

Rapid COVID-19 State of Vaccine Confidence Insights Report

November 24 – 29, 2021 | SARS-CoV-2 Omicron Variant

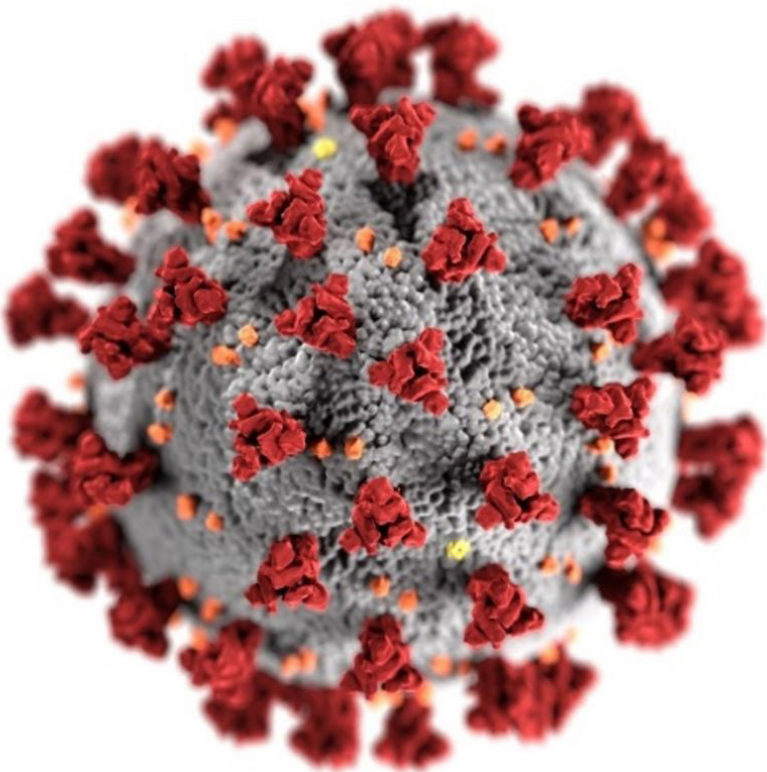
Vaccine Confidence and Demand Team, Insights Unit



This is a special rapid State of Vaccine Confidence Insights Report addressing public and media reactions to the discovery of a new SARS-CoV-2 variant, B.1.1.529.

This report employs the same methods and inputs from the COVID-19 State of Vaccine Confidence Insights Report, yet specifically seeks to better understand consumers' perceptions and sentiments around the SARS-CoV-2 Omicron variant. The report details threats to COVID-19 vaccine confidence, content gaps and information voids, circulating mis- and disinformation, and relevant action steps.

The information in this report is a snapshot from November 24, 2021, through November 29, 2021.



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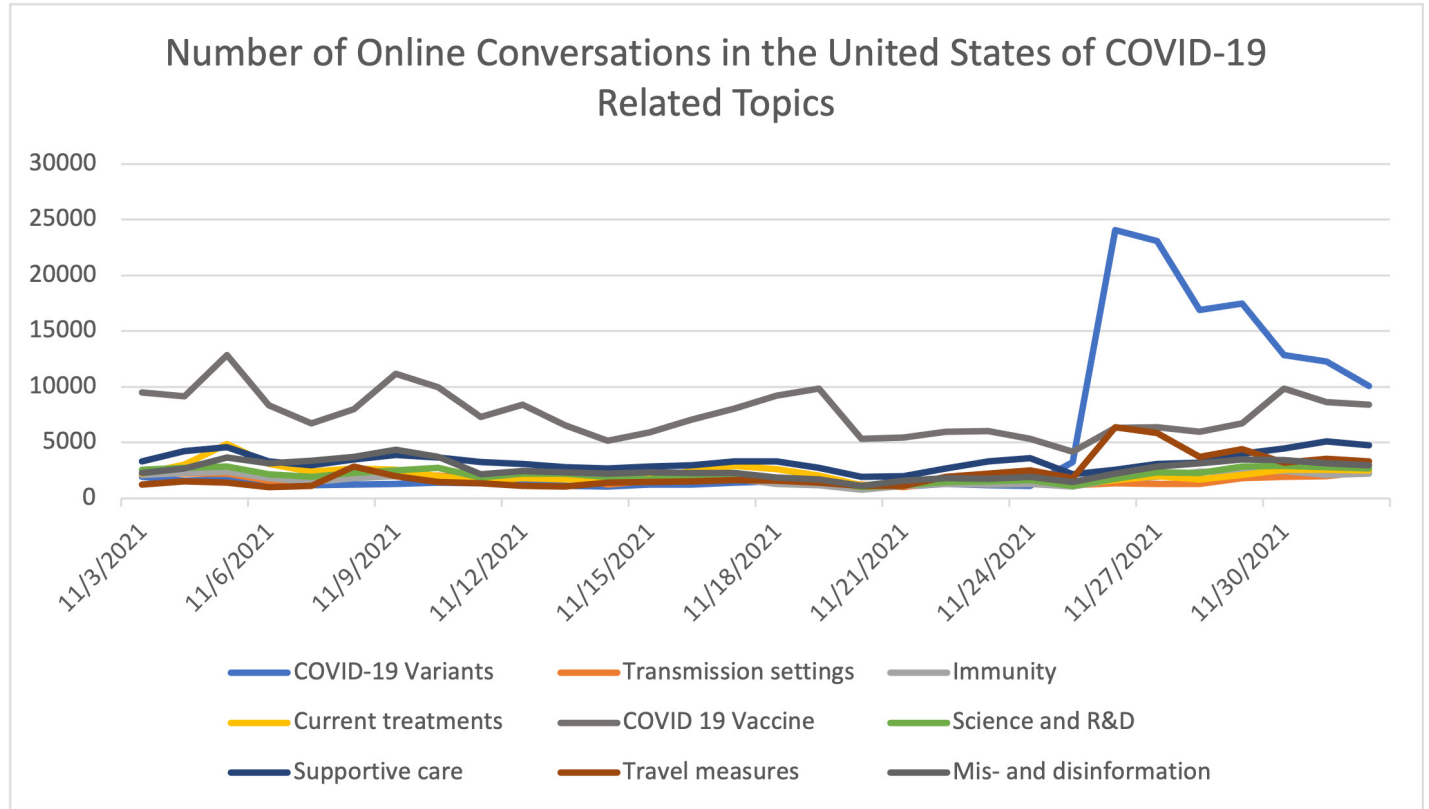
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Background^a

