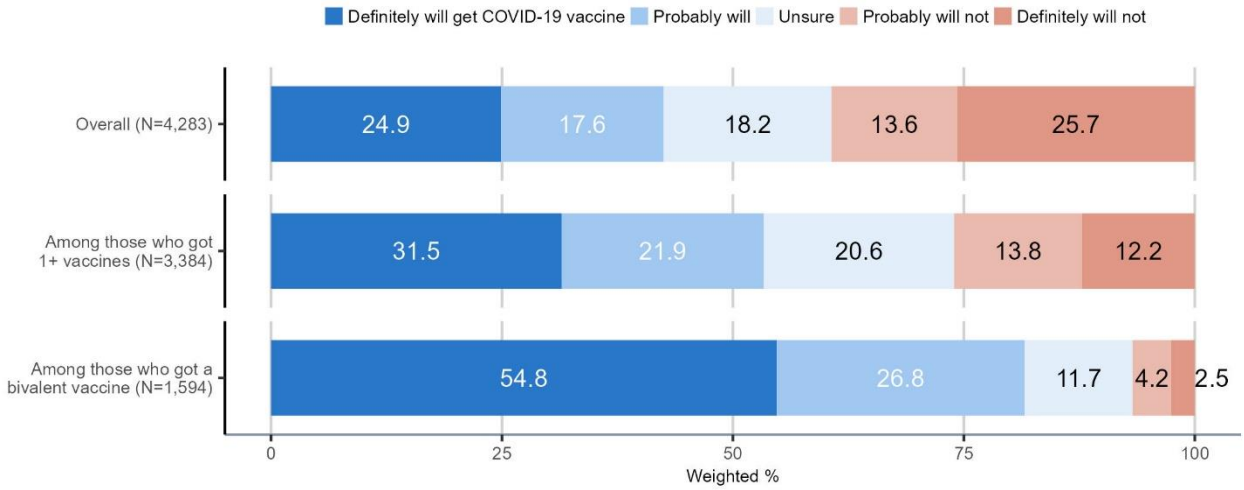



- The percent who definitely or probably will get a vaccine is significantly higher for influenza compared to the new COVID-19 vaccine.
- More than 1 in 3 adults 60+ were unsure if they will get an RSV vaccine as of August.
- A few people may have already received a flu or RSV vaccine in August, but since we did not ask about that we assume they are included in the estimate for 'definitely will get vaccine.'
- The sample size of adults 60+ was too small to make any demographic comparisons for RSV vaccination intent.

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

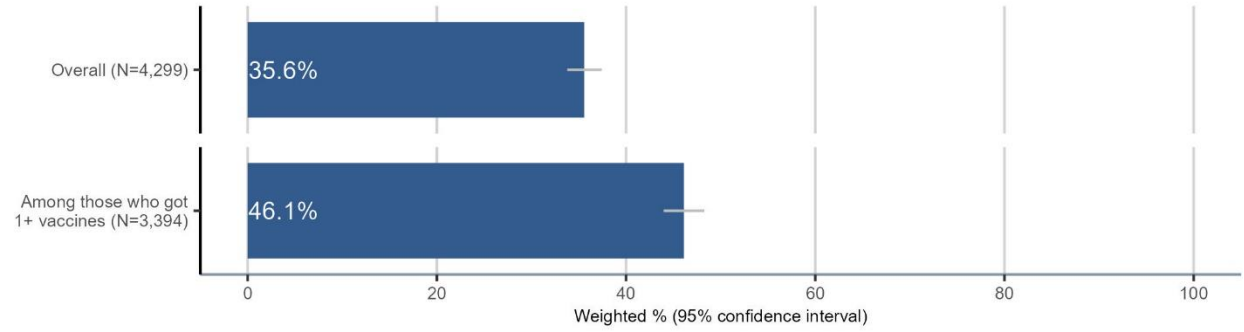
- For influenza and the new COVID-19 vaccines, intent is higher among older adults and those with more education, lower among uninsured adults compared to those with insurance, and lower among those living in rural areas compared to those living in urban and suburban areas.
- For the new COVID-19 vaccine, 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.

**Intent to get new, updated COVID-19 vaccine (among adults 18+), by vaccination status**



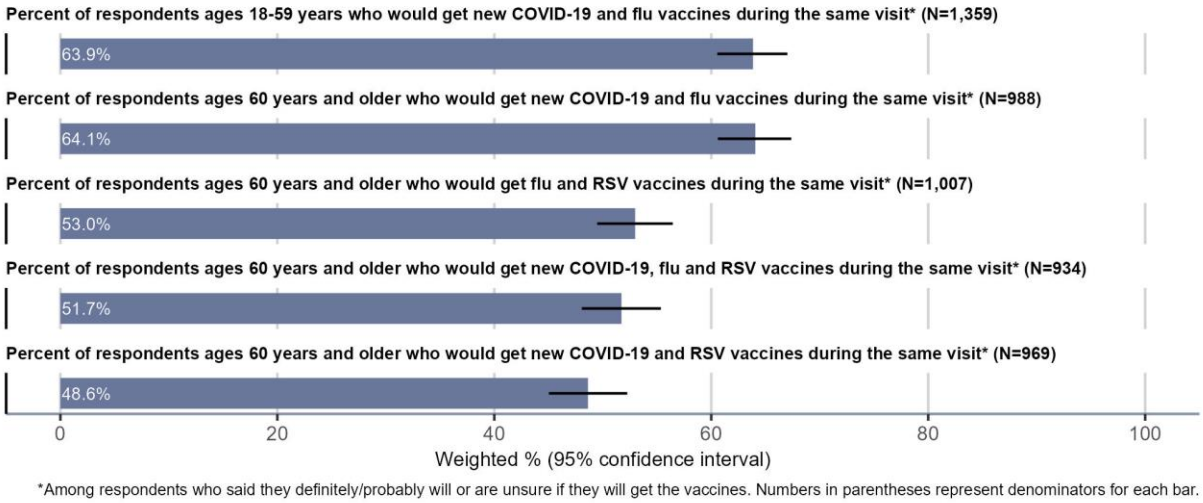

- Intent to get a new COVID-19 vaccine is higher among those who got previous COVID-19 vaccines.
- However, approximately 1 in 5 adults who previously got a bivalent vaccine are unsure or unlikely to get the new vaccine.

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




Intent may not be a perfect predictor for uptake of the new COVID-19 vaccine. For context, 42.5% of all adults said they would 'definitely' or 'probably' get the new vaccine, but only 35.6% of all adults reported they got a bivalent vaccine as of August.

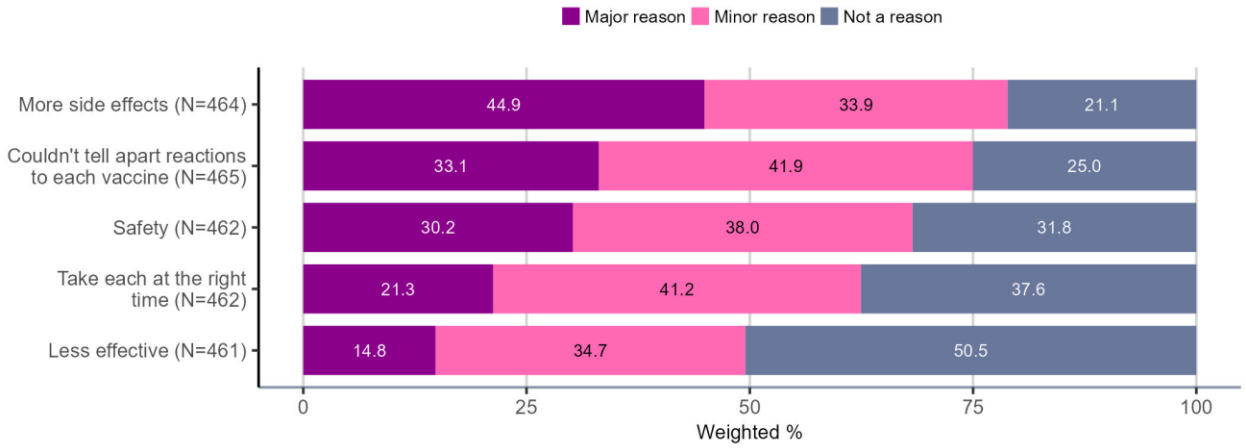
## Intent to get multiple vaccines during the same visit



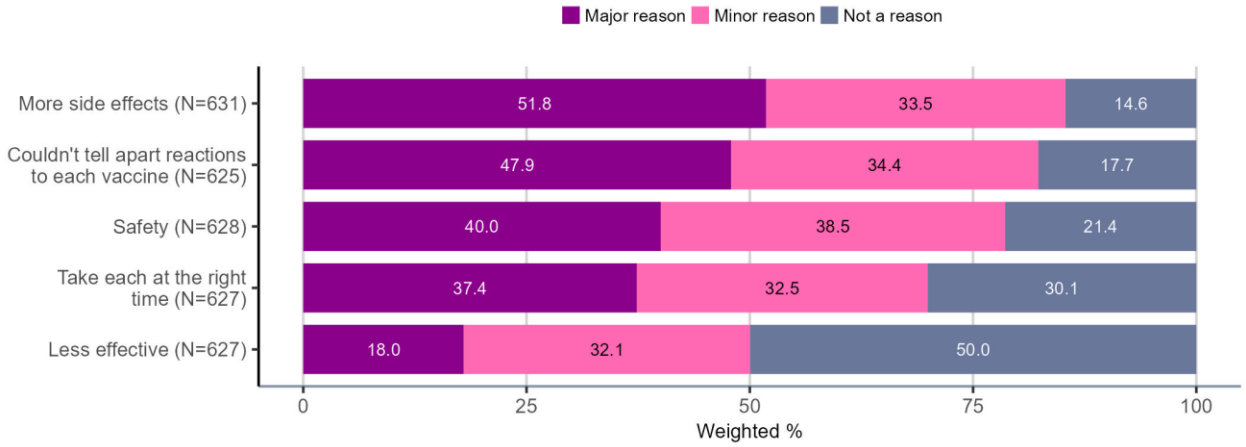

*Among respondents who said they definitely/probably will or are unsure if they will get the vaccines. Numbers in parentheses represent denominators for each bar.

- Note: Adults aged 18-59 are not included in categories that include the RSV vaccine.
- About two-thirds all adults who intend to get flu and updated covid vaccines would get them during the same visit.
- About half of adults 60+ who intend to get RSV and flu, covid, or both, would get them during the same visit.

**Reasons against getting multiple vaccines in the same visit (among adults 18-59 who would not get, or are not sure if they would get, COVID-19 and flu vaccines during the same visit)**




**Reasons against getting multiple vaccines in the same visit (among adults 60+ who would not get, or are not sure if they would get, multiple vaccines during the same visit)**

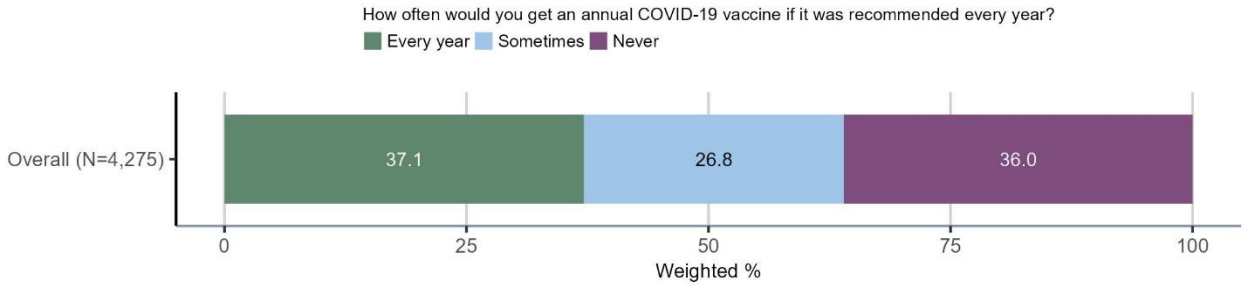



- The top reason against getting multiple vaccines during the same visit is the potential for having more side effects.
- Adults ages 60+ were more likely than those ages 18-59 to select each option as a major or minor reason, except “less effective.”
- A respondent could have said they were unsure or unlikely to get more than one of the combinations, but they were only asked the question about reasons once.

| While 'more side effects' was the top reason against vaccine coadministration among most demographic subgroups, there were other differences by subgroup.* | |
|---|---|
| Race and Ethnicity | • No significant differences |
| Urbanicity | • Adults ages 18-59 living in urban areas were less likely than those living in suburban areas to be concerned about being able to tell which vaccine they had negative reaction to. |
| Insurance Status | • Adults ages 18-59 with public or private insurance were more concerned than those with no insurance about having more side effects.<br>• Adults ages 18-59 with public insurance were more concerned than those with private insurance about effectiveness.<br>• About 1 in 5 uninsured adults ages 18-59 did not select any of the listed options as a reason not to get COVID-19 and flu vaccines during the same visit, suggesting something else is concerning them (e.g., cost, unsure about getting the individual vaccines). |

* Click the demographic categories to view full figures.

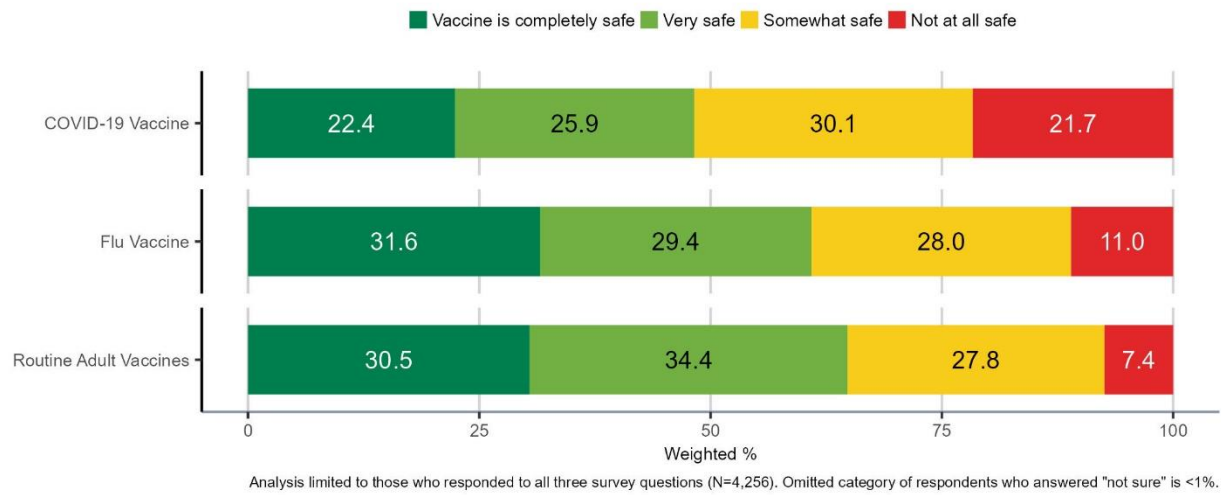
**Attitude towards COVID-19 as a routine annual vaccine (among adults 18+)**




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 income groups below $50,000.
- Intent was lower among White non-Hispanic adults compared to Hispanic and Other non-Hispanic adults.
- 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.

