Covid-19 Social Study

Results Release 43

Focus on booster vaccinations

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The project has also benefitted from funding from UK Research and Innovation and the Wellcome Trust. The researchers are grateful for the support of a number of organisations with their recruitment efforts including: the UKRI Mental Health Networks, Find Out Now, UCL BioResource, HealthWise Wales, SEO Works, FieldworkHub, and Optimal Workshop.

Executive summary

Background

This report provides data from the UK Covid-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic. The data in this report provides an update on previous findings with data collected from 31,151 study participants in the first week of January 2022 to capture experiences during the wave of infections led by the Omicron variant, with a special focus on booster vaccinations.

In this FORTY-THIRD report, we present simple descriptive results on how behaviours, attitudes and concerns around Covid-19 vary depending on vaccination status. Measures include:

1. Engagement in precautionary behaviours depending on booster vaccination
2. Future concerns about Covid-19 depending on booster vaccination
3. Willingness to receive a potential future fourth Covid-19 vaccination (2nd booster)

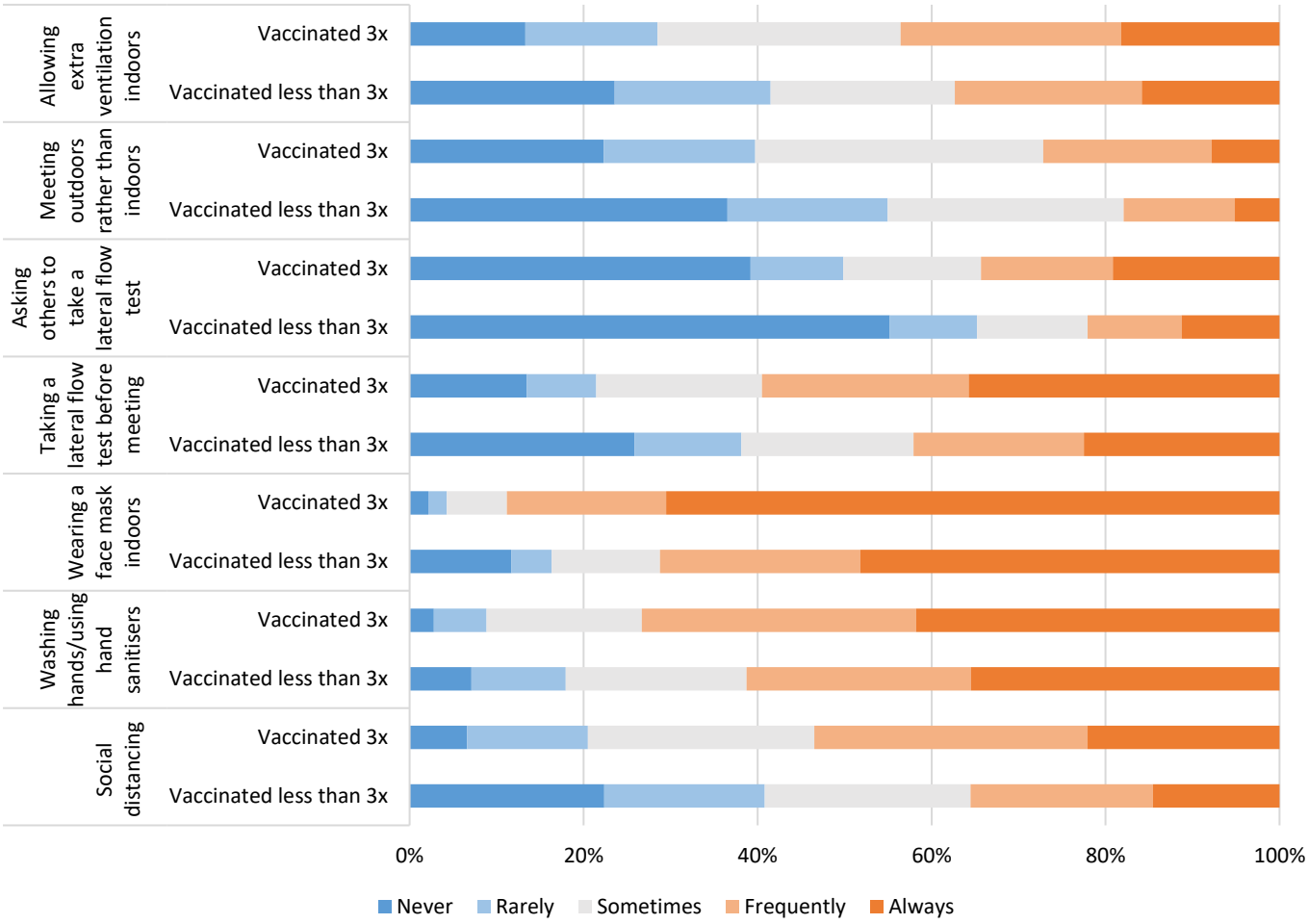
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary weights to the national census and Office for National Statistics (ONS) data. Full methods and demographics for the sample included in this report are reported in the Appendix and at https://osf.io/jm8ra/.

