

NCIRD

National Center for Immunization
and Respiratory Diseases

**RESULTS FROM OMNIBUS SURVEYS ON
VACCINATION RECEIPT, INTENT, AND
KNOWLEDGE, ATTITUDES, BELIEFS, AND
BEHAVIORS**

JANUARY 2024



Introduction and Methods:

Data for this analysis were collected through the Ipsos KnowledgePanel 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 (flu), 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 ages 18 years and older. Panel members complete the surveys online. 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. A representative sample is selected for each general adult population survey wave from the respective panels. For surveys fielded January 5 – 29, 2024, there were 4,287 total respondents across the four waves. Throughout this report, differences among groups were assessed using t-tests with p-values <0.05 considered statistically significant.

For additional information about Ipsos KnowledgePanel panel methodology, visit <https://www.ipsos.com/sites/default/files/ipsosknowledgepanelmethodology.pdf>.

For additional information about NORC AmeriSpeak panel methodology, visit <https://amerispeak.norc.org/content/dam/amerispeak/research/pdf/AmeriSpeak%20Technical%20Overview%202019%2002%2018.pdf>.

How to use this report:

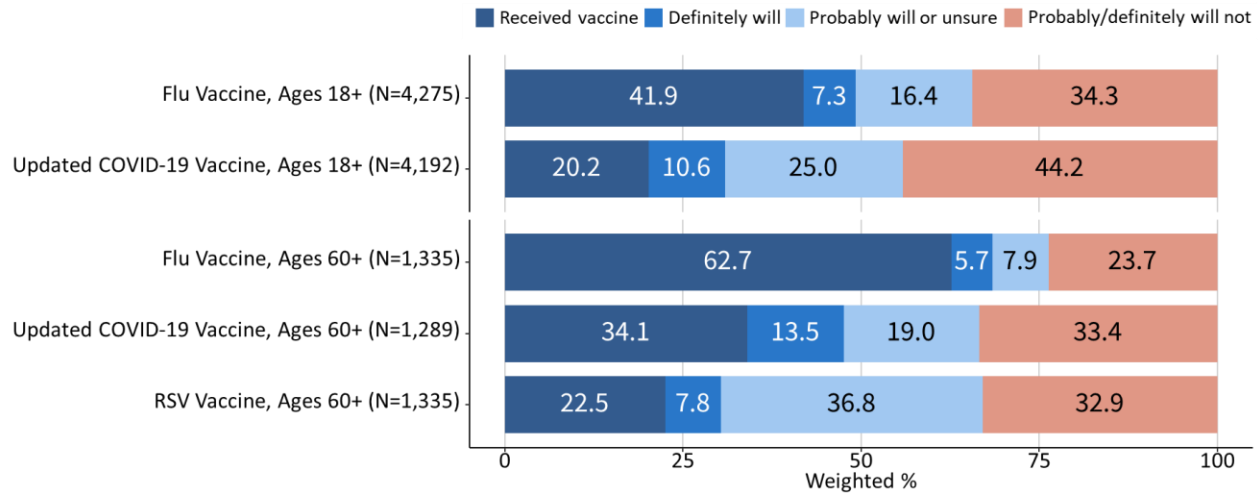
Each figure or table showing overall results contains a link or links to appendix figures that show more detailed results. Click the link to view the related detailed table. You can then hit ALT + ← to return to the page you were on.

Abbreviations:

BRFSS: Behavioral Risk Factor Surveillance System
CDC: Centers for Disease Control and Prevention
IHS: Indian Health Service
KABB: knowledge, attitudes, beliefs, and behaviors
NIS: National Immunization Survey
NORC: National Opinion Research Center
RSV: Respiratory syncytial virus

Overview of Results

Receipt and intent to get respiratory virus vaccines by age group, January 2024

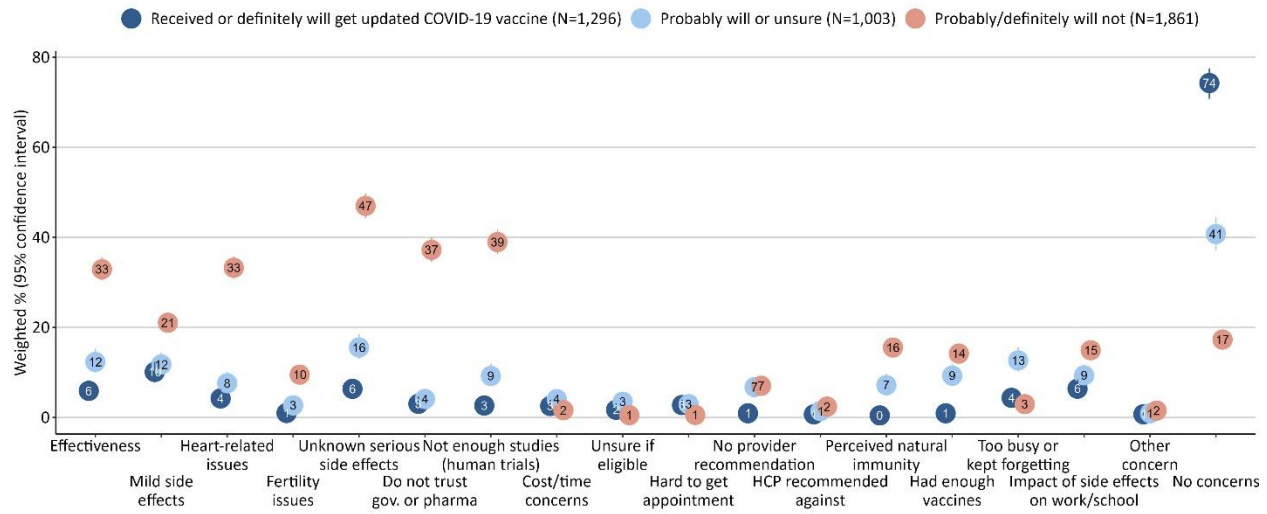


- The percent of adults 18 years and older who already received or definitely will get a vaccine was 49.2% for flu vaccine, compared to 30.8% for the updated COVID-19 vaccine.
- Among adults 60 years and older, 68.4% already received or definitely will get a flu vaccine, compared to 47.6% for the updated COVID-19 vaccine and 30.3% for the RSV vaccine.

Selected demographic differences in percent who will definitely or probably get a vaccine (see full figures for [flu](#), [RSV](#), and the [updated COVID-19 vaccine](#)):

- For flu and the updated COVID-19 vaccines, the percentage who reported they received or definitely intended to receive the vaccine increased with age, education, and income, and was higher among those who lived in urban or suburban (as compared to rural) areas, and those who were insured (as compared to uninsured).
- The percentage who reported they received or definitely intend to receive a vaccine was lower among Black non-Hispanic and Hispanic adults compared to White non-Hispanic adults for flu vaccine, and lower among Black non-Hispanic adults compared to other non-Hispanic adults for RSV vaccine. There were no differences by race and ethnicity for COVID-19 vaccine.
- For RSV vaccine, the percentage reporting they received or definitely intended to receive the vaccine increased with education and was higher among those ages 65 years and older (as compared to 60-64 years) and those living in urban and suburban (as compared to rural) areas.
- For flu and the updated COVID-19 vaccines, intent was lowest among those who were not confident in the safety of the vaccines and those who were not concerned about getting flu and COVID-19. These items were not assessed for RSV vaccine in January.

Concerns and issues* about the updated COVID-19 vaccine among adults 18 years and older, by vaccination status and intent, January 2024



*"Had enough vaccines" and "Perceived natural immunity" not shown for those who already received the vaccine.

- Among those who probably will or are unsure if they will get an updated COVID-19 vaccine, the top concerns or issues were mild or unknown serious side effects, effectiveness, and too busy or kept forgetting.
- Among those who probably or definitely will not get an updated COVID-19 vaccine, the following concerns or issues were reported by at least 1 in 3 respondents: vaccine effectiveness, heart-related issues, unknown serious side effects, not enough studies and not trusting the government or pharmaceutical companies.

Selected demographic differences in concerns and issues about the updated COVID-19 vaccine:

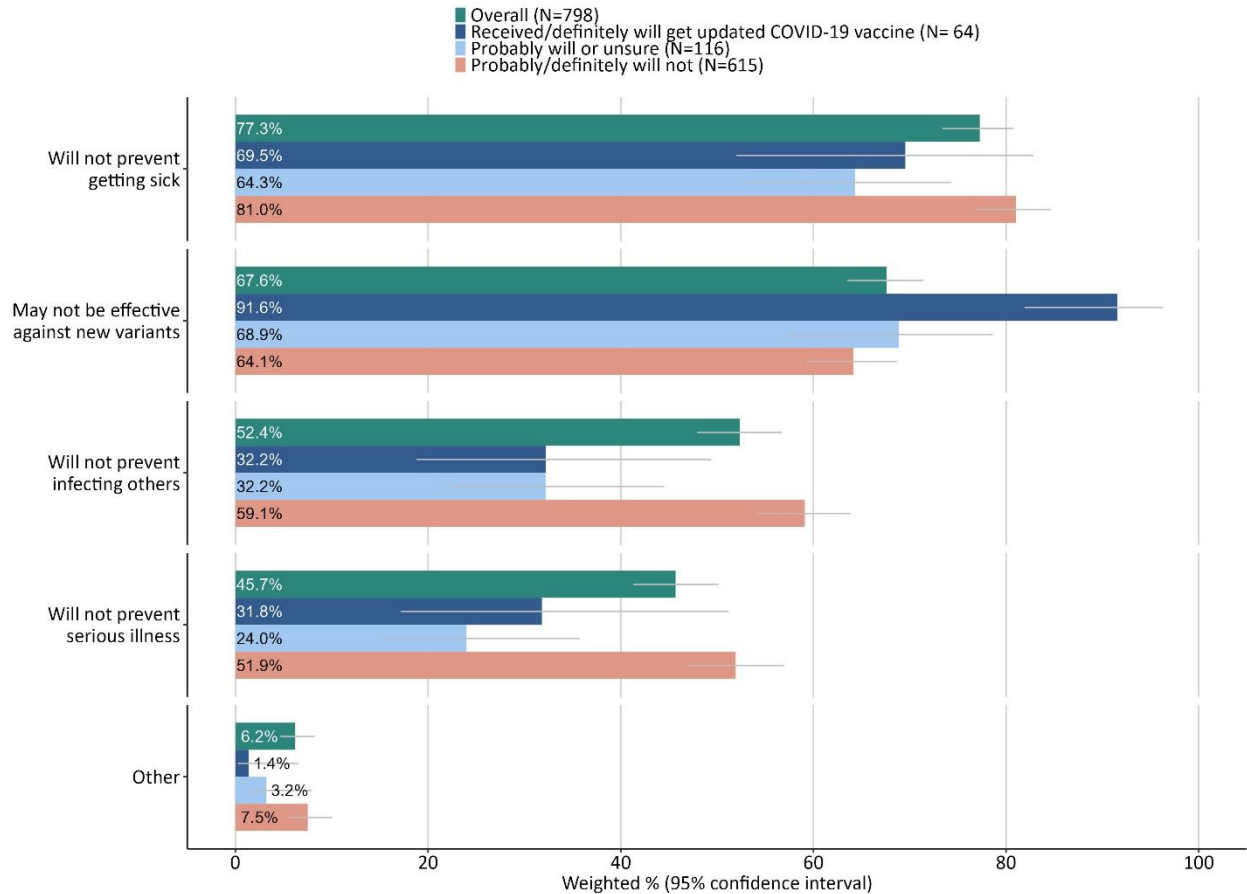
Age: Concern about mild side effects, heart-related issues, and unknown serious side effects was lower among those ages 65 years and older compared to those ages 18-49 and 50-64 years. By contrast, those ages 65 and older were more likely to say they have no concerns or issues compared to younger age groups. Adults in the youngest group (ages 18-49 years) were more likely to say they were too busy or kept forgetting compared to those in older age groups.

