Report on status of vaccination in Switzerland

A short version of this report can be found on the Corona Immunitas website.

Corona Immunitas Research Group

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1.1 Description of Corona Immunitas Digital Follow-Up Cohort

The Corona Immunitas digital follow-up cohort is an integral part of Corona Immunitas, a nationwide Swiss seroprevalence study. This digital cohort aims to create important data on social, economic, and health aspects of the Swiss population in a constantly evolving pandemic situation. Starting in July 2020, the digital cohort has obtained regular (weekly (from July 2021 on bi-weekly) and monthly) follow-up assessments from randomly selected persons from 11 cantons. It is therefore the largest longitudinal study on SARS-CoV-2 in the general population of Switzerland and provides information on SARS-CoV-2 infections, preventive public health measures, mental and physical health, or health care utilization in a well-documented, randomly selected study population.

Additional details on the study design and assessments are provided in the Appendix. In brief, following a comprehensive baseline assessment covering relevant sociodemographic and health factors, participants are invited electronically to complete weekly questionnaires (from July 2021 on bi-weekly) to report on newly emerged symptoms, results from SARS-CoV-2 tests, and adherence to recommended prevention measures. These short updates are complemented by a more extensive monthly survey covering additional aspects of, for example, mental health, anxiety, or vaccination intentions and status (since February 2021). The vaccine questions are standardized across cantons and queried every four weeks. The survey is open during one week, and four days after the initial invitation participants are reminded to complete the survey if they have not already done so. The response rate to the monthly surveys and vaccine questions was 70% or higher (with some heterogeneity across cantons).

1.2 Description of Sample

Table 1 describes the samples stratified by language region (Deutschschweiz [BE, BL, BS, GR (only participants aged 20-64), LU, SG (only participants aged 20-64), ZH], Romandie [FR, NE, VD] and Ticino). These characteristics refer to the most recent assessment wave. The characteristics of previous assessment waves can be found in the Appendix. Geneva has followed a different assessment rhythm and only assessed certain characteristics. Therefore, the data of Geneva has not been added. Due to a scheduling mistake, no assessment was carried out in Fribourg and the elderly group (65+) in Ticino in August 2021. This explains the lower number of participants in the Romandie and Ticino in the assessment wave of August 2021. Furthermore, certain invitations in Ticino in those aged below 65 were delayed. Therefore, also responses between August 14 and 23 were considered and are displayed in the August assessment wave.

Table 1: Characteristics of most recent assessment wave (26.11.2021 to 03.12.2021). Chronic disease is based on self-report and includes the following: cancer, diabetes, diseases / treatments which weaken the immune system, hypertension diagnosed by a physician, cardiovascular diseases and chronic respiratory diseases.

Variable	Deutschschweiz	Romandie	Ticino
Sample size	5113	1888	855
Age			
20-29	261 (5.1%)	72 (3.8%)	37 (4.3%)
30-39	564 (11%)	173 (9.2%)	76 (8.9%)
40-49	654 (12.8%)	266 (14.1%)	103 (12%)
50-64	1651 (32.3%)	479 (25.4%)	278 (32.5%)
65-74	1446 (28.3%)	674 (35.7%)	246 (28.8%)
75 or older	537 (10.5%)	224 (11.9%)	115 (13.5%)
Gender			
Female	2653 (51.9%)	982 (52%)	489 (57.3%)
Male	2455 (48.1%)	906 (48%)	364 (42.7%)
Highest education			
Primary	169 (3.3%)	85 (4.5%)	47 (5.6%)
Secondary	2365 (46.4%)	871 (46.2%)	503 (59.5%)
Tertiary	2560 (50.3%)	929 (49.3%)	295 (34.9%)
Household income			
0-6000	1711 (35.4%)	510 (28.3%)	262 (37.3%)
6000-12000	2225 (46%)	940 (52.1%)	319 (45.4%)
12000-18000	623 (12.9%)	249 (13.8%)	73 (10.4%)
18000 or more	273 (5.6%)	106 (5.9%)	48 (6.8%)
Working	2963 (58%)	901 (47.8%)	416 (49.3%)
Swiss nationality	4538 (88.9%)	1715 (90.9%)	757 (88.8%)
Chronic disease	1718 (33.7%)	679 (36%)	260 (30.6%)
BMI 30 or more	643 (12.8%)	310 (16.5%)	109 (12.9%)
Smoking	930 (18.2%)	344 (18.2%)	179 (21.3%)

1.3   Potential Biases in Study Sample

While the samples of Corona Immunitas for many research questions are ideally selected, they do not directly represent the Swiss population. Overall, the Corona Immunitas population is older, better educated and with a higher household income. This might result in a population which is more adherent to recommendations and obligations during the COVID-19 pandemic than the general Swiss population.

2 Vaccination Status

Subsequent sub-chapters show vaccination status per language region in monthly assessment waves. Each assessment wave lasted for one week, with first assessments starting February 19. All sub-chapters show conceptually the same, but with different stratifications. Specifically, the *vaccination status*, defined as *not vaccinated* or *vaccinated* (received at least one vaccine injection for SARS-CoV-2) is shown *overall*, stratified by *age* or stratified by *age* and one of the following, assessed at time of blood collection: *gender*, *highest education*, *household income per month*, *working status*, *Swiss nationality*, *chronic disease*, *obesity* or *smoking*. Of all respondents over all assessment waves, only 284 did not reveal their vaccination status in one assessment wave. The first assessment wave in Ticino lasted from 08.03. to 26.03. but for consistency reasons is shown at 19.03. to 26.03.

2.1 Vaccination Status Overall

Figure 1: Vaccination status stratified by language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations.

Interpretation

The percentage of participants who have received at least one SARS-CoV-2 vaccination dose has started to plateau since July. The study samples do not represent the age distribution of the Swiss population and are likely more adherent to public health measures and recommendations.
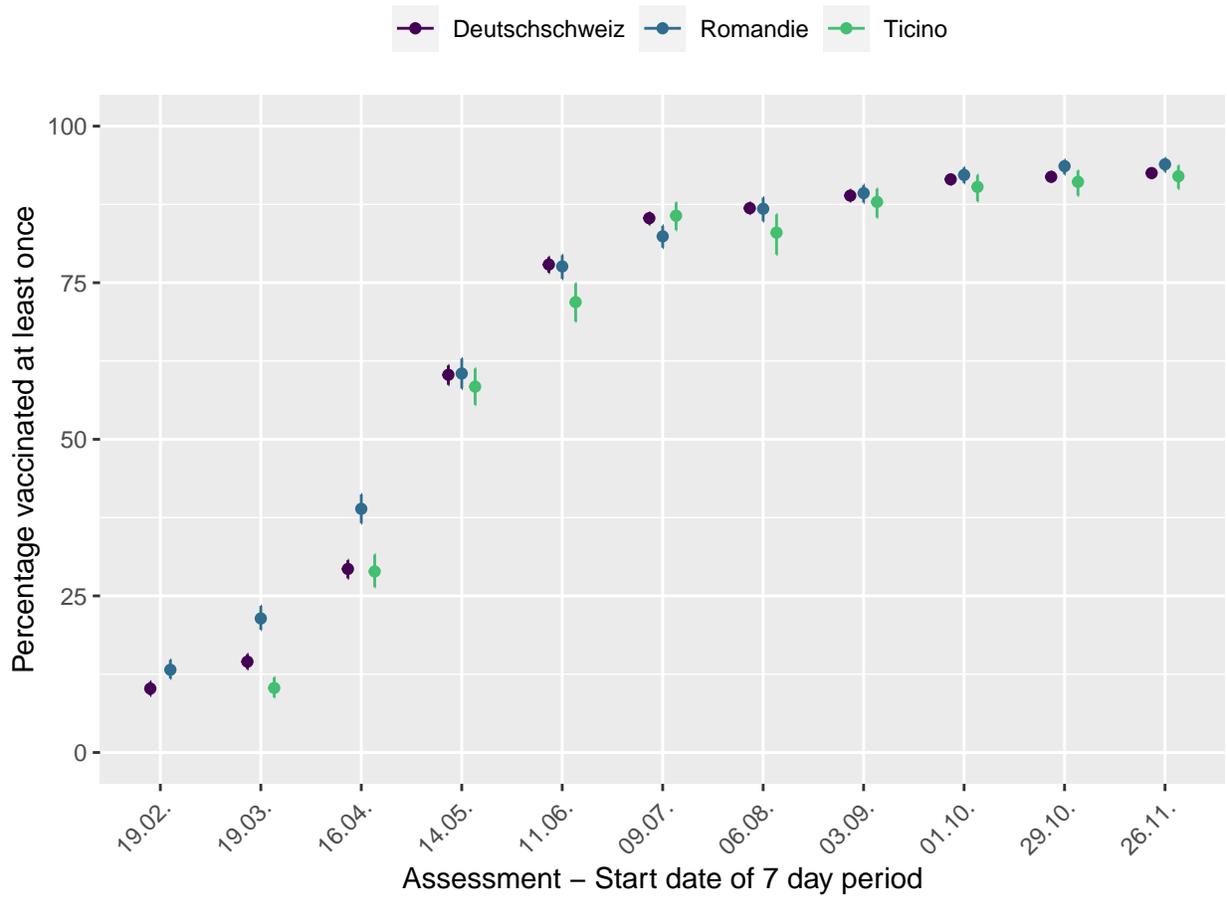
2.2 Vaccination Status Stratified by Age

Figure 2: Vaccination status stratified by age, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

The age-stratified figures reflect the changing eligibility criteria for a SARS-CoV-2 vaccination. Since May 2021, eligibility was extended to persons aged 50 years and older (or even younger in some cantons). In June, the age eligibility criterion was removed (that is, all persons aged 16 years or more can get vaccinated).

2.3   Vaccination Status Stratified by Age and Gender
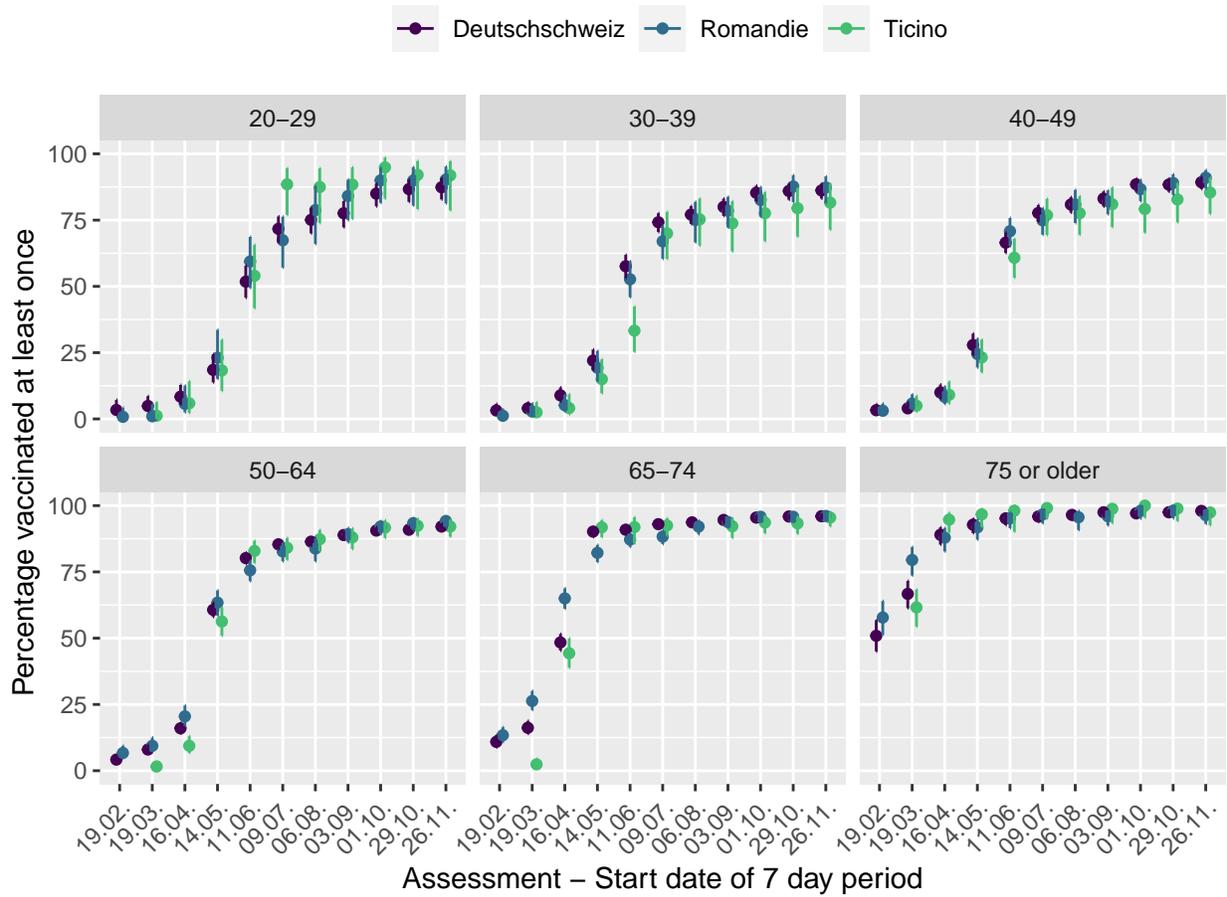

Figure 3: Vaccination status stratified by age and gender, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

The age stratifications (also in the following graphs) reflect the changing eligibility criteria for a SARS-CoV-2 vaccination. Overall, there are no substantial gender differences.

2.4 Vaccination Status Stratified by Age and Highest Education

Figure 4: Vaccination status stratified by age and highest education, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

The differences of vaccination status stratified by education have reduced since September. Limitation: The study population of Corona Immunitas is not representative of the Swiss population with respect to education and likely also health literacy.

2.5   Vaccination Status Stratified by Age and Household Income per Month
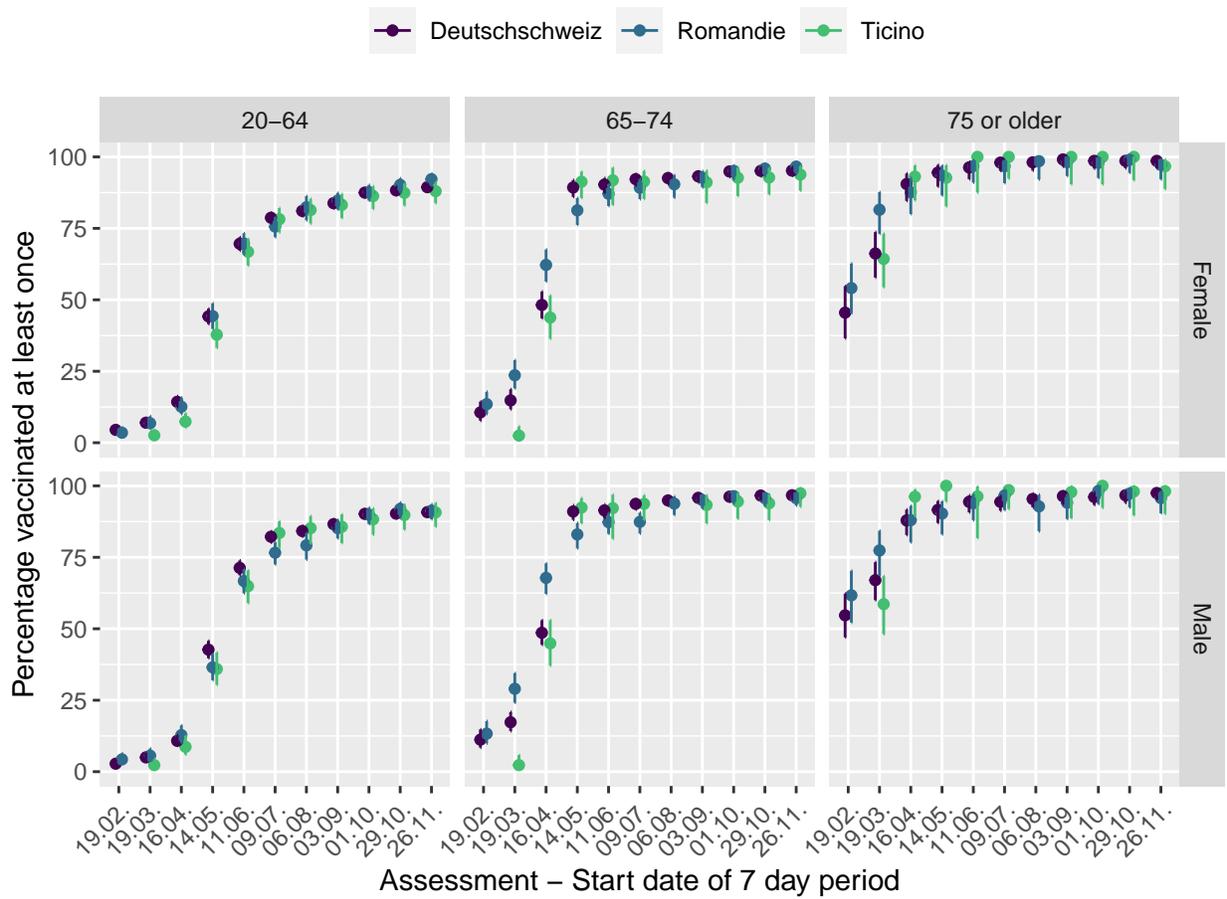

Figure 5: Vaccination status stratified by age and household income per month, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

From June on, it appears that lower income groups among the 20-64 year olds have a lower probability for having been vaccinated. Overall, there are two limitations: The study population of Corona Immunitas is not representative with respect to income. Furthermore, the presented data are not controlled for possible confounders such as presence of chronic diseases, work status, or gender.

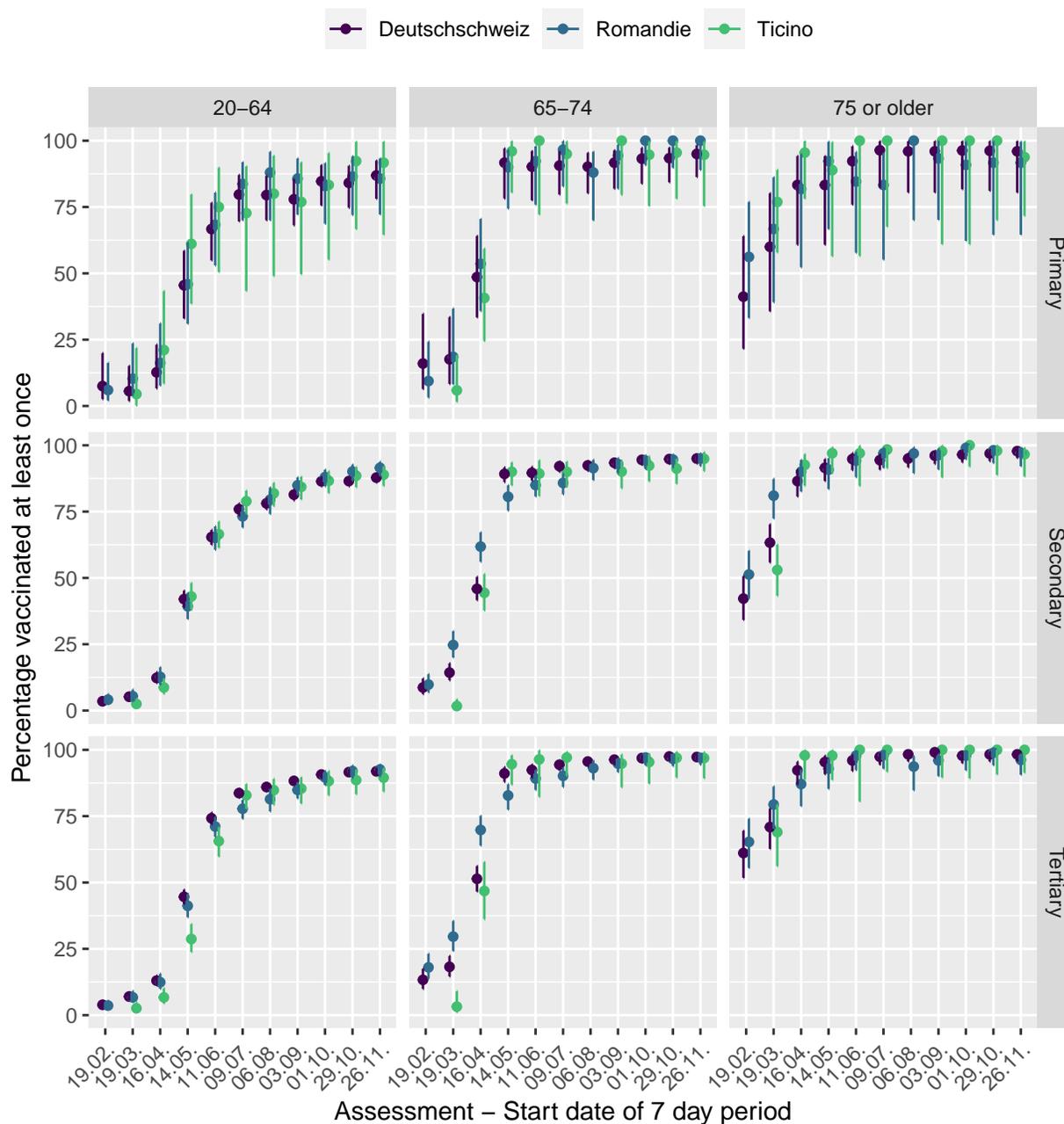## 2.6 Vaccination Status Stratified by Age and Working Status

Figure 6: Vaccination status stratified by age and working status, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

Persons who are working full- or part-time are somewhat less likely to have received a SARS-CoV-2 vaccination.

Limitation: This analysis is not controlled for other relevant factors such as the presence of a chronic disease or education.

2.7 Vaccination Status Stratified by Age and Swiss Nationality

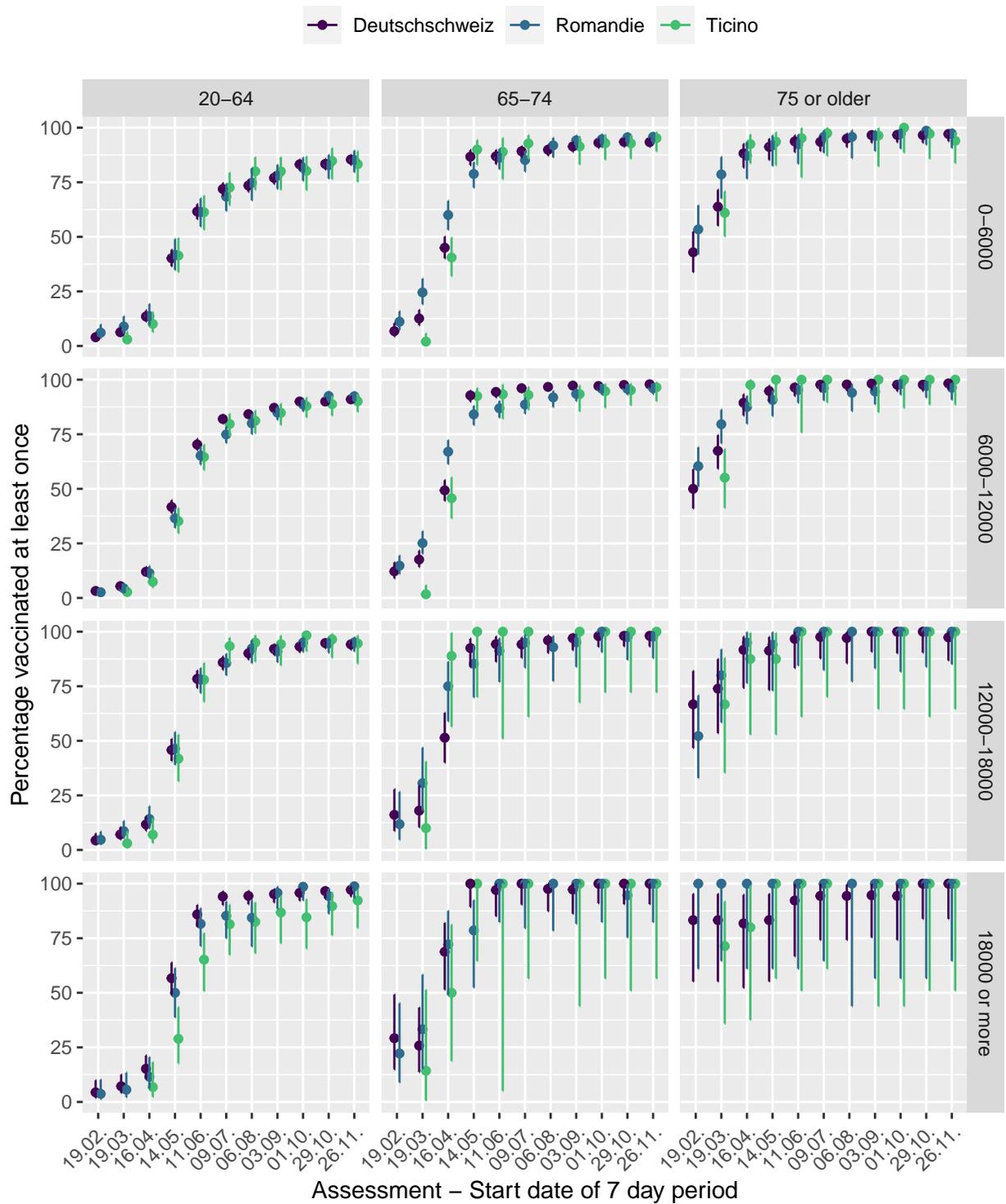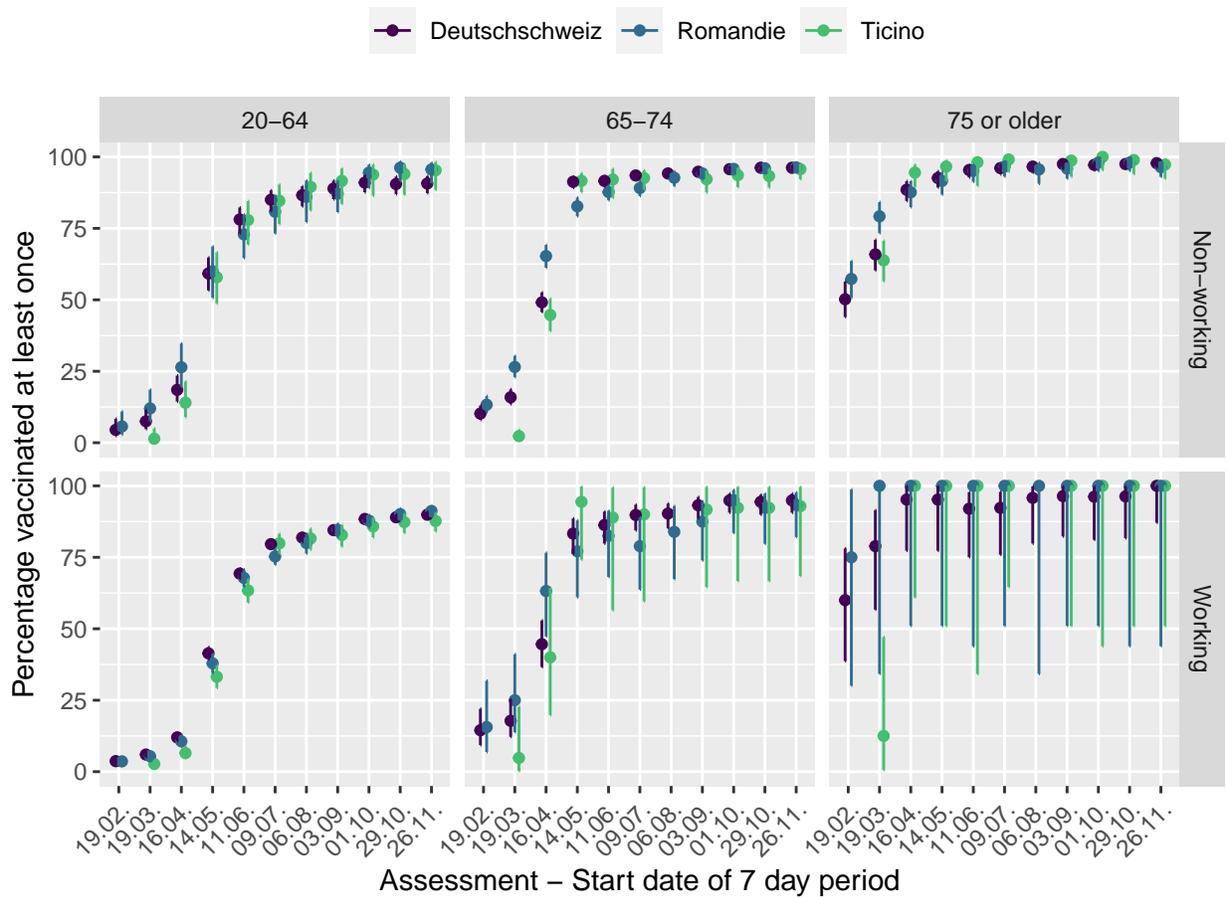Figure 7: Vaccination status stratified by age and Swiss nationality, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

From July on, it appears that Swiss citizens among the 20-64 year olds have a lower probability for having been vaccinated. However, this difference has almost disappeared in the beginning of December. There are two limitations: The Corona Immunitas study population is not representative with respect to the different nationalities (most non-Swiss persons were born in surrounding Western European countries). Furthermore, the analysis is not adjusted for other important factors such as income, education, chronic diseases. For example, the non-Swiss participants tend to be better educated and have a higher income compared to Swiss participants.

2.8 Vaccination Status Stratified by Age and Chronic Disease

The stratification variable *chronic disease* is based on self-report and includes the following categories: cancer, diabetes, diseases / treatments which weaken the immune system, hypertension diagnosed by a physician, cardiovascular diseases and chronic respiratory diseases. The analysis was stratified by whether at least one disease was reported.
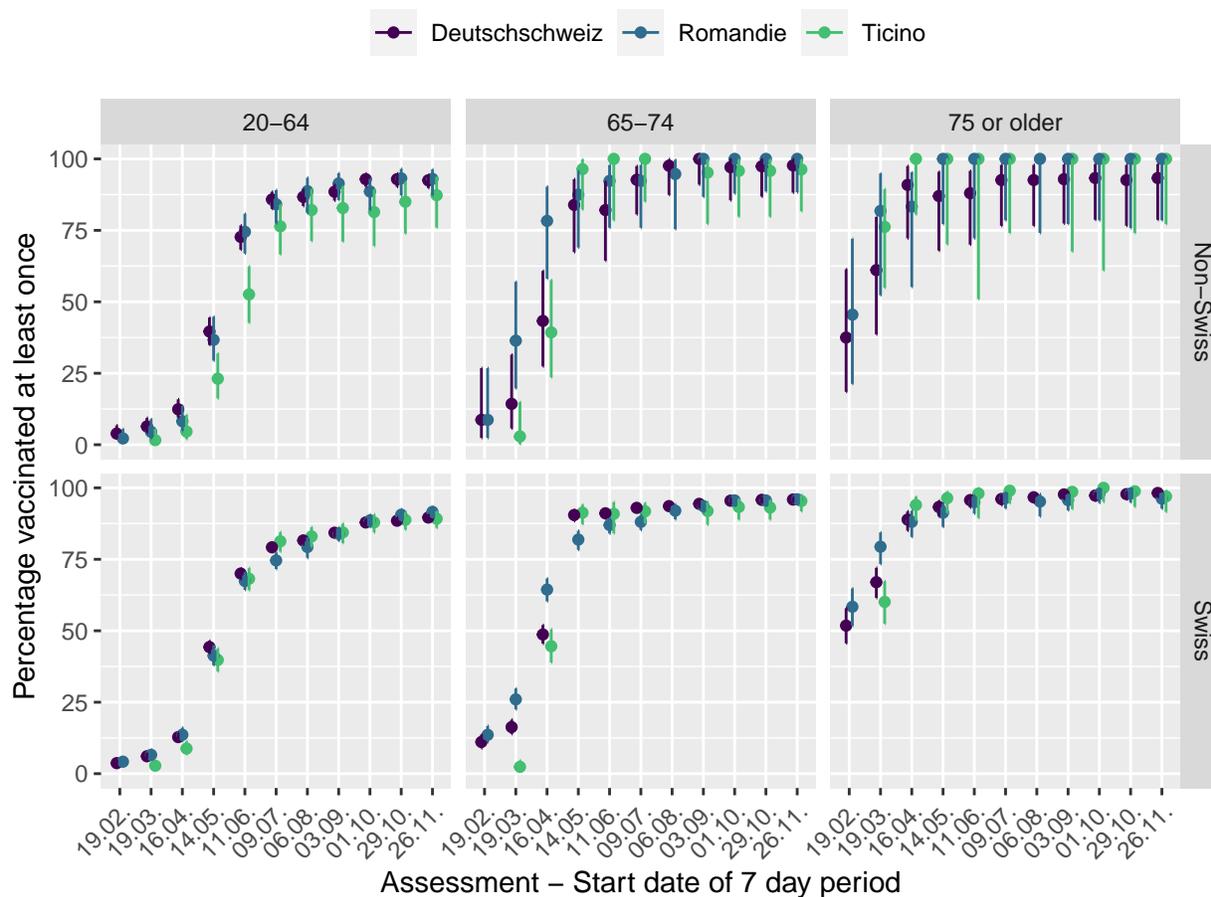

Figure 8: Vaccination status stratified by age and chronic disease, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

Persons with a chronic disease were consistently more likely to get vaccinated against SARS-CoV-2.