Findings

- People who are booster vaccinated were more likely to engage in all precautionary behaviours than people who had received fewer than 3 vaccinations over the Christmas period. Specifically, people who were booster vaccinated were more likely to frequently or always practise social distancing when meeting others (53% vs 35%), wash their hands or use hand sanitiser (73% vs 61%), wear masks in public spaces (89% vs 71%), take lateral flow tests before meeting others (59% vs 42%), ask others to take lateral flow tests (34% vs 22%), meet outdoors rather than indoors (27% vs 18%), and open windows when meeting indoors (44% vs 37%). This suggests that booster vaccination does not diminish the likelihood that people will engage in other precautionary behaviours.
- Overall, people who are booster vaccinated are more concerned about Covid-19 than people who have received fewer than 3 vaccinations, including more concerned about them or their friends and family catching Covid-19, the potential for developing Long Covid, the impact on the NHS, new variants emerging, or cases increasing.
- However, people who have received 0, 1 or 2 vaccinations (as opposed to 3) are more worried about the possibility that future vaccinations will be recommended. This worries 1 in 2 people who have not had a booster compared to around 1 in 7 people who are booster vaccinated.
- Similarly, 1 in 2 people who are not booster vaccinated said at the start of the year they are worried about more social restrictions in the future compared to 1 in 3 people who are booster vaccinated.
- We asked participants how likely they were to get a further (4th) Covid-19 vaccine if one is offered in the future (i.e. a second booster). Amongst all adults, 77% reported they would be highly likely to get a further vaccination whilst 1 in 10 (11%) reported they would be unlikely to do so.
- Amongst people who have already received three vaccinations, there were indications that some would be unwilling to get a further fourth vaccination in the future. The full findings from these analyses are shown in a new paper accepted and in press in Lancet Regional Health Europe (preprint: https://www.medrxiv.org/content/10.1101/2021.12.17.21267941v1).
- People who reported being less certain about future vaccinations were more likely to be younger, have lower household income, have lower educational attainment, and be physically healthy (see descriptive figures 4a-d). Other socio-demographic and health-related predictors are outlined in the full paper referenced above.

