An update on COVID-19 vaccination coverage

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Readiness and Response Lead
Immunization Services Division
National Center for Immunizations and Respiratory Diseases (NCIRD)
COVID-19 vaccination coverage
Percent of adults and children up-to-date with 2023–24 COVID-19 Vaccine

National Immunization Survey-Adult COVID Module (NIS-ACM) and -Child COVID Module (NIS-CCM)

COVID-19 Vaccination Coverage with 2023-24 Vaccine Among Adults ≥18 Years, NIS-ACM

COVID-19 Vaccination Coverage with 2023-24 Vaccine Among Children 6 Months-17 Years, NIS-CCM
COVID-19 vaccination status among adults ≥18 years by jurisdiction*

National Immunization Survey-Adult COVID Module (NIS-ACM)

Across jurisdictions, range of vaccination coverage among adults 18 and older:
- Lowest jurisdiction: Puerto Rico 9.5% (95% CI: 8.0-11.0)
- Lowest state: Mississippi 10.5% (95% CI: 8.4-12.5)
- Highest jurisdiction: District of Columbia 41.9% (95% CI: 37.0-46.8)

*As of week ending 2/3/24
COVID-19 vaccination status and intent among adults ≥18 years

National Immunization Survey-Adult COVID Module (NIS-ACM)*

*Sample size = 257,352
COVID-19 vaccination status and intent among adults ≥18 years

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Note: The analysis of coverage by demographics on the following slides is based on survey responses from the time period December 31, 2023-January 27, 2024
COVID-19 vaccination status among adults ≥18 years, January 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)*

- Among adults ≥18 years responding to the NIS-ACM during 12/31/23–1/27/24:
  - 20.9% (95% CI: 20.3-21.6) reported that they have received an updated 2023-24 COVID-19 vaccine.

- By demographics:
  - Vaccination coverage was significantly higher among females (23%).
  - Vaccination coverage was highest among White non-Hispanic adults (24%) and lowest among AI/AN (11%), NH/OPI (14%), and Hispanic (13%) adults.

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Weighted % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall 18+</td>
<td>20.9</td>
</tr>
<tr>
<td>Male</td>
<td>18.6</td>
</tr>
<tr>
<td>Female</td>
<td>23.2</td>
</tr>
<tr>
<td>AI/AN</td>
<td>11.4</td>
</tr>
<tr>
<td>NH/OPI</td>
<td>14.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.3</td>
</tr>
<tr>
<td>Multi/Other</td>
<td>19.4</td>
</tr>
<tr>
<td>Black</td>
<td>16.4</td>
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<td>Asian</td>
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*Sample size = 60,840
COVID-19 vaccination status among adults ≥18 years, January 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)*

- By urbanicity:
  - COVID-19 vaccination coverage was lowest in rural areas (17%).

- By health insurance status:
  - Adults with health insurance had significantly higher vaccination coverage (23%) than adults without insurance (7%).

- By household income:
  - Vaccination coverage increased with increasing household income; highest among those with income ≥$75k (26%).

*Sample size = 60,840
Percent of pregnant persons 18–49 years vaccinated with 2023–24 COVID-19 Vaccine (Vaccine Safety Datalink)

- Among pregnant persons ages 18–49 years, 12.5% have received an updated 2023-24 COVID-19 vaccine as of 1/27/24.
- Coverage varies by race/ethnicity; ranges from 4.8% (Black non-Hispanic) to 21.3% (Asian).
Attitudes and experiences regarding COVID-19 vaccination
Most frequent COVID-19 vaccination concerns among adults ≥18 years by vaccination status/intent (Omnibus Surveys January 5–29, 2024*)

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Received/definitely will get</th>
<th>Probably will get/unsure</th>
<th>Probably/definitely will NOT get</th>
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<tr>
<td></td>
<td>(N=1,296)</td>
<td>(N=1,003)</td>
<td>(N=1,861)</td>
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<td>Mild side effects</td>
<td>10.1%</td>
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*Sample size = 4,160
Most frequent COVID-19 vaccination concerns among adults ≥18 years by vaccination status/intent *(Omnibus Surveys January 5–29, 2024)*

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(N=1,296)

- Mild side effects: 10.1%
- Impact of side effects on work/school: 6.4%
- Unknown serious side effects: 6.3%
- Effectiveness: 5.9%
- No concerns: 74.1%

