

EVOLVING VIEW OF VACCINATION

COVID-19, FLU, AND RSV

In partnership with ASTHO and NPHIC, the Harvard Opinion Research Program is conducting a series of surveys to understand the public’s evolving views of COVID-19 and other infectious diseases and to provide robust evidence that can help build the foundation for overarching strategy and messaging across many activities. This memo showcases select results utilizing data from the second nationally representative survey in this year’s series, conducted July 7 to 16, 2023, among 1,430 U.S. adults. Key implications for state, territorial, and local health departments were developed from the results and can be used to shape communications and outreach.

Key Findings

Implications for Communications

Views of COVID-19 and Flu Vaccines for Fall	<ul style="list-style-type: none"> US adults feel the COVID-19 vaccine is moderately effective and safe; in contrast, the seasonal flu vaccine is perceived as being similarly effective but substantially safer. Nearly half of adults are “very likely” to get the flu vaccine this coming flu season, while only 36% are “very likely” to get an updated COVID-19 vaccine this fall. Rural adults and those under age 45 are less likely to get each vaccine than their counterparts, but there were no intention differences by gender, race/ethnicity, or income. Limited views of safety are the main driver of fall COVID-19 vaccine hesitation. In contrast, the top reason for flu vaccine hesitation is preferring natural immunity. Only 38% of adults 65 and older and 34% of adults with serious underlying medical conditions self-identify as being at higher risk of getting very sick from COVID-19. 	<ul style="list-style-type: none"> Expect limited interest in an updated COVID-19 vaccine this coming fall, and moderate interest in flu vaccine. Targeted outreach to younger people on these vaccines may be important if epidemiological risk is high. Offer coadministration of COVID-19 and flu vaccines when possible, but lead with flu vaccine in messaging. Communication is not necessarily enhanced when both COVID and flu are mentioned. Maximize messaging opportunities for both vaccines: <ul style="list-style-type: none"> Provide consistent messages about safety and effectiveness. Build trust with community engagement beyond vaccines. Consider how to clarify the notion of “high risk”.
Views of RSV Vaccine	<ul style="list-style-type: none"> One quarter of adults have never heard of RSV, and only half have heard anything about an RSV vaccine. A majority of adults know that high-risk groups for RSV include those ages 65 and older, those with chronic lung conditions, and those with decreased immunity, but less than one third know that pregnant people are also at high risk. Among those who have heard of an RSV vaccine, a majority believe it is safe and effective; most remaining are unsure. There is moderate interest in getting the RSV vaccine among those 60 and older. Those who are hesitant mainly cite a desire for more research and safety concerns, although general vaccine concerns are also frequently mentioned. 	<ul style="list-style-type: none"> Expect moderate interest in RSV vaccine among adults ages 60 and older. Increasing awareness of RSV and the vaccine may need to be the central focus of communication. Provide consistent messaging about vaccine effectiveness and safety, as well as thorough development research. <ul style="list-style-type: none"> For adults ages 60 and older who want an RSV vaccine, this may encourage talking to a doctor or getting the vaccine. For those who are currently hesitant, this messaging may be compelling in longer-term. Broader approaches to vaccination messaging and framing may thus be needed for RSV, for seasonal vaccines, and beyond to address concerns about vaccines in general.
Views of Broader Vaccine Development	<ul style="list-style-type: none"> More than half of adults have heard nothing at all about new vaccines being developed for adults and children. The vast majority (84%) feel the development of new vaccines is mostly good, primarily citing protection from disease. Other themes mentioned include avoiding severe outcomes, protecting the vulnerable, continuing scientific progress, and keeping diseases under control. Those who feel the development of new vaccines are mostly bad primarily cite concerns about safety, potential side effects / causing harm, distrust in manufacturers and government, and being unnecessary. Small shares also feel that there are too many vaccines and they do not prevent illness. 	<ul style="list-style-type: none"> Explaining how new vaccines use well-known technologies may be better than sharing information as if they are novel vaccines. Amplify messages about reducing the risk of severe illness rather than disease avoidance or elimination. Consider addressing concerns about “too many vaccines” and how the immune system can manage it. It may be beneficial to address confusion about superior “natural immunity” when inaccurate.

Methodology

Results are based on survey research conducted by Harvard T.H. Chan School of Public Health, in partnership with the Association of State and Territorial Health Officers (ASTHO), the National Public Health Information Coalition (NPHIC), and funded by the Centers for Disease Control and Prevention (CDC). Representatives from all four organizations worked closely to develop the survey questionnaires, while analyses were conducted by researchers from Harvard and the fielding team at SSRS of Glen Mills, Pennsylvania.

The project team at Harvard was led by Gillian K. SteelFisher, Ph.D., Principal Research Scientist and Deputy Director of the Harvard Opinion Research Program, and included Hannah Caporello, Senior Research Projects Manager, Mary Gorski Findling, Ph.D., Assistant Director, and Rebekah Stein, Research Assistant.

Interviews for Survey 1 were conducted with a representative sample of 1,936 adults, ages 18 and older, in English and Spanish online (n=1,328) and by telephone (n=102). Online respondents were reached through the SSRS Opinion Panel and the Ipsos Knowledge Panel, each of which is a nationally representative, probability-based web panel. Telephone respondents were screened for being non-internet users and they were selected from the SSRS Omnibus, a bilingual survey of cell phone and landline users selected through RDD. Telephone interviews were conducted to ensure that people who do not access the internet were included. The interviewing period for Survey 2 was July 7 - 16, 2023. Using parallel methodology, the interviewing period for Survey 1 was February 15 - March 6, 2023.

When interpreting findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole U.S. adult population had been interviewed. The margin of error for the full sample in Survey 2 is ± 3.3 percentage points.

Possible sources of non-sampling error include non-response bias, as well as question-wording and ordering effects. Non-response in web and telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in the probability of selection within and across households, sample data are weighted in a multi-step process by the probability of selection and recruitment, response rates by survey type, and demographic variables (race/ethnicity, gender, age, education, region, internet access, civic engagement, and urban status) to reflect the true U.S. population. Other techniques, including random sampling, multiple contact attempts, replicate subsamples, and systematic respondent selection within households, are used to ensure a representative sample.



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