Insurance status: Only 6.9% of uninsured adults reported cost as an issue. The top reported concern of uninsured adults was unknown serious side effects (27.1%).

Urbanicity: Compared to those living in urban and suburban areas, adults living in rural areas were more likely to report the following concerns/issues: heart-related issues, unknown serious side effects, do not trust the government or pharmaceutical companies, and not enough studies.

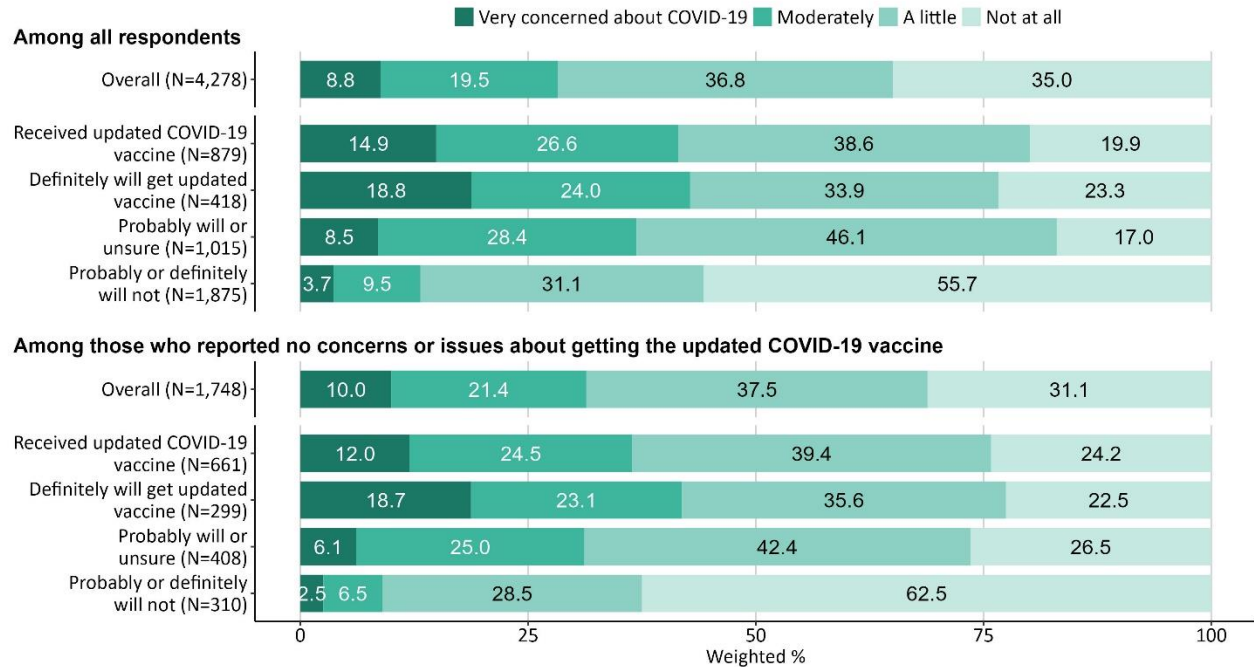
Race and ethnicity: White non-Hispanic adults were more likely than all other races and ethnicities to report the following concerns/issues: heart-related issues, unknown serious side effects, do not trust the government or pharmaceutical companies, and not enough studies.

Specific concerns related to effectiveness of the updated COVID-19 vaccine among adults 18 years and older, by vaccination status and intent, January 2024



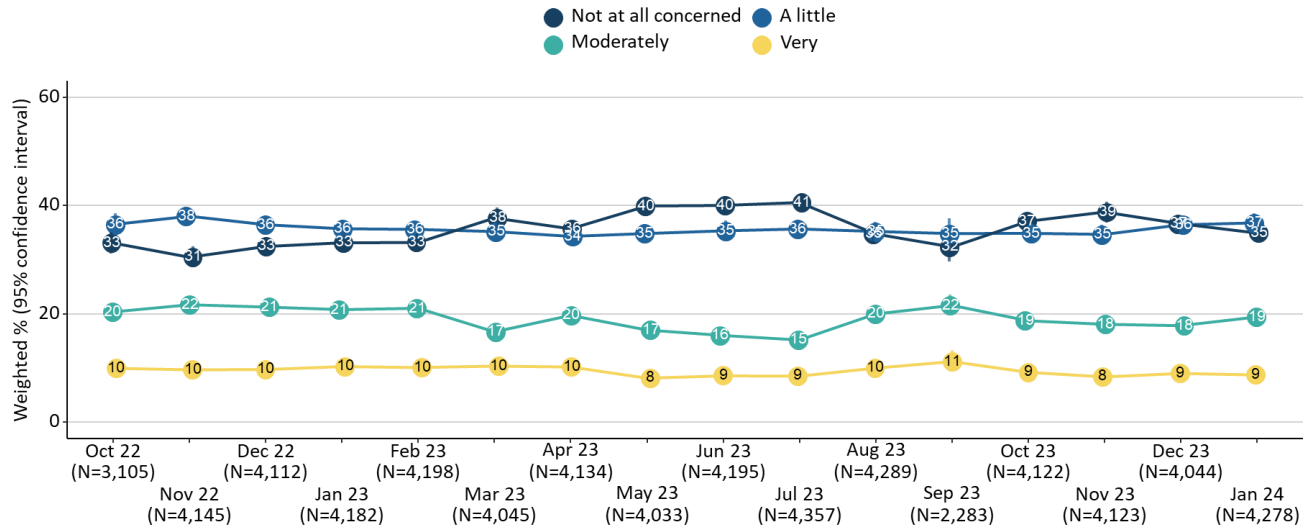
- Adults 18 years and older who reported they were concerned about effectiveness of the updated COVID-19 vaccine were asked what specific concerns they had about vaccine effectiveness. The top concern overall was that the vaccine would not prevent them from getting sick.
- The majority of those reluctant to vaccination (probably or definitely will not get the vaccine) were concerned the updated COVID-19 vaccine may not be effective against new variants, would not prevent infecting others, and would not prevent serious illness.
- The majority of those open to vaccination (received, definitely will, probably will, or unsure if they will get the vaccine) were also concerned that the vaccine may not be effective against new variants.

Concern about getting COVID-19 among adults 18 years and older for all respondents and among those who reported no concerns or issues about getting the updated COVID-19 vaccine by vaccination status/intent, January 2024



- Overall, 71.8% of adults 18 years and older were not at all concerned or only a little concerned about getting COVID-19.
- Both among the overall population and the sub-population of respondents who did not have any concerns or issues about getting the updated COVID-19 vaccine, those who probably or definitely will not get vaccinated were most likely to report being not at all concerned about getting COVID-19.
- Those who will probably get vaccinated or are unsure were most likely to report being a little concerned about getting COVID-19.

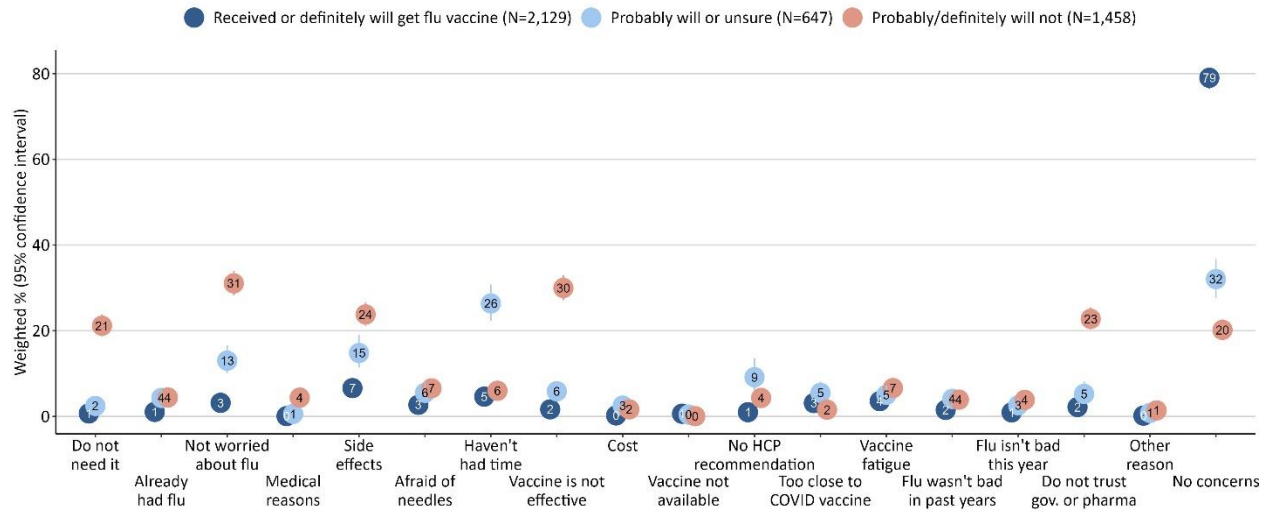
Trend in concern about getting COVID-19 among adults 18 years and older, October 2022 – January 2024*



*October 2022 data are based on three survey waves (two by Ipsos and one by NORC) and September 2023 data are based on two survey waves by NORC, whereas all other months are based on four waves (two by each Ipsos and NORC).

- Concern about getting COVID-19 decreased over the early summer in 2023 and increased in July-September, peaking when COVID-19 cases were higher in September. Concern has increased slightly since November.

Concerns and issues* about flu vaccine among adults 18 years and older, by vaccination status and intent, January 2024



*"Do not need it," "Already had flu," and "Medical reasons" not shown for those who already received the vaccine.

- Among those who probably will or are unsure if they will get a flu vaccine, the majority either had no concerns or issues (32%) or reported they have not gotten around to it or have not had time (26%).
- Among those who probably or definitely will not get a flu vaccine, top concerns were: not worried about flu (31%), vaccine effectiveness (30%), side effects (24%), do not trust government or pharmaceutical companies (23%), and do not need it (21%).

