

Statistical bulletin

# Coronavirus and changing attitudes towards vaccination, England: 7 to 16 September 2021

Changes in uptake and attitudes towards the coronavirus (COVID-19) vaccines, amongst adults who previously reported vaccine hesitancy.

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# 1 . Main points

Of previously coronavirus (COVID-19) vaccine-hesitant adults, we found:

- Over 4 in 10 (44%) were now vaccinated, while 55% remained unvaccinated.
- A higher percentage (46%) of younger adults (18 to 29 years) reported vaccine uptake compared with those aged 70 years and older (19%), whereas [previous analysis](#) showed younger adults were more hesitant.
- There was similar vaccine uptake between Black and Black British (47%) and White (42%) adults, while [previous analysis](#) showed higher hesitancy among Black and Black British adults.
- Around two-thirds (65%) of those now vaccinated said that wanting restrictions to ease and life to return to normal had motivated them to get a vaccine.
- Of those who remained unvaccinated, 58% said that worry about side effects had stopped them from getting a vaccine.

## 2 . Attitudes towards a coronavirus (COVID-19) vaccine

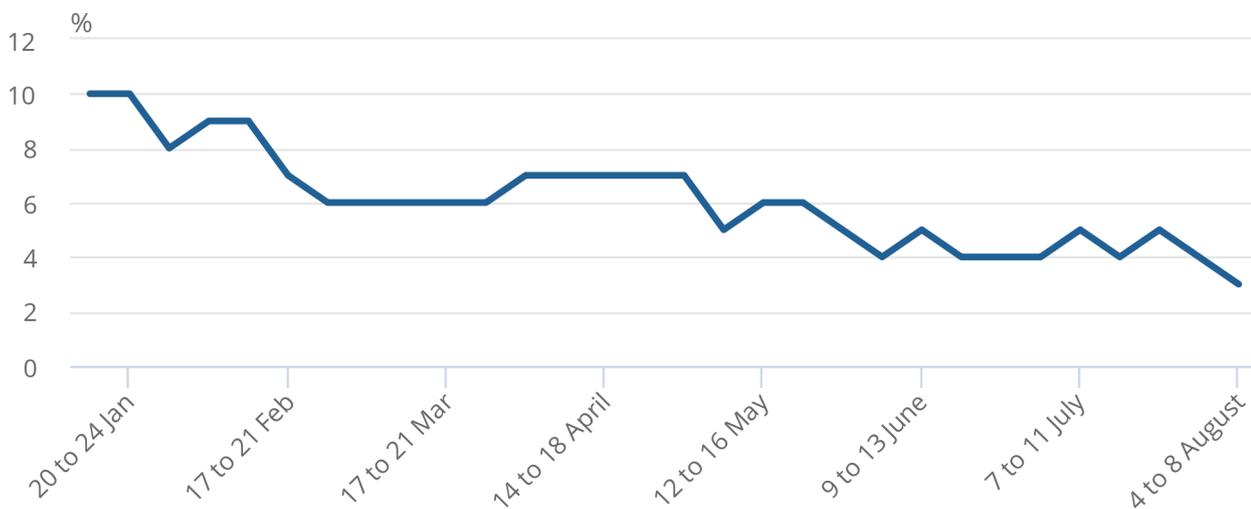
The COVID-19 Vaccine Opinions Study (VOS) is a follow up to the Opinions and Lifestyle Survey (OPN), specifically for those who reported vaccine hesitancy during the period 13 January to 8 August 2021 (see [Section 8](#) for definition). This period saw a decline in vaccine hesitancy, from 10% to 3% of all adults.

**Figure 1: Vaccine hesitancy has declined since the beginning of the vaccine roll-out**

England, 13 January to 8 August 2021

Figure 1: Vaccine hesitancy has declined since the beginning of the vaccine roll-out

England, 13 January to 8 August 2021



**Source: Office for National Statistics – Opinions and Lifestyle Survey**

**Notes:**

1. Period shown on the chart is where consistent questions and definition of vaccine hesitancy were used.

The aim of the study was to identify changes in uptake and attitudes towards the COVID-19 vaccine. This is important for understanding previously hesitant adults' motivations and barriers towards vaccine uptake.

Useful information to support the interpretation of findings can be found in:

- [Section 8](#) for definitions
- [Section 9](#) for details about the data and how it can be used
- [Accompanying data tables](#) for full analysis produced

#### Further information about coronavirus vaccines

- Explore the [latest coronavirus data](#) from the ONS and other sources.
- Read about the [social impacts and public opinion of the coronavirus pandemic](#) in Great Britain including self-reported vaccine uptake and attitudes towards the vaccine.
- View modelled [regional antibody and self-reported vaccine uptake data](#) for the UK from the Covid-19 Infection Survey.
- Understand the proportions of the English population who have taken the vaccine by different characteristics through [linked administrative data](#).
- Visit the [government's coronavirus dashboard](#) for official population counts on the UK vaccination programme.

## 3 . Vaccine uptake

Adults who previously self-reported vaccine hesitancy are those who declined a vaccine (25%) or were unlikely (33%) or unsure (42%) about having a vaccine if offered.

Among these groups, subsequent vaccine uptake was highest among those who were unsure (60%) and lowest among those who declined (21%).

### Figure 2: Adults who previously declined a vaccine were less likely to have it than those who were unsure

England, 7 to 16 September 2021

#### Notes

1. Percentages on self-reported vaccine uptake may not sum to 100% as they exclude those who said "Don't know" or "Prefer not to say" and those waiting for a vaccination appointment.

