

# Evolving Views of Vaccination: COVID-19, Flu, and RSV

A Communications Survey Supporting Technical Assistance for  
State, Local, Territorial, and Federal Communications

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Funded by the Centers for Disease Control and Prevention (CDC)

# Strategic Data for Communications

## Collaboration

- Harvard TH Chan School of Public Health
- ASTHO
- NPHIC
- CDC

## Goals

- To provide robust evidence that can help guide communications strategy in the evolving COVID-19 context
  - Beyond publicly available polls
  - More than data to understand implications
  - Timely results for evolving issues
    - COVID-19, Flu, and RSV Vaccines

# Strategic Considerations

## Questions

- What are the public's intentions around COVID and seasonal flu vaccines?
- What does the public think of RSV vaccine?
- Where are public attitudes with respect to new vaccines in the future?

## Implications

- Framing of seasonal vaccine messaging
- Messaging for educating and motivating uptake where appropriate
- Developing broader communication frames around vaccination

# Methods Summary

2023	Timing	Sample Size
Wave II	July 7 – 16, 2023	n=1430 (1328 online, 102 phone)
Wave I	February 15 – March 6, 2023	n=1936 (1786 online; 150 phone)

- *Design*: Nationally representative in each wave
- *Sampling*: Representative online and phone panel
- *Languages*: English and Spanish
- *Weighting*: Standard (Age, Gender, Race/Ethnicity, Education, Urban status) and Panel-specific (Internet access; Civic engagement)

**NOTES:**

For presentation purposes, Don't Know and Refused responses not always shown unless >5%  
±3.3 percentage points for total respondents at the 95% confidence level

# Views of COVID-19 Vaccine and Flu Vaccine

# Moderate Perceptions of Effectiveness for Both COVID and Flu Vaccines

*% saying each is effective or not effective for most adults in protecting the person getting vaccinated from getting seriously ill or having to be hospitalized with each illness*

■ Very effective ■ Somewhat effective ■ Not too effective ■ Not at all effective ■ Don't know

## COVID-19 vaccines



## Flu vaccine



n=1430

# Flu Vaccine Perceived as Substantially Safer than COVID Vaccine

*% saying, for most adults, each is...*

■ Very safe   ■ Somewhat safe   ■ Not too safe   ■ Not at all safe   ■ Don't know