Selected demographic differences regarding flu vaccination concerns:

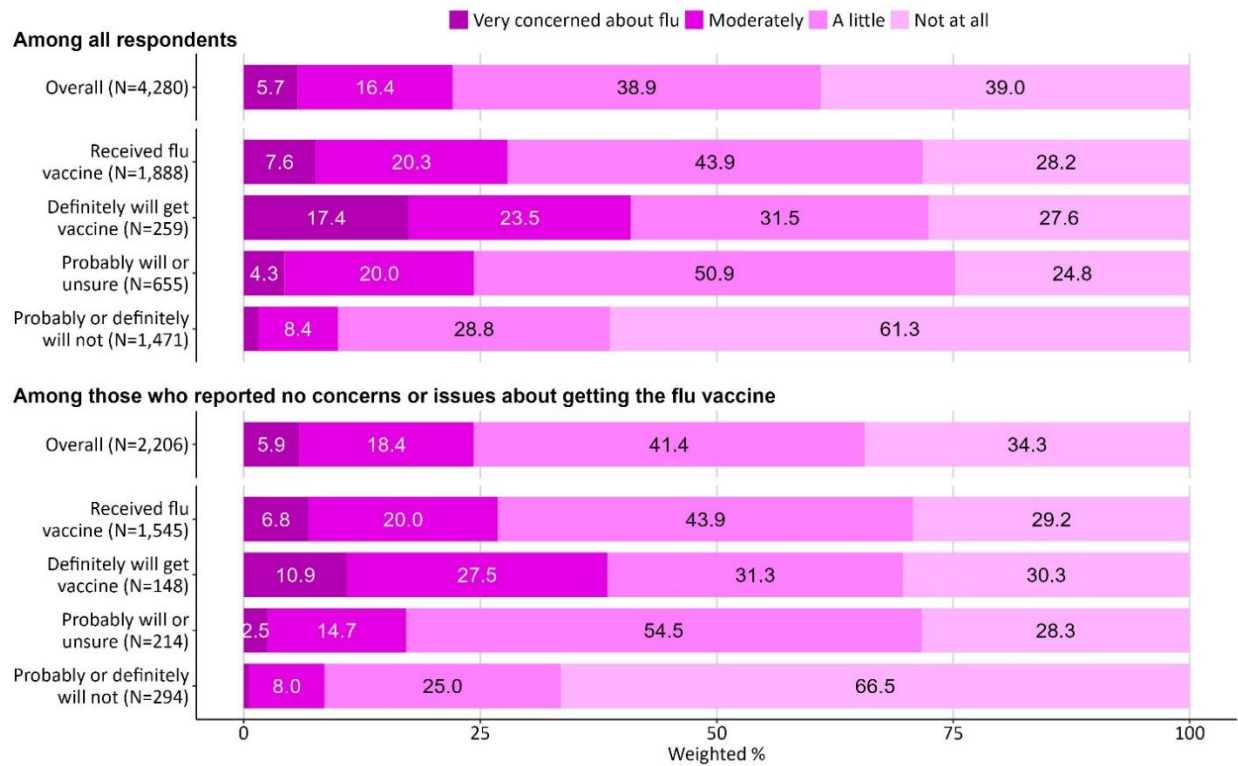
Age: Compared to older age groups, adults ages 18-49 years were more likely to report each of the following concerns and issues: do not need a flu vaccine, not worried about flu, fear of needles, no provider recommendation, vaccine fatigue, vaccine effectiveness, and have not gotten around to it or have not had time. The likelihood of reporting no concerns or issues increased across age groups and was highest among adults 65 years and older.

Insurance status: The most common concerns and issues among uninsured adults were side effects, not worried about flu, and vaccine effectiveness.

Urbanicity: Compared to those living in urban areas, adults living in rural areas were more likely to report they were not worried about flu. Adults living in rural areas were also more likely than those living in suburban areas to report vaccine effectiveness as a concern.

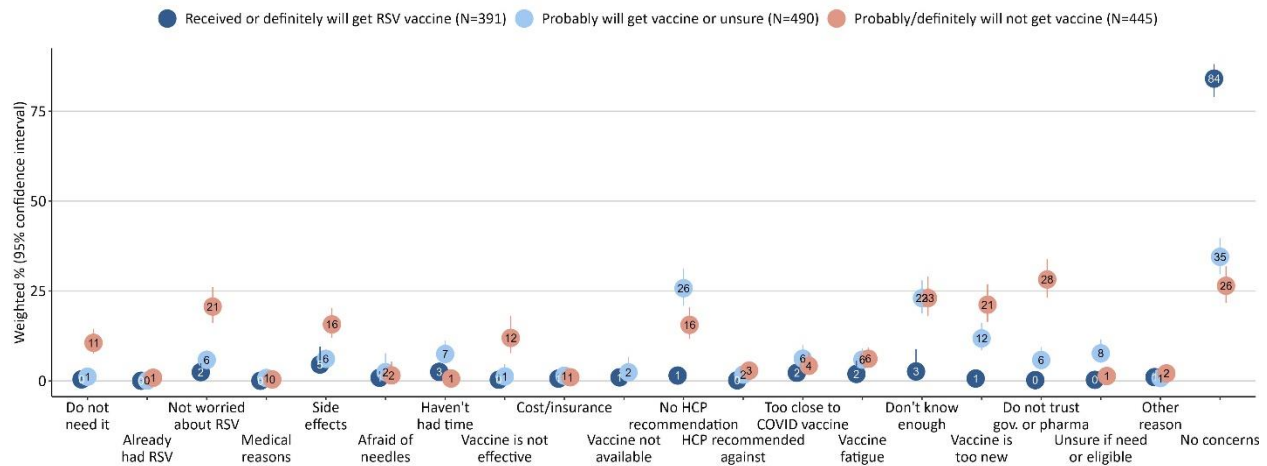
Race and ethnicity: White non-Hispanic adults were more likely than Black non-Hispanic adults to report they are not worried about flu or they do not trust the government or pharmaceutical companies. Hispanic adults were more likely than White non-Hispanic adults to report lack of provider recommendation.

Concern about getting the flu among all adults 18 years and older and among those who reported no concerns or issues about getting the flu vaccine, by vaccination status/intent, January 2024



- Overall, 77.9% of adults 18 years and older were not at all concerned or only a little concerned about getting the flu.
- Both among the overall population and the sub-population of respondents who did not have any concerns or issues about getting the flu vaccine, those who probably or definitely will not get vaccinated were most likely to report being not at all concerned about getting the flu.
- Those who will probably get vaccinated or are unsure were most likely to report being a little concerned about getting the flu.
- The percentage of adults who were concerned about getting the flu is lower than the percentage concerned about getting COVID-19, especially among those reported they probably will get or are unsure if they will get the respective vaccines.

Concerns and issues* about RSV vaccine among adults 60 years and older, by vaccination status and intent, January 2024



*"Do not need it" and "Already had RSV" not shown for those who already received the vaccine.

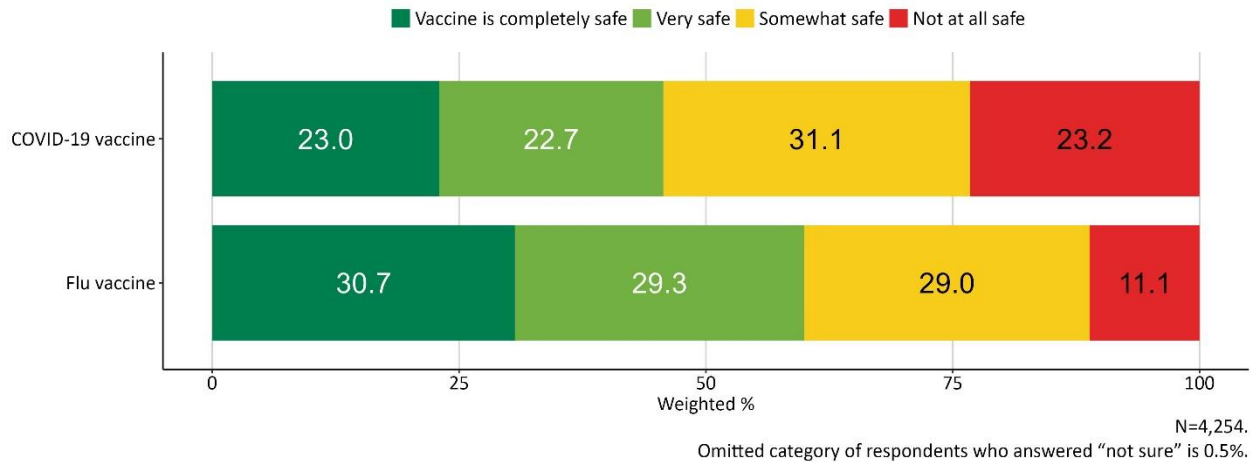
- Among those who probably will or are unsure if they will get an RSV vaccine, the top concerns or issues were not knowing enough about RSV or the vaccine and lack of provider recommendation.
- Among those who reported they probably or definitely will not get an RSV vaccine, top concerns or issues included: not worried about RSV, vaccine is too new, don't know enough about RSV or the vaccine, and don't trust the government or pharmaceutical companies.

Selected demographic differences regarding flu vaccination concerns:

Urbanicity: Adults living in rural areas were more likely than those in urban or suburban areas to report they are not worried about RSV.

Race and ethnicity: White non-Hispanic adults were more likely than Hispanic adults to report the following concerns/issues: not worried about RSV, vaccine effectiveness, and do not trust the government or pharmaceutical companies. Hispanic adults were more likely than White non-Hispanic and other non-Hispanic adults to report lack of provider recommendation as a concern/issue.

How safe do you think a [flu, COVID-19] vaccine is for you? January 2024 results, among adults 18 years and older.

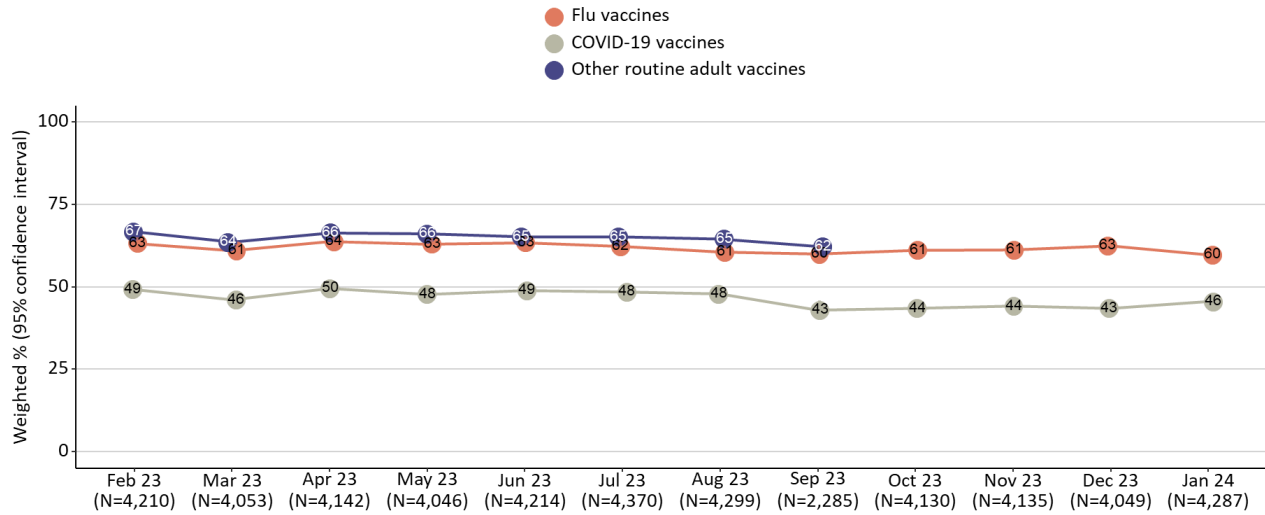


- Analysis was limited to those who responded to both of the following survey questions:
 - “How safe do you think a flu vaccine is for you?”
 - “How safe do you think a COVID-19 vaccine is for you?”
- Confidence in vaccine safety was higher for flu than for COVID-19 vaccine.

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

- Adults 65 years and older were more confident in vaccine safety than other age groups for both vaccines.
- Confidence in vaccine safety increased with education and income for both vaccines.
- Those living in rural areas were less confident in the safety of both vaccines than those living in urban and suburban areas.
- Uninsured respondents were less confident in safety of both vaccines than those with insurance.
- Black non-Hispanic adults were less confident in the safety of flu vaccines compared to White non-Hispanic and other non-Hispanic adults.

Percent of respondents who answered [flu, COVID-19, other routine adult vaccines]* are completely safe or very safe among adults 18 years and older, February 2023-January 2024†



*Estimates for 'other routine adult vaccines' not available after September 2023.

