

The Vaccine Confidence Tracker: UK

A nationally representative study of n=17,000

June 2021





1 Executive summary

Founded in 2010 The Vaccine Confidence Project (VCP) at the London School of Hygiene and Tropical Medicine (LSHTM) was developed to understand responses to hesitancy and misinformation on vaccination programmes. Today, the purpose of the project is to monitor public confidence in immunisation programmes through research and analysis. The VCP, in collaboration with ORB International, have conducted one of the largest COVID-19 vaccine studies in the UK in 2021 to identify hesitancy and confidence amongst the population. The large sample size affords the ability to not only heat map COVID-19 vaccine confidence but also look at pertinent subgroups with a higher degree of statistical reliability.

The data reveals a statistically significant increase in COVID-19 vaccine confidence between W1 and W2. Back in October when a range of vaccines were yet to be approved, we found that just 49% of the UK population said they would “definitely” take the vaccine. By April 2021 that number had increased to 63%. However, considering that the group of unvaccinated respondents in Wave 2 (April 2021) is significantly younger than the data from Wave 1 (when the entire sample was yet to receive their vaccine). If we account for age and look more closely at the 18-44 year-old unvaccinated sub group the findings are even more encouraging (41% W1 and 63% W2).

<https://www.nytimes.com/interactive/2021/04/17/us/vaccine-hesitancy-politics.html>

We have also seen a rise in COVID-19 vaccine confidence amongst the BAME community and with women who are now expressing as much confidence in the vaccine as men. In W1 just 43% of women said they would ‘definitely’ take the vaccine; now among unvaccinated women in the UK this number has increased by more than half to 63%.

Yet London, together with Northern Ireland, show significantly lower levels of confidence; and although the Black community has seen an increase in confidence (6% increase in those aged 18-44 years saying ‘definitely yes’ between W1 and W2), there is still much work to do to convince them to take the vaccine.

Unlike data emerging from the United States, neither politics nor religion show any significant correlation with vaccine uptake/hesitancy.

Amongst those yet to be vaccinated and stating they are ‘unsure’ about taking the vaccine, safety concerns regarding the vaccine itself continue to drive hesitancy, followed by perceptions that its development was ‘rushed’. Being offered ‘a choice of vaccine’ would do the most to convert those who are hesitant to become vaccine confident. The proposal for vaccine passports has a neutral to negative impact on vaccine hesitancy – particularly among the Black community. If vaccine passports are to be launched the narrative should focus on international rather than domestic implications of the passport.

2.1 Introduction and background

In 2019 the World Health Organisation named vaccine hesitancy as one of the top ten global health threats the world faces. Measuring confidence in vaccines has been an 11-year project for the Vaccine Confidence Project (VCP) at the London School of Hygiene and Tropical Medicine (LSHTM). By fusing social media analytics with representative surveys of the general population we have measured vaccine hesitancy in more than 75 countries around the world.

While historically we have measured confidence in vaccines including against measles, mumps and rubella (MMR), human papillomavirus (HPV) and the flu, since the start of the pandemic our attention has pivoted towards confidence in COVID-19 vaccines. To this end, we have conducted multiple nationally representative surveys in the UK, including two of the largest studies measuring COVID-19 vaccine confidence across the UK. The large sample size (n=17,000) of UK adults aged 18+, allowed us to not only heat map COVID-19 vaccine confidence but also look at pertinent subgroups (e.g., BAME communities, Polish speakers, healthcare workers, unemployed and regional analysis) with a higher degree of statistical reliability than would typically be afforded by most surveys.

Just prior to the second lockdown throughout the UK, the data from Wave 1 (October 2020) had accurately predicted that vaccine take up among those aged 65 and older would be high; it also suggested that hesitancy would be more likely to occur in London and among the BAME community. At that time, the Muslim

community was highlighted as one of the significantly more hesitant groups in the UK. The Government duly implemented a campaign, using a series of credible voices from the community, to boost COVID-19 vaccine confidence; as we shall reveal later on, this appears to have had significant impact.

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Early in 2020 it was clear that the rapid speed of vaccine development would urgently require robust monitoring of the UK's views towards COVID-19 vaccinations. By conducting large-scale surveys collecting respondents' outer postcode, we have been able to successfully predict both the socio-demographic groups who would be most resistant to COVID-19 vaccines and the sub-national regions most likely to have sub-optimal rates of vaccine uptake. Mapping intent to accept a COVID-19 vaccine revealed that sub-national pockets of low uptake would form in big cities like Manchester, Liverpool, Birmingham, and London. Our predictions have been able to guide UK vaccination policy.