**Confidence in vaccine safety is higher for influenza and other routine adult vaccines than for COVID-19 Vaccine (among adults 18+)**

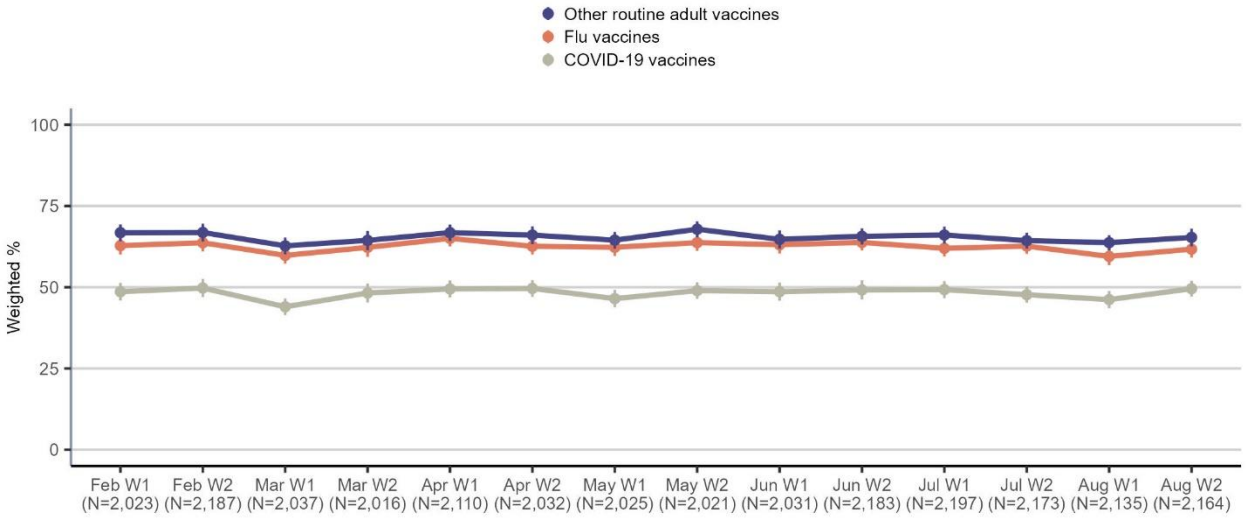



Analysis limited to those who responded to all three survey questions (N=4,256). Omitted category of respondents who answered "not sure" is <1%.

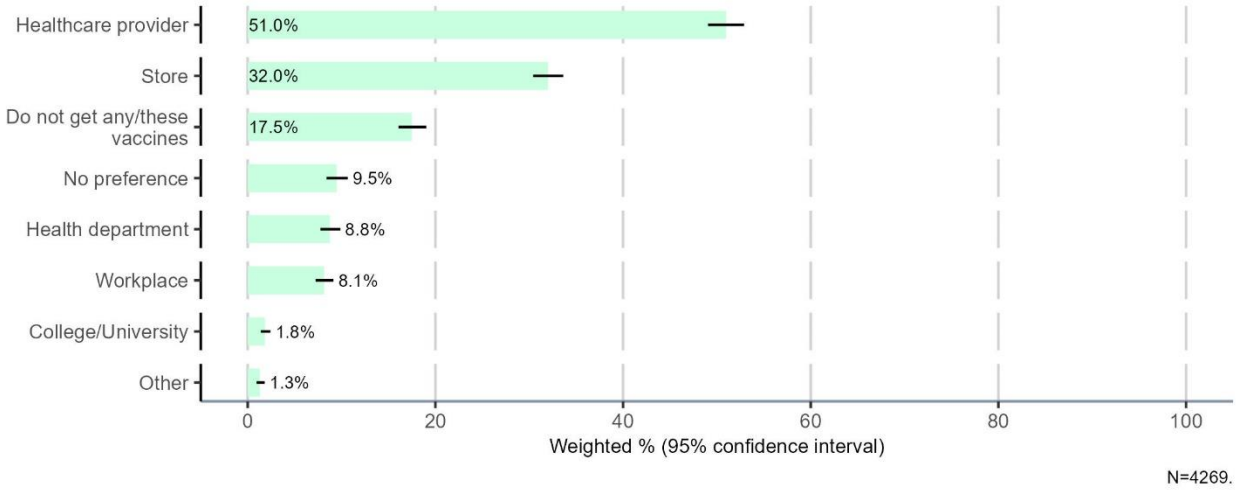
Selected demographic differences in percent responding a vaccine is completely/very safe (see full figures for COVID-19, Influenza, and other routine vaccines):

- 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 non-Hispanic adults were the least confident in the safety of flu and other routine adult vaccines. They were also less confident in the safety of COVID-19 vaccines, but the difference is only significant when compared to Other non-Hispanic adults.
- Those living in rural areas are less confident in the safety of flu and COVID-19 vaccines than those living in urban and suburban areas.
- Those living in the 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 of respondents who answered vaccine is completely safe or very safe has been consistent across survey waves, February-August 2023 (among adults 18+)**



**Preferred place of vaccination for vaccines such as COVID-19, Flu, and RSV (among adults 18+)**




Respondents could select multiple options for this question.

About half of respondents prefer to get vaccinations from their provider; about a third prefer a store (including pharmacy). Of those who get these vaccines and had a preference, these were the top two responses among most demographic groups.

Selected demographic differences:

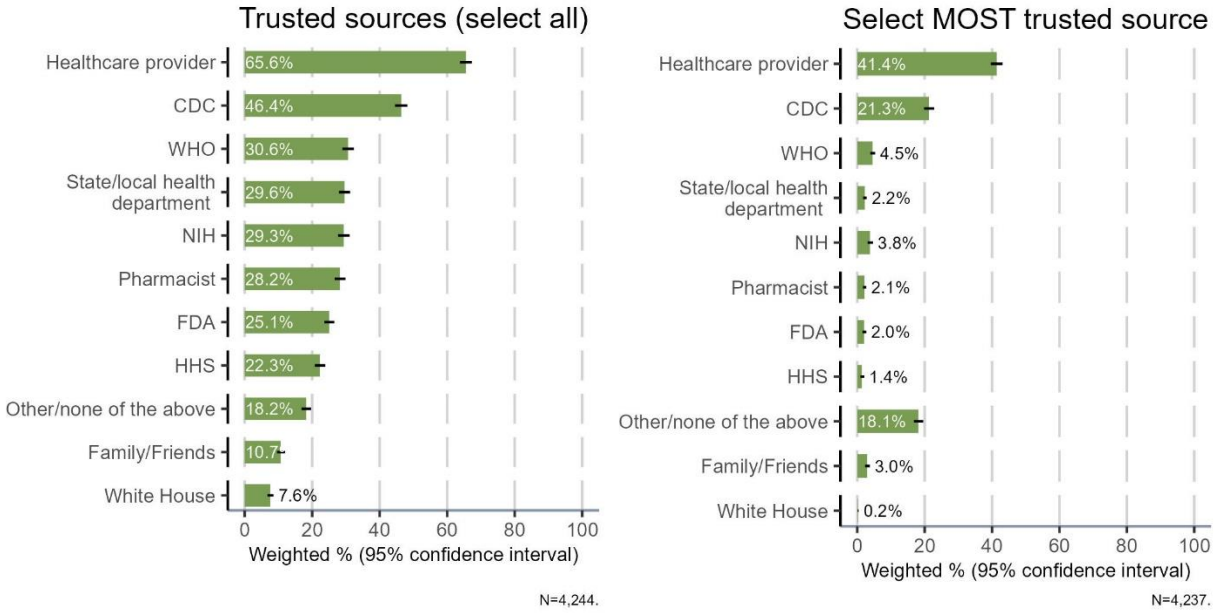
Age: Adults aged 65+ are more likely to select healthcare provider than those 18-49. The likelihood of selecting store increases with age. Adults aged 18-49 were more likely to select 'no preference' and about twice as likely to say they 'do not get any/these vaccines' than those 65+.

Insurance status: Those who are uninsured are least likely to select healthcare provider and more likely to select store than those with insurance. They are also more likely to select 'no preference' and about twice as likely to say they 'do not get any/these vaccines' as those with insurance. Those with private insurance are more likely to select workplace.

Urbanicity: Those living in rural areas were less likely to select store or workplace than those living in urban or suburban areas, and more likely to say they 'do not get any/these vaccines.'

Race and ethnicity: White non-Hispanic and Other non-Hispanic adults were more likely to select store than Black non-Hispanic and Hispanic adults. Black non-Hispanic and Hispanic adults were more likely than White non-Hispanic adults to select health department. Other non-Hispanic adults were more likely to select workplace than other groups.

**Trusted Sources of Information about Respiratory Diseases (among adults 18+)**




Providers are the most trusted source of respiratory disease info, and CDC is the most trusted among federal agencies. This is true among all demographic groups.

Selected demographic differences:

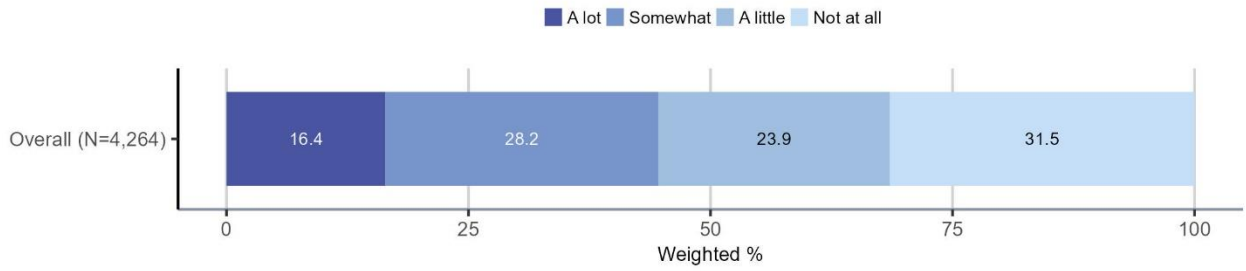
Age: Twice as many adults 18-49 said they trust an unlisted source or 'none of the above' compared to those 65+ (22% vs 11%). Older adults were far more likely to select healthcare provider than CDC as their most trusted source (61% vs 17%), but for younger adults this gap narrows. Younger adults were more likely than older adults to select WHO and family/friends.

Insurance status: 42% of uninsured respondents said they trust an unlisted source or 'none of the above.' Those with public insurance are more likely to select healthcare provider as their most trusted source than other groups.

Urbanicity: Those living in rural areas were more likely to select healthcare provider as their most trusted source, and less likely to select CDC than urban and suburban dwellers.

Race and ethnicity: White non-Hispanic and Black non-Hispanic adults were more likely to select healthcare provider as their most trusted source compared to Hispanic and Other non-Hispanic adults. Other non-Hispanic adults were more likely than all other groups to select CDC.

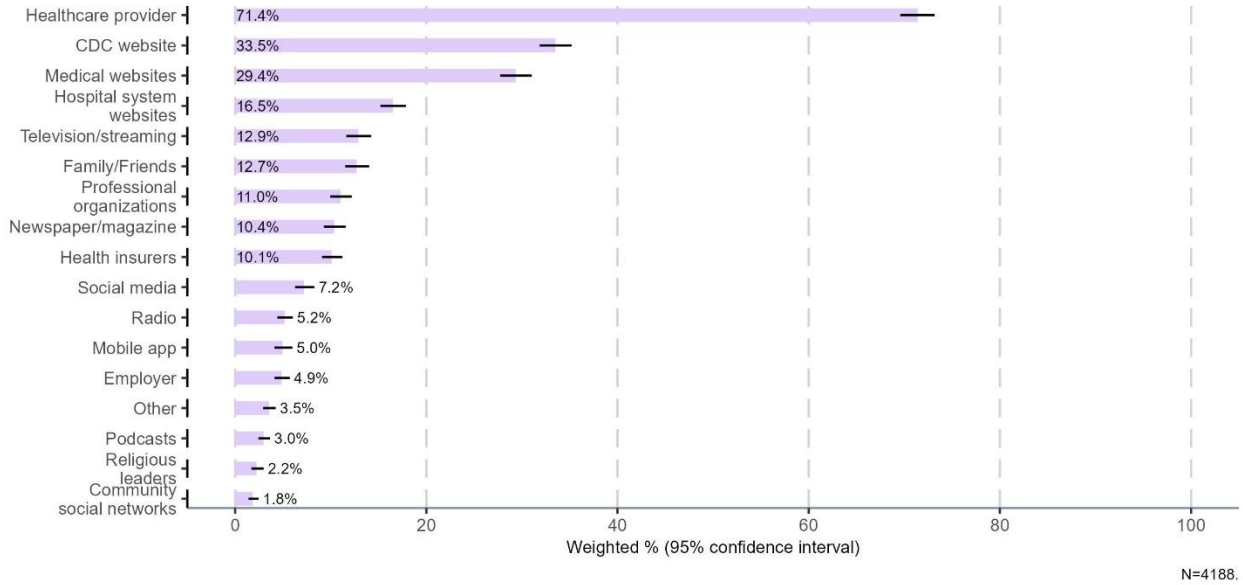
**Reliance on CDC in past two years to make health decisions about respiratory diseases (among adults 18+)**




Selected demographic differences:

- Adults aged 65+ were more likely than those 18-49 to rely a lot or somewhat on CDC for information.
- White non-Hispanic adults were least likely to rely on CDC than other groups.
- Those with more education and in the highest income group ($75,000+) were more likely to rely on CDC.
- Uninsured adults were less likely to rely on CDC than those with insurance.

**Preferred channels for information about prevention and treatment of respiratory diseases (among adults 18+)**




Providers are also the most preferred information channel - over twice as many people selected this option than the next-most preferred (CDC website).

Selected demographic differences:

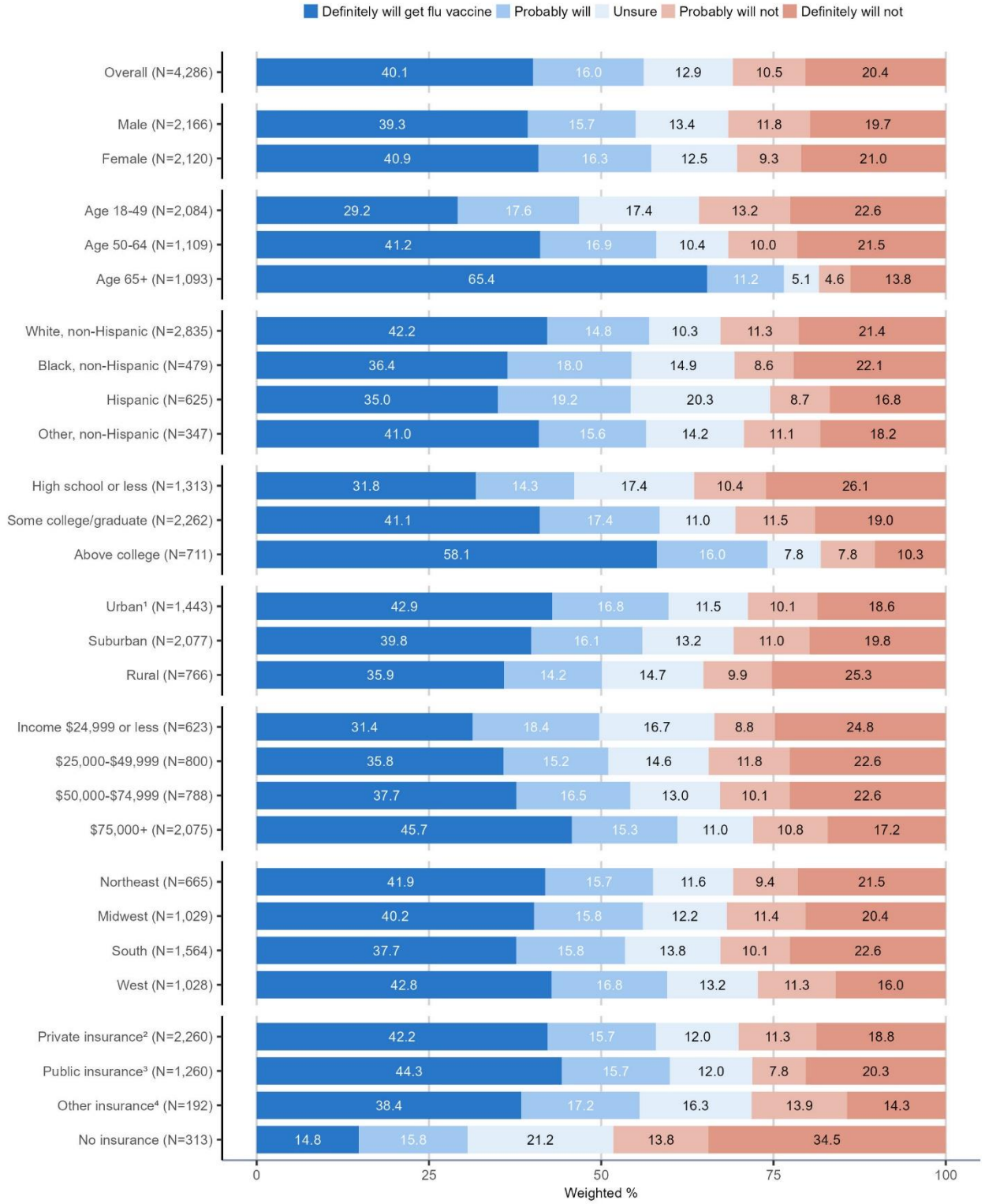
Age: Older adults were more likely to select healthcare provider, television/streaming, and newspaper/magazines, and younger adults were more likely to select family/friends and social media.

