

A Survey of ASEAN+3 Vaccine Views¹

March 17, 2021

“The idea that there’s going to be a vaccine and everything’s gonna be fine tomorrow—it’s just not rational, not reasonable.”

*~ Joe Biden, then US Presidential candidate
CNN Townhall, Moosic, Pennsylvania
September 17, 2020*

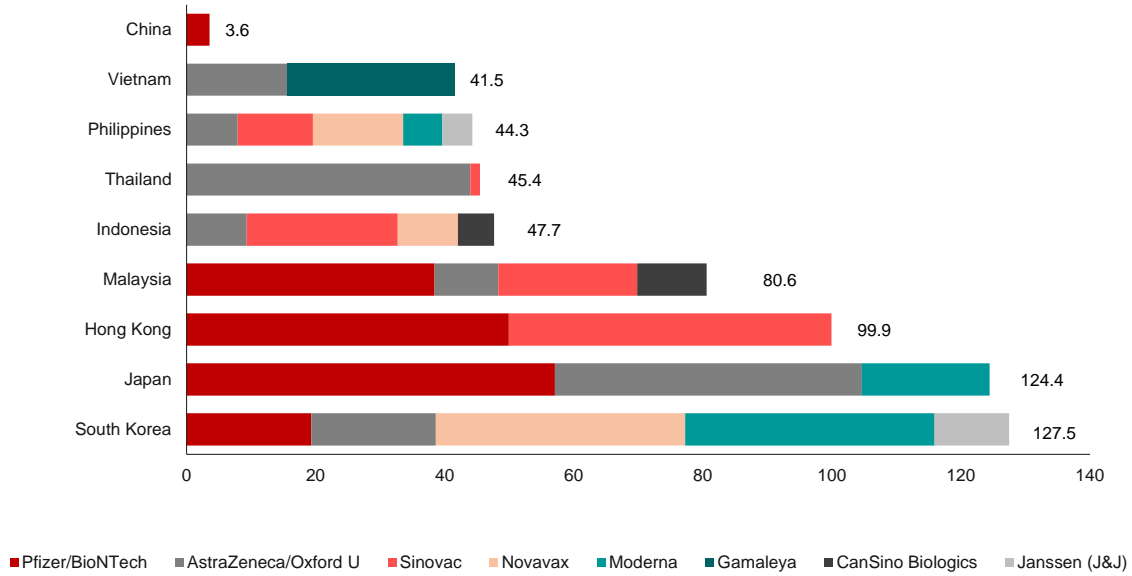
I. Introduction

1. **Highly efficacious COVID-19 vaccines have, impressively, been developed and deployed less than a year after the virus ripped through the ASEAN+3 region and spread to the rest of the world.** This achievement has refocused attention from the rate of virus infections to the rate of vaccinations in individual countries and around the world. In the ASEAN+3 region, governments have been purchasing vaccines from various sources, and the rollout of vaccinations have commenced (Figures 1 and 2). Promisingly, studies suggest that some of these vaccines appear resilient even against new—and potentially more contagious and virulent—variants of the virus. So, the question now is, when would the world be able to achieve sufficient “herd immunity” against the COVID-19 virus in order to return to some semblance of normality.

2. **Even if the vaccines were to become widely and affordably available, their actual take-up will likely be the determining factor in any country’s success in defeating the virus.** Although global vaccine trust is rising—with more than half of those surveyed across countries indicating that they would take the shots if offered—attitudes and confidence vary widely (Alford, 2021). Although some European countries see rising confidence among their populations, several Asian counterparts show declining trust. Elsewhere, surveys in the United States find that substantial skepticism persists about the safety and effectiveness of the COVID-19 vaccines (File and Mohanty, 2021; Stobbe and Fingerhut, 2021).

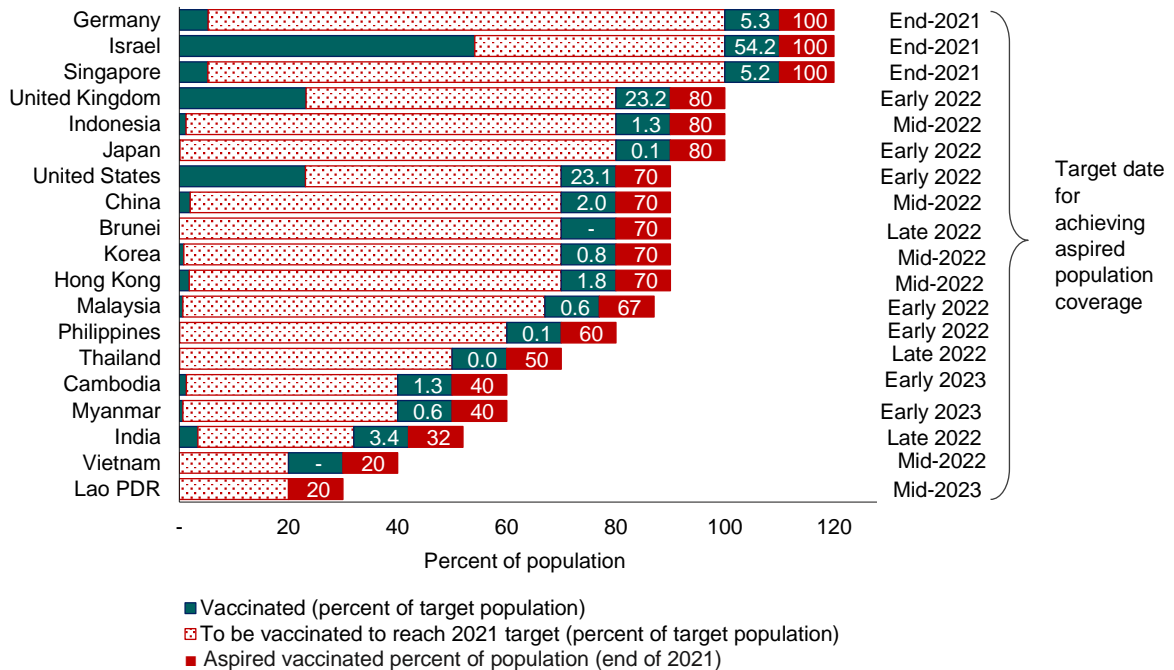
¹ Prepared by Li Lian Ong, with input from Marthe Hinojales, Catharine Kho, and Anne Oeking (all Regional Surveillance); reviewed and authorized by Hoe Ee Khor (Chief Economist). The views expressed in this note are the author’s and do not necessarily represent those of the AMRO or AMRO management. The author would like to thank AMRO and ASEAN+3 colleagues for their participation in the AMRO Vaccine Views Survey, and for helping to disseminate the survey throughout the region.

Figure 1. Selected ASEAN+3: Confirmed Vaccine Contracts
(Percent of population covered)



Sources: Duke Global Health Innovation Center, Launch and Scale Speedometer; Haver Analytics; and AMRO staff calculations.
 Note: Published data last updated by source on March 12, 2021. The contracts comprise deals that have been signed, finalized, and publicly announced; the data exclude deals under negotiation as well as confirmed deals with unknown amounts, and procurement under COVAX. China data exclude purchases of own vaccine candidates for domestic use as purchase deals have not been publicly announced.

Figure 2. ASEAN+3 and Other Economies: Vaccinations versus Aspired Population Coverage, as of March 14, 2021



Sources: Our World in Data via Haver Analytics; various media sources; and AMRO staff calculations.
 Note: Brunei Darussalam is scheduled to begin by Q2 2021. The percent of population vaccinated shows total administered doses divided by two to reflect the two-dose regime of most vaccines—it does not necessarily reflect the actual number of fully vaccinated people. "Aspired" figures are taken from published media articles quoting government sources, and refers to either the goal, forecast, or estimates for 2021 (based on published information); these do not include the share of population that will be vaccinated by doses that still being negotiated. Where range estimates are available, the maximum point is used in the figure. Completed targets refer to governments' maximum goals for inoculation, or targets to achieve herd immunity, which typically refer to vaccinating between 60 to 90 percent of the population; if undisclosed by official sources, AMRO estimates (based on the average target speed of vaccination in 2021–22) or estimates by the Economist Intelligence Unit (as of January 23, 2021) are used.

3. **AMRO staff undertook a survey at the end of 2020 to gather broader regional views on the COVID-19 vaccines.** The aim was to compile information that could potentially help member authorities design vaccination strategies to improve the take-up of vaccines, in order to better control the virus and ensure a more sustainable economic recovery. A short questionnaire was sent to AMRO staff and member authorities, who, in turn, helped to disseminate it to colleagues, families, and friends; it was also posted on AMRO's social media sites (Appendix I). As a result, the survey was able to capture a cross-section of society: from college students, to a wide swathe of the working age cohort, to retirees.² In all, there were 1,082 respondents, predominantly from across ASEAN+3 countries, with a group of 44 respondents from outside the region.

4. **Notwithstanding the sampling caveats, a few clear trends have emerged.** A large majority of respondents in the region would take the COVID-19 vaccine, albeit some more eagerly than others. Any reluctance or hesitancy was overwhelmingly attributable to the speed of development and approval of the vaccines, in contrast to the history of vaccines typically taking years to develop, test and approve. Correspondingly, a large majority of survey participants would rather wait for further information on the vaccines and their potential side effects. Given a choice, many would prefer to take the vaccines that were the first to come on the market, in part because more information are available about them. Trust and transparency were key to vaccine preferences.

II. Analysis of Survey Responses

Question 1. *“Where do you currently reside?”*

5. **The first question was aimed at determining the views of residents in a particular jurisdiction toward COVID-19 vaccines and vaccinations.** The responses provided information on residents, including expatriates, who would require vaccination. The largest groups of survey respondents were from the ASEAN-5 countries, with more than 100 each, followed by Lao PDR, China, and Myanmar (Figure 3). At 245, the number of participants was highest for Singapore, which, as a regional hub, also accounted for the largest number of expatriates (127) in the survey sample.³ In contrast, the number of survey respondents from Hong Kong, China (hereafter “Hong Kong”), was too low to adequately capture its expatriate population.

