Impact of vaccination on adherence to rules and guidance about personal protective behaviours (PPBs) and social distancing

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# Executive summary

* Comparisons of behaviour between those who have been vaccinated with those who have not are highly confounded.
* We compare a subsample who were within groups who were eligible for vaccination or were soon to be within such groups. We then control for 6 possible confounders: age, clinical risk, region, IMD quartile of postcode, health and social care worker status, and the perception that the risks of coronavirus have been exaggerated. We compare those who have been vaccinated against those who have not been offered vaccination (excluding those who have been offered vaccination but not had it).
* We find no evidence of different rates of reported going out (except for going out for medical need, which probably represents merely that individuals had to go out to be vaccinated).
* Those who had been vaccinated were more likely to report coming into close contact with others when outside the house.
* Those who had been vaccinated were more likely to report ventilating internal spaces and to report wearing a mask when going for a walk or exercise or when at work. This is contrary to concerns that those who had been vaccinated would be less adherent to desired behaviours and may indicate unaccounted for confounding.

# Vaccine uptake and compliance to rules and guidance

We are using the CORSAIR study (see Smith et al., 2020, 2021, for details). This involves approximately 2000 respondents per wave of polling. Questions relating to vaccination were asked from wave 36. In this set of analyses, we have focused on waves 42-45.

|  |  |  |  |
| --- | --- | --- | --- |
| Calendar week | Polling wave | Data collected | Notes |
| 3 (2021)/56 (2020) | No poll |  | Roll-out of vaccinations to over 70 year olds and those defined as clinically extremely vulnerable from 18 Jan 2021 |
| 4 (2021)/57 (2020) | 42 | 25 – 27 Jan | “Have you received a coronavirus vaccine?” recorded from here on |
| 5 (2021)/58 (2020) | 43 | 8 – 9 Feb |  |
| 6 (2021)/59 (2020) | No poll |  |  |
| 7 (2021)/60 (2020) | 44 | 22 – 23 Feb |  |
| 8 (2021)/61 (2020) | No poll |  |  |
| 9 (2021)/62 (2020) | 45 | 8 – 9 Mar | Roll-out of vaccinations for over 50 years of age  |

We are trying to answer whether those who have been vaccinated report different behaviour in relation to adherence to rules and guidance about personal protective behaviours (PPBs) and social distancing in comparison to those who have not been vaccinated yet. In particular, we are examining whether those who have been vaccinated leave the home more often, are more likely to come into close contact with others and less likely to wear a face covering when outside the home, are less likely to perform PPBs such as frequent handwashing, and are less likely to get a test if symptomatic.

**Participant characteristics (sample)**

It is straightforward to compare reported behaviour for those who have been vaccinated against those who have not. However, who has been vaccinated is not random: it is highly confounded by factors that may relate to behaviour. Vaccination has been offered to individuals according to risk, with priorities according to job role, age and clinical risk. Vaccination rollout has proceeded at different speeds in different parts of the country, with some evidence that more economically deprived parts of the country have seen slower rollout. Individuals who have been offered vaccination but refused it presumably have different attitudes to COVID-19. Some people have not been offered the vaccination because of particular medical issues.

Therefore, the approach taken is to consider a subset of the population who might have been offered vaccination, defined by age as the main determinant of who has been vaccinated when. Within this group, who has and has not been vaccinated is partially quasi-random. We then also control for possible confounding factors: age, clinical risk, region, IMD quartile of postcode, health and social care worker status, and perception that the risks of coronavirus have been exaggerated. We have not sought to control for job, which may be valuable for future analyses.

Respondents are asked, “Have you received a coronavirus vaccine?” Responses are “Yes”, “No – The NHS has offered me the vaccine but I have not had it”, “No – I have not received a coronavirus vaccine nor been invited to have one by the NHS” and “Don’t know”. We compared those who say “Yes” to “No – I have not received a coronavirus vaccine nor been invited to have one by the NHS”. We exclude the small group who say “Don’t know” and those who say “No – The NHS has offered me the vaccine but I have not had it”. The wording of the question means this latter group covers both those who have refused the vaccine and those who want the vaccine, but are awaiting an appointment. We also decided to exclude those who have declined to have the vaccine as they are more likely to display non-compliance behaviour overall. Refusers are clearly likely to have different attitudes to COVID-19. There is a potential bias in the analysis here: among those who have been offered the vaccine, we are excluding COVID sceptics who have refused the vaccine, but among those who have not yet been offered the vaccine, we are still including COVID sceptics. This would lead to the not-vaccinated group perhaps showing worse adherence to desired behaviours.