1.1 Vaccination status & Covid-19 precautionary measures

Figure 1 Covid-19 precautionary measures by vaccination status



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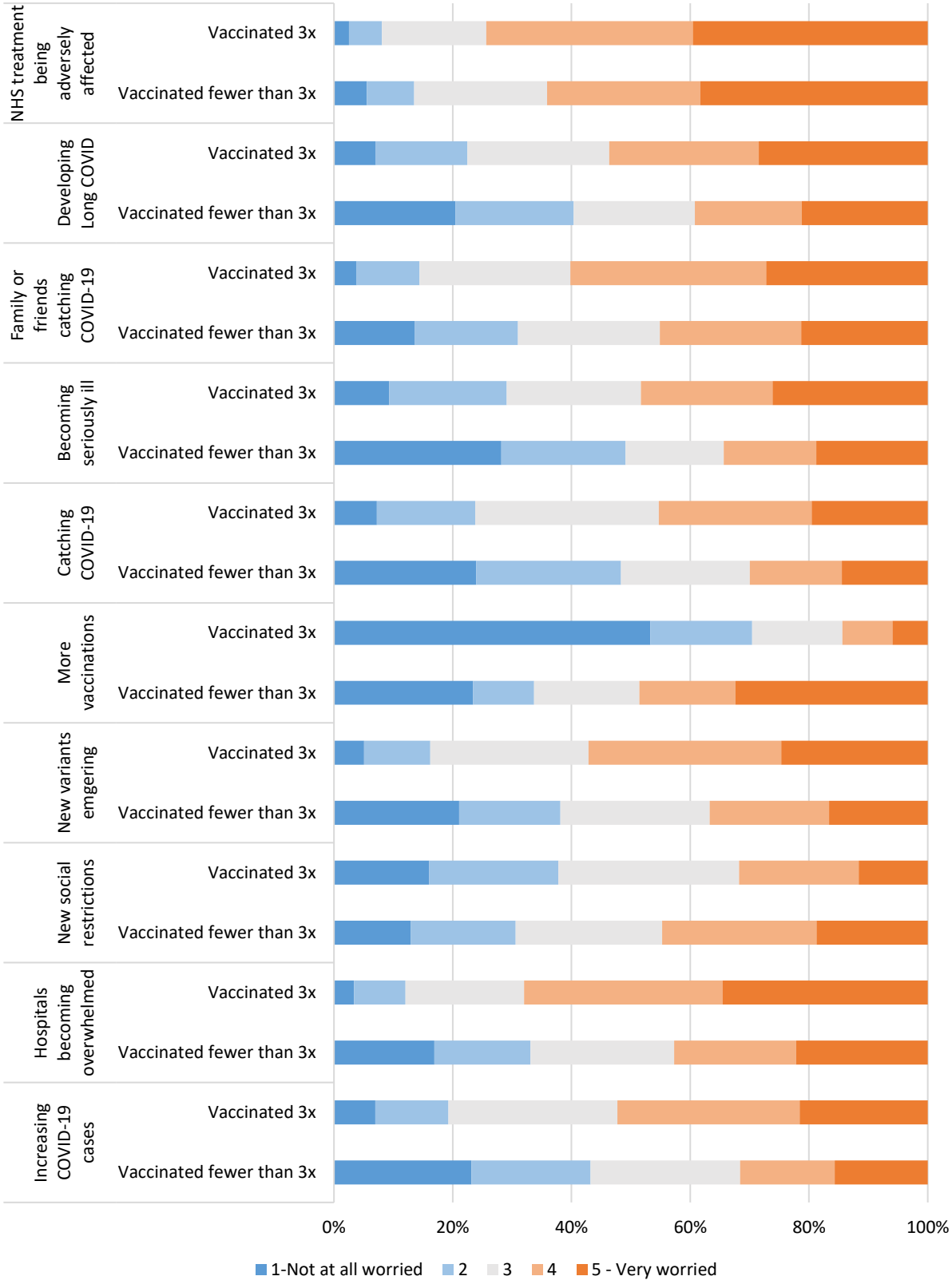
We asked participants what measures they had undertaken to reduce their risk of catching or spreading Covid-19 over the Christmas period (20th December to 3rd January). Responses included (i) Social distancing (maintaining a safe physical distance); (ii) Washing hands thoroughly with soap and water or use a hand sanitising gel after any possible contact with people outside of one's household or shared surfaces; (iii) Wearing a face mask or other face covering in public indoor locations; (iv) Taking a lateral flow test before meeting others; (v) Asking other people to take a lateral flow test before meeting with them; (vi) Meeting outdoors rather than indoors; and (vii) Opening windows or doors in indoor spaces to provide extra ventilation. Responses were on a 5-point scale from Never to Always.