**Alex de Figueiredo, Principal Investigator
for Waves 1 and 2, Vaccine Confidence Project**



2.1 Survey methodology and approach

Survey respondents are recruited from panels across the UK. The sample is weighted to be nationally representative of the UK population, specifically to ensure that a representative sample of the 65+ age group is guaranteed in the survey.

In Wave 2 it is important to consider the percentage stating they had received both one or two shots of the COVID-19 vaccine. By the end of the fieldwork period we note 50% reporting having received one shot and 12% having received two shots. During this period the Government upscaled the roll-out of the second jab, meaning our data on the second jab differs from ONS statistics reported on April 2021 (50% one dose, 16% two doses).

The statistical margin of error on this data at the 95% confidence level is +1%.

Table 2.2.1 W1 and W2 fieldwork dates and methods

	Wave 1	Wave 2
Fieldwork dates	September 24 – October 14 2020	April 9 – 27 2021
Sample size	n=17,002	n=16,610
Method	Online - Nationally Representative	Online - Nationally Representative
No. of vaccinated	100% non vaccinated	62% vaccinated, 38% non vaccinated



3.1 The vaccinated

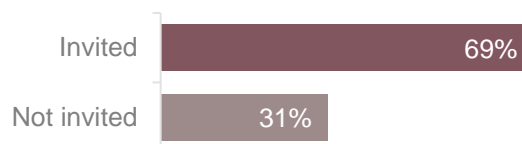
Wave 2 data (April 2021), for which fieldwork was carried out 4 months into the UK Government's vaccine rollout program, indicates that of those who had been invited to take a vaccine, 92% had received at least one dose (70% one dose, 22% fully vaccinated). Across the United Kingdom the data suggests that 7 in 10 (69%) has been invited to have a COVID-19 vaccine.

Of the 8% who had been invited for vaccine uptake, some might be a few days away from their appointment, while others might be rejecting the vaccine. Just 2% of those aged 65 and over have not received a vaccine, this rises slightly to 5% among 55-64 year- old's and 11% among 45-54 year-old's. Of the Muslim population already invited for the vaccine 83% have had at least one vaccine and 17% had not taken it up (yet). Among Black respondents offered the vaccine, three in four (76%) have had at least one shot and 26% had not taking it up (yet).

The COVID-19 vaccine is one of a few vaccines that requires multiple shots over time, MMR being another. Some have expressed the concern that a twelve-week period between shots allows for possible hesitancy due to complacency or for the spread of misinformation to impact take up. Yet our survey shows that among those who have had their first shot and are awaiting their second, 99% are either 'definitely' (94%) or 'unsure, leaning towards yes' (5%) when it comes to attending the second appointment. It is lingering doubts about the safety and effectiveness of the vaccine which drive the 5% who are unsure.

Of those who had received the invitation but are yet to take their first vaccine (n=929), 31% say they will definitely take it, 20% are unsure but leaning to yes, 27% unsure leaning to no and 22% say definitely no. This means that of everyone who had been offered a vaccine in the UK (69% of the population), just 2% appear to be refusing it outright.

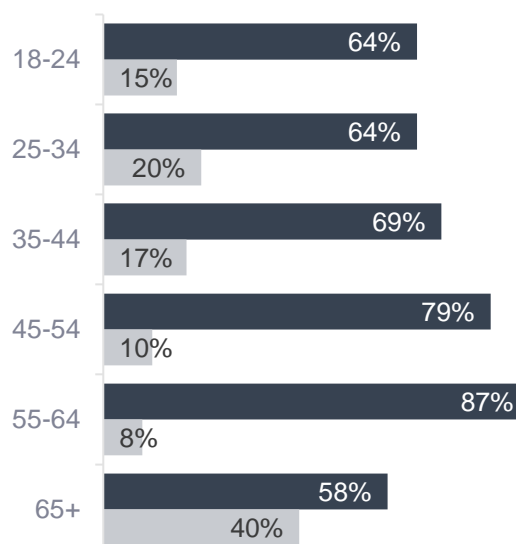
Number of people invited to have a COVID-19 vaccine



