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PUBLIC VIEWS OF COVID-19 VACCINATION IN SEVEN EUROPEAN COUNTRIES: OPTIONS FOR RESPONSE

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PURPOSE

The purpose of this study was to evaluate how lay publics in selected European countries acquire, interpret, and act on information concerning COVID-19 vaccination, in order to develop options for decision makers to consider for promoting the vaccine in the EU/EEA. Public understanding of COVID-19 vaccination is crucial in a pandemic that has been widely described as an “infodemic” (excessive information that spreads rapidly, is deliberately or inadvertently misleading, and impedes lay publics from taking appropriate action during public health emergencies)[1-4].

KEY MESSAGES AND POLICY OPTIONS

- 1. MESSAGES FOCUSING ON THE MANY BENEFITS OF MASS VACCINATION COULD BE CONSIDERED**
Our study found that those who plan to accept COVID-19 vaccination raise its individual, familial and societal benefits and its capacity to assist citizens in resuming their daily lives and countries in restoring economic activity. Consideration could be given to emphasising these vaccine benefits in communication strategies[5].
- 2. TARGETED MESSAGES MAY SPEAK MORE EFFECTIVELY TO CERTAIN CONCERNS ABOUT SAFETY**
Our findings show questions and concerns about the safety and necessity of the COVID-19 vaccine. Tailoring messages to show that the risks of COVID-19 disease outweigh those of the vaccine is of critical importance, particularly to reassure those who would refuse or are uncertain to accept vaccination. Messages could also reassure people that vaccine trials have been subjected to all normal safety measures.
- 3. SUPPORT HEALTH CARE WORKERS TO PROMOTE VACCINATION**
Our results show that trust in physicians and nurses is consistently high across the countries, while confidence in other sources of scientific information (traditional media, blogs, social media, personal networks) is mixed. Health care workers could be supported to promote public health messages about vaccine safety and uptake.
- 4. WORK WITH JOURNALISTS FROM A RANGE OF MEDIA TO FACILITATE ACCURATE AND COMPREHENSIVE COVERAGE OF VACCINATION ISSUES**
Our findings revealed a relative lack of confidence in traditional and online media as sources of information, compared to medical personnel. Working with journalists to frame accurately and appropriately the benefits, risks and uncertainties concerning the vaccine will be of critical importance.

FINDINGS

The survey found that projected COVID-19 vaccine acceptance is variable, and in some populations not sufficiently high to achieve herd immunity[6]. The data indicated that between 44% and 66% of respondents in the participating countries would accept a COVID-19 vaccine, if it is found to be safe and effective and provided free-of-charge (Table 1).

Acceptance of COVID-19 vaccination appears related to perceptions that the vaccine is safe and necessary. Spanish (47%) and Italian (46%) respondents believed COVID vaccines were “not dangerous”, expressing considerably higher confidence in the vaccines than respondents from the other countries. Across all countries, more men (43%) than women (32%) on average tended to conclude that a vaccine would not be dangerous. Open-text responses from France, Italy, and Spain explaining acceptance of a COVID-19 vaccine indicated that those accepting vaccination emphasized the benefits of protecting their health and that of loved ones and society. They also highlighted the importance of vaccination to put an end to the pandemic, to resume “normal life”, and to “restore the economy.” Nonetheless, many respondents indicating that they would accept a vaccine cautioned that they would only do so if it were shown to be safe.



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Table 1. If a scientific study found a COVID-19 vaccine to be effective and safe, and it was provided free-of-charge to all in your country, would you take it, or not?

	France	Germany	Belgium	Italy	Spain	Sweden	Ukraine	Total
Yes	44%	56%	58%	66%	58%	56%	61%	56%
No	28%	22%	18%	13%	16%	19%	16%	19%
Don't know/ Prefer not to say	28%	22%	24%	21%	26%	26%	23%	24%
Total	n=1000	n=1000	n=1000	n=1000	n=1000	n=1000	n=1000	n=7000

FINDINGS (CONT.)

Vaccine **safety concerns** were important in all countries, with 50% of respondents from France, 49% from Spain, and 42% from Sweden convinced that safety considerations were being bypassed in vaccine development. French (26%), German (35%), and Belgian (38%) respondents were also least likely to conclude that a “**scientifically approved**” COVID-19 vaccine would “**not be dangerous**”. In 5 of 7 countries (Germany, Belgium, Italy, Spain, Sweden), the **35-44 age group remained the least convinced** of this claim. In all countries except for France, respondents with primary or secondary **education** were similarly least convinced of this claim. Our analyses of open-text responses in Italy, France,

Although trust in medical personnel was consistently high across all countries, **mistrust of global and national authorities and pharmaceutical companies**, who were purported to **pursue financial and political interests** and not those of public health, was widely expressed. Open text responses from Italy, France, and Spain evoked the “**Plandemic**” – what they perceived as a planned pandemic **to exert control** over the world’s populations. Between 12% (France) and 18% (Ukraine) of respondents believed that a COVID-19 vaccine would contain ‘microchips’ to control European populations, and between 9% (Sweden) and 22% (Ukraine) neither agreed nor disagreed with this claim.



and Spain emphasized the perceived **danger** of a COVID vaccine in some people’s minds – that it was “poison” or would cause **short- or long-term adverse effects**.

Uncertainty about or refusal of a COVID vaccine also appears related to a sense that vaccination was **unnecessary**. French (56%), German (59%), and Swedish (59%) respondents were least likely to agree that being infected with COVID-19 would have a “major effect” on their lives. Text responses from France, Italy and Spain showed that **vaccine refusers** believed that the vaccine was unnecessary, either because they **did not believe they were at risk for COVID-19** or because they **took other precautions** (e.g. healthy diets or vitamins) to protect their health.

METHODS FOR DATA COLLECTION

Our findings are based on an **online survey conducted from 4 to 16 December 2020 among 7000 respondents in seven European countries**: Belgium, France, Germany, Italy, Spain, Sweden, and Ukraine. Carried out by Ipsos, the survey was implemented among panels of 1000 respondents **between ages 18 and 65** in each country. The respondent sample was **stratified by gender, age, and geographical region**. The survey also contained open text boxes, providing opportunities for respondents to explain at further length their answers. **To develop the survey questions, we followed European debates in English and French on Twitter.**

REFERENCES

- ¹Okan, O., et al., Coronavirus-Related Health Literacy: A Cross-Sectional Study in Adults during the COVID-19 Infodemic in Germany. *Int J Environ Res Public Health*, 2020. 17(15).
- ²WHO, Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV), Interim guidance v2. 2020.
- ³Orso, D., et al., Infodemic and the spread of fake news in the COVID-19-era. *Eur J Emerg Med*, 2020. 27(5): p. 327-328.
- ⁴Zarocostas, J., How to fight an infodemic. *Lancet*, 2020. 395(10225): p. 676.
- ⁵Lewandowsky, S., Cook, J., Schmid, P., Holford, D. L., Finn, A., Leask, J., Thomson, A., Lombardi, D., et al., The COVID-19 Vaccine Communication Handbook. A practical guide for improving vaccine communication and fighting misinformation. 2020.
- ⁶Fontanet, A. and S. Cauchemez, COVID-19 herd immunity: where are we? *Nat Rev Immunol*, 2020. 20(10): p. 583-584.