People who were booster vaccinated were more likely to engage in all precautionary behaviours than people who had received fewer vaccinations. People who were booster vaccinated were more likely to frequently or always social distance when meeting others (53% vs 35%), wash their hands or use hand sanitiser (73% vs 61%), wear masks in public spaces (89% vs 71%), take lateral flow tests before meeting others (59% vs 42%), ask others to take lateral flow tests (34% vs 22%), meet outdoors rather than indoors (27% vs 18%), and open windows when meeting indoors (44% vs 37%). This suggests that booster vaccination does not diminish the likelihood that people will engage in other precautionary behaviours; indeed, those who are less vaccinated or un-vaccinated are more likely both to catch and spread Covid-19.

1.2 Vaccination status & future concerns about Covid-19

Figure 2 Future concerns about Covid-19 by vaccinations status

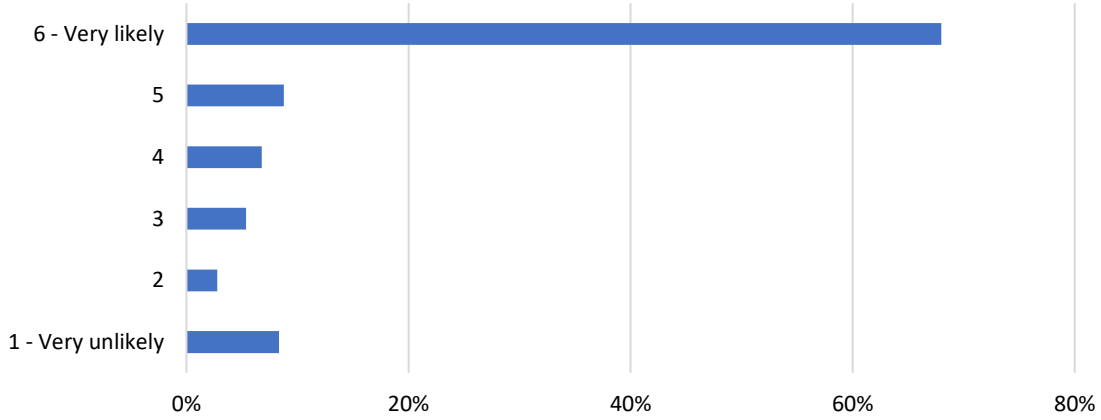


We asked participants how worried they are about any of the following potentially happening over the coming 3 months: (i) cases of Covid-19 increasing further; (ii) hospitals becoming overwhelmed by Covid-19-; (iii) new social restrictions coming in; (iv) new variants emerging; (v) being asked to have more vaccinations; (vi) catching Covid-19; (vii) becoming seriously ill from Covid-19; (viii) family or friends catching Covid-19; (ix) developing Long Covid; and (x) non-Covid-19 NHS treatment being cancelled, postponed or otherwise adversely affected. Participants rated their concerns on a scale of 1 to 5 with 1 indicating “not at all worried” and 5 indicating “very worried”.

Overall, people who are booster vaccinated are less concerned about all of these factors than people who have received fewer than 3 vaccinations, with the exception of more vaccinations being required in the future (which worries 1 in 2 people who have not had a booster compared to around 1 in 7 people who are booster vaccinated. Similarly, 1 in 3 people who are booster vaccinated are worried about more social restrictions coming in compared to nearly 1 in 2 people who are less vaccinated.

1.3 Willingness to receive future booster vaccinations

Figure 3 Willingness to receive future booster vaccinations (amongst all adults in the sample)



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We asked participants how likely they were to get a further (4th) Covid-19-booster vaccine if one is offered in the future. Responses were on a scale of 1-6 with 1 being "very unlikely" and 6 being "very likely".

77% reported they would be highly likely to get a further vaccination (score of 5-6 out of 6), whilst 1 in 10 (11%) reported they would be unlikely to do so (score of 1-2 out of 6). When restricting the sample just to people who had already received 3 vaccinations, 92% are willing to receive another vaccine, whilst 4% are undecided and 4% are unsure. The full findings from these analyses are shown in a new paper accepted and in press in Lancet Regional Health Europe (preprint: https://www.medrxiv.org/content/10.1101/2021.12.17.21267941v1).

