COVID-19 Survey Summary: November 13, 2020

The following is a summary of social, behavioral and economic survey research on COVID-19 released in the past week, as compiled for the Societal Experts Action Network (SEAN). Most surveys cited in this report are available in the SEAN COVID-19 Survey Archive.

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Perceptions that the pandemic is getting worse and fears about catching the coronavirus are up amid skyrocketing case counts, but the public's willingness to endure another month at home has faded, suggesting that a potential repeat of the spring lockdown may be a hard sell.

Additionally, in one newly released study, statistical modeling highlights the benefits of restricting occupancy at indoor locations of concern. Another suggests a possible link between COVID-19 and psychiatric risk. A CDC state study shows declining cases, hospitalizations and deaths after introduction of mitigation measures. And given promising vaccine news this week from Pfizer, we briefly summarize results in the SEAN archive on vaccination attitudes to date.

Concerns and Distancing

Six in 10 Americans say the coronavirus situation in the United States is getting worse, up 19 percentage points since September. Fifty-six percent are somewhat or very worried that they or someone in their family will be exposed to the virus, up 7 points in the same time period. Seven in 10 think a surge of cases in their area in the coming weeks is very or somewhat likely.

Despite these concerns, fewer say they're very likely to comply with a recommendation by public health officials that everyone stay at home for a month because of a serious outbreak in their community – 49 percent, down from a high of 67 percent in late March/early April. A third say they'd be very or somewhat unlikely to do so, more than double its previous level.

The drop occurred mostly among Republicans. In the spring, 74 percent said they'd be very willing to stay at home for a month if public health officials recommended it; now 40 percent say the same. Among Democrats, it's 87 percent today versus 91 percent in the spring.

Similar to personal willingness to stay home, the perception that it's best for people who do not have symptoms to stay at home as much as possible has dropped sharply since March, from 87 percent to 64 percent now.

Accordingly, far fewer are reporting engaging in several social distancing behaviors than did so during the spring surge. Thirty-eight percent say they're completely or mostly isolating

themselves from non-household members compared with 75 percent in late March/early April. Fifty-three percent say they're avoiding public places and 47 percent are avoiding small social gatherings, down from roughly eight in 10.

Part of the shift may reflect Americans' increased confidence in their ability to protect themselves from being infected when out in public – in late March, just 64 percent felt at least somewhat confident they could protect themselves, vs. 82 percent now. This parallels an increase in mask use: Nearly nine in 10 say they've worn a face mask when outside the home in the past seven days, up from 51 percent in early April (Gallup 10/19-11/1).

Indoor Occupancy and COVID-19

Using cellphone geolocation data to analyze mobility patterns in 10 major U.S. cities from March 1 to May 2, a new analysis suggests that a small number of indoor points of interest (e.g., restaurants, grocery stores and hotels) accounted for a large majority of infections. In the Chicago metro area, for example, 85 percent of predicted infections occurred at 10 percent of the points of interest. Certain types of points of interest, including restaurants and hotels, contributed far more to infections than others. The model estimates that just reopening full-service restaurants on May 1 would have resulted in close to 600,000 additional infections in Chicago by the end of May.

The results also indicate that higher rates of infection among disadvantaged racial and socioeconomic groups may be due to their decreased ability to restrict their movement (e.g., because of job demands) as well as greater crowding at the points of interest they visit (such as smaller, busier grocery stores). For example, using medians across the 10 metro areas, the data indicate that the average grocery store visited by lower-income individuals had 59 percent more hourly visitors per square foot and the visitors stayed for 17 percent longer on average.

The authors suggest that restricting maximum occupancy at high-risk points of interest may be an effective and less economically costly means of reducing the spread of the virus than uniformly restricting mobility through stay-at-home orders. They found that limiting restaurant occupancy to one-fifth capacity in Chicago, for instance, would reduce new infections by 80 percent while reducing overall visits by 42 percent (Chang et al., 2020).