## COVID-19 vaccines



## Flu vaccine



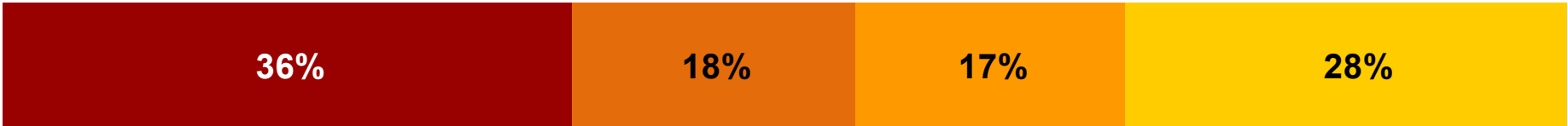
n=1430

# Adults More Likely to Get Flu Vaccine than COVID Vaccine This Year

*% saying they would be likely or not likely to get...*

■ Very likely   ■ Somewhat likely   ■ Not too likely   ■ Not at all likely

**An updated COVID-19 vaccine this fall**



**A flu vaccine this coming flu season**

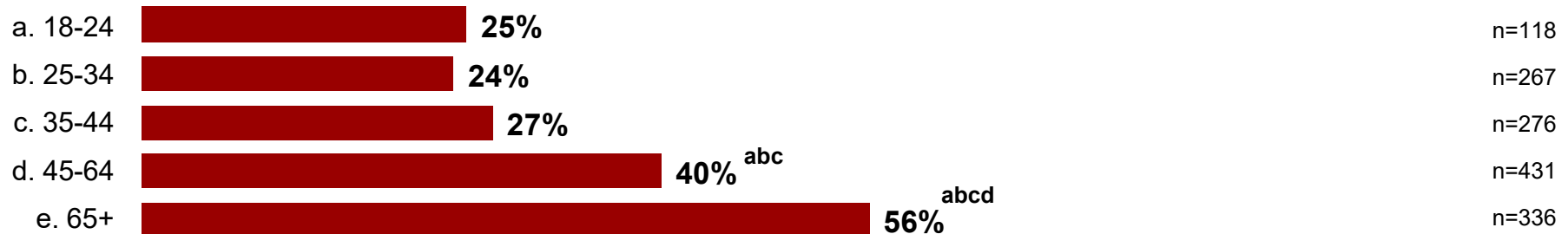


n=1430

# COVID-19 Vaccination Likelihood Differs by Age but Not Other Core Demographics

**% saying they would be “very likely” to get an updated COVID-19 vaccine this fall**

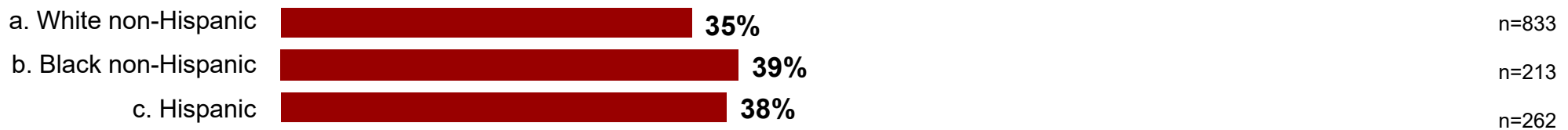
## Age



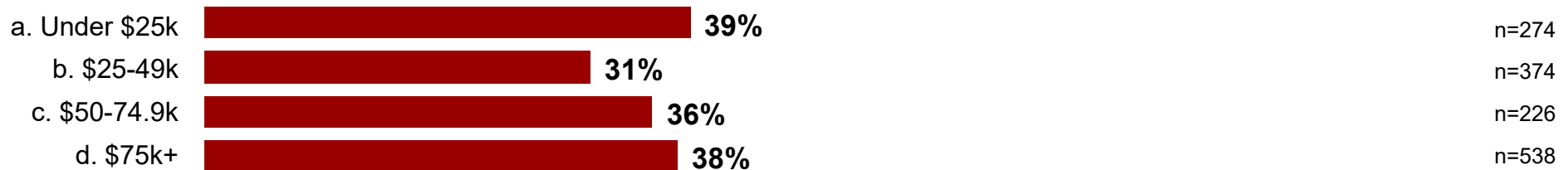
## Gender



## Race/Ethnicity



## Household Income

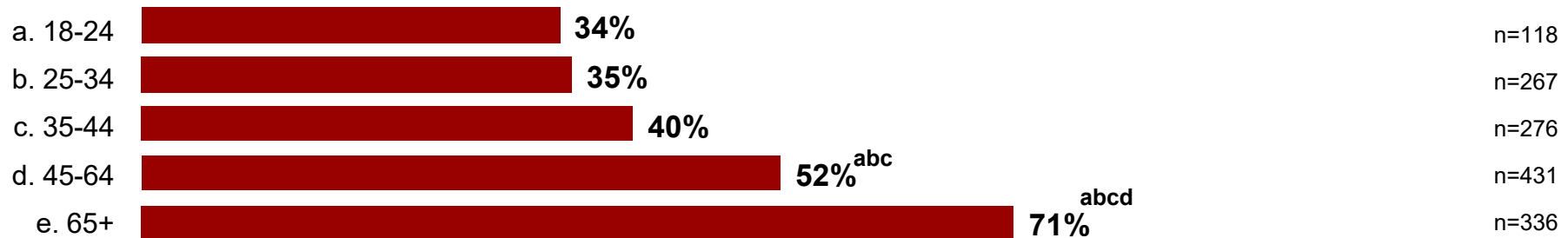


<sup>abcde</sup>Percentage is statistically significantly greater than the percentage among the corresponding group

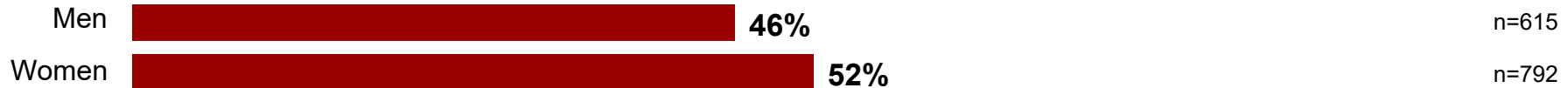
# Flu Vaccination Likelihood also Differs Only by Age