On November 24, 2021, the South African government reported the discovery of the SARS-CoV-2 B.1.1.529a variant to the World Health Organization (WHO).¹ On November 26, 2021, WHO's Technical Advisory Group declared it a variant of concern and named it "Omicron."² The first cases of Omicron were detected in South Africa from samples drawn on November 8, 2021.³ On November 26, numerous countries, including the United States and the United Kingdom,⁴ implemented travel restrictions to countries in Southern Africa.⁵ By November 29, 2021, 11 countries reported cases of the Omicron variant. On November 25, 2021, the number of online conversations about the Omicron variant exceeded online conversations of all reported COVID-19 related topics in the last 30 days (See Figure 1).^b

Figure 1.



^aCitations in this report are illustrative examples and are not the total number of instances of the corresponding themes.

^b[WHO Early AI-supported Response with Social Listening \(EARS\)](#)

Perceptions, Concerns, and Threats to Vaccine Confidence

News coverage of the SARS-CoV-2 Omicron variant focused on the discovery,^{6,7} WHO’s classification as a variant of concern,^{7,8} geographic spread of the variant,^{9,10,11,12} travel restrictions,^{13,14,15,16} and the potential availability of Omicron-specific vaccines or boosters.^{17,18} Increased online searches of keywords such as “variant” and “omicron” highlighted increased consumer interest in the variant. The highest single-day total of news stories and social media posts that mentioned Omicron was much higher (n = 1,583,190) than Delta (n = 922,162), Gamma (n = 30,959), and Mu (n = 356,640).^d Following the announcement of the new variant, consumer questions and conversations focused on three main topics:

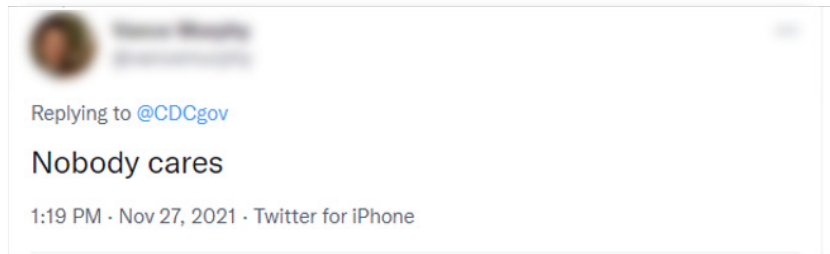
1. Unknown transmissibility of the variant
2. The effectiveness of the travel restrictions and “lockdowns” to slow spread
3. The effectiveness of the COVID-19 vaccines and boosters against the Omicron variant.