Of those invited, number of people who have had one or two doses



Of those invited, number of people who have had one or two doses. By age



Base: All respondents (16610)

Base: All those invited to have a vaccine (11201)

3.2 The unvaccinated

Of those yet to receive an invitation for a COVID-19 vaccine (n=5,409) we see a significant increase in vaccine confidence since Wave 1. Over four months into – what has been widely reported as – a successful vaccine rollout, the data reveals almost two in three (63%) now say they will definitely take the vaccine, up from 49% in Wave 1. A further 21% are 'unsure but leaning to yes', with 9% unsure but leaning to no and 7% definitely no. However, the group of unvaccinated in Wave 2 is significantly younger than the data from

Wave 1 (when the entire sample was yet to receive their vaccine). If we look more closely at the 18–44-year-old unvaccinated sub group (n=4,718) the findings are even more encouraging.

Figure 3.2.1: Proportion of 18-44 year old's who would or would definitely accept the vaccine. By total, men and women.

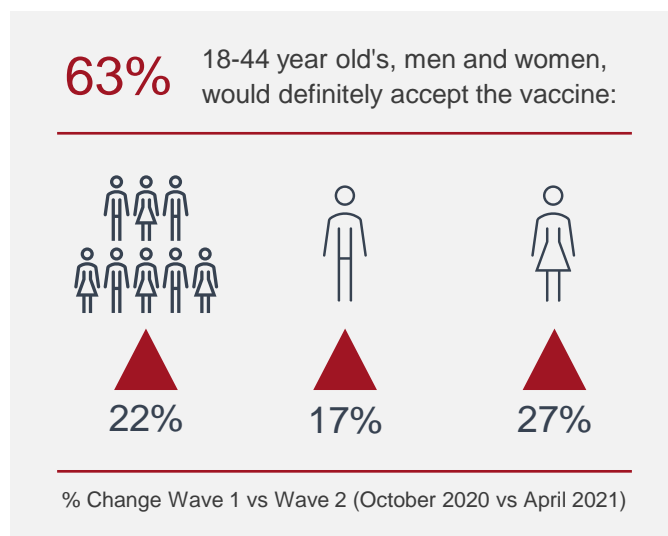
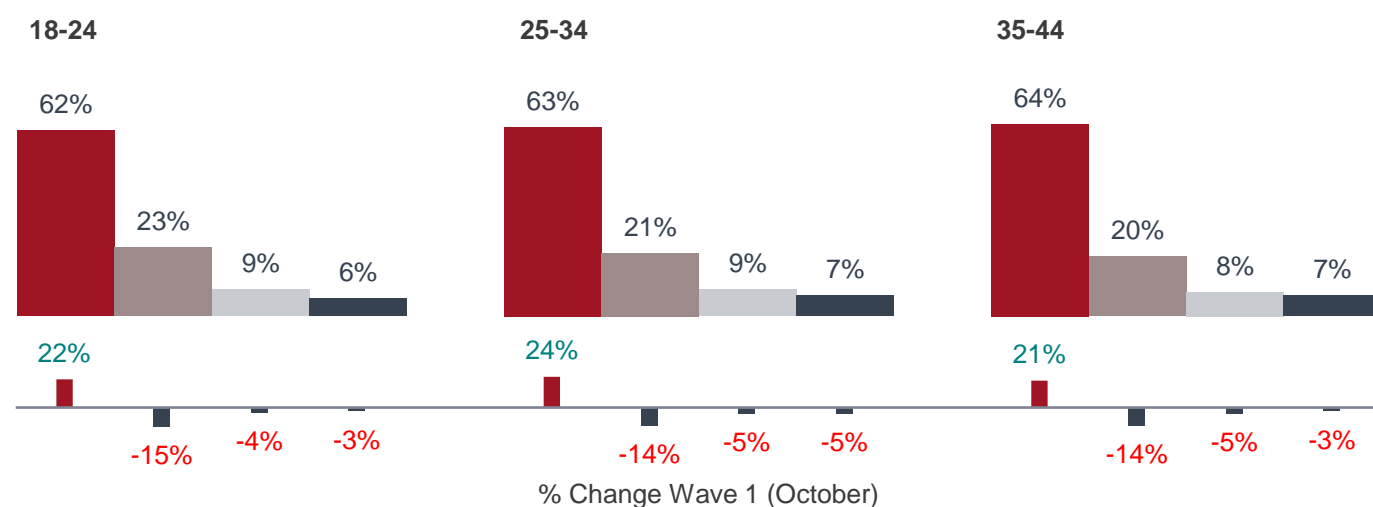
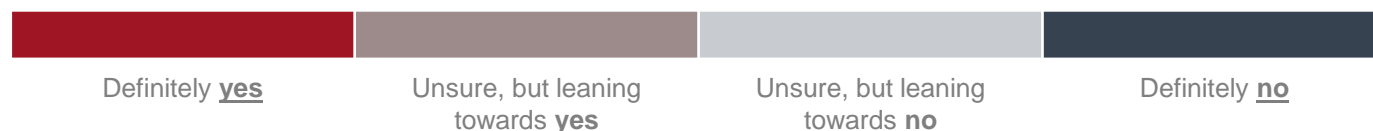


