Vaccine Confidence and Demand Updates for COVID-19, Flu, and respiratory syncytial virus (RSV) Vaccines, National Immunization Survey Adult COVID Module (NIS-ACM) and Omnibus Surveys, November 2023

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COVID-19 Vaccination Receipt and Intent Among Adults ≥18 Years of Age by Demographics, Omnibus Surveys, November 2-26, 2023 (N=4,116)

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Received updated COVID-19 vaccine</th>
<th>Definitely will</th>
<th>Probably will or unsure</th>
<th>Probably/definitely will not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall (N=4,116)</td>
<td>16.5</td>
<td>13.0</td>
<td>25.0</td>
<td>45.4</td>
</tr>
<tr>
<td>Male (N=2,058)</td>
<td>16.1</td>
<td>13.7</td>
<td>26.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Female (N=2,058)</td>
<td>16.9</td>
<td>12.4</td>
<td>23.9</td>
<td>46.8</td>
</tr>
<tr>
<td>Age 18-49 (N=2,040)</td>
<td>9.1</td>
<td>10.9</td>
<td>28.7</td>
<td>51.2</td>
</tr>
<tr>
<td>Age 50-64 (N=1,120)</td>
<td>18.3</td>
<td>13.7</td>
<td>21.8</td>
<td>46.2</td>
</tr>
<tr>
<td>Age 65+ (N=956)</td>
<td>31.8</td>
<td>17.0</td>
<td>20.0</td>
<td>31.2</td>
</tr>
<tr>
<td>White, non-Hispanic (N=2,788)</td>
<td>18.9</td>
<td>12.4</td>
<td>20.3</td>
<td>48.4</td>
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<tr>
<td>Black, non-Hispanic (N=420)</td>
<td>10.1</td>
<td>13.9</td>
<td>34.0</td>
<td>42.0</td>
</tr>
<tr>
<td>Hispanic (N=566)</td>
<td>9.2</td>
<td>14.2</td>
<td>32.5</td>
<td>44.1</td>
</tr>
<tr>
<td>Other, non-Hispanic (N=342)</td>
<td>23.4</td>
<td>13.5</td>
<td>30.8</td>
<td>32.3</td>
</tr>
</tbody>
</table>

*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. Includes plans purchased through employer, insurance companies, marketplaces, military insurance, Medicare, Medicaid, VA, IHS, and “other.” *Labels for estimates <4% not shown.
COVID-19 Vaccination Concerns and Issues Among Adults ≥18 Years of Age by Receipt/Intent, Omnibus Surveys, November 2-26, 2023 (N=4,086)

- Received or definitely will get updated COVID-19 vaccine (N=1,246)
- Probably will get updated vaccine or unsure (N=1,012)
- Probably/definitely will not get updated vaccine (N=1,828)

*Option not offered to those who already received the updated vaccine.*
Among adults who **probably will get vaccinated** for COVID-19 vaccine or unsure:

- **More people are concerned about vaccine side effects** in 2023 compared to 2022
- **Effectiveness** remains a notable concern in 2023, but less prevalent among this group than in 2022
- **Vaccine fatigue** and **lack of provider recommendation** are among the top concerns and issues for not getting an updated COVID-19 vaccine

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**Observations**

An estimated 25% of adults say they "probably will get vaccinated or unsure" for the updated COVID-19 vaccine in the November 2023 data collection period (N=4,116). In November 2022, concerns about receipt of a bivalent COVID-19 vaccine was asked of all who had received one or more COVID-19 primary series vaccines, excluding respondents who had never received a COVID-19 vaccine and were therefore ineligible for the bivalent vaccine. In November 2023, concerns about receipt of an updated COVID-19 vaccine was asked of all respondents, as prior vaccination status was no longer a precondition for receiving an updated dose.

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**Top Concerns and Issues among Adults who Probably Will Get Vaccinated or Unsure**

<table>
<thead>
<tr>
<th>Issue</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Side effects</td>
<td>23%</td>
<td>31%</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>27%</td>
<td>12%</td>
</tr>
<tr>
<td>Vaccine fatigue</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>No provider rec.</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Had bad reaction</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Perceived natural immunity</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

* Denotes when the 95% confidence intervals do not overlap.