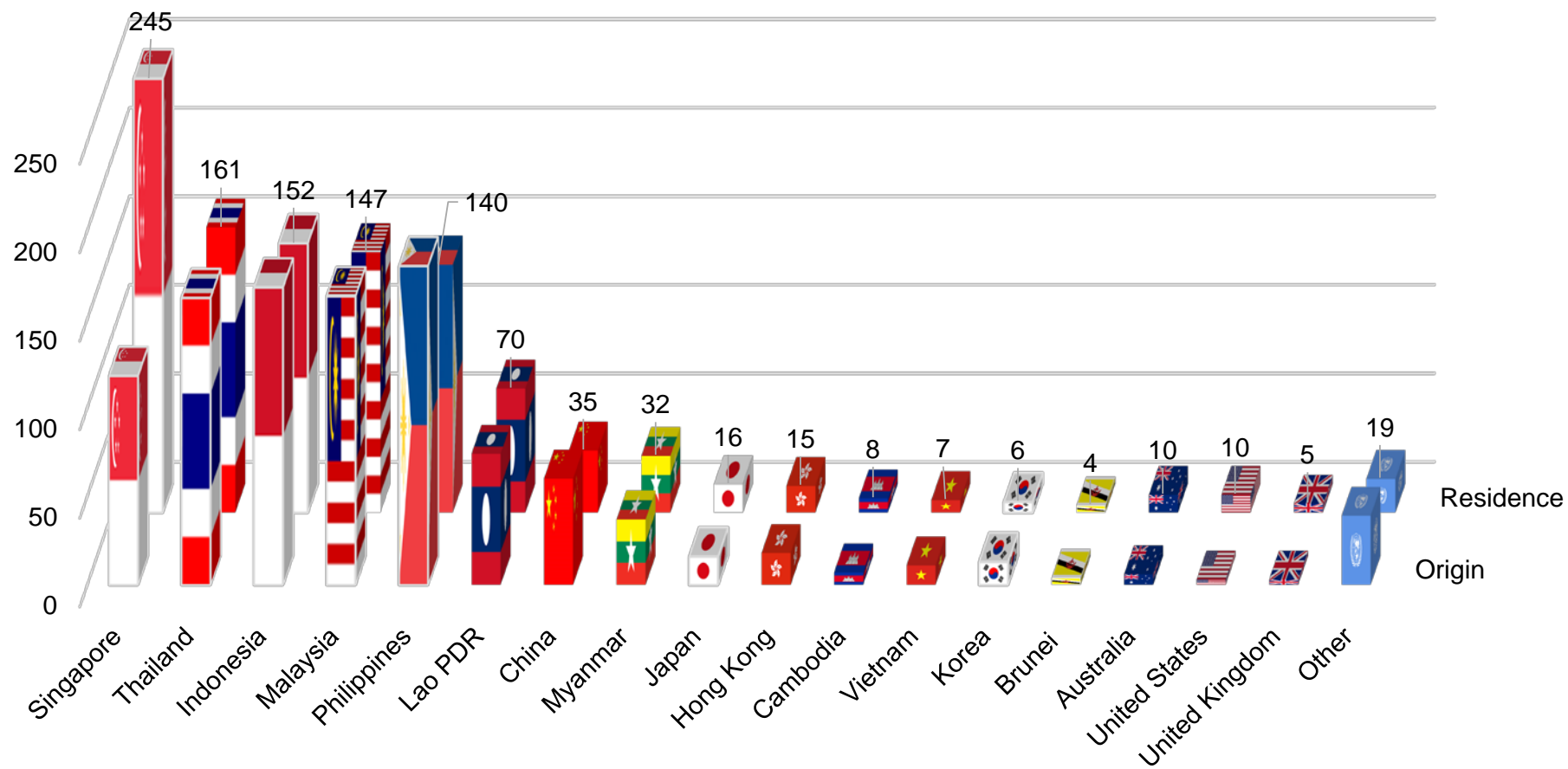
Question 2. *“Where do you come from?”*

6. **The second question was aimed at discerning whether there are national or cultural drivers underpinning attitudes towards inoculations against the coronavirus.** The diversity of the region provides an interesting window into potentially differing views across nationalities. With the exception of Singapore, where nationals were distinguished from expatriates for comparable analyses, practically all residents of the ASEAN+3 member economies who participated in the survey were also nationals of those countries (Figure 3). The survey inadvertently found its way to some Australians, British, Americans, as well as nationals from a myriad of countries around the world, who also responded.

² Admittedly, the sampling was not done in any scientific way and the responses likely did not **fully** capture the cross-section of each society. Moreover, the number of respondents varied widely across countries, in part attributable to the language barrier given that the questionnaire was only available in English.

³ This group also included some AMRO staff who, while representing an appealing distribution of ASEAN+3 economies, also captured inherent biases.

Figure 3. ASEAN+3 (and Others): Survey Respondents by Place of Origin and Residence
(Number of persons)

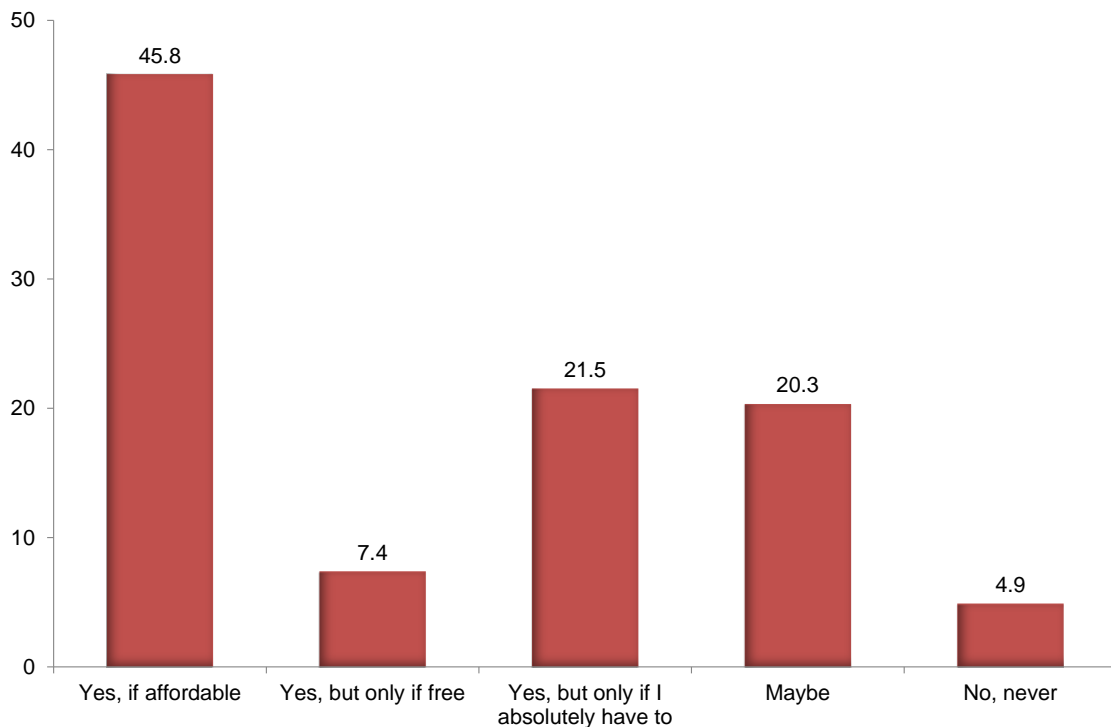


Sources: Survey respondents; and AMRO staff calculations.

Question 3. “Would you take a COVID-19 vaccine?”

7. **A clear majority of those surveyed indicated that they would take a COVID-19 vaccine.** Almost half of all respondents would voluntarily be vaccinated if the shots were affordable, while over a fifth would grudgingly take the jabs if they absolutely had to (Figure 4). Cost appeared to be an issue for 7 percent of survey participants, who would only agree to take a COVID-19 vaccine if it were free. Another 20 percent of respondents remained undecided, while 5 percent appeared unequivocally against being inoculated at all.

Figure 4. ASEAN+3 (and Others): Willingness to Take the Vaccine
(Percent of respondents)