**% saying they would be “very likely” to get a flu vaccine this coming flu season**

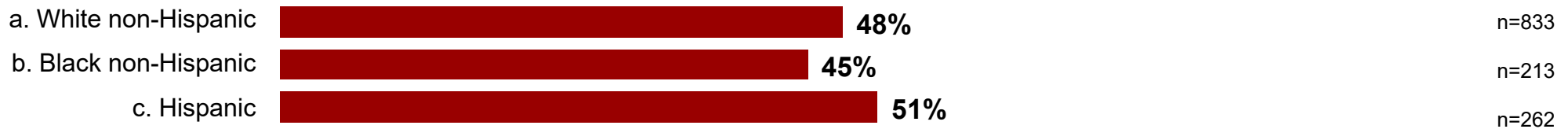
## Age



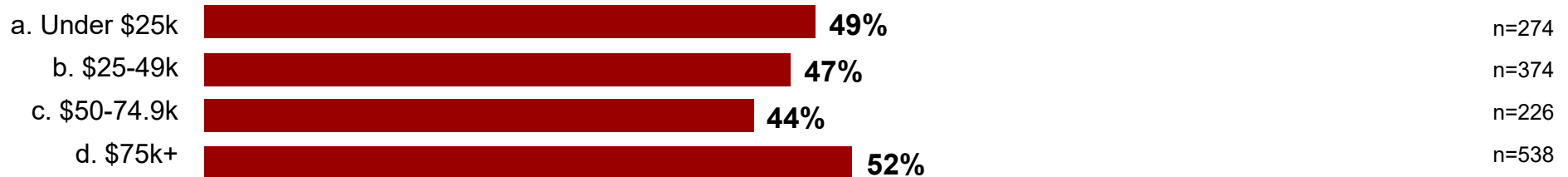
## Gender



## Race/Ethnicity



## Household Income



<sup>abcde</sup>Percentage is statistically significantly greater than the percentage among the corresponding group

# Hesitations Around Each Vaccine Fairly Different

*% saying each is a major reason they are not likely to get each  
(among those who say they are not “very” likely to do so)*

## **An updated COVID-19 vaccine this fall**

<b>Want more research</b>	<b>60%</b>
<b>Worried about safety</b>	<b>51%</b>
<b>Distrust government</b>	<b>45%</b>
<b>Not effective</b>	<b>40%</b>
<b>Distrust manufacturers</b>	<b>38%</b>
<b>Prefer natural immunity</b>	<b>38%</b>
<b>Too many vaccines</b>	<b>35%</b>

## **A flu vaccine this flu season**

<b>Prefer natural immunity</b>	<b>37%</b>
<b>Too many vaccines</b>	<b>30%</b>
<b>Distrust government</b>	<b>27%</b>
<b>Not likely to get sick</b>	<b>27%</b>
<b>Not effective</b>	<b>27%</b>
<b>Distrust manufacturers</b>	<b>25%</b>
<b>Worried about safety</b>	<b>25%</b>

Respondents asked about random 10 reasons for each; Not very likely to get an updated COVID-19 vaccine n=744-777; Not very likely to get a flu vaccine n=535-579

# Differences Even Among those “Somewhat” Likely to Get COVID and Flu Vaccines

*% saying each is a major reason they are not likely to get each (among those who say they are “somewhat” likely to do so)*

## An updated COVID-19 vaccine this fall

Want more research	45%
Worried about safety	29%
Too much for immune system	22%
Too many vaccines	21%
Previous vaccine is enough	21%
Distrust government	20%
Wouldn't have time	20%

## A flu vaccine this flu season

Wouldn't have time	23%
Want more research	21%
Prefer natural immunity	21%
Not likely to get sick	20%
Worried about safety	19%
Previous vaccine is enough	19%
Too many vaccines	18%

Respondents asked about random 10 reasons for each; “Somewhat likely” to get an updated COVID-19 vaccine n=179-222; “Somewhat likely” to get a flu vaccine n=154-175

# Differences Even Among those “Somewhat” Likely to Get COVID and Flu Vaccines

*% saying each is a major reason they are not likely to get each (among those who say they are “somewhat” likely to do so)*

## An updated COVID-19 vaccine this fall

<b>Want more research</b>	45%
<b>Worried about safety</b>	29%
<b>Too much for immune system</b>	22%
<b>Too many vaccines</b>	21%
<b>Previous vaccine is enough</b>	21%
<b>Distrust government</b>	20%
<b>Wouldn't have time</b>	20%

## A flu vaccine this flu season

<b>Wouldn't have time</b>	23%
<b>Want more research</b>	21%
<b>Prefer natural immunity</b>	21%
<b>Not likely to get sick</b>	20%
<b>Worried about safety</b>	19%
<b>Previous vaccine is enough</b>	19%
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# Perceived Personal COVID Risk Status

*% saying, if they got COVID-19, they would be at high risk of getting very sick*

**Yes, would be**



**No, would not be**



n=1430

# Majority in High Risk Groups Don't Identify as High Risk

*% saying, if they got COVID-19, they would be at high risk of getting very sick*

