

## Policy Brief - 10<sup>th</sup> January 2021

# 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 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.

Project Partner:

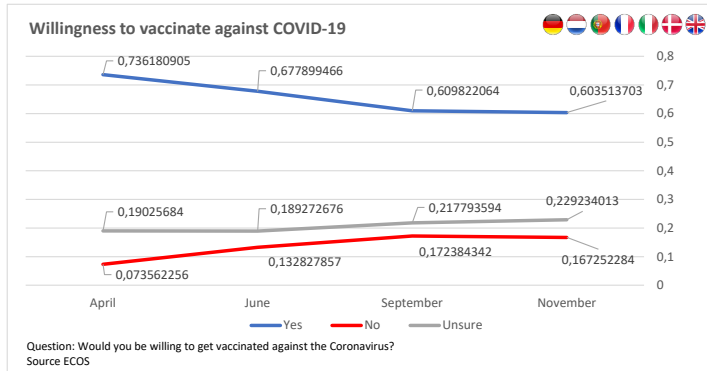
## Methods

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 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. 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

## References

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- [3] Neumann-Böhme, S., Varghese, N.E., Sabat, I. et al. Once we have it, will we use it? A European survey on willingness to be vaccinated against COVID-19. Eur J Health Econ 21, 977–982 (2020). <https://doi.org/10.1007/s10198-020-01208-6>

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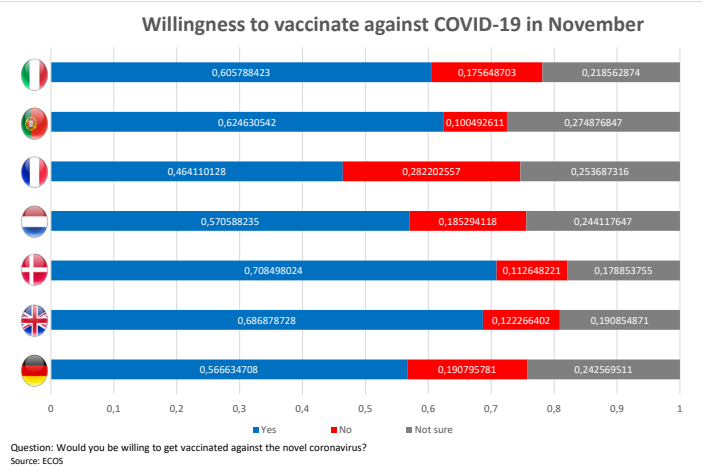


## Policy Relevance of Research

- In order to achieve herd immunity through vaccination a sizeable proportion of the population needs to be convinced to get vaccinated against COVID-19
- 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 a vaccination, so that an information campaign could highlight the benefits and inform about the concerns

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.

Figure 2: Willingness to vaccinate across 7 European countries



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. 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.