

Summary of results - October 2020

Now, we have it. Will we use it? New results from ECOS on the willingness to be vaccinated against COVID-19

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Key Findings

- The willingness to get vaccinated against COVID-19 dropped between April (73.9%) and November (60%) 2020 and is at a level that would make herd immunity through vaccination uncertain.
- Policy makers should now try to inform and convince the people who are still unsure about a vaccination (23%) against COVID-19 about the risks and benefits.
- The reason most frequently given for a vaccination was to protect the respondents own and family members health, concerns revolve mainly around side effects and safety.

What Problem Was This Research Addressing?

The focus in much of 2020 was on the development, approval and recently the distribution of a vaccine against the Coronavirus SARS-CoV-2 to protect against the disease COVID-19. Policymakers should prepare for the next challenge: uptake of the vaccine among the public. Having a vaccine does not automatically imply it will be used.

Vaccination programmes can lead to herd immunity without requiring a large proportion of the population to be infected. The latter is mostly seen as an undesirable option, given the potentially high numbers of deaths as a result of infection. Especially so, if the health systems are overwhelmed by a large number of patients with severe COVID-19 symptoms. Herd immunity through vaccination, however, requires a sufficient proportion of the population to be vaccinated.

While vaccination is widely recognised as an effective way to reduce or eliminate the burden of infectious diseases by health authorities and the medical community [1], its effectiveness also depends on the individual willingness to be vaccinated. This willingness could be negatively affected by doubts and worries that exist in the population about the safety and appropriateness of vaccines. This is sometimes labelled vaccine hesitancy [2]. If too many individuals hesitate about being vaccinated, herd immunity may not be reached.

What This Research Adds

When we reported the first results from the European Covid Survey (ECOS) in April 2020 [3], 73.9% of the 7.664 participants from Denmark, France, Germany, Italy, Portugal, the Netherlands, and the UK stated that they would be willing to get vaccinated against COVID-19 if a vaccine became available. A further 18.9% of respondents

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stated that they were not sure, and 7.2% stated that they did not want to get vaccinated. During the course of the pandemic, we observed protests against the containment measures in many European countries but also protests against vaccines.

In this article, we report the most recent ECOS data on the willingness to be vaccinated against COVID-19 from November 2020 as well as the reasons respondents provided for their decision. This overview is aimed at policymakers and to provide an update on our earlier publication.

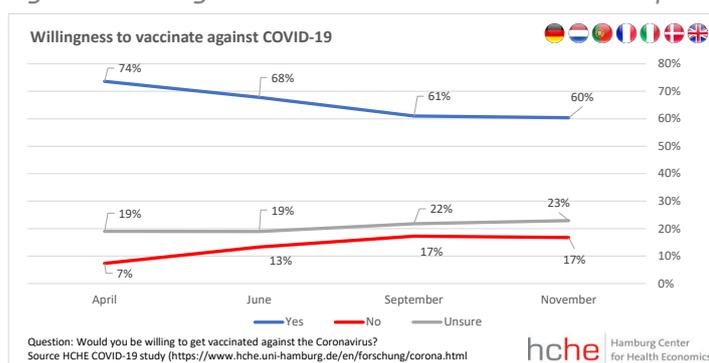
Methods

To investigate the issue of willingness to be vaccinated as well as others, we investigated people attitudes about vaccination against COVID-19 in an online survey among representative samples of the population (in terms of region, gender, age group and education) in seven European countries (N=7.115 in wave 4). This data collection was part of the larger ECOS project, which collected data in April, June, September and November 2020. In each wave, respondents answered questions on the willingness to be vaccinated, the causes for their decisions, their worries, beliefs and approval of containment measures taken by their national governments, among other topics. The data was collected between the 8th and 16th of November 2020.