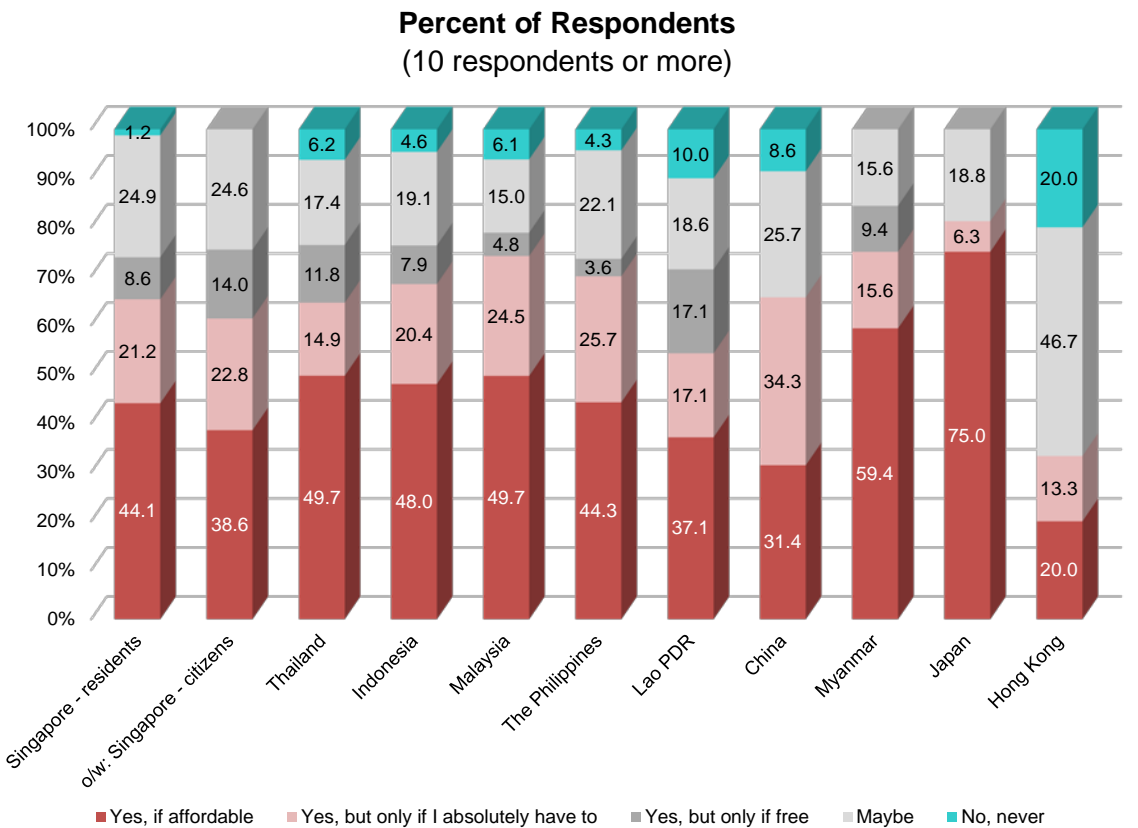
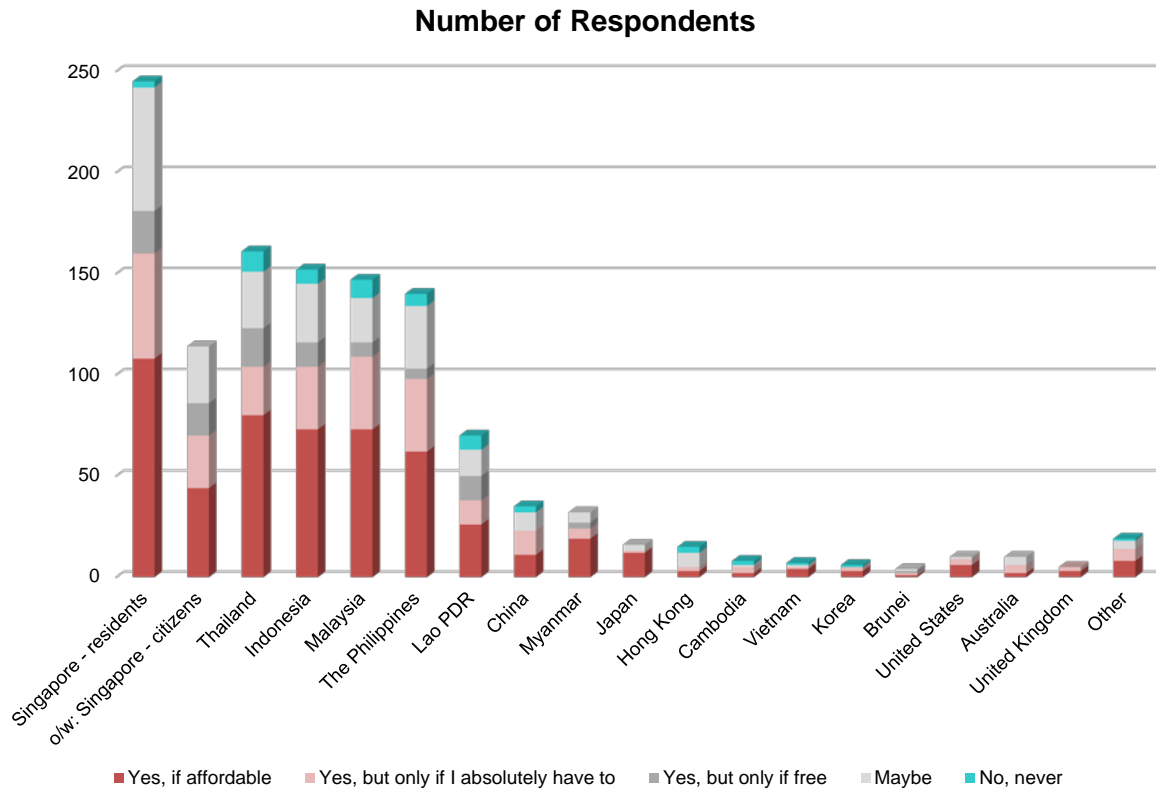


Sources: Survey respondents; and AMRO staff calculations.

8. **The proportions among those who would agree to being vaccinated were very high across most jurisdictions, of between 70–80 percent** (Figure 5):

- Across the ASEAN-5 countries, between 40–50 percent of resident respondents revealed that they would take the vaccine if they could afford it. The percentage went up to almost 60 percent in Myanmar, and 75 percent in Japan; it fell to between 30–40 percent for China and Lao PDR, and among Singapore citizens; and dropped further to 20 percent among Hong Kong residents.
- Another 20–25 percent of surveyed residents in Singapore, Indonesia, Malaysia, and the Philippines said that they would take the vaccine if they absolutely had to. More than 30 percent of respondents in China would consent to being inoculated if deemed necessary; the proportion declined to below 20 percent for Lao PDR, Myanmar, and Hong Kong, and 6 percent for Japan.

Figure 5. ASEAN+3 (and Others): Willingness to Take the Vaccine, by Residency



Sources: Survey respondents; and author's calculations.

- Affordability was the most important consideration for Lao PDR and Thai, as well as Singapore nationals. Separately, between 12–17 percent of respondents from this group of countries said that they would get the job only if it was free.

9. **However, a not insignificant proportion of those surveyed in each jurisdiction remained on the fence about the COVID-19 vaccine or would have refused to be inoculated.** In most places, between 15–25 percent of respondents were ambivalent about taking the vaccine, while up to 10 percent were against doing so altogether. Survey participants in Hong Kong were most tentative, with 47 percent indicating that they were still in two minds, while another 20 percent would refuse to be vaccinated. No Singaporean, Burmese, or Japanese respondent indicated opposition against being inoculated.

Question 4. “Why not?”

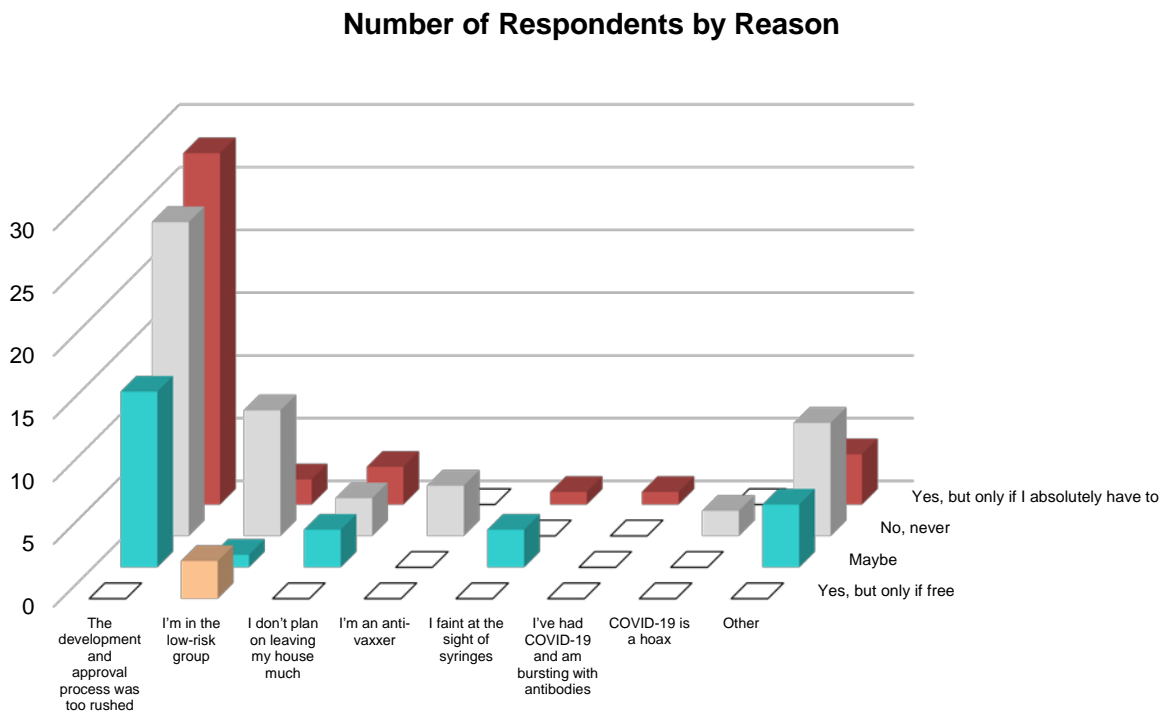
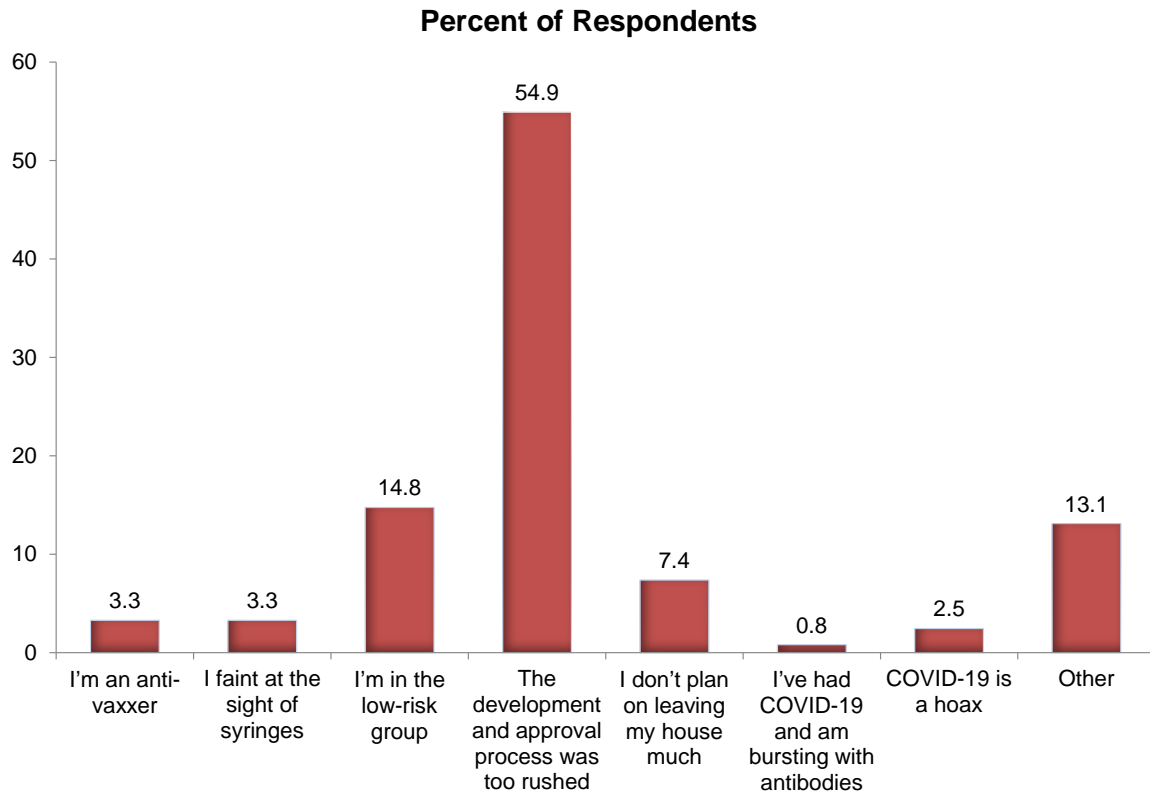
10. **Overwhelmingly, respondents who expressed any doubt about taking the COVID-19 vaccines attributed their uncertainty to the unprecedented speed of development and approval.** Although the question was directed at those who refused to be vaccinated, respondents who were less than unequivocal also responded (Figure 6):