Consumers expressed concern about several unknown aspects of the Omicron variant. Social media users were concerned about transmissibility¹⁹ and the geographic spread of Omicron.^{e,20,21} Other social media users were concerned about the severity of symptoms of the Omicron variant.^{22,23} However, after news reports highlighting remarks by a South African doctor that the symptoms were mild,^{24,25} much of the earlier online conversation shifted to focus more on the belief that the variant is not a concern.^{26,27,28}

Social media users were also concerned about the effectiveness of the COVID-19 vaccines and boosters in preventing the spread of the Omicron variant and preventing symptoms.^{29,30,31,32} A recent Harris Poll (n = 1,585) found that 50% of respondents were very or somewhat concerned the variant would “evade existing COVID-19 vaccines.”³³ Additionally, the discovery of the Omicron variant increased online arguments for people to get their booster doses as the best protection against the variants.^{34,35,36} Online arguments against booster doses also increased, with some claiming that the story of the variant was created to increase the uptake of booster doses³⁷ while others claimed booster doses would not work on the Omicron variant.^{38,39} Concerns about the transmissibility, severity of the symptoms and the effectiveness of the current vaccines were similar to concerns identified about the Delta variant in the 11th, 12th, and 13th COVID-19 State of Vaccine Confidence Insights Reports.

Consumers online were concerned about President Biden’s travel restrictions, some stating they did not go far enough,^{40,41,42,43} while others were concerned that they did not work^{44,45} and some said they were racist.^{46,47,48,49} Some social media users were worried that implementing travel restrictions would hurt the South African and US economy^{50,51} while others worried about implementing travel restrictions instead of focusing on equitable distribution of vaccines to developing nations.^{52,53}

Many social media users expressed a lack of concern when the Omicron variant was discovered and classified as a variant of concern by WHO.^{54,55,56,57,58} Others stated they believed the Omicron variant is no worse than the common cold.^{59,60} A Harris Poll (n = 1,585) found unvaccinated respondents were the least concerned about the Omicron variant, although 61% were somewhat concerned.⁶¹ Together, this general lack of concern presents a serious threat to vaccine uptake and confidence, as fewer people may pursue COVID-19 vaccines and boosters and heed community mitigation strategies, and also could influence people’s belief that the vaccines prevent severe symptoms from acquiring SARS-CoV-2.



^cGoogle Trends

^dMeltwater

^eCDC-INFO

Misinformation Themes

Below are the most common mis- and disinformation themes related to the SARS-CoV-2 Omicron Variant. When compared to previous reports' findings on other variants, these are all new misinformation themes except for the first conspiracy theory.

Conspiracy Theories: A group of people created and released the Omicron variant to achieve a secret agenda.

1. Some people believed the pharmaceutical industry created the variant for financial profit.^{62,63,64}
2. Some users made statements about how the Omicron variant was created and released to draw the population's attention away from the deaths and adverse events related to the COVID-19 vaccines.^{65,66,67}
3. Some users stated that the Omicron variant was created and released to distract the public from the trial of Ghislaine Maxwell.^{68,69,70,71,72,73} Some social media users believe the US government,^{74,75} "elites," or "high ranking individuals" are trying to distract the public from the trial.^{76,77,78,79} Some believe the media is also involved in the cover up.^{80,81,82,83}

The media is reporting on the Omicron variant to create fear in public. Online consumers expressed their belief that the media was using the discovery of the Omicron variant to frighten the general public.^{84,85,86} Some social media users believe that the media was working with pharmaceutical companies and the governments to increase uptake of the booster, keep the population under control, help pharmaceutical companies make money, and help government officials stay in power.^{87,89,90,91,92,93,94}

There is no scientific evidence supporting travel restrictions. Some social media users spoke out against the travel restrictions by claiming no evidence exists to support their effectiveness. Although there is still a scientific debate on this topic and the limitations of the current evidence, several studies^{95,96,97} including a meta-analysis⁹⁸ and a systematic review⁹⁹ present evidence that limiting travel has an effect on slowing the spread of COVID-19 and other viruses.

Content Gaps and Information Voids

Content gaps and information voids emerged following the announcement of the discovery of the SARS-CoV-2 Omicron variant. Questions from consumers emerged organically on social media channels, websites, news articles, internet forums, and through inquiries to CDC-INFO in response to news coverage about the variant. Below are the most frequently asked questions by theme:

Questions about the transmissibility and symptoms of the Omicron variant:

- Are the symptoms of the Omicron variant different than the original strain of COVID-19 or the Delta variant?
- Given anecdotal reports that the Omicron variant's symptoms are mild, should people expose themselves to this variant to get infection-acquired immunity?

Questions related to the COVID-19 vaccines and booster doses:

- How effective are the COVID-19 vaccines and boosters against acquiring and having severe symptoms from the Omicron variant?
- If vaccines are working, why are there new variants?
- Are the vaccines creating variants?
- Why should people get a booster dose if new variants continue to emerge?
- Should I wait to get my booster dose until a new booster dose is designed specifically for the Omicron variant?
- Are people vaccinated against COVID-19 who also have infection-acquired immunity more protected from the Omicron variant than people only vaccinated against COVID-19?