**Those who are 65 and older**

**Yes, would be**



**No, would not be**



**Those who have underlying medical conditions**

**Yes, would be**



**No, would not be**



*Medical conditions question wording: "Have you been told by a doctor or health professional that you have any of the following medical conditions: A serious heart, lung, kidney, or brain condition; a mental health condition; substance use disorder; cancer; diabetes; obesity or overweight; sickle-cell disease; tuberculosis; or decreased immunity?"*

Age 65 and older n=336;  
Have underlying medical condition(s) n=595

# Implications for Communication

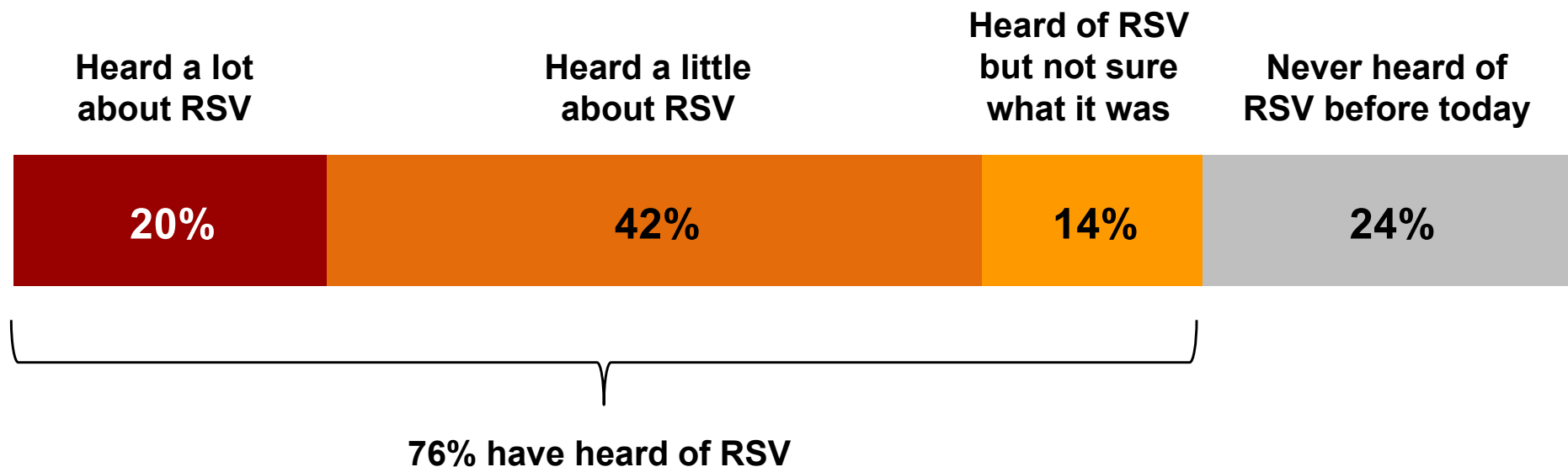
## COVID-19 and Flu Vaccines

- Expect limited interest in updated COVID-19 vaccines and moderate interest in flu vaccine
  - Targeted outreach to younger people may be especially important
- Considerations for co-messaging and coadministration
  - Offer coadministration when possible, but lead with flu vaccine
    - Communication is not necessarily better when both COVID and flu are mentioned
    - Reminder: Be wary of linking childhood vaccines and COVID vaccines
- Maximize messaging opportunities for both:
  - Provide consistent messages about safety and effectiveness
  - Build trust with community engagement beyond vaccines
  - Consider how to clarify the notion of “high risk”

# RSV Vaccine

# Most Have Heard of RSV, but Few Have Heard A Lot

*% saying they have...*



n=1430

# Mixed Awareness of Who is at High Risk

*% saying adults in each of the following groups are at high risk of getting very sick from RSV*

■ Yes, at high risk   ■ No, not at high risk   ■ Don't know   ■ Never heard of RSV