2.9 Vaccination Status Stratified by Age and Obesity

Obesity was defined as a body mass index of 30 or more.

Figure 9: Vaccination status stratified by age and obesity (BMI 30 or more), language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

There are no marked differences in SARS-CoV-2 vaccination status by obesity.

2.10 Vaccination Status Stratified by Age and Smoking Status

The stratification variable *smoking status* included the options current smoker, former smoker and having never smoked. The survey asked for any type of smoking, including cigarettes, cigars, tobacco pipes, e-cigarettes and Shisha. In this analysis current smokers were considered *Smoker*, former smokers or persons who have never smoked were considered *Non-smoker*.
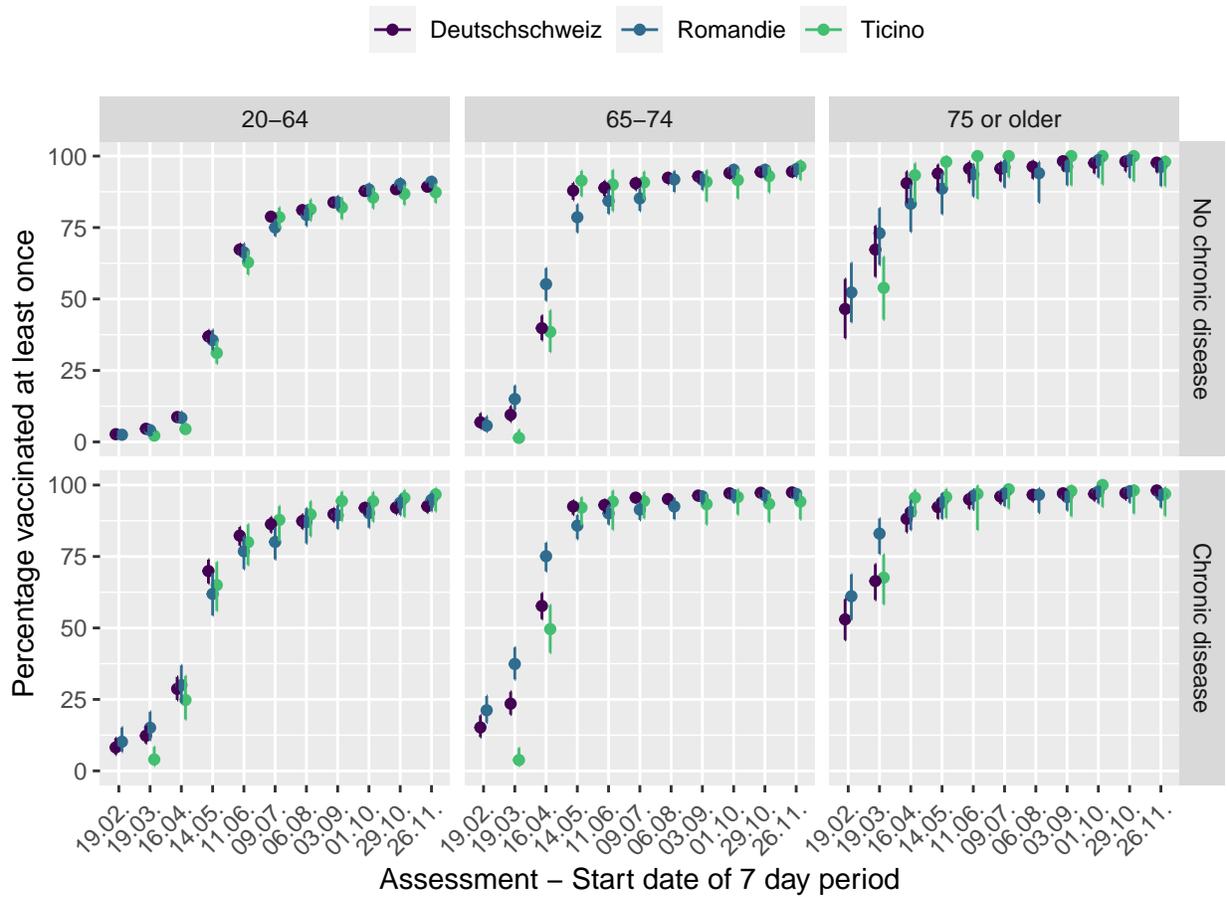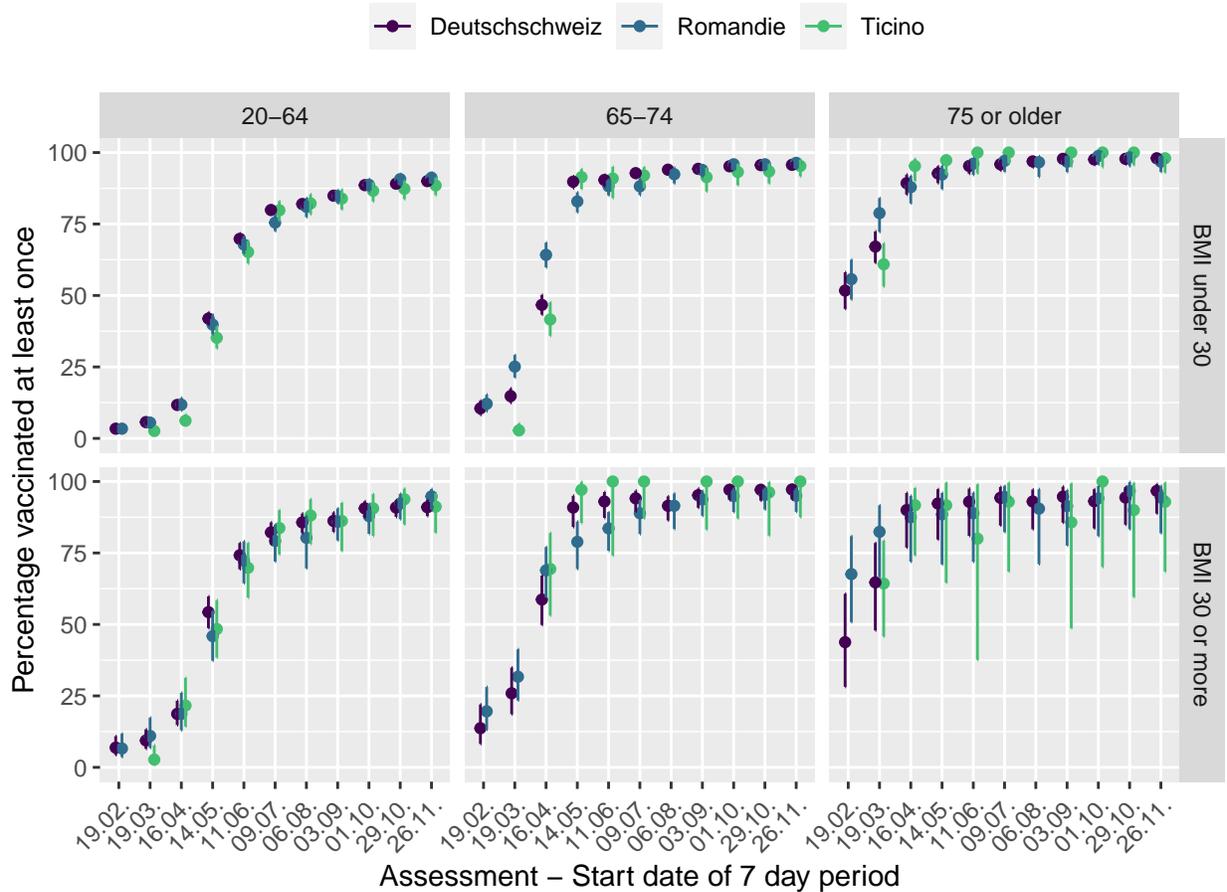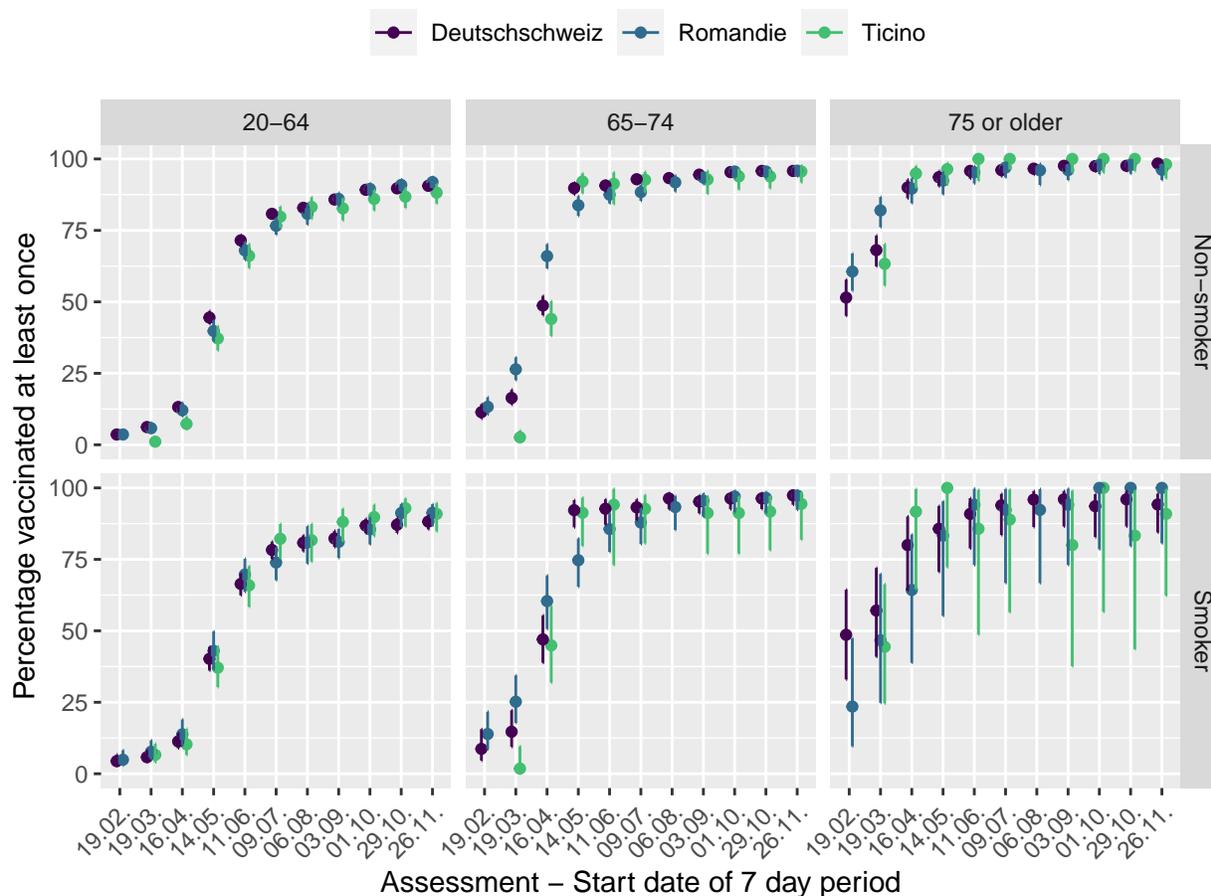

Figure 10: Vaccination status stratified by age and smoking status, language region and assessment wave. Individuals who have received at least one dose of vaccine were considered vaccinated.

Interpretation

Smokers among the 20-64 year olds were somewhat less likely to have received a SARS-CoV-2 vaccination. However, this difference has almost disappeared since the beginning of October. Limitation: This analysis is not controlled for other relevant factors such as the presence of a chronic disease or education.

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3 Reasons for Vaccination

Participants were asked for the reasons why they decided to get vaccinated. The potential reasons consisted of the following: vulnerable due to chronic disease, vulnerable due to my age, working in health care system, close contact of vulnerable person, vulnerable due to other reasons, protect myself, return to normal life, wish of employer, travelling, protect community / society, other. All plots are shown stratified by age and language region. This question was only presented to persons who have reported **at least one vaccine injection for SARS-CoV-2**. Participants could check all options which applied, therefore the percentages do not add up to 100%. In the first assessment wave in Ticino (lasting from 08.03.2021 to 26.03.2021) this question was not asked.

3.1 Reasons for Vaccination: I Have a Chronic Disease or Disorder

Figure 11: Reason for vaccination: Vulnerable due to chronic diease. This question was only presented to individuals who have received at least one dose of vaccine.

Interpretation

This question is only asked to persons who have received at least one SARS-CoV-2 vaccination dose. It inversely correlates with time, that is, chronic diseases was an important reason early, when those persons were prioritized. Later, other reasons for a SARS-CoV-2 vaccination were named more frequently, resulting in a reducing proportion.
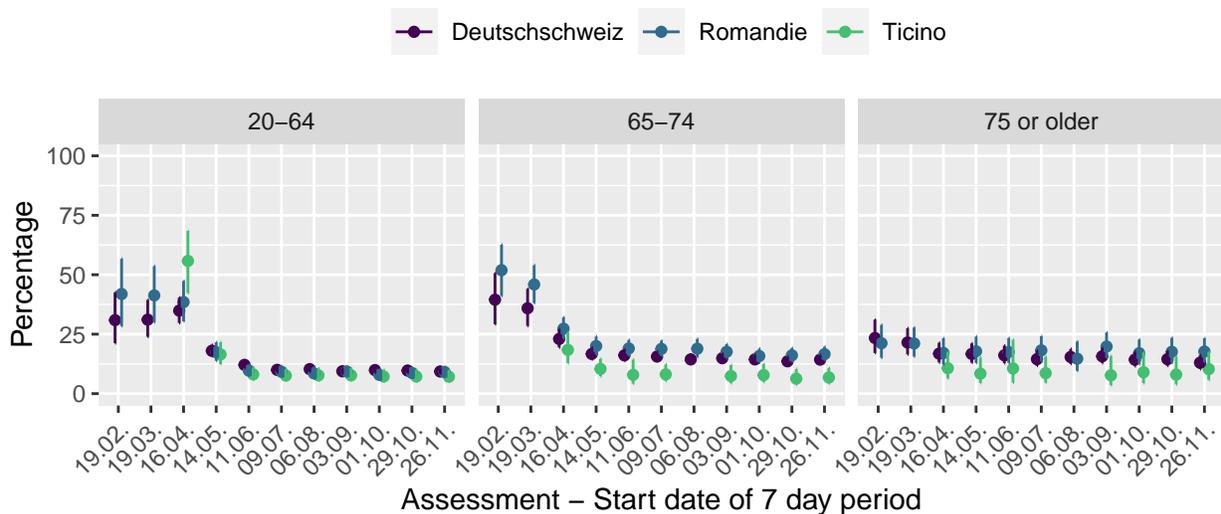
3.2 Reasons for Vaccination: I Am at Risk Because of my Age

Figure 12: Reason for vaccination: Vulnerable due to age. This question was only presented to individuals who have received at least one dose of vaccine.

3.3 Reasons for Vaccination: I Work in the Health Care System
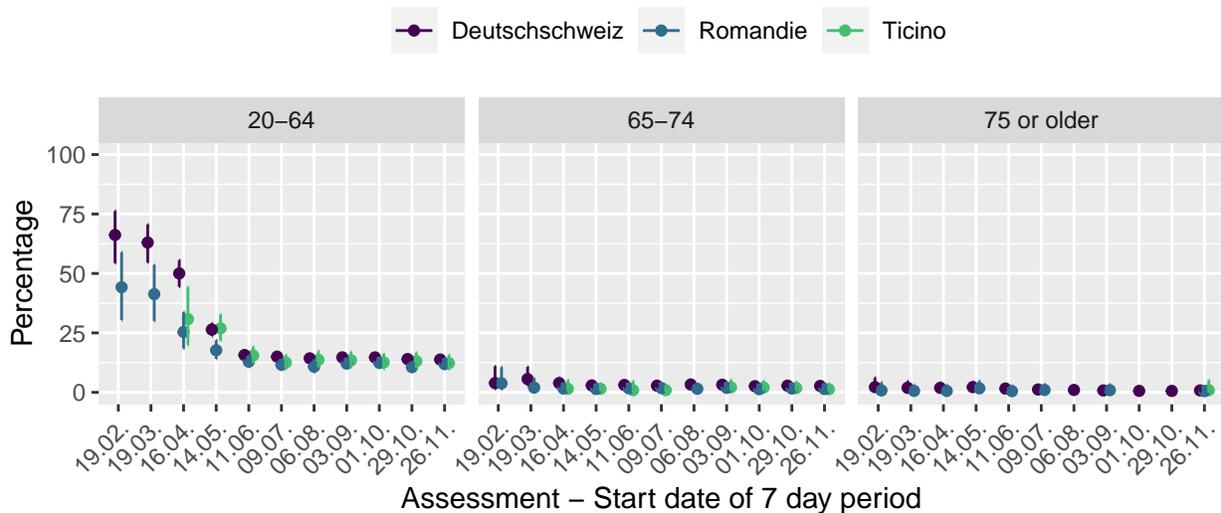
Figure 13: Reason for vaccination: Working in health care system. This question was only presented to individuals who have received at least one dose of vaccine.

Interpretation

Persons working in a health care setting were prioritized for a SARS-CoV-2 vaccination early on. This is why this was an important reason for a SARS-CoV-2 vaccination early among younger study respondents. Later on with more people eligible, other reasons became more important.

3.4 Reasons for Vaccination: I Live With or Look After One or More Vulnerable Person(s)

Figure 14: Reason for vaccination: Close contact of vulnerable person. This question was only presented to individuals who have received at least one dose of vaccine.

Interpretation

Persons looking after vulnerable persons were prioritized for a SARS-CoV-2 vaccination early on. This is why this was an important vaccination reason early among younger study respondents.

3.5 Reasons for Vaccination: I Am Vulnerable with Regard to the Coronavirus for some Other Reason than the Above
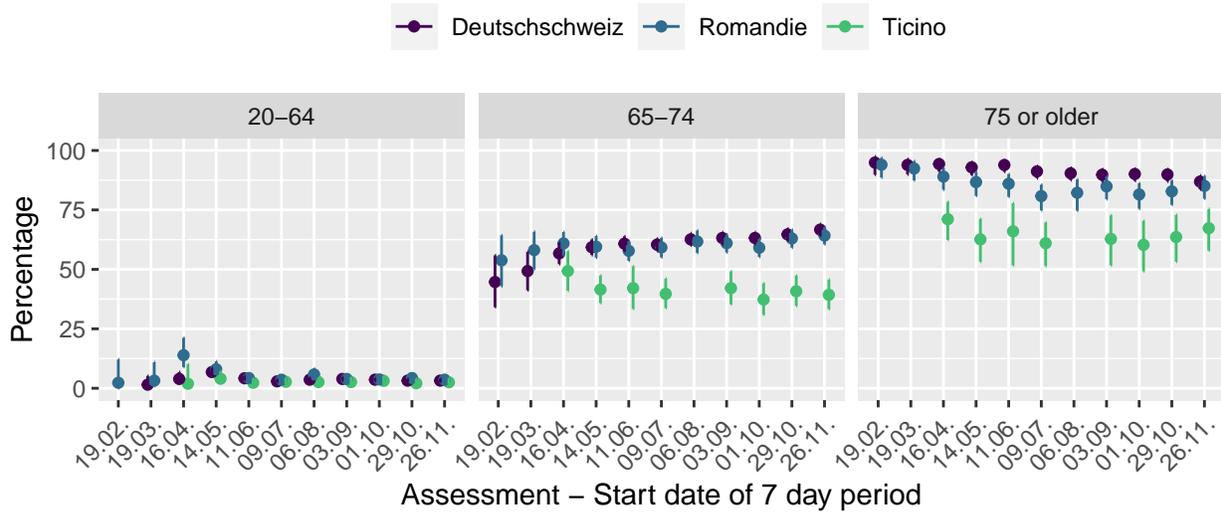

Figure 15: Reason for vaccination: Vulnerable for other reason. This question was only presented to individuals who have received at least one dose of vaccine.

3.6 Reasons for Vaccination: I Want to Protect Myself

Figure 16: Reason for vaccination: Protect myself. This question was only presented to individuals who have received at least one dose of vaccine.

3.7 Reasons for Vaccination: I Want to Get Back to Normal Life as Fast as Possible
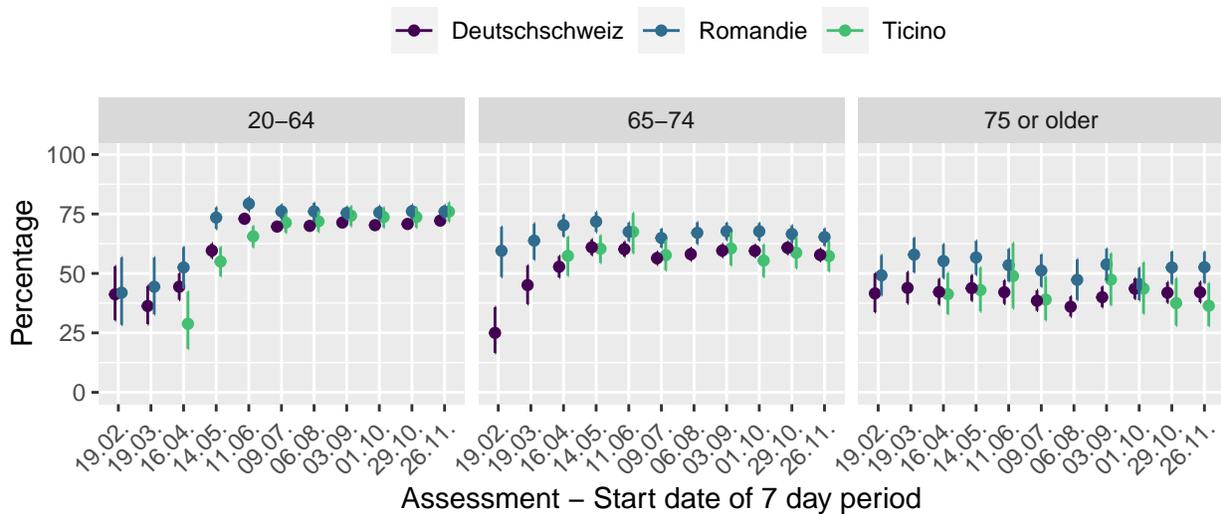
Figure 17: Reason for vaccination: Return to normal life as soon as possible. This question was only presented to individuals who have received at least one dose of vaccine.

Interpretation

Early 2021, older age, having a chronic illness or working in the health care system were eligibility criteria for a SARS-CoV-2 vaccination. In more recent months, when access to a SARS-CoV-2 vaccination was opened up, getting back to normal became more important.

3.8 Reasons for Vaccination: My Employer Wants Me to Be Vaccinated

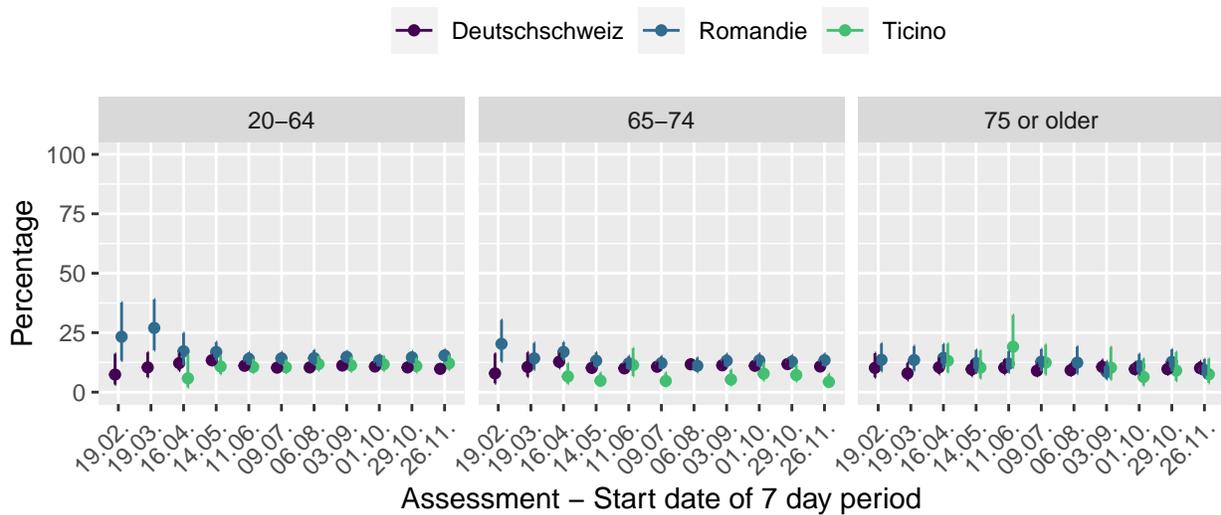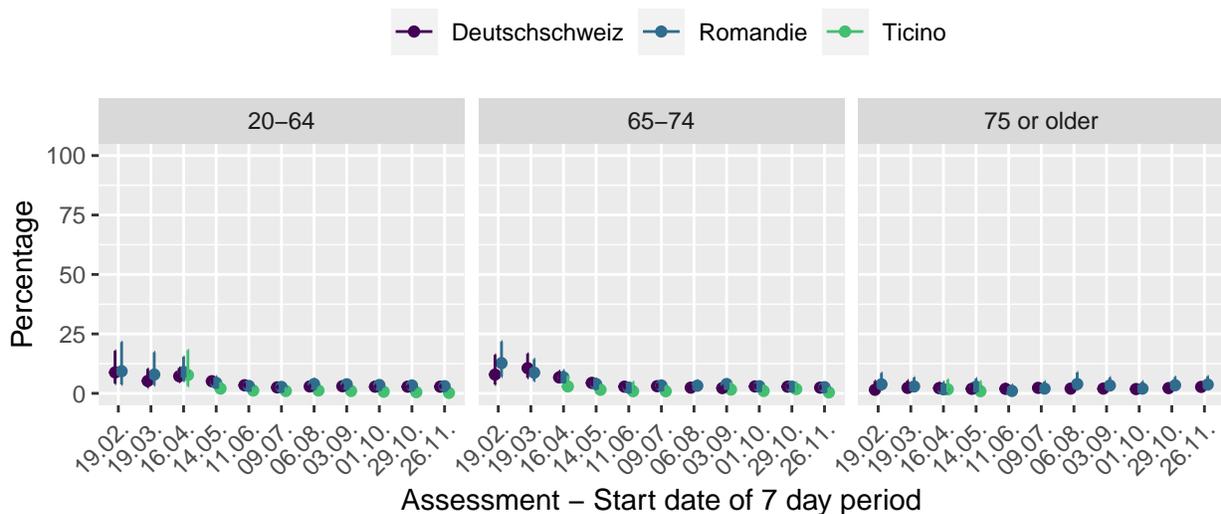

Figure 18: Reason for vaccination: Wish of employer. This question was only presented to individuals who have received at least one dose of vaccine.
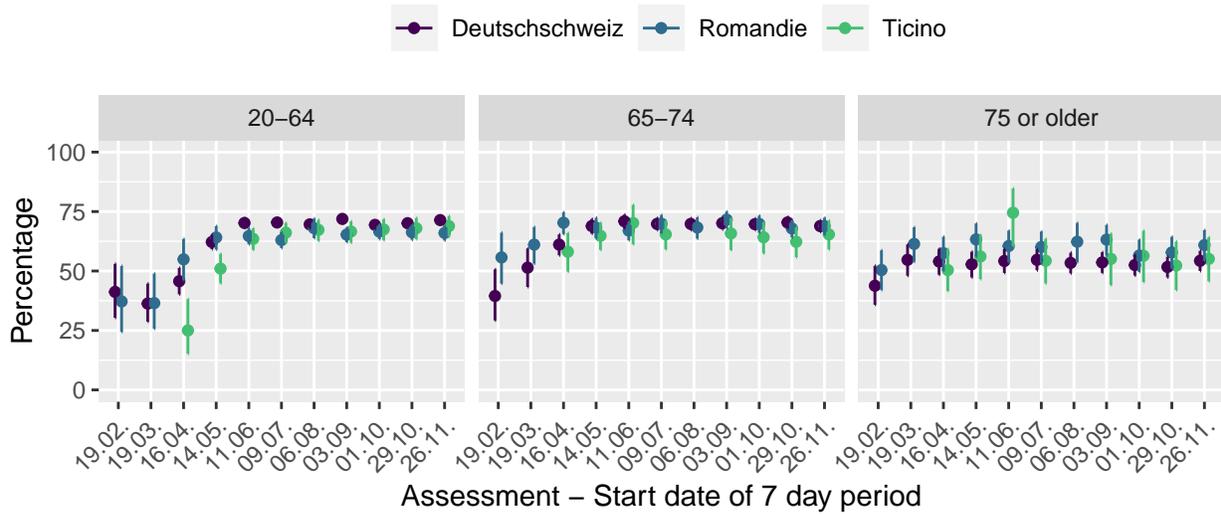
3.9 Reasons for Vaccination: I Want to Travel (for Work or Leisure) and Need or Want an Immunization Certificate

Interpretation

Early 2021, older age, having a chronic illness or working in the health care system were eligibility criteria for a SARS-CoV-2 vaccination. In more recent months, when access to a SARS-CoV-2 vaccination was opened up, getting back to normal became more important. This includes the wish to travel, which has emerged as an important reason for getting vaccinated over the past months.

3.10 Reasons for Vaccination: I Want to Contribute to the Protection of my Community and/or Society

Figure 19: Reason for vaccination: Protect community / society. This question was only presented to individuals who have received at least one dose of vaccine.

Interpretation

Early 2021, older age, having a chronic illness or working in the health care system were eligibility criteria for a SARS-CoV-2 vaccination. In more recent months, when access to a SARS-CoV-2 vaccination was opened up, getting back to normal became more important. Of note, protection of society was cited even more frequently as a vaccination reason than self-protection.