People who reported being less certain about future vaccinations were more likely to be younger, have lower household income, have lower educational attainment, and be physically healthy (see descriptive figures 4a-d). Other socio-demographic and health-related predictors are outlined in the full paper referenced above.

Figure 4a Future booster vaccinations willingness by age group

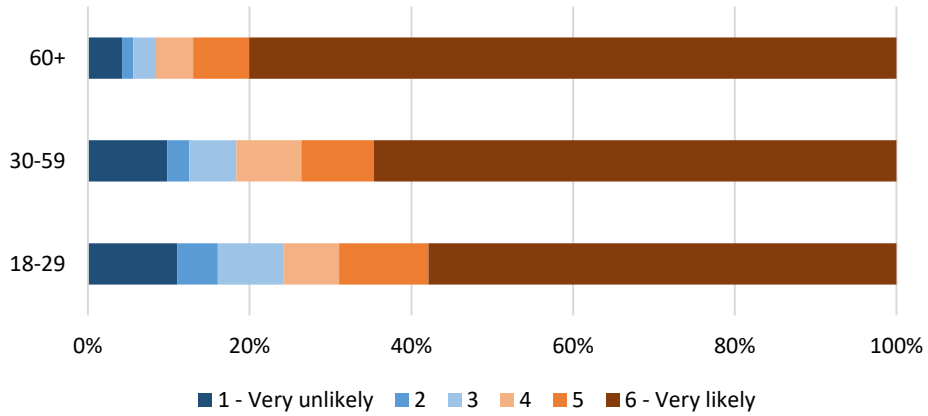


Figure 4b Future booster vaccinations willingness by nation

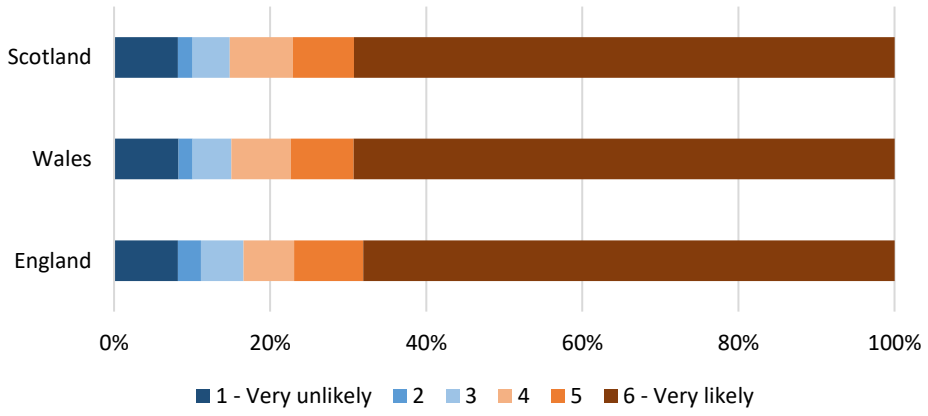


Figure 4c Future booster vaccinations willingness by household income

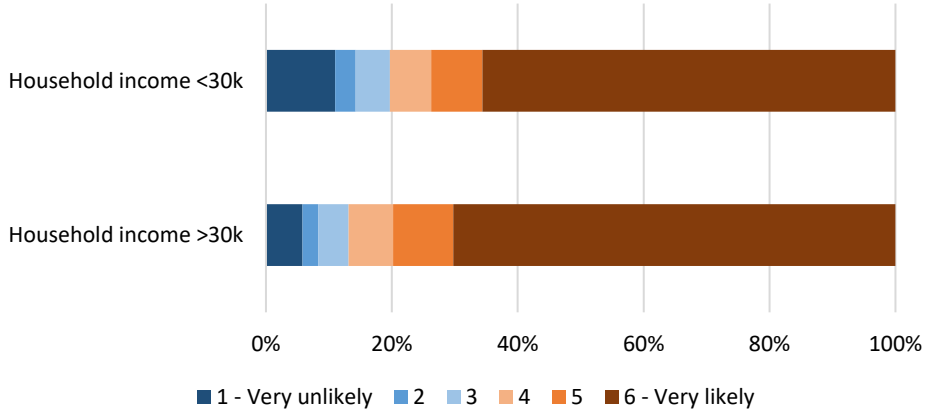
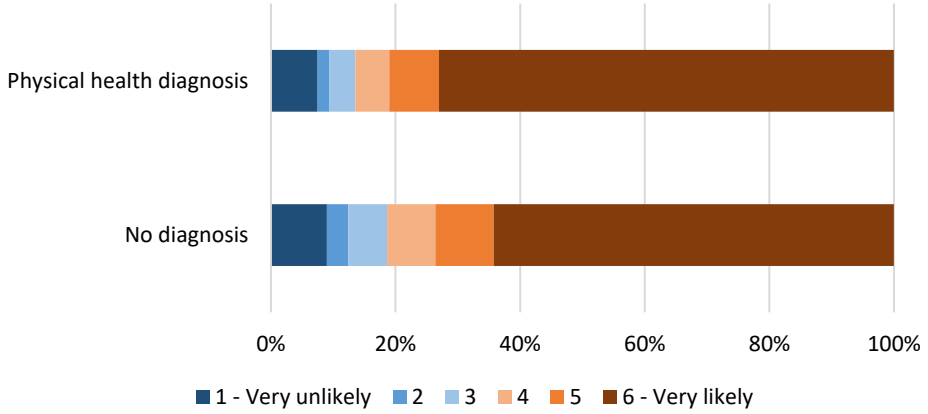


Figure 4d Future booster vaccinations willingness by physical health diagnosis



Appendix

Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 70,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st of March 2020 to the 9th of January 2022 (the latest data available). In January 2022, a total of 31,151 participants completed the one-week survey. Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:

1. What are the psychosocial experiences of people in isolation?
2. How do trajectories of mental health and loneliness change over time for people in isolation?
3. Which groups are at greater risk of experiencing adverse effects of isolation than others?
4. How are individuals' health behaviours being affected?
5. Which activities help to buffer against the potential adverse effects of isolation?

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt d.fancourt@ucl.ac.uk. To participate or to sign up for the newsletter and receive monthly updates on the study findings, visit https://osf.io/jm8ra/.

Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; **data are weighted for analyses**)

For full demographics weighted to population proportions, see the User Guide at www.Covidsocialstudy.org/results

	Number of observations	%		Number of observations	%
Age			**Education levels**		
18-29	62,295	5.37	**GCSE or below**	164,421	14.2
30-59	626,665	54.1	**A-levels of equivalent**	199,901	17.2
60+	470,524	40.6	**Degree or above**	795,162	68.6
Gender			**Any diagnosed mental health conditions**		
Male	292,050	25.3	**No**	968,907	83.6
Female	862,858	74.7	**Yes**	190,577	16.4
Ethnicity			**Any diagnosed physical health conditions**		
White	1,111,378	96.2	**No**	662,438	57.1
Ethnic minority	44,454	3.85	**Yes**	497,046	42.9

UK nations			**Keyworker**		
England	934,178	81.4	**No**	920,759	79.4
Wales	143,070	12.5	**Yes**	238,725	20.6
Scotland	71,025	6.19	**Living with children**		
Living arrangement			**No (excluding those who live alone)**	662,841	72.7
Not living alone	911,740	78.6	**Yes**	248,899	27.3
Living alone	247,744	21.4	**Living area**		
Annual household income			**Village/hamlet/isolated dwelling**	293,469	25.3
>30k	617,593	59.2	**City/large town/small town**	866,015	74.7
<30k	425,767	40.8			

Peer reviewed publications

To date, the Covid-19 Social Study has resulted in over 100 scientific papers and reports. For readers of this report who are interested in following up some of the findings in more detail, a selected list of articles published in scientific journals that are based on the Covid-19 Social Study is listed below. Readers can access the full listing, including articles published as preprints, on our website www.CovidSocialStudy.org/results.