Figure 3.2.2: Vaccine take up and hesitancy of 18-44 year old's. By age groups.



Base: W2 All those not invited to have a vaccine 18-44 (4718), W1 All respondents 18-44 [unvaccinated] (8002)



Demographically, households with an annual income of less than £25,000 p.a. are slightly more hesitant than other income groups, as are those looking after their households, and the Muslim population (although note here an improvement since Wave1). A significantly lower proportion say 'definitely yes' in Northern Ireland (51%) and Greater London (57%). Unlike the United States, there is little correlation between voting intentions for the main parties and vaccine hesitancy.

The 18-44 BAME population has also seen positive movements in vaccine hesitancy. Over half (55%) are now definitely willing to accept a COVID-19 vaccine compared to 37 per cent in Wave 1. This positive increase has been driven mainly by Asian communities, with 1 in 4 (24%) more likely to definitely accept a vaccine compared to last year. Increases in vaccine confidence have arisen through converting those previously 'unsure but leaning towards yes'.

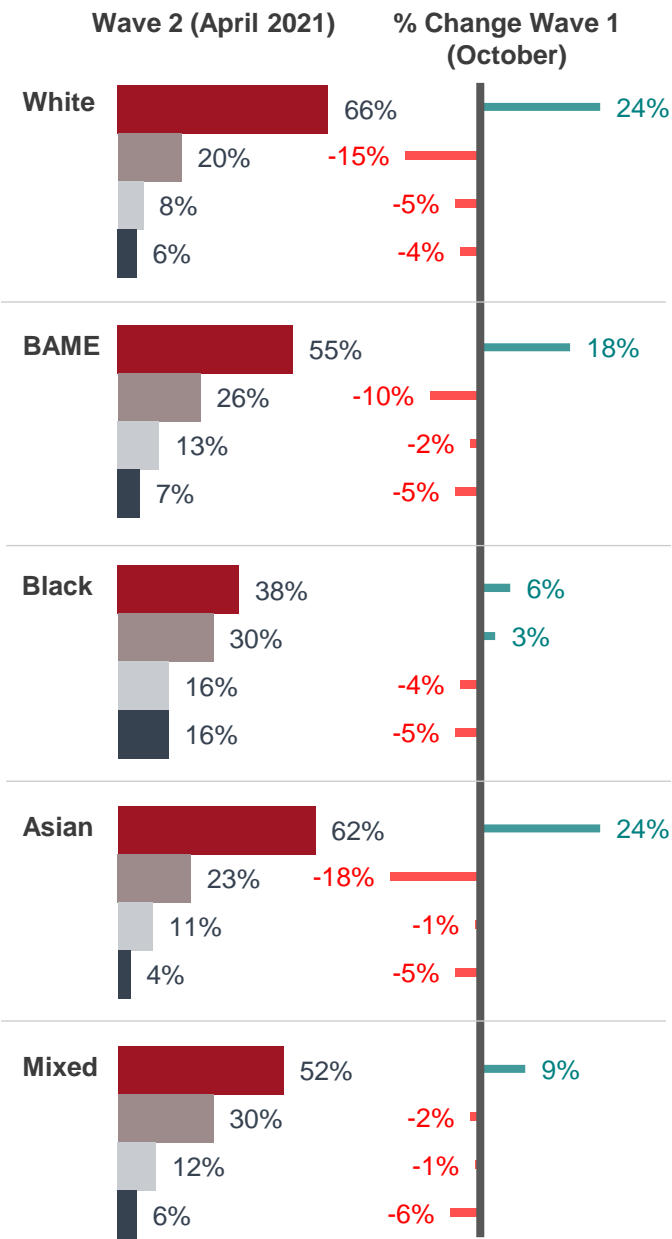
Black communities however, whilst having seen marginal conversions into vaccine confidence continue to be the most hesitant group to be vaccinated – 1 in 3 (32%) will either definitely not accept a vaccine or are unsure but leaning towards no.