Other questions related to the Omicron variant announcement:

- Why are the US government and CDC waiting to announce more travel restrictions for other countries with reported cases of the Omicron variant?
- Why are the US government and CDC not giving more vaccines to developing countries?
- Why did the US government implement travel restrictions when they do not work?

Ways to Take Action

Message dissemination

- Create, disseminate, and amplify messages, especially on social media, that booster doses and primary COVID-19 vaccine doses are the best method of protection against severe COVID-19 or complications caused by infection.
- When data on the Omicron variant's transmissibility and severity of symptoms are available, quickly disseminate findings and limitations of the data to the public.
- Create and disseminate messages about what is currently unknown about the Omicron variant to build the public's trust in the scientific and medical community.

Partner with trusted messengers

- Amplify messages that promote the benefits of vaccination for all eligible people, and that show how vaccination protects the broader community and reduces the chance for new variants to emerge.
- Expand talking points for healthcare providers to specifically address patients' needs, concerns, and questions about the Omicron variant and the continued need for vaccination and booster doses.
- Encourage physicians to share what is and is not known about the variant with their patients when asked.

Address misinformation

- Continue to share messages about why variants occur and how they are natural, and expected as viruses evolve. Consider providing examples from other viruses.
- Amplify messages about the safety of COVID-19 vaccines, highlighting the low number of adverse events following a high number of administered vaccines, and vigilant safety monitoring.

Additional research:

- Support research efforts to better understand the transmissibility and severity of symptoms.
- Support research efforts that gather evidence regarding how new variants impact people's concern, perception of risk, and motivation to follow vaccine guidelines and community mitigation strategies.

Appendix: Inputs and Sources

Type	Input	Cadence	Sources	Tactics for Utilization
Social Media Listening & Media Monitoring	Communication Surveillance Report	Daily on weekdays	<ul style="list-style-type: none"> Google news Meltwater CrowdTangle Native platform searches 	<ul style="list-style-type: none"> Share of voice topic analysis to identify themes Emerging topics
	Meltwater	Daily	<ul style="list-style-type: none"> Facebook, Twitter, Instagram Blogs News media Online forums 	<ul style="list-style-type: none"> Share of voice topic analysis Emerging theme topics Identify high reach/velocity topics
	OADC Channel Comment Analysis	Daily on weekdays	<ul style="list-style-type: none"> Native platform searches 	<ul style="list-style-type: none"> Sentiment analysis Identify message gaps/voids
Direct Reports	CDC-INFO Metrics	Weekly	<ul style="list-style-type: none"> CDC-INFO inquiry line list 	<ul style="list-style-type: none"> Sentiment analysis Identify information gaps/voids
	Web Metrics	Weekly	<ul style="list-style-type: none"> Top pages Google search queries 	<ul style="list-style-type: none"> Identify information gaps/voids, Identify keywords/search terms, changes in web traffic
Research	Poll Review	Weekly	<ul style="list-style-type: none"> Harris Poll, PEW research, Gallup Poll, KFF New data related to vaccine hesitancy 	<ul style="list-style-type: none"> Identify socio-behavior indicators related to motivation and intention to vaccinate
	Literature Review	Weekly	<ul style="list-style-type: none"> PubMed, LitCovid, ProQuest Central New data related to vaccine hesitancy 	<ul style="list-style-type: none"> Identify current vaccination intention Identify barriers to vaccination
Third Party Reports	Tanaq Social Listening +Media Monitoring Report	Weekly	<ul style="list-style-type: none"> Meltwater Sprout Social First Draft Native platform searches 	<ul style="list-style-type: none"> Trending topics Demographic and geographic conversation monitoring
	CrowdTangle content insights report	Biweekly	<ul style="list-style-type: none"> Facebook 	<ul style="list-style-type: none"> Top pages (voices), groups General trends/sentiment analysis News analysis through posts
	First Draft News Vaccine Misinformation Insights Report	Monthly	<ul style="list-style-type: none"> Proprietary methods 	<ul style="list-style-type: none"> Media trends analysis Emerging threats and data deficits Online vaccine narratives
	Project VCTR	Weekly	<ul style="list-style-type: none"> Proprietary methods 	<ul style="list-style-type: none"> National and regional trends in negative attitudes toward vaccination Conversations around Legislation
	Virality Project	Weekly	<ul style="list-style-type: none"> Proprietary methods 	<ul style="list-style-type: none"> Mis- and disinformation trends related to COVID-19 vaccine