Insurance status: Healthcare provider was the top channel among uninsured adults, but the percent selecting that option was much lower than among insured adults (46% vs 73-76%). Uninsured adults were more likely than insured to select social media, and less likely to select CDC website.

Urbanicity: Those living in rural areas were less likely than those living in urban areas to select CDC website.

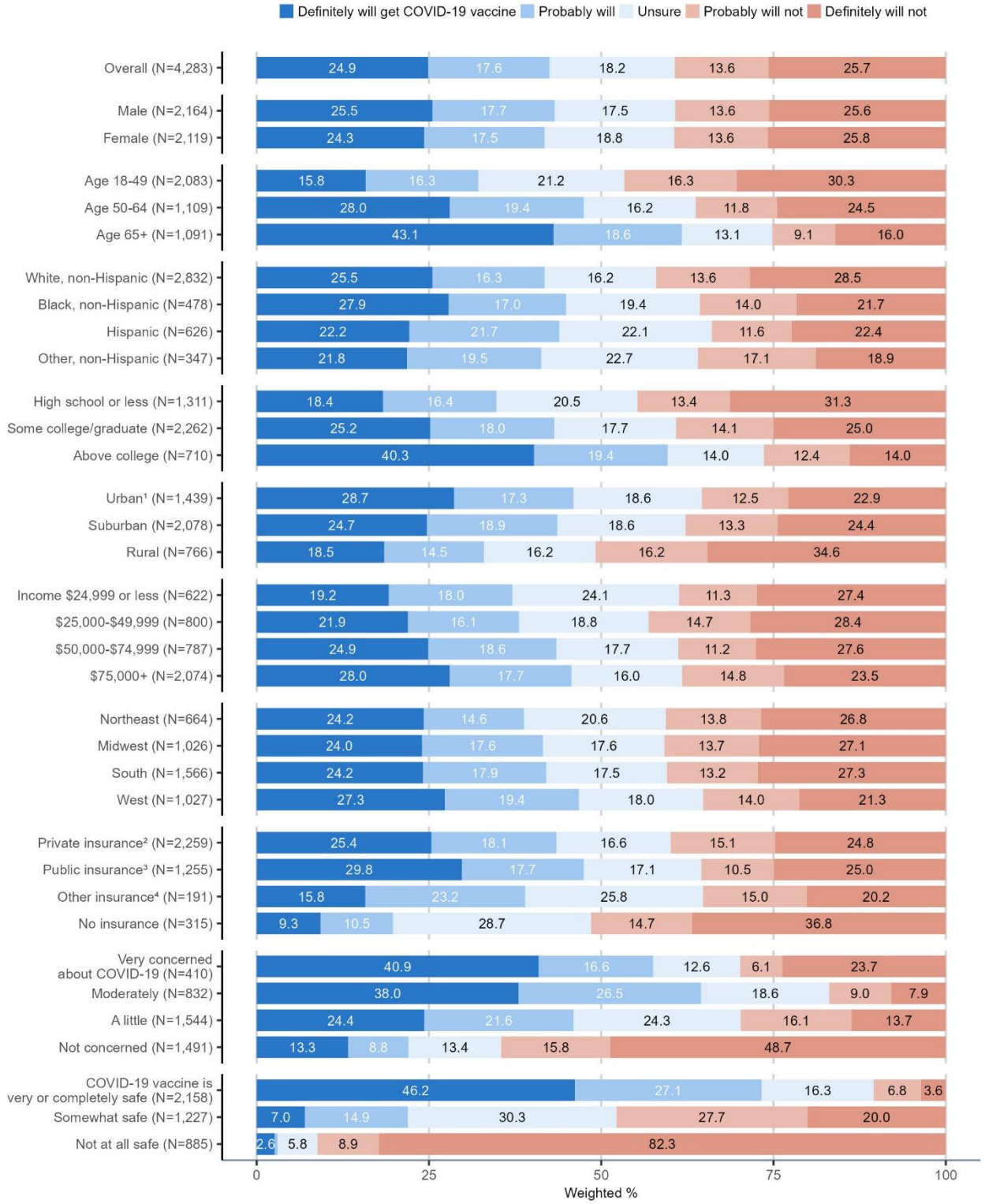
Race and ethnicity: Hispanic and Other non-Hispanic adults were less likely to select healthcare provider than White non-Hispanic and Black non-Hispanic adults.

## Influenza vaccine intent, by demographics




[1]Includes respondents who answered they believed in nothing in particular. [2]Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. [3]Includes Medicare and Medicaid. [4]Includes 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

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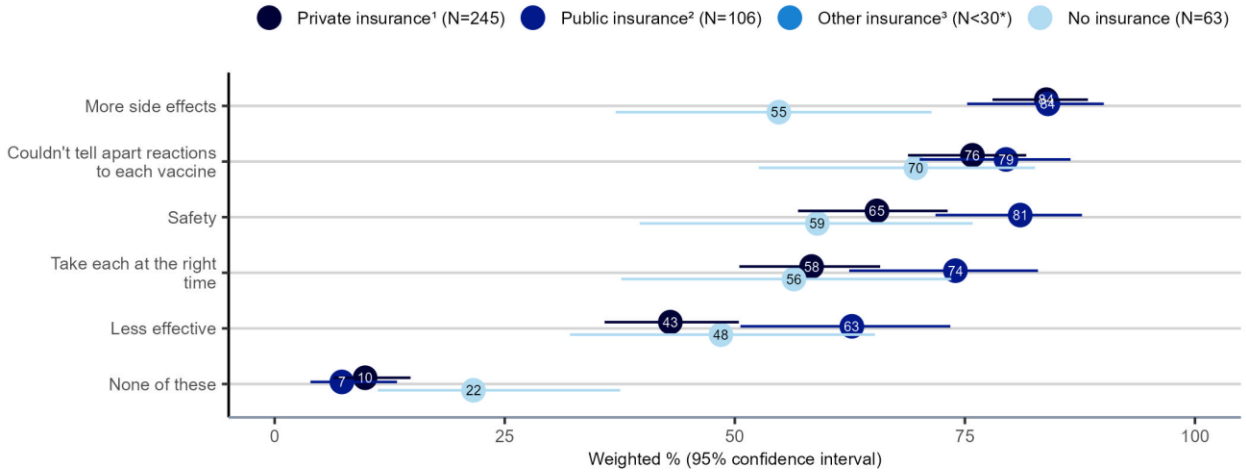
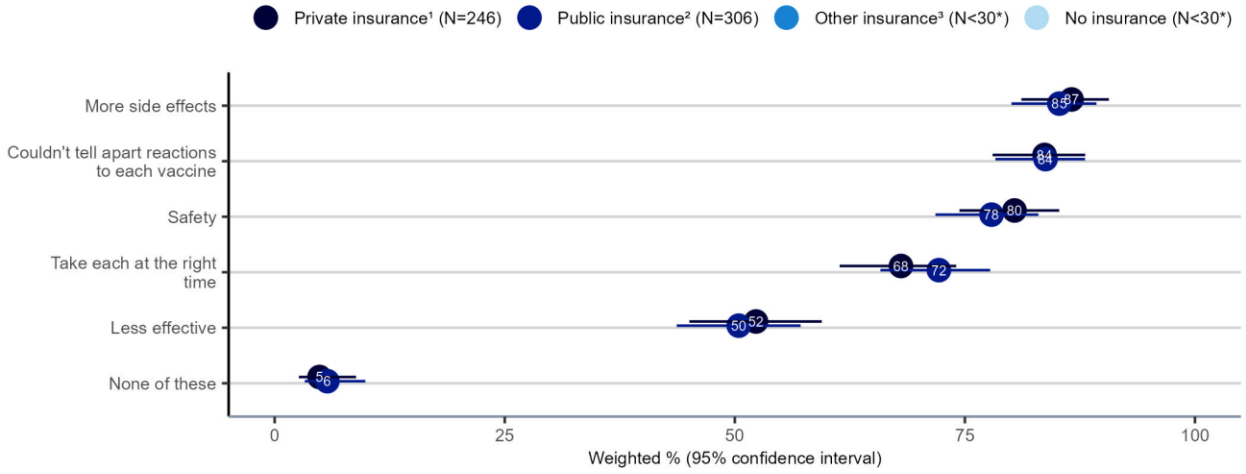
## Concerns about coadministration of multiple vaccines, by insurance status (among adults 18-59)




*Demographic subcategories with <30 respondents are suppressed.
¹Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ²Includes Medicare and Medicaid. ³Includes VA, IHS, and "other."

## Concerns about coadministration of multiple vaccines, by insurance status (among adults 60+)




*Demographic subcategories with <30 respondents are suppressed.
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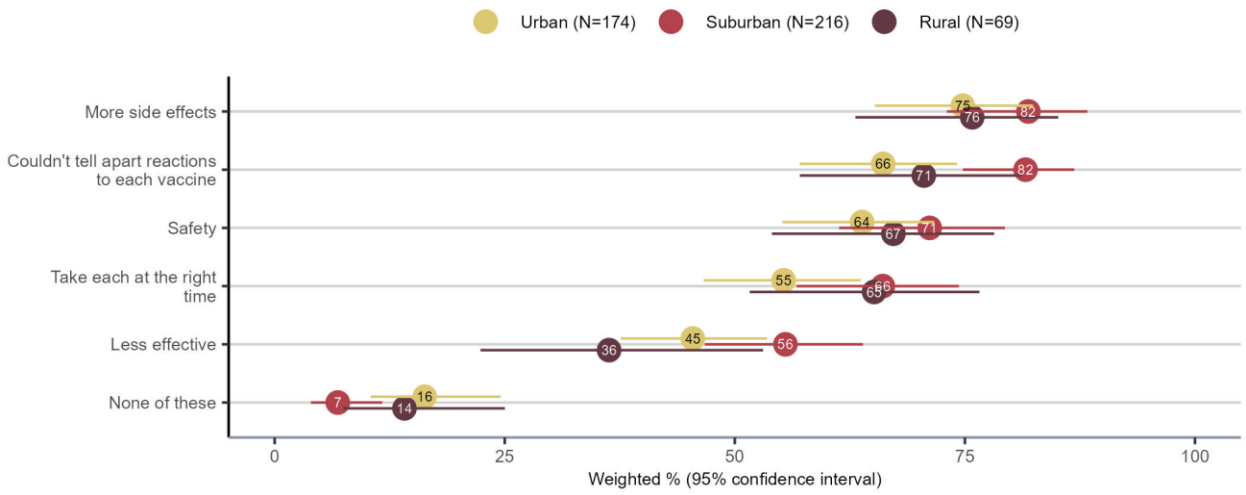
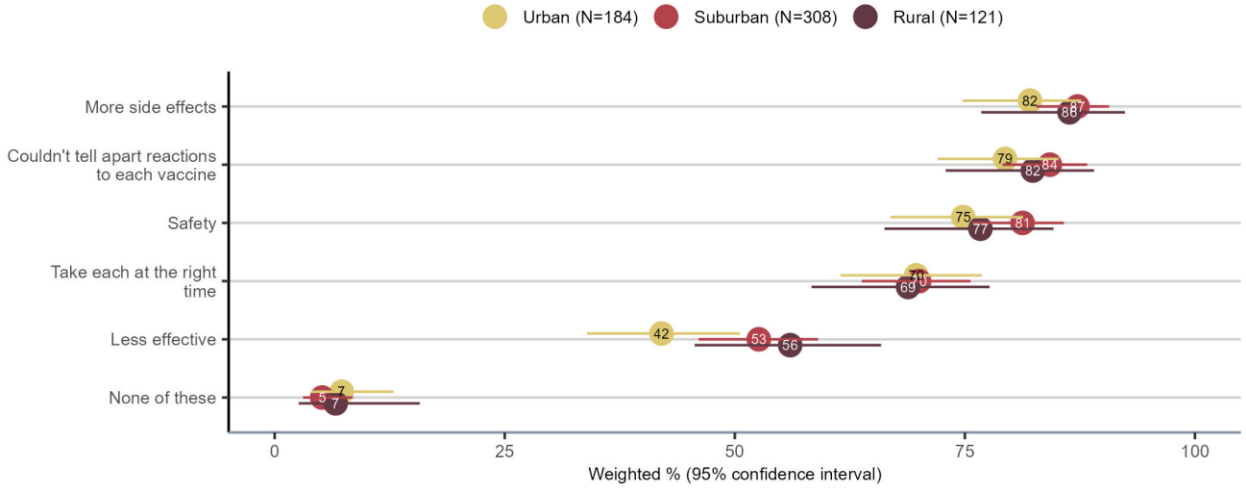
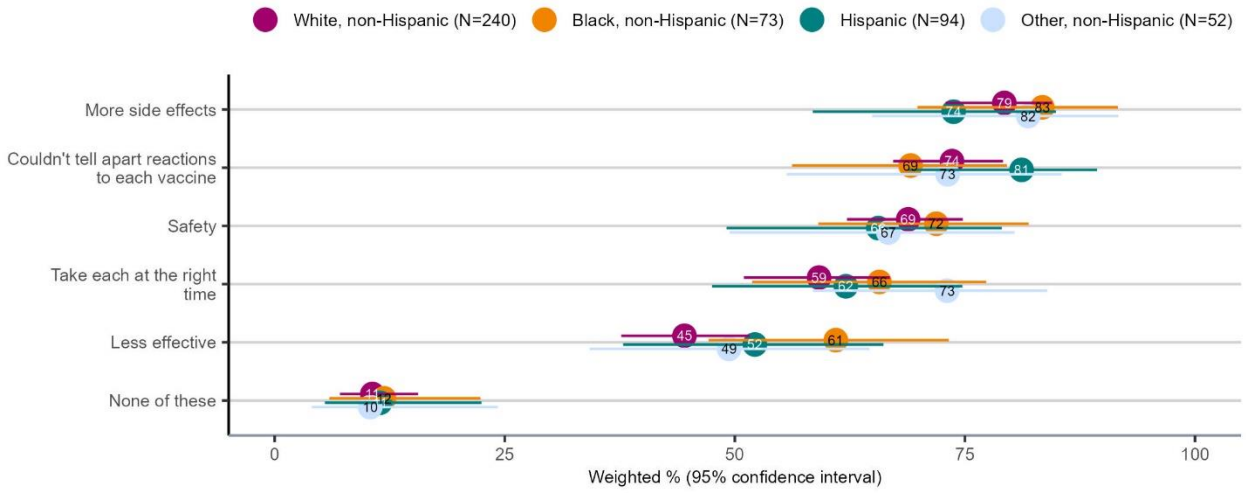
Concerns about coadministration of multiple vaccines, by urbanicity (among adults 18-59)



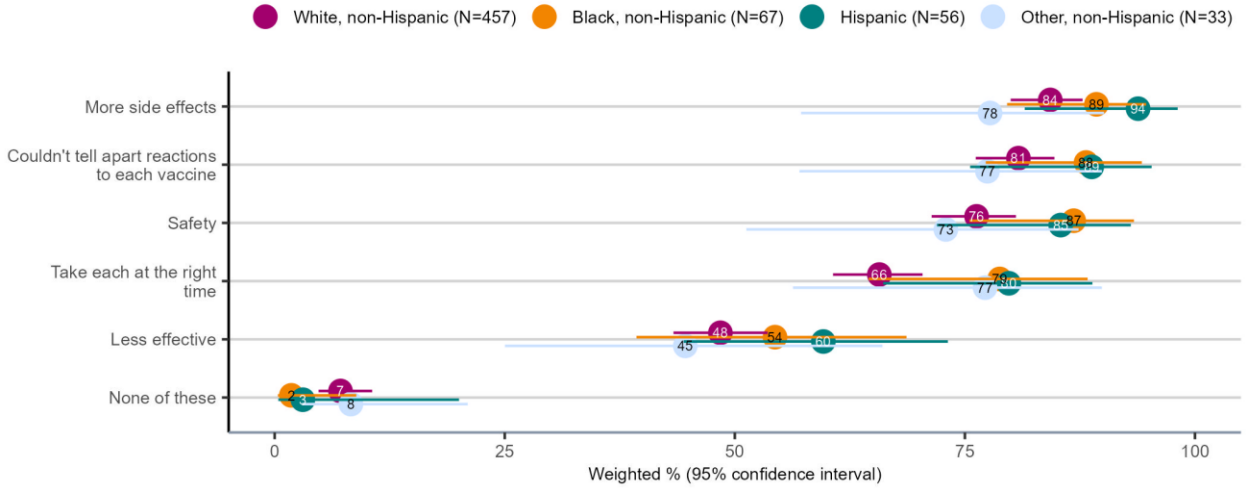

Concerns about coadministration of multiple vaccines, by urbanicity (among adults 60+)



Concerns about coadministration of multiple vaccines, by race and ethnicity (among adults 18-59)




Concerns about coadministration of multiple vaccines, by race and ethnicity (among adults 60+)



# Explanation of coadministration concerns labels

**Survey question:**

"Are each of the following a major reason, a minor reason, or not a reason at all that you would not get, or are not sure if you would get, these vaccines in the same visit?"