I feel my risk is negligible and the risk of asymptomatic spread, were I to catch COVID-19, whilst may be reduced, is a moderate reduction of an already a tiny chance especially whilst the majority of the population are vaccinated. Any unexpected long term risks of the vaccine outweigh any benefit to my personal health or benefits to society in my opinion.

Male, 31, East Midlands

Figure 3.2.3: Vaccine take up and hesitancy of 18-44 year old's. By ethnic groups.



Base: W2 All those not invited to have a vaccine 18-44 (4718), W1 All respondents 18-44 [unvaccinated] (8002)



The top five reasons remain among those hesitant (n=1,975) about taking the vaccine:

47%

I have concerns over the safety of the vaccine

31%

Approval of the vaccine may have been rushed and it may not have been thoroughly tested

29%

I have concerns over the effectiveness of the vaccine

“

I'd prefer to avoid intramuscular injections, and unlike other vaccines, the ones for COVID-19 have not been in use for several years, so if there are any delayed side effects, they will not yet have been observed.

Male, 40, Scotland

24%

I don't want to take the Astra Zeneca vaccine

21%

I want to wait until other people have been vaccinated first



By splitting the unvaccinated population into three groups, i.e.,

1. those who would definitely accept the vaccine
2. unsure (net unsure leaning yes and net unsure leaning no)
3. those who definitely would not accept the vaccine

We can see hesitancy could be partly driven by not understanding the information about vaccines:

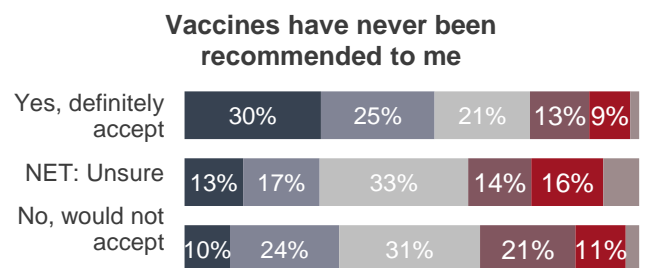
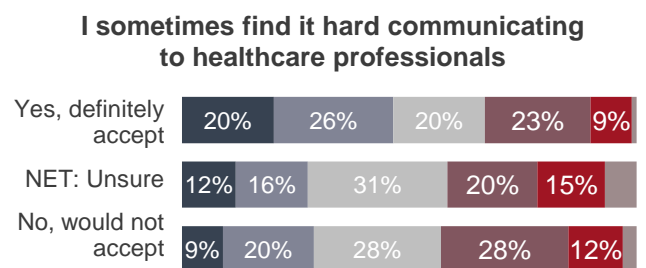
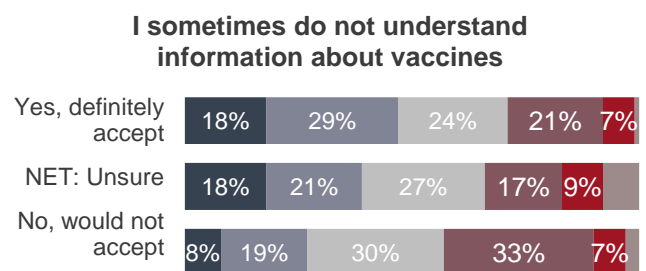
40% of unvaccinated adults who would outright refuse the vaccine agree that sometimes they do not understand information about vaccines (compared to 28% who would accept the vaccine).

40% of unvaccinated adults who would outright refuse the vaccine agree that sometimes they find it hard to communicate to healthcare professionals (compared to 32% who would accept the vaccine).