3.11   Reasons for Vaccination: Other Reason(s)
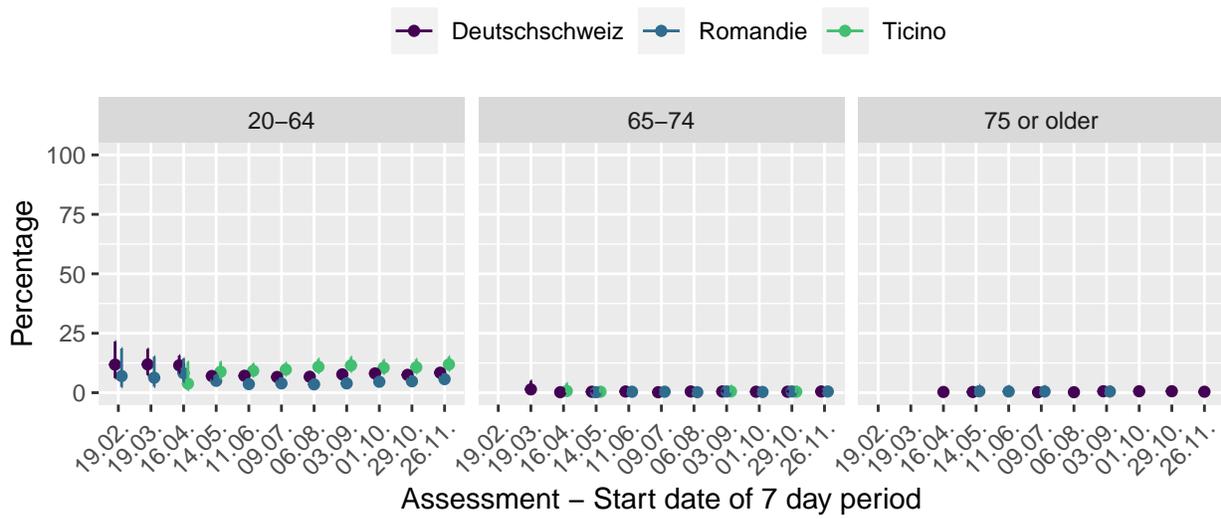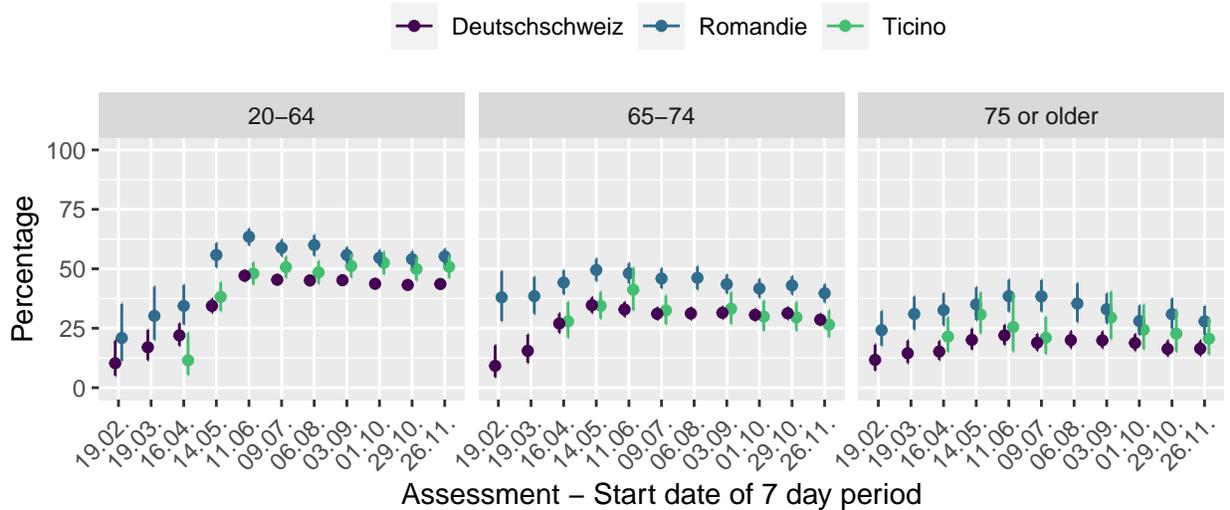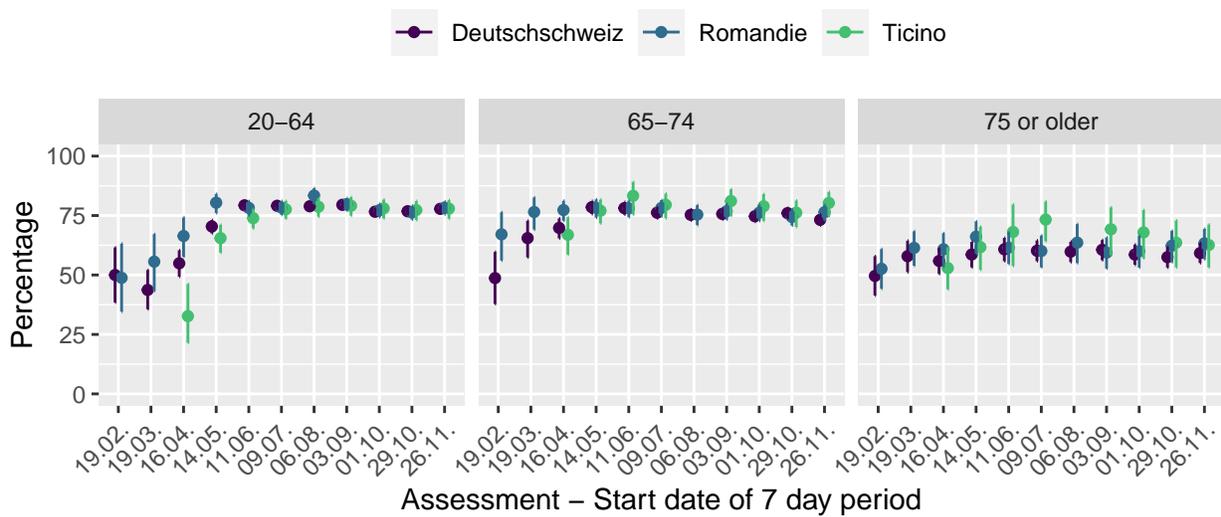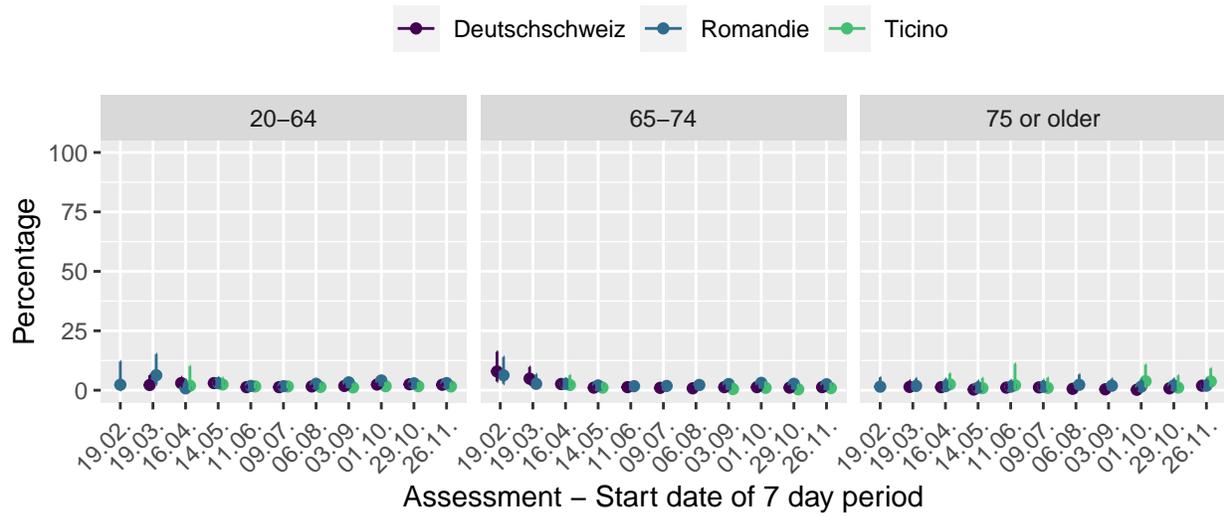

Figure 20: Reason for vaccination: Other. This question was only presented to individuals who have received at least one dose of vaccine.

4 Eligibility and Appointment for SARS-CoV-2 Vaccination

Participants were asked whether, to the best of their knowledge, they were currently eligible to receive a SARS-CoV-2 vaccination and if they already have an appointment to get vaccinated. These questions were only presented to persons who have **not yet reported at least one vaccine injection for SARS-CoV-2**. In the first assessment wave in Ticino (lasting from 08.03.2021 to 26.03.2021) these questions were understood differently by participants than intended. Therefore, the data is not shown and the wording has been adjusted for the following assessments.

4.1 Are You Currently Eligibile to Receive a SARS-CoV-2 Vaccination?

Figure 21: Current eligibility status to receive SARS-CoV-2 vaccination stratified by language region, age and assessment wave. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Interpretation

This figure reflects changing eligibility criteria and facilitated access in more recent months. Important: The number of respondents to this question, which was only asked to persons who have not yet been vaccinated against SARS-CoV-2, steadily decreases over time. The increasing percentage of persons who do not want to get vaccinated reflects a decreasing absolute number.

4.2 Do You Already Have an Appointment to Get Vaccinated?
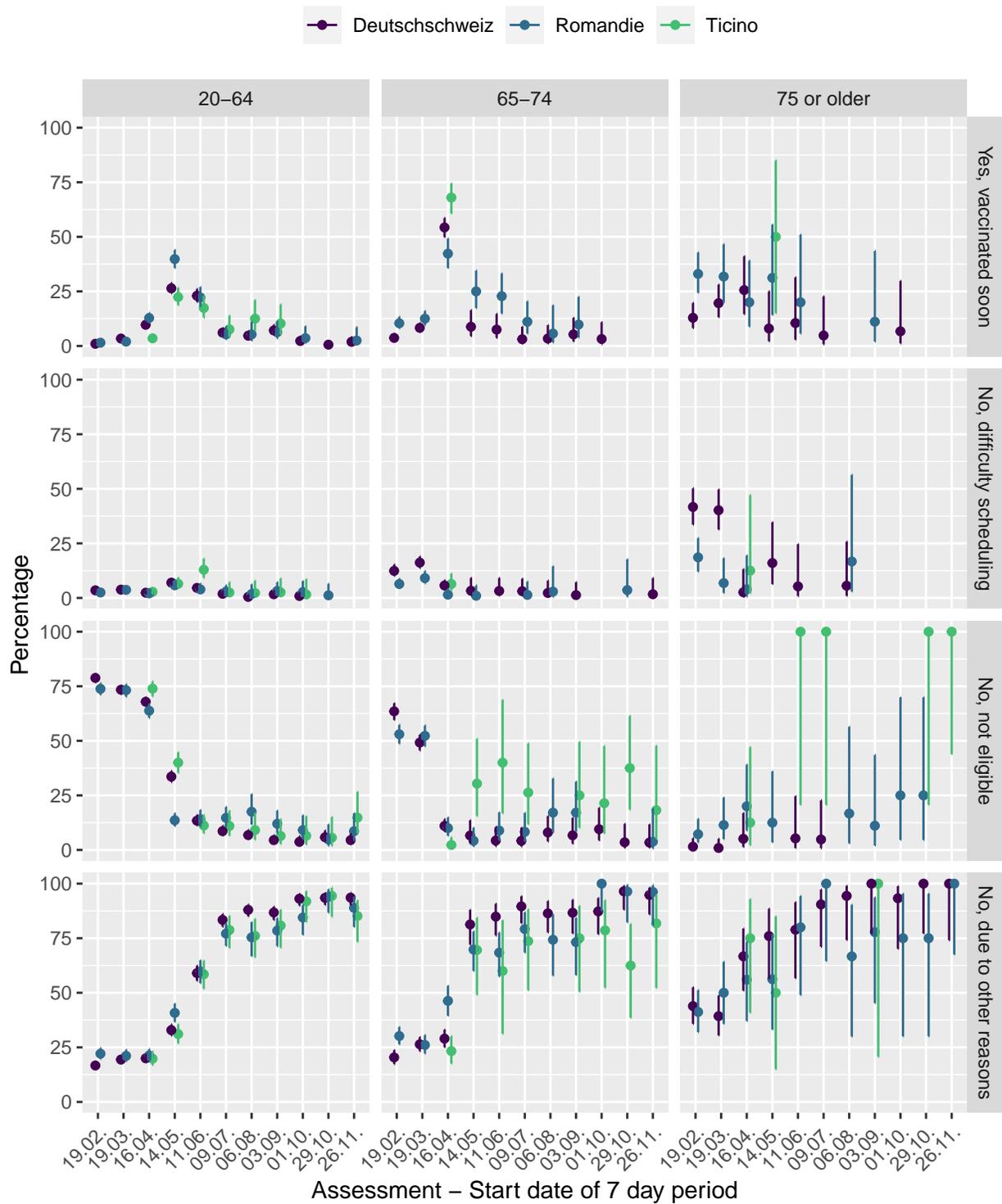
Figure 22: Current appointment status to get vaccinated stratified by language region, age and assessment wave. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Interpretation

This figure should be interpreted with great care. For example, it is unclear why there are some individuals aged 75 and older who believe that they are not eligible for a SARS-CoV-2 vaccination. Overall, the figure illustrates changing eligibility criteria, as well as facilitated access to SARS-CoV-2 vaccinations since February 2021.

5 Likeliness to Get Vaccinated

Participants were asked, how likely it is they will get vaccinated once they are eligible for the vaccination. They could answer on a scale of *1 - Very unlikely* to *5 - Very likely*. The answers were grouped into three categories, *Very unlikely / Rather unlikely* (options 1 and 2), *Unsure* (option 3) and *Rather likely / Very likely* (option 4 and 5). The results were stratified by age and language region. These questions were only presented to persons who have **not yet reported at least one vaccine injection for SARS-CoV-2**. Therefore, the percentages are expected to change over time.

A different version of this plot, further stratified by *No chronic disease* and *Chronic disease*, can be found in the Appendix.

5.1 Once the Vaccine Is Available to You, How Likely Is It that You Will Decide to Get Vaccinated?
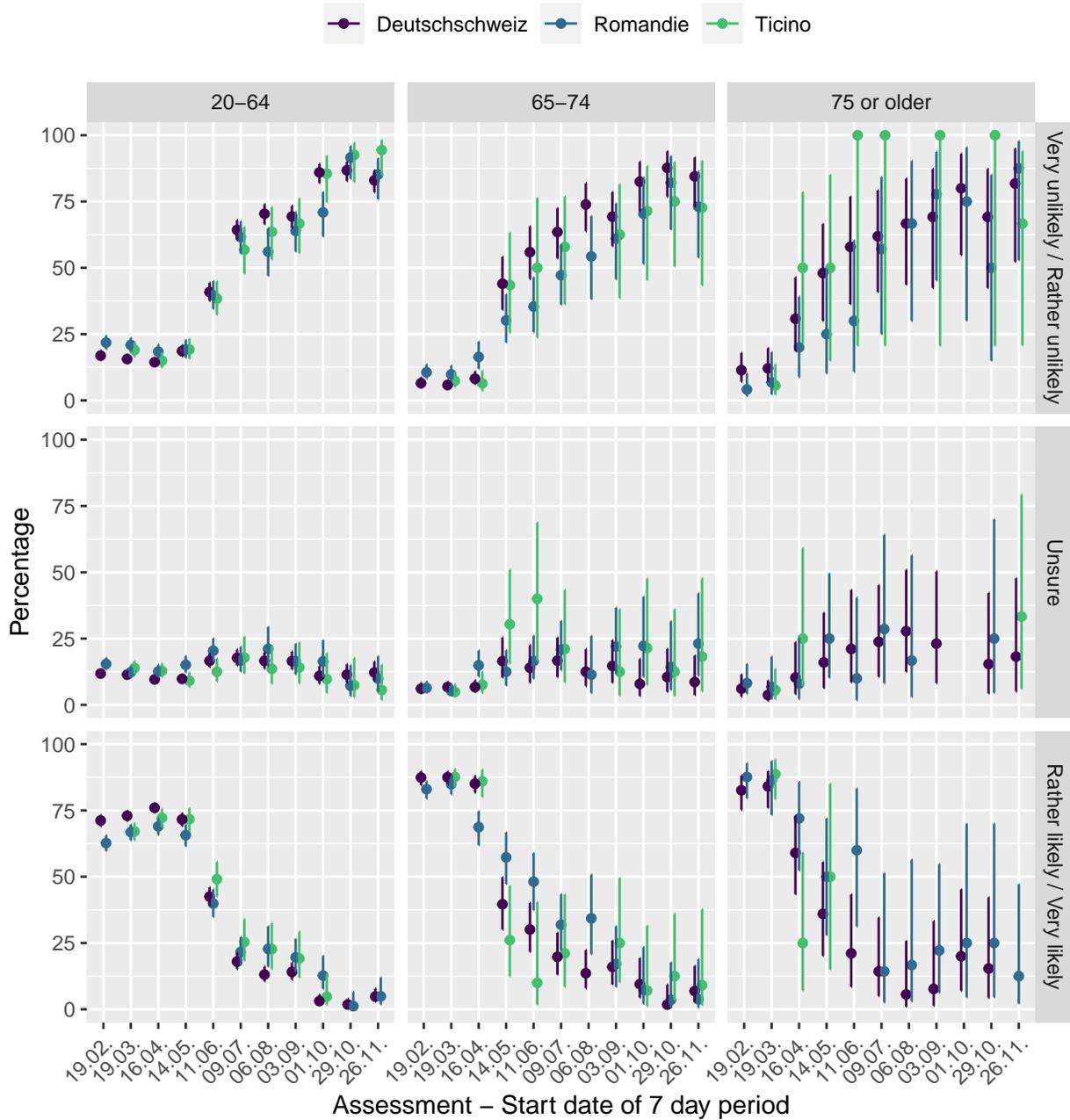
Interpretation

This question only relates to persons who have not received any SARS-CoV-2 vaccination thus far. The decrease in the proportion of persons who intend to get vaccinated against SARS-CoV-2 reflects the following: The absolute number of persons who have not yet received at least one SARS-CoV-2 vaccination dose is decreasing (reflected by widening confidence intervals). As a consequence, those who are unsure/unlikely to get vaccinated against SARS-CoV-2 grow in proportion (because all other will seek SARS-CoV-2 vaccination over time). Therefore, the observed trends are expected and do not reflect growing SARS-CoV-2 vaccine hesitancy.

6 Likeliness to Get Vaccinated or Already Vaccinated

The following plots combine the information of persons who have been vaccinated (at least once) and the likeliness to get vaccinated in those, who have not been vaccinated yet, again grouped into three categories, *Very unlikely / Rather unlikely*, *Unsure* and *Rather likely / Very likely*. Six plots are displayed, overall and stratified by age and age and gender, each on an absolute (sample size) and relative (percentages) scale. These plots are helpful to set the numbers in a context.

6.1 Likeliness to Get Vaccinated or Already Vaccinated - Overall

Figure 23: Vaccination status or likeliness of vaccination, stratified by assessment wave - absolute representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations.

Figure 24: Vaccination status or likeliness of vaccination, stratified by assessment wave - relative representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations. Please also consult the absolute represetation for group-specific sample sizes.

6.2 Likeliness to Get Vaccinated or Already Vaccinated - Age

Figure 25: Vaccination status or likeliness of vaccination, stratified by age and assessment wave - absolute representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations.
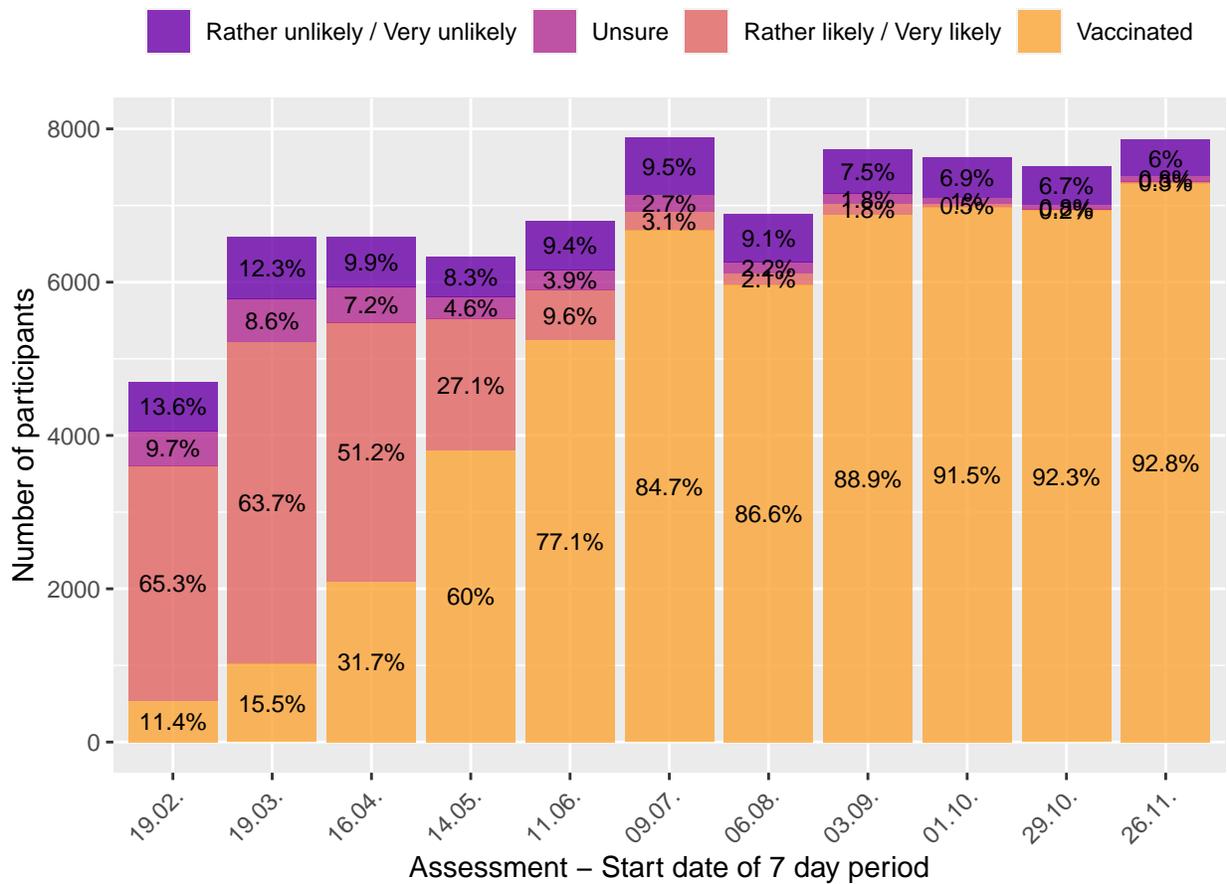
Figure 26: Vaccination status or likeliness of vaccination, stratified by age and assessment wave - relative representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations. Please also consult the absolute represetation for group-specific sample sizes.