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

*Safety*: Worried about the safety of getting them in the same visit

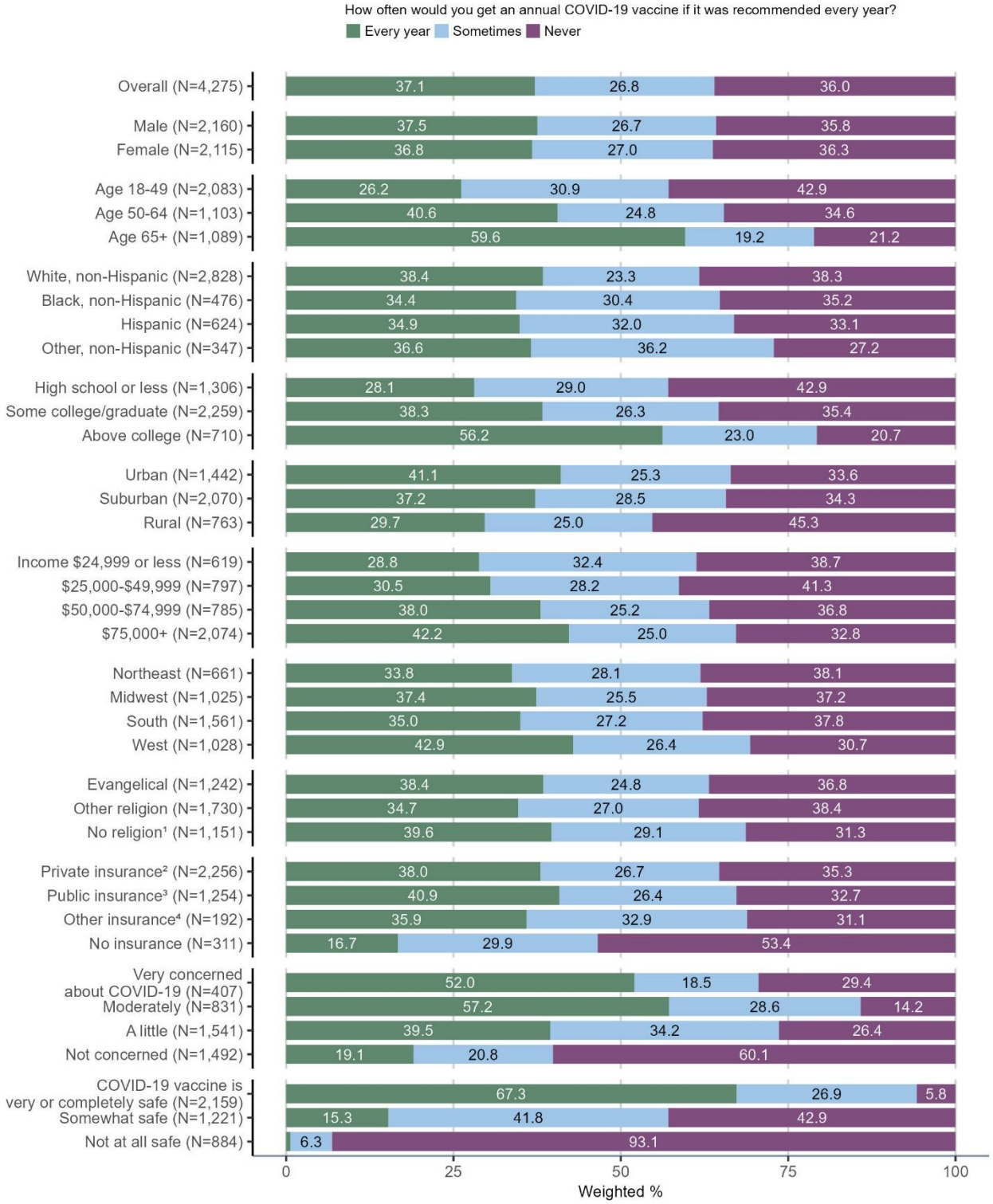
*More side effects*: Worried about more side effects from getting them in the same visit

*Less effective*: Worried that the vaccines would be less effective if I got them in the same visit

*Couldn't tell apart reactions to each vaccine*: I would not be able to tell if I had a negative reaction to one of the vaccines

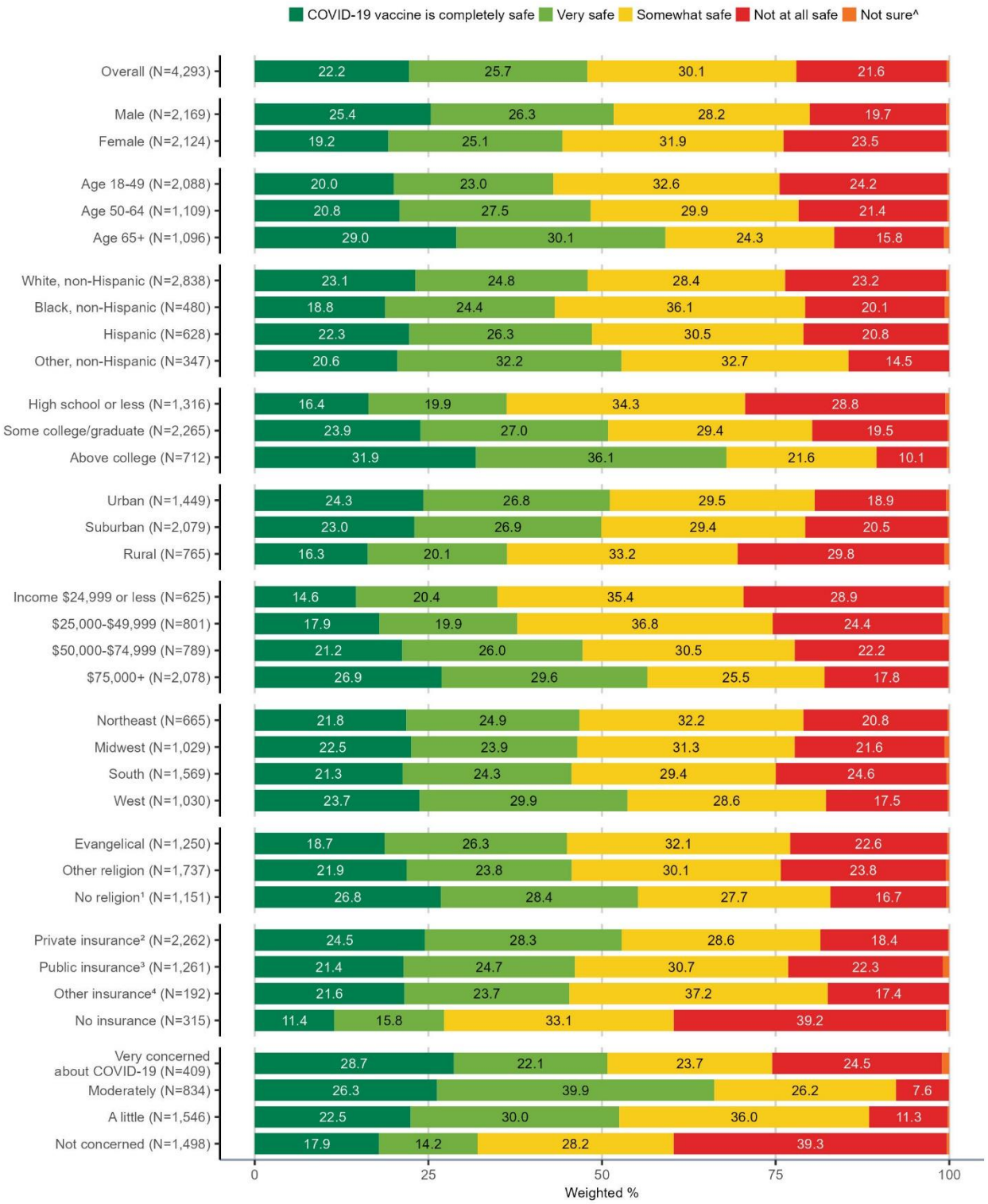
*Take each at the right time*: Want to get each vaccine at a time that will give me better protection from each disease

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



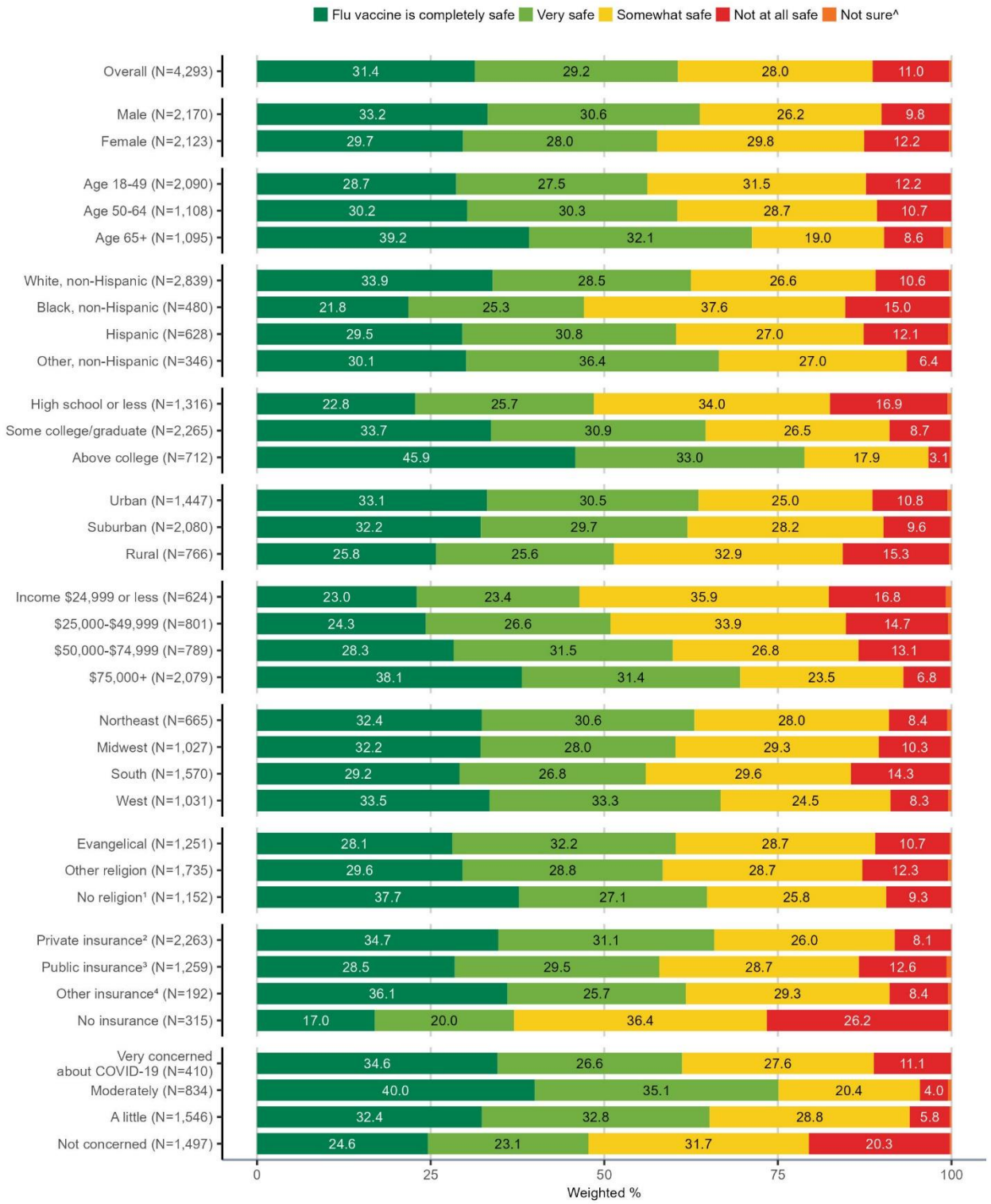

Demographic subcategories with <30 respondents are suppressed. Categories under 2% are not labeled. ¹Includes respondents who answered they believed in nothing in particular. ²Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ³Includes Medicare and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

## 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

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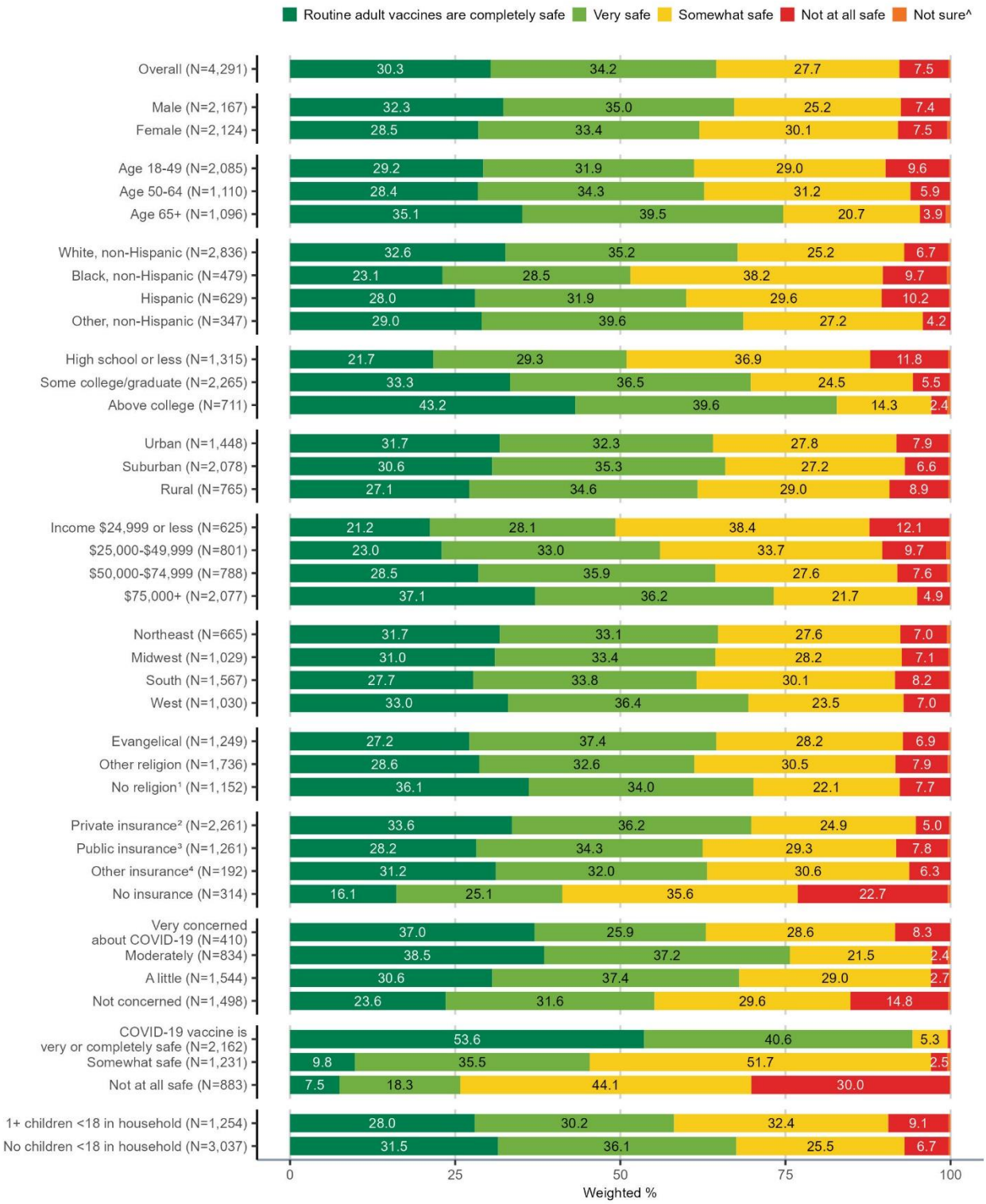
## Confidence in other routine adult vaccines safety, by demographics