As of w/c 8th March, the vaccination for adults over 50 years of age begun. Data for Wave 45 was collected during this week. We thus decided to include in our sample all adults over 50 years of age. In summary, the analysis will include waves 42-45, with approximately 2,000 participants per wave. For these waves, we will only examine participants who are 50 years of age or older on reported adherence to rules and guidance about personal protective behaviours and social distancing, if they have had the vaccine or not yet been offered the vaccine.

For waves 42-45, we have 3,535 (unique) responses in total in our subsample. Of these, 1646 say they have had the vaccine and 1889 say they have not yet been offered the vaccine. Sample descriptive characteristics are provided in Table 1.

Table 1. Participants’ demographic characteristics per level of vaccine uptake.

|  |  |  |  |
| --- | --- | --- | --- |
| Participant characteristics | Level | Vaccine uptake | N (%) |
| Gender  | Female Male OtherPrefer not to say | Yes Not yetYes Not yetYes Not yetYes Not yet | 815 (23.06%)964 (27.27%)830 (23.48 %)922 (26.08%) 0 (0%) 1 (0.03%) 1 (0.03%) 2 (0.06%) |
| Total  |  |  | 3535 (100%) |
| Age categories  | 50-59 years old60-64 years old65-69 years old70+ years old | Yes Not yetYes Not yetYes Not yetYes Not yet |  298 (8.43%)1003 (28.37%) 229 (6.48%) 450 (12.73%) 307 (8.68%) 279 (7.89%) 812 (22.97%) 157 (4.44%) |
| Total  |  |  | 3535 (100%) |

# Main analysis

We wanted to examine the likely impact of vaccine uptake on going out behaviours and personal protective behaviours for adults aged 50+ years (N = 3484). We conducted sensitivity analyses on a subgroup comprising adults aged 60+ years (N = 2,234). The questions we examined included the following behaviours:

1. Going-out behaviours: going out for essential shopping, going out for non-essential shopping, going out for exercise, going outdoors for recreational activity, going out for a medical need, going out to care for a vulnerable person, and going out to meet family and friends (who do not live in the same household). Responses to these questions were frequency counts (i.e. number of times they have been outside their home).
2. Physical distancing when outside the home: if people came into close contact with others outside their household when going out. Responses to these questions were categorical (Yes, direct physical contact; Yes, less than 1m; Yes, within 1-2m; No, not at all; Don’t know).
3. Wearing a face covering when out and about performing a number of activities similarly to the activities measured for the going out behaviours: going out for essential shopping, going out for non-essential shopping, going out for exercise, going outdoors for recreational activity, going out for a medical need, going out to care for a vulnerable person, and going out to meet family and friends (who do not live in the same household) and when being on public transport. Responses to these questions were measured on 3-point scale (1=yes, on all occasions, 2=yes, on some occasions, 3=not at all).
4. Personal protective behaviours including frequent hand washing, wearing a face covering, opening windows to improve ventilation, and cleaning or disinfecting surfaces. These questions were measured on 5-point Likert scale (1 = very frequently to 5 = never).
5. Requesting a test to check if one has coronavirus measured as a binary outcome (“No” compared to “Request a test”).

We have controlled for the following possible confounders:

* Age
* Presence of a chronic illness
* Region
* IMD
* Health and social care worker status: only asked to those people who indicated they were currently working or studying/training
* Perception that coronavirus risks have been exaggerated: measured on 5-point Likert scale (1 = strongly agree to 5 = strongly disagree)

We generated a binary variable for the following variables:

* Physical distancing: three categories (direct physical contact, less than 1m, within 1-2m) were merged as a single outcome: ‘Yes, in close contact’ (1) and compared to ‘No, not at all’ (0).
* Wearing a face covering when out and about for going out for essential shopping, going out for non-essential shopping, going out for exercise, going outdoors for recreational activity, going out for a medical need, going out to care for a vulnerable person, and going out to meet family and friends (who do not live in the same household) and when being on public transport. Responses to these questions were merged into a single outcome ‘Yes, wore a mask (1)’ compared to ‘0=Not at all’ (0).
* Personal protective behaviours: frequent hand washing, wearing a face covering, opening windows to improve ventilation, and cleaning or disinfecting surfaces (“Frequently” (1) vs “Not frequently” (0)).
* Health and social care worker status: health and social care worker (1) vs not working/studying or working in a different sector/role (0).
* Perception that coronavirus risks have been exaggerated: strongly agree or agree (1) vs neither agree nor disagree, disagree, strongly disagree (0).
* Region: when sample size was < ~500, variable was modified to reflect England (1) vs Scotland, Wales, and Northern Ireland (0).

No correction has been made for multiple testing.

**Results**

Overall compliance to the rules and official guidance was high. Table 2 displays the proportion of people who left their house over the 7 days prior to completing the survey. Table 3 displays the proportion of people who came into close contact (<2m distance) with another person and who wore a face covering when they left the house. Table 4 displays the level of compliance with personal protective behaviours such as wearing a face covering, hand washing, ventilation and disinfecting surfaces.

Table 2. Number (and proportion) of people who left their house for a specified activity (N = 3,535).

|  |  |  |
| --- | --- | --- |
| Behaviour | No | Yes |
| Going out for essential shopping  |  812 (23.0%)  | 2,723 (77.0%) |
| Going out for non-essential shopping  | 2,745 (77.7%)  | 790 (22.3%) |
| Going out for exercise  | 1,218 (34.5%) | 2,317 (65.5%) |
| Going outdoors for recreational activity (inc. sitting in the park) |  2,706 (76.5%)  | 829 (23.5%) |
| Going out for a medical need / donate blood | 2,804 (79.3%) | 731 (20.7%) |
| Going out to care for a vulnerable person | 3,037 (85.9%) | 498 (14.1%) |
| Going out to meet friends / family (not in same household) | 3,128 (88.5%) |  407 (11.5%) |

Table 3. Number (and proportion) of people who did and did not come into close contact with others outside their household and wear a face covering, when going out for a specified activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Close contact with others |  | Wearing a face covering |
| N | No | Yes |  | N | No | Yes |
| Out for essential shopping | 2673 | 1,140 (42.7%) | 1,533 (57.4%) |  | 2723 | 233(8.6%) | 2490(91.4%) |
| Out for non-essential shopping | 772 | 373 (48.3%) | 399 (51.7%) |  | 790 | 117 (14.8%) | 673 (85.2%) |
| Out for exercise | 2294 | 1,691 (73.7%) | 603 (26.3%) |  | 2317  | 1343 (58%) | 974 (42%) |
| Traveling to and from work | 616 | 468 (76.0%) | 148 (24.0%) |  | 621 | 382 (61.5) | 239 (38.5%) |
| At work  | 616 | 237 (38.2%) | 379(61.5%) |  | 621  | 115 (18.5%) | 506 (81.5%) |
| Out for a medical need | 715 | 286 (40.0%) | 429 (60.0%) |  | 731 | 91 (12.4%) | 640 (87.6%) |
| Out to care for vulnerable persons | 495 | 194 (39.2%) | 301(60.8%) |  | 498 | 163 (32.7%) | 335 (67.3%) |
| Meeting friends / family  | 405 | 151 (37.3%) | 254(62.7%) |  | 407  | 209 (51.4%) | 198 (48.6%) |
| Outdoors for recreational activity | 818 | 565 (69.1%) | 253 (30.9%) |  | 829 | 482 (58.1%) | 347 (41.9%) |
| On public transport | 275 | 133 (47.5%) | 142 (51.6%) |  | 280  | 17 (6.1%) | 263 (93.9) |

Table 4. Levels of compliance with personal protective behaviours, measured on a 5-point Likert scale (1 = very frequently, 5 = never) (N = 3,535).

|  |  |  |
| --- | --- | --- |
| Participant behaviours  | Mean (SD) |  |
| Wearing a mask  | 1.47 (0.72) |  |
| Washing hands frequently  | 2.11 (1.08) |  |
| Ventilating space  | 2.46 (1.24) |  |
| Disinfecting surfaces  | 1.71 (1.11) |  |