6.3 Likeliness to Get Vaccinated or Already Vaccinated - Age and Gender

Women
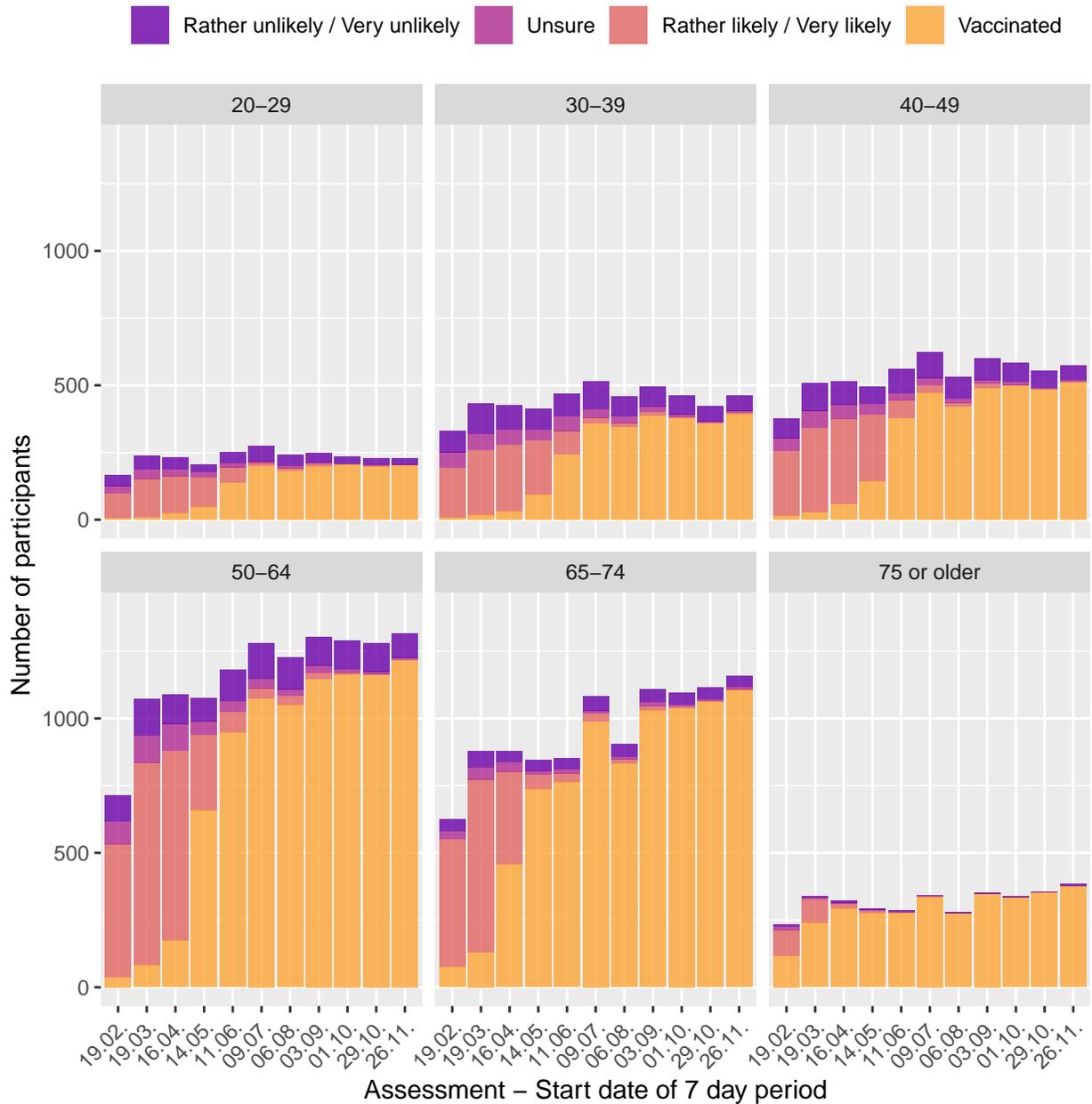
Figure 27: Vaccination status or likeliness of vaccination, stratified by age and assessment wave, only in women - absolute representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations.
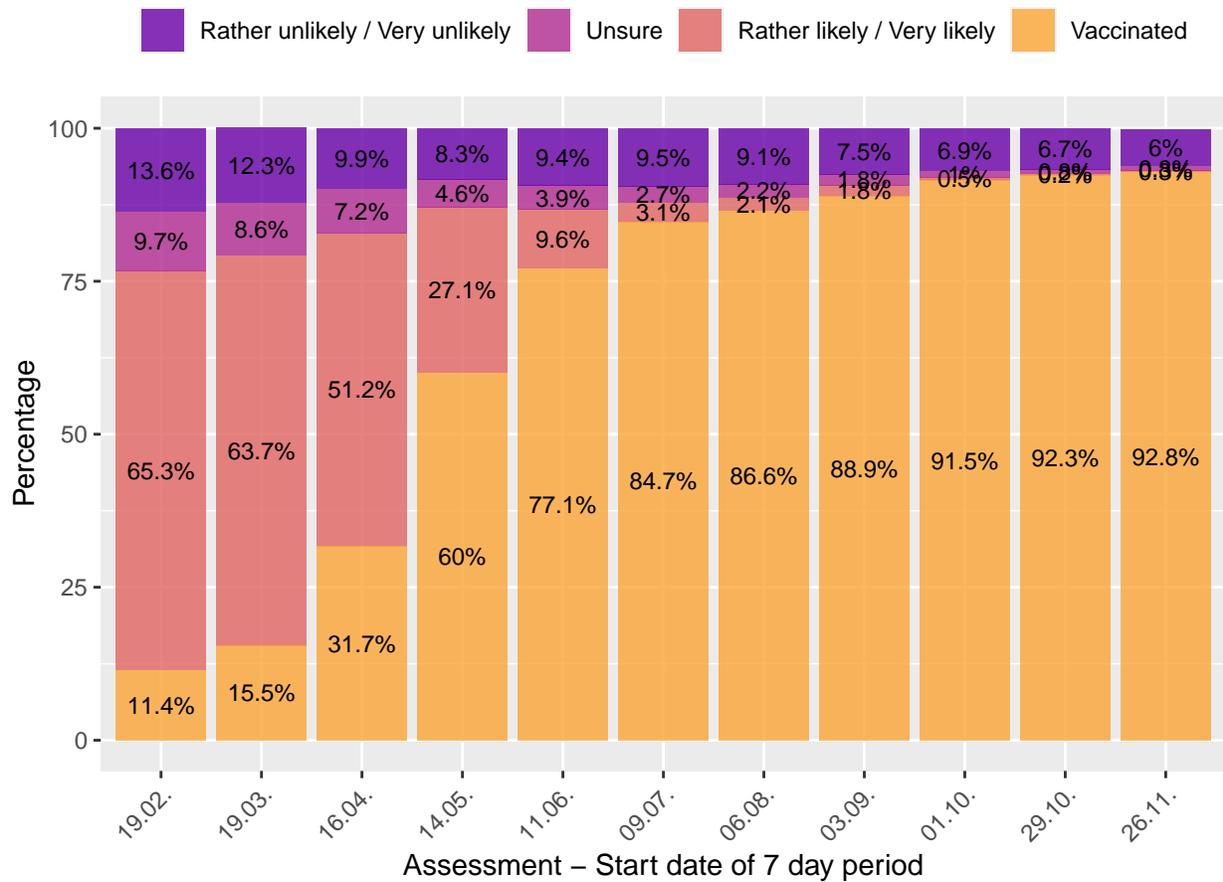
Women
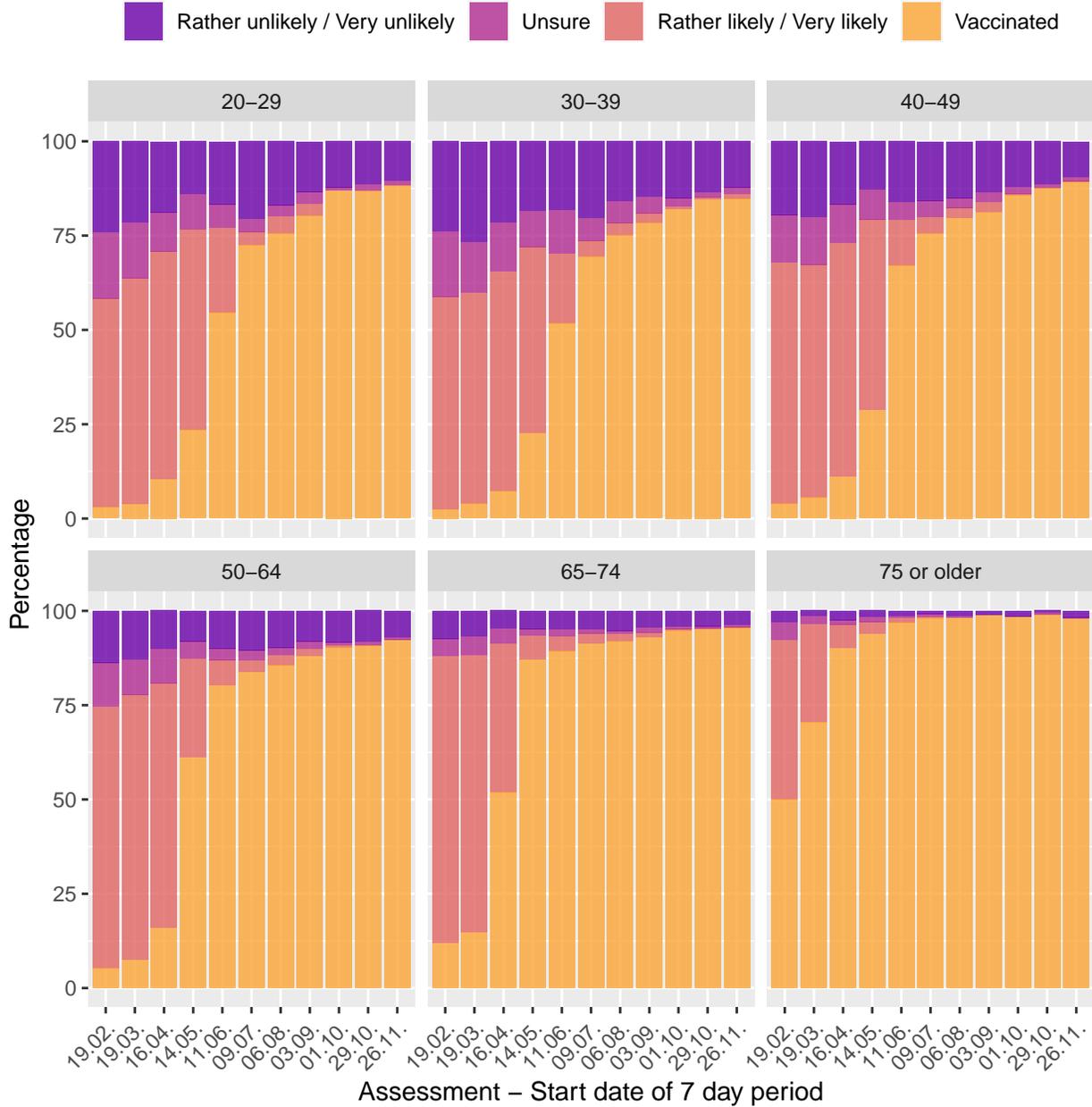
Figure 28: Vaccination status or likeliness of vaccination, stratified by age and assessment wave, only in women - relative representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations. Please also consult the absolute represetation for group-specific sample sizes.
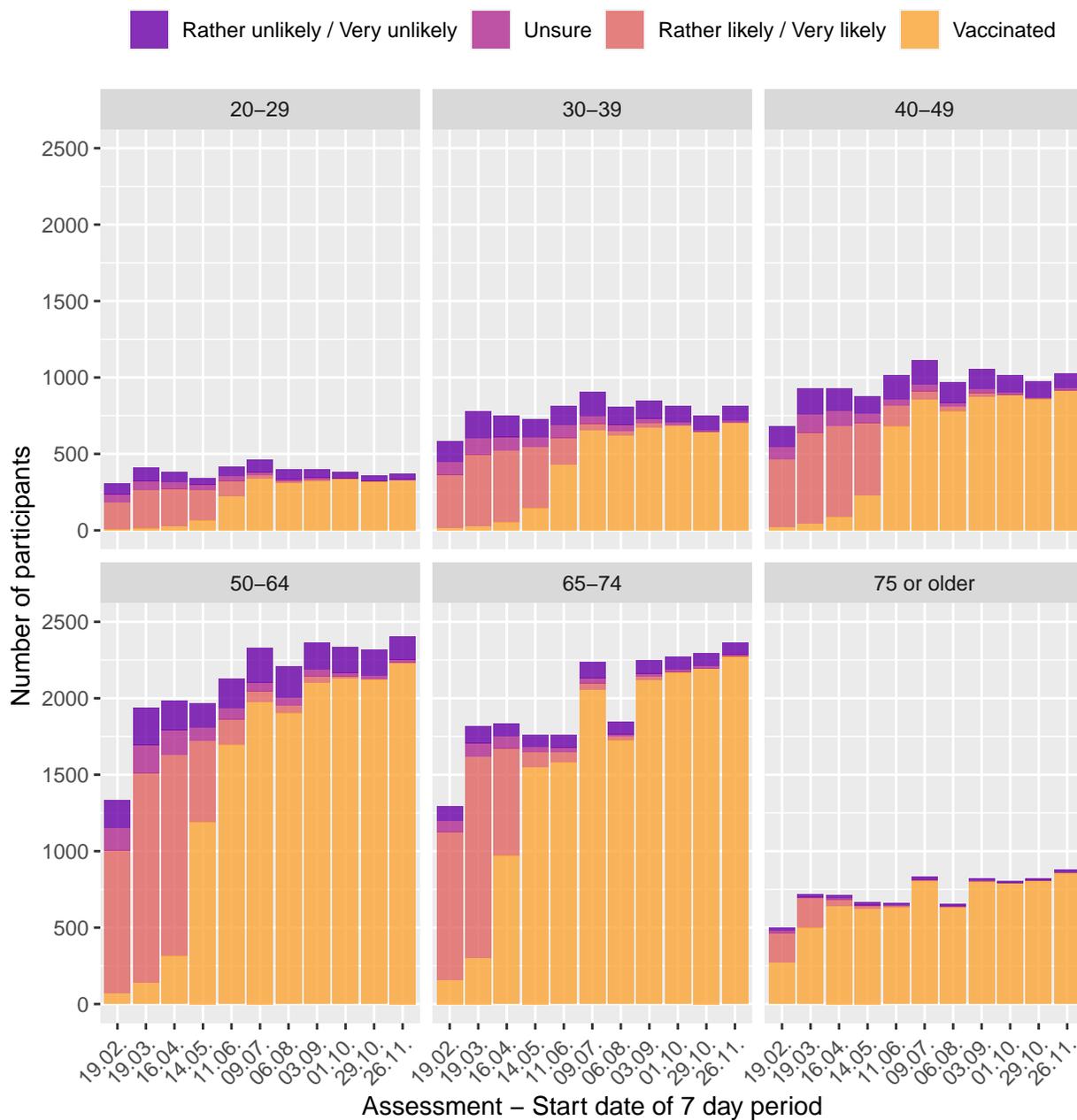
Men
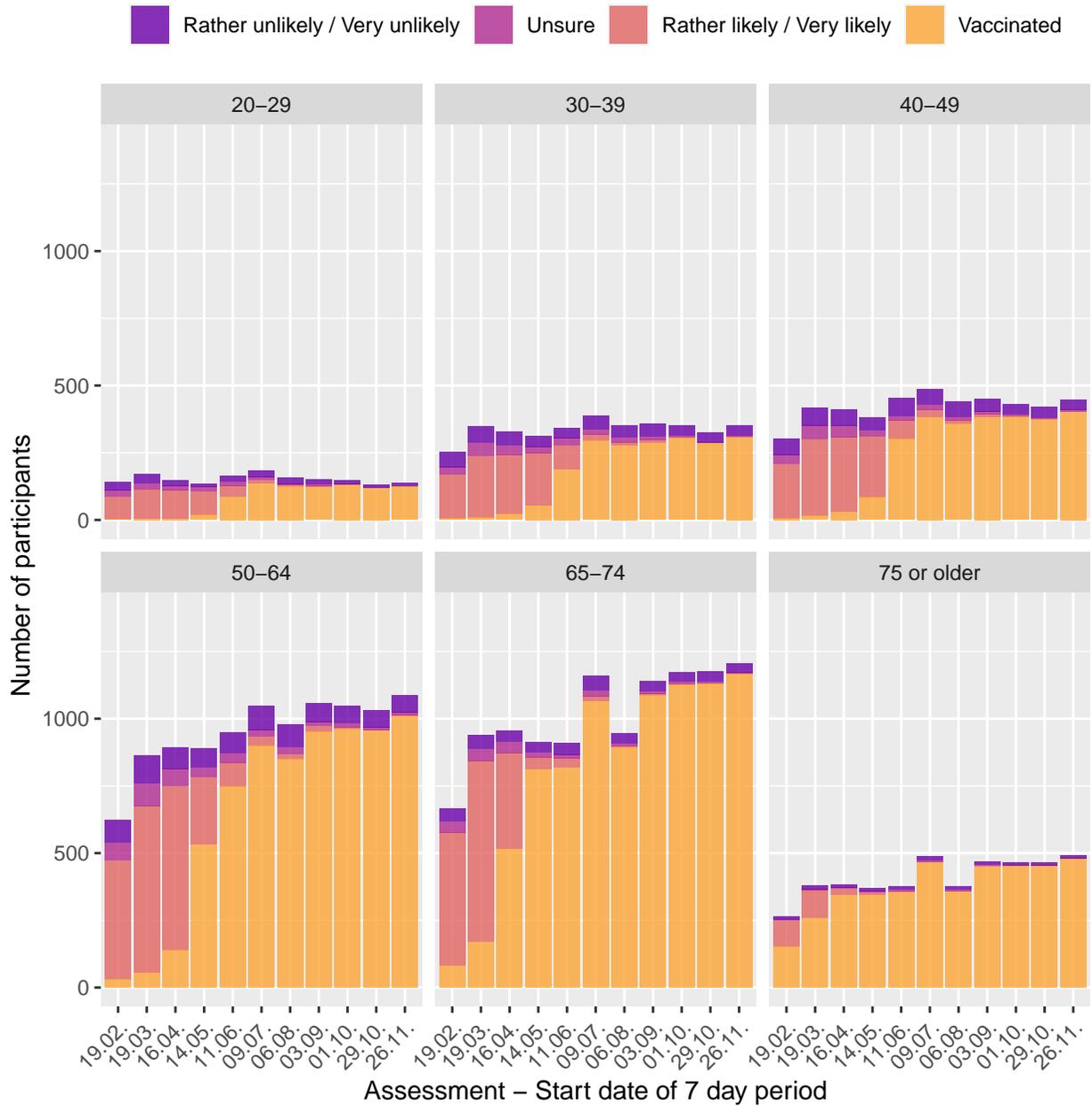
Figure 29: Vaccination status or likeliness of vaccination, stratified by age and assessment wave, only in men - absolute representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations.
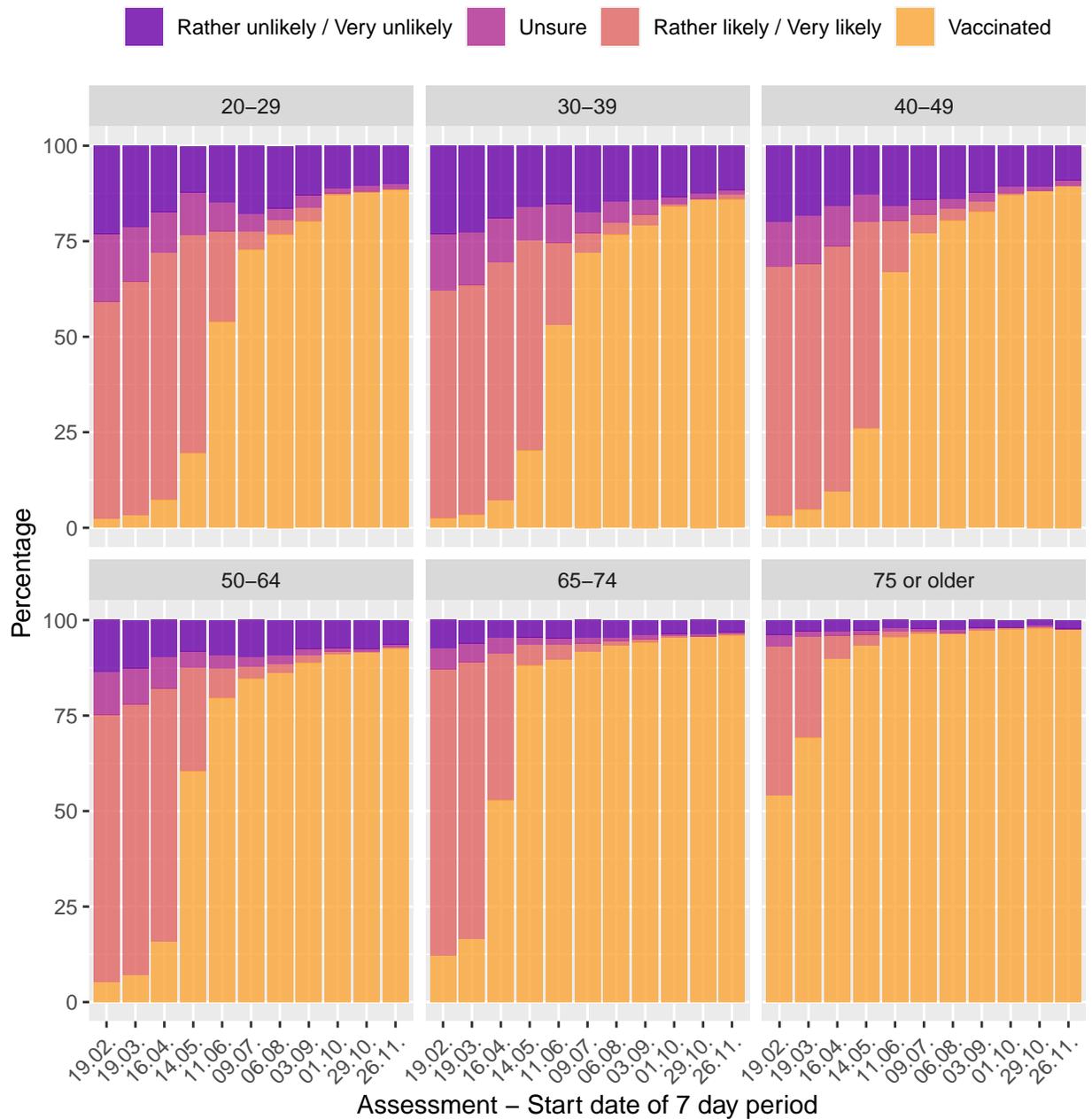
Figure 30: Vaccination status or likeliness of vaccination, stratified by age and assessment wave, only in men - relative representation. Individuals who have received at least one dose of vaccine were considered vaccinated. Study samples do not represent the age distribution of the general population and are likely more adherent to public health measures and recommendations. Please also consult the absolute represetation for group-specific sample sizes.
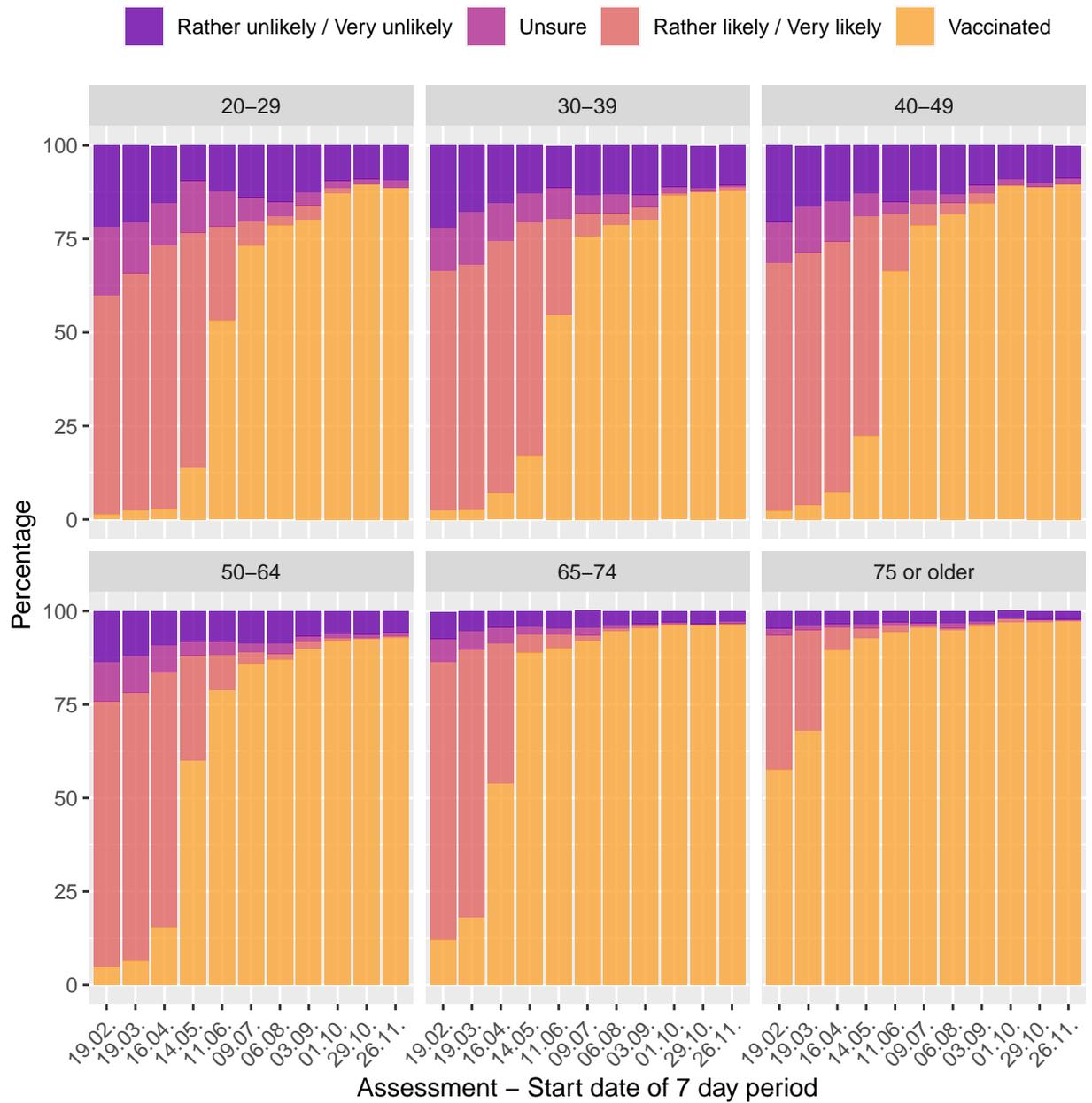
7 Vaccine Hesitancy

Participants were presented 22 statements in the context of vaccine hesitancy towards the vaccination against SARS-CoV-2. Each statement could be rated on a scale of *1 - Strongly disagree* to *5 - Strongly agree*. To simplify the presentation of the results, the responses were dichotomised and are shown as the percentage of participants who answered *4 - Agree* or *5 - Strongly agree*. The results were stratified based on the answer to the question in Section 5.1 *Once the Vaccine Is Available to You, How Likely Is It that You Will Decide to Get Vaccinated?* and age. To ascertain readability, the statements are presented in two different graphs, divided by *positive statements* and *negative statements* in the context of the coronavirus vaccine.

The same graphs further stratified by language region and of previous assessment waves can be found in the Appendix. These questions were only presented to persons who have **not yet reported at least one vaccine injection for SARS-CoV-2**. Therefore, the percentages are expected to change over time.

The following statements were presented:

***Positive* statements in the context of the coronavirus vaccine:**

- Infection: I believe that vaccination protects me from an infection with the coronavirus.
- Severity: I believe that the vaccination protects me against a severe course of coronavirus infection.
- Transmission: I believe that the vaccination protects against transmission of the coronavirus to others.
- Religion: I follow what my religious faith prescribes regarding this vaccination.
- Longterm immunity: I think that the vaccine will provide long lasting immunity.
- Self protection: I want to protect myself.
- Community protection: I want to contribute to the protection of my community/society.
- Relative protection: I want to contribute to the protection of someone I know who is vulnerable.
- Back to normal: I want to get back to a normal life as fast as possible.
- Left others: I prefer to let those who will benefit most have first access to the vaccine.
- Serology dependent: I base my vaccination decision on the results of my serological test.

***Negative* statements in the context of the coronavirus vaccine:**

- Effectiveness: I prefer to wait before being vaccinated until more is known about how effective the vaccine is.
- Safety: I prefer to wait before being vaccinated until more is known about the vaccine's safety.
- Side effect: I am afraid of possible side effects.
- Natural immunity: I prefer natural immunity against the coronavirus to vaccine induced immunity.
- Natural treatments: I prefer natural or traditional remedies to the disease rather than being vaccinated.

- Needles: I am afraid of injections.

- Contamination: I am concerned about getting infected if I go to a clinic where vaccinations are administered.

- Other means: I would rather protect myself by other means (physical distancing, hand hygiene, wearing a mask) than be vaccinated.

- Contraindication: Medical reasons (e.g., allergies) prevent me from being vaccinated.

- Too fast: The coronavirus vaccine has been developed too quickly.

- Too much information: I feel overwhelmed by information on the coronavirus vaccine.

Due to the increased complexity of the following graphs, please find a reading aid below:

On the y-axis, the statements are shown. Due to space limitations in the plot, the reader is referred to the positive and negative statements above for the exact wording and meaning. On the x-axis, the percentage of persons who agree or strongly agree to the presented statement is displayed. Lastly, the colours in these plots are used to show the named percentage in those who intend to get vaccinated, those who are unsure and those who do not intend to get vaccinated. The three different plots further display this data by age (columns).

For example, in persons aged between 20 and 64, 21% of persons who intend to get vaccinated agree or strongly agree that the vaccination protects from an infection (first dark-blue point in the left plot). At the same time, only 6% of participants in the same age group who do not intend to get vaccinated agree or strongly agree (first orange point in the left plot).

7.1 Please Indicate the Degree to Which You Agree with the Following Positive Statements in the Context of the Coronavirus Vaccine

The following plot shows the results of the most recent assessment wave. The results of previous assessment waves and further stratified by language region can be found in the Appendix. To improve readability, the percentage of participants who agree or strongly agree to a statement is shown.

Figure 31: Percentage of participants who agree or strongly agree to positive statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated and age. This question was only presented to persons who have not yet reported at least one vaccine injection.

Interpretation

This question only relates to persons who have not received any SARS-CoV-2 vaccination thus far. The absolute number of persons who have not yet received at least one SARS-CoV-2 vaccination dose is decreasing (reflected by widening confidence intervals) and those who are unsure/unlikely to get vaccinated against SARS-CoV-2 grow in proportion. With focus on the 20-64 year old persons: Of those who are likely to get vaccinated (based on the question in Figure 5.1, blue dot), around 21% agree to the statement that the vaccination protects from infection with the coronavirus (SARS-CoV-2). Among those who are unsure (purple dot), around 10% agree with this statement. Those who are unlikely to get vaccinated (orang dot), around 6% agree with the statement.

7.2 Please Indicate the Degree to Which You Agree with the Following Negative Statements in the Context of the Coronavirus Vaccine

The following plot shows the results of the most recent assessment wave. The results of previous assessment waves and further stratified by language region can be found in the Appendix. To improve readability, the percentage of participants who agree or strongly agree to a statement is shown.
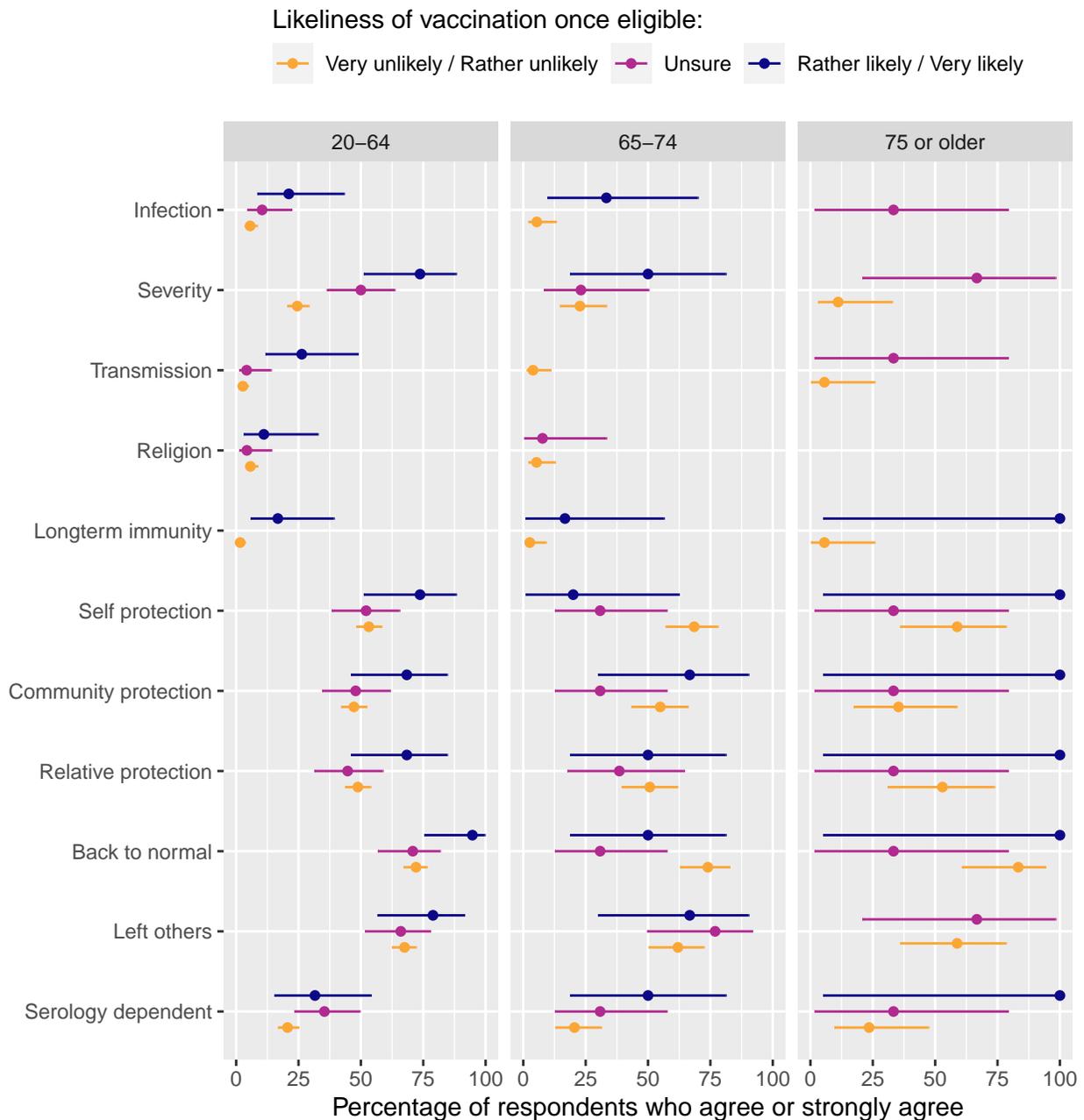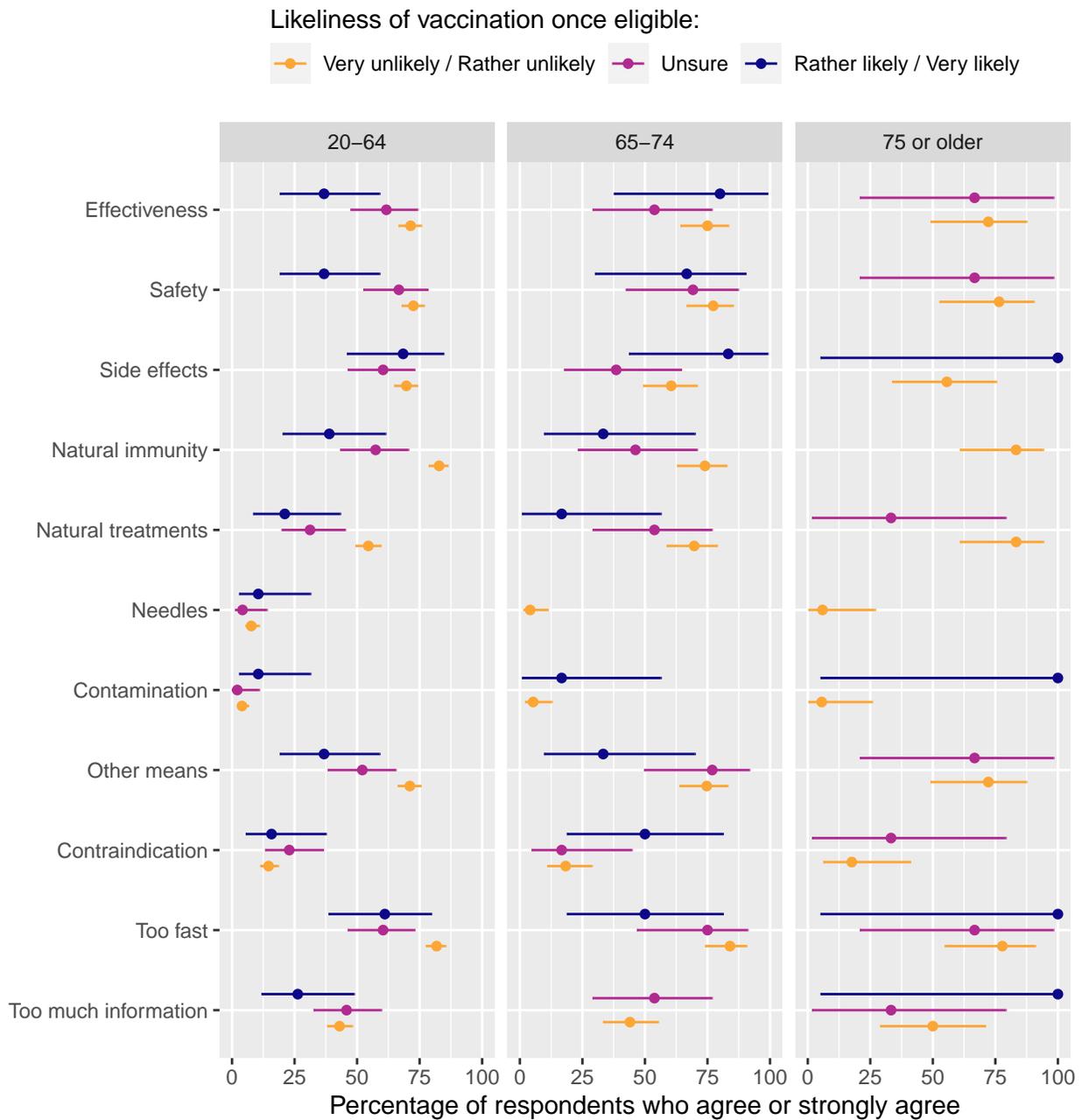

Figure 32: Percentage of participants who agree or strongly agree to negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated and age. This question was only presented to persons who have not yet reported at least one vaccine injection.

Interpretation

This question only relates to persons who have not received any SARS-CoV-2 vaccination thus far. The absolute number of persons who have not yet received at least one SARS-CoV-2 vaccination dose is decreasing (reflected by widening confidence intervals) and those who are unsure/unlikely to get vaccinated against SARS-CoV-2 grow in proportion. With focus on the 20-64 year old persons: Of those who are likely to get vaccinated (based on the question in Figure 5.1, blue dot), around 37% agree to the statement that they prefer to wait until more about SARS-CoV-2 vaccine effectiveness is known. Among those who are unsure (purple dot) or who are unlikely to get vaccinated (orange dot), 62% and 71%, respectively, agreed with the statement.

8 Advice to Get Vaccinated

Participants who have **not yet reported at least one vaccine injection for SARS-CoV-2** were asked if they had thus far been advised regarding the SARS-CoV-2 vaccination. The answer options were *Yes, advised to vaccinate*, *Yes, advised to not vaccinate* or *Not advised*. Participants could check all options which applied, therefore the percentages do not add up to 100%. The responses were stratified by age and language region. Furthermore, those who reported to have been advised were asked, who advised them. Participants could check all options which applied, therefore the percentages do not add up to 100%. The percentage of persons who reported a specific advisor is shown stratified by whether the advise was to get vaccinated or to not get vaccinated and age. The results further stratified by language region and of previous assessment waves are shown in the Appendix.

In the first assessment wave in Ticino (lasting from 08.03.2021 to 26.03.2021) these questions were asked differently and therefore the data is not shown.