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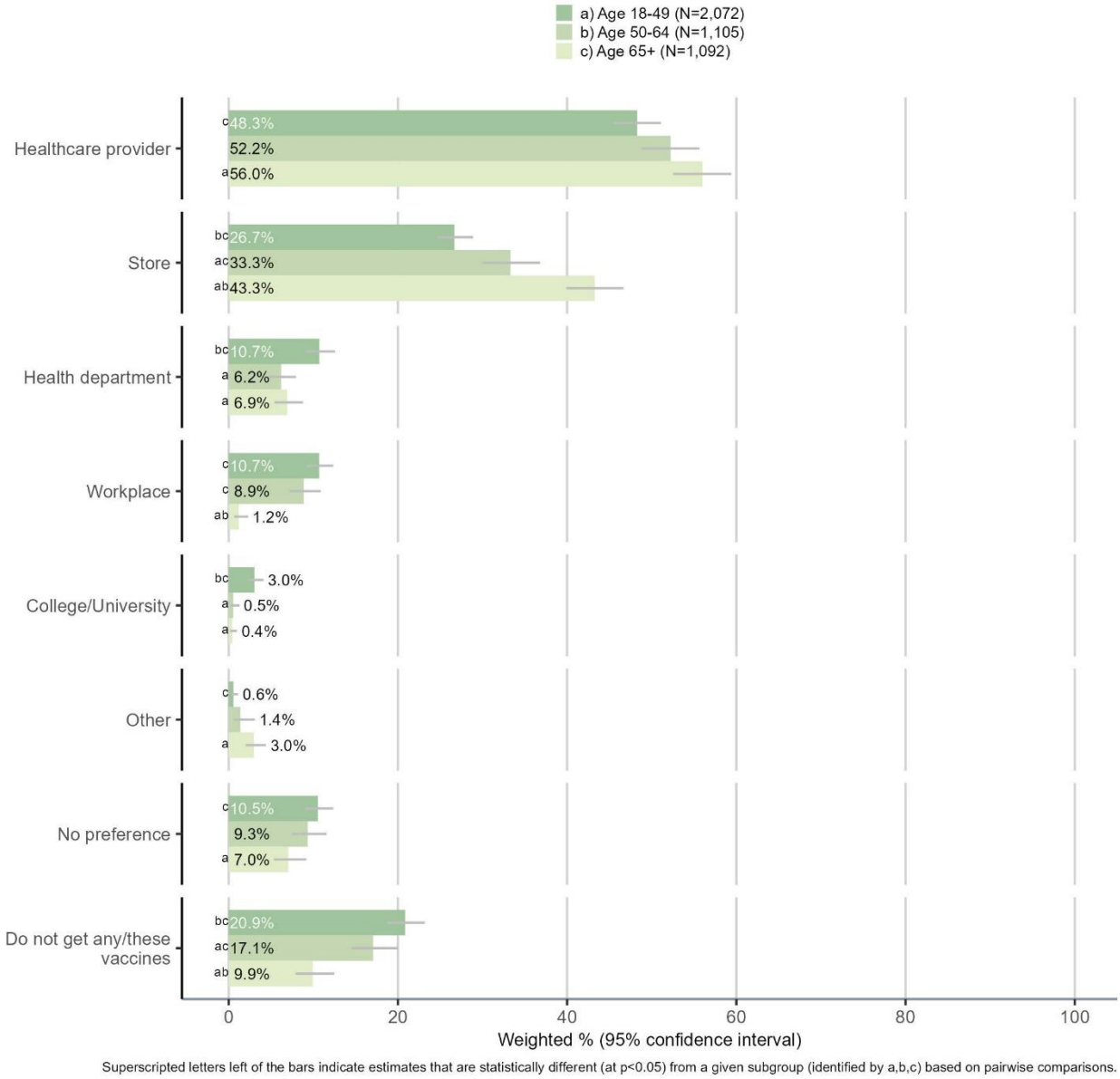
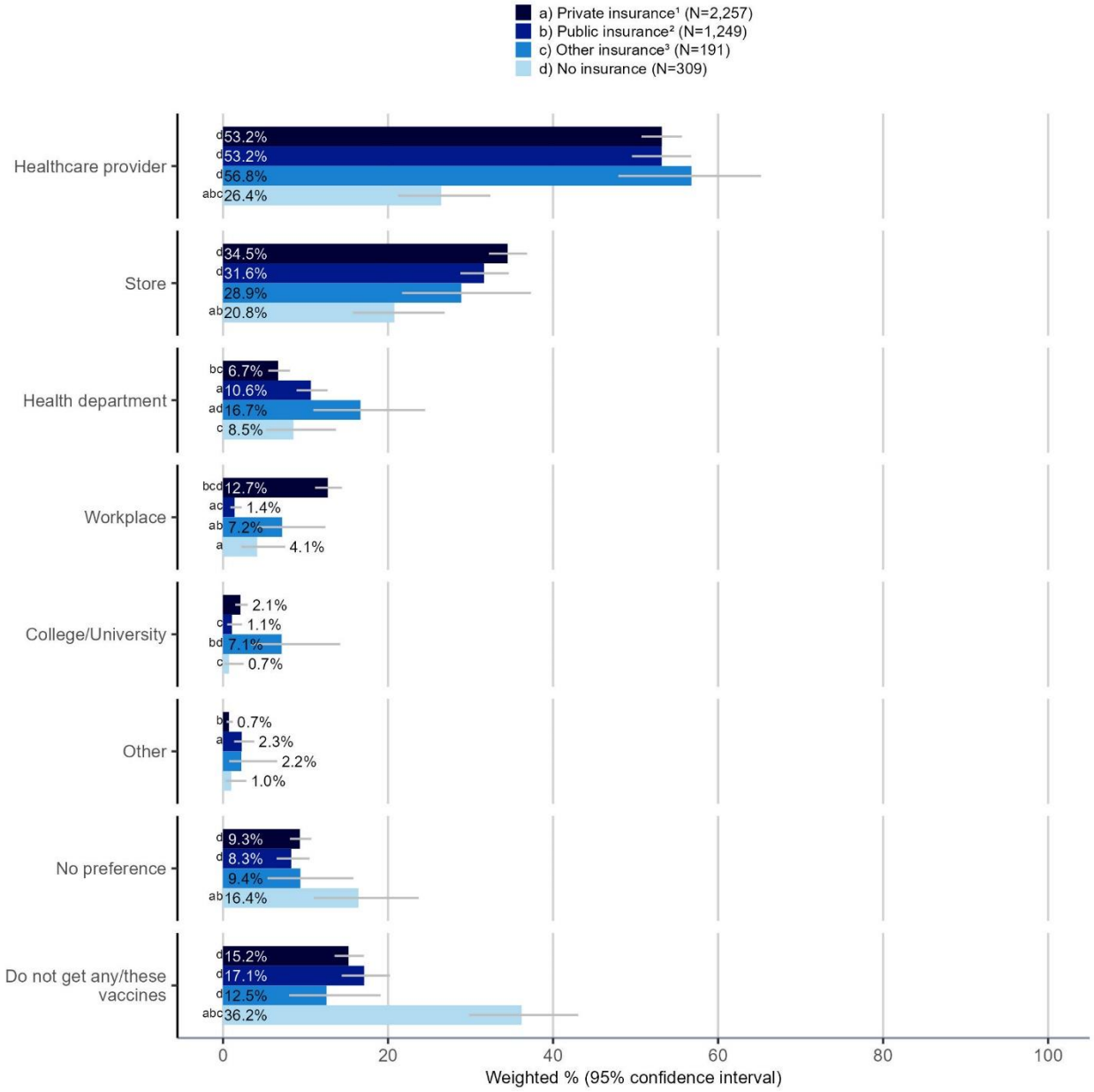
## Preferred place of vaccination, by age



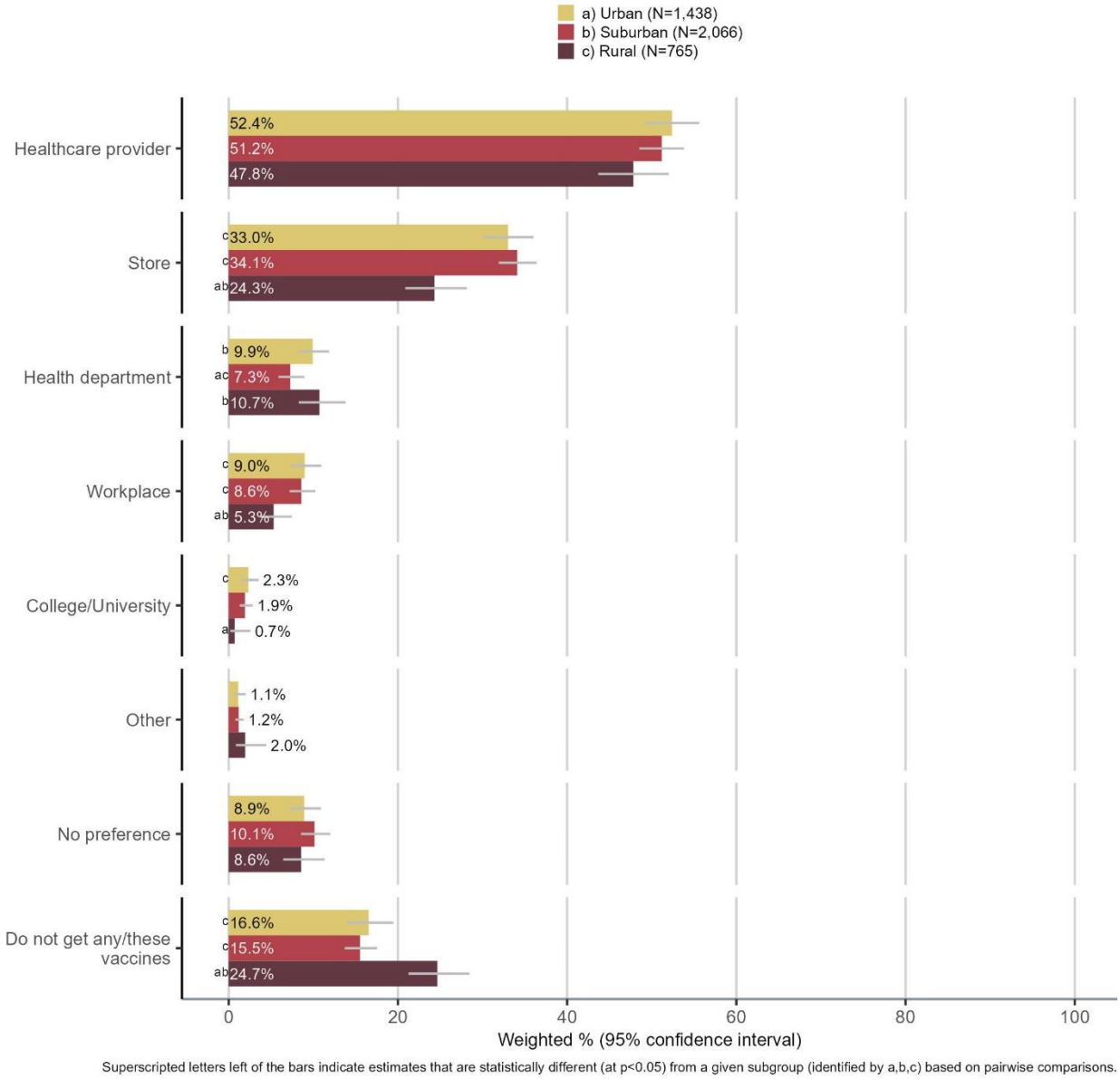

Superscripted letters left of the bars indicate estimates that are statistically different (at $p<0.05$) from a given subgroup (identified by a,b,c) based on pairwise comparisons.

## Preferred place of vaccination, by insurance status




¹Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ²Includes Medicare and Medicaid. ³Includes VA, IHS, and "other."
Superscripted letters left of the bars indicate estimates that are statistically different (at p<0.05) from a given subgroup (identified by a,b,c,d) based on pairwise comparisons.