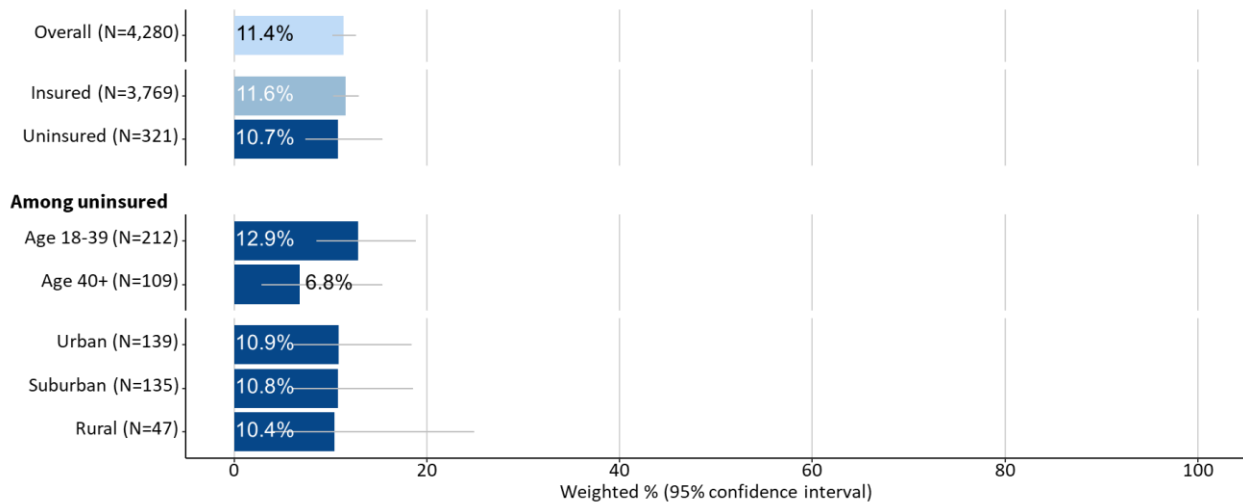
†September 2023 data are based on two survey waves by NORC, whereas all other months are based on four waves (two by each Ipsos and NORC).

- Confidence in safety of COVID-19 vaccines decreased in September 2023, when the updated COVID-19 vaccine was recommended.

Bridge Access Program

CDC’s Bridge Access Program provides free COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs. We included four questions on the January 2024 survey to assess awareness of the program and how to get a free COVID-19 vaccine.

Proportion of persons answering “yes” to question: Have you heard about the COVID-19 Bridge Access Program? This program provides free updated COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs. January 2024 results among adults 18 years and older, by insurance status,* age group, and urbanicity.†



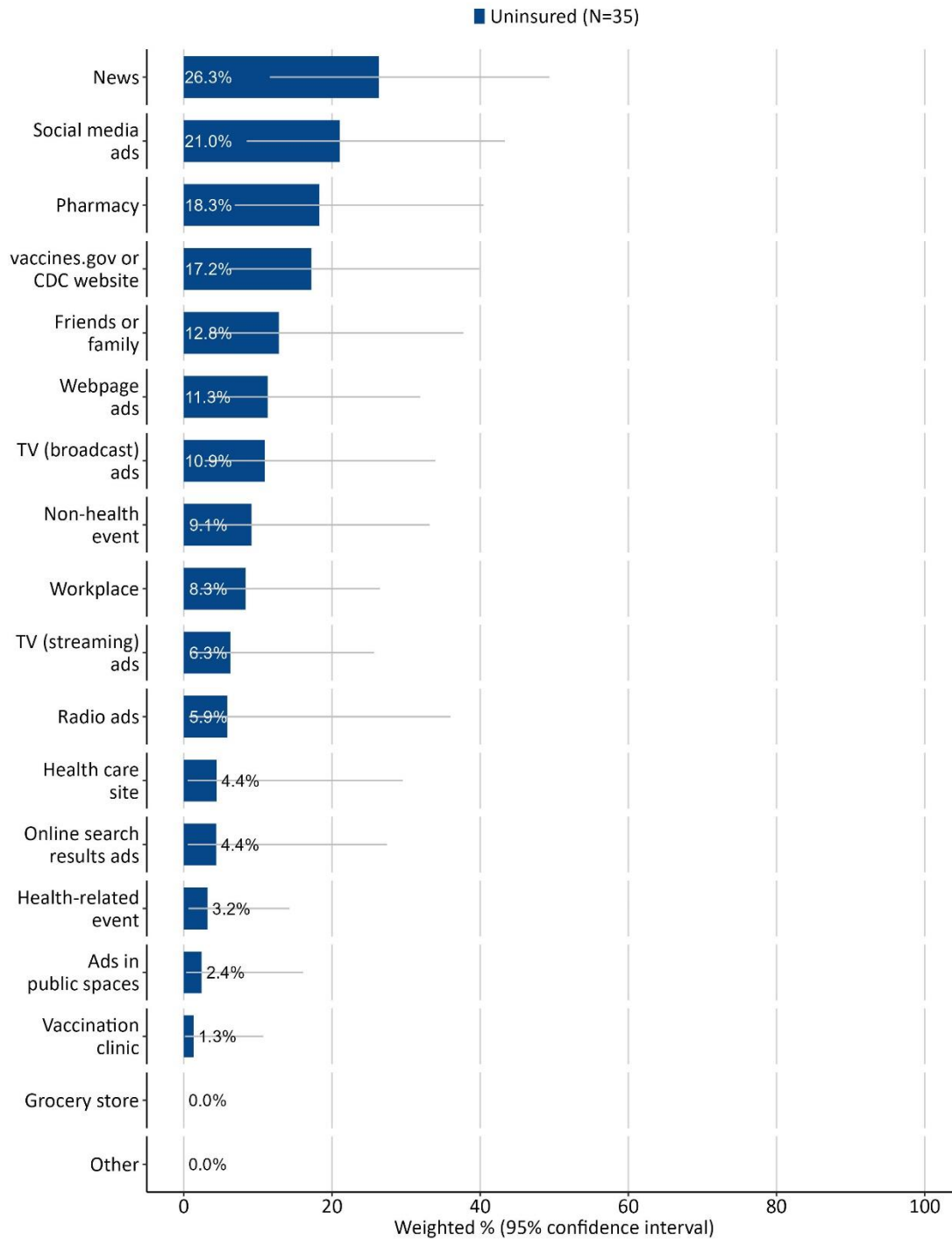
Numbers in parentheses represent denominators for each bar.

*Includes plans purchased through employer, insurance companies, marketplaces, military insurance, Medicare and Medicaid, 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.

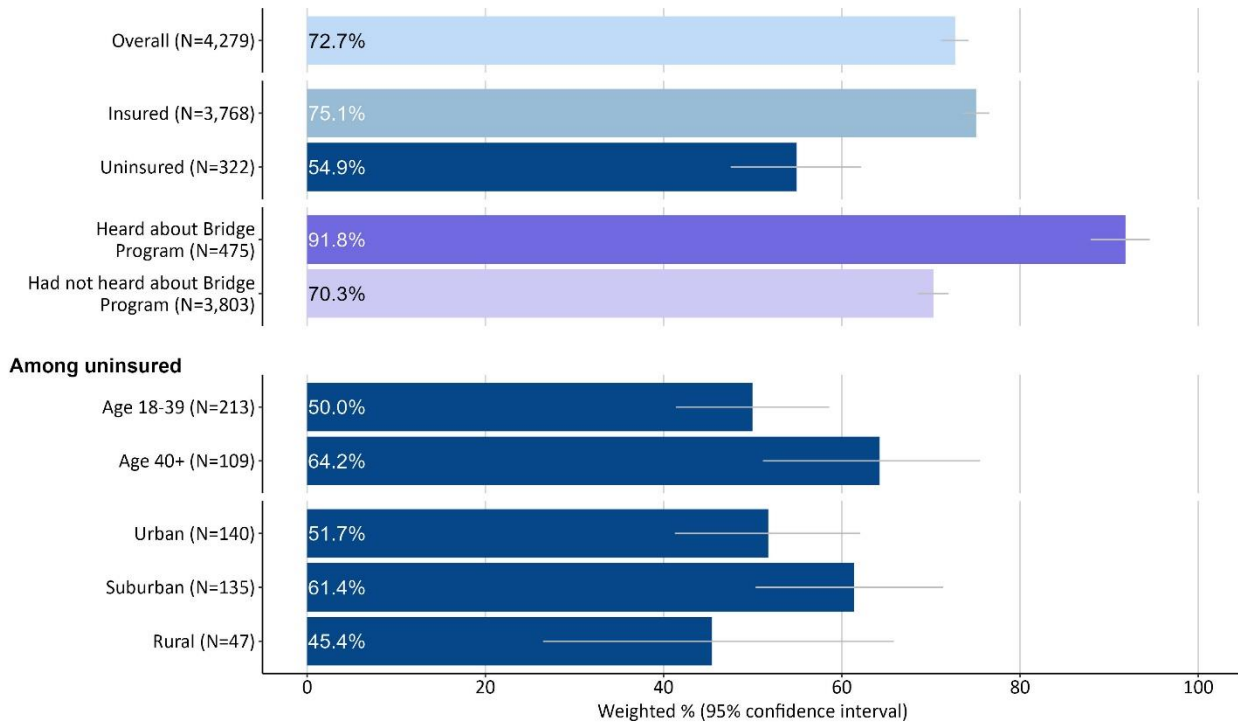
- 11.4% of all adults 18 years and older, and 10.7% of uninsured adults, reported they had heard of the Bridge Access Program.
- There were no differences among uninsured adults by age group or urbanicity.

Question: In the last 30 days, do you recall hearing or seeing anything about the COVID-19 Bridge Access Program in any of the following ways? Please select ALL that apply. January 2024 results among uninsured adults 18 years and older who reported that they had heard of the program.



- Pharmacies, social media ads, and the news were top ways uninsured adults heard or saw information about the Bridge Access Program in the last 30 days.

Proportion of persons answering “yes” to question: Do you know how to get an updated COVID-19 vaccine for free? January 2024 results among adults 18 years and older, by insurance status,* age group, and urbanicity.†