Possible advisors were:

- FOPH: Federal Office of Public Health / Cantonal medical officer
- Personal physician
- Other HC professional: Another health care professional
- Employer
- Close person: Friend / Family member
- Religion: Religious leader
- Other

8.1 Up to Now, Have You Been Advised Regarding the Coronavirus Vaccination?
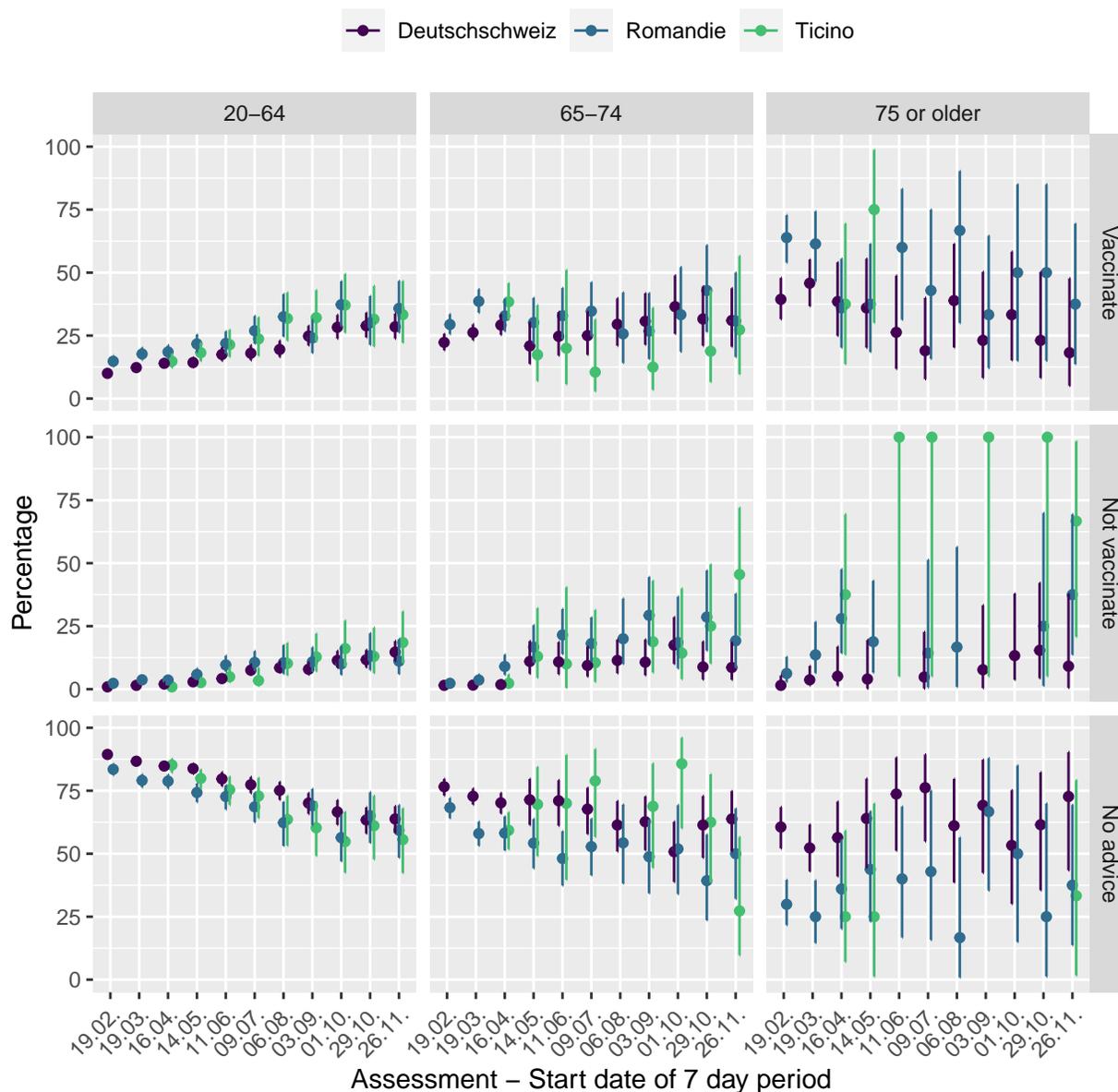
Figure 33: Percentage of participants who were advised to get or not get vaccinated, stratified by age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed. All options which applied could be selected.

Interpretation

This figure is somewhat difficult to interpret because "advice" has ambiguous meanings (e.g., active advice in conversation vs. general recommendation). Furthermore, the proportions are based on a decreasing absolute number of persons who have not received a SARS-CoV-2 vaccination yet (indicated by widening confidence intervals). Therefore, the proportion of people having been advised to not get vaccinated against SARS-CoV-2 is naturally increasing.

8.2 Who Advised You to Get or not Get Vaccinated?

The following plot shows the results of the most recent assessment wave, stratified by age. The results further stratified by language region and of previous assessment waves can be found in the Appendix.
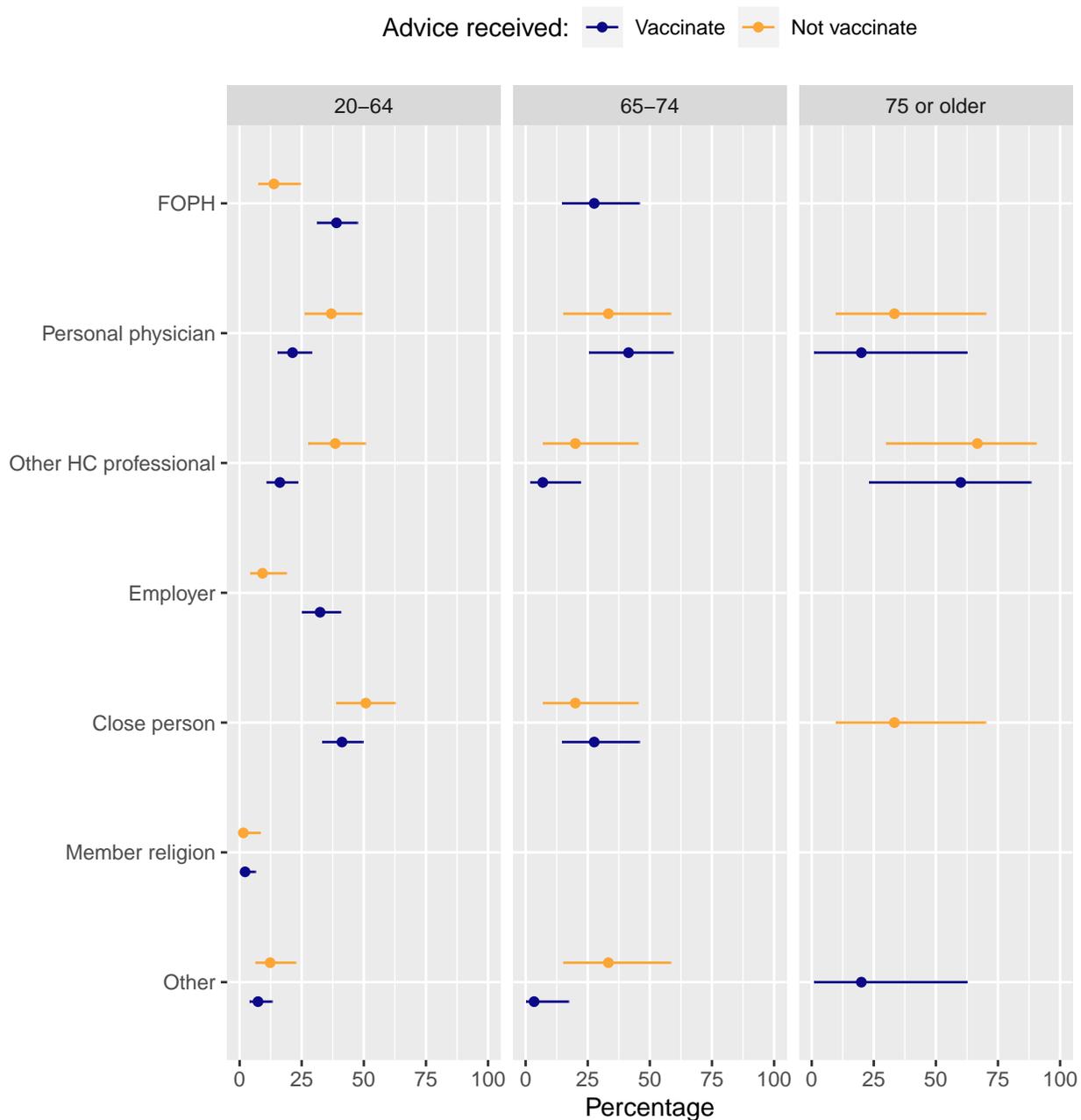
Figure 34: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated and age. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed. All options which applied could be selected.

Interpretation

The FOPH, personal physicians, other health care providers and close persons play an important role to provide advice to get or not get vaccinated against SARS-CoV-2. However, we have no information based on which factors the advice was given (e.g., physicians could recommend not to get vaccinated against SARS-CoV-2 based on the presence of co-morbidities or known allergies).

Appendix

Details of Recruitment and Study Methods of the Corona Immunitas Digital Follow-Up Cohort

Rationale and Goals for the Corona Immunitas Digital Follow-Up

The digital-follow up was planned as an integral part of Corona Immunitas from the outset, which is founded in the main overall study goals to measure seroprevalence and to monitor possible (re-) infections with SARS-CoV-2 in the study population, thus addressing the questions of whether antibodies provide immunity and for how long. In addition, the digital follow-up cohort aims to monitor physical and mental health as well as behaviours related to COVID-19 public health measures. Specifically, the digital follow-up addresses the following longitudinal research questions:

1. In persons with prior exposure to SARS-CoV-2 (as confirmed by a baseline serology at enrolment), how long does the acquired immunity last and how many will experience a self-reported re-infection with SARS-CoV-2 based on symptoms?

2. In persons whose baseline serology was negative, how many will experience a self-reported infection with SARS-CoV-2?

3. How do persons in Switzerland adjust their lives and adopt public health preventive measures to avoid contact with SARS-CoV-2 over extended periods of time?

4. How is mental health affected by the threat of the SARS-CoV-2 pandemic (or later epidemic waves) and the preventive measures mandatorily imposed or strongly recommended by health authorities?

Most variables to address the four main questions form part of a standardized set of core instruments. Topic-specific add-on questionnaires (e.g. on changes to the socioeconomic status due to the SARS-CoV-2 pandemic, attitudes towards and update of SARS-CoV-2 vaccination in the population) are released for specific projects.

Methods

Study participant enrolment and participation

Starting point for the digital follow-up of Corona Immunitas is the on-site or at-home baseline visit at one of the 10 regional study centres (covering 11 cantons), which includes blood draws for antibody measurements, as well as the completion of a baseline questionnaire covering socio-demographic and economic characteristics, health status, information on previous SARS-CoV-2 infections and risk exposures, and adherence to recommended

public health preventive measures. When completing the informed consent for the baseline visit, participants can decide whether they are willing to partake in regular online follow-up surveys to update the information provided during the baseline visit and to contribute to topic-specific surveys. Consent is given in written on site, and trained study personnel is at disposal in case of questions.

Enrolment into the digital follow-up is open to all participants of Corona Immunitas, given that they are at least 18 years of age, provide written informed consent, have a working email address and internet access. Enrolment schemes can vary across some sites, for example by first including participants in the digital follow-up and then running the SARS-CoV-2 antibody measurements. If participants agree to the digital follow-up module, they receive survey links via email on a weekly (from July 2021 on bi-weekly) basis to provide electronic status updates. Surveys are available in German, French, Italian, and English. Currently, the digital follow-up is planned to run for up to 12 months after study enrolment and entails a repeating sequence of three short weekly questionnaires and a more extensive monthly questionnaire (from July 2021 on one weekly and one monthly questionnaire).

Weekly questionnaires only collect the most basic information concerning new occurrence of SARS-CoV-2 compatible symptoms, the conduct of new PCR- or rapid antigen SARS-CoV-2 tests and/or antibody serology and the results of these tests, hospitalizations, intensive care stay, and adherence to recommended public health measures. The main goal of weekly status updates is to monitor possible (re-)infections with SARS-CoV-2 and the evolution of preventive behaviours in the face of a changing pandemic. The survey is designed to take as little time as possible by implementing screening questions and branching logics. The time horizon of these questions refers to the past 7 days (from July 2021 on the past 14 days), that is, since the previous follow-up. Due to the short intervals between surveys, invitations for specific weekly surveys are only sent once without reminders.

The monthly survey incorporates all questions of the weekly survey and includes additional instruments to assess further consequences of the pandemic, such as loneliness, social anxiety, psychological distress, or problems accessing health care and treatments. Additionally, the survey elicits participants' perceptions of personal and societal risks concerning the SARS-CoV-2 pandemic and their use of digital contact tracing apps. Invitations for participation are extended by email, and a reminder is sent in case the survey has not been completed four days after invitation. While the majority of sites follow a calendar-based sequence of digital follow-up surveys, that is, all participants receive the same survey at the same calendar date, one site has opted for a sequential study follow-up (Ticino). Participants all go through the same sequence of surveys at regular intervals, but the starting point (i.e. enrolment) determines the delivery of a weekly or monthly questionnaire.

Organization and Governance

In line with Corona Immunitas' decentralized nature, individual study sites are responsible for implementing and delivering the digital follow-up surveys. A digital follow-up working group including site representatives and members of the central data management team is responsible for defining core study instruments, deciding on revisions and new additions, and coordinates the implementation of the digital follow-up across sites. The coordination team also initiates research projects and designs and implements project-specific add-on questionnaires. Furthermore, sites can add additional survey instruments to the monthly questionnaires according to their monitoring needs and local mandates. The coordination team was also responsible for initial questionnaire development, based on the core scientific goals of the digital follow-up. Development started in April 2020. Whenever available at that time, validated survey instruments were utilized. Exact questions, wordings, and translations were reviewed extensively by medical experts, data managers, and prospective participants and approved by all sites. The surveys are systematically reviewed every 4 months and revised for clarity, alignment with new recommendations and medical developments (e. g. vaccines, new drugs, update of public health recommendations). All those activities were executed in close collaboration with the national Corona Immunitas Executive Committee, which is responsible for strategic and scientific decisions and coordination, as well as the central communication team of Corona Immunitas, which organizes and coordinates outreach and public relations activities.

Technical Infrastructure, Privacy Protection, and Data Quality

Maintaining privacy, data security, and data quality are top priorities of Corona Immunitas. The majority of sites operates the REDCap data collection system to capture and manage digital follow-up survey data (Geneva utilizes a self-developed system). REDCap is a Health Insurance Portability and Accountability Act (HIPAA)-certified, open-source data management platform, which separates identifiable from pseudonymized research data and allows to manage and automatically schedule invitations to online surveys. The data are collected through the standard REDCap web application interface, which allows to complete the surveys on any internet-connected device with an internet browser. REDCap also facilitates the implementation of quality control measures already at data entry, such as range checks, mandatory fields, and branching logics. Codebooks (survey templates and table structures) and data dictionaries are exchanged between sites to ensure compatibility. In order to protect privacy, direct communication with participants only occurs via local sites, and the research data are primarily captured and stored in systems hosted by local university IT services. For data quality checks and to ensure compatibility across sites, the core digital follow-up data are periodically shared with the central data management, which standardizes the data further and compiles pseudonymized data files for national monitoring and research projects. The central data management also

interacts with local data management teams to address data collection and survey implementation issues.

Measures to Maintain and Improve Retention

Given the high frequency of surveys and the extended follow-up period, additional measures were designed to maintain high retention of participants. These measures include regular paper thank-you cards and electronic newsletters with the link to short videos describing the study and novel findings. These activities are specifically directed at and informed by digital follow-up participants. For example, the monthly digital follow-up questionnaire includes open comment fields in which participants can describe their experiences while participating in the study. The data not only provide valuable feedback but also material for testimonials and communication activities. A further strategy of Corona Immunitas consists of *giving participants something back* and by providing regionally customized newsletters including local news and (language) region specific findings. Information about the study and findings are regularly shared in easily accessible formats such as short videos on the Corona Immunitas YouTube channels (e.g., Science in A Minute Videos). Other examples include data visualizations of adherence to preventive measures from the follow-up surveys on the Corona Immunitas website which are regularly updated.

Ethics

The Corona Immunitas digital follow-up has been approved by the responsible ethics committees (BASEC No 2020-01247). All participants have provided written informed consent.

Characteristics of Samples of Previous Assessment Waves

Table 2: Characteristics of sample assessed between 19.02.2021 and 26.02.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	2767	1937	
Age			
20-29	178 (6.4%)	130 (6.7%)	
30-39	339 (12.3%)	244 (12.6%)	
40-49	391 (14.1%)	290 (15%)	
50-64	895 (32.3%)	446 (23%)	
65-74	695 (25.1%)	597 (30.8%)	
75 or older	269 (9.7%)	230 (11.9%)	
Gender			
Female	1422 (51.4%)	1023 (52.8%)	
Male	1343 (48.6%)	913 (47.2%)	
Highest education			
Primary	82 (3%)	98 (5.1%)	
Secondary	1243 (45.2%)	880 (45.5%)	
Tertiary	1428 (51.9%)	954 (49.4%)	
Household income			
0-6000	870 (33.5%)	537 (29.1%)	
6000-12000	1226 (47.2%)	930 (50.5%)	
12000-18000	355 (13.7%)	270 (14.7%)	
18000 or more	149 (5.7%)	106 (5.8%)	
Working	1741 (63%)	1006 (52%)	
Swiss nationality	2437 (88.3%)	1719 (88.8%)	
Chronic disease	868 (31.4%)	638 (33%)	
BMI 30 or more	360 (13.2%)	292 (15.1%)	
Smoking	573 (20.7%)	391 (20.2%)	

Table 3: Characteristics of sample assessed between 19.03.2021 and 26.03.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	3395	1790	1412
Age			
20-29	224 (6.6%)	98 (5.5%)	86 (6.1%)
30-39	404 (11.9%)	216 (12.1%)	160 (11.3%)
40-49	447 (13.2%)	260 (14.5%)	222 (15.7%)
50-64	1121 (33%)	435 (24.3%)	386 (27.3%)
65-74	878 (25.9%)	566 (31.6%)	373 (26.4%)
75 or older	321 (9.5%)	215 (12%)	185 (13.1%)
Gender			
Female	1753 (51.7%)	918 (51.3%)	797 (56.5%)
Male	1640 (48.3%)	871 (48.7%)	613 (43.5%)
Highest education			
Primary	103 (3%)	78 (4.4%)	82 (5.9%)
Secondary	1553 (46%)	822 (46.1%)	811 (58.2%)
Tertiary	1722 (51%)	884 (49.6%)	500 (35.9%)
Household income			
0-6000	1086 (33.9%)	477 (28%)	430 (38.2%)
6000-12000	1517 (47.3%)	879 (51.6%)	509 (45.2%)
12000-18000	408 (12.7%)	254 (14.9%)	118 (10.5%)
18000 or more	195 (6.1%)	94 (5.5%)	70 (6.2%)
Working	2101 (62%)	914 (51.1%)	721 (51.9%)
Swiss nationality	2983 (88%)	1601 (89.5%)	1220 (86.9%)
Chronic disease	1086 (32%)	626 (35%)	417 (29.9%)
BMI 30 or more	429 (12.8%)	271 (15.2%)	182 (13%)
Smoking	649 (19.1%)	365 (20.4%)	302 (21.7%)

Table 4: Characteristics of sample assessed between 16.04.2021 and 23.04.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	3688	1742	1166
Age			
20-29	225 (6.1%)	88 (5.1%)	68 (5.8%)
30-39	439 (11.9%)	194 (11.1%)	121 (10.4%)
40-49	479 (13%)	264 (15.2%)	186 (16%)
50-64	1241 (33.6%)	415 (23.8%)	331 (28.4%)
65-74	950 (25.8%)	575 (33%)	309 (26.5%)
75 or older	354 (9.6%)	206 (11.8%)	151 (13%)
Gender			
Female	1909 (51.8%)	903 (51.9%)	652 (56.1%)
Male	1777 (48.2%)	838 (48.1%)	511 (43.9%)
Highest education			
Primary	118 (3.2%)	76 (4.4%)	68 (5.9%)
Secondary	1658 (45.2%)	797 (45.9%)	658 (57.2%)
Tertiary	1896 (51.6%)	863 (49.7%)	425 (36.9%)
Household income			
0-6000	1181 (33.9%)	464 (28%)	352 (37.9%)
6000-12000	1636 (47%)	852 (51.4%)	418 (45%)
12000-18000	453 (13%)	239 (14.4%)	103 (11.1%)
18000 or more	214 (6.1%)	102 (6.2%)	55 (5.9%)
Working	2261 (61.4%)	878 (50.4%)	589 (51.4%)
Swiss nationality	3225 (87.6%)	1548 (88.9%)	1006 (86.9%)
Chronic disease	1173 (31.9%)	603 (34.6%)	345 (29.8%)
BMI 30 or more	482 (13.2%)	269 (15.5%)	148 (12.8%)
Smoking	719 (19.5%)	339 (19.5%)	236 (20.6%)

Table 5: Characteristics of sample assessed between 14.05.2021 and 21.05.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	3614	1627	1096
Age			
20-29	205 (5.7%)	78 (4.8%)	60 (5.5%)
30-39	423 (11.7%)	181 (11.1%)	120 (10.9%)
40-49	462 (12.8%)	237 (14.6%)	177 (16.1%)
50-64	1248 (34.5%)	396 (24.3%)	323 (29.5%)
65-74	927 (25.7%)	539 (33.1%)	294 (26.8%)
75 or older	349 (9.7%)	196 (12%)	122 (11.1%)
Gender			
Female	1886 (52.2%)	830 (51%)	609 (55.7%)
Male	1726 (47.8%)	796 (49%)	484 (44.3%)
Highest education			
Primary	109 (3%)	80 (4.9%)	52 (4.8%)
Secondary	1623 (45.1%)	743 (45.8%)	626 (58%)
Tertiary	1870 (51.9%)	800 (49.3%)	402 (37.2%)
Household income			
0-6000	1138 (33.3%)	433 (27.9%)	309 (35.4%)
6000-12000	1604 (47%)	808 (52.1%)	411 (47.1%)
12000-18000	459 (13.4%)	217 (14%)	96 (11%)
18000 or more	215 (6.3%)	92 (5.9%)	57 (6.5%)
Working	2218 (61.5%)	821 (50.5%)	568 (52.9%)
Swiss nationality	3166 (87.7%)	1442 (88.7%)	943 (86.7%)
Chronic disease	1155 (32%)	553 (34%)	316 (29.1%)
BMI 30 or more	451 (12.7%)	238 (14.7%)	138 (12.8%)
Smoking	691 (19.1%)	318 (19.6%)	231 (21.5%)

Table 6: Characteristics of sample assessed between 11.06.2021 and 18.06.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	4082	1882	837
Age			
20-29	257 (6.3%)	96 (5.1%)	63 (7.5%)
30-39	495 (12.1%)	203 (10.8%)	114 (13.6%)
40-49	568 (13.9%)	284 (15.1%)	166 (19.8%)
50-64	1344 (32.9%)	471 (25%)	316 (37.8%)
65-74	1021 (25%)	618 (32.8%)	124 (14.8%)
75 or older	397 (9.7%)	210 (11.2%)	54 (6.5%)
Gender			
Female	2135 (52.3%)	974 (51.8%)	492 (58.9%)
Male	1945 (47.7%)	907 (48.2%)	343 (41.1%)
Highest education			
Primary	136 (3.3%)	80 (4.3%)	31 (3.8%)
Secondary	1838 (45.2%)	877 (46.7%)	472 (57.1%)
Tertiary	2095 (51.5%)	920 (49%)	323 (39.1%)
Household income			
0-6000	1340 (34.7%)	499 (27.8%)	216 (32%)
6000-12000	1782 (46.2%)	943 (52.4%)	317 (46.9%)
12000-18000	499 (12.9%)	256 (14.2%)	92 (13.6%)
18000 or more	239 (6.2%)	100 (5.6%)	51 (7.5%)
Working	2518 (61.8%)	968 (51.5%)	544 (66.1%)
Swiss nationality	3606 (88.5%)	1696 (90.2%)	720 (86.4%)
Chronic disease	1282 (31.5%)	655 (34.8%)	204 (24.5%)
BMI 30 or more	516 (12.8%)	284 (15.2%)	102 (12.4%)
Smoking	764 (18.7%)	359 (19.1%)	191 (23.2%)

Table 7: Characteristics of sample assessed between 09.07.2021 and 16.07.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	5059	1851	974
Age			
20-29	322 (6.4%)	89 (4.8%)	52 (5.3%)
30-39	593 (11.7%)	212 (11.5%)	100 (10.3%)
40-49	686 (13.6%)	279 (15.1%)	147 (15.1%)
50-64	1578 (31.2%)	446 (24.1%)	308 (31.6%)
65-74	1371 (27.1%)	615 (33.2%)	254 (26.1%)
75 or older	509 (10.1%)	210 (11.3%)	113 (11.6%)
Gender			
Female	2640 (52.2%)	950 (51.4%)	532 (54.7%)
Male	2417 (47.8%)	900 (48.6%)	440 (45.3%)
Highest education			
Primary	160 (3.2%)	84 (4.5%)	39 (4%)
Secondary	2325 (46.1%)	868 (47%)	563 (58.2%)
Tertiary	2557 (50.7%)	895 (48.5%)	365 (37.7%)
Household income			
0-6000	1700 (35.7%)	507 (28.7%)	272 (34.4%)
6000-12000	2165 (45.4%)	914 (51.8%)	374 (47.3%)
12000-18000	629 (13.2%)	253 (14.3%)	91 (11.5%)
18000 or more	274 (5.7%)	90 (5.1%)	54 (6.8%)
Working	3011 (59.6%)	938 (50.7%)	510 (53%)
Swiss nationality	4462 (88.4%)	1659 (89.7%)	847 (87.4%)
Chronic disease	1620 (32.1%)	639 (34.5%)	288 (29.8%)
BMI 30 or more	610 (12.2%)	294 (16%)	126 (13.1%)
Smoking	964 (19.1%)	342 (18.5%)	207 (21.7%)

Table 8: Characteristics of sample assessed between 06.08.2021 and 13.08.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	5194	1176	522
Age			
20-29	309 (5.9%)	52 (4.4%)	40 (7.7%)
30-39	602 (11.6%)	120 (10.2%)	89 (17%)
40-49	692 (13.3%)	152 (12.9%)	125 (23.9%)
50-64	1667 (32.1%)	272 (23.1%)	268 (51.3%)
65-74	1405 (27.1%)	443 (37.7%)	0 (0%)
75 or older	519 (10%)	137 (11.6%)	0 (0%)
Gender			
Female	2730 (52.6%)	593 (50.4%)	317 (61%)
Male	2462 (47.4%)	583 (49.6%)	203 (39%)
Highest education			
Primary	174 (3.4%)	59 (5%)	10 (1.9%)
Secondary	2391 (46.2%)	524 (44.7%)	298 (57.5%)
Tertiary	2610 (50.4%)	589 (50.3%)	210 (40.5%)
Household income			
0-6000	1754 (35.7%)	327 (29.3%)	110 (25.4%)
6000-12000	2234 (45.5%)	583 (52.2%)	223 (51.5%)
12000-18000	632 (12.9%)	145 (13%)	60 (13.9%)
18000 or more	290 (5.9%)	62 (5.6%)	40 (9.2%)
Working	3103 (59.8%)	543 (46.2%)	425 (83.2%)
Swiss nationality	4593 (88.6%)	1038 (88.4%)	453 (87.1%)
Chronic disease	1715 (33.1%)	414 (35.2%)	97 (18.6%)
BMI 30 or more	638 (12.4%)	174 (14.9%)	67 (13%)
Smoking	981 (18.9%)	224 (19.1%)	131 (25.3%)

Table 9: Characteristics of sample assessed between 03.09.2021 and 10.09.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	5017	1938	783
Age			
20-29	268 (5.3%)	88 (4.5%)	43 (5.5%)
30-39	580 (11.6%)	191 (9.9%)	80 (10.2%)
40-49	670 (13.4%)	280 (14.4%)	105 (13.4%)
50-64	1606 (32%)	490 (25.3%)	267 (34.1%)
65-74	1378 (27.5%)	665 (34.3%)	206 (26.3%)
75 or older	515 (10.3%)	224 (11.6%)	82 (10.5%)
Gender			
Female	2642 (52.7%)	1023 (52.8%)	441 (56.5%)
Male	2372 (47.3%)	915 (47.2%)	340 (43.5%)
Highest education			
Primary	171 (3.4%)	93 (4.8%)	34 (4.4%)
Secondary	2334 (46.7%)	896 (46.3%)	454 (58.4%)
Tertiary	2493 (49.9%)	945 (48.9%)	289 (37.2%)
Household income			
0-6000	1724 (36.3%)	538 (29.1%)	219 (34.3%)
6000-12000	2139 (45.1%)	961 (51.9%)	308 (48.2%)
12000-18000	616 (13%)	257 (13.9%)	68 (10.6%)
18000 or more	265 (5.6%)	94 (5.1%)	44 (6.9%)
Working	2958 (59%)	946 (48.9%)	417 (54.2%)
Swiss nationality	4448 (88.8%)	1759 (90.8%)	694 (88.9%)
Chronic disease	1649 (32.9%)	689 (35.6%)	227 (29.2%)
BMI 30 or more	613 (12.4%)	310 (16.1%)	91 (11.8%)
Smoking	909 (18.1%)	355 (18.3%)	165 (21.4%)

Table 10: Characteristics of sample assessed between 01.10.2021 and 08.10.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	5029	1815	782
Age			
20-29	266 (5.3%)	80 (4.4%)	39 (5%)
30-39	559 (11.1%)	178 (9.8%)	76 (9.7%)
40-49	643 (12.8%)	270 (14.9%)	101 (12.9%)
50-64	1632 (32.5%)	441 (24.3%)	265 (33.9%)
65-74	1409 (28%)	641 (35.3%)	219 (28%)
75 or older	520 (10.3%)	205 (11.3%)	82 (10.5%)
Gender			
Female	2624 (52.2%)	944 (52%)	437 (56%)
Male	2400 (47.8%)	870 (48%)	343 (44%)
Highest education			
Primary	171 (3.4%)	90 (5%)	37 (4.8%)
Secondary	2334 (46.6%)	846 (46.7%)	443 (57.4%)
Tertiary	2505 (50%)	875 (48.3%)	292 (37.8%)
Household income			
0-6000	1708 (35.9%)	500 (28.8%)	216 (33.3%)
6000-12000	2179 (45.9%)	909 (52.4%)	309 (47.6%)
12000-18000	593 (12.5%)	233 (13.4%)	77 (11.9%)
18000 or more	272 (5.7%)	93 (5.4%)	47 (7.2%)
Working	2944 (58.6%)	886 (48.9%)	404 (52.7%)
Swiss nationality	4474 (89.1%)	1641 (90.4%)	691 (88.6%)
Chronic disease	1692 (33.7%)	636 (35%)	229 (29.5%)
BMI 30 or more	628 (12.7%)	301 (16.7%)	99 (12.9%)
Smoking	909 (18.1%)	328 (18.1%)	157 (20.4%)

Table 11: Characteristics of sample assessed between 29.10.2021 and 05.11.2021

Variable	Deutschschweiz	Romandie	Ticino
Sample size	4905	1805	808
Age			
20-29	255 (5.2%)	69 (3.8%)	38 (4.7%)
30-39	514 (10.5%)	163 (9%)	73 (9%)
40-49	630 (12.8%)	246 (13.6%)	99 (12.3%)
50-64	1601 (32.6%)	452 (25%)	264 (32.7%)
65-74	1388 (28.3%)	666 (36.9%)	240 (29.7%)
75 or older	517 (10.5%)	209 (11.6%)	94 (11.6%)
Gender			
Female	2566 (52.4%)	939 (52%)	453 (56.2%)
Male	2335 (47.6%)	866 (48%)	353 (43.8%)
Highest education			
Primary	169 (3.5%)	83 (4.6%)	44 (5.5%)
Secondary	2292 (46.9%)	828 (46%)	464 (58.2%)
Tertiary	2428 (49.7%)	890 (49.4%)	289 (36.3%)
Household income			
0-6000	1665 (35.9%)	481 (27.9%)	232 (35.1%)
6000-12000	2099 (45.3%)	905 (52.5%)	309 (46.7%)
12000-18000	604 (13%)	244 (14.2%)	73 (11%)
18000 or more	264 (5.7%)	94 (5.5%)	47 (7.1%)
Working	2836 (57.9%)	839 (46.5%)	394 (49.7%)
Swiss nationality	4379 (89.4%)	1644 (91.1%)	710 (88.2%)
Chronic disease	1662 (33.9%)	664 (36.8%)	247 (30.8%)
BMI 30 or more	608 (12.6%)	302 (16.8%)	100 (12.5%)
Smoking	874 (17.8%)	322 (17.9%)	154 (19.4%)