COVID-19 and Psychiatric Risk

Another recent analysis investigated the relationship between COVID-19 and psychiatric diagnoses. The authors used data from anonymized health records from 54 healthcare organizations across the country (representing 69.8 million patients), which included 62,354 people diagnosed with COVID-19 from Jan. 20 to Aug. 1. The analysis found that a diagnosis of COVID-19 was associated with an increased risk of psychiatric diagnosis in the subsequent 14 to 90 days, compared with matched cohorts who had experienced any of six other health events (e.g., influenza, bone fracture, skin infection).

Specifically, at 90 days, the estimated probability of having been diagnosed with a psychiatric illness after a COVID-19 diagnosis was 18.1 percent, compared with 13.3 percent of matched

controls who had experienced influenza. Limiting just to those with no history of psychiatric illness (i.e., excluding relapses), those who had experienced COVID-19 were estimated to be about twice as likely as flu patients to receive a first psychiatric diagnosis, 5.8 vs. 2.8 percent. The most common diagnosis was for an anxiety disorder, with an estimated 4.7 percent of COVID-19 patients receiving a first diagnosis for an anxiety disorder within 90 days, compared with 2.2 percent of matched influenza patients.

The reverse relationship also was apparent – a psychiatric diagnosis in the previous year was associated with a higher incidence of COVID-19 diagnosis, even after controlling for known physical risk factors for COVID-19. Although not representative of all COVID-19 patients in the United States, the results suggest that further investigation of the link between COVID-19 and psychiatric disorders may be warranted (Taquet et al., 2020).

Views on Vaccines

Given the recent Pfizer announcement of a potential vaccine that is more than 90 percent effective in stopping COVID-19 infections, we've reviewed the full collection of studies in the SEAN archive to assess public attitudes on vaccination as they've evolved. The archive currently includes 132 questions with topline results on the topic from nearly 60 individual studies.

The most recent results come from a mid-October poll in which six in 10 likely voters said that if a vaccine to prevent COVID-19 were approved by the FDA they would definitely (27 percent) or probably (34 percent) get it (NYT/Siena 10/15-10/18).

But the public's willingness to get vaccinated has declined over time. For example, in mid-July, two-thirds of Americans said that if an FDA-approved vaccine to prevent COVID-19 was available at no cost they would agree to be vaccinated. That dropped to six in 10 by August and fell to half in September (Gallup 9/14-9/27). Similarly, another poll found that the share who said they would try to get a coronavirus vaccine if it were widely available at a low cost dropped from 66 percent in May to 51 percent in early October (CNN 10/1-10/4).

Question wording matters, and this seemed particularly true in the lead up to the election amid concerns about politicization of the process. Questions that indicate the vaccine has been deemed safe by doctors or the FDA tend to find greater willingness to be vaccinated; those that emphasize the newness of the vaccine or imply a potentially rushed process tend to find less willingness. For example, in one poll, likelihood of getting a vaccine ranged from 65 percent if it had been "proven safe and effective by public health officials" to just 18 percent if it had been released before the November presidential election. And while 55 percent said they'd be likely to get a vaccine that has been on the market for a few months, just 30 percent said the same about getting "a first generation vaccine as soon as it's available" (Axios/Ipsos 10/1-10/5).

Looking across groups, results consistently show Black Americans are particularly reluctant to get a COVID-19 vaccine, likely reflecting greater distrust of the health care system more broadly. Women, too, often express greater hesitancy than men to get a coronavirus vaccine (e.g., Gallup 9/14-9/27; KFF/The Undefeated 8/20-9/14; Pew 9/8-9/13; Survey Center on

American Life/Center for American Progress 9/11-9/21). Effective outreach to both groups may be critical in the days ahead.

Several recent international studies also have asked about willingness to get vaccinated. Among the results:

- In Brazil, 63 percent said they would definitely get a COVID-19 vaccine, down from 82 percent in August (PoderData 10/26-10/28).

- In Germany, 37 percent say they'll definitely get vaccinated if a vaccine becomes available, down from 44 percent in August (ARD/Infratest Dimap 11/9-11/10).