**DIFFERENCES IN GOING OUT BEHAVIOUR FOR PEOPLE AGED 50+ WHO HAVE BEEN VACCINATED AND THOSE WHO HAVE NOT BEEN OFFERED THE VACCINATION**

In order to investigate associations between vaccine uptake and going out behaviours, physical distancing, and personal protective behaviours (hand washing, wearing a face covering, disinfecting surfaces, ventilating spaces) while controlling for potentially confounding factors, including age, medical condition, region, level of area deprivation, health and social care worker status, and perception that the risks of coronavirus have been exaggerated, we conducted a combination of negative binomial regressions (count data) and logistic regressions (binary outcomes). It is important to note that the nature of this analysis presents a number of confounders, some of which cannot be controlled.

**Going out behaviours**

We carried out seven negative binomial regressions to investigate associations between vaccine uptake and going out behaviours on a sample of 3,498 people (see Table 5). Vaccine uptake was significantly associated with going out more frequently for a medical need or to donate blood (IRR = 2.1, 95% CI = 1.8 - 2.5); the overall model was significant: χ2(19) =199.7, p < 0.001, pseudo-R2 = 4.4%. This may reflect going out to receive the vaccine: a portion of respondents who have been vaccinated will have been so in the last week and, ergo, will have had to go out to get their vaccination. No other significant associations were identified between vaccine uptake and going out behaviour. The sensitivity analyses conducted with the cohort of participants aged 60+ revealed similar findings with one exception: vaccine uptake was also significantly associated with going out more frequently to meet with friends or family who live outside their household (IRR = 1.5, 95% CI = 1.1 - 2.1).

NB. Going to work behaviour has been excluded from this analysis as it is being analysed separately.

Table 5. Negative binomial regression estimates for number of times left the house, displaying incidence rate ratios [95% CIs] for association with vaccination for Covid-19

|  |  |  |
| --- | --- | --- |
|  | FULL MODEL (50+ YEARS) | PARTIAL MODEL (60+ YEARS) |
| Number of times left the house for/to … | **n** | **IRR** | **95% CI** | **n** | **IRR** | **95% CI** |
| Essential shopping | 3484 | 1.002  | [0.930,1.079] | 2214 | 0.984  | [0.898,1.079] |
| Non-essential shopping | 3484 | 0.997  | [0.813,1.223] | 2214 | 0.867  | [0.669,1.125] |
| Exercise | 3484 | 1.009  | [0.914,1.114] | 2214 | 1.043  | [0.922,1.180] |
| A medical need / donate blood | 3484 | 2.129\*\*\*  | [1.784,2.540] | 2214 | 1.684\*\*\*  | [1.358,2.087] |
| Care for a vulnerable person | 3484 | 0.938  | [0.714,1.231] | 2214 | 1.054  | [0.704,1.580] |
| Meet friends / family | 3484 | 1.136  | [0.851,1.517] | 2214 | 1.476\*  | [1.053,2.068] |
| Outdoor recreation activity | 3484 | 1.155  | [0.916,1.455] | 2214 | 1.213  | [0.910,1.615] |

\* *p* < 0.05, \*\* *p* < 0.01, \*\*\* *p* < 0.001

**Physical distancing**

We carried out 10 logistic regression models to investigate associations between vaccine uptake and physical distancing outside the house (see Table 6). Sample sizes varied from 270 to 2637, reflective of the overall number of people who left the home for various activities. Vaccine uptake was significantly associated with close contact with others when: going to non-essential shops (OR = 1.6, 95% CI = 1.1 – 2.2), exercising (OR = 1.4, 95% CI = 1.1 - 1.7), at work (OR = 1.7, 95% CI = 1.1 - 2.5), and when going out for a medical need or to donate blood (OR = 1.5, 95% CI = 1.0 - 2.1). No other significant associations were identified between vaccine uptake and physical distancing outside the house. Four models were significant, including those that investigated physical distancing when at non-essential shops, while exercising, traveling to work, and providing care to vulnerable persons. Pseudo-R2 values ranged from 0.8% to 5.3%. This pattern of results was similar for the 60+ cohort; however, vaccine uptake was not significantly associated with close contact with others at non-essential shops nor at work, and was significantly associated with close contact with others when traveling to and from work (OR = 2.6, 95% CI = 1.3 – 5.4). It should be noted that sample size was substantially smaller for some going out behaviours in the 60+ cohort, relative to the 50+ cohort.