Likeliness to Get Vaccinated Further Stratified by Chronic Disease

Same plot as in Section 5.1 *Once the Vaccine Is Available to You, How Likely Is It that You Will Decide to Get Vaccinated?* but further stratified by chronic disease.
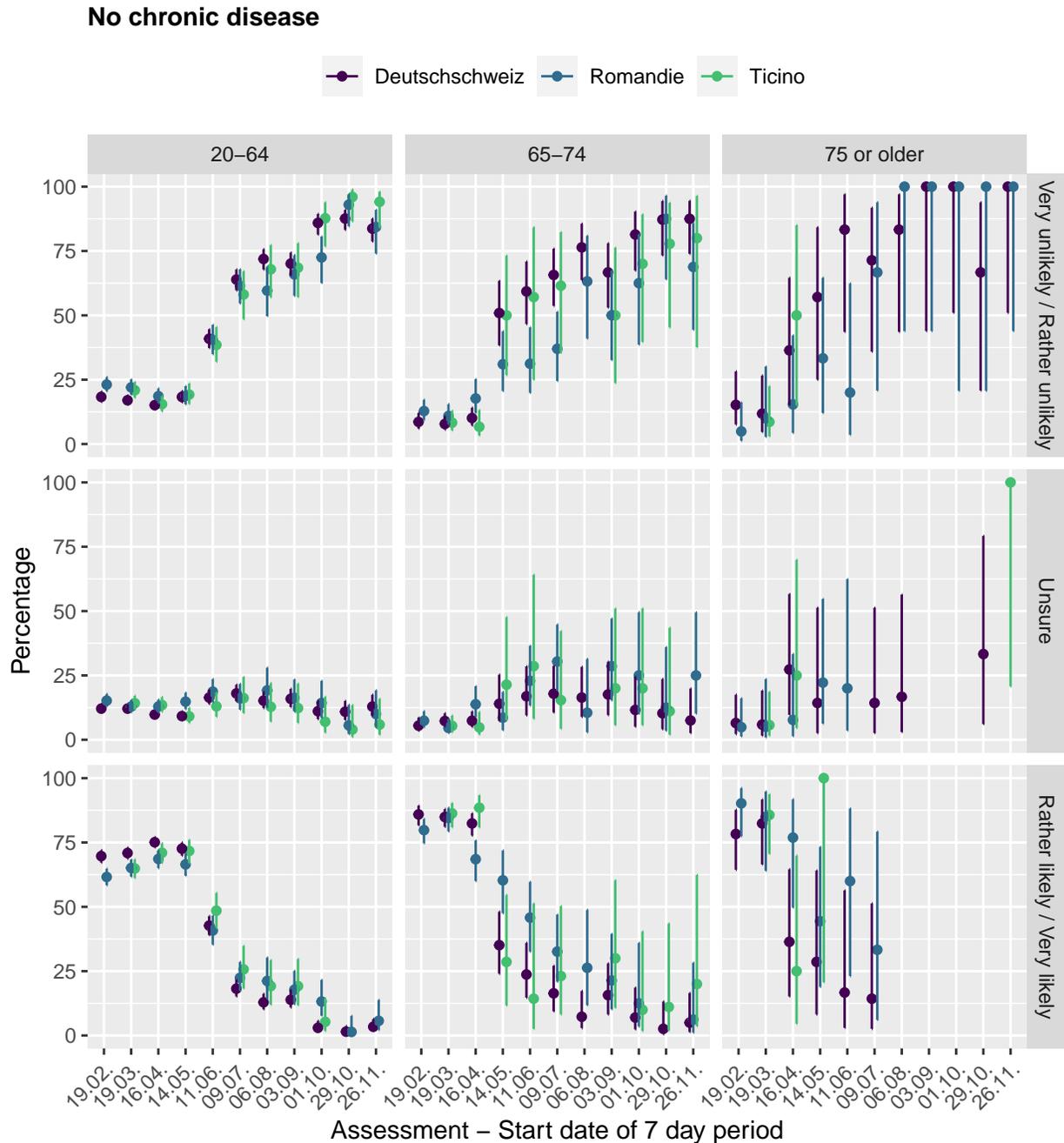
No chronic disease

Figure 35: Likeliness to get vaccinated once the vaccine is available, stratified by age and language region, only in participants with **No chronic disease**. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Chronic disease
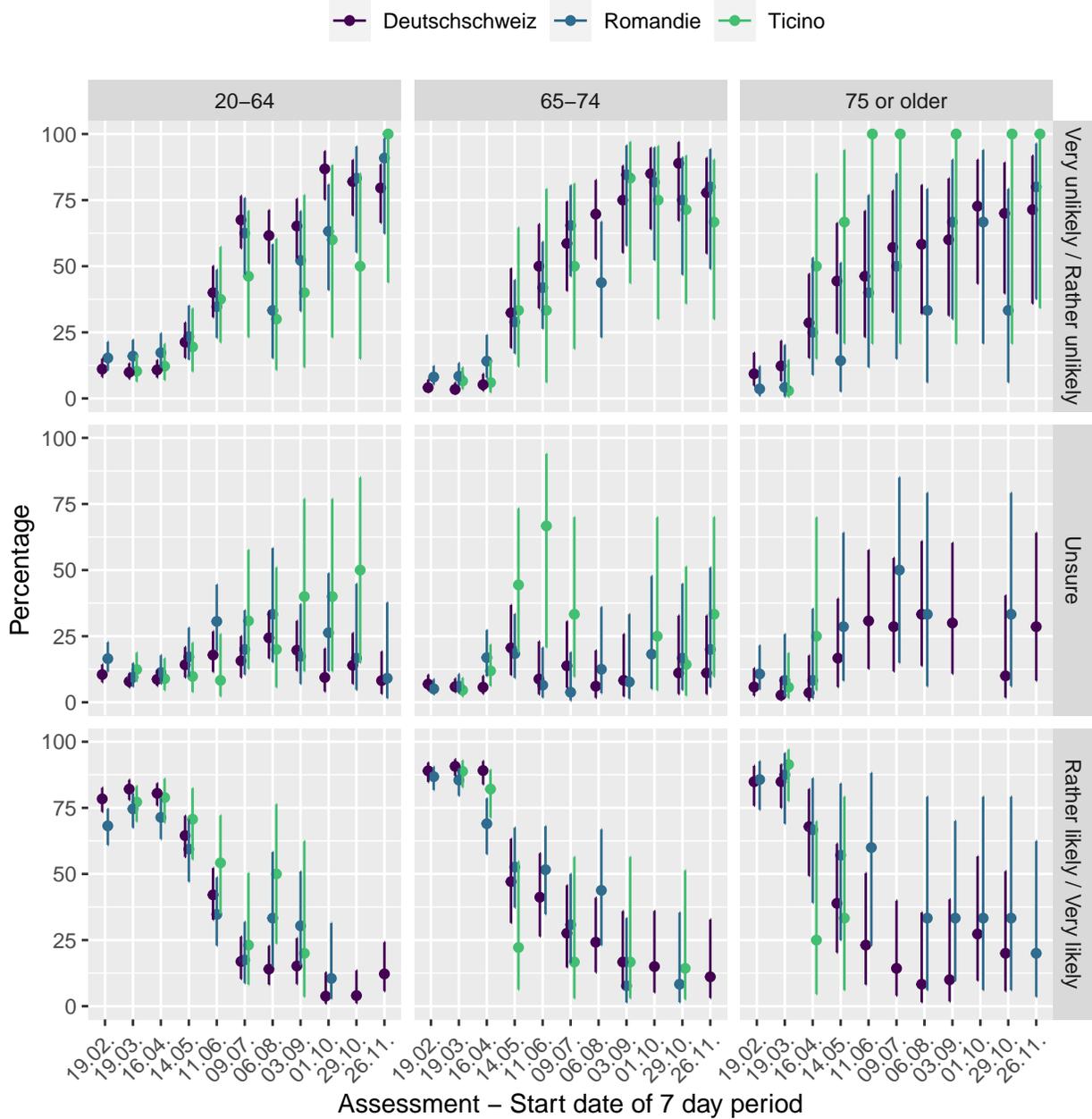
Figure 36: Likeliness to get vaccinated once the vaccine is available, stratified by age and language region, only in participants with **Chronic disease**. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Vaccine Hesitancy - Further Stratified by Language Region and of Previous Assessment Waves

Same plots as in Sections 7 *Vaccine Hesitancy* but further stratified by language region and also of previous assessment waves.
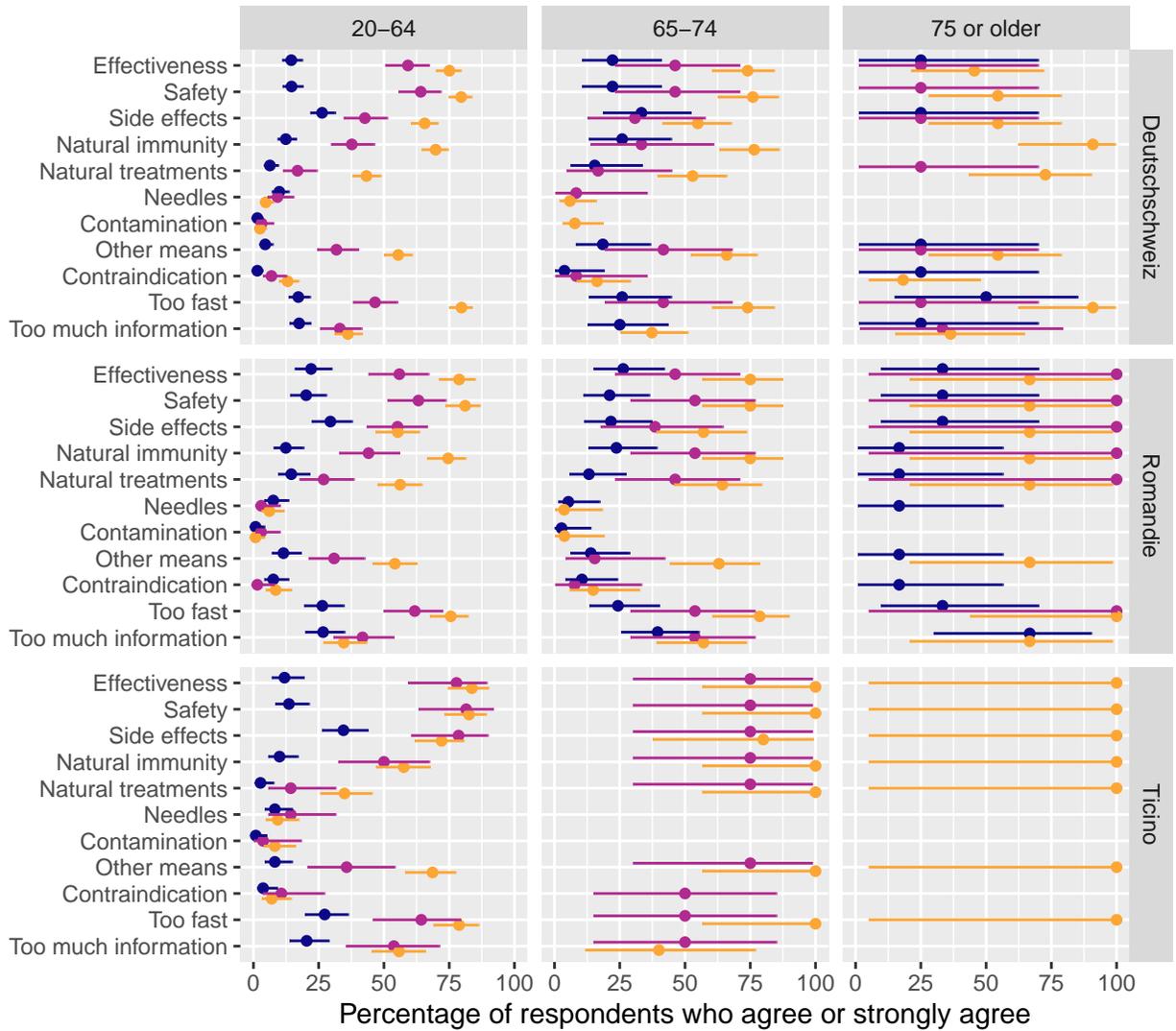