Bu, F., Bone, J. K., Mitchell, J. J., Steptoe, A., & Fancourt, D. (2021). Longitudinal changes in physical activity during and after the first national lockdown due to the Covid-19 pandemic in England. *Scientific Reports*, *11*(1), 17723. https://doi.org/10.1038/s41598-021-97065-1

Bu, F., Mak, H. W., & Fancourt, D. (2021). Rates and predictors of uptake of mental health support during the Covid-19 pandemic: An analysis of 26,720 adults in the UK in lockdown. *Social Psychiatry and Psychiatric Epidemiology*. https://doi.org/10.1007/s00127-021-02105-w

Bu, F., Steptoe, A., & Fancourt, D. (2020). Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the Covid-19 pandemic. *Public Health*, *186*, 31–34. https://doi.org/10.1016/j.puhe.2020.06.036

Bu, F., Steptoe, A., Mak, H. W., & Fancourt, D. (2021). Time use and mental health in UK adults during an 11-week Covid-19 lockdown: A panel analysis. *The British Journal of Psychiatry*, 1–6. https://doi.org/10.1192/bjp.2021.44

Fancourt, D., Steptoe, A., & Bu, F. (2021). Trajectories of anxiety and depressive symptoms during enforced isolation due to Covid-19 in England: A longitudinal observational study. *The Lancet Psychiatry*, *8*(2), 141–149. https://doi.org/10.1016/S2215-0366(20)30482-X

Fancourt, D., Steptoe, A., & Wright, L. (2020). The Cummings effect: Politics, trust, and behaviours during the Covid-19 pandemic. *The Lancet*, *396*(10249), 464–465. https://doi.org/10.1016/S0140-6736(20)31690-1

Fluharty, M., Bu, F., Steptoe, A., & Fancourt, D. (2021). Coping strategies and mental health trajectories during the first 21 weeks of Covid-19 lockdown in the United Kingdom. *Social Science & Medicine*, *279*, 113958. https://doi.org/10.1016/j.socscimed.2021.113958

Garnett, C., Jackson, S., Oldham, M., Brown, J., Steptoe, A., & Fancourt, D. (2021). Factors associated with drinking behaviour during Covid-19 social distancing and lockdown among adults in the UK. *Drug and Alcohol Dependence*, *219*, 108461. https://doi.org/10.1016/j.drugalcdep.2020.108461

Iob, E., Frank, P., Steptoe, A., & Fancourt, D. (2020). Levels of severity of depressive symptoms among at-risk groups in the UK during the Covid-19 pandemic. *JAMA Network Open*, *3*(10), e2026064–e2026064. https://doi.org/10.1001/jamanetworkopen.2020.26064

Mak, H. W., Fluharty, M., & Fancourt, D. (2021). Predictors and impact of arts engagement during the Covid-19 pandemic: Analyses of data from 19,384 adults in the Covid-19 Social Study. *Frontiers in Psychology*, *12*, 1335. https://doi.org/10.3389/fpsyg.2021.626263

Wright, L., Steptoe, A., & Fancourt, D. (2020). Are we all in this together? Longitudinal assessment of cumulative adversities by socioeconomic position in the first 3 weeks of lockdown in the UK. *Journal of Epidemiology and Community Health, 74*(9), 683–688. https://doi.org/10.1136/jech-2020-214475

Wright, L., Steptoe, A., & Fancourt, D. (2021a). Predictors of self-reported adherence to Covid-19 guidelines. A longitudinal observational study of 51,600 UK adults. *The Lancet Regional Health - Europe*, *4*, 100061. https://doi.org/10.1016/j.lanepe.2021.100061

Wright, L., Steptoe, A., & Fancourt, D. (2021b). Does thinking make it so? Differential associations between adversity worries and experiences and mental health during the Covid-19 pandemic. *Journal of Epidemiology and Community Health*, *75*(9), 817–823. https://doi.org/10.1136/jech-2020-215598