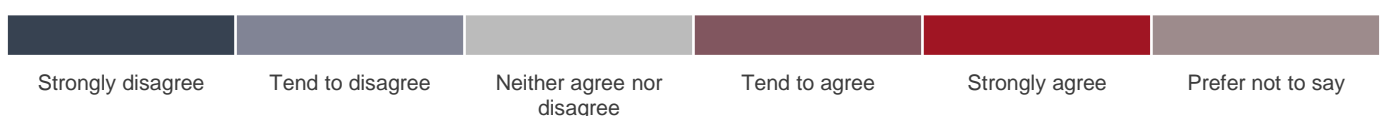
32% of unvaccinated adults who would outright refuse the vaccine agree that vaccines have never been recommended to them (compared to 22% who would accept the vaccine).

Further ahead is a debate about vaccinating children against COVID-19. With Pfizer recently asking the UK regulator to approve their vaccine for 12-15 years-olds, our data reveals there is much work to be done to convince parents/carers to vaccinate their children. 1 in 2 (51%) of those responsible for children say they would 'definitely' accept it for them; 41% are unsure while 9% say 'definitely no'. Those in lower income households are most hesitant.

Figure 3.2.4: Proportion of adults not invited to have a vaccine agreeing with following statements...



Base: W2 All those not invited to have a vaccine (6338)



3.3 Credible media sources

As previously mentioned, the unvaccinated demographics in W1 and W2 are vastly different, especially when considering age - now concentrated in those aged 45 and under. It is then of no surprise to see a shift in trusted sources of information on coronavirus towards social media and the internet. What is interesting is that despite this change in age demographics, National TV remains the number 1 access point for information about COVID-19.

With Black communities being one of the most vaccine hesitant groups, they are therefore an important target audience for future communications. To reach these audiences, understanding media habits is important. Differences between the Black and total population lay in trusting healthcare workers and public health authorities. Black communities are also more likely to trust informal sources such as work, school or college and friends and family. Note, friends and family were ranked highly as a means to convince hesitant respondents.



Gave up on watching the news when it was no longer relatable to my demographics about a year ago"

Male, 49, South East



A range of sources that resonate as true. Nothing mainstream.