Research Findings

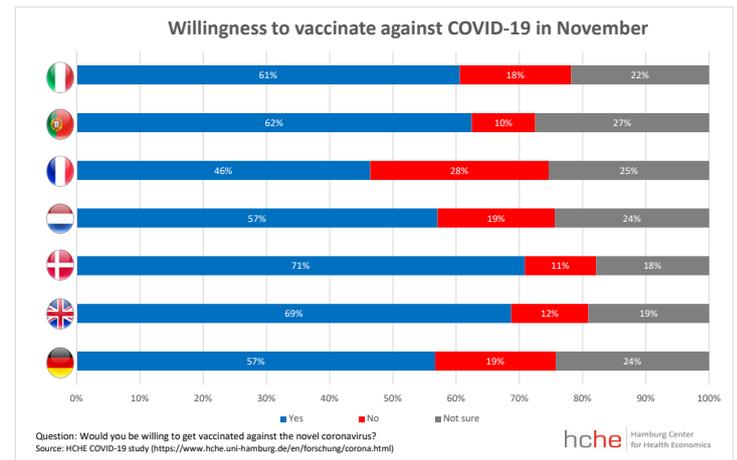
Compared to our findings in April, the willingness to vaccinate in November 2020 dropped by 13.9 percentage points to 60% with 23% (18.9% in April) reporting to be unsure about wanting to be vaccinated and 17% (7.2% in April) of respondents refusing a vaccination against COVID-19.

Figure 1: Willingness to be vaccinated in seven European



Similar to other reports [4] on the confidence in vaccines, we see a large variation in the willingness to vaccinate across Europe. As indicated in Figure 2, the willingness ranges between 46% in France and 71% in Denmark. While the share of respondents unwilling to be vaccinated increased over the course of 2020, a larger share of respondents are still unsure if they want to be vaccinated or not. This share ranges from 18% in Denmark to 27% in Portugal.

Figure 2: Willingness to vaccinate across 7 European countries



Asked why they would want to get vaccinated against COVID-19 the reasons most frequently stated were that respondents wanted to protect themselves (18%) and their family members (16%) against the infection.

We also asked all respondents who said that they would be unwilling or hesitant about a vaccination for the reasons of their decision. Among the respondents who were unsure about vaccination in November 2020, the reasons most often stated were concerns about potential side effects (39%), the belief that the vaccine may not be safe enough (30%) as well as worries about complications due to a previous health condition (10%). We see a similar picture, with the same three top reasons, among those who said that they do not want to be vaccinated. Being against vaccination, in general, had only a share of 9% of responses among people who said “No” to a vaccination and only 2% among those who were hesitant. This may indicate that the group that opposes vaccines in general only makes up a small share of those who currently do not want to be vaccinated.

One might argue that the group that is currently unsure about getting a vaccine may be the most relevant. These are the people who potentially can be persuaded more easily to get vaccinated to achieve

herd immunity. Based on our results, we see that women are on average more hesitant to be vaccinated than men and that younger people are on average, more hesitant about vaccination than older age groups. Furthermore, the willingness to vaccinate appears to be lower among people with a lower education level (54%) compared to people with a middle (60%) and high education level (68%). Being unsure is almost equally spread across all education domains. We see a similar picture for the income categories, where the people who state that they have difficulties to make ends meet with their household income, also have a significantly lower willingness to vaccinate than those with a higher income.

Policymakers could try to specifically target the groups who are currently more hesitant about vaccination. Based on the reasons and demographic information, it would appear beneficial to target the concerns and subgroups in a tailored approach to be more effective. For example, a campaign may explain the process of vaccine testing and approval in a simple and illustrative way, to generate trust. Furthermore, this campaign should go beyond the conventional press and for instance could also display information on bus stops, tv and social media.

Our findings highlight that considerable policy effort may be required to come from having a vaccine to adequate vaccination rates, especially in some countries. Targeting those in the population who are currently hesitant seems most promising and cost-effective, but this requires convincing evidence and clear communication on the safety and effectiveness of the vaccine. This

Policy Relevance of Research

- In order to achieve herd immunity through vaccination a sizeable proportion of the population needs to be convinced to get vaccinated against COVID-19
- We provide evidence from the most recent data of the ECOS project on the willingness to be vaccinated in seven European countries
- Policy makers could use the information in this report to address the subgroups most hesitant about vaccination
- Furthermore, we provide evidence on the reasons respondents most frequently gave for or against vaccination, so that an information campaign could highlight the benefits and inform about the concerns

may be at odds with the current push for having a vaccine available as soon as possible. A campaign emphasising the social benefits of vaccination could increase the willingness to be vaccinated among those amenable to such pro-social motives. Finally, a sizeable proportion of the population indicates not to be open to vaccination. This group may remain at risk of spreading the virus and contracting the disease, even after herd immunity has been achieved. Concluding, improving our understanding of vaccination hesitancy in the context of COVID-19, as well as finding and using policies to overcome it, maybe as important the recent vaccine discoveries.

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