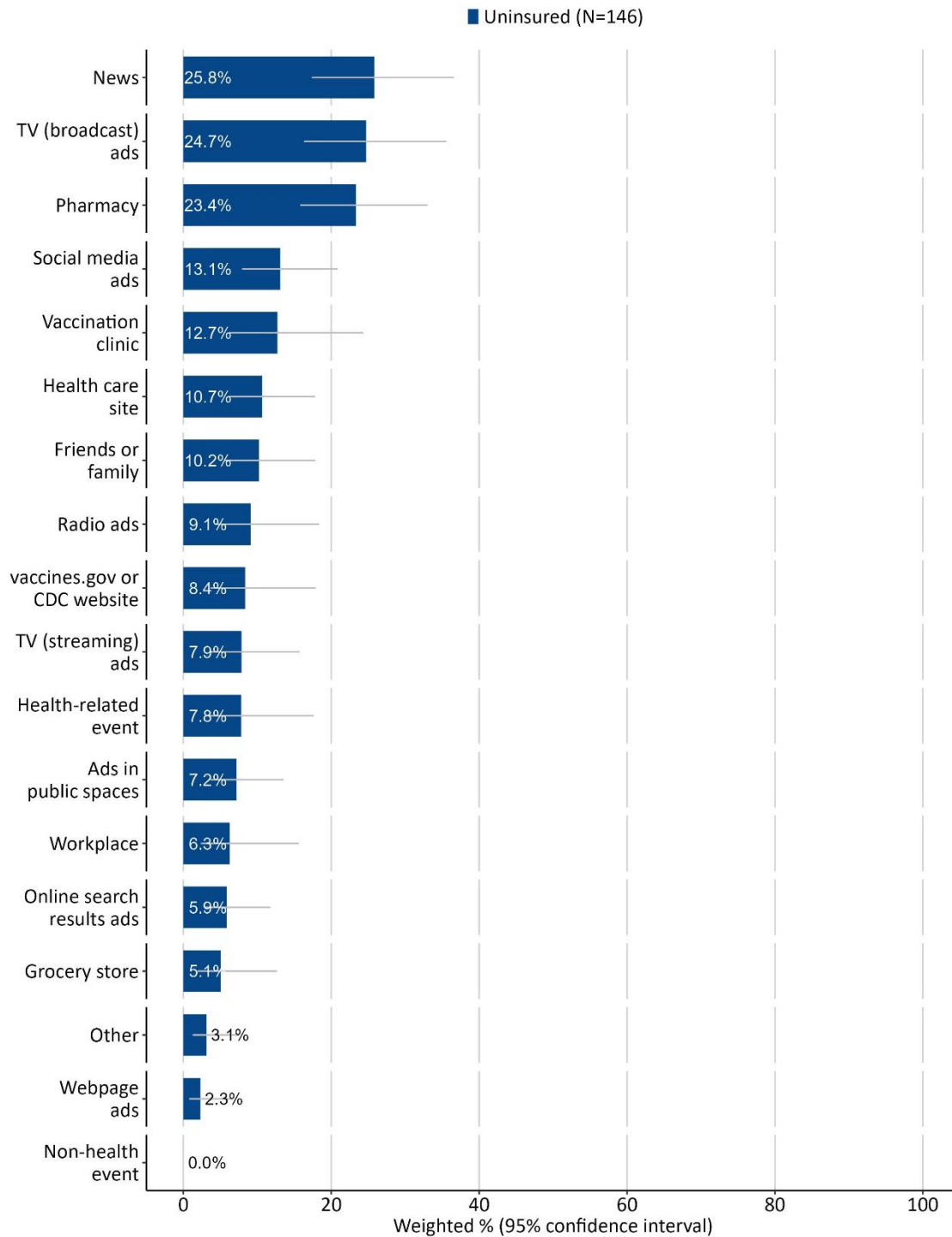
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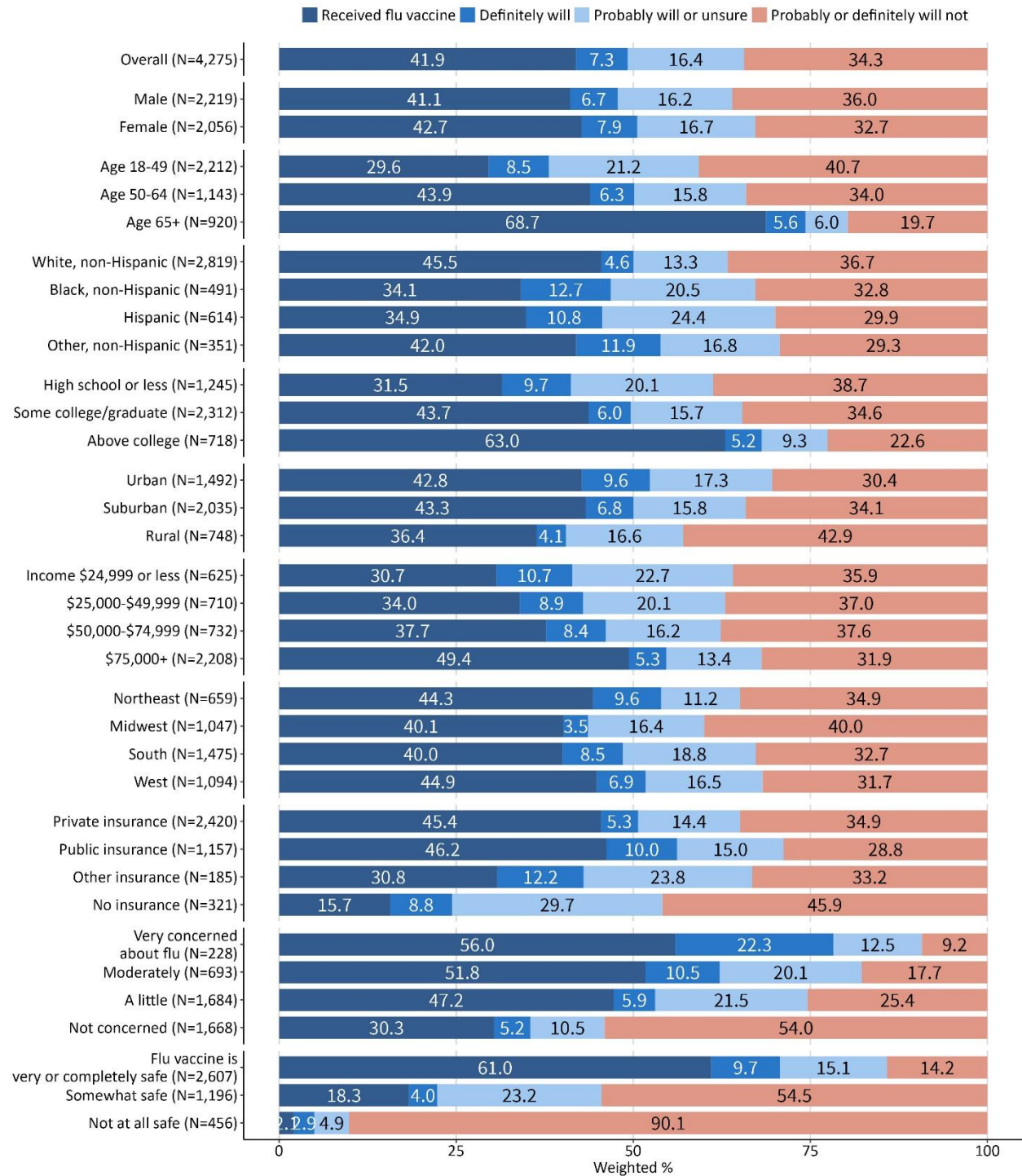
- Although awareness of the Bridge Access Program for COVID-19 vaccine was only 11.4% overall, 72.7% of all adults 18 years and older reported that they knew how to get a free COVID-19 vaccine.
- Over half of uninsured adults reported that they knew how to get a free COVID-19 vaccine, compared to 3 in 4 insured adults.
- Among uninsured adults, there were no significant differences by age group or urbanicity.
- Among all adults who had heard about the Bridge Access Program, 91.8% reported that they knew how to get a free COVID-19 vaccine, a significantly higher percentage compared to adults who had not heard about the program.

Question: In the last 30 days, do you recall hearing or seeing anything about free updated COVID-19 vaccines in any of the following ways? Please select ALL that apply. January 2024 results among uninsured adults 18 years and older who reported that they knew how to get a free vaccine.



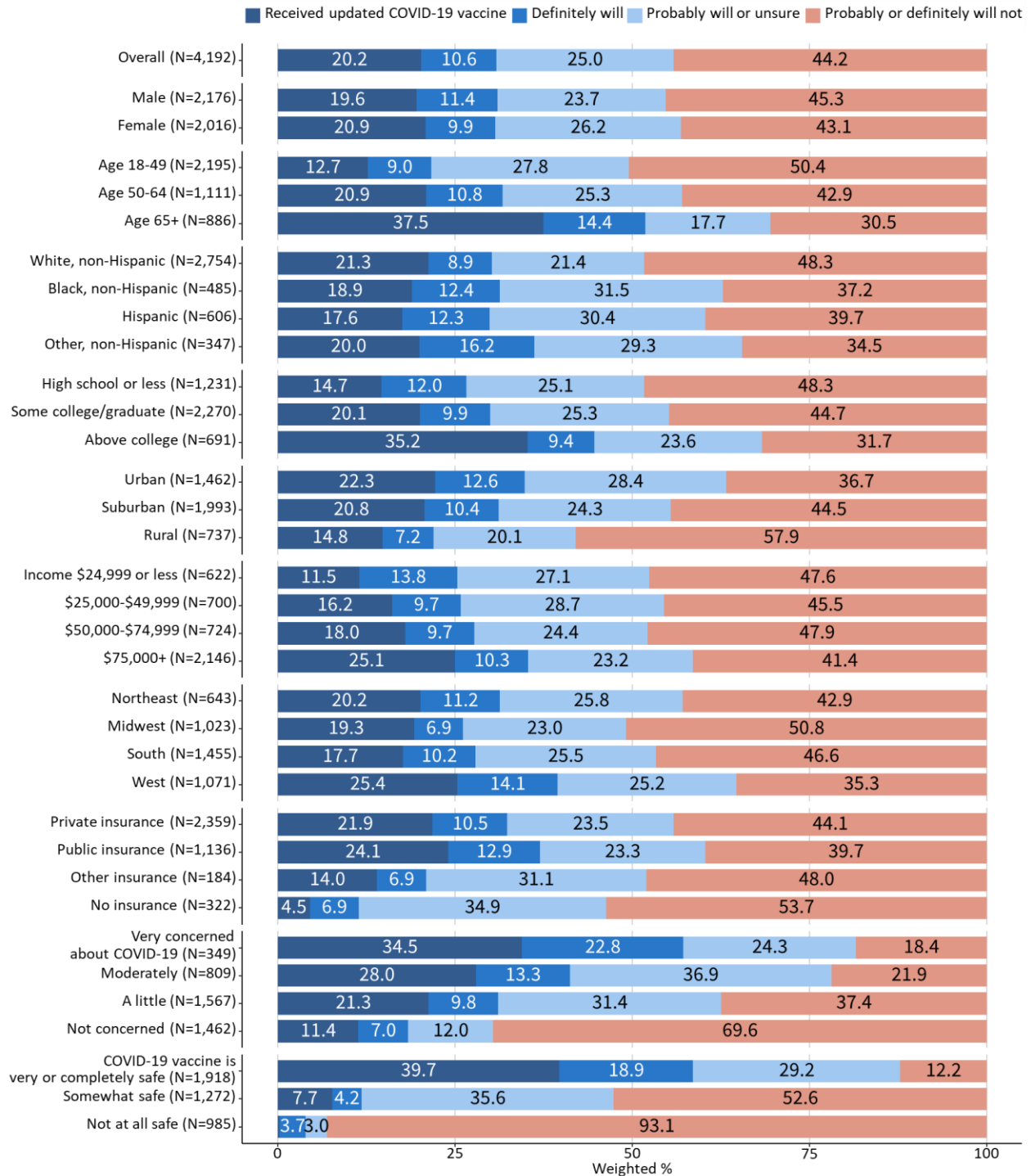
- Pharmacies, broadcast TV ads, and the news were top ways uninsured adults heard or saw information about free vaccines in the last 30 days.

