As more US adults intend to have COVID vaccine, national study also finds more people feel it's not needed
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People who had previously had COVID-19, or were unsure if they’d had it, were also less likely to intend to get vaccinated.

Overall, though, people who are reluctant toward the vaccine only represents around 10% of the US public. Who, according to the findings of this survey, quote not trusting the government (40%) or not trusting the efficacy of the vaccine (45%) as to their reasons for not wanting the vaccine.

As for the larger group—those stating they would probably by jabbed but haven't been so yet—they state reasons as to not having it so far as:

- plan to wait and see (55%)
- concern about possible side effects (51%),
- belief that other people need it more (36%).

The results provide timely information on disparities in vaccine confidence. And lead author Dr. Kimberly Nguyen of Tufts University School of Medicine, Boston, says she hopes the results can inform and target efforts to improve vaccine uptake across all communities.

"Highlighting vaccines as important for resuming work, school, and social activities is critical to preventing the spread of COVID-19 incidence and bringing an end to the pandemic," she said.

"Also, communicating to the public about the need for vaccination despite a history of COVID infection is also important since it remains uncertain if infection provides immunity and if so, how long this protection will last."

Vaccines are a huge step forward in overcoming the pandemic, but successful implementation of a vaccination program depends upon their uptake. As of 8 August 2021, 181 million, or more than 70% of
US adults aged 18 or older had received at least one dose of a COVID-19 vaccine. But in recent months, the US vaccination rate has slowed down considerably despite widespread vaccine availability.

Previous studies carried out in September and December 2020, suggested only 50% of US adults planned to get a COVID-19 vaccine once it was available to them.

Dr. Nguyen and her co-authors (Ms Nguyen, Dr. Corlin, Dr. Allen, and Dr. Chung) examined changes in vaccine uptake and willingness to get vaccinated by sociodemographic characteristics and geographic areas from 6 January to 29 March 2021 using data collected in the US Census Bureau's Household Pulse Survey involving 75,000 respondents.

The results showed that receipt of at least one dose of a COVID-19 vaccine and definite intent to get vaccinated increased from 54.7% to 72.3%. However, intent varied:

- Older adults were more likely to intend to get vaccinated compared to those aged 18–49 years.
- Non-Hispanic Asian and Hispanic adults were more likely to get vaccinated compared to non-Hispanic white adults. However, non-Hispanic black adults and adults of other/multiple races were less likely to get vaccinated.
- Adults with less education, lower incomes, or no health insurance were less likely to intend to get vaccinated.

"In addition to age and racial/ethnic differences in COVID-19 vaccine intentions, disparities continue to exist among vulnerable populations, such as among individuals with lower levels of education and income. Providing clear messages on vaccine safety and effectiveness is important for increasing vaccination uptake and confidence among these groups," said Nguyen.

Vaccination receipt and intent increased from early January to late March across all geographical regions, but this continued to be the lowest in Region 4 (southeastern states—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee) compared to all other regions.

The highest increase of intent to have the vaccine, by a group of people, was among non-Hispanic black adults (a 30.3 percent increase).

"Lower vaccination and intent among these southeastern states may be driven by access issues, such as vaccine supply, vaccination clinic availability, lack of prioritization of vulnerable groups, or vaccine hesitancy," said Nguyen.

"Potential ways to increase COVID-19 vaccine coverage and intent include increasing confidence in vaccines among vulnerable groups, monitoring and addressing barriers to vaccination, directing vaccines to vulnerable communities, offering free transportation to vaccination sites or opening sites at more accessible locations, and engaging communities to build trust and collaboration. More efforts are needed to understand these differences among states to identify best practices for improving vaccine uptake."

As with all research, the findings of this study include limitations. This includes that this sample potentially might not be fully representative of the general U.S. adult population.


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