**Probably will get/unsure**
(N=1,003)

- Unknown serious side effects: 15.5%
- Too busy or kept forgetting: 12.7%
- Effectiveness: 12.3%
- Mild side effects: 11.8%
- No concerns: 40.7%

**Probably/definitely will NOT get**
(N=1,861)

- Unknown serious side effects: 47.0%
- Not enough studies (human trials): 39.0%
- Do not trust gov. or pharma: 37.2%
- Heart-related issues: 33.2%
- Effectiveness: 32.9%

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Specific concerns about effectiveness of updated COVID-19 Vaccines among adults ≥18 years who reported effectiveness as a concern

*Omnibus Surveys, January 5-29, 2024*

- Will not prevent getting sick: 77.3%
- May not be effective against new variants: 67.6%
- Will not prevent infecting others: 52.4%
- Will not prevent serious illness: 45.7%
- Other: 6.2%

*Sample size = 798*
How people think and feel about COVID-19 vaccines has changed since 2022

*National Immunization Survey-Adult COVID Module (NIS-ACM)*

While most Americans still consider COVID-19 vaccines to be safe and important, **vaccine confidence has declined.**

Disease risk perception has also changed, as reflected in the percentage of Americans moderately/very concerned about getting COVID-19.

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<th>Percent of Adults 18+ years of age that think that a COVID-19 vaccine is very/completely safe</th>
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- 2022 January: 67.3%
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Percent of Adults 18+ years of age that are moderately/very concerned about getting COVID-19

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Relative to 2021, adults reported fewer providers are recommending COVID-19 vaccines (National Immunization Survey-Adult COVID Module [NIS-ACM]).

Most physicians reported always recommending bivalent boosters (CDC/RAND/Univ of Iowa Survey).

Percent of adults whose healthcare provider recommends COVID-19 vaccine

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients 18-49 years</th>
<th>Patients 50-64 years</th>
<th>Patients aged ≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 May (4 mo. after vaccine available)</td>
<td>36.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2024 January (4 mo. after updated vaccine available)</td>
<td>65.4%</td>
<td>77.2%</td>
<td>80.9%</td>
</tr>
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Reasons healthcare providers reported for NOT recommending COVID-19 bivalent boosters to eligible adult patients (CDC/RAND/Univ of Iowa Survey — February 2023)

% of respondents selecting response option (n=744)

- Medical reason for not getting vaccinated
- Patient will refuse booster vaccination
- Patients tired of hearing about COVID-19 vaccines
- High level of vaccine resistance in community
- Other
- Won't have severe COVID-19 symptoms
- Bivalent vaccine doesn't provide enough additional protection
- Not enough time during visit to discuss vaccines
- Vaccine unnecessary if they have had COVID-19
- Not enough time during visit to give vaccine
- Bivalent vaccine doesn't reduce COVID-19 severity in this age group

Response options receiving <5% for at least one provider group not presented
Potential reasons for primary care providers to not stock COVID-19 vaccines

- Perceived low interest for COVID-19 vaccination in the patient population
- Cost of the COVID-19 vaccine and other associated vaccination costs
- Healthcare system decided to not stock the COVID-19 vaccines
- Availability of the COVID-19 vaccines elsewhere in the community (e.g., pharmacies)
Accessibility of COVID-19 vaccines

National Immunization Survey-Adult COVID Module (NIS-ACM)

Fewer Americans report difficulty getting COVID-19 vaccines in 2024.

Most Americans reported little to no difficulty in getting a COVID-19 vaccine, across income ranges, in October 2023.

80.5% 95.0%

Percent of adults that reported not at all/a little difficult getting a COVID-19 vaccine

2021 May 2024 January

Percent of adults that reported not at all/a little difficult getting a COVID-19 vaccine, by income

Less than $5,000 $5,001-$10,000 $10,001-$20,000 $20,001-$40,000 $40,001-$60,000 $60,001-$75,000 $75,001-$150,000 $150,001 or more

88.9% 93.4% 92.8% 93.3% 94.9% 96.1% 95.3% 95.6%
Acceptability of getting the Flu, COVID-19, and/or RSV vaccines in the same visit among adults ≥18 years

Omnibus Surveys, November 30-December 21, 2023*

*Sample size = 1,951

Among respondents who already got, definitely/probably will, or are unsure if they will get the vaccines. Numbers in parentheses represent denominators for each bar.
Acknowledgements

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- Kayla Calhoun (CDC)
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- Lakshmi Panagiotakopoulos (CDC)
- Megan Wallace (CDC)
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.