Omnibus Survey data collected in November 2022 and November 2023.
What were your specific concerns or issues related to the updated COVID-19 vaccine? Please describe in as much detail as you can. (Omnibus surveys, November 2023)

Probably will get or unsure (N=331 responses)

- Top concern mentioned: mild side effects (N=48)
  - Ten also mentioned having to plan around school, work, or important events

  - I felt like trash after every other COVID vaccine I got and I don't want to deal with that again

  - I'm just honestly too busy, I work 72 hours per week and it is manual labor, so I also can't have either arm working at less than 100%.

- N=26 said they have not had time to schedule appt and get one or they forget

- N=32 mentioned specific serious side effects (mostly heart-related) or pre-existing health issues

  - Just things that we have heard on the news about permanent heart damage

  - I was recently diagnosed with atrial fibrillation and have concerns due to it potentially causing blood clots and whether the vaccine has the potential to further increase that risk.

- N=37 worry about unknown side effects

  - My concern is the side effect of the Covid vaccine after so many years of getting it.

  - What are the long term effects and do they outweighs the benefits
What were your specific concerns or issues related to the updated COVID-19 vaccine? Please describe in as much detail as you can. (Omnibus surveys, November 2023)

Probably will get or unsure (N=331 responses)

- N=44 question the **effectiveness**
  - Is it effective or not? What does effective mean? It does not prevent COVID; vaccines typically prevent.
  - Concerned that the virus mutates way too fast. By the time we receive the dose, it's already ineffective for that strain.
  - Concerned about the side effects and if it's actually able to prevent someone from getting covid. I believe it's stupid to get a vaccine for something you'll still get.

- N=24 are **tired of getting shots**
  - They keep coming up with new vaccines, honestly, how many do we need?!
  - I had the covid shots and then 2 boosters and i feel that is sufficient.

- N=21 feel there is a **low risk** of serious illness in general or for them specifically
  - I am not sure if it is needed, I know the virus is still ongoing but since I have already had covid I wouldn’t think it’d be as bad to get anymore.
  - It seems to be evolving, as flu did after the 1918 world pandemic, into a more normal/less deadly ailment. I'll consider it more when I'm older.
COVID-19 Vaccination Concerns and Issues Among Adults ≥18 Years of Age, NIS-ACM

- Little or no difficulty getting the COVID-19 vaccine, regardless of vaccine status
- Higher vaccine confidence among those who have received a COVID-19 vaccine since Sept. 14th 2023 compared to those who have not
- Only 17-26% of respondents received a provider recommendation, but provider recommendation more widely reported among vaccinated individuals

National Immunization Survey Adult COVID Module (NIS-ACM) data collected through November 25, 2023, provide estimates about 10 weeks since the September 14, 2023, rollout of the 2023-24 COVID-19 vaccine.
Among adults who have not received a COVID-19 vaccine since September 14th 2023:

- Generally higher vaccine safety confidence and higher prevalence of provider recommendation for COVID-19 vaccine in Pacific and Northeast regions than in Mountain and Southern regions.
- Less than 1 in 4 received a provider recommendation, even in the highest quartile.
Knowledge of How to Get Free COVID-19 Vaccines Among Adults Age ≥18 Years, Omnibus Surveys, November 2-26, 2023 (N=4,123)

- Overall (N=4,123): 75.3%
- Insured (N=3,571): 78.1%
- Uninsured (N=336): 50.7%
- Heard about Bridge Program (N=722): 95.7%

Numbers in parentheses represent denominators for each bar.
Flu Vaccination Receipt and Intent Among Adults ≥18 Years of Age by Demographics, Omnibus Surveys, November 2-26, 2023 (N=4,121)

Received flu vaccine | Definitely will | Probably will or unsure | Probably/definitely will not
--- | --- | --- | ---
Overall (N=4,121) | 36.1 | 11.3 | 18.2 | 34.3
Male (N=2,060) | 34.0 | 11.9 | 18.7 | 35.4
Female (N=2,061) | 38.1 | 10.8 | 17.8 | 33.3
Age 18-49 (N=2,046) | 24.4 | 11.1 | 23.9 | 40.6
Age 50-64 (N=1,118) | 36.3 | 13.2 | 14.4 | 36.1
Age 65+ (N=957) | 63.0 | 9.8 | 9.3 | 17.9
White, non-Hispanic (N=2,792) | 39.3 | 10.3 | 15.7 | 34.7
Black, non-Hispanic (N=421) | 29.3 | 9.6 | 26.0 | 35.1
Hispanic (N=567) | 27.1 | 13.6 | 22.6 | 36.7
Other, non-Hispanic (N=341) | 40.8 | 16.0 | 16.8 | 26.4