Flu vaccine receipt and intent among adults 18 years and older, by demographics, **†§ January 2024



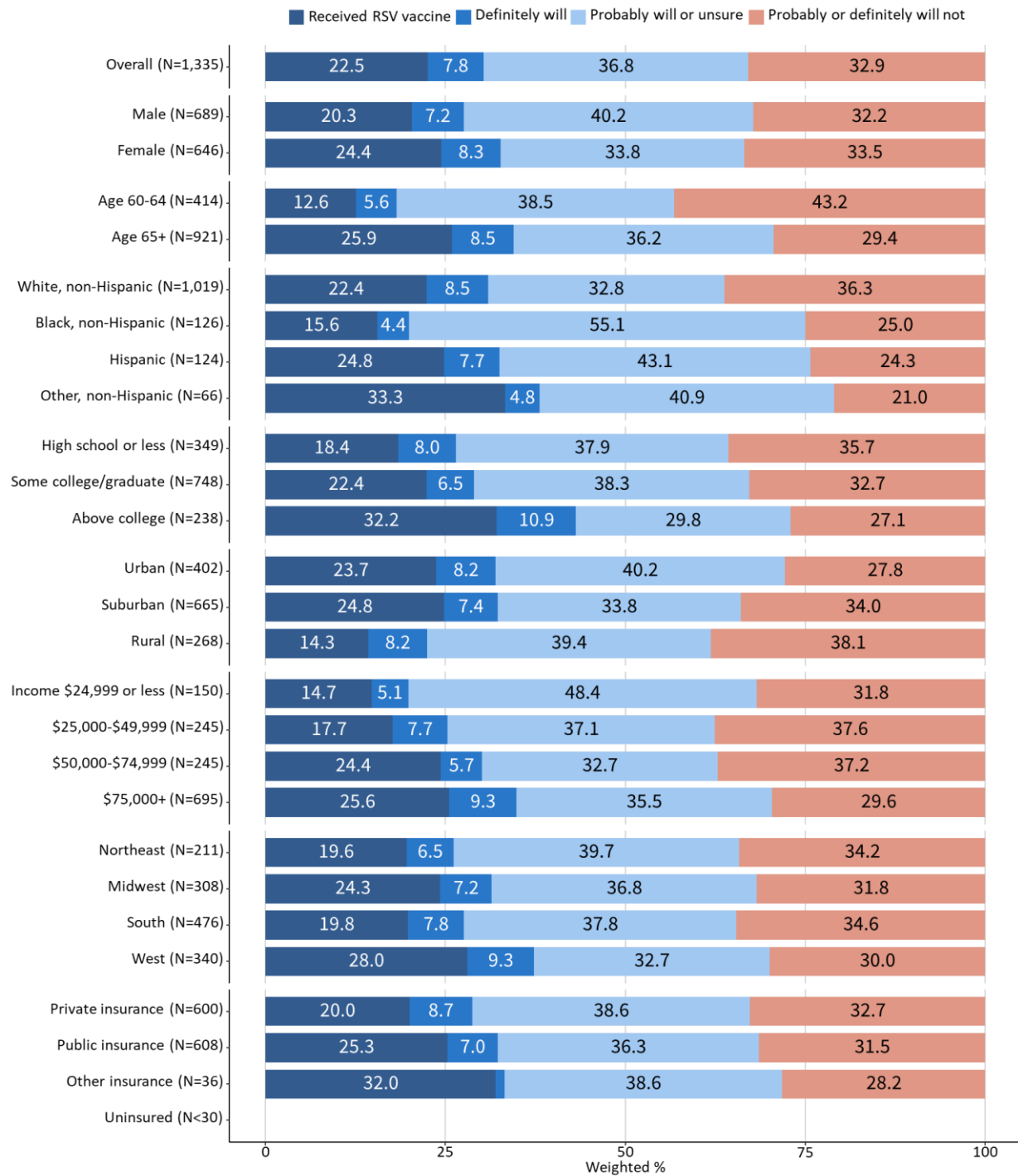
*Education categories are: 1) High school graduate or less, 2) Some college, associate's degree, or bachelor's degree, 3) Post graduate study or professional degree. †Private insurance includes plans purchased through employer, insurance companies, marketplaces, and military insurance, public insurance includes Medicare and Medicaid, and other insurance 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.

Updated COVID-19 vaccine receipt and intent among adults 18 years and older, by demographics,*†§
January 2024



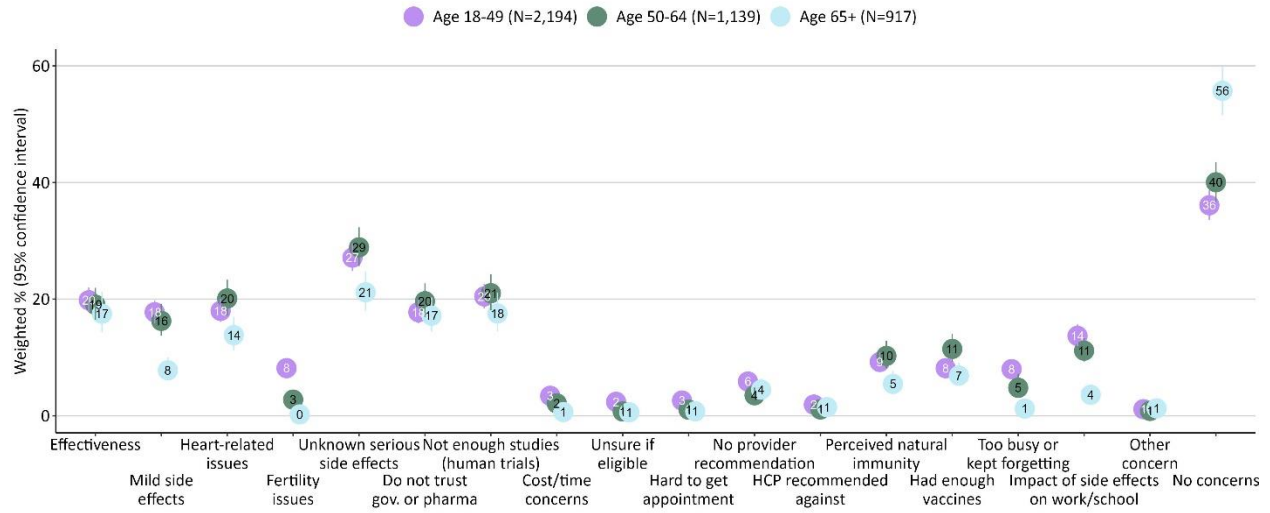
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RSV vaccine receipt and intent among adults 60 year and older, by demographics,*†‡ January 2024



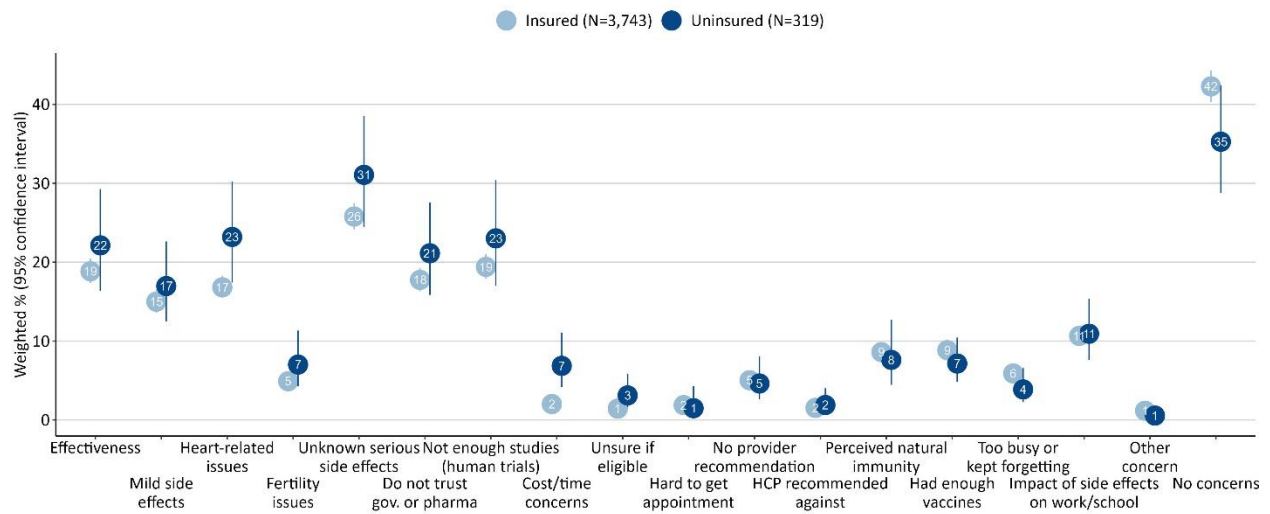
Categories with <30 respondents are suppressed. *Education categories are: 1) High school graduate or less, 2) Some college, associate's degree, or bachelor's degree, 3) Post graduate study or professional degree. †Private insurance includes plans purchased through employer, insurance companies, marketplaces, and military insurance, public insurance includes Medicare and Medicaid, and other insurance 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.

Concerns and issues* about the updated COVID-19 vaccine among adults 18 years and older, by age group, January 2024



*"Had enough vaccines" and "Perceived natural immunity" not shown for those who already received the vaccine.

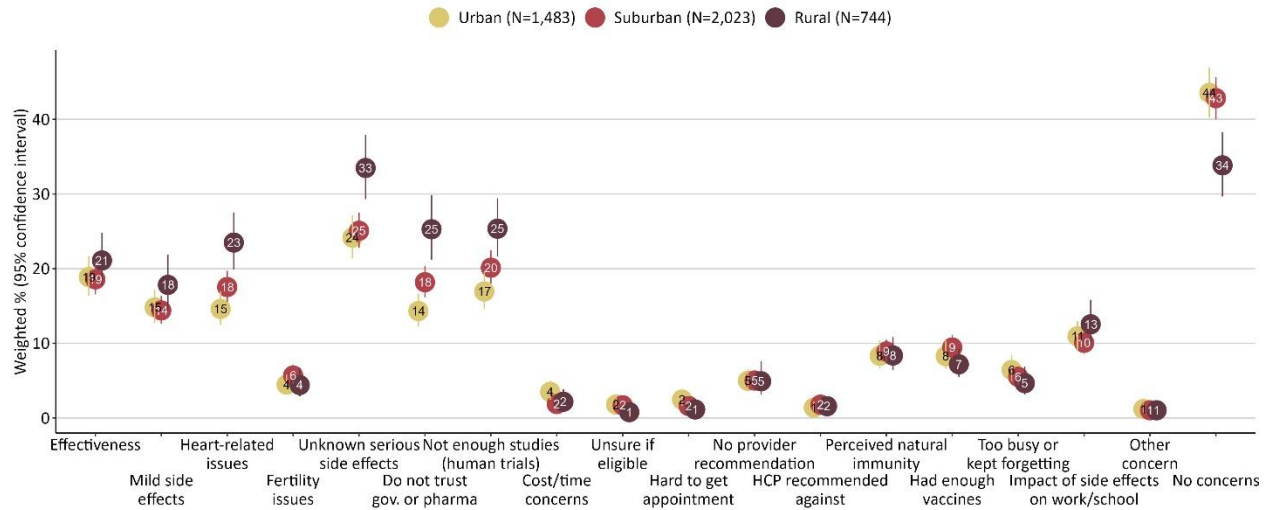
Concerns and issues* about the updated COVID-19 vaccine among adults 18 years and older, by insurance status,† January 2024



*"Had enough vaccines" and "Perceived natural immunity" not shown for those who already received the vaccine.

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

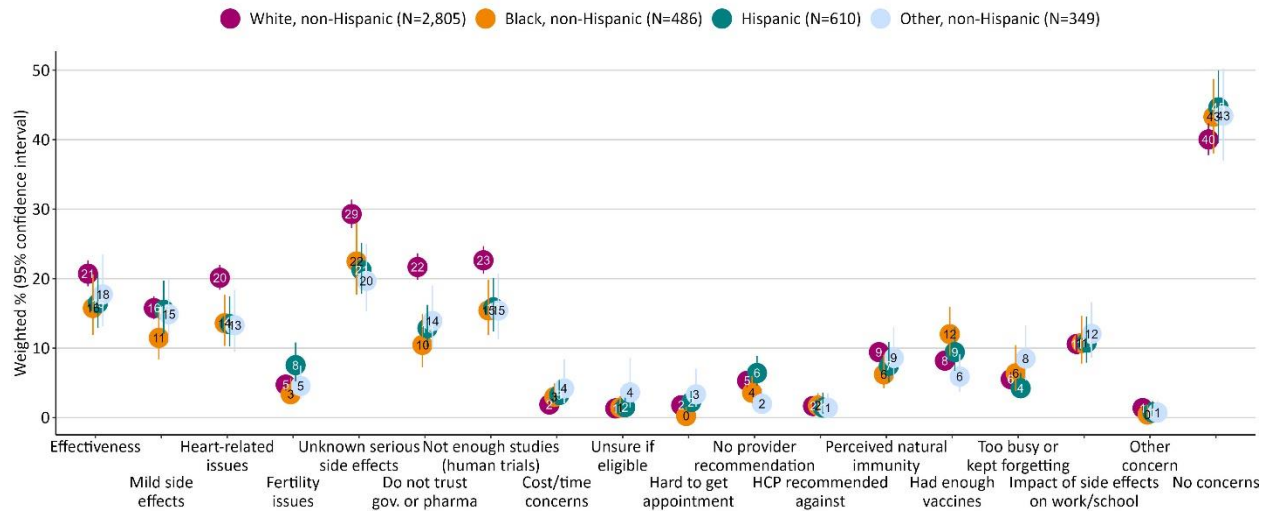
Concerns and issues* about the updated COVID-19 vaccine among adults 18 years and older, by urbanicity,† January 2024



*"Had enough vaccines" and "Perceived natural immunity" not shown for those who already received the vaccine.

