

Social Activity Measure June 7th (Period Covered: May 31st – June 7th)

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of COVID-19 infection and COVID-19 guidelines. Designed by the Economic and Social Research Institute's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study records people's level of social activity and degree of caution, as well as how they perceive the ongoing pandemic. The research is funded by the Department of the Taoiseach.

Method

SAM is a "prompted recall" study that uses methods from behavioural science to help people recall their activities. It asks about times when people left their homes via factual neutral questions. Questions cover locations people visited and visitors to their home during the previous week. Follow-up questions gather detail about the previous two days: how many people participants met, for how long, ease of keeping a 2m distance, use of hand sanitiser and face masks, and so on. The survey then asks questions about people's vaccination status and intentions, as well as some broader questions about perceptions, plans and expectations.

This report presents results from a nationally representative sample of 1,000 adults surveyed between May 31st and June 7th 2022 – the thirty-fifth round of the study. Data have been collected fortnightly since the week of January 25th 2021. Recruitment is from existing online survey panels to match the socio-demographic profile of the adult population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.¹ The survey is completely anonymous.

Findings

Where differences are highlighted, they are statistically significant ($p < .05$) unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use.

Hospitalisation continued to decline over the data collection period, which also included the June Bank Holiday.

1. *Significant increase in social activity*

This round of SAM, which included the June Bank Holiday, showed a sharp increase in multiple indicators of social activity (Slides 3 to 10). This increase is unlike previous holiday periods covered in SAM, which have tended to show declines in social activity. The average locations visited during (i) the previous week and (ii) the previous day were significantly higher compared to the previous round (Slide 4). These increases were driven by significant increases in visits to other households and to hospitality venues (Slides 5 and 6). Inter-county travel increased to its highest level since SAM began, with a significant increase in international travel also observed (Slide 7). The proportion of the population that had a close contact the previous day climbed to over 50% for the first time (Slide 8), although there was no change to the average number of close contacts they had or the average number of people met (Slides 9 and 10). The rise in close contacts was driven by a sharp increase in

¹ See Timmons et al. (2020), Public understanding and perceptions of the COVID-19 Test-and-Trace system, ESRI Survey and Statistical Report Series 96, pp.3-4. <http://www.esri.ie/system/files/publications/SUSTAT96.pdf>

close contacts during household visits (Slide 11). The increase is accounted for by an increase in household visits for social reasons (Slide 12).

2. Sharp decline in mitigative behaviours

The downward trend in mitigation behaviours (wearing masks, keeping 2m distance, etc.) when outside the home continued, with a sharp rise in the share of the population who reported rarely or never taking precautions (Slide 13). Six in ten adults now report rarely or never engaging in mitigative behaviours. Despite the changes in activity levels and mitigation, self-reported compliance remained on the same level with the previous wave of SAM (Slide 14). Perceived compliance of others also did not change.

3. Psychological indicators broadly stable

Overall worry about COVID-19 remained stable (Slide 15). There were no changes to the individual components of worry, except for worry about the global situation which decreased (Slide 16).

Self-reported wellbeing remained stable (Slide 17), as did the proportion of people who think the government response to COVID-19 is appropriate (Slide 18).

4. Majority support regular COVID boosters, similar to flu vaccine

Almost half the population report more positive attitudes towards vaccines now compared to before the pandemic, with a further quarter reporting that they felt positively before and this is unchanged (Slide 19). The smallest group hold more negative attitudes to vaccines now (11.2%), most of whom previously held mixed or negative attitudes to vaccines pre-pandemic.

Almost two-thirds of adults reported that people should take COVID-19 boosters as often as recommended by healthcare professionals, which is the same proportion as those who reported that people should take the flu vaccine as recommended (Slide 20). However, the proportion who believe no one should take a COVID vaccine booster is almost double that of those who believe no one should take a flu vaccine (10.7% vs. 5.8%; Slide 20)

5. Preventing illness, infection and spread of COVID-19 main motivations for initial vaccine uptake

When asked about their main three motivations for having taken the COVID-19 vaccine initially, the most common responses were to prevent serious illness (49%), to prevent infection (44%) and to limit transmission (43%; Slide 21). Fewer people report having taken it primarily for work-related reasons (8%), to conform with family and friends (9%) or to make travel easier (12%). However there are some age-related differences, with more younger people reporting that a primary reason for them was to make it easier to return to normal activities (27%), travel (18%) and make it more likely restrictions would be lifted (17%; Slide 22).

6. Desire for vaccines to last longer and offer greater protection against future variants

When asked about the nature of new vaccines against COVID-19, the most commonly desired features are better protection against future variants, better prevention of infection and longer-lasting protection (Slide 23). Each was ranked in the top three factors by at least a third of people (Slide 23). These three factors were favoured more strongly by vaccine hesitant people. Approximately 17% of people would favour vaccines that have another form of administration, such as nasal spray.