- A clear majority of respondents (55 percent) was concerned about the possible political influence over the vaccine efforts, where regulatory approval for emergency use was perceived to have been too rushed, with negative implications for their safety. The largest group among these respondents would take the vaccine only if they absolutely had to, while the next largest cohort was adamant against being vaccinated at all.
- The next largest group of survey participants, numbering 15 percent of the total, considered themselves to be in the low-risk category—the majority of whom refused to be vaccinated—while 7 percent said that they planned to stay home as much as possible to avoid being infected.

11. **The pattern was reflected across the majority of economies, where half or more respondents revealed their concerns about the rushed development of the coronavirus vaccines:**

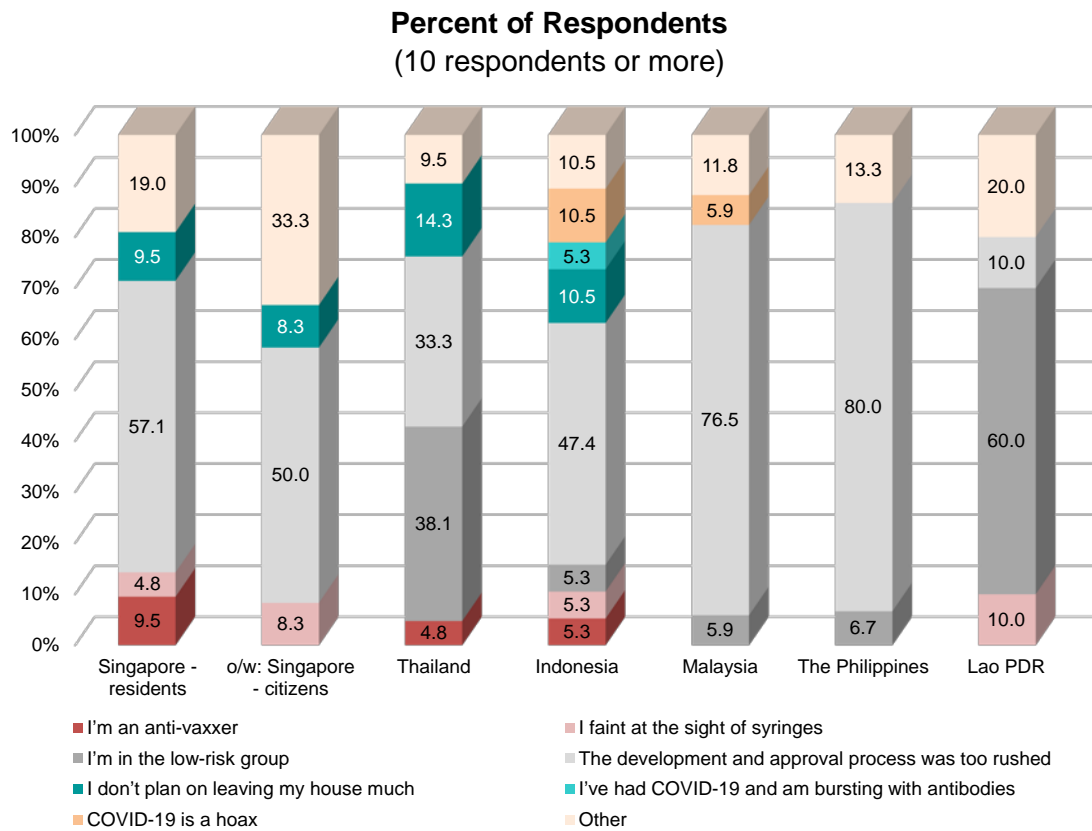
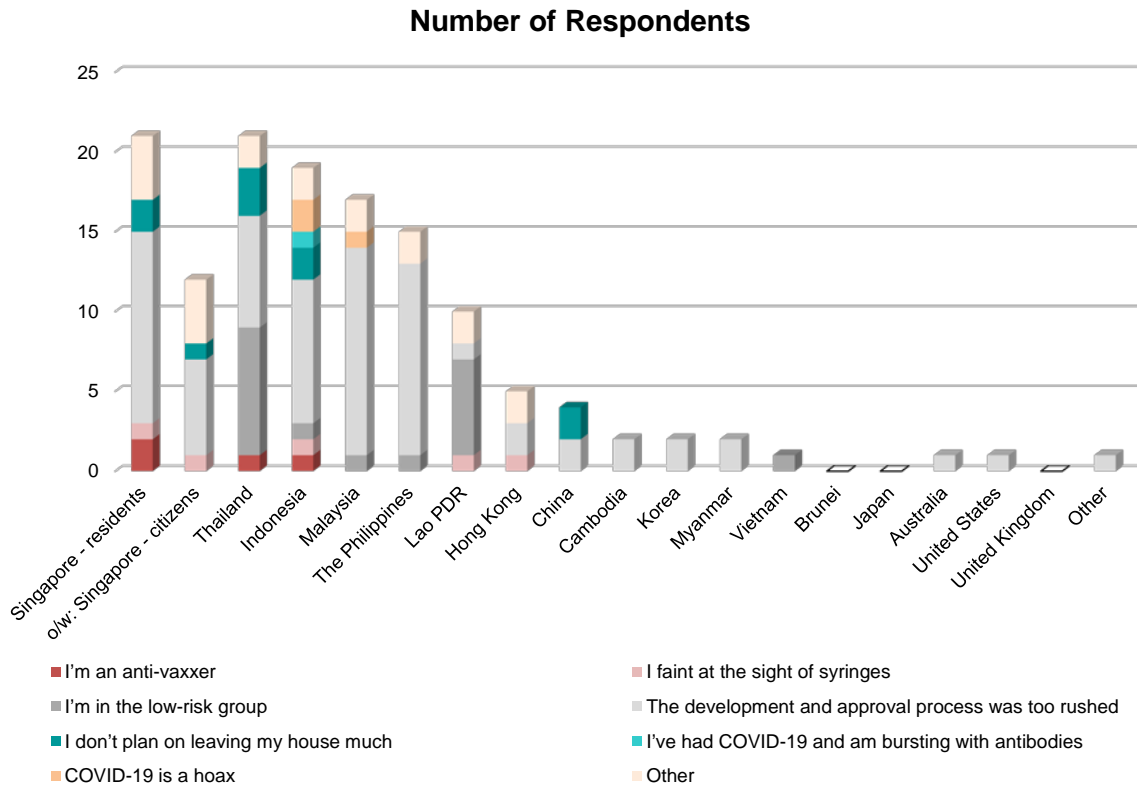
- More than 75 percent of all residents in Malaysia and the Philippines held this view, while 47 percent of Indonesia residents were also similarly disposed (Figure 7). Separately, about 57 percent of Singapore residents were skeptical because of the speed with which the vaccines were developed compared to 50 percent of citizens.
- In contrast, only a third of respondents in Thailand and 10 percent of those residing in Lao PDR felt the same way. In these two countries, the largest percentage of respondents who were less than fully committed to taking the vaccine considered themselves in the low-risk group—38 percent in Thailand, and 60 percent in Lao PDR—possibly because of the low levels of infections in either country at the time of the survey.

Figure 6. ASEAN+3 (and Others): Reasons for Not Taking the Vaccine



Sources: Survey respondents; and author's calculations.

Figure 7. ASEAN+3 (and Others): Reasons for Not Taking the Vaccine, by Residency



Sources: Survey respondents; and AMRO staff calculations.

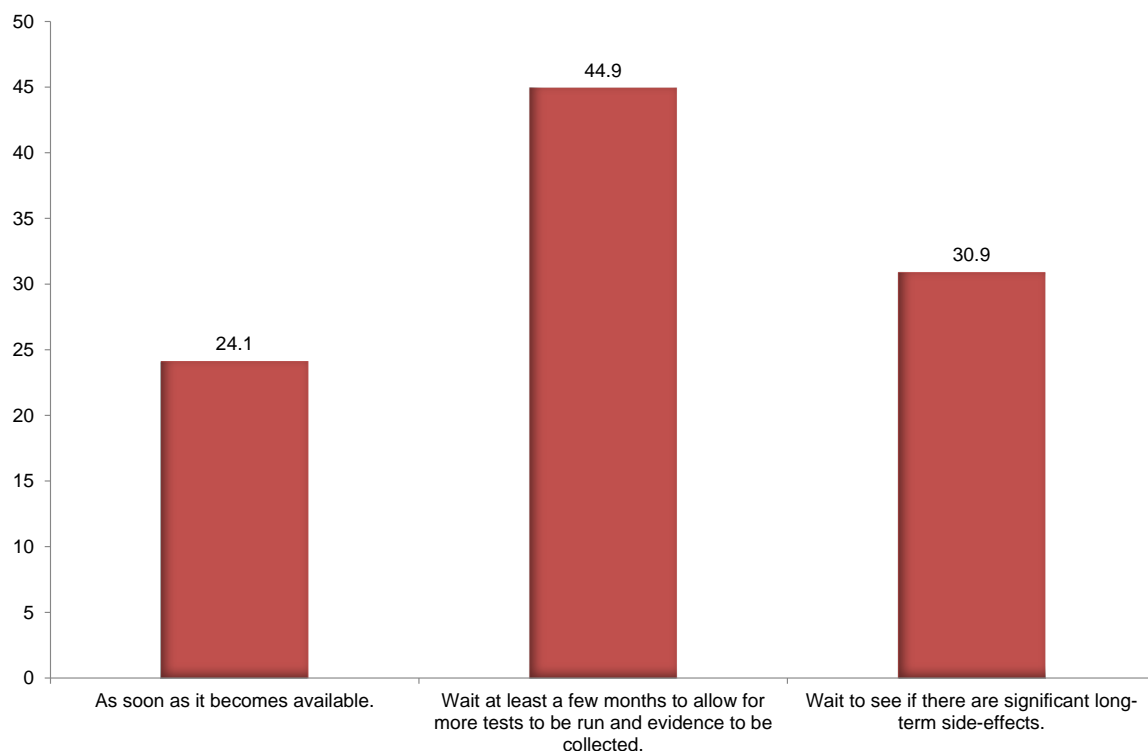
12. **Other reasons given for refusal or hesitation to be inoculated against COVID-19 centered around three themes:**