- Urban (N=1,376)
  - 36.6 | 12.1 | 21.0 | 30.3
  - Suburban (N=2,027)
  - 37.5 | 11.4 | 16.4 | 34.7
  - Rural (N=718)
  - 30.9 | 9.4 | 18.4 | 41.3

- Income $24,999 or less (N=520)
  - 21.2 | 14.2 | 25.8 | 38.9
  - $25,000-$49,999 (N=729)
  - 30.4 | 10.7 | 18.9 | 40.0
  - $50,000-$74,999 (N=760)
  - 35.2 | 11.2 | 18.8 | 34.8
  - $75,000+ (N=2,112)
  - 42.7 | 10.8 | 15.7 | 30.9

- Northeast (N=676)
  - 39.1 | 11.6 | 18.1 | 31.3
  - Midwest (N=971)
  - 36.6 | 10.9 | 16.7 | 35.8
  - South (N=1,481)
  - 32.2 | 10.6 | 19.5 | 37.7
  - West (N=993)
  - 39.8 | 12.6 | 17.6 | 30.0

- Insured (N=3,571)
  - 39.0 | 11.7 | 17.4 | 31.9
- Uninsured (N=336)
  - 11.1 | 7.3 | 25.1 | 56.4

* 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. *Includes plans purchased through employer, insurance companies, marketplaces, military insurance, Medicare, Medicaid, VA, IHS, and “other.”
Flu Vaccination Concerns and Issues Among Adults ≥18 Years of Age by Receipt/Intent, Omnibus Surveys, November 2-26, 2023 (N=4,086)

- Received or definitely will get flu vaccine (N=2,005)
- Probably will get vaccine or unsure (N=696)
- Probably/definitely will not get vaccine (N=1,385)

*Option not offered to those who already received the updated vaccine.
Top Concerns and Issues among adults who Probably Will Get Vaccinated or Unsure, 2022 & 2023

Among adults who probably will get vaccinated for the flu vaccine or unsure:

- The most common concern/issue for not getting vaccinated is still haven’t gotten around to it or had time in 2023, but lower compared to 2022
- Other common concerns/issues noted are: ‘Not worried about flu,’ vaccine side effects, fatigue, and effectiveness

* Denotes when the 95% confidence intervals do not overlap.

Omnibus Survey data collected in December 2022 and November 2023.
An estimated 18% of adults say they “probably will get vaccinated or unsure” for the flu vaccine in the November 2023 data collection period (N=4,121).
Place of Flu Vaccination Among Adults ≥18 Years of Age Who Got a Vaccine This Season, Omnibus Surveys, November 9-26, 2023 (N=1,191)

- Doctor’s office or HMO: 26.4%
- Health department: 1.8%
- Other clinic: 3.0%
- Community center: 0.7%
- Store: 50.8%
- Hospital: 1.8%
- Workplace: 11.2%
- School: 1.0%
- Mobile/temporary vac. site: 1.3%
- Other: 2.0%
RSV Vaccination Receipt and Intent Among Adults ≥60 Years of Age by Demographics, Omnibus Surveys, November 2-26, 2023 (N=1,370)

Received RSV vaccine • Definitely will • Probably will or unsure • Probably/definitely will not

Overall (N=1,370)
- 14.3% Received
- 11.3% Definitely will
- 39.3% Probably will or unsure
- 35.1% Probably/definitely will not

Male (N=663)
- 15.5% Received
- 11.1% Definitely will
- 42.6% Probably will or unsure
- 30.8% Probably/definitely will not

Female (N=707)
- 13.3% Received
- 11.5% Definitely will
- 36.4% Probably will or unsure
- 38.7% Probably/definitely will not

Age 60-64 (N=414)
- 8.2% Received
- 10.0% Definitely will
- 43.4% Probably will or unsure
- 38.5% Probably/definitely will not

Age 65+ (N=956)
- 16.5% Received
- 11.8% Definitely will
- 37.8% Probably will or unsure
- 33.9% Probably/definitely will not

White, non-Hispanic (N=1,071)
- 14.9% Received
- 10.5% Definitely will
- 37.7% Probably will or unsure
- 37.0% Probably/definitely will not

Black, non-Hispanic (N=98)
- 11.5% Received
- 11.6% Definitely will
- 52.2% Probably will or unsure
- 24.8% Probably/definitely will not