People age 18-64



✓ People age 65 or older



✓ People with chronic lung disease



✓ People with decreased immunity, meaning a lower ability to fight infections



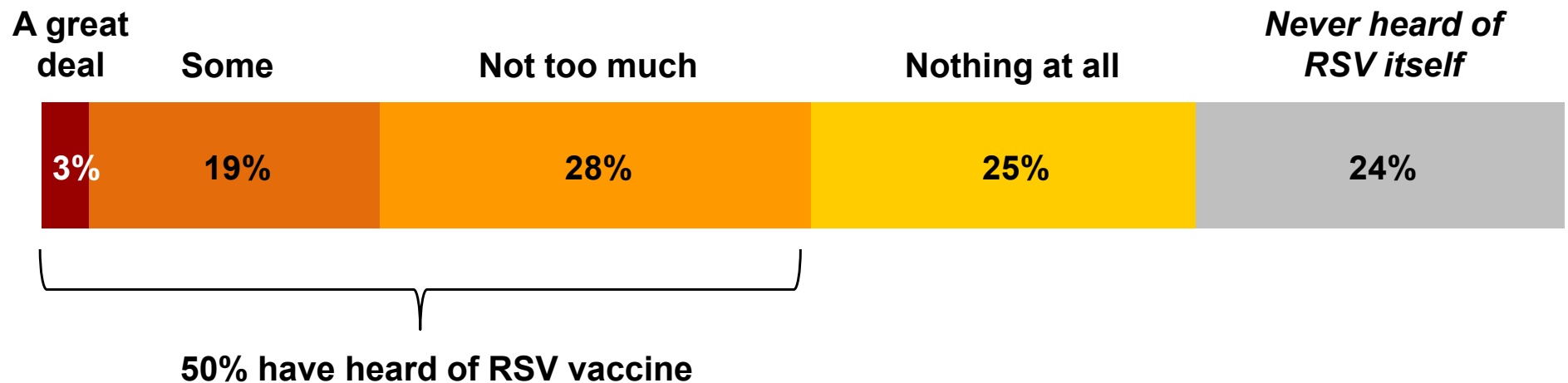
✓ People who are pregnant



n=1430

# Only Half of Adults Have Heard of RSV Vaccine

*% saying they have heard, read, or seen anything about a vaccine to protect against RSV*



n=1430

# For Those Who Have Heard of RSV Vaccine, Many Believe It is Effective, but Many Don't Know

*% saying the RSV vaccine is effective or not effective for most adults 60 and older in protecting the person getting vaccinated from getting seriously ill or having to be hospitalized with RSV*

*(among those who have heard of the RSV vaccine)*

■ Very effective   ■ Somewhat effective   ■ Not too effective   ■ Not at all effective   ■ Don't know

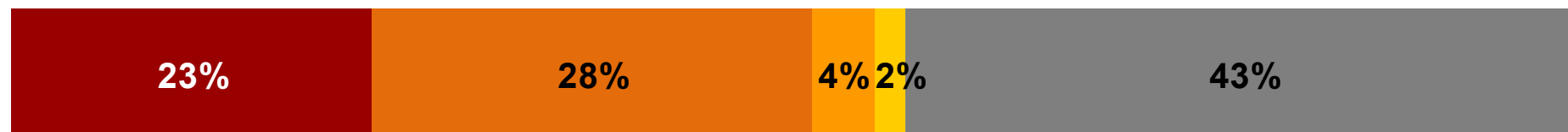


n=733

# For Those Who Have Heard of RSV Vaccine, Many Believe It is Safe, but Many Don't Know

*% saying the RSV vaccine is safe or not safe for most adults 60 and older  
(among those who have heard of the RSV vaccine)*

■ Very safe    ■ Somewhat safe    ■ Not too safe    ■ Not at all safe    ■ Don't know



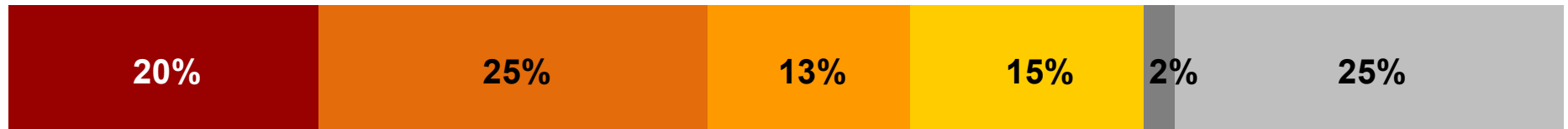
n=733

# Among Eligible, Moderate Interest in Getting RSV Vaccine

***“A vaccine to protect against RSV has been approved by the FDA for adults age 60 and older, and it is expected to be available before this winter.”***

***% saying they would be likely or not likely to get the RSV vaccine before this winter  
(among those who are age 60 or older)***