- In Russia, just 36 percent said they're personally ready to get the coronavirus vaccine if it is free and voluntary (Levada 10/22-10/28).

- Similarly, in Ukraine, just 35 percent would agree to get vaccinated against the coronavirus for free (R&B Group 9/5-9/15).

- In Turkey, just 17 percent say that if a coronavirus vaccine is released they would get vaccinated immediately. Nearly half (47 percent) say they would wait a while to be vaccinated (Istanbul Economics Research 10/30-11/2).

State Results

In Delaware, a new CDC analysis suggests the potential importance of mitigation measures in controlling the spread of the virus. Cases in the state peaked and first began to decline in mid-April, several weeks after the implementation of a statewide stay-at-home order. Cases dropped by 82 percent from late April through June, corresponding with implementation of a mask mandate (April 28) and contact tracing (May 12). Hospitalizations in the state declined 88 percent during the same period and mortality declined 100 percent (CDC 3/11-6/25)
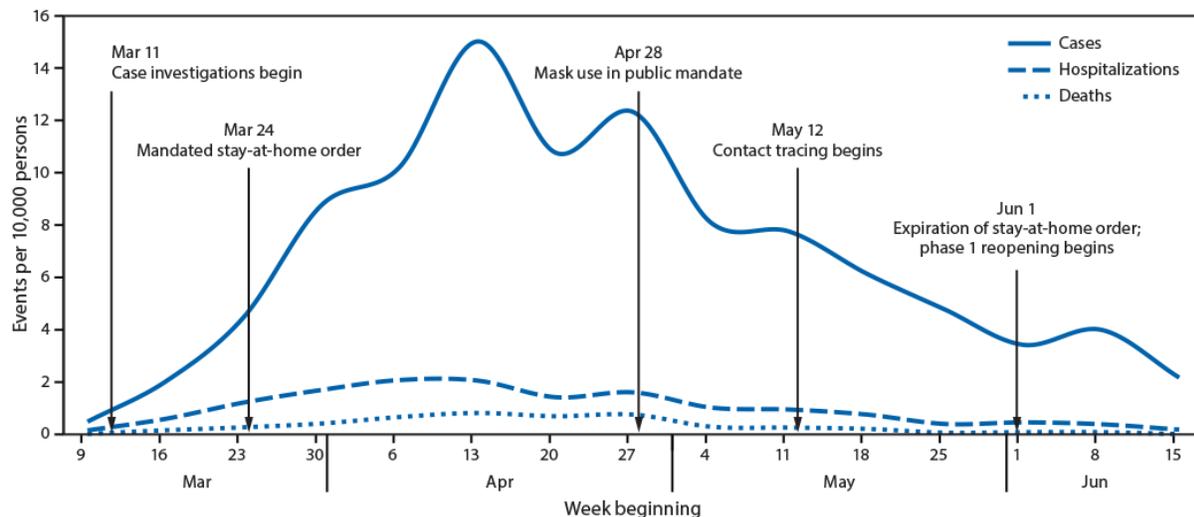
International Results

In Germany, as in the United States, public willingness to get a vaccine has declined – as noted, 37 percent now say they'll definitely get vaccinated if a vaccine becomes available, down 7 points since August. A third say they probably will get vaccinated, 14 percent probably will not and 15 percent say they definitely will not. Nearly all (93 percent) agree with experts that high-risk groups, medical staff and essential workers should have access to vaccines first if initial supplies are limited (ARD/Infratest Dimap 11/9-11/10).

Most Germans (56 percent) think newly implemented restrictions designed to deal with a recent surge in cases are reasonable; 24 percent think they go too far and 16 percent don't think they go far enough. On specific policies, 86 percent approve of the decision to keep schools and daycares open, 78 percent support limiting contact to two households and a maximum of 10 people and 71 percent back the closure of bars and pubs. Half or fewer support the new bans on overnight stays for tourists at hotels and other lodging establishments (50 percent), the closing of cultural institutions such as theaters or cinemas (50 percent), halting amateur and recreational sports (47 percent) and the renewed closure of restaurants (39 percent). Eight in 10 agree that the coronavirus cannot be controlled without strict rules and 85 percent say they have little or no problems complying with the restrictions, but six in 10 would like to see them relaxed in time for the Christmas holidays (ARD/Infratest Dimap 11/2-11/4).