Hispanic (N=126)
- 16.3% Received
- 14.5% Definitely will
- 33.6% Probably will or unsure
- 35.6% Probably/definitely will not

Other, non-Hispanic (N=75)
- 9.2% Received
- 13.7% Definitely will
- 47.3% Probably will or unsure
- 29.7% Probably/definitely will not

Urban¹ (N=389)
- 15.6% Received
- 14.1% Definitely will
- 44.2% Probably will or unsure
- 26.1% Probably/definitely will not

Suburban (N=728)
- 14.4% Received
- 10.6% Definitely will
- 38.3% Probably will or unsure
- 36.7% Probably/definitely will not

Rural (N=253)
- 11.8% Received
- 8.9% Definitely will
- 34.0% Probably will or unsure
- 45.3% Probably/definitely will not

Income $24,999 or less (N=132)
- 16.6% Received
- 14.8% Definitely will
- 32.1% Probably will or unsure
- 36.5% Probably/definitely will not

$25,000-$49,999 (N=265)
- 11.2% Received
- 11.2% Definitely will
- 40.3% Probably will or unsure
- 37.4% Probably/definitely will not

$50,000-$74,999 (N=295)
- 13.0% Received
- 11.0% Definitely will
- 36.9% Probably will or unsure
- 39.0% Probably/definitely will not

$75,000+ (N=678)
- 15.7% Received
- 10.7% Definitely will
- 41.7% Probably will or unsure
- 31.8% Probably/definitely will not

Northeast (N=244)
- 16.8% Received
- 8.1% Definitely will
- 36.2% Probably will or unsure
- 39.0% Probably/definitely will not

Midwest (N=298)
- 16.8% Received
- 11.1% Definitely will
- 40.7% Probably will or unsure
- 31.4% Probably/definitely will not

South (N=484)
- 11.4% Received
- 11.6% Definitely will
- 39.3% Probably will or unsure
- 37.7% Probably/definitely will not

West (N=344)
- 15.1% Received
- 13.9% Definitely will
- 40.7% Probably will or unsure
- 30.3% Probably/definitely will not

Insured² (N=1,279)
- 15.2% Received
- 11.6% Definitely will
- 39.1% Probably will or unsure
- 34.2% Probably/definitely will not

Uninsured³ (N=31)
- 1% Received
- 37.0% Definitely will
- 61.1% Probably will or unsure
- 1% Probably/definitely will not

¹NORC 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. ²Includes plans purchased through employer, insurance companies, marketplaces, military insurance, Medicare, Medicaid, VA, IHS, and “other.” ³Labels for estimates <4% not shown.
RSV Vaccination Concerns and Issues Among Adults ≥60 Years of Age by Receipt/Intent, Omnibus Surveys, November 2-26, 2023 (N=1,363)

*Option not offered to those who already received the updated vaccine.
If you were due for them and they were offered, would you get more than one of these vaccines in the same visit (COVID-19, Flu, RSV)?

Results among adults ≥18 years of age open to getting at least two vaccines, Omnibus Surveys, November 2-26, 2023 (N=2,215)

Overall (N=2,215) - 68.2%
Age 60+ (N=998) - 62.1%
Age 18-59 (N=1,217) - 72.7%

Among respondents who already got, definitely/probably will, or are unsure if they will get the vaccines. Numbers in parentheses represent denominators for each bar.
Vaccine Coadministration Concerns Among Adults ≥18 Years of Age Who Would Not Get COVID-19 and Flu Vaccines During the Same Visit, Omnibus Surveys, November 2-26, 2023

Among Adults Ages 18-59 Years Who Would Not Get COVID-19 and Flu Vaccines During the Same Visit

- More side effects (N=312): Major reason 52.8%, Minor reason 27.6%, Not a reason 19.6%
- Safety (N=313): Major reason 32.2%, Minor reason 32.6%, Not a reason 35.2%
- Couldn't tell apart reactions to each vaccine (N=312): Major reason 29.4%, Minor reason 36.9%, Not a reason 33.7%
- Take each at the right time (N=313): Major reason 19.8%, Minor reason 32.3%, Not a reason 47.9%
- Less effective (N=312): Major reason 12.8%, Minor reason 26.7%, Not a reason 60.4%

Among Adults ≥60 Years of Age Who Would Not Get COVID-19, Flu, and/or RSV Vaccines During the Same Visit