- Lack of confidence in the vaccines appeared to be the most pressing reason, with survey participants citing the lack of information; the perceived rush in development and questionable rigor in testing; potential long-term side effects; and religious considerations vis-à-vis vaccine ingredients.
- Some respondents were of the view that natural immunity, boosted by a healthy lifestyle and safe distancing practices, would be sufficient.
- For others, the question was moot because COVID-19 vaccines were not expected to be made readily available in their respective countries in the foreseeable future.

Question 5. “When would you take the vaccine?”

13. **The vast majority of respondents preferred to wait for greater clarity on the COVID-19 vaccines before taking them.** Some 45 percent said that their inclination was to wait at least a few more months for more test results to become available (Figure 8). Another 31 percent wanted to wait until there was greater clarity as to whether the vaccines would induce significant long-term side effects. Only about a quarter of those taking the survey would take the vaccine as soon as it became available.

Figure 8. ASEAN+3 (and Others): Preferred Timing for Taking the Vaccine
(Percent of respondents)



Sources: Survey respondents; and AMRO staff calculations.

14. **The preferred timing for taking the vaccines varied widely, when analyzed by location.** Those who would take the vaccine immediately ranged from between 10–13 percent among Chinese and Singaporean nationals (21 percent among Singapore residents)—two countries with negligible infections at the time of the survey—to 56 percent in Japan (Figure 9). In most locations, the biggest proportion of respondents preferred to wait until more tests were conducted on the vaccines and additional information became available—they made up about 40–50 percent of survey participants among the ASEAN-5 and China, and about 30–40 percent in Lao PDR, Myanmar and Japan. Based on the small sample who responded to the survey, the Japanese appeared to be least risk averse as far as the COVID-19 vaccines were concerned, with only 6 percent of respondents worried about significant long-term side effects.

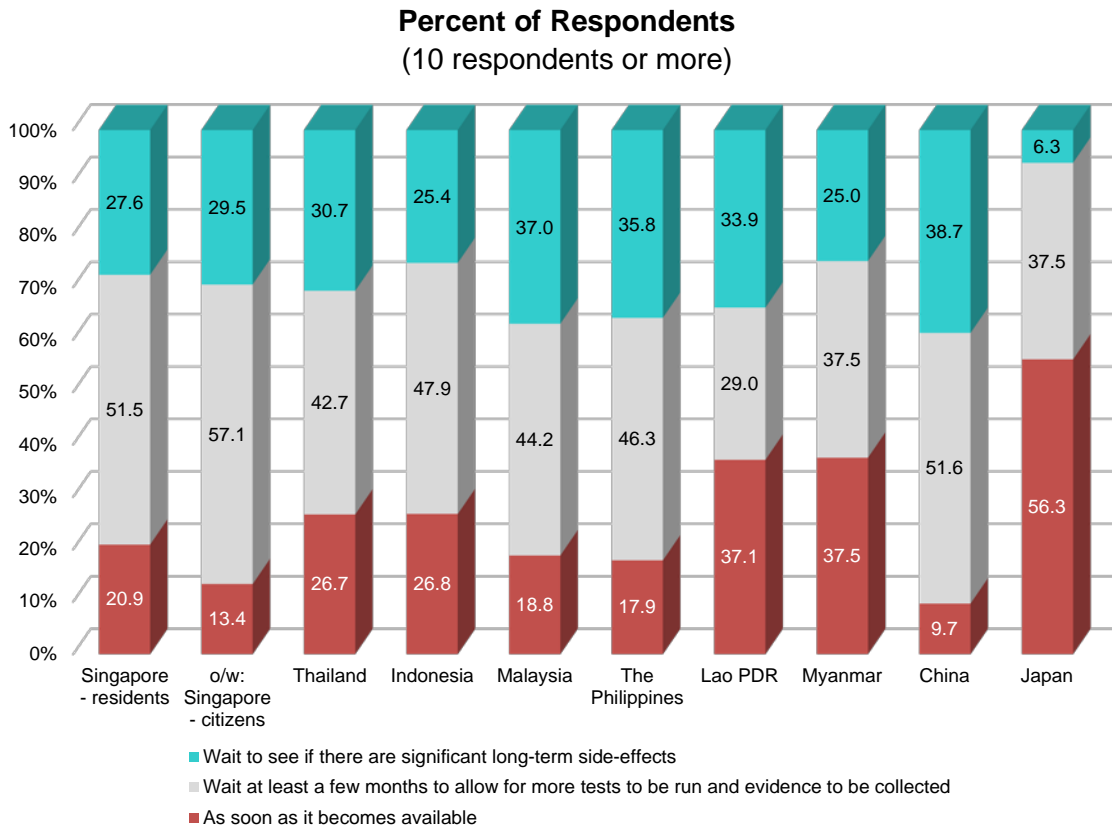
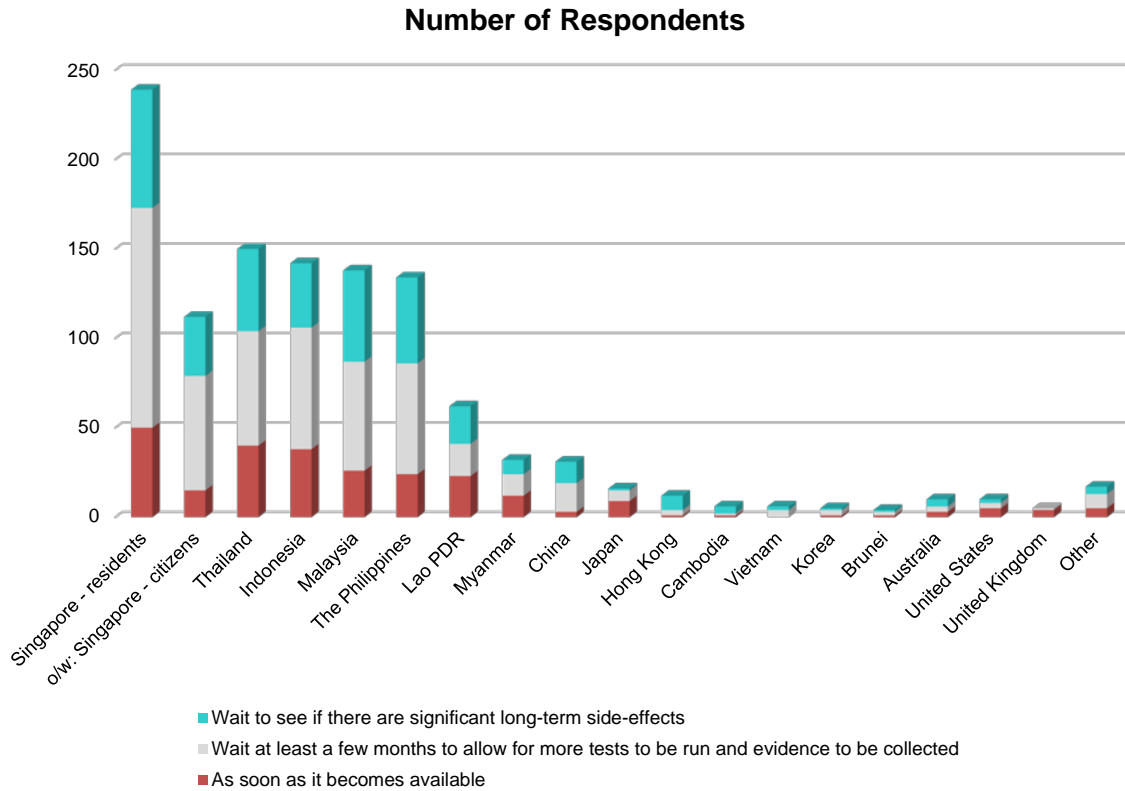
Question 6. “If given a choice, which of the Phase III or already approved vaccine(s) would you choose?”

15. **The vaccines that were first on the market and had gained regulatory approval around the time of the survey were the most popular choices among respondents.** Given the option to select one or more:

- The majority (52 percent) selected the Pfizer/BioNTech vaccine (Figure 10), which was issued an emergency use authorization (EUA) by the US Food and Drug Administration (FDA) on December 11, 2020. Almost 30 percent of respondents chose US developed vaccines—Moderna was issued an EUA on December 18, 2020—while 32 percent picked the UK’s AstraZeneca/Oxford University vaccine, which was approved for use by the UK government on December 30, 2020. Fewer respondents selected the Chinese and Russian vaccines, likely because they were generally less well-known (Figures 11 and 12).
- Interestingly, almost a third of respondents said that they were not fussy about which vaccine to take, with some indicating confidence in their government’s approval process, while others suggested that they would prefer one that was developed nationally. Some respondents expressed their preference for protein-based or non-mRNA vaccines.