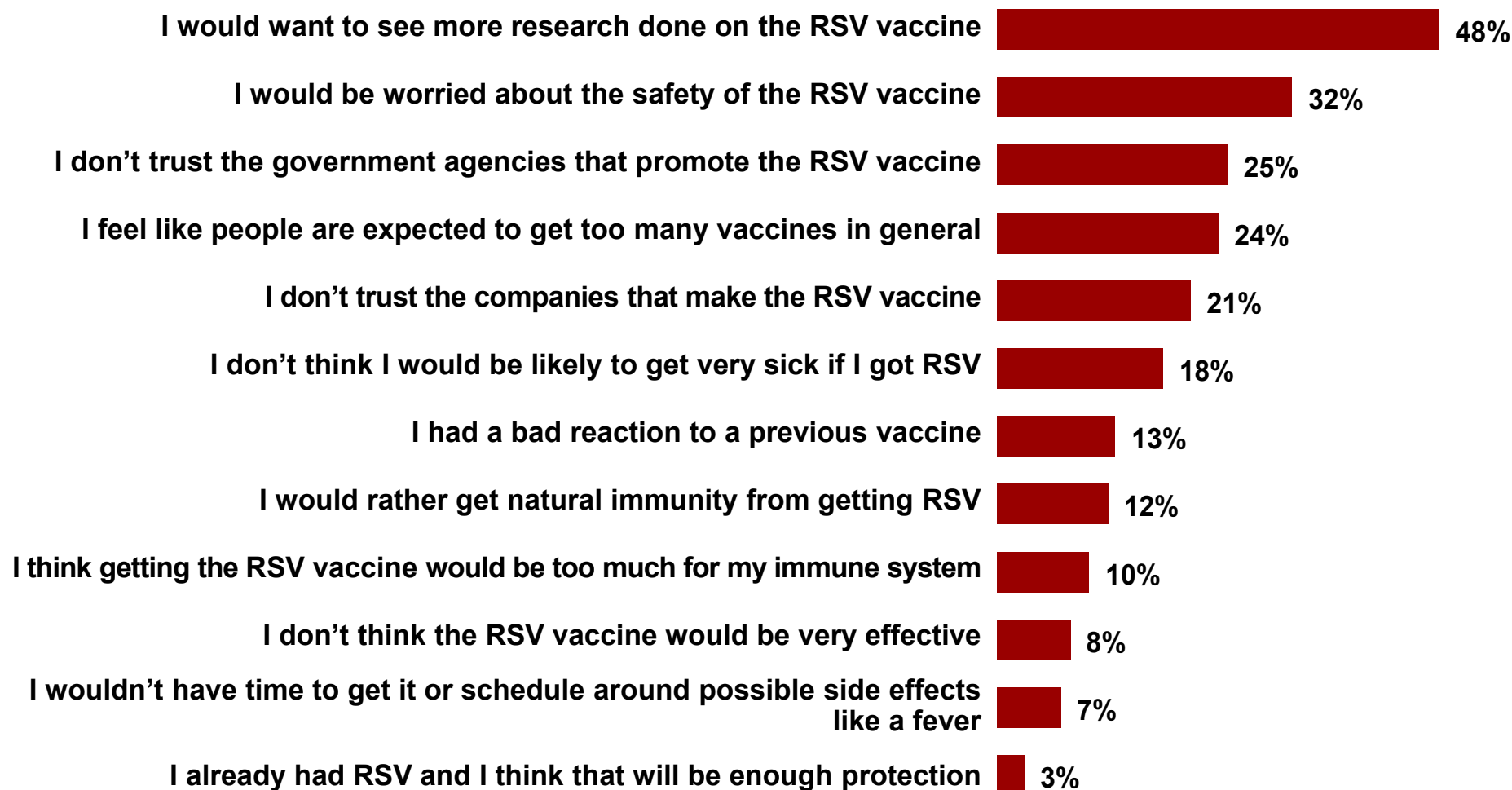
■ Very likely ■ Somewhat likely ■ Not too likely ■ Not at all likely ■ Don't know ■ Never heard of RSV