#### Download this chart

[.XLSX](#)

Looking at all previously vaccine-hesitant adults, 44% were now vaccinated, while 55% remained unvaccinated. In comparison, 96% of all adults self-reported being vaccinated.

The estimates presented here are from a sample of adults, and may differ from the latest official administrative data on the [number of adults in England who have received a COVID-19 vaccination](#).

## Vaccine uptake by personal characteristics

[Vaccine hesitancy](#) previously reported from the Opinions and Lifestyle Survey (OPN) was highest among young adults. However, when following up with this group, they were more likely to change their attitudes and are now vaccinated (46% of 18 to 29 year olds). This can partially be explained by a higher percentage of this group reporting they were unsure they would have a vaccine if offered, meaning that they were undecided and open to change.

Older adults initially reported low vaccine hesitancy, however, when following up, a lower percentage had changed their attitudes and had a vaccine (19% of those 70 years and older).

In [previous analysis](#), there were no statistically significant differences in vaccine hesitancy between clinically extremely vulnerable (CEV) and non-CEV adults. However, on following up, vaccine uptake was lower for CEV adults. Less than 2 in 10 (16%) of CEV previously hesitant adults are now vaccinated, compared with over 4 in 10 (42%) of non-CEV adults.

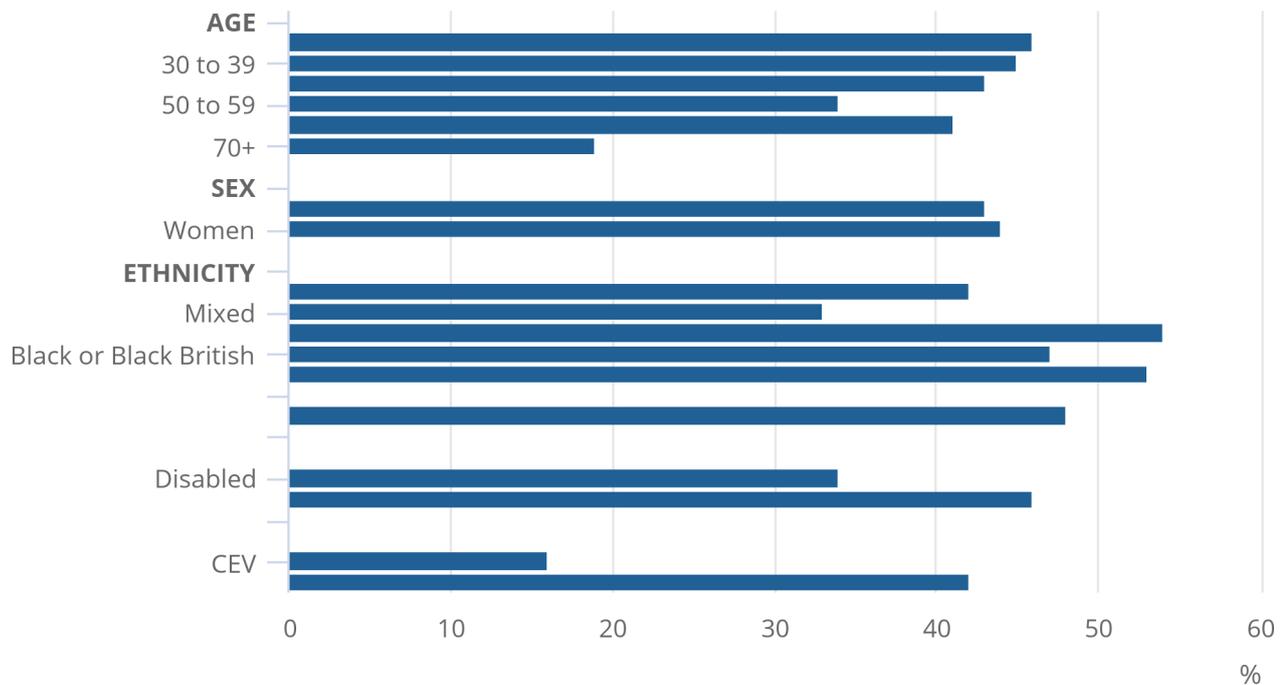
Those aged 70 years and over and CEV adults were prioritised in the vaccine rollout, and among those who were previously vaccine hesitant a large proportion had declined the vaccine (62% and 68%, respectively), which suggests they were less likely to change their minds about the vaccine.

**Figure 3: Vaccine uptake was highest among 18- to 29-year olds (46%), and lowest among those aged 70 years and over (19%)**

Percentage of previously vaccine-hesitant adults who are now vaccinated, England, 7 to 16 September 2021

**Figure 3: Vaccine uptake was highest among 18- to 29-year olds (46%), and lowest among those aged 70 years and over (19%)**

Percentage of previously vaccine-hesitant adults who are now vaccinated, England, 7 to 16 September 2021



Source: Office for National Statistics – Covid-19 Vaccine Opinions Survey and Opinions and Lifestyle Survey

[Previously published analysis](#) showed higher rates of vaccine hesitancy among Black or Black British adults when compared with White adults. Among those that were previously vaccine hesitant, there were similar vaccine attitudes when they first responded to OPN, in that there was no significant difference between these ethnic groups in whether they were unsure, unlikely or had declined a vaccine if offered. This partially explains why when we followed up, there was a similar vaccine uptake between Black or Black British and White adults (47% and 42%, respectively).

In [previous analysis](#), there were no statistically significant differences in vaccine hesitancy between disabled and non-disabled adults. However, when we followed up, vaccine uptake was lower for disabled adults. Around one-third (34%) of previously vaccine hesitant disabled adults had been vaccinated compared with almost half (46%) of previously vaccine hesitant non-disabled adults. This suggests that disabled adults were more likely to have deep rooted concerns about a vaccine and, therefore, were less likely to have it. This is also likely as a higher percentage of previously vaccine hesitant disabled adults who remained unvaccinated reported being worried about the effect on an existing health condition.