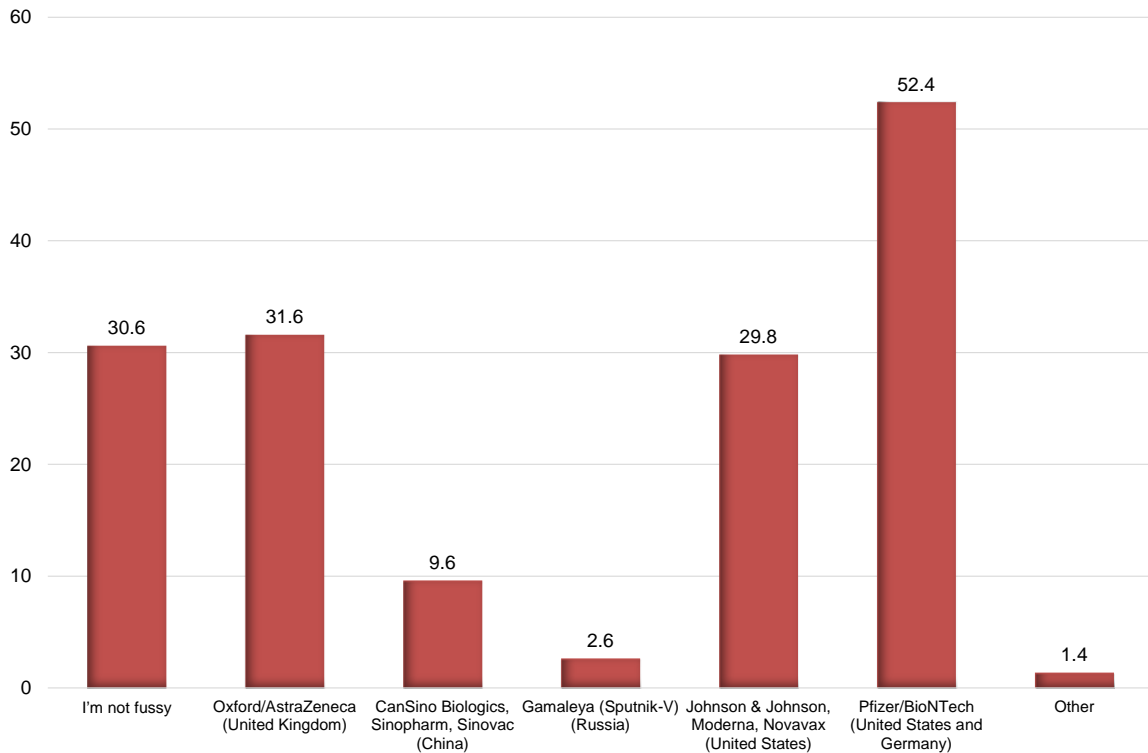
16. **The trend was also consistent across individual economies.** The Pfizer/BioNTech vaccine was by far the single most preferred product in most of the regional locations surveyed (Figure 13). In many of these places, respondents were quite evenly split between the US and UK vaccines (Figure 14). Unsurprisingly, respondents in China felt most comfortable with their homegrown vaccines, likely because of greater local coverage about their development, and consistent with preferences expressed in the previous question for nationally produced vaccines. In a number of jurisdictions, about a quarter or more of those surveyed indicated that they were not fussy about which vaccines were offered. In contrast, survey participants in the Philippines were the most particular about which vaccine(s) they would take, with almost 94 percent of respondents selecting Pfizer/BioNTech, AstraZeneca/Oxford University, or US-made vaccines.

Figure 9. ASEAN+3 (and Others): Preferred Timing for Taking the Vaccine, by Residency



Sources: Survey respondents; and AMRO staff calculations.

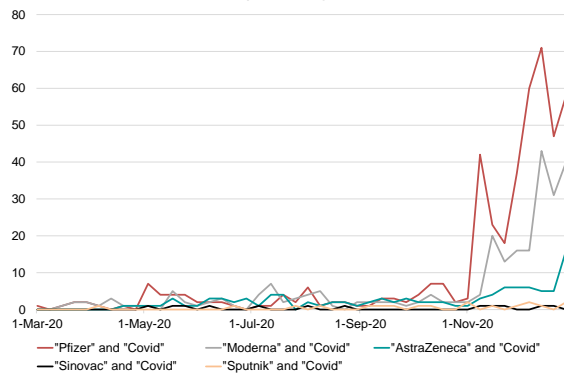
Figure 10. ASEAN+3 (and Others): Vaccine Preference(s)
(Percent of respondents)



Sources: Survey respondents; and AMRO staff calculations.

Note: Survey respondents were asked to select as many answers as relevant, hence the percentages do not add up to 100.

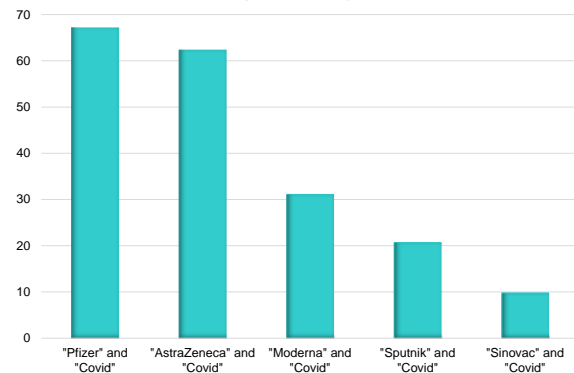
Figure 11. Google Trends: Global Searches on COVID-19 Vaccines, to Christmas 2020
(Index)



Source: Google.

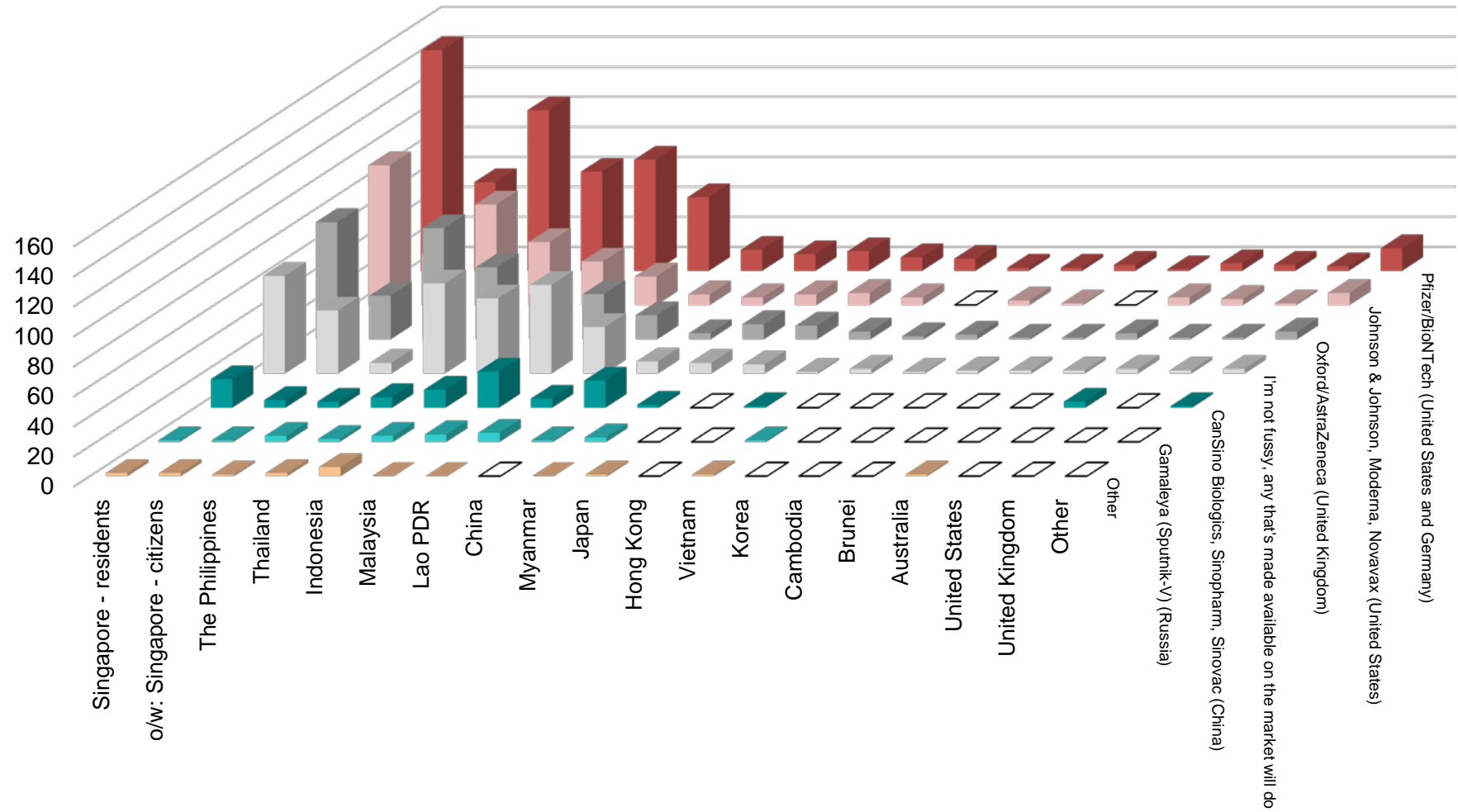
Note: Numbers represent search interest relative to the highest point on the chart for the given region and time. A value of 100 is the peak popularity for the term. A value of 50 means that the term is half as popular. A score of 0 means there was not enough data for this term.

Figure 12. Google Search: Number of News Results on COVID-19 Vaccines, 2020
(Millions)



Source: Google.