## Preferred place of vaccination, by urbanicity

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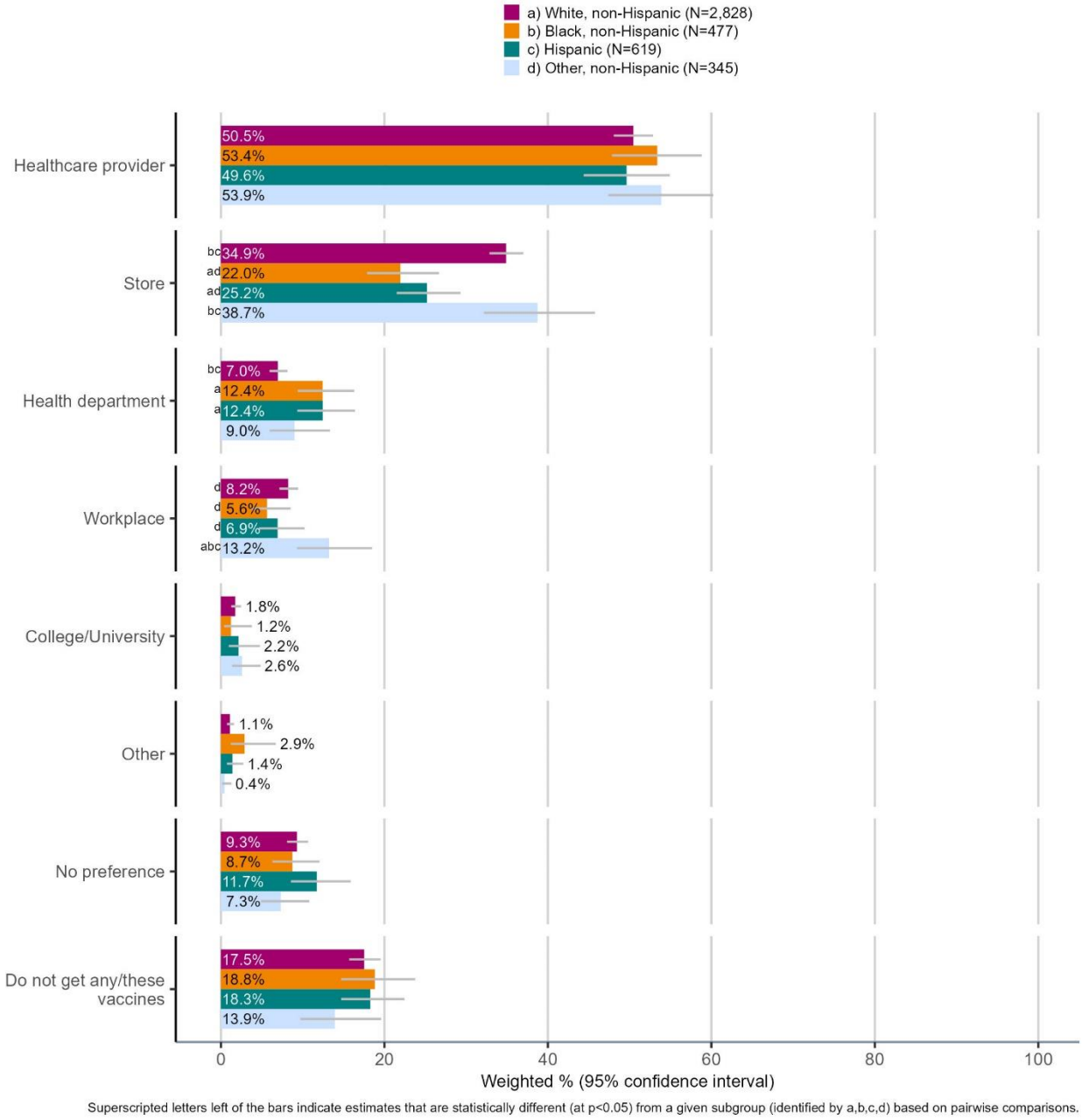
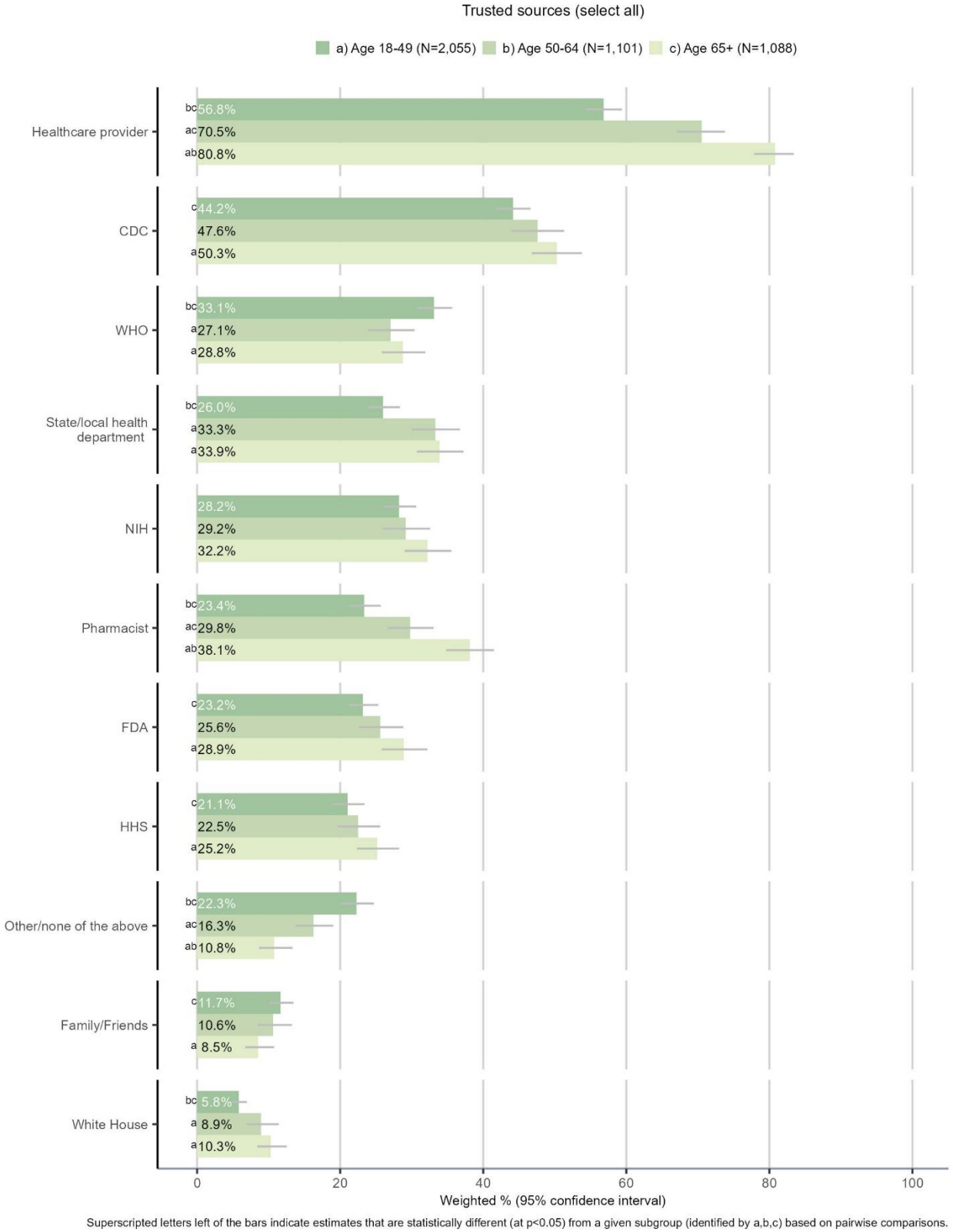
## Preferred place of vaccination, by race and ethnicity

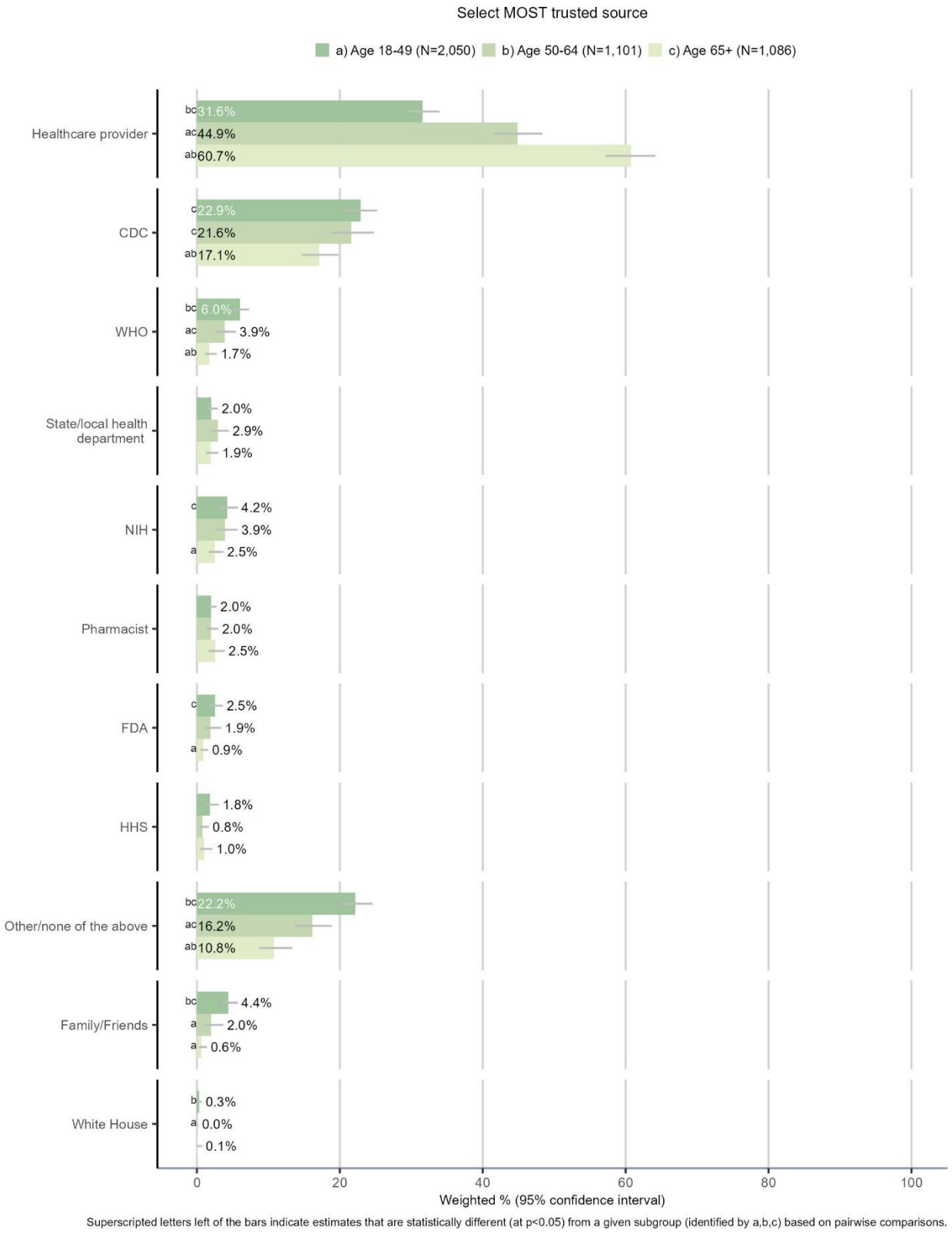



Superscripted letters left of the bars indicate estimates that are statistically different (at p<0.05) from a given subgroup (identified by a,b,c,d) based on pairwise comparisons.

## Trusted sources of information about respiratory diseases (among adults 18+), by age

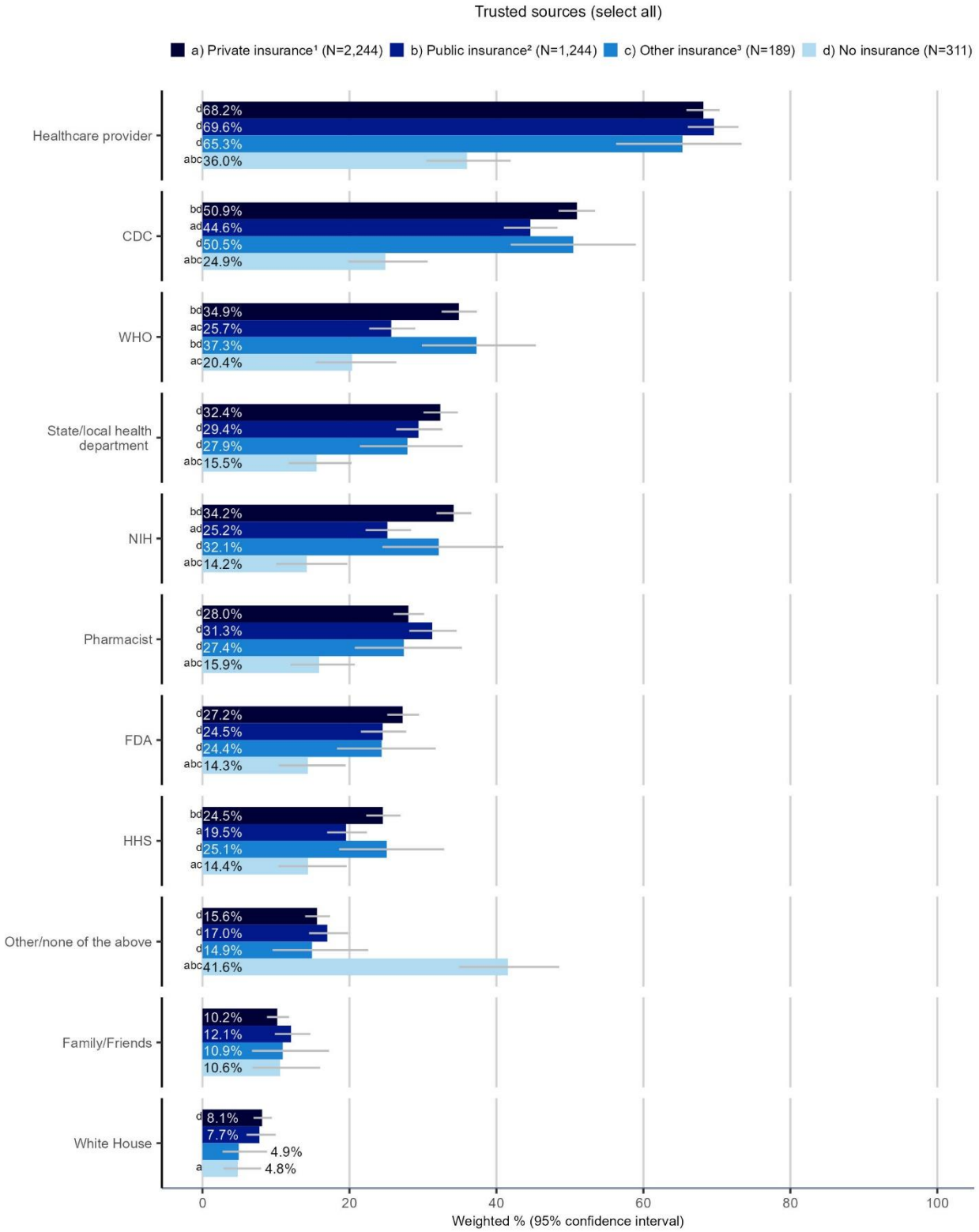



Superscripted letters left of the bars indicate estimates that are statistically different (at $p<0.05$) from a given subgroup (identified by a,b,c) based on pairwise comparisons.

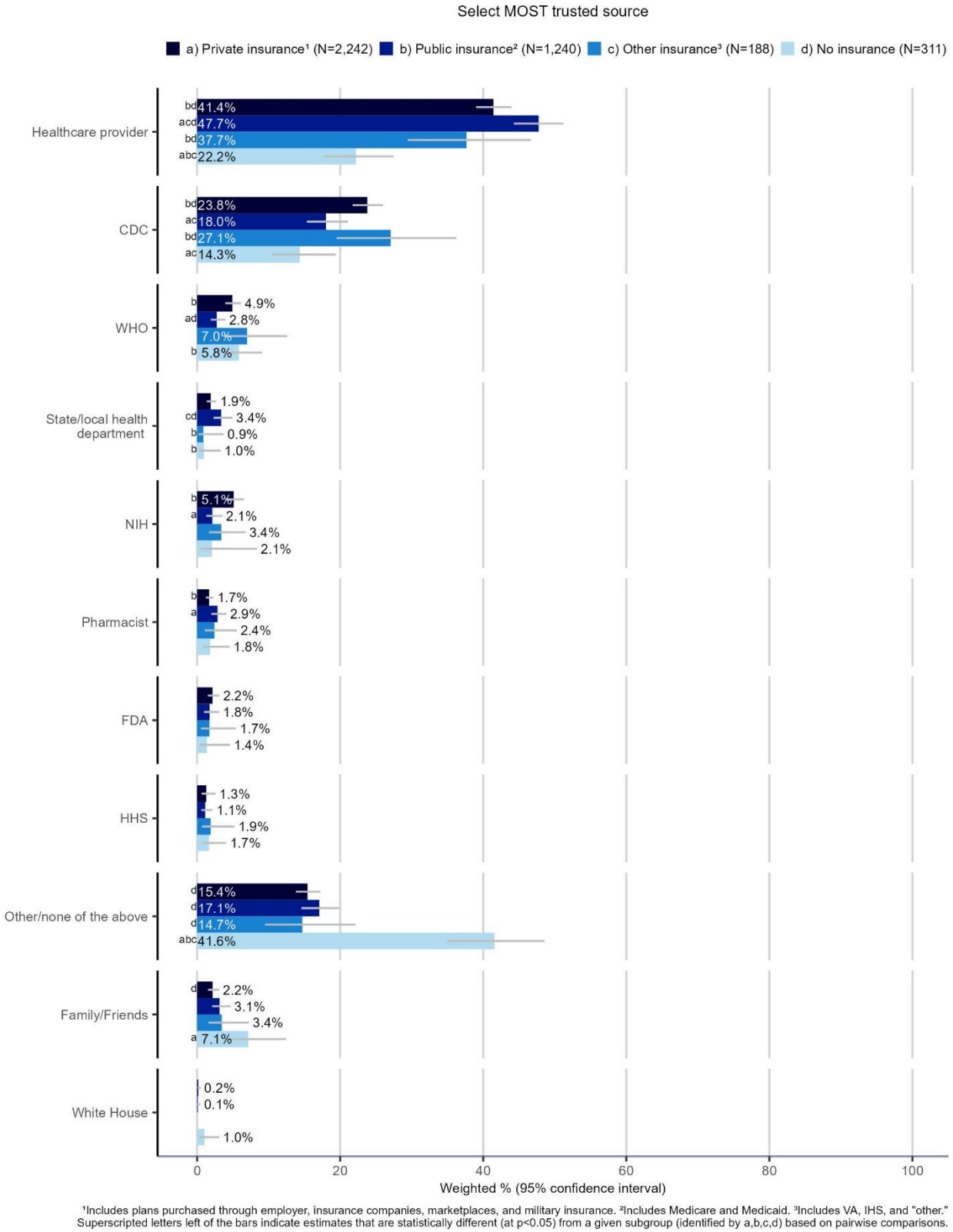



Superscripted letters left of the bars indicate estimates that are statistically different (at $p<0.05$) from a given subgroup (identified by a,b,c) based on pairwise comparisons.