## **Vaccine uptake by socio-economic characteristics**

The following groups previously reported lower vaccine hesitancy, and when we followed-up they had higher vaccine uptake. Their rates of vaccination were:

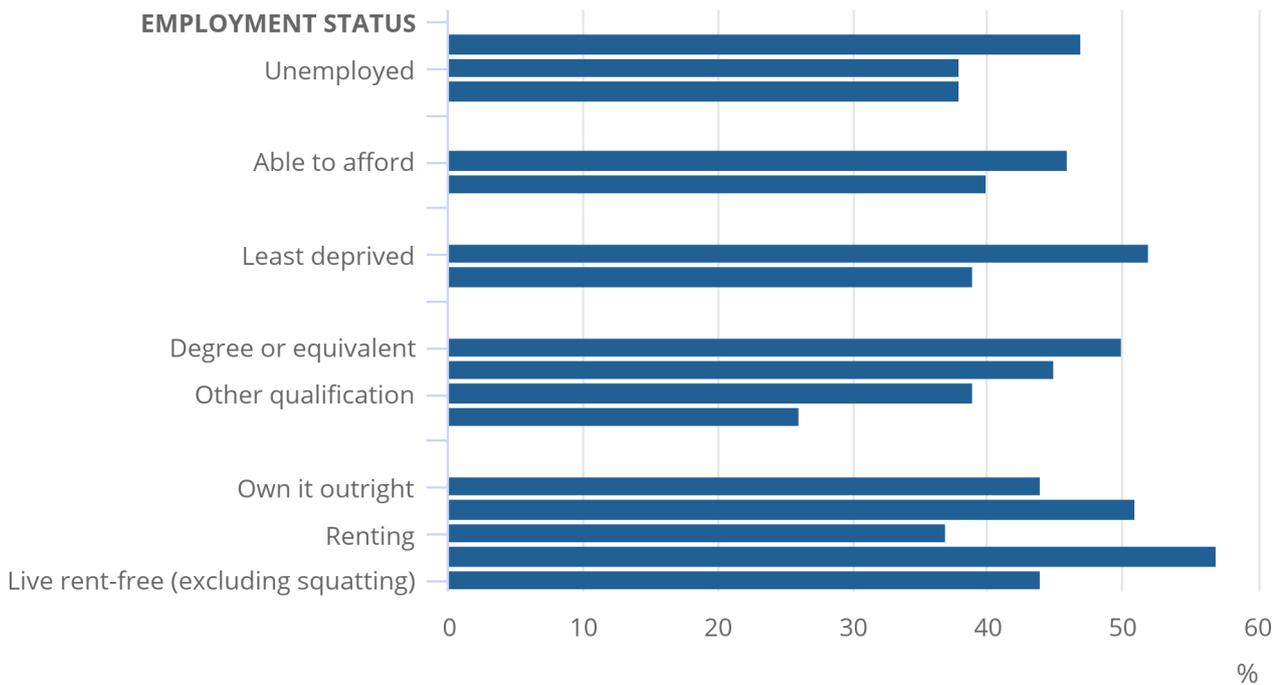
- 47% of those who were employed or self-employed compared with 38% for those who were unemployed
- 46% of those able to afford an unexpected expense of £850 compared with 40% of those unable
- 52% of those living in the least deprived areas compared with 39% of those living in the most deprived (see [Glossary for](#) definition of Index of Multiple Deprivation (IMD) quintiles)
- 50% of those whose highest qualification was a degree or equivalent compared with 26% of those with no qualifications
- 44% of those who own their home compared with 37% of those renting

**Figure 4: Vaccine hesitant adults living in the least deprived areas of England had a higher vaccine uptake than those in the most deprived areas**

Percentage of previously vaccine hesitant adults now vaccinated, England, 7 to 16 September 2021

Figure 4: Vaccine hesitant adults living in the least deprived areas of England had a higher vaccine uptake than those in the most deprived areas

Percentage of previously vaccine hesitant adults now vaccinated, England, 7 to 16 September 2021



Source: Office for National Statistics – Covid-19 Vaccine Opinions Survey and Opinions and Lifestyle Survey

## 4 . Experiences and motivation for vaccination

All analysis in this section relates to the 44% of previously coronavirus (COVID-19) vaccine-hesitant adults who are now vaccinated.

### Practical experiences of vaccination

Of this group, 86% said it was easy or very easy to get their first dose, 9% said it was neither easy nor difficult, and 5% said it was difficult or very difficult. Additionally, 76% did not report difficulties when getting a vaccine (compared with 85% of all adults in England over the period 22 September to 3 October 2021).

When asked whether they had experienced any specific difficulties when getting a vaccine, the most commonly reported was a long wait at the vaccination site (9% compared with 6% of all adults in England over the period 22 September to 3 October 2021).

## Motivation for vaccination

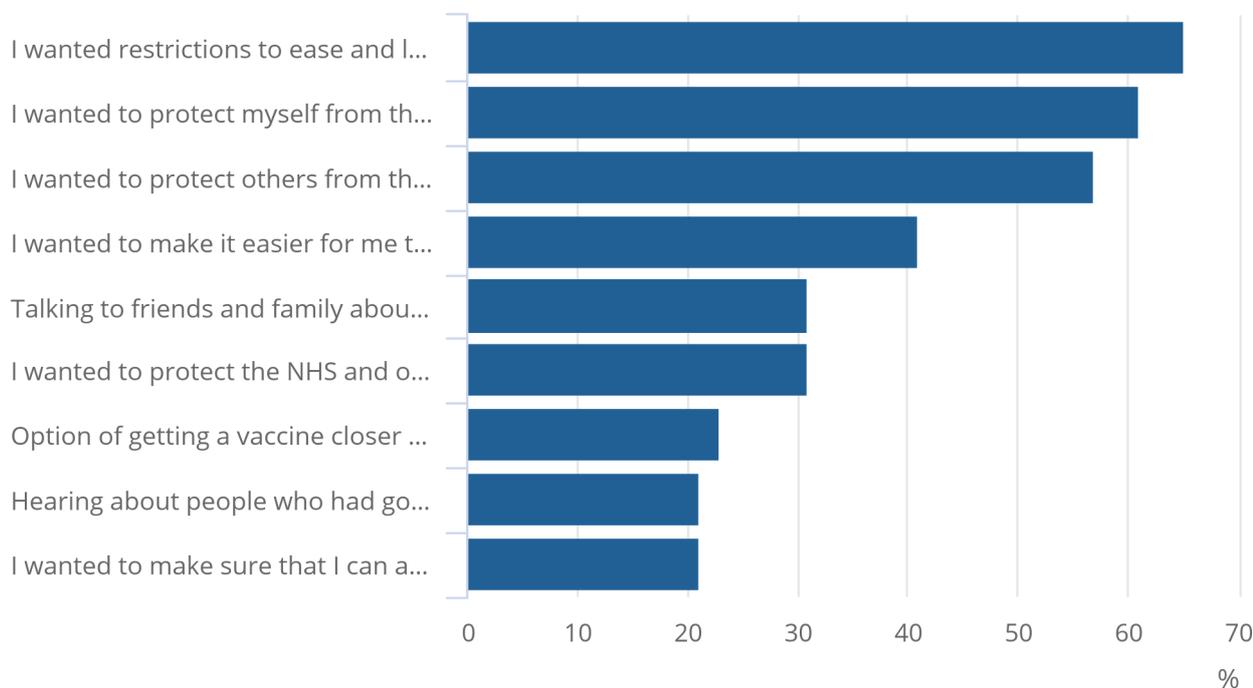
Previously vaccine-hesitant adults who are now vaccinated were presented with a list of motivations for vaccination, covering the themes: motivational and socio-psychological drivers, reasons related to their ability to take part in daily activities, and vaccination incentives. From this list of response options, the majority reported they were motivated to have a first dose for restrictions to ease and life to return to normal (65%), followed by wanting to protect themselves (61%) and others (57%) from the coronavirus.

### Figure 5: Wanting restrictions to ease and life to return to normal was the most common reason to have a COVID-19 vaccine

Main motivations of vaccination among previously vaccine-hesitant adults now vaccinated, England, 7 to 16 September 2021

#### Figure 5: Wanting restrictions to ease and life to return to normal was the most common reason to have a COVID-19 vaccine

Main motivations of vaccination among previously vaccine-hesitant adults now vaccinated, England, 7 to 16 September 2021



Source: Office for National Statistics – COVID-19 Vaccine Opinions Survey

#### Notes:

1. Respondents were able to select more than one option.
2. Only the most common reasons are presented.

## **5 . Barriers and potential motivation for vaccination**

All analysis in this section relates to the 55% of previously vaccine-hesitant adults who remained unvaccinated.

## **Barriers to vaccination**

Of this group, when asked about health-related reasons which stopped them from having a coronavirus (COVID-19) vaccine, 58% said they were worried about side effects, followed by long-term effects of the vaccine (54%) or not thinking that the vaccine was safe (32%).

Regarding trust-related reasons, the two most common reported were thinking the vaccine had been developed too quickly (55%) and wanting to wait to see how well the vaccine works (45%).

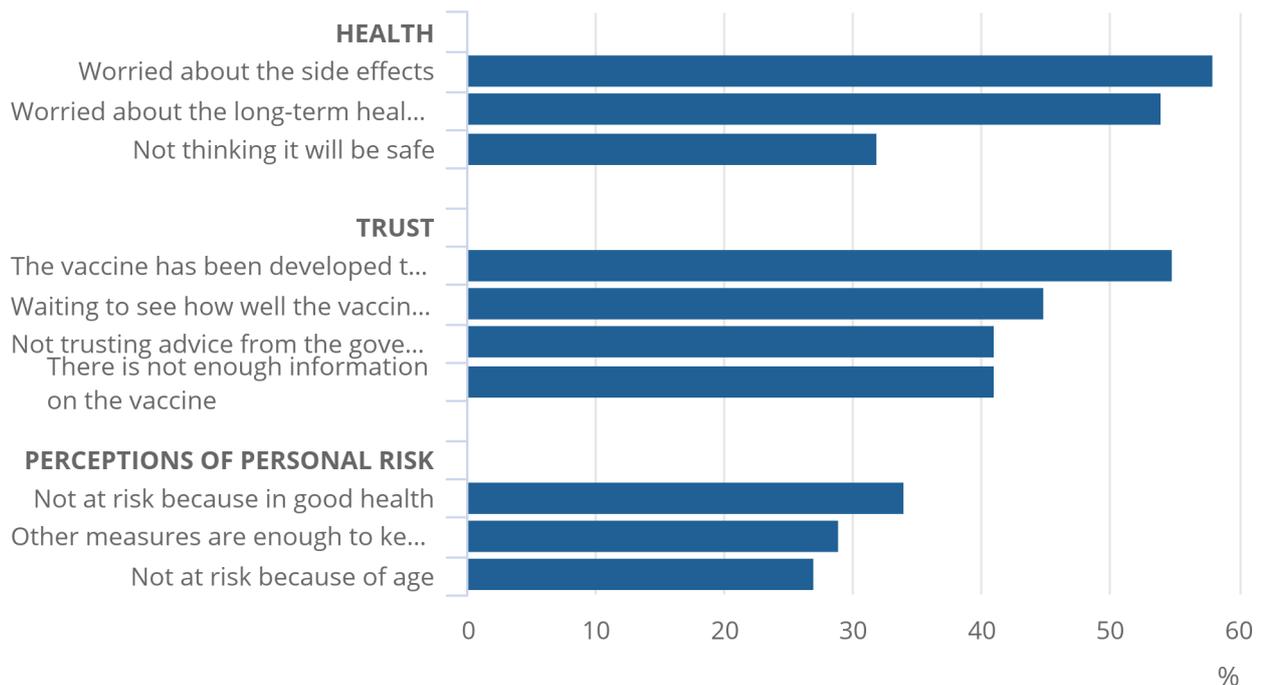
Looking at risk-related reasons, around one-third (34%) said that they did not feel at risk from the coronavirus because of their good health. However, 40% reported "None of the above" in response to the list of risk-related reasons for remaining unvaccinated.

**Figure 6: Being worried about side effects was the most common reason for not having a COVID-19 vaccine**

Main barriers to vaccination among previously vaccine-hesitant adults who remained unvaccinated, England, 7 to 16 September 2021

Figure 6: Being worried about side effects was the most common reason for not having a COVID-19 vaccine

Main barriers to vaccination among previously vaccine-hesitant adults who remained unvaccinated, England, 7 to 16 September 2021



Source: Office for National Statistics – COVID-19 Vaccine Opinions Survey

Notes:

1. Respondents were able to select more than one option.
2. Only the most common reasons (with the exception of “None of the above”) reported per category are presented.
3. For full wording of response options see accompanying data tables.

## Potential motivation for vaccination

Those previously hesitant who remained unvaccinated were also presented with a list of reasons that were potential motivations of vaccination. This group was less likely to report reasons that could motivate them to have a vaccine, compared with the reasons that actually motivated those who are now vaccinated (see [Section 4](#)).

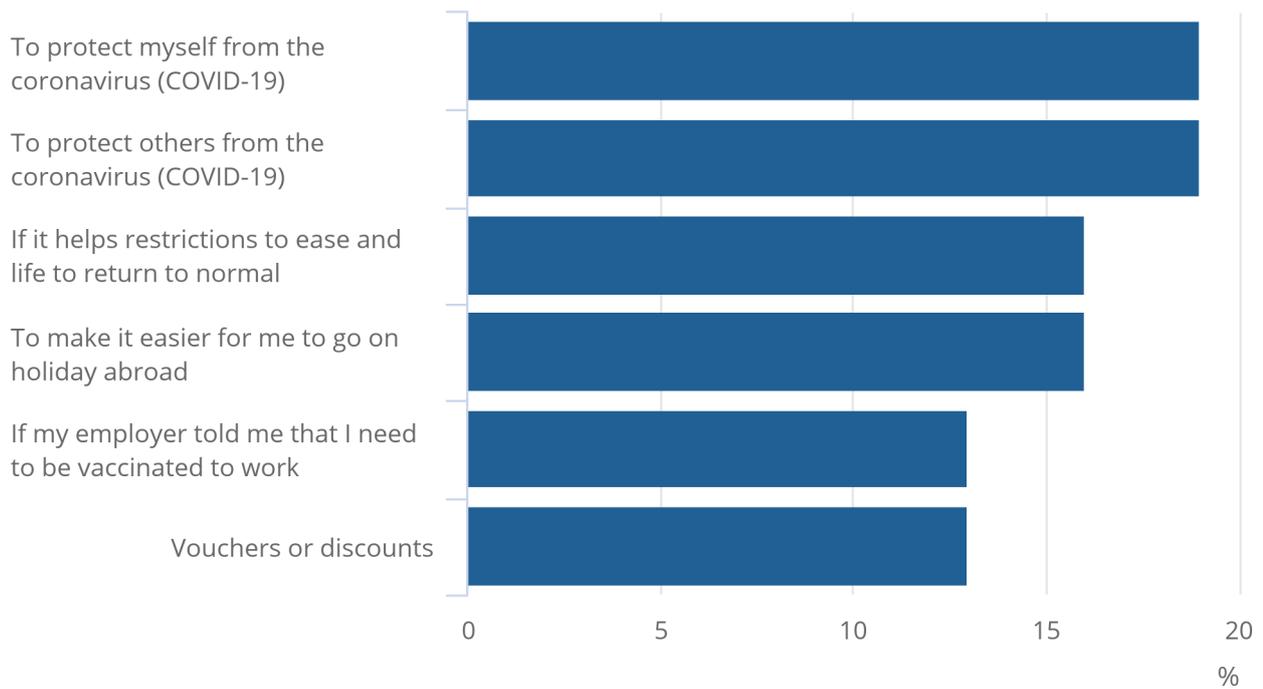
Among those previously hesitant who remained unvaccinated, wanting to protecting others or themselves from coronavirus would motivate them to have the vaccine (19% for both). However, a high proportion also responded "None of the above" to reasons listed within the themes: informational and socio-psychological factors (65%), ability to take part in daily activities (67%) and vaccine incentives (76%). This suggests that what would motivate them to get a vaccine was not included in the survey or this group's concerns about the COVID-19 vaccine are deep-rooted.

**Figure 7: Protecting others and themselves were the most common reasons that would motivate unvaccinated adults to get a vaccine**

Main potential motivations for vaccination among previously vaccine-hesitant adults who remained unvaccinated adults, England, 7 to 16 September 2021

Figure 7: Protecting others and themselves were the most common reasons that would motivate unvaccinated adults to get a vaccine

Main potential motivations for vaccination among previously vaccine-hesitant adults who remained unvaccinated adults, England, 7 to 16 September 2021



Source: Office for National Statistics – COVID-19 Vaccine Opinions Survey

Notes:

1. Respondents were able to select more than one option.
2. Only the most common reasons reported per category are presented.

## 6 . Attitudes towards COVID-19 booster vaccines

Of the 29% of previously vaccine-hesitant adults who are now fully vaccinated, a higher percentage reported they were very or fairly unlikely to have a COVID-19 vaccine booster (22%) compared with all fully vaccinated adults in England (3%).

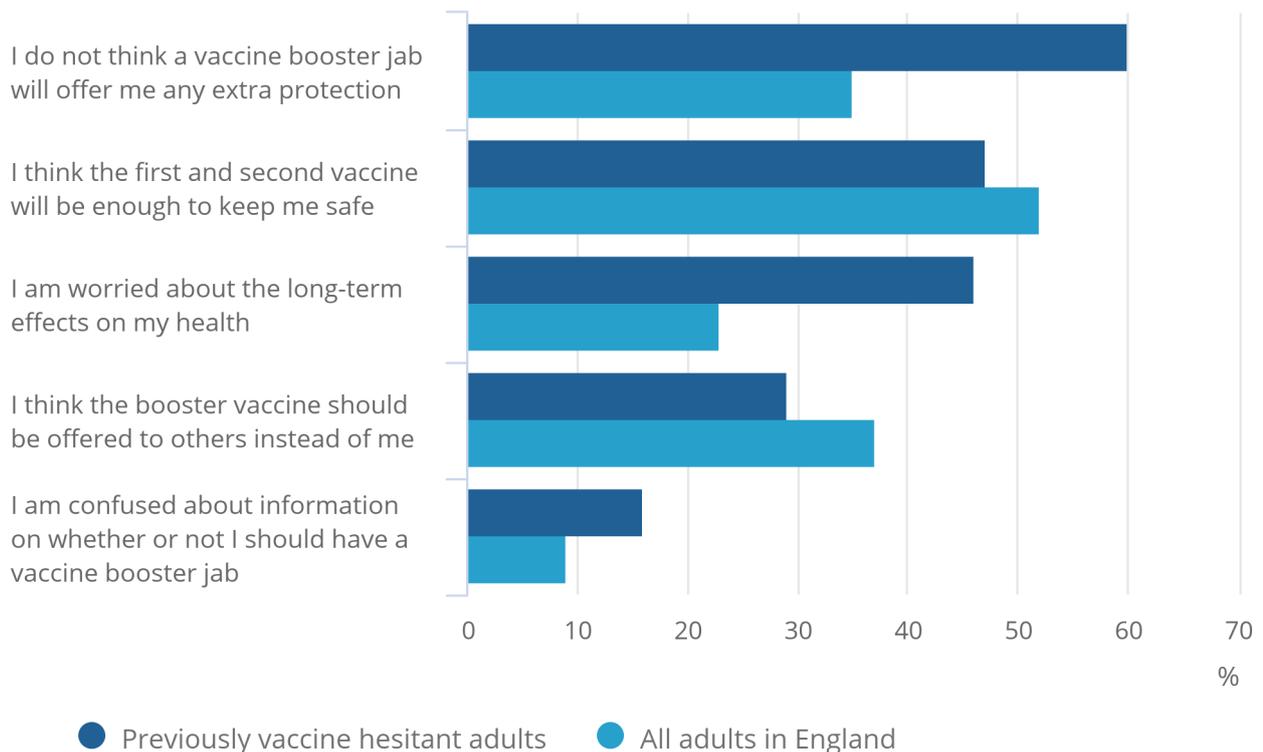
Of previously vaccine-hesitant adults who are fully vaccinated but were unlikely to have a booster jab, 60% did not think it would offer them any extra protection against COVID-19. Around half (47%) thought their first and second doses will provide enough protection, while 46% were worried about long-term effects of the booster on their health. This compares with 35%, 52% and 23% of all adults who are fully vaccinated and unlikely to have a booster vaccine in England, respectively.

**Figure 8: Not thinking that a booster jab would offer any extra protection was the main barrier preventing potential uptake**

Main potential barriers to booster acceptance among fully vaccinated but previously vaccine-hesitant adults who reported being unlikely to have it, England, September 2021

Figure 8: Not thinking that a booster jab would offer any extra protection was the main barrier preventing potential uptake

Main potential barriers to booster acceptance among fully vaccinated but previously vaccine-hesitant adults who reported being unlikely to have it, England, September 2021



Source: Office for National Statistics – COVID-19 Vaccine Opinions Survey (7 to 16 September) and Opinions and Lifestyle Survey (8 to 19 September 2021)

Notes:

1. Respondents were able to select more than one option.
2. Only the most common reasons reported per category are presented.

Those previously vaccine-hesitant adults who were very or fairly unlikely, don't know or prefer not to say to have a vaccine booster jab, were asked what would motivate them to have a vaccine booster. The most common reasons reported were related to ability to take part in daily activities, specifically, easing of restrictions and life returning to normal (34%) and making it easier to go on holiday abroad (30%). However, 44% reported "None of the above" for these reasons. A high proportion also responded "None of the above" to reasons related to informational and socio-psychological factors (55%) and vaccine incentives (63%). This is consistent with the responses of previously vaccine-hesitant adults who remain unvaccinated, when asked about their potential motivations to have a vaccine ([Section 5](#)).

## 7 . Coronavirus vaccine attitudes data

### [Coronavirus and vaccine attitudes in England](#)

Dataset | Released 9 November 2021

Indicators from the Vaccine Opinions Study to understand changes in uptake and attitudes towards the coronavirus (COVID-19) vaccines, amongst adults in England who previously reported they had declined the vaccine or were unlikely or unsure about having the vaccine if offered.

### [Coronavirus and vaccines supplementary table](#)

Dataset | Released 9 November 2021

Indicators from the Opinions and Lifestyle survey on hesitancy, uptake, boosters and barriers to the coronavirus (COVID-19) vaccines in England.

## 8 . Glossary

### Terms used throughout this release:

- "previously vaccine hesitant" refers to the vaccine hesitant population identified from the Opinions and Lifestyle Survey (OPN) (see [Section 9](#))
- "vaccinated" refers to those self-reporting having at least one dose of the coronavirus (COVID-19) vaccine from COVID-19 Vaccine Opinions Study (VOS) data
- "fully vaccinated" refers to those self-reporting having two doses of the coronavirus vaccine from VOS data
- "remained unvaccinated" refers to those self-reporting not having a vaccine, excluding those waiting for an appointment to be vaccinated
- "all adults in England" refers to analysis of the OPN over the period 8 to 19 September, unless otherwise specified, published in [Coronavirus and Social Impacts](#)

### Ability to afford an unexpected expense

Adults were asked if their household could afford an unexpected, but necessary, expense of £850. This gives us an indication of adults who may be struggling financially.

### Age groups

The age groups, where possible, are based on 10-year age bands. This is to provide a proxy for the vaccine roll out priority groups based on advice from the Joint Committee of Vaccinations and Immunization (JCVI) in the [first phase of the vaccine rollout in the UK](#).

Age groups have been defined in this analysis using the date of birth provided by the respondent when completing VOS. Where a respondent's date of birth was not reported, their age when completing OPN has been used as a proxy.

### Clinically extremely vulnerable

Clinically extremely vulnerable (CEV) status is self-reported. The CEV group in this analysis includes all adults who identified as being clinically extremely vulnerable.

## Disability

Disability is defined according to the [Government Statistical Service \(GSS\) harmonised "core" definition](#): this identifies "disabled" as a person who has a physical or mental health condition or illness that has lasted or is expected to last 12 months or more that reduces their ability to carry-out day-to-day activities. The GSS definition is designed to reflect the definitions that appear in legal terms in the Disability Discrimination Act 1995 (DDA) and the subsequent Equality Act 2010. The GSS harmonised questions are asked of the respondent in the survey, meaning that disability status is self-reported.

## Employment status

In employment includes those "employed/self-employed" and "unpaid family worker". The definitions of employment, unemployment, and economic inactivity are based upon International Labour Organisation (ILO) definitions. Further information about labour market definitions can be found in [A guide to labour market statistics](#).

## Ethnicity

The ethnicity disaggregation used has been chosen to provide the most granular breakdown possible, whilst producing robust estimates based on available sample sizes.

The five-category ethnicity breakdown includes:

- White: White British, White Irish, Other White
- Mixed/Multiple ethnic groups: White and Black Caribbean, White and Black African, White and Asian or Any other Mixed/Multiple ethnic background
- Asian or Asian British: Indian, Pakistani, Bangladeshi, Chinese or any other Asian background
- Black or Black British: African, Caribbean or Any other Black/African/Caribbean background
- Other ethnic background group: Arab or Any other ethnic group

## Highest education level

Highest education level is derived based on the highest qualification reported by the respondent. "Below degree level" includes higher educational qualifications below degree level, A-Levels or Highers, ONC / National Level BTEC, O Level or GCSE equivalent (Grade A-C) / CSE equivalent, GCSE (Grade D to G) or CSE (Grade 2 to 5) or Standard Grade (level 4 to 6). "Other qualifications" represent all other qualifications not listed, excluding degree level and equivalent.

## Index of Multiple Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). We have grouped areas into five groups (quintiles), ranging from least deprived to most deprived areas. There is further information on this on the [government English indices of deprivation 2019 page](#).

## Pooled OPN data

The pooled data comprises multiple waves of data collection. This increases sample sizes, allowing us to explore vaccine uptake and attitudes for sub-groups of the population. Reference to pooled OPN data used in the sample (see weighting in [Section 9](#)) is over the period 13 January to 8 August 2021. Reference to pooled data used in previous [vaccine hesitancy](#) work is based on 4 waves of OPN data, at various points over the same mentioned period.

## Vaccine hesitancy

"Vaccine hesitancy" refers to adults who:

- declined: have been offered a vaccine and decided not to be vaccinated
- unlikely: report being "very or fairly unlikely" to have a vaccine if offered
- unsure: responded "neither likely nor unlikely", "don't know" or "prefer not to say" to the question "if a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?"

It should be noted that the "vaccine hesitant" group does not only include those "hesitant" to have the vaccine, but also includes those who have refused the vaccine and those who have not had the vaccine because of access barriers. An alternative term, which reflects the broader characteristics of this group would be "under-vaccinated".

## 9 . Measuring the data

The COVID-19 Vaccine Opinions Study (VOS) is a follow up to the Opinions and Lifestyle Survey (OPN), specifically those who reported hesitancy towards the coronavirus (COVID-19) vaccine.

See this section and [Section 10](#) for differences between OPN and VOS quality and methodology or see the OPN Quality and Methodology Information (QMI) for information that covers both.

### Data use

VOS questionnaire was designed by the Office for National Statistics (ONS) in consultation with the Department of Health and Social Care (DHSC) and National Health Service (NHS) England.

VOS provides answers to questions of immediate vaccine policy interest. (Additional analysis can be found in [accompanying data tables](#).)

It can be used for:

- estimating the percentage of adults who were previously identified as hesitant to get the COVID-19 vaccine that have now self-reported having a vaccine, are waiting to get a vaccine or have decided not to have it
- identifying potential reasons for their behaviour

It cannot be used for:

- estimating vaccine attitudes of all adults in England
- estimating vaccine attitudes of adults in care homes, hospitals and/or other institutional settings

### Sampling

Our sample was based on 4,272 adults in England who took part in the OPN (over the period 13 January to 8 August 2021), specifically those who indicated hesitancy or uncertainty towards getting or who had refused to get the COVID-19 vaccine (see [Section 8](#)), who have consented to recontact for future research.

The responding sample contained 2,482 individuals, representing a 58% response rate.

Where relevant, this bulletin also includes a comparison to "all adults in England" whose estimates are based on analysis of OPN over the period 8 to 19 September 2021, unless otherwise specified. For information on this OPN sample see [Coronavirus and Social Impacts](#).

## Link to OPN data

To reduce respondent burden, VOS has only collected data on attitudes to the coronavirus vaccine, with limited data collected on characteristics and other attitudes or experiences. Where analysis is provided by different characteristics (with the exception of age) this is based on the initial responses from the OPN. OPN data has been linked to VOS data using each respondent's unique personal identifier.

## Weighting

The OPN design weights of the respondents were first adjusted for non-consent to follow-up and non-response to the VOS. The design weights of OPN responders not in scope of VOS were unchanged. Subsequently, the adjusted design weights of the combined dataset were calibrated to satisfy population distributions considering the following factors: sex by age, local authority district, tenure, highest qualification, employment status and vaccine hesitancy indicator. For age, sex, local authority and region, population totals based on projections of mid-year population estimates for May 2021 were used. For tenure, highest qualification and employment status the population totals were based on the distributions obtained from the Annual Population Survey 2020. For the vaccine hesitancy indicator, the population total was obtained from the pooled OPN dataset from which the sample was drawn. The resulting weighted sample is therefore representative of the England adult population by a number of socio-demographic factors and geography.

## Bias

Survey estimates may be subject to non-response bias, which could result in some groups being less likely to take part. See [Opinions and Lifestyle Survey QMI](#) for steps taken to minimise this.

The sample is based on reports of hesitancy between 13 of January and 8 of August 2021 during which public attitudes towards the vaccine had changed as the vaccine roll out progressed, and side effect concerns and policies changed. Reports of changing attitudes may have been influenced depending on when a responder originally reported being vaccine hesitant on the OPN survey. It is not possible to account for the effects of these factors over time.

## Statistical significance

Where comparisons between groups are presented, 95% confidence intervals have been used to assess the [statistical significance](#) of the change. See [accompanying reference tables](#) for information on calculating standing errors and confidence intervals.

# 10 . Strengths and limitations

Strengths:

- targeting a "hard to reach" group (those who are vaccine hesitant), achieved by using adults who have taken part in the Opinions and Lifestyle Survey (OPN) and agreed to take part in future research
- respondents did not need to recall their previous vaccine attitudes, as this information was collected via the initial OPN
- timely production of data and statistics that can respond quickly to changing needs
- the questionnaire was developed with customer consultation, and design expertise was applied in the development stages
- the survey's sampling and weighting strategies limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

Limitations:

- limited comparability or coherence with other data sources as this is a "hard to reach" group
- there was no cognitive testing of the questions because of time restrictions, which may lead to misinterpretation of questions by respondents
- previously self-reported vaccination behaviour or intention may be influenced by when respondents were offered the vaccine and when they took part in the OPN
- comparisons between groups must be done with caution as estimates are provided from a sample survey; as such, [confidence intervals](#) are included in the [accompanying data tables](#) to present the sampling variability

## 11 . Related links

### [Coronavirus and the social impacts on Great Britain](#)

Bulletin | Released 24 September 2021

Indicators from the Opinions and Lifestyle Survey covering the period 8 to 19 September 2021 to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

### [Coronavirus and vaccine hesitancy, Great Britain: 9 August 2021](#)

Bulletin | Released 9 August 2021

Hesitancy towards a coronavirus (COVID-19) vaccine, based on the Opinions and Lifestyle Survey (OPN) covering the period 23 June to 18 July 2021. Additional analysis examines hesitancy in areas of Great Britain between 7 January to 28 March and 28 April to 18 July 2021.

### [Coronavirus and vaccination rates in people aged 70 years and over by socio-demographic characteristic, England: 8 December 2020 to 9 May 2021](#)

Bulletin | Released 7 June 2021

First and second dose COVID-19 vaccination rates among people aged 70 years and older who live in England, both in private households and communal establishments. Includes estimates by socio-demographic factor such as ethnic group, religious group, and those identified as disabled.

### [Coronavirus vaccine hesitancy in younger adults: June 2021](#)

Article | Released 3 September 2021

A qualitative study of adults aged 16 to 29 years looking into reasons why they are hesitant towards a coronavirus (COVID-19) vaccine.

### [Coronavirus \(COVID-19\) harmonisation guidance](#)

Webpage | Updated frequently

Government Statistical Service harmonisation guidance on how to best to collect data about the impact of the coronavirus (COVID-19) pandemic. Users can also find a bank of questions from multiple Office for National Statistics (ONS) surveys related to coronavirus (COVID-19) to be used in other surveys to further support harmonisation and questionnaire development.