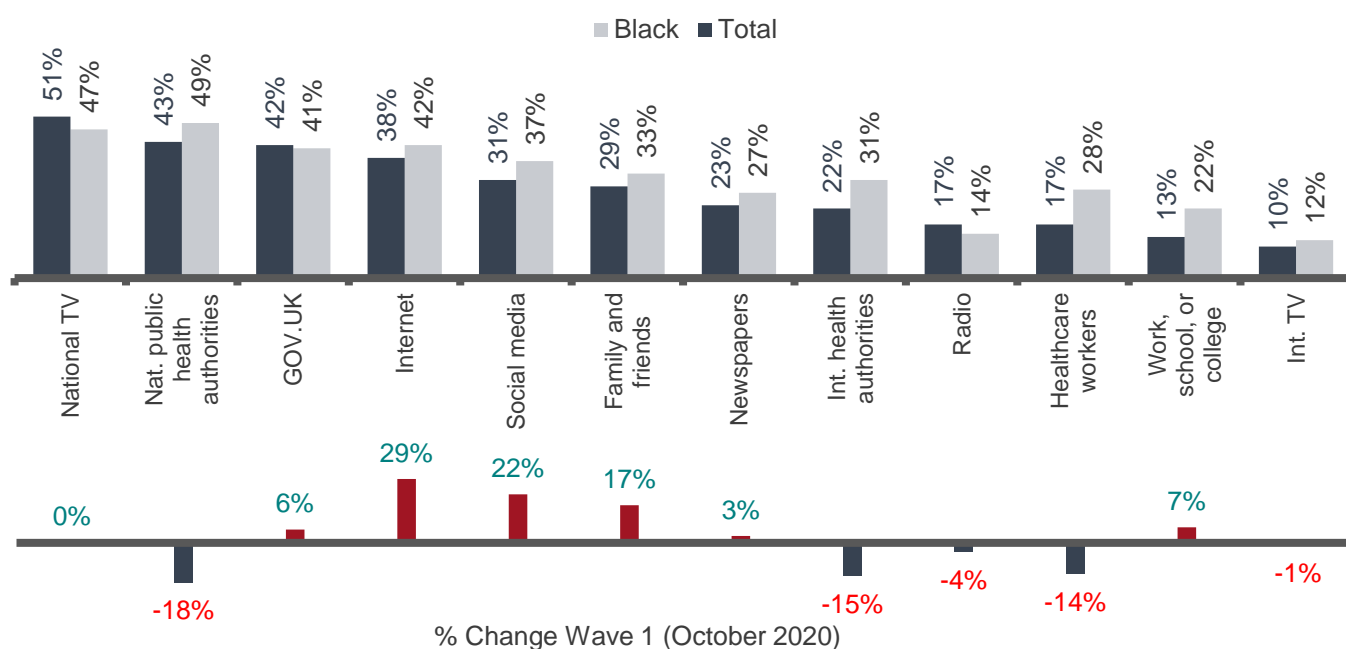
Male, 21, West Midlands



Reputable medical professionals on YouTube

Female, 43, South West

Figure 3.3.1: Media sources used as a way to access information about coronavirus or the vaccine. By total and ethnicity



Base: All unvaccinated respondents (6338)



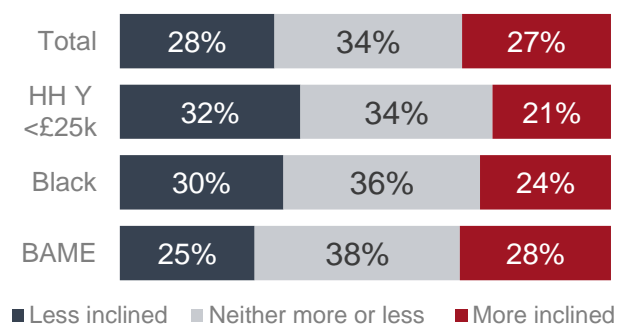
3.4 Vaccine passports

By analysing only those who are yet to receive a COVID-19 vaccine (n=6338), we find that if vaccine passports are introduced on a domestic level, 37% are more inclined to have a jab, which increases to 43% if introduced internationally. Young adults are the most in favour for vaccine passport rollouts, with 45% of 18-24 year-old's more inclined to have a jab if domestic passports are required. This drops to 36% for 35-44 year old's.

Support is lower however, if we look at only those who have not yet been invited for a vaccine and are vaccine hesitant (i.e. they are unsure yes, unsure no, or no on accepting a vaccine; n=1975). Amongst this group, scores drop to 27% on a domestic scale, and 33% on an international scale. Therefore the introduction of passports could drive more hesitancy amongst already hard-to-vaccinate groups.

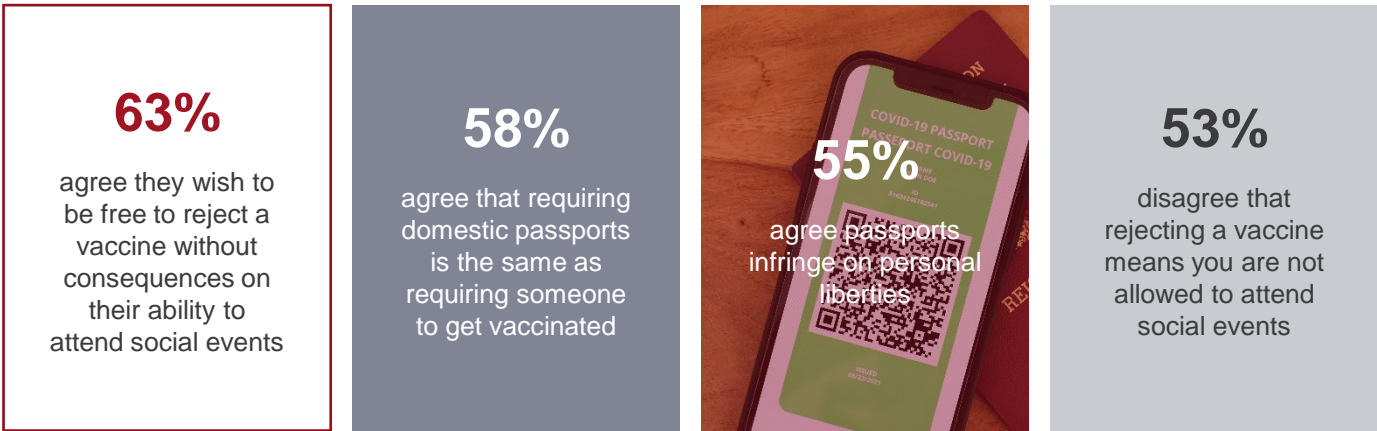
The most hesitant groups: low income households and Black communities, vaccine passports on a domestic scale are seen to have the reverse effect on reducing hesitancy. 32 per cent of low income households who have not been invited and are hesitant are less inclined to be inoculated if passports are rolled out. This drops to 30 per cent for Black communities.