Figure 37: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
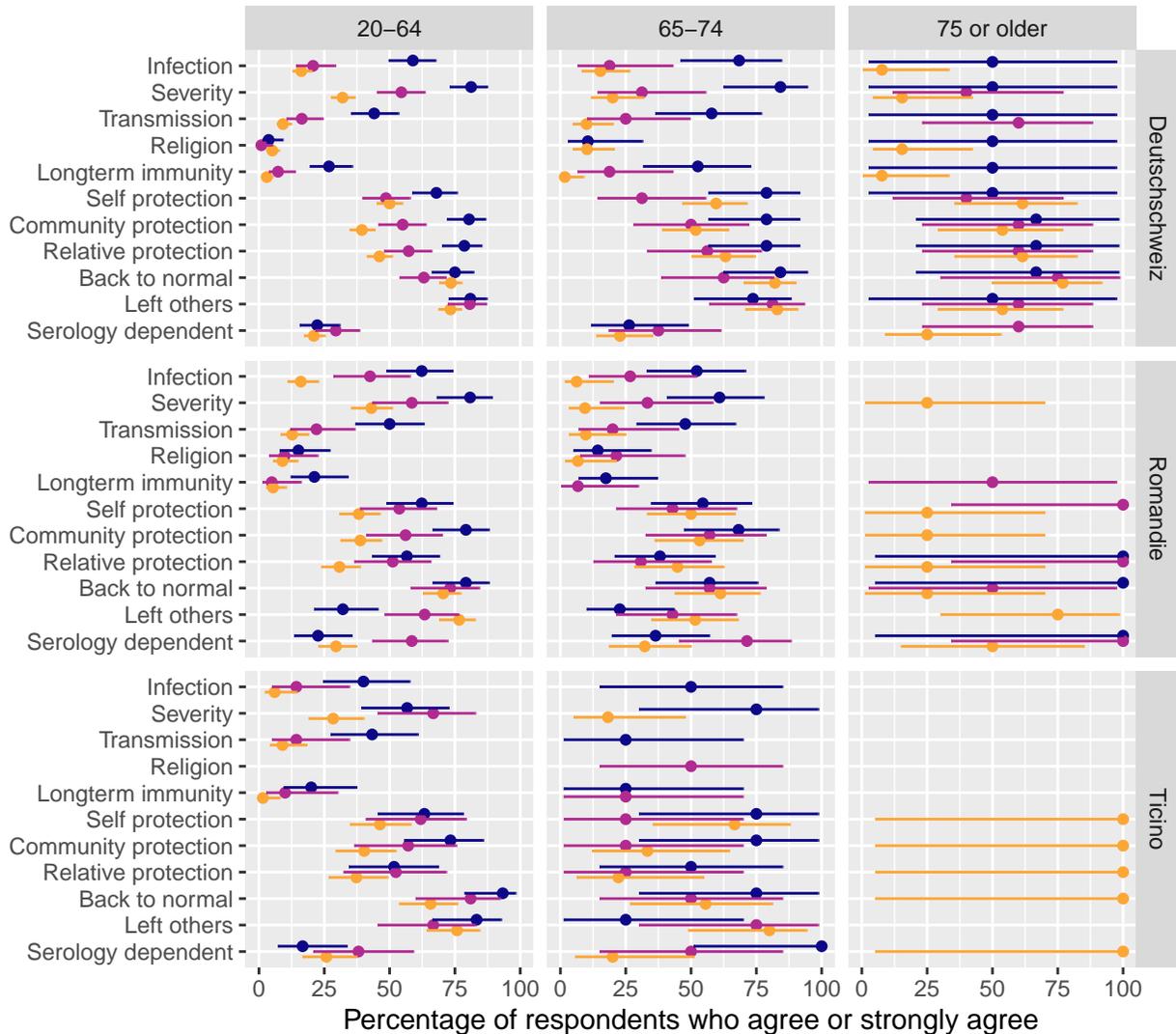
Figure 38: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 39: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
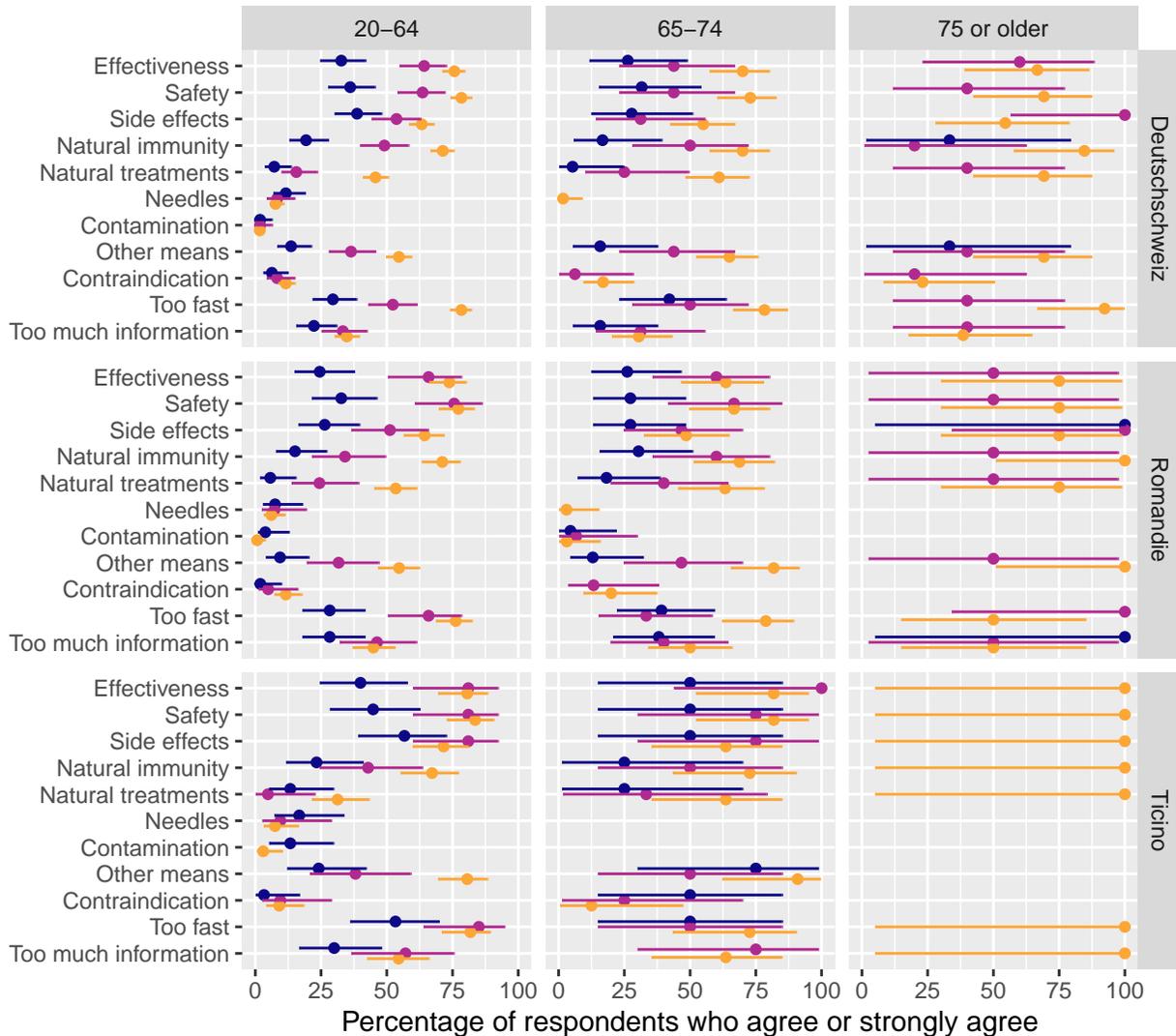
Figure 40: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
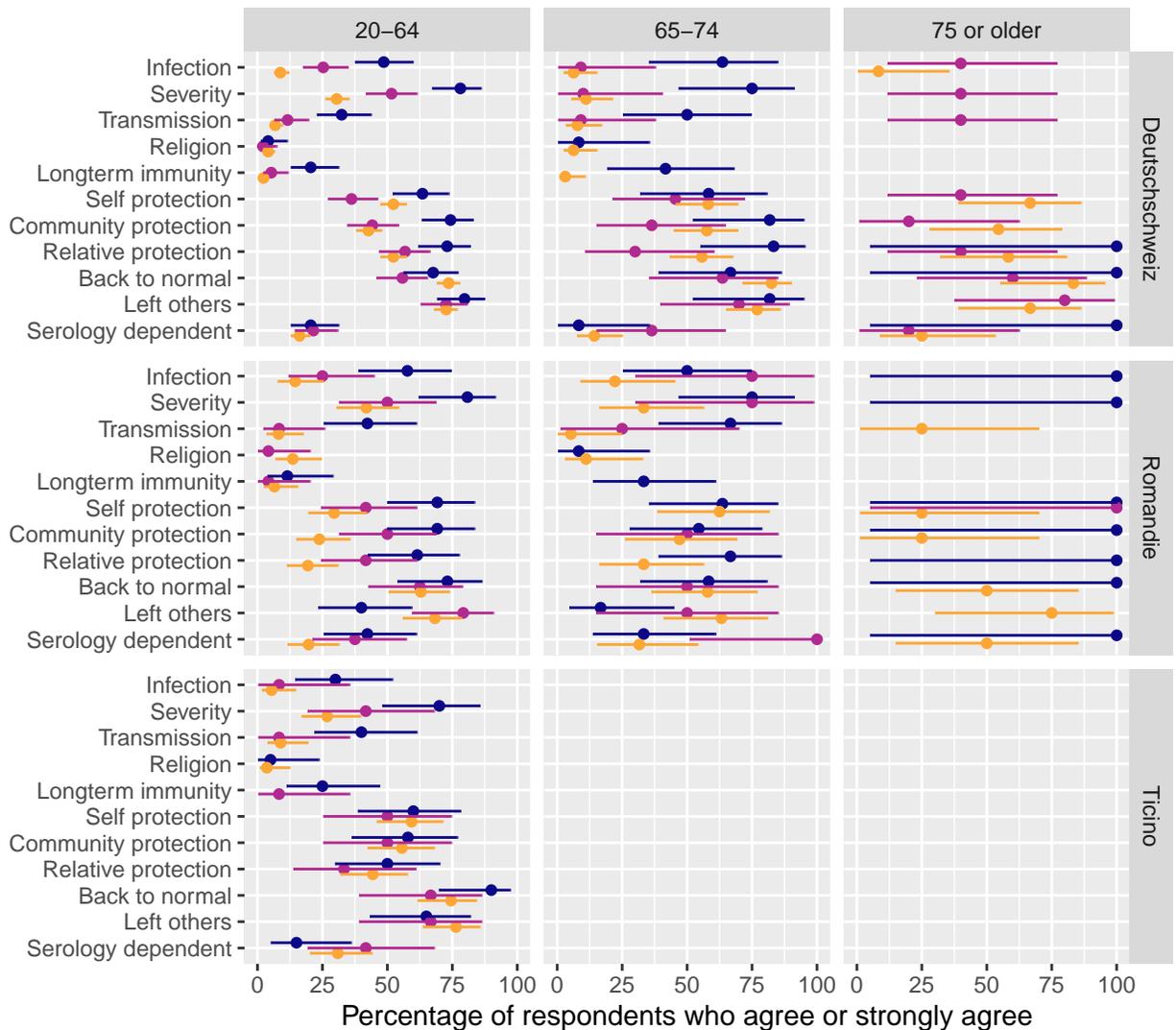
Figure 41: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 42: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
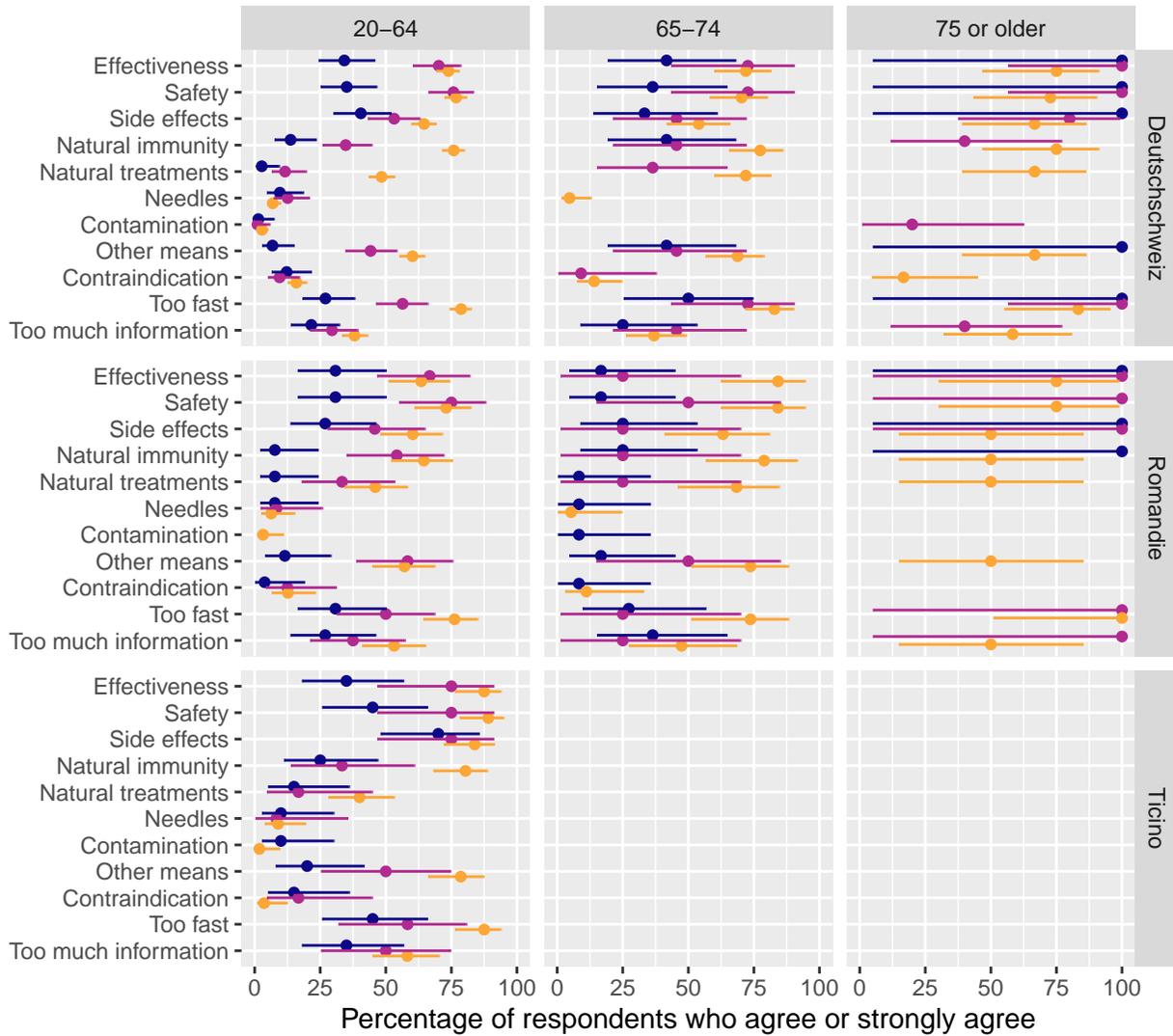
Figure 43: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 44: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
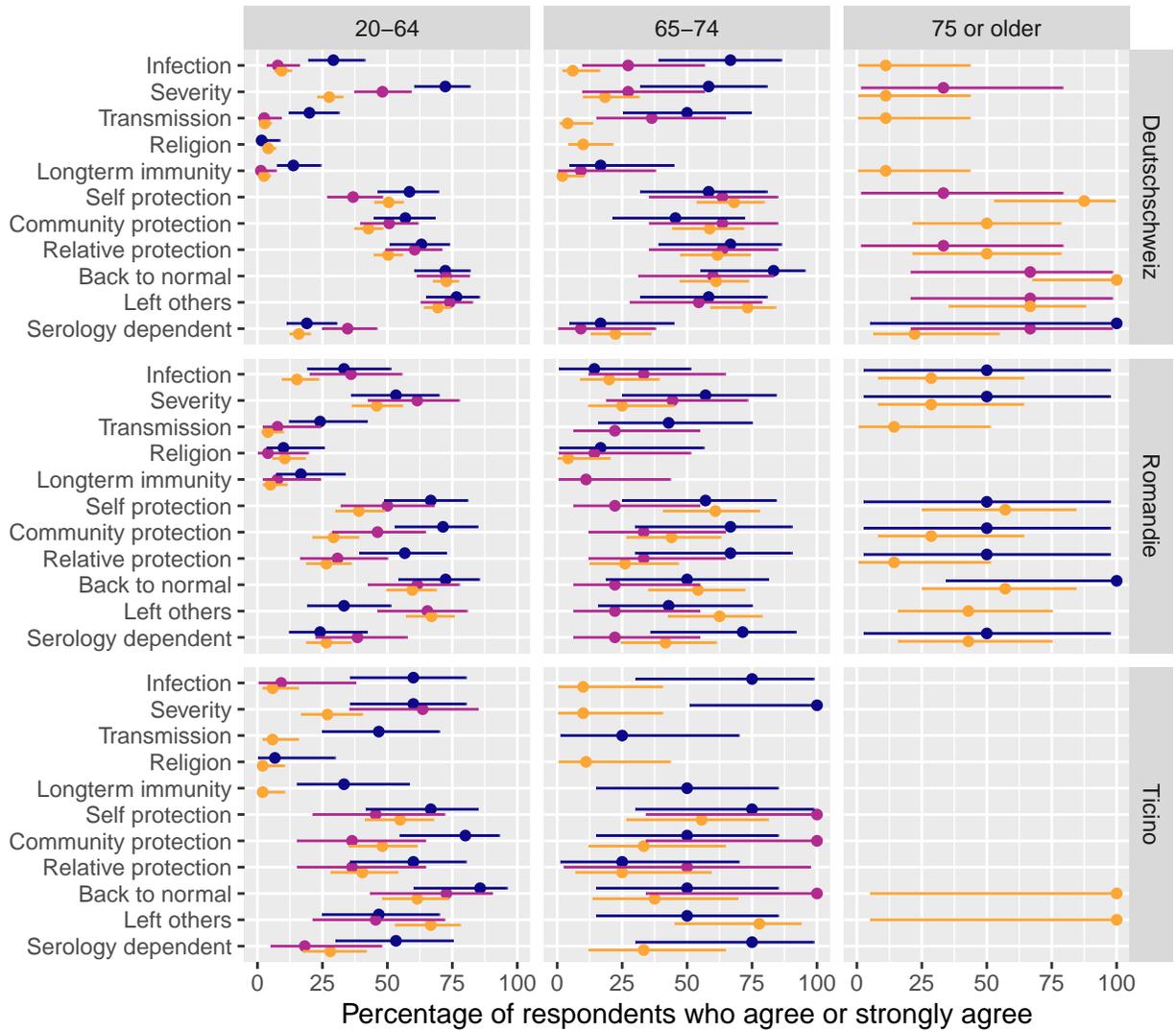
Figure 45: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
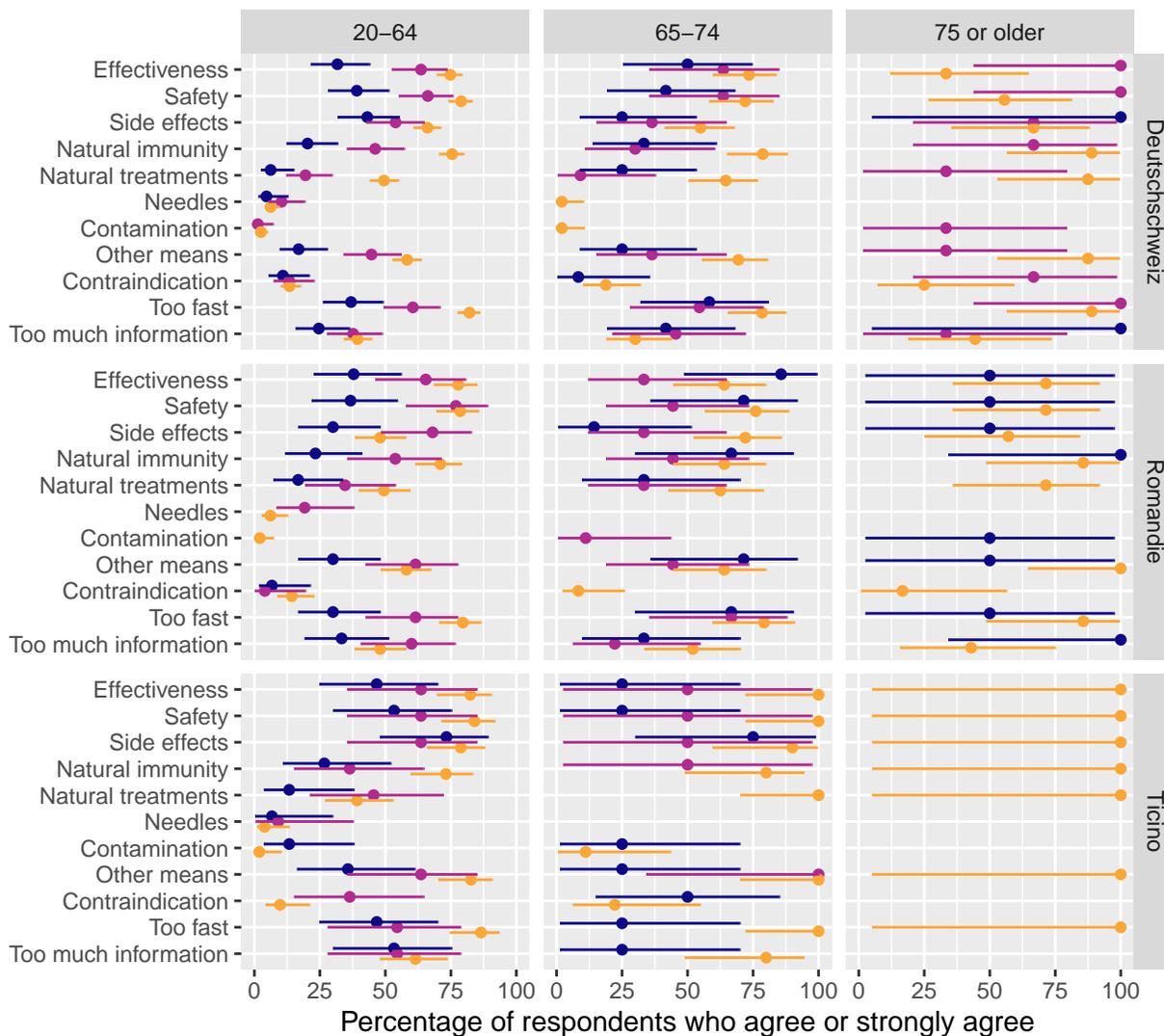
Figure 46: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 47: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
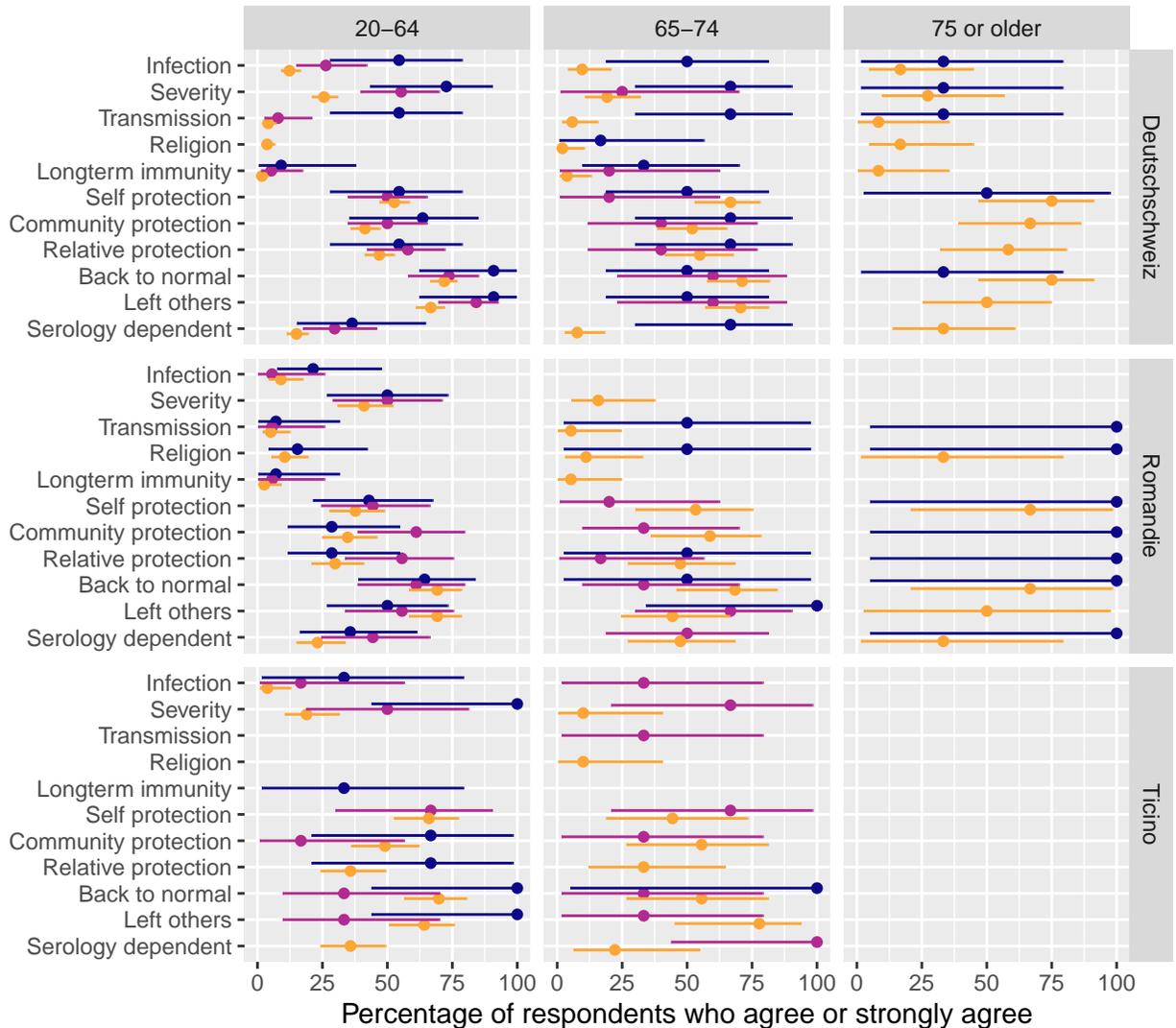
Figure 48: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 49: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
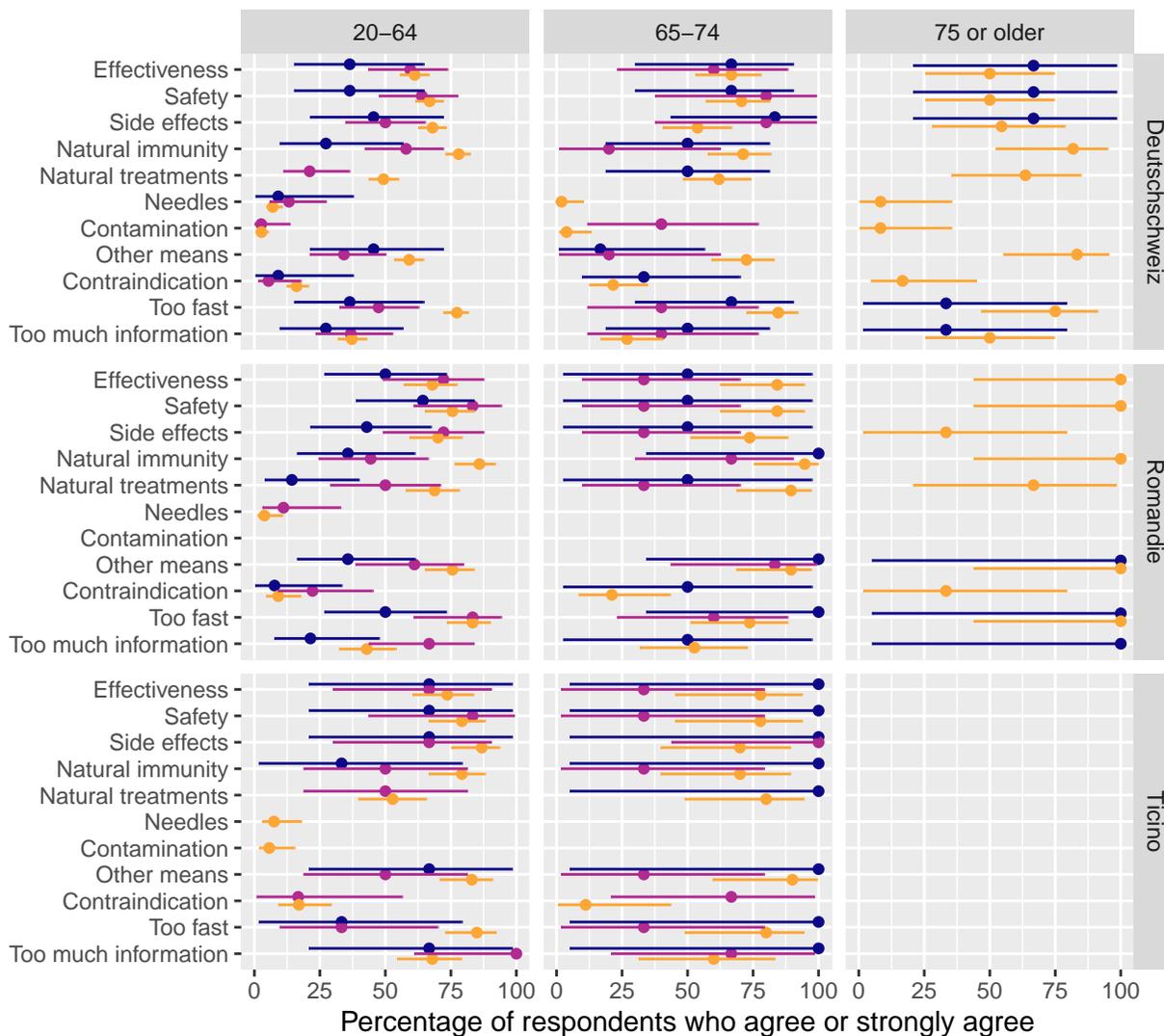
Figure 50: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
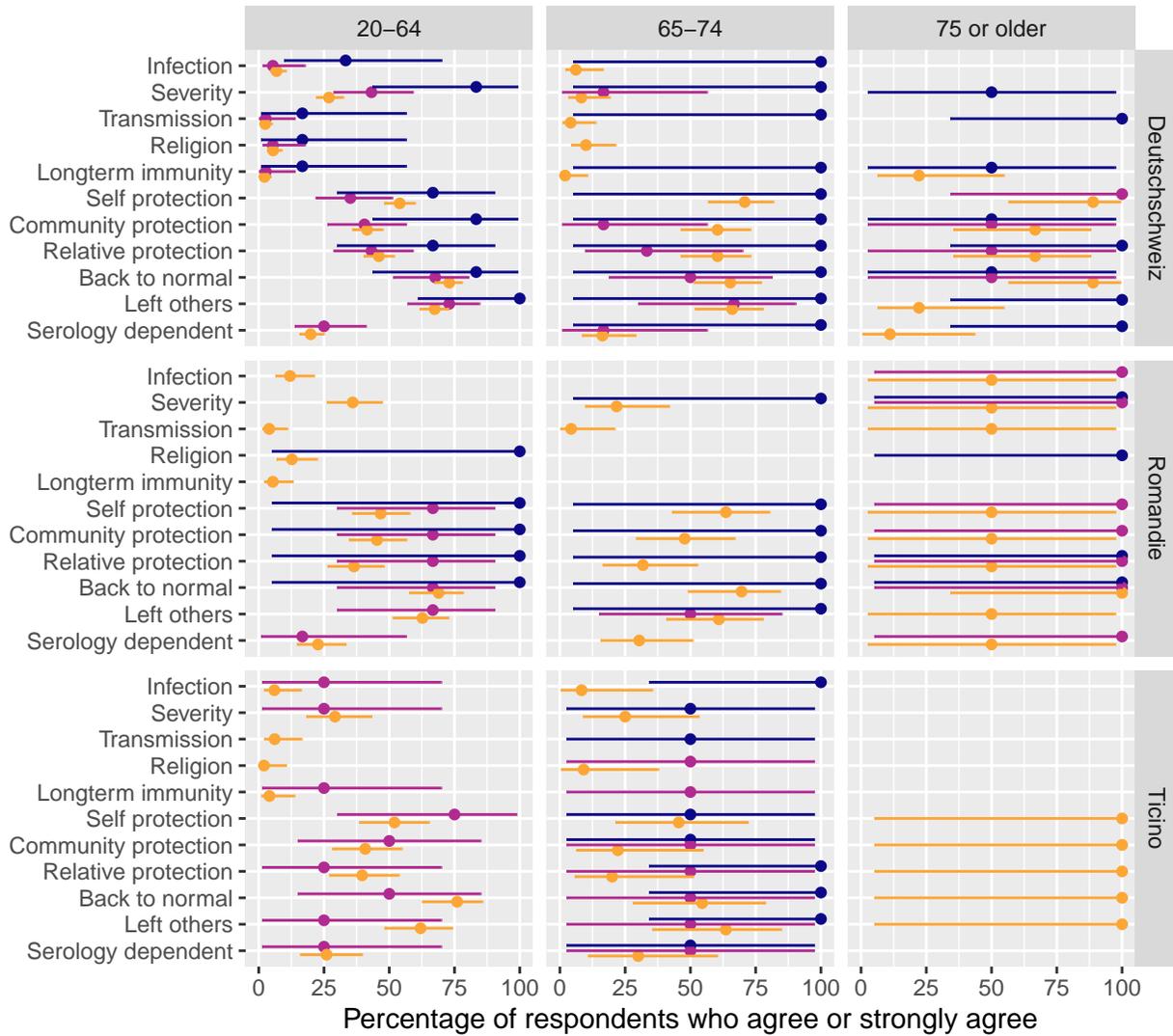
Figure 51: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 52: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
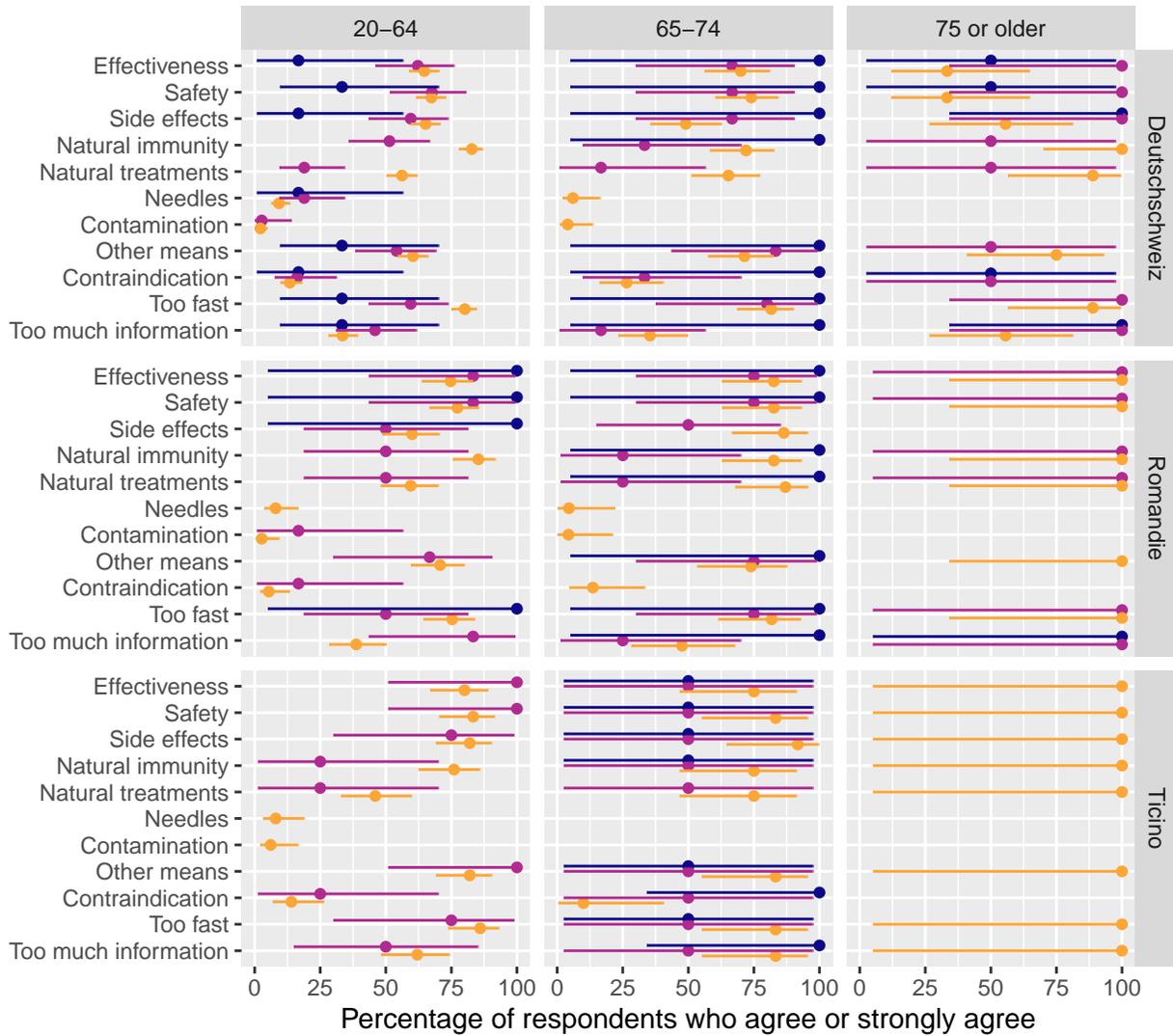
Figure 53: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 54: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.
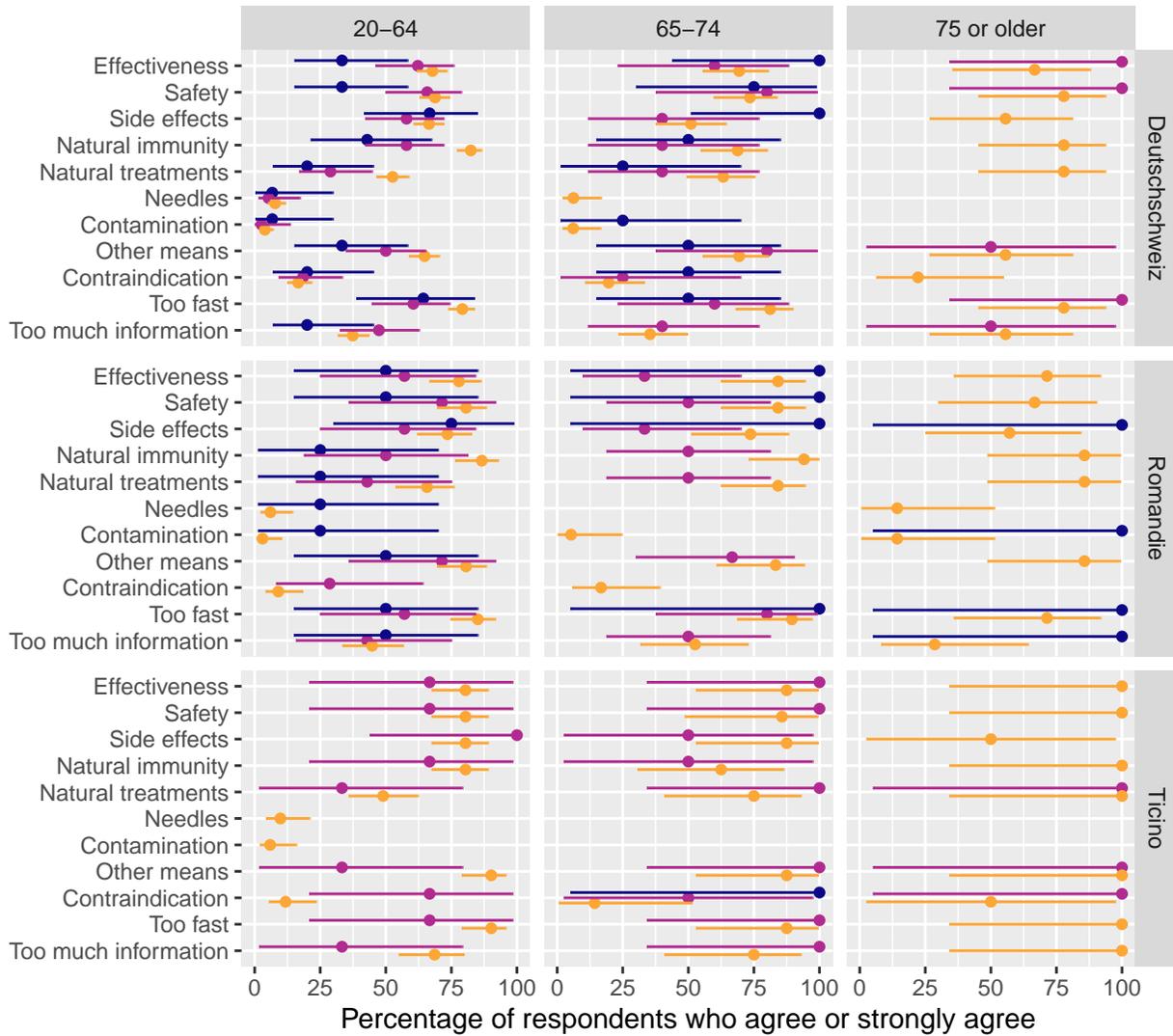
Figure 55: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 56: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Positive statements:
Assessment wave from 26.11.2021 to 03.12.2021

Likeliness of vaccination once eligible:

— Very unlikely / Rather unlikely — Unsure — Rather likely / Very likely

Figure 57: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Figure 58: Percentage of participants who agree or strongly agree to positive or negative statements in the context of the coronavirus vaccine, stratified by self-reported likeliness to get vaccinated, age and language region. This question was only presented to persons who have not yet reported at least one vaccine injection for SARS-CoV-2.

Who Advised Regarding Coronavirus Vaccination - Further Stratified by Language Region and of Previous Assessment Waves

Same plot as in Section 8.2 *Who advised you to get or not get vaccinated?* but further stratified by language region and also of previous assessment waves.
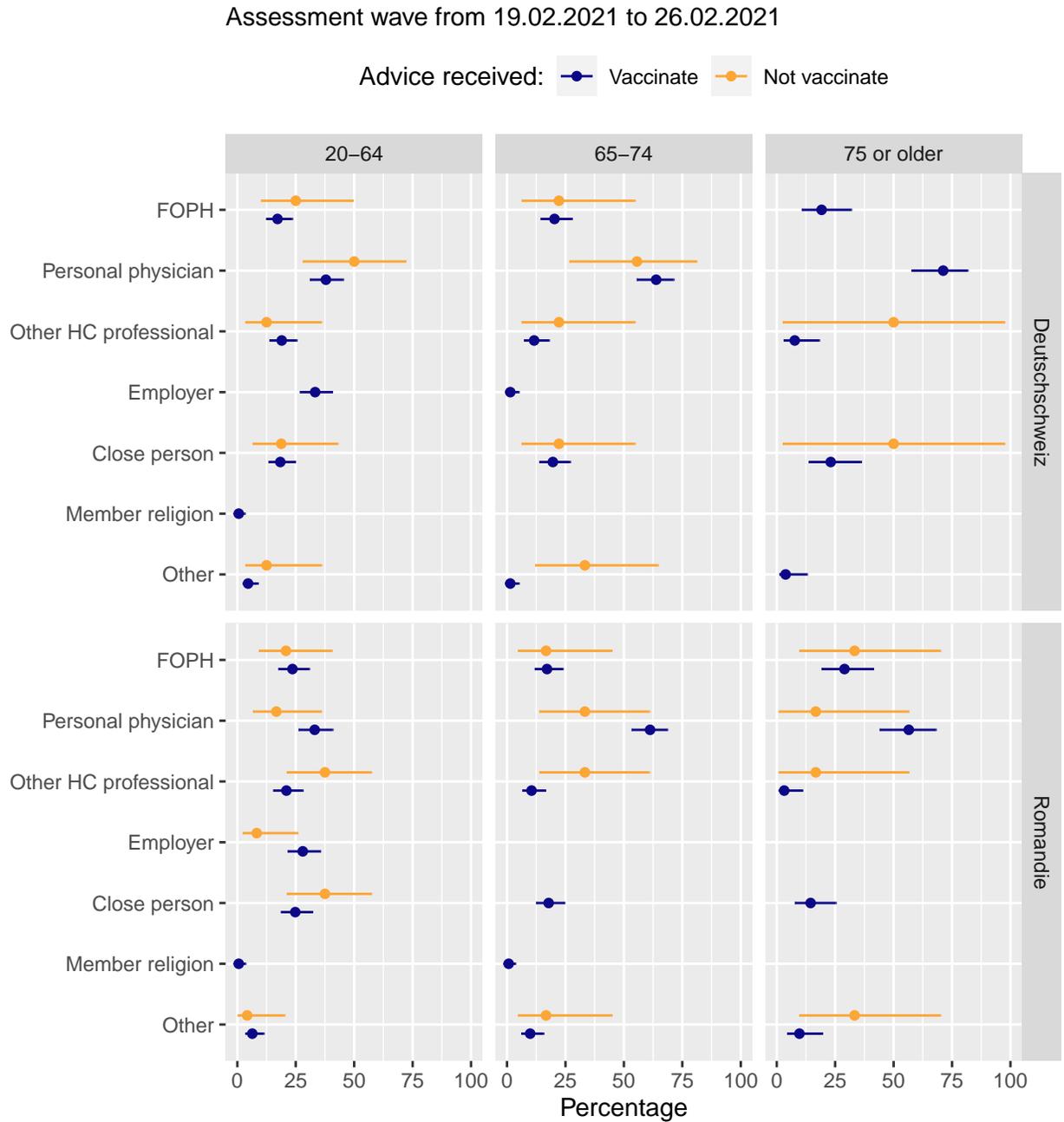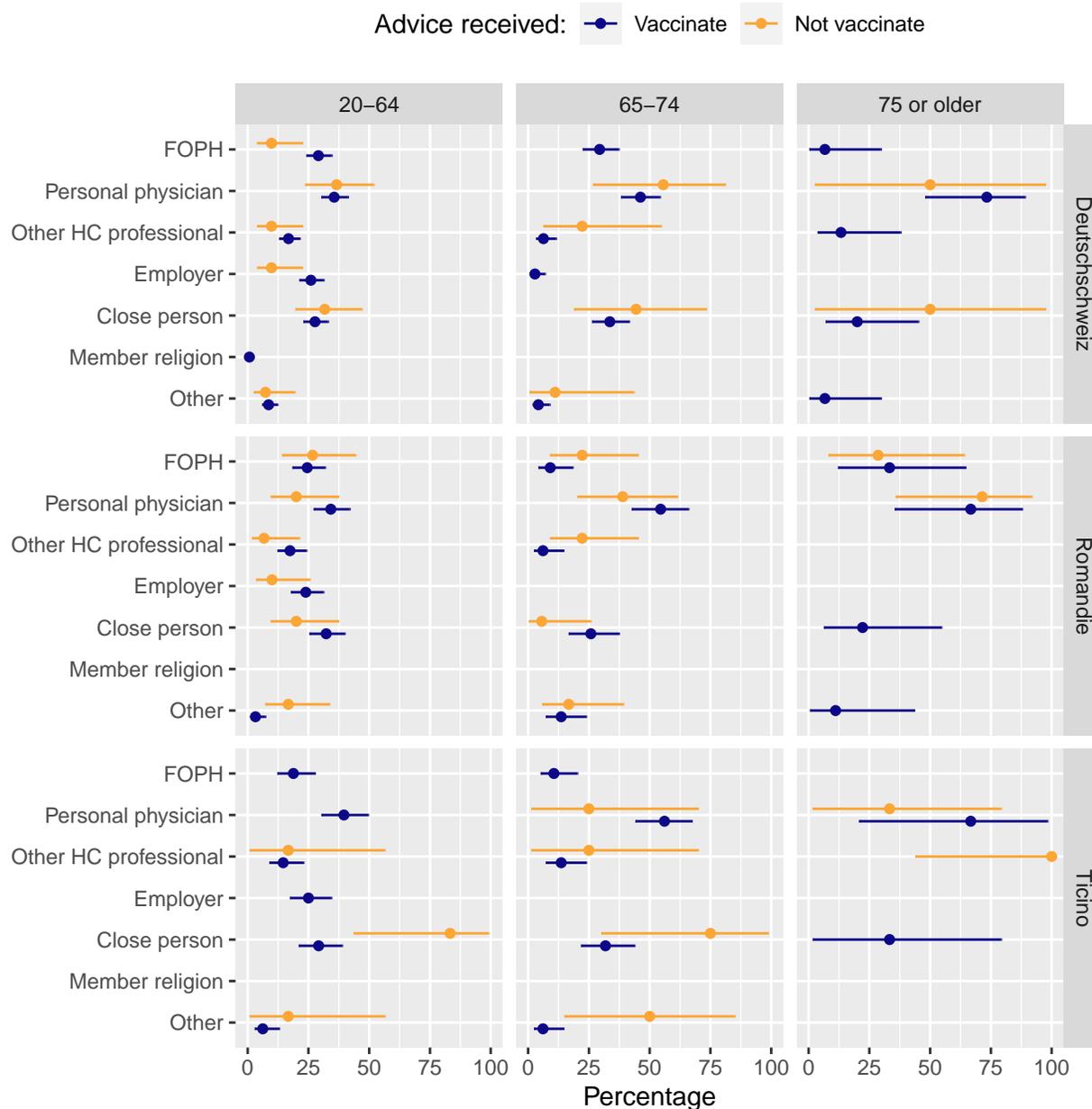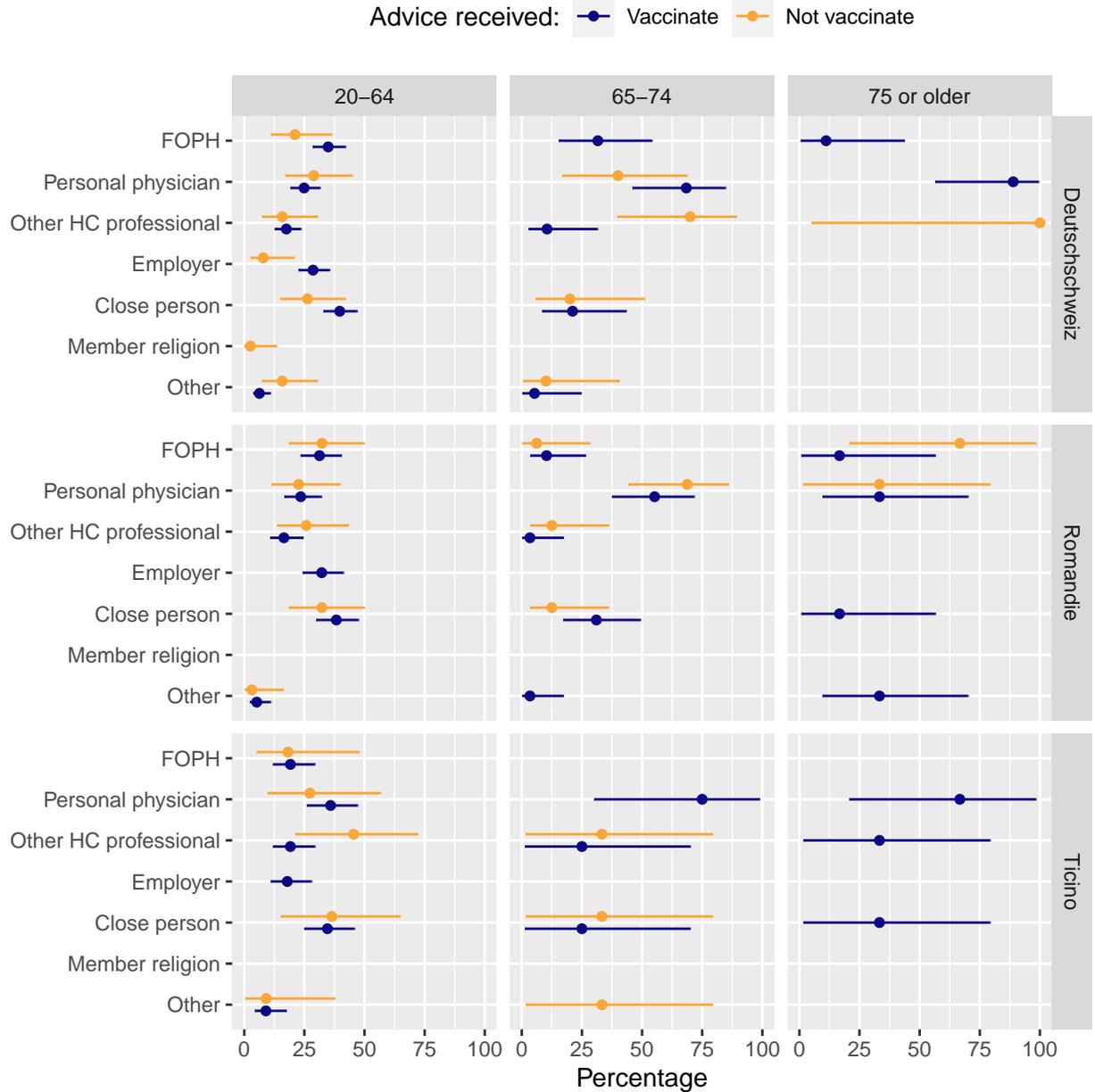