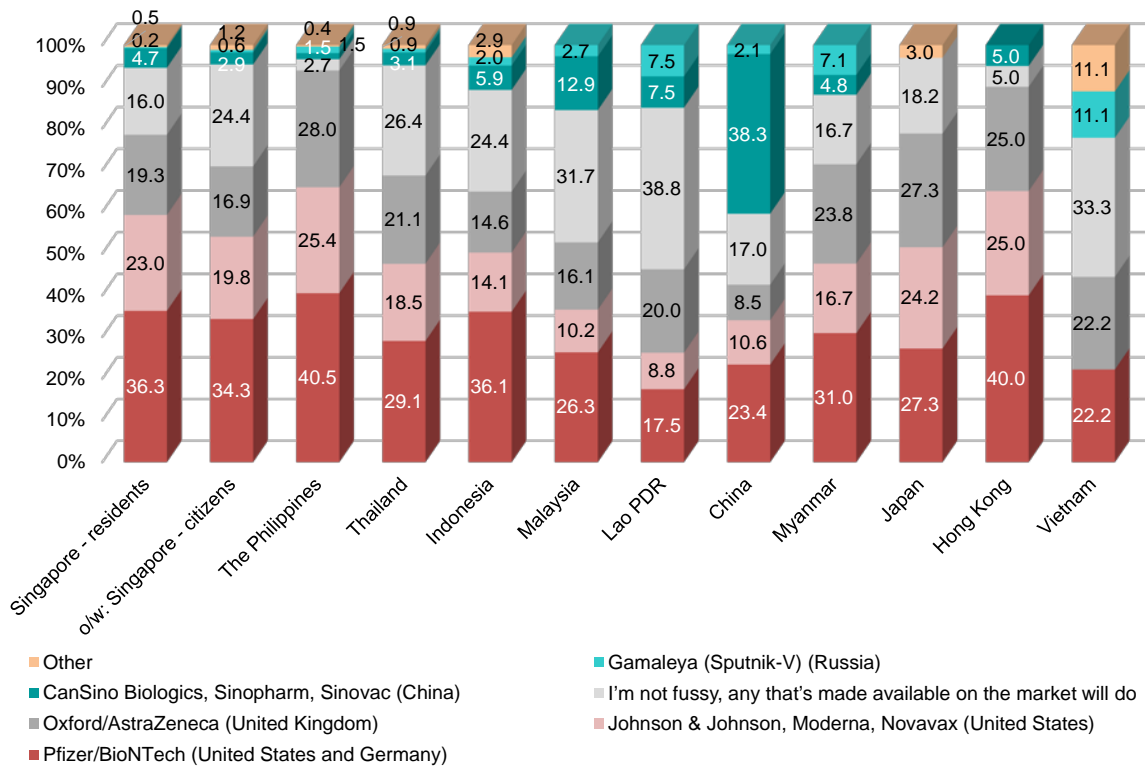
Figure 13. ASEAN+3 (and Others): Choice of Vaccine(s), by Residency
(Number of responses)



Sources: Survey respondents; and AMRO staff calculations.

Note: Survey respondents were asked to select as many answers as relevant, hence the total number of responses may add up to more than the total number of survey respondents.

Figure 14. ASEAN+3: Vaccine Preference(s), by Residency
(Percent of responses, 10 respondents or more)



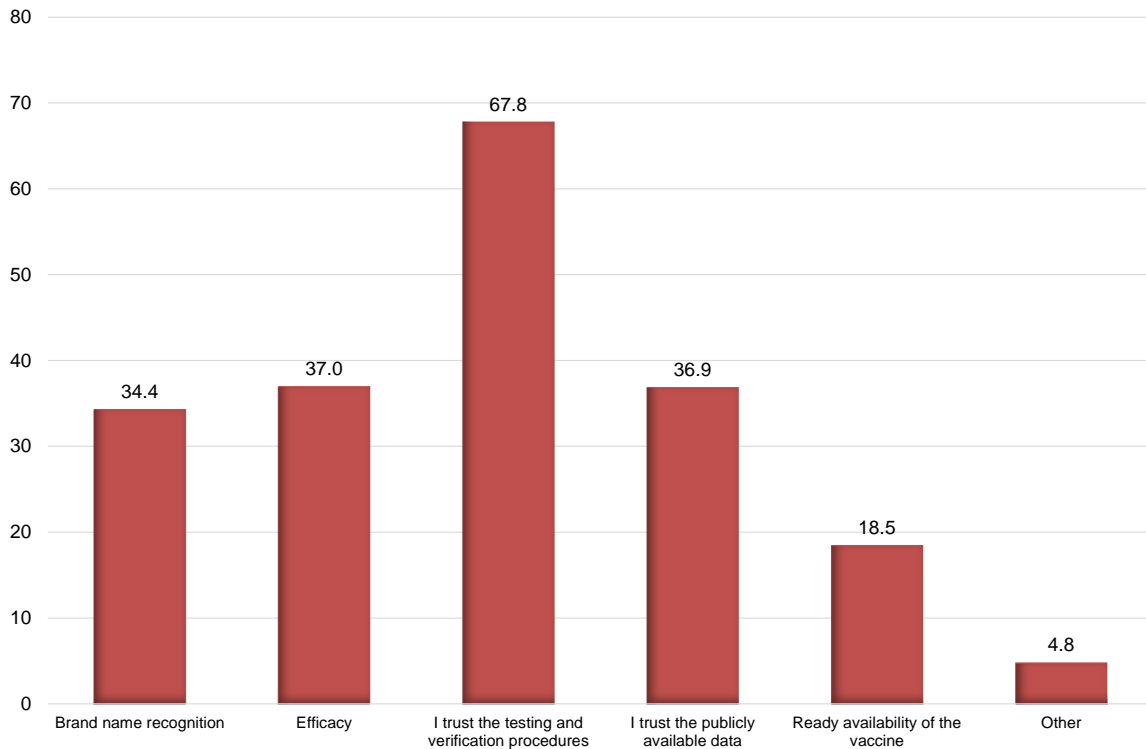
Sources: Survey respondents; and AMRO staff calculations.
Note: Survey respondents were asked to select as many answers as relevant.

Question 7. “What is (are) the reason(s) for your vaccine preference(s)?”

17. **Trust in the process and transparency were the key underpinnings of respondents’ vaccine preferences.** About two-thirds of those surveyed indicated that they would have to trust the vaccine testing and verification procedures (Figure 15); almost 37 percent said that they would have to trust the publicly available data on vaccines. Interestingly, only 37 percent prioritized efficacy, presumably because they considered that the fulfilment of the previous two factors would ultimately result in efficacious vaccines anyway. Just over a third of respondents identified with the vaccine brand(s), possibly as a proxy for the aforementioned factors, while availability was generally not a key consideration for a large majority of participants.

18. **The issue of trust pervaded across survey responses in individual economies as well.** By far, the largest number of respondents at each location placed greatest emphasis on being able to trust the vaccine testing and verification procedures (Figure 16). Proportionally, 30 percent or more resident participants in almost all economies underscored the importance of this particular feature in influencing their vaccine choice(s), going up to almost 50 percent in Myanmar (Figure 17). About a fifth or more in the majority of economies cited the importance of trust in the publicly available data.

Figure 15. ASEAN+3 (and Others): Reason(s) for Vaccine Preference
(Percent of respondents)



Sources: Survey respondents; and AMRO staff calculations.

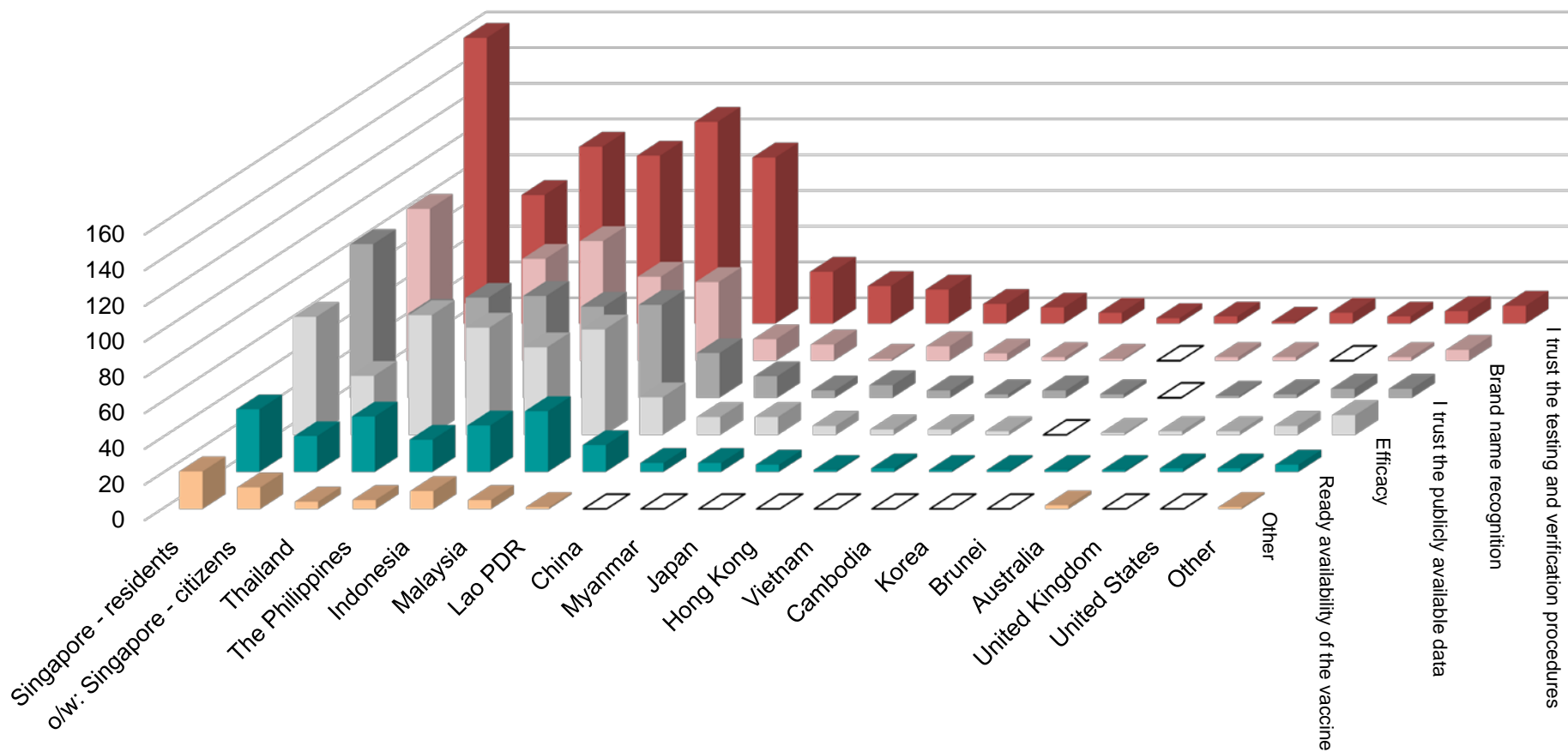
Note: Survey respondents were asked to select as many answers as relevant, hence the percentages do not add up to 100.