n=448

# Needing More Research & Reassurance on Safety are Top Reasons for Hesitation in Getting RSV Vaccine

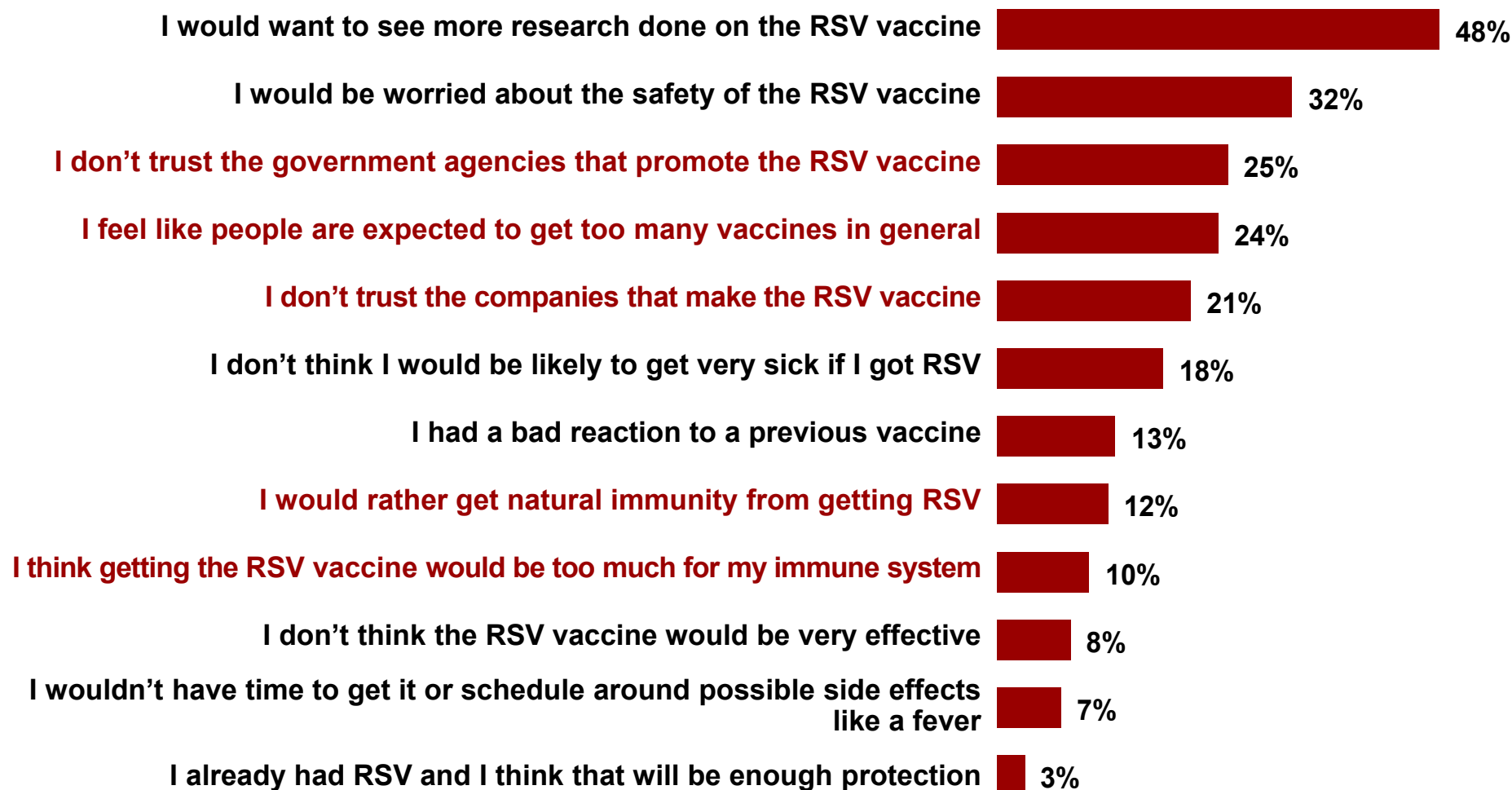
*% saying each is a major reason they are not likely to get the RSV vaccine before this winter (among those who say they are not “very” likely to do so)*



Respondents asked about random 10 reasons, n=187-212

# Broader Vaccination Hesitations are Also Part of the Picture for RSV Vaccine Hesitancy

*% saying each is a major reason they are not likely to get the RSV vaccine before this winter (among those who say they are not “very” likely to do so)*



Respondents asked about random 10 reasons, n=187-212

# Implications for Communication

## RSV Vaccine

- Expect moderate interest in RSV vaccine
- Increasing awareness may need to be the central focus of communication
- Provide consistent messaging about effectiveness and safety – and degree of testing where possible
  - For people who are appropriately interested in getting vaccine, may support actions of talking to doctor or getting vaccine
  - For those who are hesitant, reinforcing messaging may be compelling in longer-term
- Broader approaches to vaccination messaging and framing may be needed for RSV, for seasonal vaccines, and beyond

# Broader Vaccine Development

# Limited Sense of New Vaccines Being Developed

*% saying they have heard a lot, a little, or nothing at all about other new vaccines being developed for adults and children that will be available in the next couple of years*



n=1430

# Most Feel Development of New Vaccines is Good

*% saying, in general, they think the development of new vaccines is...*

**Mostly a good thing**



**Mostly a bad thing**



n=1430

# Conceptual Reasoning for Positive Views Includes Traditional and Newer Ideas

*% saying the main reasons they think the development of new vaccines is mostly good are...  
(among those who say this is mostly good)*

## Mostly good because...

Prevention/protection from disease	34%
Avoid severe outcomes, including death	19%
Protect the community/the vulnerable	14%
Scientific progress	14%
Keeps diseases under control	13%
Get ahead of disease changes	8%
Good for health	7%

n=1177

# Conceptual Reasoning Includes Traditional and Newer Ideas

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<b>Good for health</b>	7%

***“To protect as many people  
as possible from the effects  
of illness.”***

***“Any time that we can  
prevent illness has to be a  
good thing to me.”***

n=1177

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***“I think new vaccines will prevent children and adults from being hospitalized.”***

***“May not prevent from getting sick but can significantly reduce how serious illness can become.”***

n=1177

# Conceptual Reasoning Includes Traditional and Newer Ideas

*% saying the main reasons they think the development of new vaccines is mostly good are...  
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*“Those with compromised immunities should have options available to keep them safe and healthy.”*

*“More options are good and can be a great benefit to society, especially older or immune compromised people.”*

n=1177

# Conceptual Reasoning Includes Traditional and Newer Ideas

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***“To prevent disease from spreading or creating another pandemic.”***

***“Keep the spread of new viruses to a minimum and help the at-risk population.”***

n=1177

# Conceptual Reasoning Includes Traditional and Newer Ideas

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<b>Get ahead of disease changes</b>	8%
Good for health	7%

*“As new viruses come up  
we have to create new  
vaccines to fight them.”*

*“Getting ahead of potential  
pandemic situations, herd  
immunity, and learning  
from past mistakes.”*

n=1177

# Negative Themes are Familiar but Still Some Nuance to Listen For

*% saying the main reasons they think the development of new vaccines is mostly bad are...  
(among those who say this is mostly bad)*

Mostly bad because...	
Don't trust the safety	41%
Potential side effects	20%
Don't trust pharmaceutical companies	18%
Don't trust the government	13%
Not necessary	12%
Causes harm	11%
Too many vaccines	8%
Not effective	7%

n=249

# Negative Themes are Familiar but Still Some Nuance to Listen For

*% saying the main reasons they think the development of new vaccines is mostly bad are...  
(among those who say this is mostly bad)*

*“They come to market  
way too quickly without  
enough testing.”*

*“Not enough long-term  
research being done for  
the long-term effects.”*

## Mostly bad because...

<b>Don't trust the safety</b>	41%
<b>Potential side effects</b>	20%
<b>Don't trust pharmaceutical companies</b>	18%
<b>Don't trust the government</b>	13%
<b>Not necessary</b>	12%
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<b>Too many vaccines</b>	8%
<b>Not effective</b>	7%

n=249

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*% saying the main reasons they think the development of new vaccines is mostly bad are...  
(among those who say this is mostly bad)*

## Mostly bad because...

Don't trust the safety 41%

Potential side effects 20%

Don't trust pharmaceutical companies 18%

Don't trust the government 13%

Not necessary 12%

**Causes harm** 11%

Too many vaccines 8%

Not effective 7%

*"Vaccines make some people die or get even sicker."*

*"Vaccines are weakening our bodies natural defenses and immunities."*

n=249

# Negative Themes are Familiar but Still Some Nuance to Listen For

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(among those who say this is mostly bad)*

## Mostly bad because...

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Not necessary	12%
Causes harm	11%
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Not effective	7%

*“Too many vaccines can  
cause issues. Natural  
immunity is the way to go.”*

*“Just feel too many vaccines  
in the body can't be good!”*

n=249

# Negative Themes are Familiar but Still Some Nuance to Listen For

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*"I don't think it fully protects us. There were people who still caught Covid or the flu after getting shots."*

*"People are gonna get sick regardless."*

n=249

# Implications for Communication

## **For New Vaccines Broadly**

- Messages about safety and effectiveness may always be needed
- Amplify messages about reducing risk rather than disease avoidance or elimination
- Address concerns about “too many vaccines” – why the immune system can handle it
- Address confusion about superior “natural immunity”
- Explaining how new vaccines use well-known technologies may be better than sharing information as if they are totally novel vaccines

# Harvard Opinion Research Program

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**HORP**

HARVARD OPINION  
RESEARCH PROGRAM



**HARVARD T.H. CHAN**  
**SCHOOL OF PUBLIC HEALTH**

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- Ofsj%Jx| twym~
- Ericka McGowan
- Meredith Allen
- ASTHO membership

## National Public Health Information Coalition (NPHIC)

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- Tom Schafer
- NPHIC membership

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- Xmfprf%R tmfwr %q
- JIC Lead
- JIC Research and Evaluation Team