## Trusted sources of information about respiratory diseases (among adults 18+), by insurance status

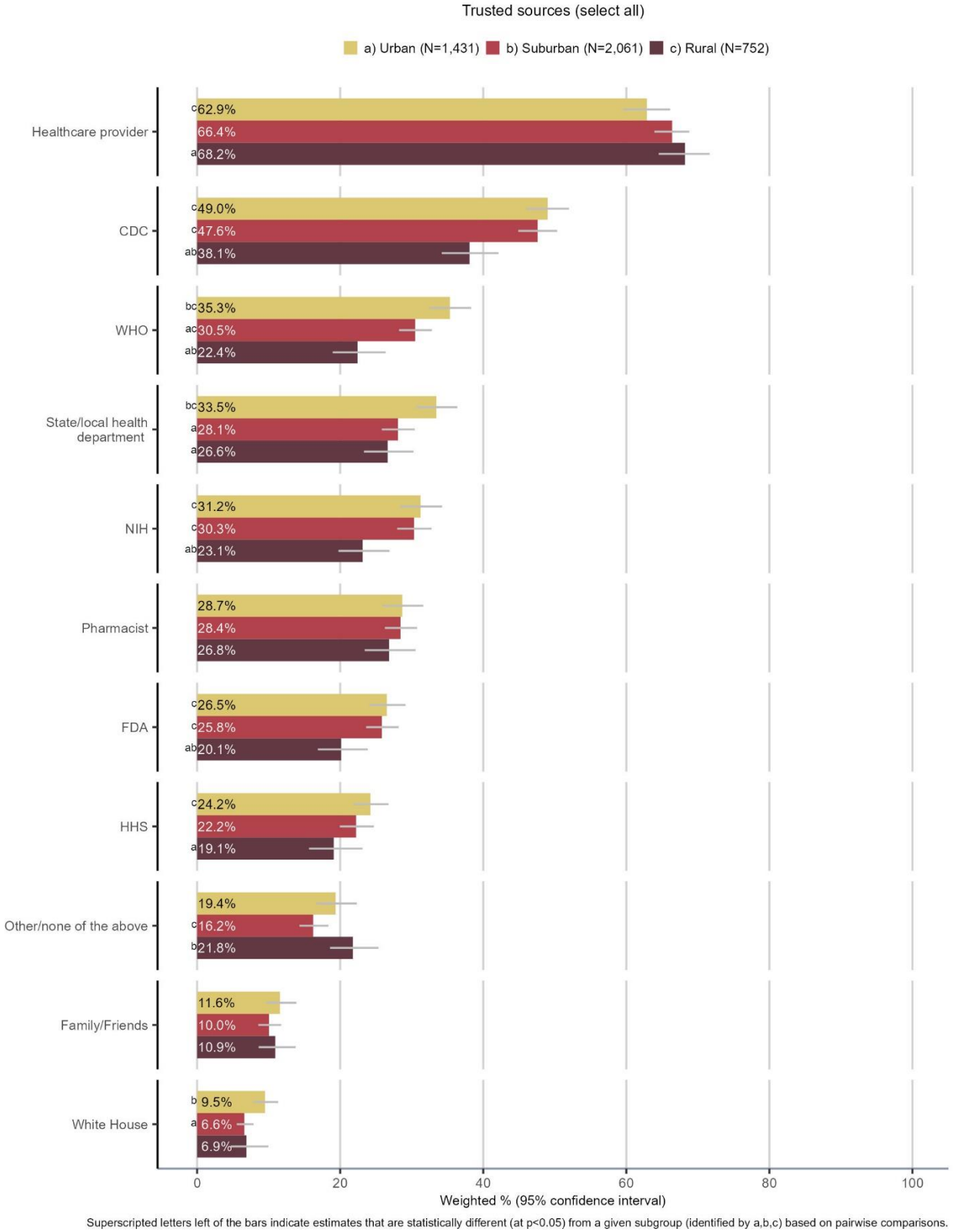



¹Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ²Includes Medicare and Medicaid. ³Includes VA, IHS, and "other." Superscripted letters left of the bars indicate estimates that are statistically different (at p<0.05) from a given subgroup (identified by a,b,c,d) based on pairwise comparisons.

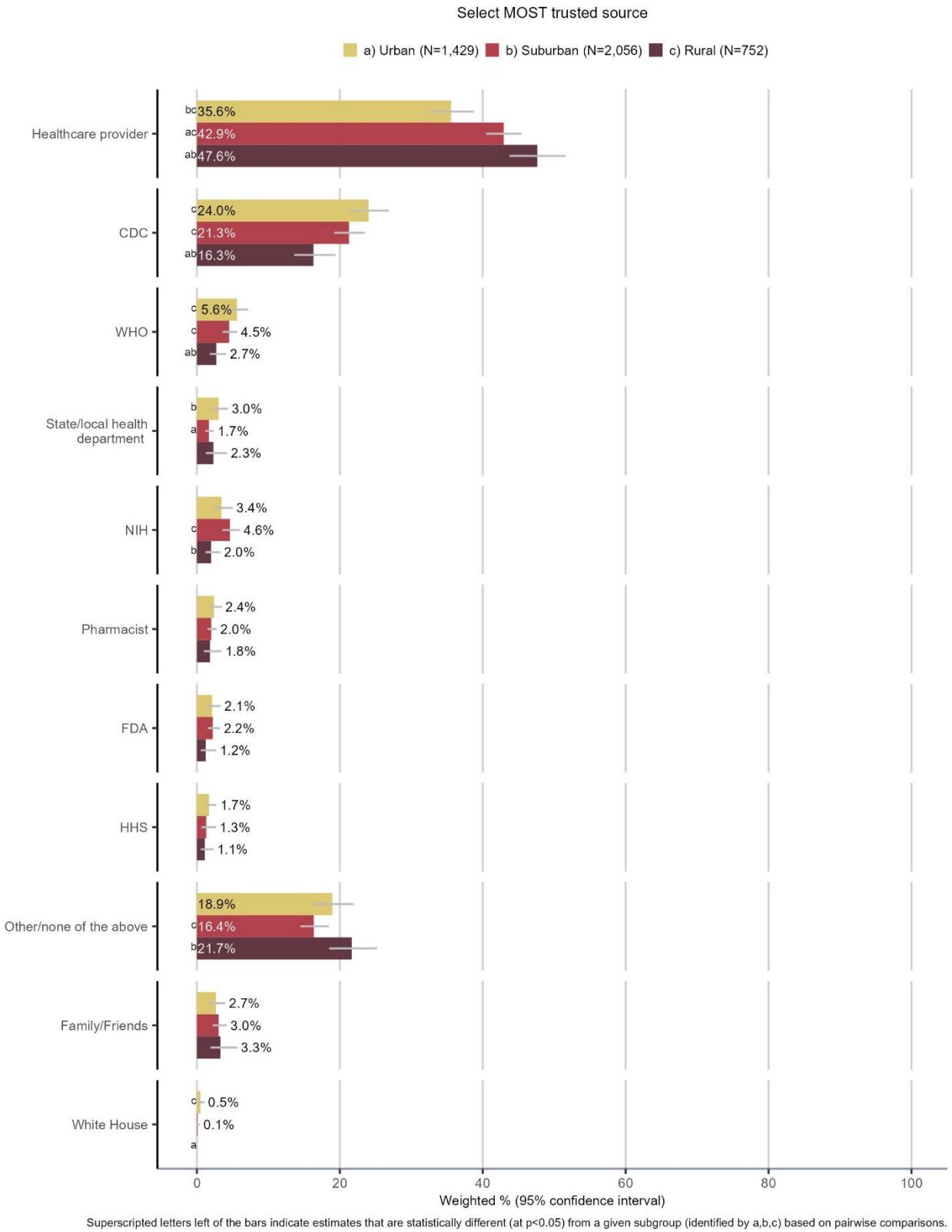



¹Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ²Includes Medicare and Medicaid. ³Includes VA, IHS, and "other." Superscripted letters left of the bars indicate estimates that are statistically different (at p<0.05) from a given subgroup (identified by a,b,c,d) based on pairwise comparisons.

## Trusted sources of information about respiratory diseases (among adults 18+), by urbanicity

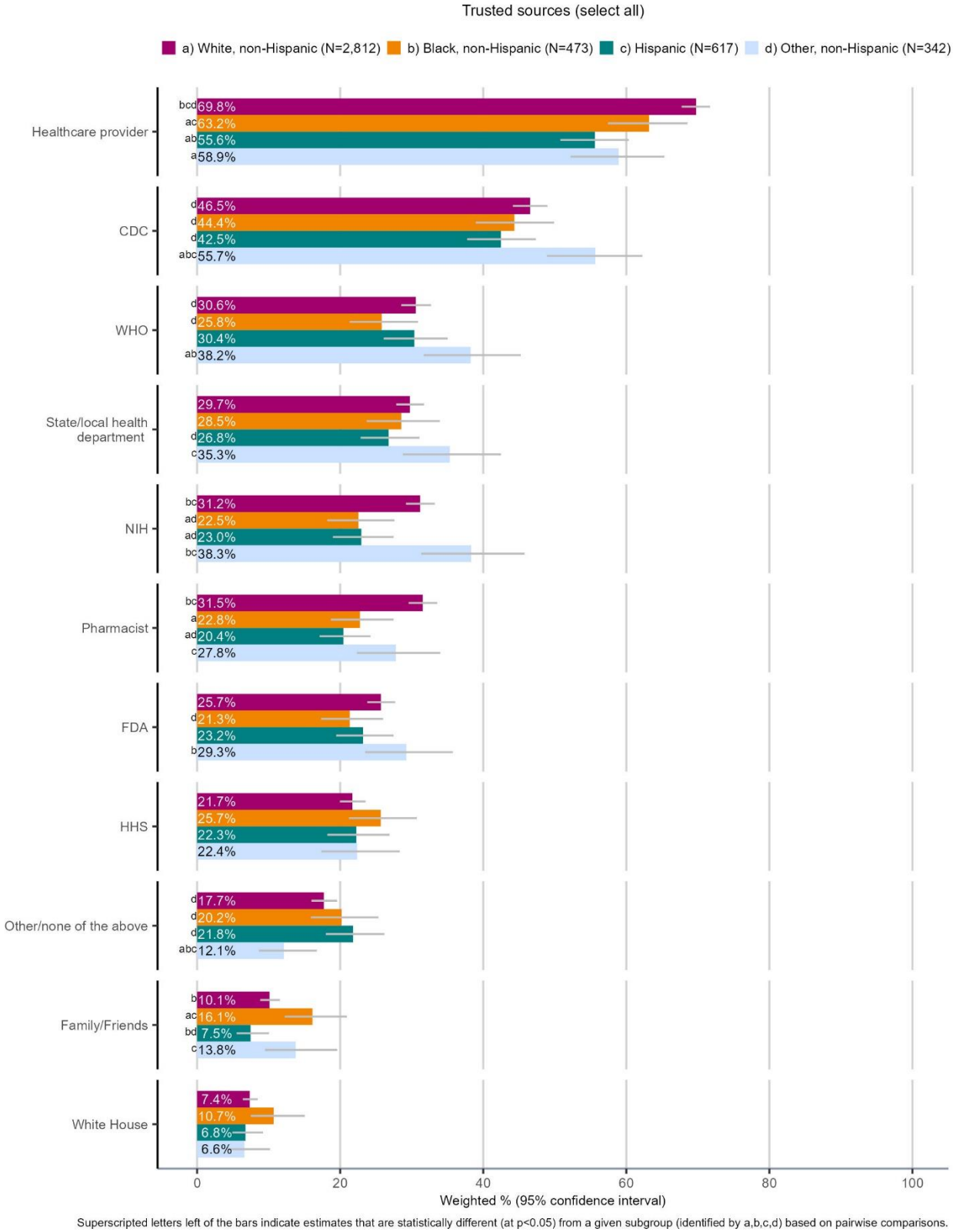



Superscripted letters left of the bars indicate estimates that are statistically different (at p<0.05) from a given subgroup (identified by a,b,c) based on pairwise comparisons.

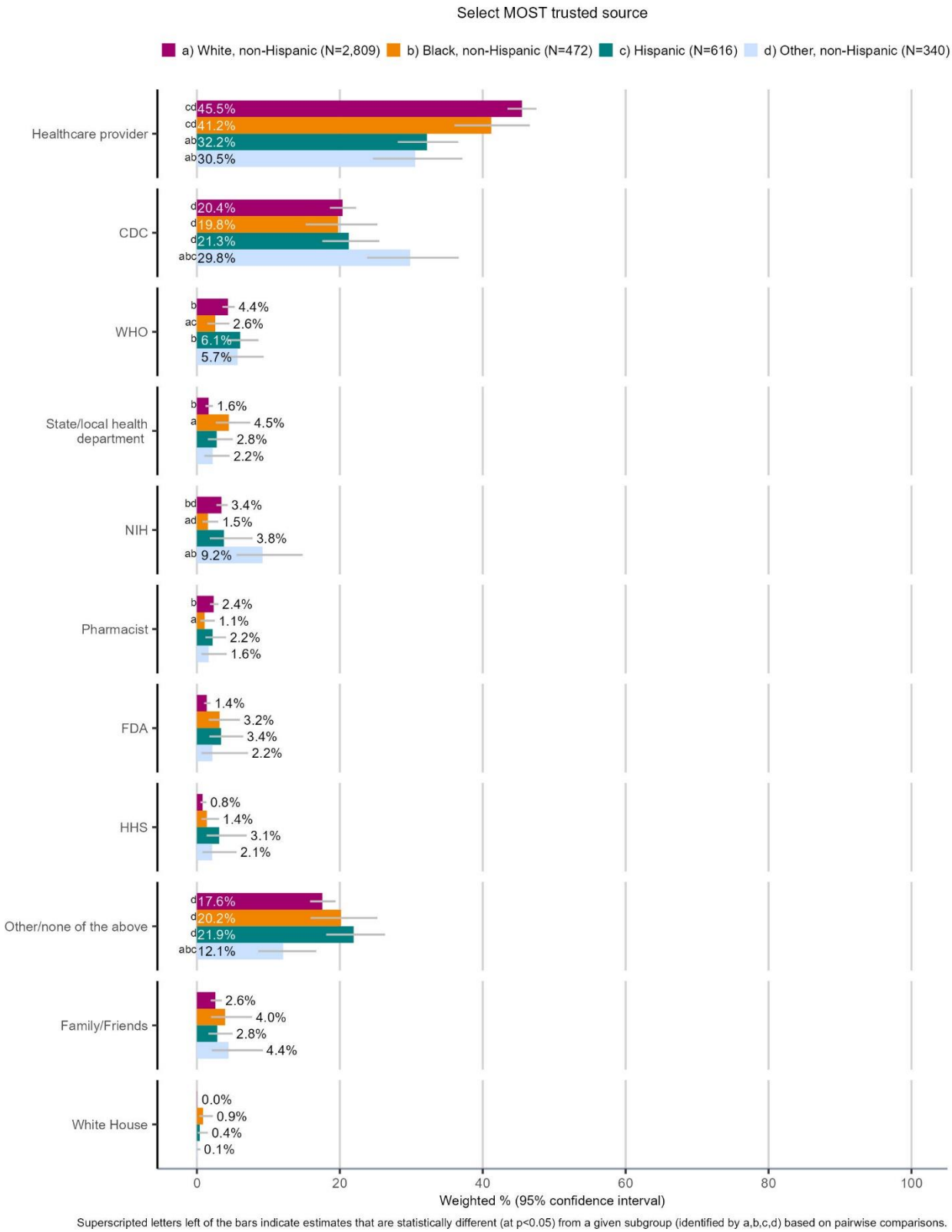



Superscripted letters left of the bars indicate estimates that are statistically different (at $p<0.05$) from a given subgroup (identified by a,b,c) based on pairwise comparisons.