19. **Other reasons given for vaccine preferences varied widely.** Trust in government was a recurring theme, particularly among Singaporeans. Other popular rationales included brand availability or reputation of the vaccine producer; observations of reported side effects; or recommendations by trusted parties. Some respondents were of the view that the Chinese vaccines may be the most reliable, given that the COVID-19 virus originated in China and hence would have been most thoroughly researched there. Finally, while some respondents preferred mRNA vaccines, others were diametrically opposed to them; religious considerations about the vaccine ingredients were also raised.

Question 8. “Additional comments?”

20. **Survey participants also offered additional insights into their stance on COVID-19 vaccinations.** The overriding sentiment appears to be fear of the unknown. Many respondents again underscored their concerns about the quickness in which the vaccines were developed, and hence the lack of information on safety and potential side effects, as well as the period of efficacy, and effectiveness against new variants. The need for transparency about the benefits, drawbacks, and risks posed by the various vaccines was also a recurring theme. Some participants also expressed concern about vaccine inequality—who gets vaccinated when there are insufficient doses, and how would low income earners be able to pay for the inoculations if their governments cannot afford to provide them for free. Some respondents also cautioned against any enforcement of mandatory vaccinations.

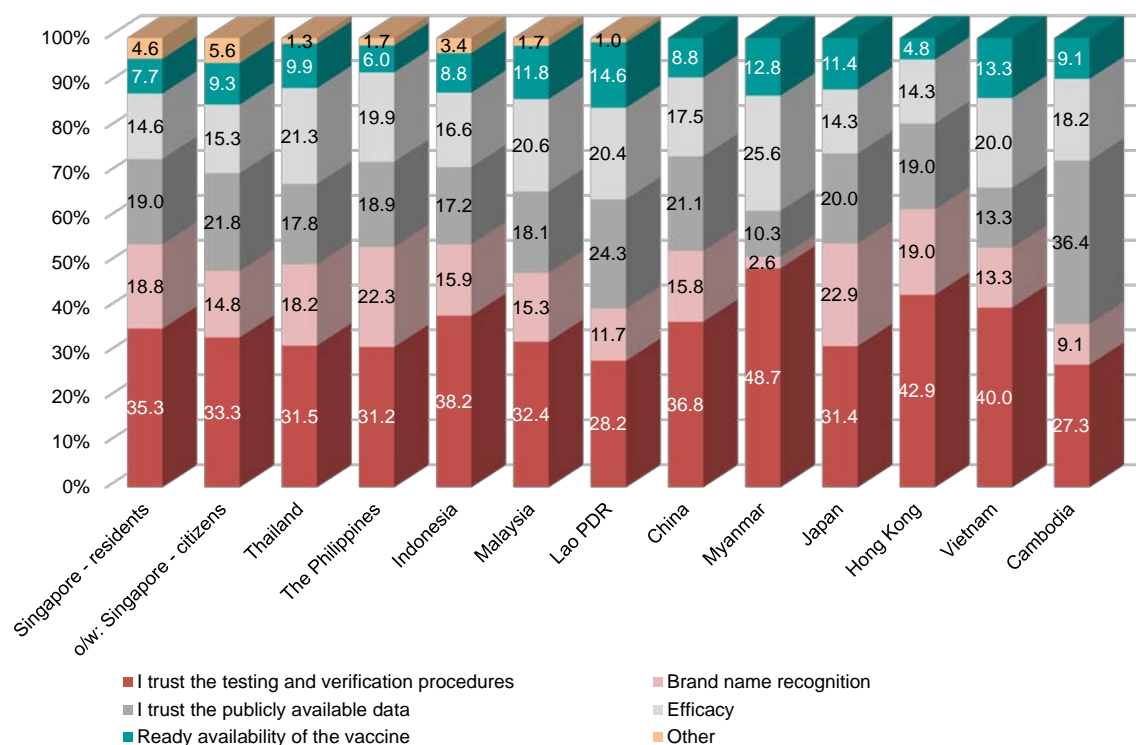
Figure 16. ASEAN+3 (and Others): Reason(s) for Vaccine Preference, by Residency
 (Number of responses)



Sources: Survey respondents; and AMRO staff calculations.

Note: Survey respondents were asked to select as many answers as relevant, hence the total number of responses may add up to more than the total number of survey respondents.

Figure 17. ASEAN+3: Reason(s) for Vaccine Preference, by Residency
(Percent of responses, 10 respondents or more)



Sources: Survey respondents; and AMRO staff calculations.
Note: Survey respondents were asked to select as many answers as relevant.

III. Policy Recommendations

21. **With several ASEAN+3 economies having commenced their COVID-19 vaccination programs, the results of this survey may provide some guidance into designing policies to maximize vaccine take-up in the region.** The proportion of anti-vaxxers appears to be very small, so there is an opportunity for policymakers to encourage as many people as possible to get vaccinated, through:

- **Ensuring that vaccinations are affordable.** Governments should either provide free COVID-19 shots to residents or, if they are not sustainable for the fiscal budget, provide some subsidy to make them affordable, at least for those in the lowest income brackets. International organizations and foundations should provide support for these efforts, where possible.
- **Providing information on vaccinations.** Governments could organize educational material and events to furnish the population with information on the objectives of national vaccination programs and the importance of being inoculated.
- **Developing trust in the vaccines.** Governments should ensure transparency of information about the vaccines that they have purchased, including the science behind them and details on the outcomes of clinical studies. They should also ensure that swift action is taken against any black market or fake vaccines to maintain trust in the safety of the authentic ones.

- ***Allowing flexibility in the timing of vaccinations.*** Given the preference among many to wait and see if the vaccines cause side effects, potential recipients should be given the option to take the vaccines when they are ready to do so.
- ***Providing vaccine choices where possible.*** With varying concerns about the different vaccines, either from a scientific or religious perspective, authorities could consider allowing recipients to choose their vaccines, where such options are possible, and to share unused supplies with other countries.
- ***Providing appropriate motivation rather than mandating vaccinations.*** Given the prevalent vaccine uncertainty and hesitancy, authorities should avoid making COVID-19 immunizations compulsory, as any resulting side effects are likely to generate resentment and mistrust among the populace. Rather, incentives for those who have been vaccinated, such as allowing international travel or imposing less strict travel requirements, in the form of testing or quarantines, or permitting participation in major, high density events, may be less controversial.

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ASEAN+3 Macroeconomic Research Office (AMRO) Short Survey “Vaccine Views”

The first COVID-19 vaccines have been approved for use almost one year after the virus spread throughout Asia and to the rest of the world. But, for vaccination to be effective in controlling the pandemic, and economic activity to return to some degree of normality, there must be sufficient take-up to achieve herd immunity.

The aim of this short, very quick to do (3-minute), **anonymous** survey is to gather views about inoculation against COVID-19 in the ASEAN+3 region, and the reasons and conditions for doing so (or not). We anticipate that the information could provide useful guidance on health and economic policies and outlook for the region.

Thank you very much for your participation. Please forward this survey as widely as possible to colleagues, contacts, family, and friends. The aggregated results—if there are sufficient participants—will be shared on AMRO’s website. The survey will close on **December 23, 2020**.

1. Where do you currently reside?

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="radio"/> Brunei Darussalam | <input type="radio"/> Japan | <input type="radio"/> The Philippines |
| <input type="radio"/> Cambodia | <input type="radio"/> Korea | <input type="radio"/> Singapore |
| <input type="radio"/> China | <input type="radio"/> Lao PDR | <input type="radio"/> Thailand |
| <input type="radio"/> Hong Kong, China | <input type="radio"/> Malaysia | <input type="radio"/> Vietnam |
| <input type="radio"/> Indonesia | <input type="radio"/> Myanmar | |
| <input type="radio"/> Other (please specify): | | |

2. Where do you come from?

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="radio"/> Brunei Darussalam | <input type="radio"/> Japan | <input type="radio"/> The Philippines |
| <input type="radio"/> Cambodia | <input type="radio"/> Korea | <input type="radio"/> Singapore |
| <input type="radio"/> China | <input type="radio"/> Lao PDR | <input type="radio"/> Thailand |
| <input type="radio"/> Hong Kong, China | <input type="radio"/> Malaysia | <input type="radio"/> Vietnam |
| <input type="radio"/> Indonesia | <input type="radio"/> Myanmar | |
| <input type="radio"/> Other (please specify): | | |

3. Would you take a COVID-19 vaccine?

- Yes, if affordable.
- Yes, but only if free.
- Yes, but only if I absolutely have to.
- Maybe.
- No, never.

If you've answered "No" to Question 3, please proceed to Question 4; if you've answered "Yes" or "Maybe," please proceed to Questions 5, 6 and 7.

4. Why not?

- I'm an anti-vaxxer.
- I faint at the sight of syringes.
- I'm in the low-risk group.
- The development and approval process was too rushed for political reasons and I don't feel safe.
- I don't plan on leaving my house much until the virus has somehow been stamped out globally.
- I've had COVID-19 and am bursting with antibodies.
- COVID-19 is a hoax.
- Other (please specify):

5. When would you take the vaccine?

- As soon as it becomes available.
- Wait at least a few months to allow for more tests to be run and evidence to be collected.
- Wait to see if there are significant long-term side-effects.

6. If given a choice, which of the Phase III or already approved vaccine(s) would you choose? (Please select as many as relevant.)

I would prefer one or more among the following groups:

- I'm not fussy, any that's made available on the market will do.
- AstraZeneca/Oxford (United Kingdom).
- CanSino Biologics, Sinopharm, Sinovac (China).
- Gamaleya (Sputnik-V) (Russia).
- Johnson & Johnson, Moderna, Novavax (United States).
- Pfizer/BioNTech (United States and Germany).
- Other (please specify):

7. What is(are) the reason(s) for your vaccine preference(s)? (Please select as many as relevant.)

- Brand name recognition.
- Efficacy.
- I trust the testing and verification procedures.
- I trust the publicly available data.
- Ready availability of the vaccine.
- Other (please specify):

8. Additional comments, if any:

