COVID-19

US Vaccine Sentiment Snapshot #3: A Looming Slowdown in Demand

April 6, 2021
For the past two months, BCG has been surveying Americans to understand levels of COVID-19 vaccine hesitancy and to explore the factors preventing or discouraging individuals who are currently eligible and want to get vaccinated from receiving their inoculation. Over the past two weeks, numerous states have begun relaxing eligibility criteria for adults and broadening vaccine access. From March 16 to March 21, BCG conducted a third US COVID-19 Vaccine Sentiment Survey to understand how perceptions and hesitancy have evolved over the past two months. Our survey results reinforce the view that the United States must generate additional demand to drive vaccine uptake.

Please follow BCG’s COVID-19 US Vaccine Sentiment Series on BCG.com.
US VACCINE SENTIMENT HAS NOT DRAMATICALLY CHANGED SINCE JANUARY

Overall, the estimated size of the US’s hesitant population hasn’t changed dramatically since our January survey. In January, we estimated that approximately 40% of unvaccinated adults would be hesitant to take the COVID-19 vaccine if it were offered to them. Given the number of people who were already vaccinated or scheduled for vaccination at that time, this represented approximately 83 million adults. Our newer estimates from the March survey indicate that the share of individuals who are unvaccinated and hesitant has decreased very slightly, to about 80 million across the US. (See Exhibit 1.) Exhibits 2 and 3 demonstrate how the cumulative totals break down across the US adult population by age group, household income, gender, race, and ethnicity.
Exhibit 1 | The Size of the US’s Hesitant Population Has Declined Since January

If a vaccine against COVID-19 were available to you today at no cost, how likely would you be to get it?


Note: Cumulative vaccinated population data is from the CDC COVID-19 Data Tracker. The number of scheduled appointments in January was calculated as the total number of vaccines scheduled three weeks ahead of the date of the survey; the number of scheduled appointments in March was calculated from respondents who reported having a currently scheduled appointment. Hesitancy is attributed to respondents who answered ‘Maybe,’ ‘Somewhat unlikely,’ or ‘Highly unlikely’ to a question asking whether they would make an appointment for a COVID-19 vaccine today if it were available. Because of rounding, the figures given in individual bar chart segments may not add up to the total given for the entire bar chart.

The size of the US population in each hesitancy segment was derived from the percentage of respondents.

About 80 million adults would be hesitant to take the vaccine if it were available to them at no cost.
Exhibit 2 | Hesitancy in the US Is Highest Among Lower-Income Individuals

If a vaccine against COVID-19 were available to you today at no cost, how likely would you be to get it?

**OVERALL**

- Definitely: 50%
- Definitely not: 19%
- Likely: 6%
- Unlikely: 5%
- Maybe: 10%

**AGE GROUP**

- **18–24**: 37% Definitely, 20% Definitely not
- **25–34**: 39% Definitely, 22% Definitely not
- **35–44**: 40% Definitely, 26% Definitely not
- **45–54**: 34% Definitely, 26% Definitely not
- **55–64**: 36% Definitely, 34% Definitely not
- **65+**: 36% Definitely, 32% Definitely not

**HOUSEHOLD INCOME**

- **< $25k**: 31% Definitely
- **$25k–$50k**: 31% Definitely
- **$50k–$75k**: 41% Definitely
- **$75k–$100k**: 49% Definitely
- **$100k–$150k**: 57% Definitely
- **$150k+**: 68% Definitely

**GENDER**

- Women: 45% Definitely
- Men: 56% Definitely
If a vaccine against COVID-19 were available to you today at no cost, how likely would you be to get it?

**Exhibit 3 | Black and Hispanic Hesitancy Is in Line with the US National Average**

Source: BCG National Vaccine Sentiment Survey, March 16–21, 2021 (n = 1,794; overall sample representative of US adult population by age, income, ethnicity, gender, and region).

Note: Hesitancy is attributed to respondents who answered ‘Maybe,’ ‘Somewhat unlikely,’ or ‘Highly unlikely’ to a question asking whether they would make an appointment for a COVID-19 vaccine today if it were available; responses filtered to include only individuals who had not already received a vaccine and were not scheduled to receive a vaccine at the time of the survey. Because of rounding, not all percentage totals in individual bar charts add up to 100%.