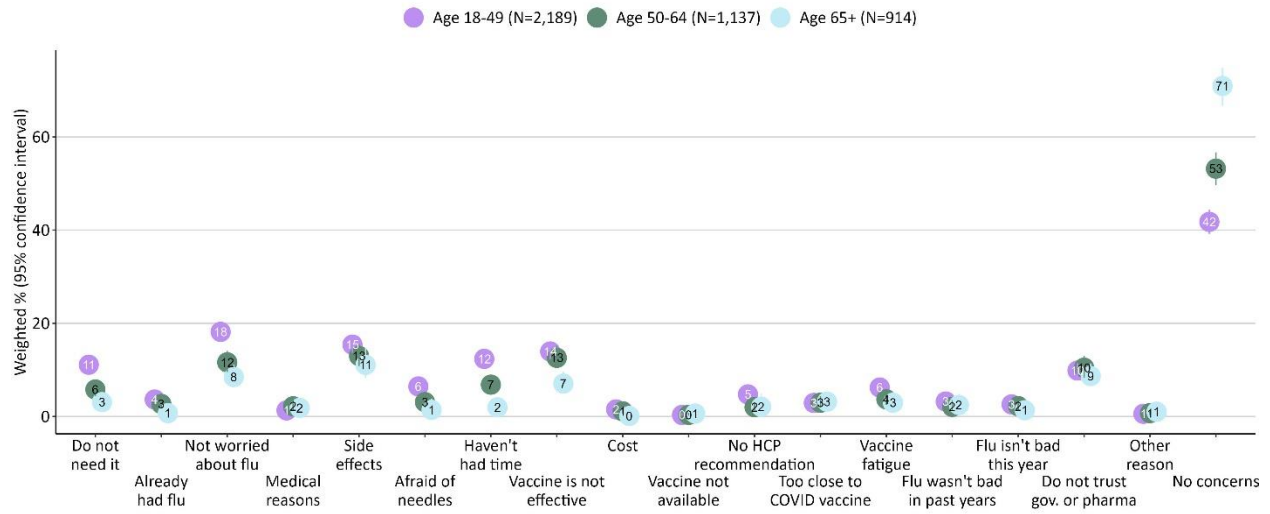
†NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification.

Concerns and issues* about the updated COVID-19 vaccine among adults 18 years and older, by race and ethnicity, January 2024



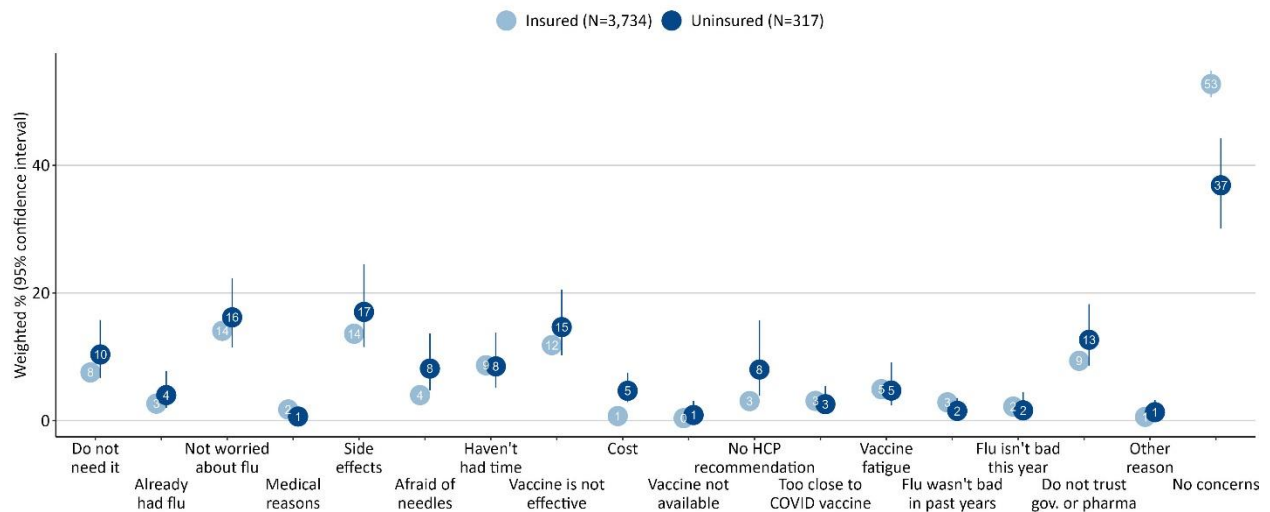
*"Had enough vaccines" and "Perceived natural immunity" not shown for those who already received the vaccine.

Concerns and issues* about the flu vaccine among adults 18 years and older, by age group, January 2024



*"Do not need it," "Already had flu," and "Medical reasons" not shown for those who already received the vaccine.

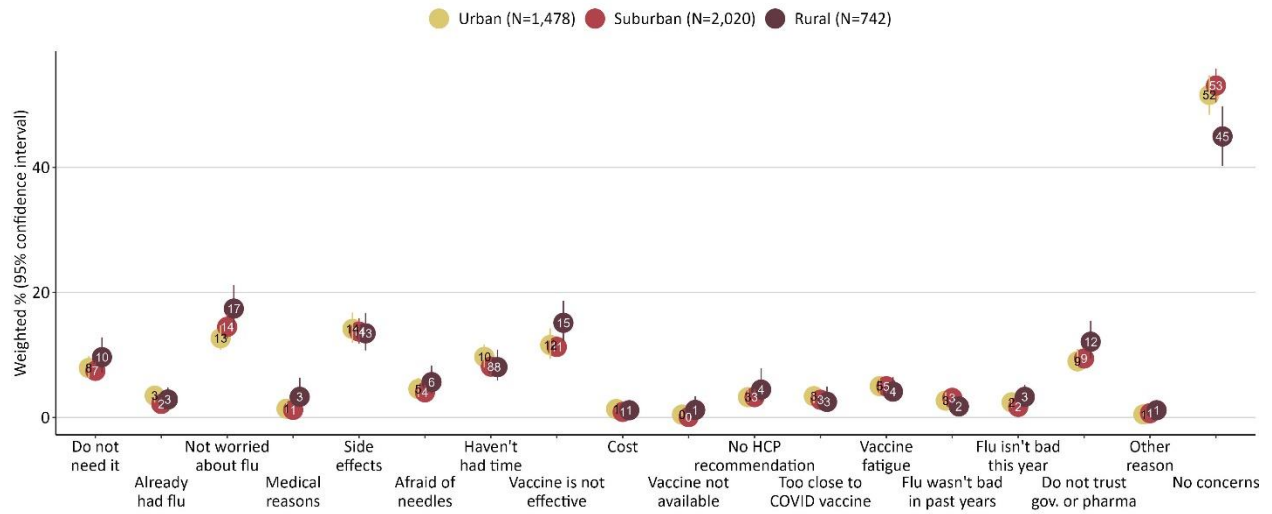
Concerns and issues* about the flu vaccine among adults 18 years and older, by insurance status,† January 2024



*"Do not need it," "Already had flu," and "Medical reasons" not shown for those who already received the vaccine.

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

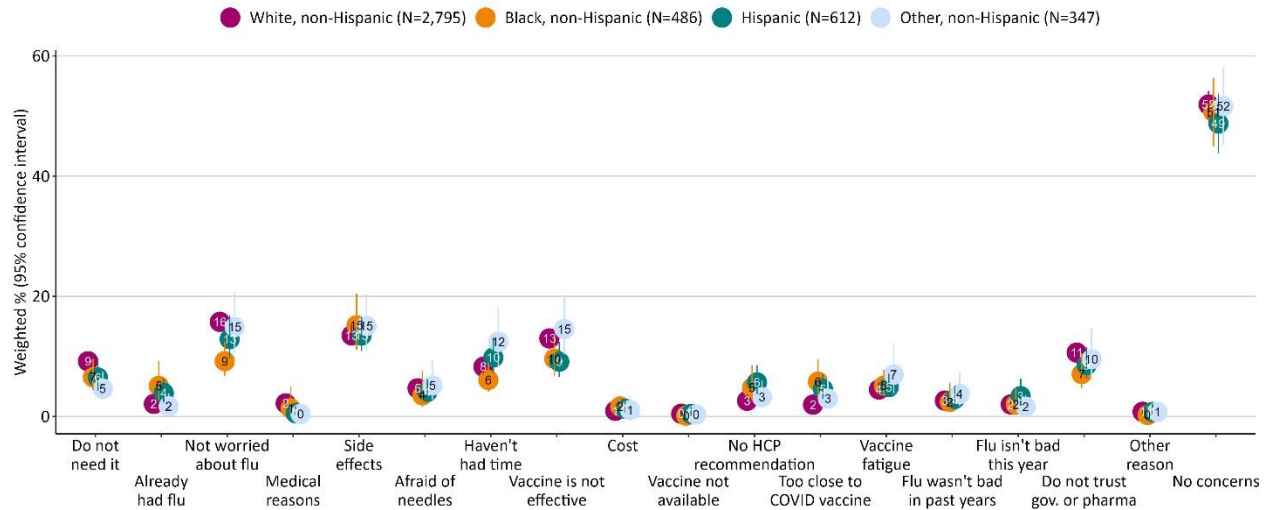
Concerns and issues* about the flu vaccine among adults 18 years and older, by urbanicity,† January 2024



*"Do not need it," "Already had flu," and "Medical reasons" not shown for those who already received the vaccine.

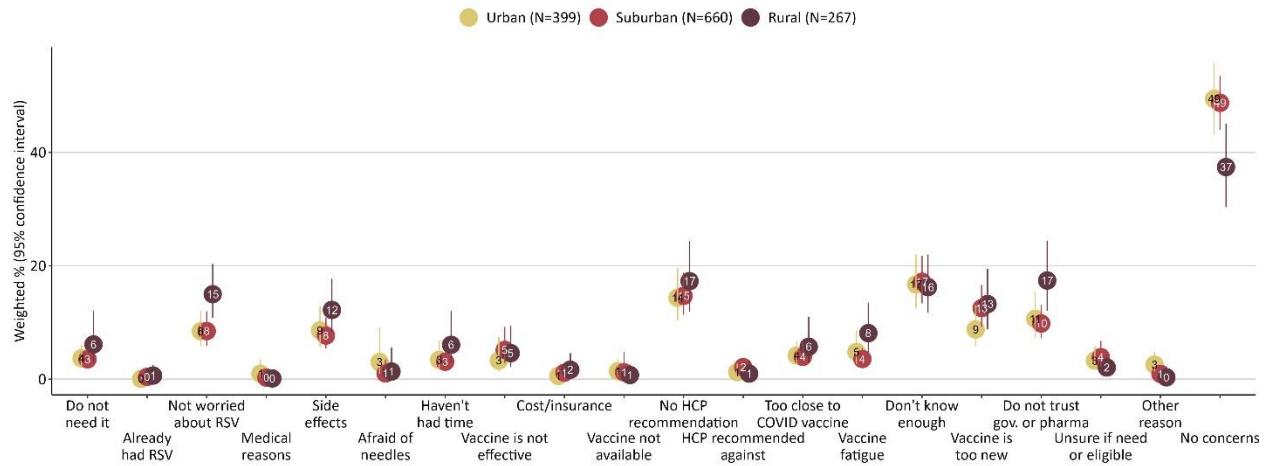
†NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification.