Table 6. Logistic regression estimates for coming into close contact with others when outside the house, displaying odds ratios [95% CIs] for association with vaccination for Covid-19

|  |  |  |
| --- | --- | --- |
|  | FULL MODEL (50+ YEARS) | PARTIAL MODEL (60+ YEARS) |
| Come into close contact with others when … | **n** | **OR** | **95% CI** | **n** | **OR** | **95% CI** |
| Out for essential shopping | 2637 | 1.141  | [0.947,1.375] | 1631 | 1.086  | [0.865,1.364] |
| Out for non-essential shopping | 763 | 1.552\*  | [1.090,2.209] | 454 | †1.512  | [0.972,2.353] |
| Out for exercise | 2267 | 1.361\*\*  | [1.088,1.702] | 1433 | 1.356\*  | [1.020,1.803] |
| Traveling to and from work | 608 | 1.197  | [0.749,1.914] | 225 | †2.632\*\*  | [1.289,5.372] |
| At work  | 608 | 1.657\*  | [1.086,2.529] | 229 | †1.769  | [0.941,3.327] |
| Out for a medical need | 708 | 1.466\*  | [1.025,2.096] | 504 | †1.701\*  | [1.100,2.631] |
| Out to care for vulnerable persons | 487 | †1.122  | [0.718,1.755] | 233 | †1.253  | [0.640,2.452] |
| Meeting friends / family  | 398 | †1.094  | [0.658,1.820] | 249 | †1.044  | [0.561,1.943] |
| Outdoors for recreational activity | 805 | 1.211  | [0.838,1.752] | 502 | †1.064  | [0.672,1.683] |
| On public transport | 270 | †1.348  | [0.746,2.434] | 164 | †1.330  | [0.632,2.799] |

\* *p* < 0.05, \*\* *p* < 0.01, \*\*\* *p* < 0.001; † = Region was calculated as a binary variable

**Personal Protective Behaviours (PPBs)**

We carried out 4 logistic regression models to investigate associations between vaccine uptake and use of personal protective behaviours and 1 logistic regression model for requesting a test for coronavirus if symptomatic (see Table 7). Sample sizes varied from 3310 to 3474. Vaccine uptake was significantly associated with ventilating the home (OR = 1.36, 95% CI = 1.18 - 1.63). All models were significant and pseudo-R2 (Nagelkerke) ranged from 3% to 6%. No other significant associations were identified between vaccine uptake and any of the other personal protective behaviours and for requesting a test. Additionally, we performed a sensitivity analysis examining associations between these behaviours and vaccine uptake for the sample of 60+ years of age and the overall pattern of results was similar, with the exception of requesting a test which was found to be significant (OR = 1.25, 95% CI = 1.01 - 1.54).

Table 7. Logistic regression estimates for use of personal protective behaviours, displaying odds ratios [95% CIs] for association with vaccination for Covid-19

|  |  |  |
| --- | --- | --- |
|  | FULL MODEL (50+ YEARS) | PARTIAL MODEL (60+ YEARS) |
| Performing the following (behaviour)… | **n** | **OR** | **95% CI** | **n** | **OR** | **95% CI** |
| Hand washing  | 3474 | 1.177 | [0.877,1.581] | 2214 | 1.140 | [0.795,1.635] |
| Wearing a face cover | 3310 | 1.187 | [0.956, 1.474] | 2090 | 1.269 | [0.983, 1.637] |
| Disinfecting surfaces  | 3462 | 1.058 | [0.890, 1.259] | 2203 | 1.088 | [0.880, 1.345] |
| Ventilating spaces | 3454 | 1.385\*\*\* | [1.177, 1.630] | 2197 | 1.446\*\*\* | [1.186, 1.763] |
| Requesting a test to confirm coronavirus  | 3417 | 1.136 | [0.955, 1.353] | 2185 | 1.247**\*** | [1.010, 1.540] |

\* *p* < 0.05, \*\* *p* < 0.01, \*\*\* *p* < 0.001;

Responses to some questions may be affected by other behaviours. If one is going into shops more, one should be wearing a face covering more. The question refers to, “Worn a face mask or another face covering (such as a scarf) when out and about”. This wording is because we want the respondent to adjust for how often they go out. However, they may not do so. Therefore, we investigated whether participants reported wearing a face cover when outside the house performing various activities.