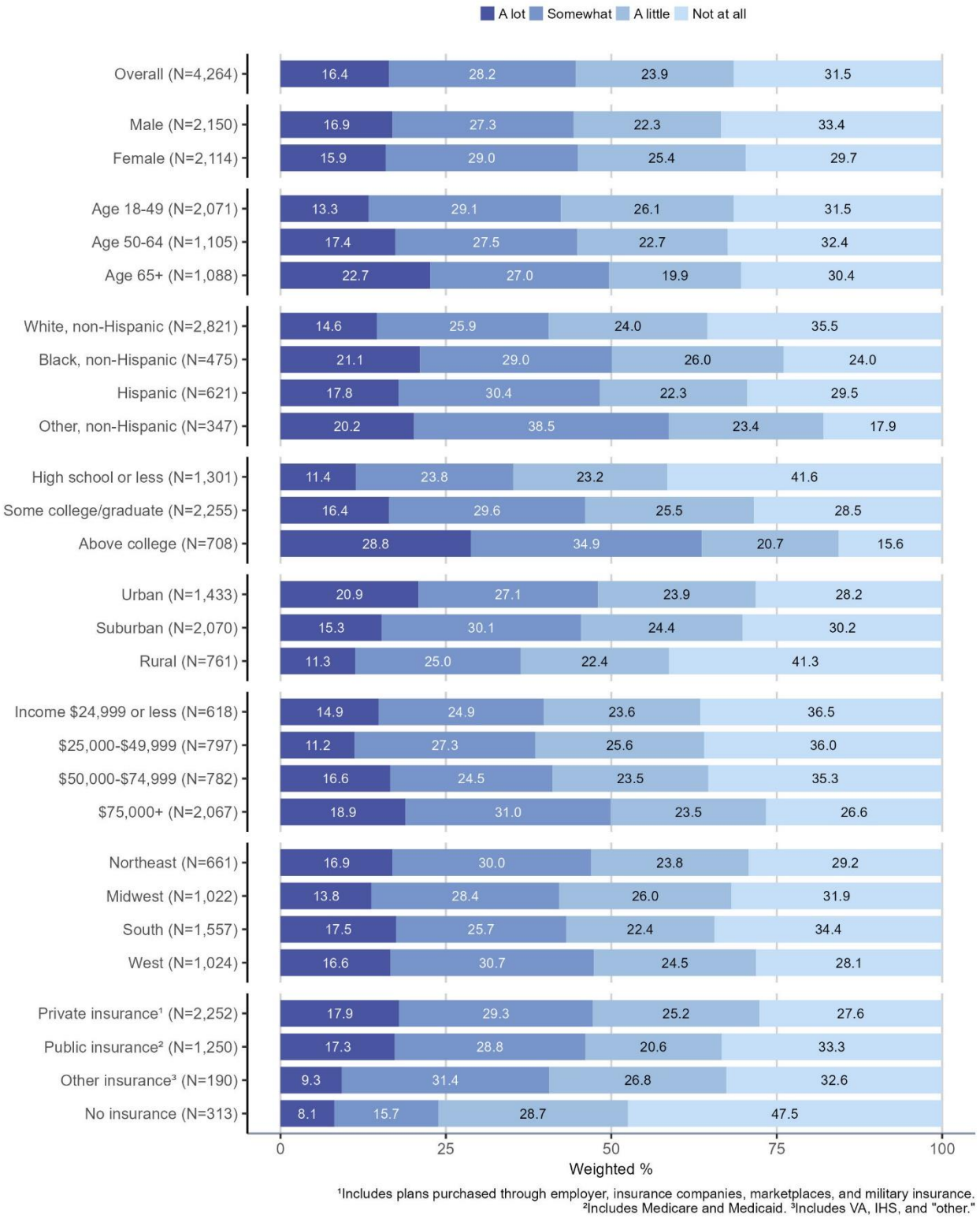
## Trusted sources of information about respiratory diseases (among adults 18+), by race and ethnicity




Superscripted letters left of the bars indicate estimates that are statistically different (at p<0.05) from a given subgroup (identified by a,b,c,d) based on pairwise comparisons.

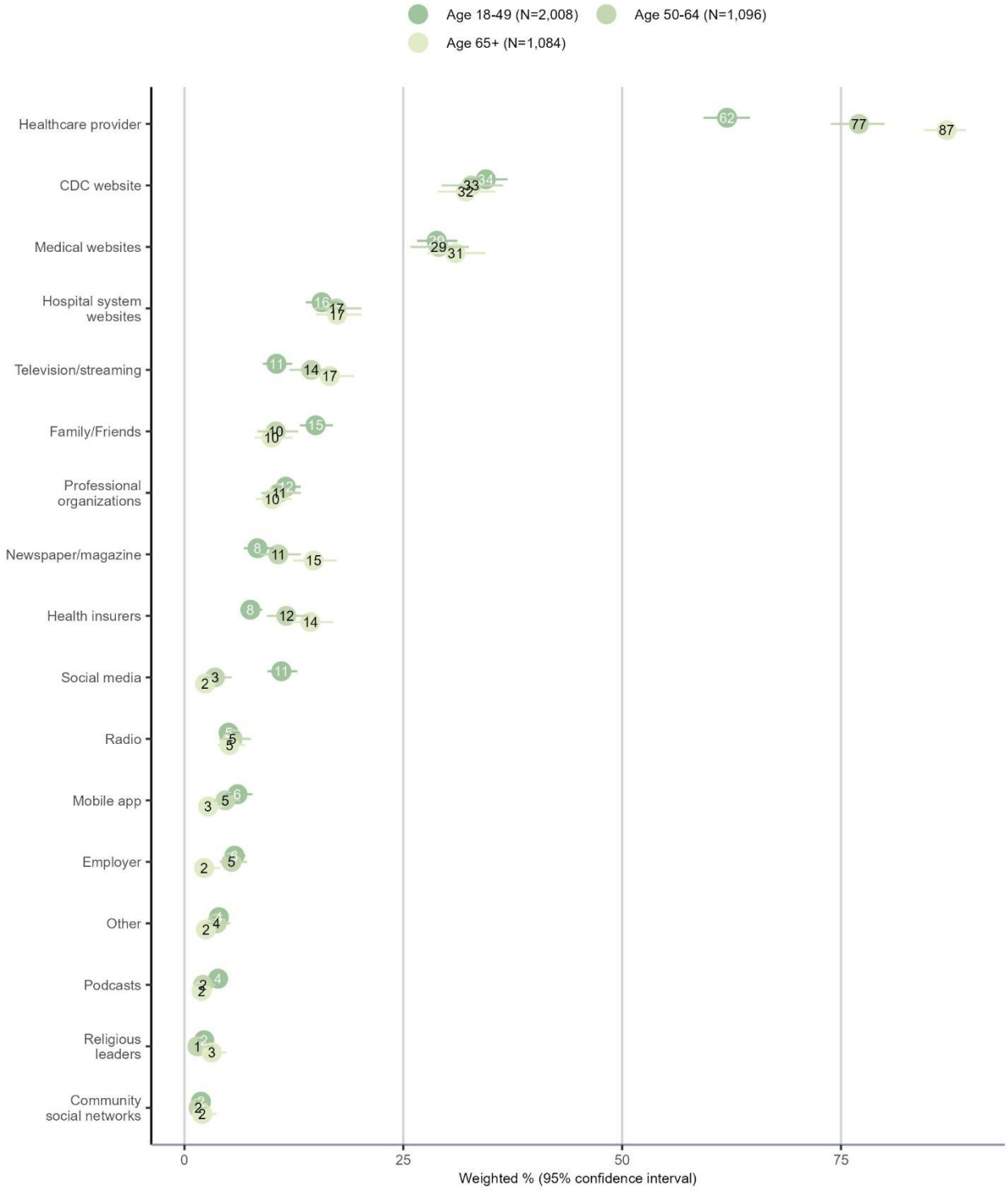

Select MOST trusted source
a) White, non-Hispanic (N=2,809)
b) Black, non-Hispanic (N=472)
c) Hispanic (N=616)
d) Other, non-Hispanic (N=340)
Healthcare provider
cd 45.5%
cd 41.2%
ab 32.2%
ab 30.5%
CDC
d 20.4%
d 19.8%
d 21.3%
abc 29.8%
WHO
b 4.4%
ac 2.6%
b 6.1%
5.7%
State/local health department
b 1.6%
a 4.5%
2.8%
2.2%
NIH
bd 3.4%
ad 1.5%
3.8%
ab 9.2%
Pharmacist
b 2.4%
a 1.1%
2.2%
1.6%
FDA
1.4%
3.2%
3.4%
2.2%
HHS
0.8%
1.4%
3.1%
2.1%
Other/none of the above
d 17.6%
d 20.2%
d 21.9%
abc 12.1%
Family/Friends
2.6%
4.0%
2.8%
4.4%
White House
0.0%
0.9%
0.4%
0.1%
0
20
40
60
80
100
Weighted % (95% confidence interval)
Superscripted letters left of the bars indicate estimates that are statistically different (at p<0.05) from a given subgroup (identified by a,b,c,d) based on pairwise comparisons.

Reliance on CDC in past two years to make health decisions about respiratory diseases (among adults 18+), by demographics

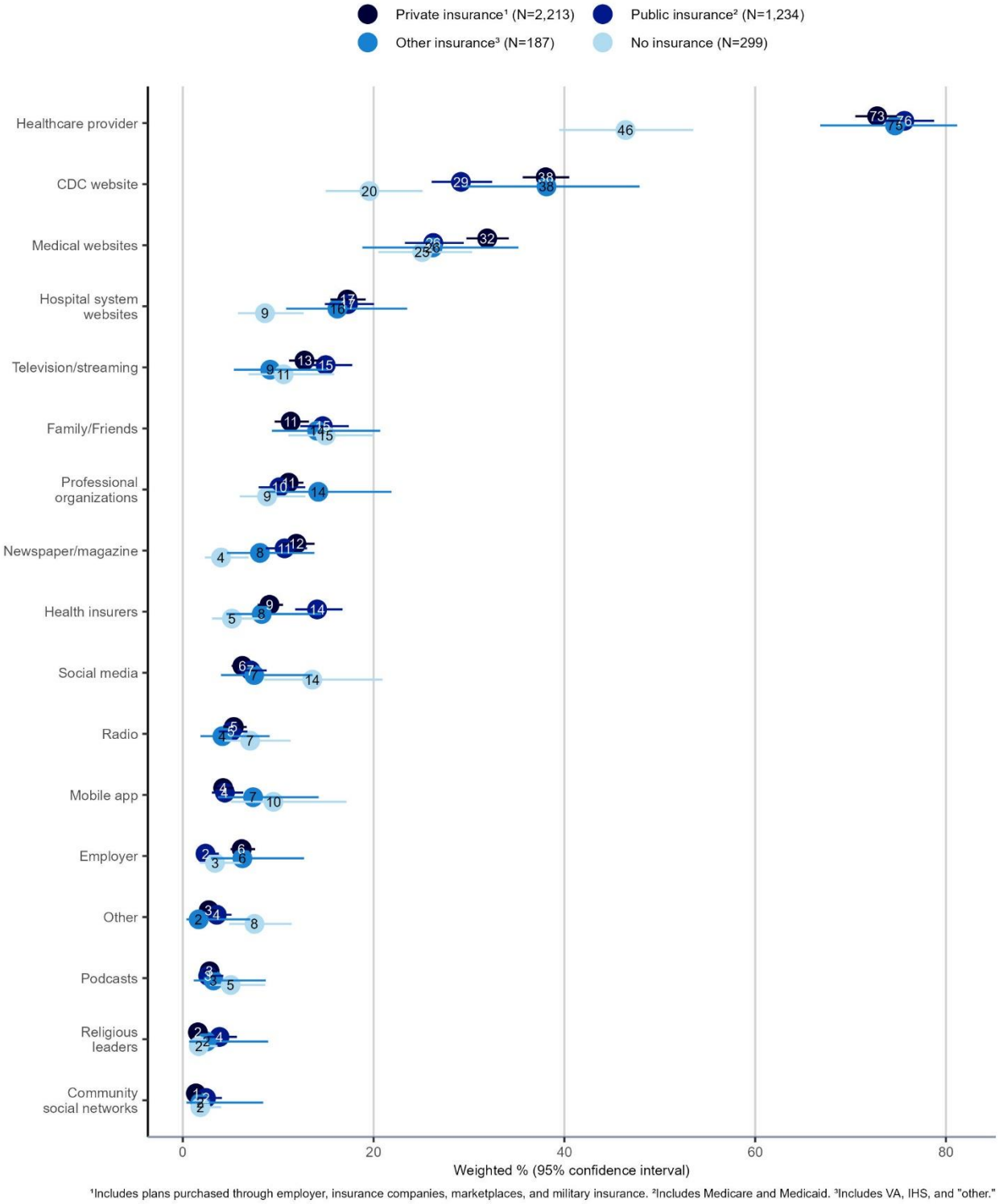



¹Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ²Includes Medicare and Medicaid. ³Includes VA, IHS, and "other."

Preferred channels for information about prevention and treatment of respiratory diseases (among adults 18+), by age

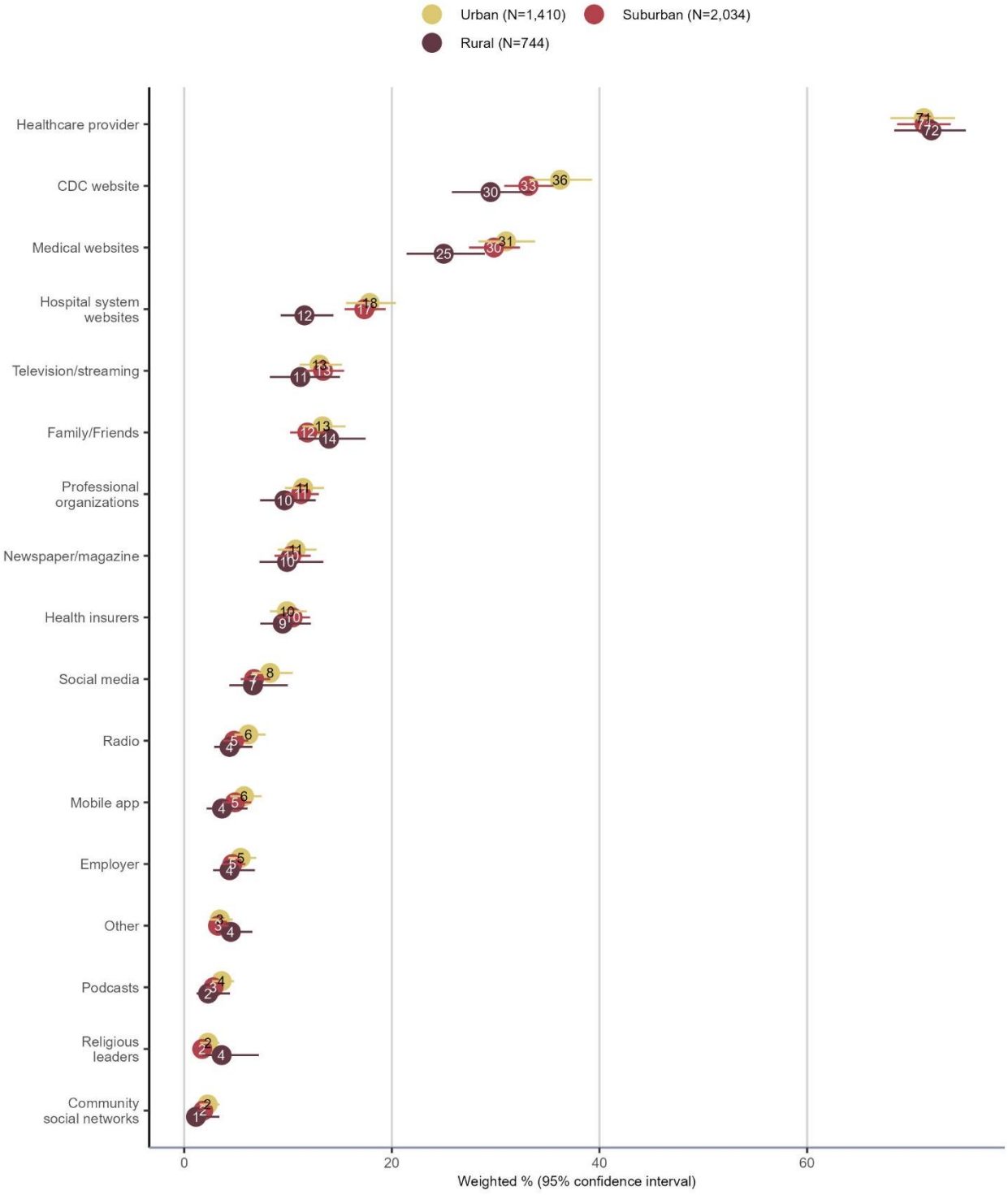


Preferred channels for information about prevention and treatment of respiratory diseases (among adults 18+), by insurance status




¹Includes plans purchased through employer, insurance companies, marketplaces, and military insurance. ²Includes Medicare and Medicaid. ³Includes VA, IHS, and "other."

Preferred channels for information about prevention and treatment of respiratory diseases (among adults 18+), by urbanicity



Preferred channels for information about prevention and treatment of respiratory diseases (among adults 18+), by race and ethnicity