In Japan, where coronavirus cases are rising, 34 percent approve of the coronavirus measures put into place by Prime Minister Yoshihide Suga's administration; 27 percent do not approve and 39 percent said they could not say either way. In September, views of the previous administration's coronavirus measures were more negative – 47 percent disapproved, 29 percent approved, and 24 percent couldn't say either way (Mainichi Shimbun 11/7).

In Turkey, as mentioned above, just 17 percent say that if a coronavirus vaccine is released they would get vaccinated immediately; 47 percent say they would wait a while to be vaccinated and 13 percent say they would wait and only get it if necessary. A quarter say they would not get vaccinated at all, down from 39 percent in June. Asked what the primary restriction should be to contain the virus, 23 percent say current restrictions are sufficient, 23 percent are in favor of curfews, 18 percent think shopping malls should be closed, 13 percent think schools should close and 10 percent support a weekend curfew. Fewer than one in 10 say intercity travel should be restricted or restaurants and cafes should close. Three-quarters say they're worried about the virus, about the same as last month (Istanbul Economics Research 10/30-11/2).

In Great Britain, a poll conducted before the implementation of a national lockdown in England found that 71 percent supported the use of targeted lockdown measures for local areas affected by coronavirus outbreaks, down from 86 percent in late September. Those living in the most restricted lockdown areas (tier 3) were less apt to support these measures than those living in medium (tier 2) and low restriction (tier 1) zones, 65 vs. 70 and 76 percent, respectively. Those in the most restricted areas were the least apt to say they'd left the house to eat or drink at a restaurant bar or pub, or to meet up with someone else in a personal place (e.g., their home).

Those in the least restricted areas were more apt to feel they had enough information about government plans to manage the pandemic than those in more restricted zones, 45 vs. 37 and 34 percent in tier 2 and 3, respectively. They also were more likely to support the "rule of six" measures that limit social gatherings, 72 vs. 63 and 62 percent. Overall scores for life satisfaction (6.5) and feeling that thing in life are worthwhile (7.2), measured on a 0-10 scale, fell to their lowest level since the pandemic began, and average happiness (6.7) decreased for the third week in a row (Office for National Statistics 10/28-11/1).

In Bulgaria, the public divides on whether strong restrictive measures are needed again – 51 percent agree they are, 48 percent disagree. Fifty-one percent believe that masks provide good protection, while 46 percent do not. Forty-three percent agree that they are tired of restrictions, 55 percent disagree. Three-quarters fear they may not be able to rely on the health system when needed. However, a similar share feels the media creates unnecessary panic about the virus. Forty-five percent agree that the government is coping well with the coronavirus situation (Gallup Bulgaria 10/28-11/1).

In Ukraine, where President Zelenskiy recently announced that he'd tested positive for COVID-19, newly released results from a mid-October poll show that more than half of Ukrainians (53 percent) were afraid that they or someone in their family may contract the coronavirus. However, the share who were very afraid (20 percent) dropped 5 points from September and was half what it was in late March/early April (40 percent), when daily cases in the country were far lower.

A quarter of Ukrainians said they personally knew someone who had been sick with the coronavirus or had themselves been sick, up from 12 percent in June. An additional 44 percent knew second-hand about someone who had the virus (e.g., from friends or relatives), up from fewer than two in 10. Taking into account their current lifestyle, health status and age, about one in six assessed their risk of contracting COVID-19 as minimal (7 percent) or small (8 percent); three in 10 felt they had a medium risk, 27 percent a large risk and 16 percent a very large risk (R&B Group 10/8-10/18).

Additional U.S. and international poll results are available at the *COVID-19 Survey Archive*.

Summary for SEAN by Langer Research Associates.