**OVERALL**

- 50% Definitely
- 19% Likely
- 10% Maybe
- 10% Unlikely
- 6% Definitely not

**RACE**

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- Black hesitancy has fallen slightly since January; White hesitancy has remained consistent

**ETHNICITY**

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<td>10%</td>
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- Hispanic hesitancy remains low and has dropped a bit more since January

Source: BCG National Vaccine Sentiment Survey, March 16–21, 2021 (n = 1,794; overall sample representative of US adult population by age, income, ethnicity, gender, and region).
BCG also ran a separate survey to follow up with our respondents from January regarding their current vaccine sentiment. Consistent with our national survey findings, about 9% of hesitant or “Maybe” respondents from January have shifted to more positive “Maybe” or “Eager” categories, while about 5% of formerly “Eager” or “Maybe” respondents have become more negative, moving to the “Maybe” or hesitant categories. (See Exhibit 4.) Although 6% of respondents who previously fell into the “Maybe” or “Hesitant” categories have reported being vaccinated in the past two months, the steady state of overall hesitancy implies that simply giving people more time to change their minds and get a shot will not suffice if the US is to meet the White House goal of vaccinating all adult residents by July.
Exhibit 4 | About 35% of Respondents Have Not Changed Their Attitudes or Been Vaccinated Since January


Note: Hesitancy is attributed to respondents who answered “Somewhat unlikely” or “Highly unlikely” to a question asking whether they would make an appointment for a COVID-19 vaccine today if it were available; responses filtered to include only individuals who had not already received a vaccine and were not scheduled to receive a vaccine at the time of the survey. Because of rounding, the percentages in the individual cells of this chart do not add up to 100%.
THE VACCINATION CAMPAIGN MAY SLOW IN MAY DUE TO INSUFFICIENT DEMAND

Assuming that the country’s current child population (approximately 75 million) cannot be vaccinated and that its hesitant adult population (approximately 80 million) holds steady, the US is at risk of hitting a vaccination ceiling of 55% for the entire population. (See Exhibit 5.) If vaccine manufacturers continue to meet their supply commitments at a steady rate, we expect that US vaccination efforts will begin slowing down by early May. (See Exhibit 6.)
Exhibit 5 | Only 55% of the US Population Rates as Eager or Vaccinated

If a vaccine against COVID-19 were available to you today at no cost, how likely would you be to get it?

328 million

255 million

Children

23%

5%

19%

6%

9%

5%

10%

328 million

Vaccinated

Scheduled

Definitely

Likely

Maybe

Unlikely

Definitely not

Total US population

Adults

73 million

22%

Note: Cumulative vaccinated population data is from CDC COVID-19 Data Tracker. The number of scheduled appointments in January was calculated as the total number of vaccines scheduled three weeks ahead of the date of the survey; the number of scheduled appointments in March was calculated from respondents who reported having a currently scheduled appointment. Hesitancy is attributed to respondents who answered "Maybe," "Somewhat unlikely," or "Highly unlikely" to a question asking whether they would make an appointment for a COVID-19 vaccine today if it were available. The size of the US population in each hesitancy segment was derived from the percentage of respondents. Because of rounding, the percentages in the bar charts do not add up to 100%.

Exhibit 6 | Without Demand Generation, the US Vaccination Campaign Will Slow by Early May

Sources: CDC COVID Data Tracker; New York Times; Bloomberg; NPR; Pfizer, Moderna, and Johnson & Johnson press releases.

Note: Data as of March 30, 2021; estimates assume linear manufacturing supply.

Without intervention to deal with the hesitant population, the US vaccine campaign will slow by May because of demand constraints.
THE NEED TO PROACTIVELY GENERATE DEMAND
To better protect the vulnerable and to slow the disease’s spread, state and local governments must quickly activate marketing and outreach campaigns, in close coordination with their plans to increase supply and expand eligibility. Public health campaigns require time and multiple touchpoints to change attitudes and behaviors, and the COVID-19 vaccine campaign will likely be no different. Instead of waiting until all eager US residents have all been vaccinated and excess vaccines begin accumulating prior to delivery to vaccination stations, states should launch their COVID-19 outreach campaigns soon if the country is to achieve its national goal of vaccinating all adults by the middle of the summer.
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Follow BCG’s COVID-19 US Vaccine Sentiment Series on BCG.com
BCG’s COVID-19 Vaccine Sentiment series is based on data drawn from an online survey of consumers that is conducted every few weeks across a representative sample of the United States. The survey is produced by the authors in partnership with coding and sampling provider Dynata, the world’s largest first-party data and insights platform. The goal of the research is to provide our clients and businesses around the world with periodic barometer readings of COVID-19-related vaccine sentiment to inform rebound planning, vaccine rollout operations, and decision making. A team composed of BCG consultants and experts from BCG’s Center for Customer Insight completes the survey analytics.
We would like to thank key contributors to this article:

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COVID-19 Disclaimer

The situation surrounding COVID-19 is dynamic and rapidly evolving, on a daily basis. Although we have taken great care prior to producing this presentation, it represents BCG’s view at a particular point in time. This presentation is not intended to constitute medical or safety advice, nor be a substitute for the same, or be seen as a formal endorsement or recommendation of a particular response. As such, you are advised to make your own assessment as to the appropriate course of action to take, using this presentation as guidance. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.