- More side effects (N=369): Major reason 59.7%, Minor reason 25.4%, Not a reason 14.9%
- Couldn't tell apart reactions to each vaccine (N=367): Major reason 50.7%, Minor reason 27.8%, Not a reason 21.4%
- Safety (N=368): Major reason 43.5%, Minor reason 36.6%, Not a reason 19.9%
- Take each at the right time (N=365): Major reason 32.6%, Minor reason 28.6%, Not a reason 38.8%
- Less effective (N=366): Major reason 18.0%, Minor reason 26.1%, Not a reason 55.8%
Key Takeaways – COVID-19

• 76% of adults who already received or definitely will get an updated COVID-19 vaccine, and 36% of those who probably will or are unsure if they will get one, had no concerns or issues.

• Top concerns and issues about the updated COVID-19 vaccine among those who probably will or are unsure if they will get one are side effects (both mild and serious) and effectiveness, as well as vaccine fatigue and low risk perception.

• Only 17-26% of respondents received a provider recommendation, but provider recommendation was more widely reported among vaccinated individuals.

• 75.3% of all adults ≥18 years of age said they know how to get a free COVID-19 vaccine.
  • About half of uninsured adults said they know how to get a free COVID-19 vaccine, compared to almost 4 in 5 insured adults.
  • Among all adults who had heard about the Bridge Access Program, 95.7% said they know how to get a free vaccine.
Key Takeaways - Flu

• 79% of adults who already received or definitely will get a flu vaccine, and 32% of those who probably will or are unsure if they will get one, had no concerns or issues.

• Among adults who probably will or are unsure if they will get a flu vaccine, the top issue was they haven’t gotten around to it or haven’t had time.

• Fewer are concerned about side effects and effectiveness of the flu vaccine compared to COVID-19 vaccine.

• About half of adults who received a flu vaccine got one in a store (including pharmacies). About 1 in 4 got one in a doctor’s office or HMO, and about 1 in 10 got one at their workplace.
Key Takeaways - RSV

- 85% of adults who already received or definitely will get an RSV vaccine, and 37% of those who probably will or are unsure if they will get one, had no concerns or issues. Even among those who probably or definitely do not plan to get vaccinated, 30% had no concerns or issues.
- Almost 40% of adults ≥60 Years of age say they probably will or are unsure if they will get an RSV vaccine, suggesting uncertainty about this new vaccine persists.
- Lack of provider recommendation is a top concern or issue for those who probably will, are unsure if they will, probably will not get, or definitely will not get an RSV vaccine.
- One in four of the most reluctant group said they are ‘not worried about RSV.’
Key Takeaways - Coadministration

• Most adults are **open to receiving multiple vaccines** in the same visit.
• This is especially true of younger adults ages 18-59, who are more likely to report being busy as a reason they haven’t gotten a flu or COVID-19 vaccine.
Data for this analysis were collected through the IPSOS KnowledgePanel and NORC AmeriSpeak Omnibus Surveys, which use probability-based panels to survey a nationally representative sample of U.S. adults aged 18 years and older.

CDC fields questions about vaccination status, intent, knowledge, attitudes, beliefs, and behaviors on each survey for 2 waves each month, for a combined sample size of ~4,000 respondents.

- These slides present combined results from November 2023 (N=4,135).

Data were weighted to represent the non-institutionalized U.S. population and mitigate possible non-response bias. All responses are self-reported.
National Immunization Survey-Adult COVID Module (NIS-ACM) Methods

- The NIS-ACM is a random-digit-dial cellular telephone survey of adults age ≥18 years in the U.S.
- Respondents are sampled within all 50 states, District of Columbia, five local jurisdictions (Bexar County TX, Chicago IL, Houston TX, New York City NY, and Philadelphia County PA), Puerto Rico and the U.S. Virgin Islands.
- Data are weighted to represent the non-institutionalized U.S. population.
  - Estimates from the NIS-ACM may differ from estimates based on other data sources, and are subject to errors resulting from incomplete sample frame (exclusion of households without cell phones), selection bias (survey respondents may be more likely to be vaccinated than non-respondents), and errors in self-reported vaccination status. Estimates are weighted to selected sociodemographic characteristics of the U.S. population to reduce possible bias from incomplete sample frame and selection bias.
- All responses are self-reported.
- Additional information available at: About the National Immunization Surveys
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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