

# Survey finds just 40 percent of adults 'absolutely certain' they will get H1N1 vaccine

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In a new survey, Harvard School of Public Health (HSPH) researchers found that just 40% of adults are "absolutely certain" they will get the H1N1 vaccine for themselves, and 51% of parents are "absolutely certain" that they will get the vaccine for their children. The survey examined the reasoning among those who said they would not get the vaccine or might not. This is the latest in a series of surveys of public views concerning the H1N1 flu outbreak undertaken by the Harvard Opinion Research Program at HSPH. The polling was done September 14-20, 2009.

## Public Mixed on Getting Vaccine, but Interest May Jump If Outbreak Is Severe

About six in ten adults are not "absolutely certain" they will get the [H1N1](#) vaccine for themselves, including 41% who say they will not get it, 6% who say they don't know if they will get it, and 11% who say they are planning to get it but may change their mind. About four in ten [parents](#) (44%) are not "absolutely certain" that they will get the vaccine for their children, including 21% who will not get it, 7% who don't know, and 16% who say they are planning to get it but may change their mind.

If there were people in their community who were sick or dying from H1N1, roughly six in ten adults (59%) who say they do not think they'll

get the vaccine would change their mind and get it for themselves. About the same percentage of parents (60%) who say they do not think they'll get the vaccine for their children would change their minds if H1N1 was causing sickness or death in their community.

"These findings suggest that [public health](#) officials need to be prepared for a surge in demand for the H1N1 vaccine if the H1N1 [flu](#) becomes more severe," said Robert J. Blendon, Professor of Health Policy and Political Analysis at HSPH.

## **Major Reasons for Not Getting Vaccine or Being Unsure**

Those who were not "absolutely certain" they will get the H1N1 vaccine cited the following as the top "major" reasons for their thinking: (1) they are concerned about getting side effects from the vaccine (30%); (2) they don't think they are at risk of getting a serious case of the illness (28%); and (3) they think they could get medication to treat H1N1 if they do get sick (26%). The top "major" reasons cited by parents who are not "absolutely sure" they will get the vaccine are that (1) they are concerned about side effects of the vaccine (38%); (2) they are concerned that their children could get other illnesses from the vaccine (33%); and (3) they do not trust public health officials to provide correct information about the safety of the vaccine (31%).

"There's still a lot of uncertainty about what people will ultimately do in terms of getting the vaccine. If public health officials want to encourage a larger number of people to get vaccinated this fall, they will need to address the public's concerns in the coming weeks," said Blendon.

## **Safety Concerns**

At this point in time, only about a third (33%) of the public sees the H1N1 vaccine as very safe "generally for most people to take." By comparison, the figure is 57% for the seasonal flu vaccine. A smaller fraction of the public thinks the H1N1 vaccine is very safe for particular groups to take, including children ages 6 months to 2 years (18%) and pregnant women (13%). The Centers for Disease Control is encouraging these groups, among others, to get the [vaccine](#) as early as possible.

## Concerns About Outbreak on the Rise

Public concern about a fall or winter outbreak of H1N1 has risen since June. Roughly three-quarters of the public (76%) believe there will be widespread cases of H1N1 this fall or winter with people getting very sick, which is an increase from June when only 59% felt the same way. More people are also now concerned that they or someone in their immediate family will get sick from H1N1 during the next 12 months (52% in later September, as compared to 38% in June). Roughly two-thirds of people (64%) think that public health officials' concerns about a possible outbreak have been justified, while one third (31%) think that they have been overblown.

This poll is part of a series of polls about the way that Americans and their institutions are responding to the H1N1 flu outbreak. The first three focus on the American public, and the fourth focuses on views of businesses across the United States.

## Methodology

This poll is part of an on-going series of surveys focused on the public and biological security by the Harvard Opinion Research Program (HORP) at Harvard School of Public Health. The study was designed and analyzed by researchers at the Harvard School of Public Health

(HSPH). The project director is Robert J. Blendon of the Harvard School of Public Health. The research team also includes Gillian K. SteelFisher, John M. Benson, and Kathleen J. Weldon of the Harvard School of Public Health, and Melissa J. Herrmann of SSRS/ICR. Fieldwork was conducted via telephone (including both landline and cell phone) for HORP by SSRS/ICR of Media (PA) September 14-20, 2009.

The survey was conducted with a representative national sample of 1,042 adults age 18 and over, including oversamples of non-Hispanic African Americans and Hispanics. Altogether, 144 non-Hispanic African Americans and 126 Hispanics were interviewed. In the overall results, these groups were weighted to their actual proportion of the total adult population.

The margin of error for the total sample is plus or minus 3.7 percentage points. Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to the most recent Census data available from the Current Population Survey for gender, age, race, education, region, and number of adults in the household. Other techniques, including random-digit dialing, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.

Source: Harvard School of Public Health ([news](#) : [web](#))

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