Concerns and issues* about the flu vaccine among adults 18 years and older, by race and ethnicity, January 2024



*"Do not need it," "Already had flu," and "Medical reasons" not shown for those who already received the vaccine.

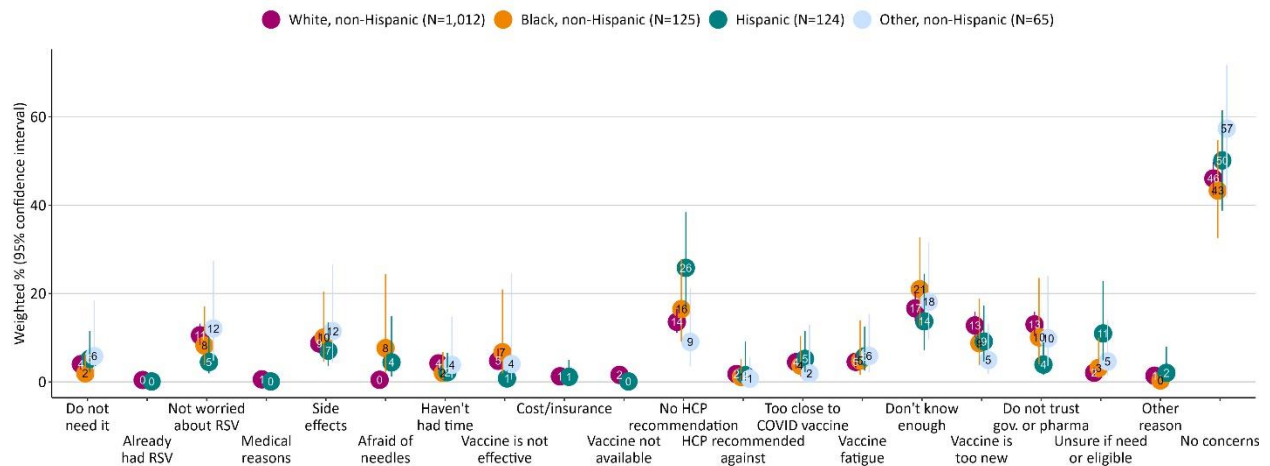
Concerns and issues* about the RSV vaccine among adults 60 years and older, by urbanicity,† January 2024



*"Do not need it" and "Already had RSV" not shown for those who already received the vaccine.

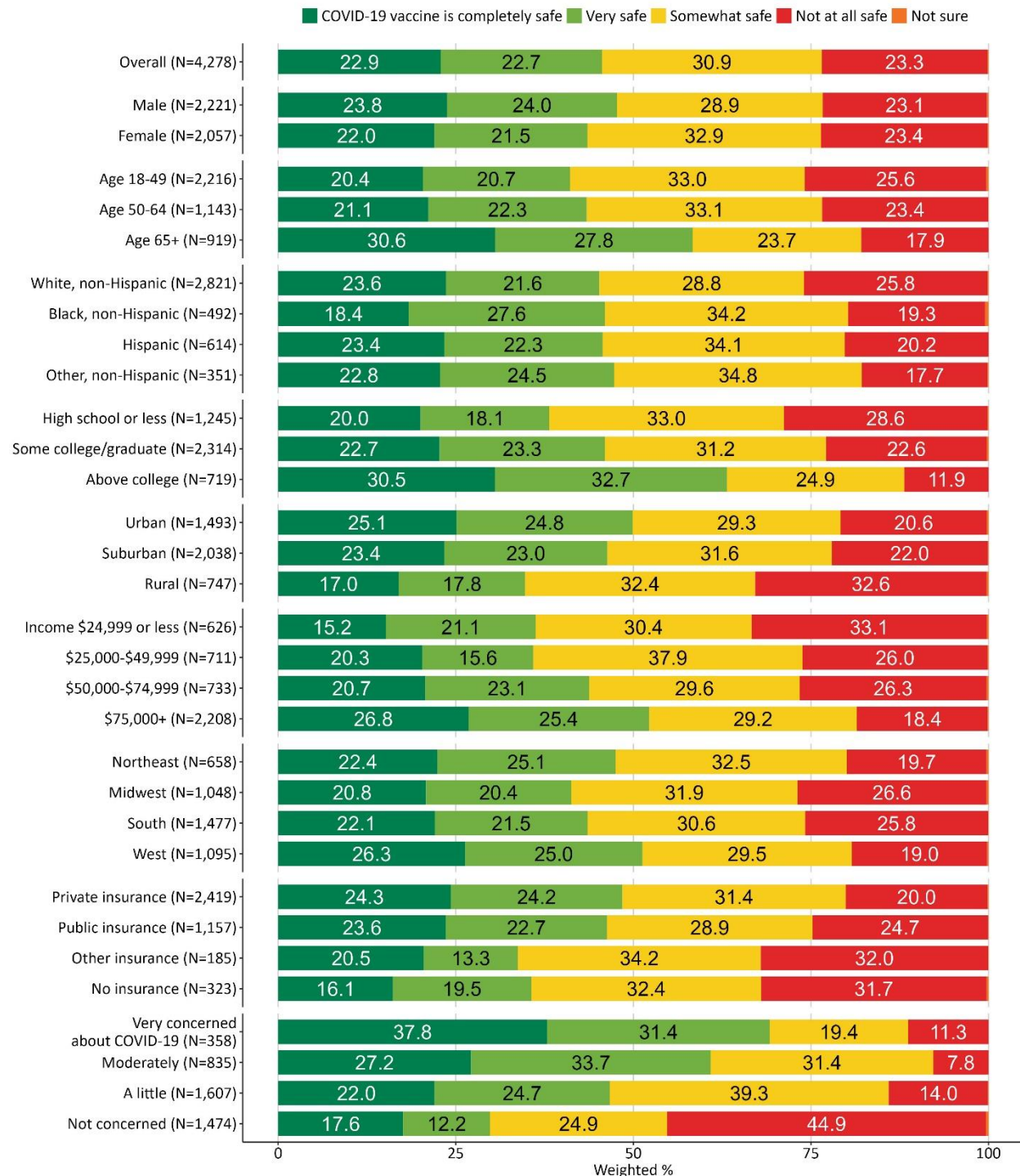
†NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification.

Concerns and issues* about the RSV vaccine among adults 60 years and older, by race and ethnicity, January 2024



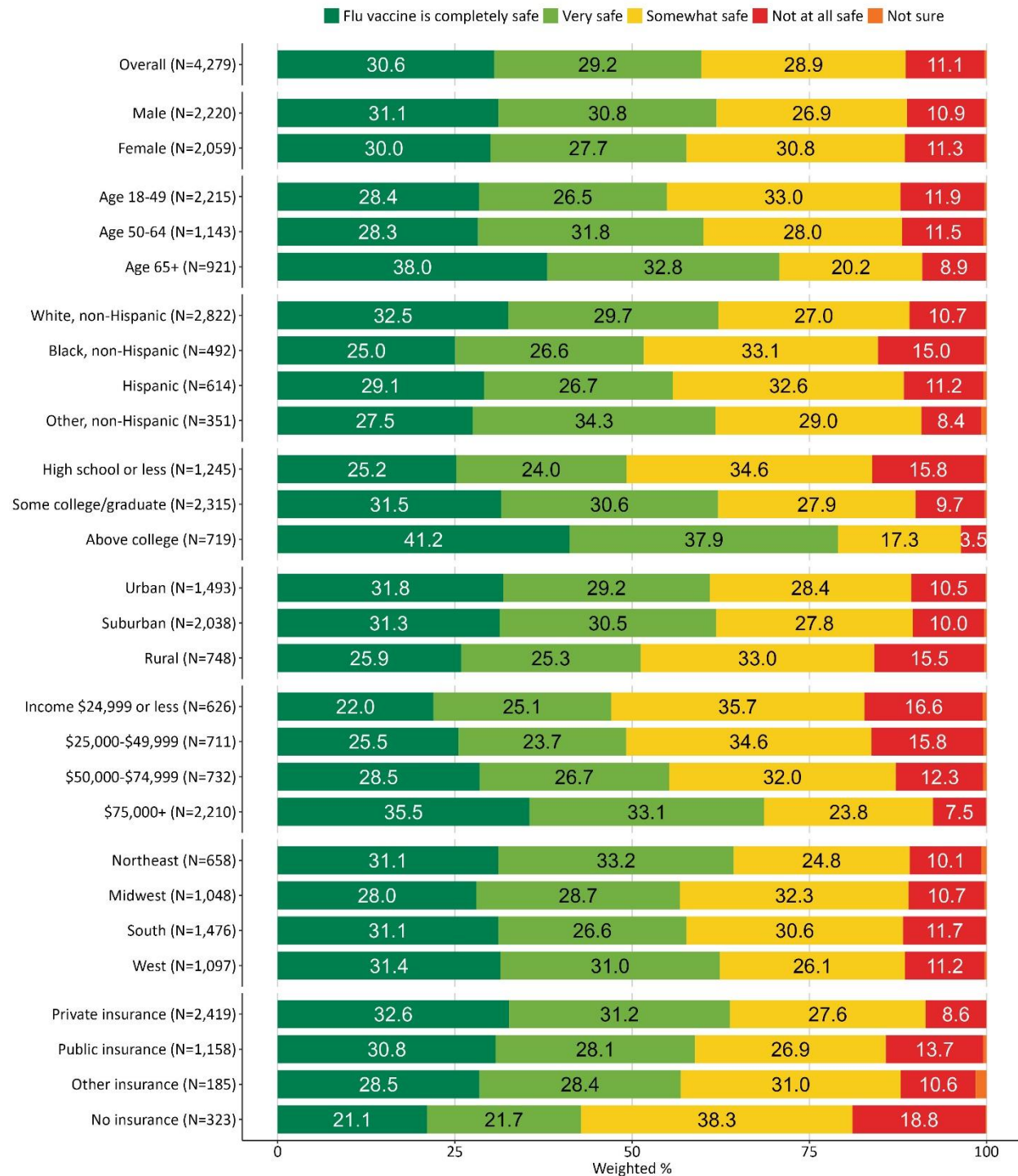
*"Do not need it" and "Already had RSV" not shown for those who already received the vaccine.

How safe do you think a COVID-19 vaccine is for you? January 2024 results among adults 18 years and older, by demographics*†§¶



*Education categories are: 1) High school graduate or less, 2) Some college, associate's degree, or bachelor's degree, 3) Post graduate study or professional degree. †Private insurance includes plans purchased through employer, insurance companies, marketplaces, and military insurance, public insurance includes Medicare and Medicaid, and other insurance 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. ¶Estimate labels for percent respondents who are "not sure" about safety of vaccine not shown.

How safe do you think a flu vaccine is for you? January 2024 results among adults 18 years and older, by demographics*†§¶



*Education categories are: 1) High school graduate or less, 2) Some college, associate's degree, or bachelor's degree, 3) Post graduate study or professional degree. †Private insurance includes plans purchased through employer, insurance companies, marketplaces, and military insurance, public insurance includes Medicare and Medicaid, and other insurance 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. ¶Estimate labels for percent respondents who are "not sure" about safety of vaccine not shown.