Figure 59: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
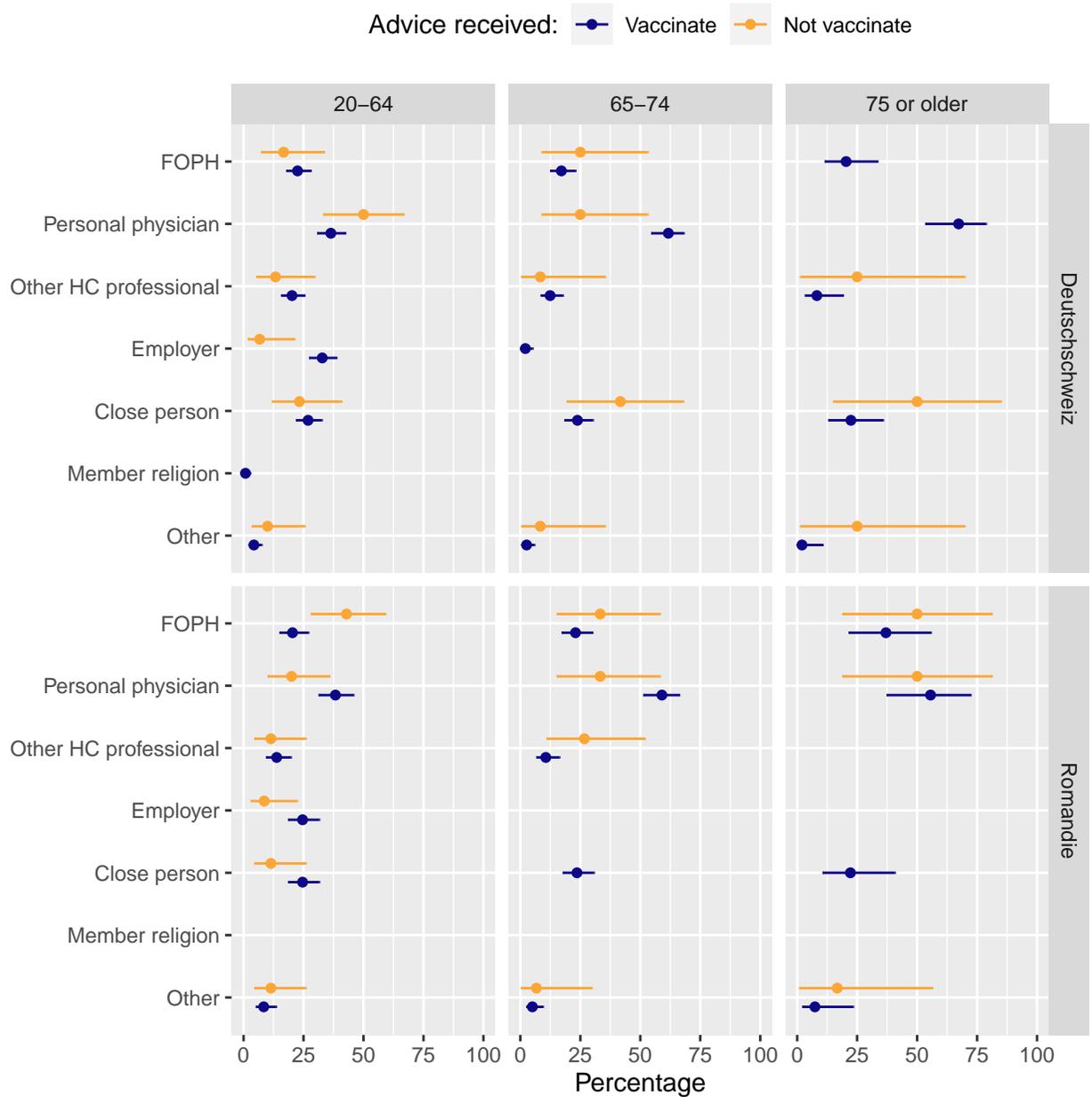
Figure 60: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
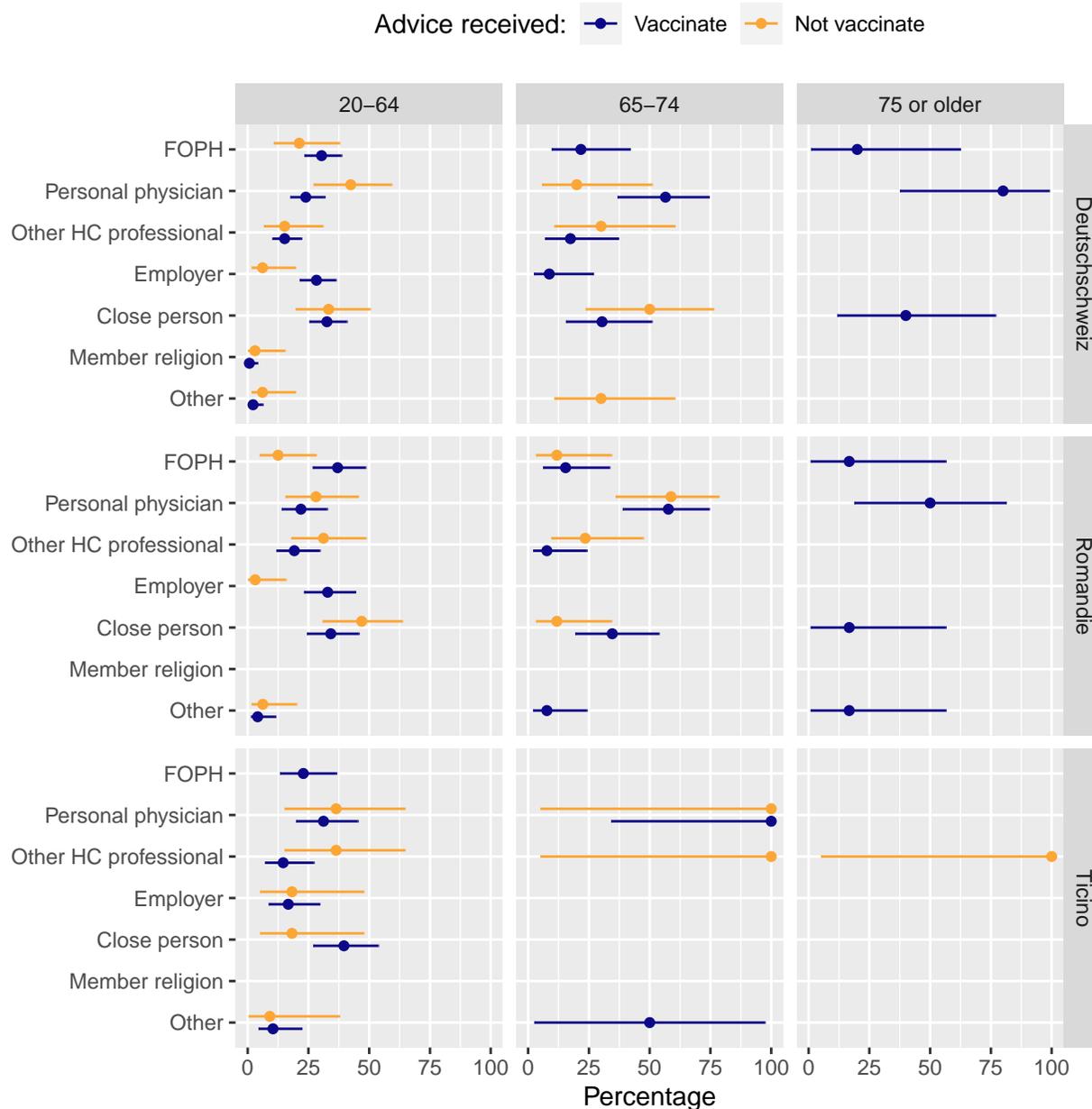
Figure 61: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
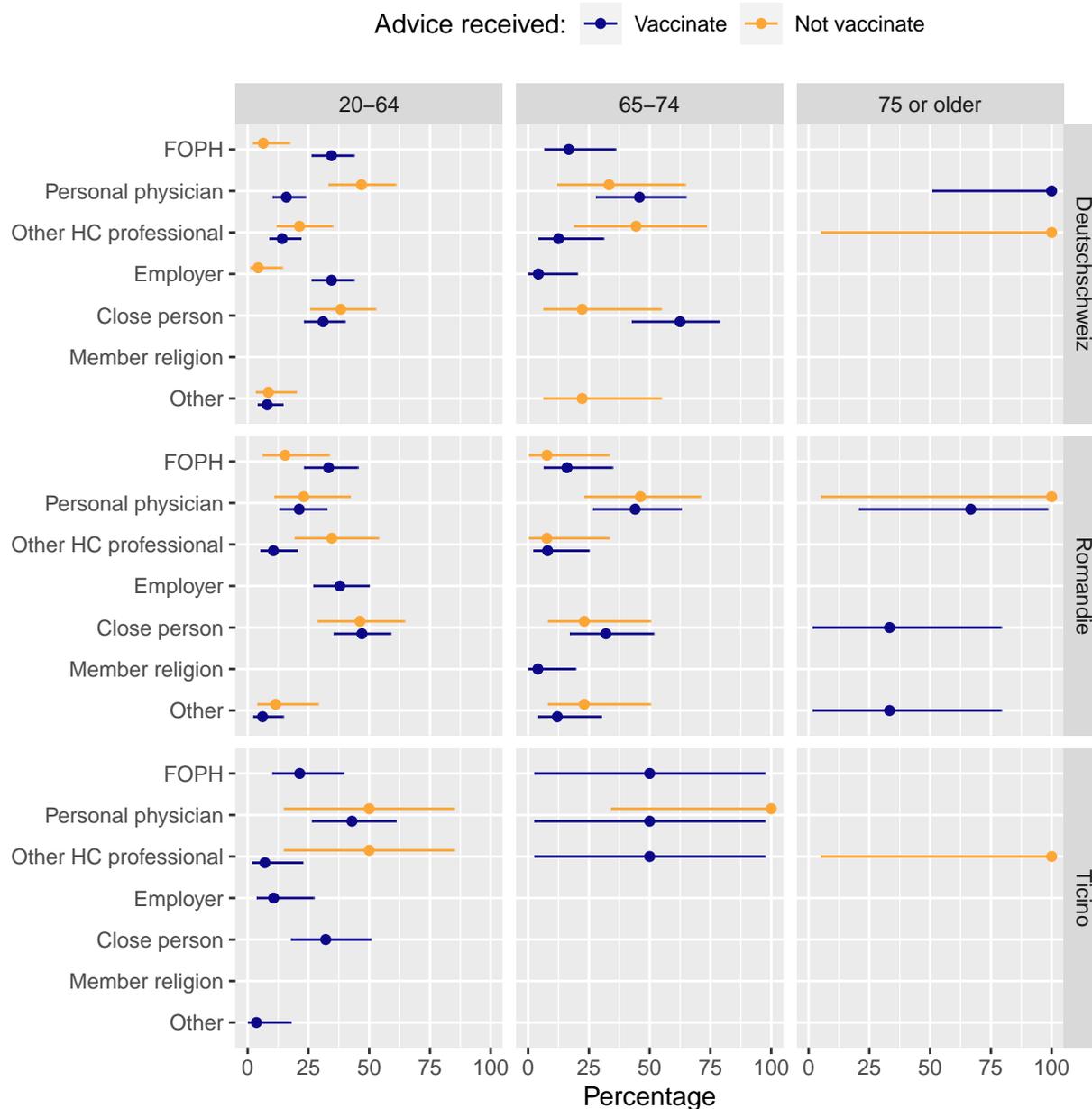
Figure 62: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
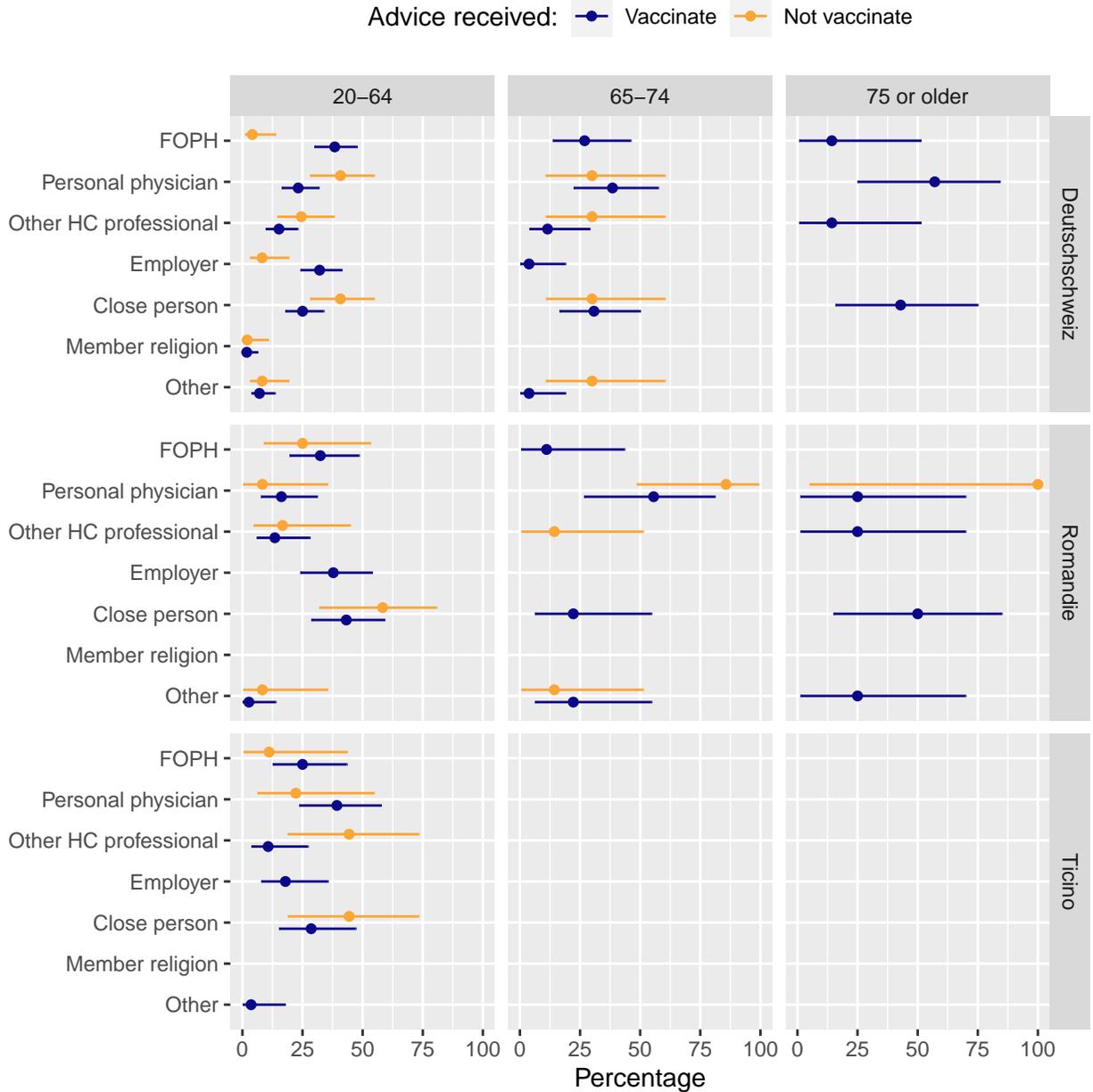
Figure 63: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.

Figure 64: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
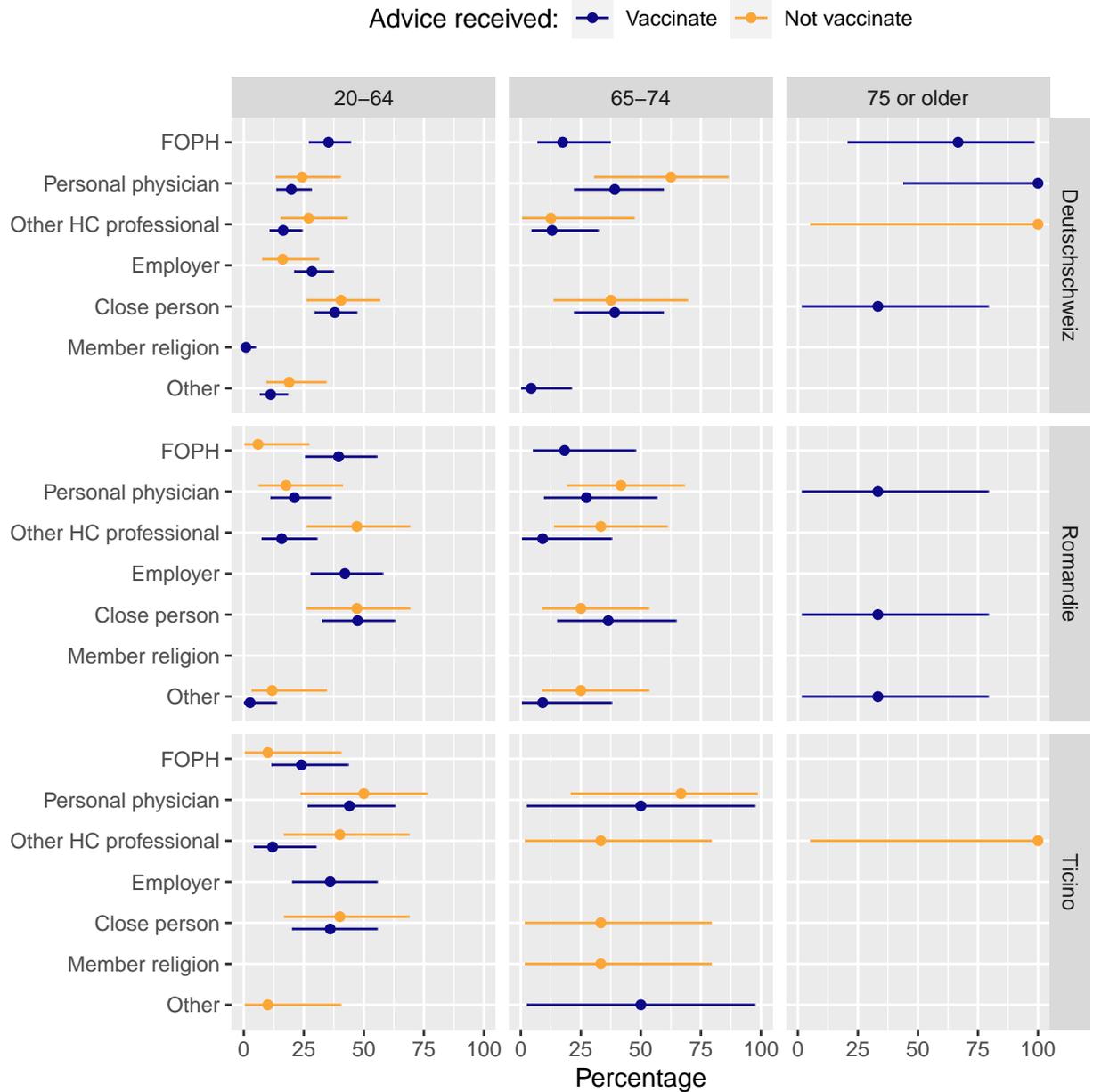
Figure 65: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
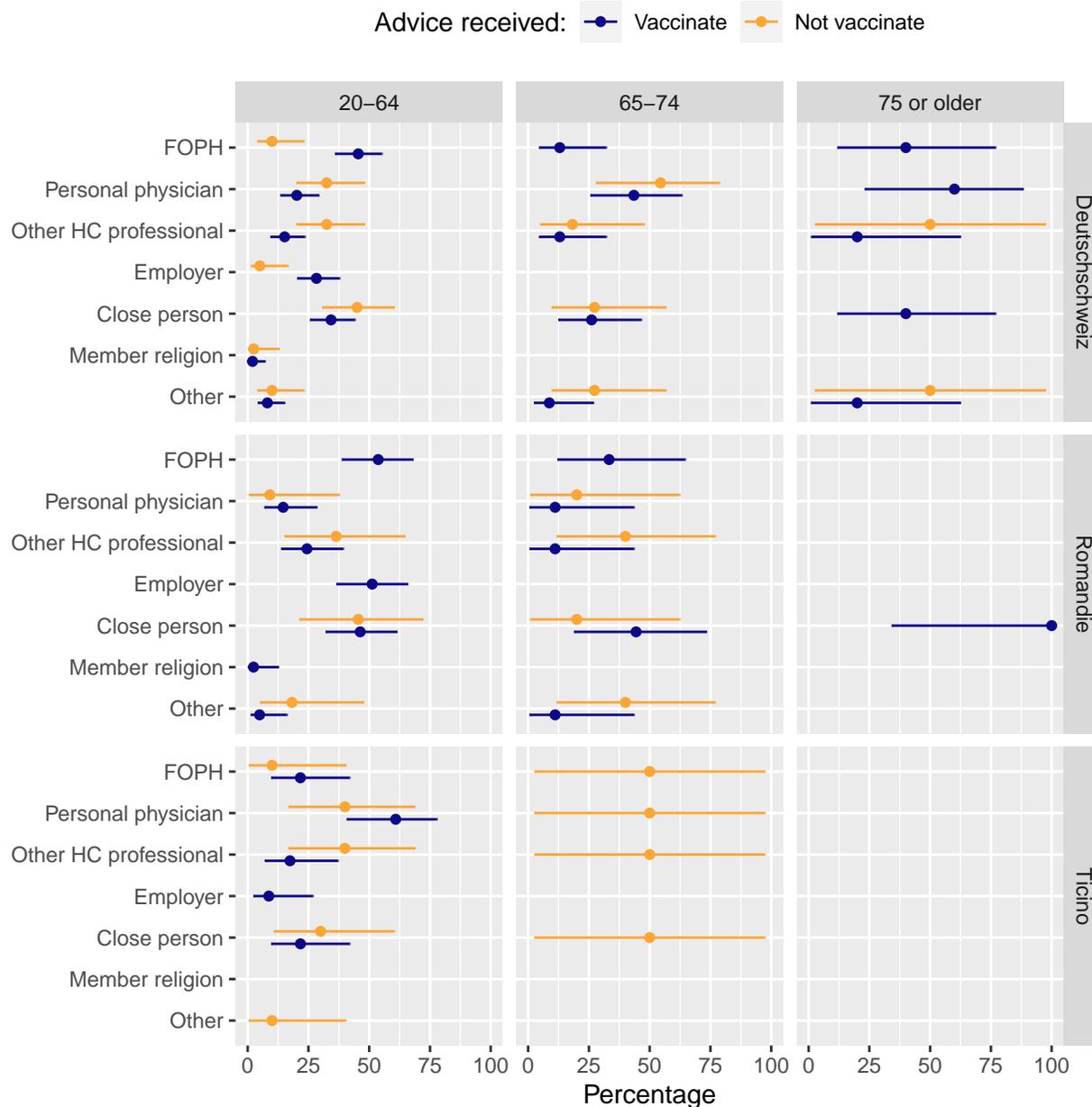
Figure 66: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.

Figure 67: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
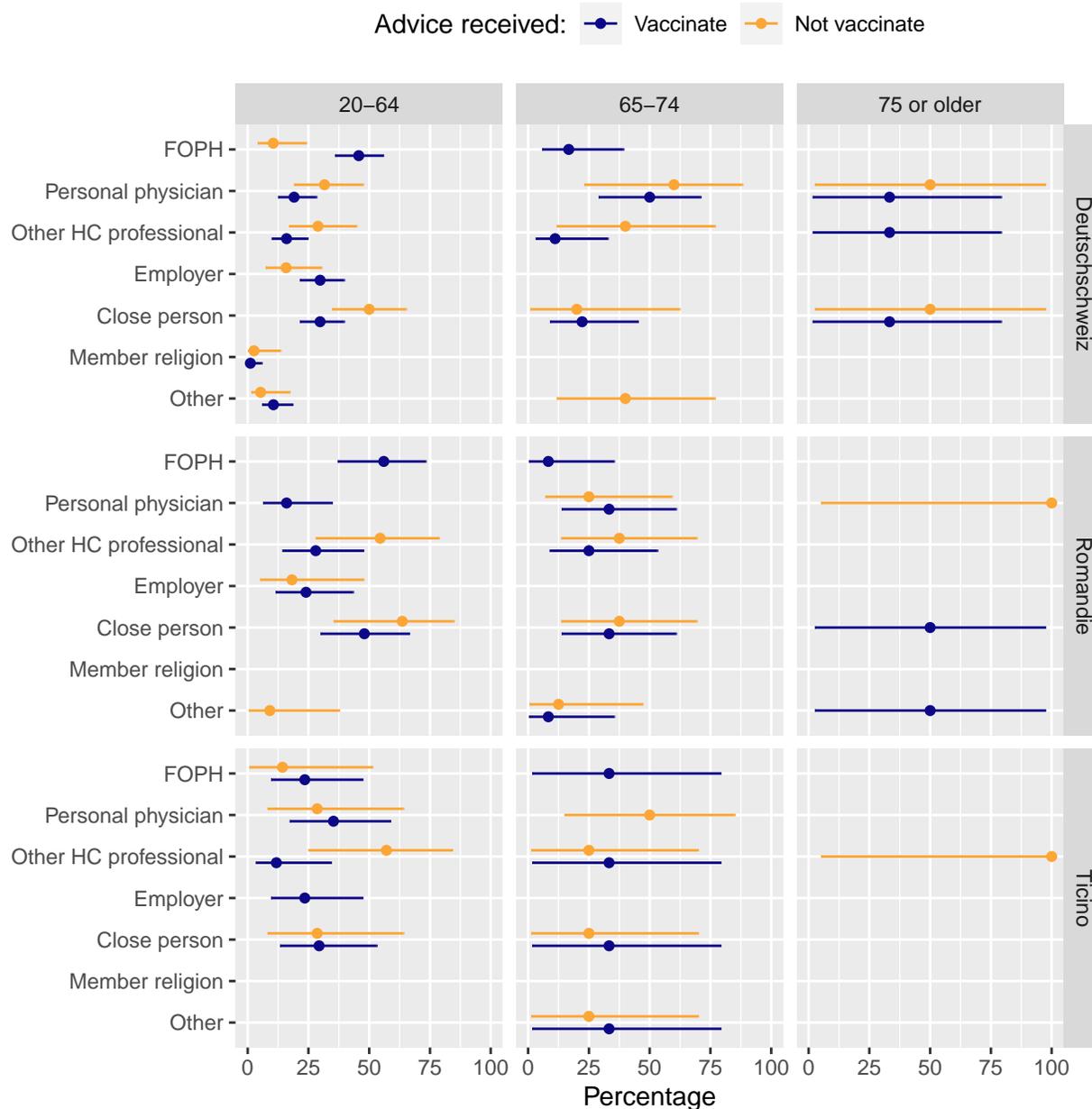
Figure 68: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.
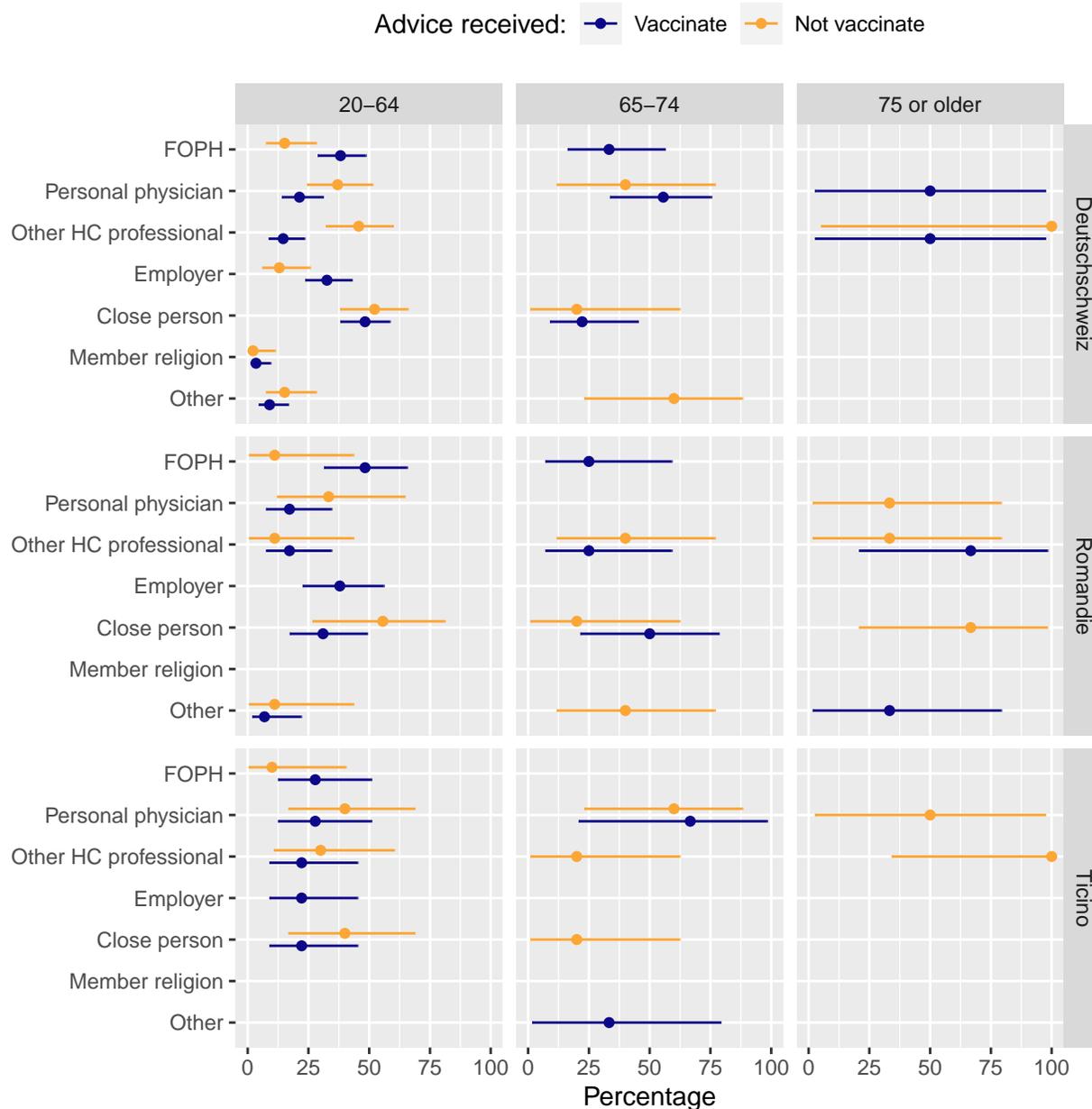
Figure 69: Percentage of participants who reported to have been advised by the respective person / organisation, stratified by whether they were advised to get vaccinated or to not get vaccinated, age and language region. Only responses of persons who have not yet reported at least one vaccine injection for SARS-CoV-2 are displayed.