We carried out 10 logistic regression models to investigate associations between vaccine uptake and wearing a face cover when outside the house for specific activities (see Table 8). Sample sizes varied from 400 to 2684, indicating a small number of people leaving the home for some activities, as also noted in the previous section examining going out behaviours. Vaccine uptake was significantly associated with wearing a face covering when: going for exercise or for a walk (OR = 1.26, 95% CI = 1.03 – 1.54) and at work (OR = 1.95, 95% CI = 1.11 - 3.42). No other significant associations were identified between vaccine uptake and wearing a face covering when going outside the home. Eight models were significant, including those that investigated wearing a face covering when at essential and at non-essential shops, while exercising or walking, traveling to work, and providing care to vulnerable persons, meeting family or friends and being outdoors for recreational activities. Pseudo-R2 (Nagelkerke) values ranged from 3% to 16%. The sensitivity analysis for the sample of 60+ revealed a similar pattern of results with the exception of “when out for exercise or walk” which was not significant (p>0.05) and when “at work” which was significant (OR = 2.82, 95% CI = 1.24 – 6.39).

Table 8. Logistic regression estimates for wearing a face cover when outside the house, displaying odds ratios [95% CIs] for association with vaccination for Covid-19

|  |  |  |
| --- | --- | --- |
|  | FULL MODEL (50+ YEARS) | PARTIAL MODEL (60+ YEARS) |
| Wearing a face cover when … | **n** | **OR** | **95% CI** | **n** | **OR** | **95% CI** |
| Out for essential shopping | 2684 | 0.936 | [0.676,1.296] | 1662 | 0.885 | [0.589,1.331] |
| Out for non-essential shopping | 781 | 1.024 | [0.630,1.666] | 467 | 0.974† | [0.527,1.797] |
| Out for exercise/walk | 2290 | 1.261\*  | [1.033,1.539] | 1446 | 1.196 | [0.935,1.530] |
| Traveling to and from work | 613 | 0.885 | [0.581,1.349] | 230 | 1.546† | [0.812, 2.943] |
| At work  | 613 | 1.947\*  | [1.108,3.421] | 230 | 2.824**\***† | [1.246, 6.399] |
| Out for a medical need | 722 | 1.395 | [0.837,2.323] | 512 | 1.270  | [0.677, 2.385] |
| Out to care for vulnerable persons | 489 | 1.090† | [0.684,1.736] | 233 | 1.134† | [0.588, 2.188] |
| Meeting friends / family  | 400 | 1.199† | [0.732,1.964] | 250 | 1.156† | [0.633, 2.112] |
| Outdoors for recreational activity | 816 | 1.382  | [0.977,1.954] | 509 | 1.235 | [0.794, 1.922] |
| On public transport | 275 | 1.744† | [0.489,6.217] | 167 | 2.063† | [0.363,11.723] |

\* *p* < 0.05, \*\* *p* < 0.01, \*\*\* *p* < 0.001; † = Region was calculated as a binary variable

**Conclusion**

Overall, compliance for the two vaccination groups was very high. Vaccine uptake was associated with riskier behaviours such as *not* keeping a physical distance in a shop, at work, and while exercising, but also with safe behaviours like ventilating rooms, and wearing a face covering at work or when exercising or going for a walk. However, the interpretation of these findings requires caution due to confounds such as age, level of deprivation, and other factors such as working in health & social care and thinking that the risk of COVID is exaggerated. It is also important to highlight that these models only explain a really small percentage of the overall variance so caution should be used when interpreting these estimates.

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Dataset used:

* Department of Health and Social Care tracker
	+ Tracking DHSC marketing, coronavirus attitudes, beliefs, knowledge, reported behaviour, satisfaction with Government response, credibility of Government.
	+ Data collected weekly (Monday to Wednesday) since late January 2020.
	+ N~2000 per wave.
	+ Market research company commissioned: BMG Research.

*Please note that this work has been conducted rapidly, and has not been peer reviewed or subject to normal quality control measures.*

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