Figure 3.4.1: Proportion of those unvaccinated who would be more or less inclined to accept a COVID-19 vaccine if vaccine passports were required domestically.



Base: All those not invited to have a vaccine and vaccine hesitant [A10 = 2,3,4] (1975)

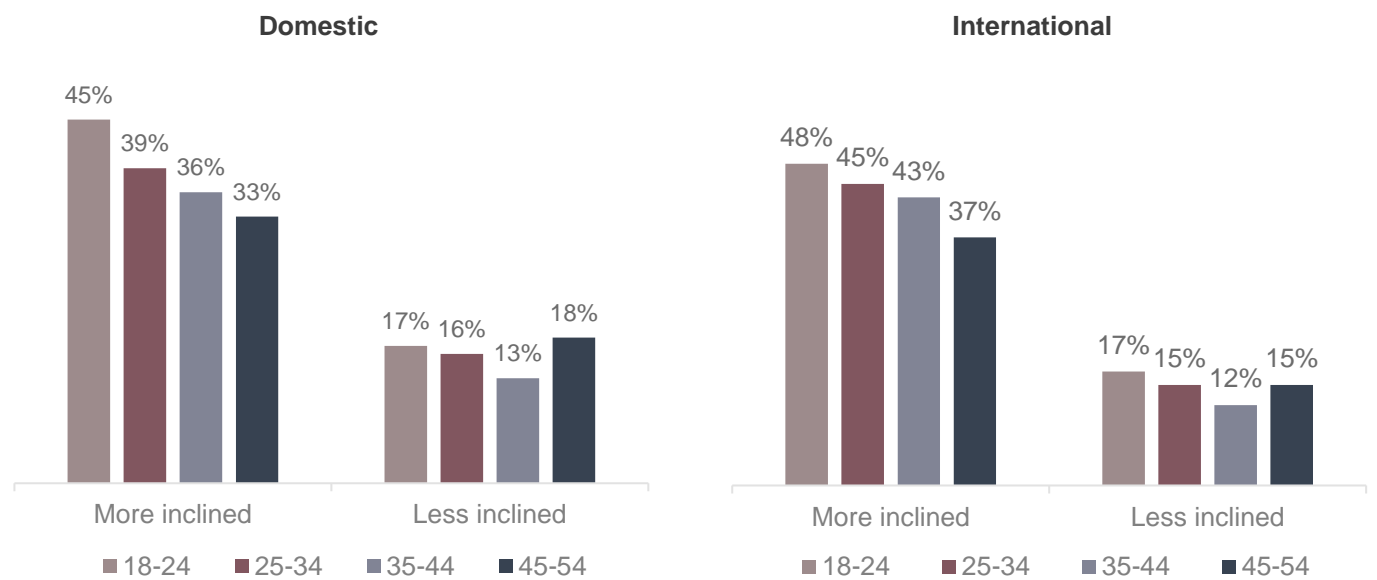
The same group (not invited and hesitant) when asked a series of attitudinal statements:



Based on this dataset the VCP at LSHTM have conducted further analysis on the impact and effectiveness on vaccine passports if they were to be rolled out. This analysis can be found at:

www.medrxiv.org/content/10.1101/2021.05.31.21258122v1.supplementary-material

Figure 3.4.2: Proportion of those unvaccinated who would be more or less inclined to accept a COVID-19 vaccine if vaccine passports were required domestically and internationally. By age.



Base: All unvaccinated respondents 18-54 (6338)

Prof. Heidi Larson

Dr. Alex de Figueiredo

Johnny Heald

Michael Gibson

VCP at London School of Hygiene & Tropical Medicine

VCP at London School of Hygiene & Tropical Medicine

ORB International

ORB International

(heidi.larson@lshtm.ac.uk)

(alex.defigueiredo@lshtm.ac.uk)

(jheald@orb-international.com)

(mgibson@orb-international.com)

