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

Carly Meyer, Vivi Antonopoulou & Henry Potts: 25th June 2021

# Executive summary

* We examined two subsamples of the population based on age which were currently receiving vaccinations in large numbers. We controlled for 7 possible confounders: age, gender, 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 looked at those in the age range 18-44 who have been vaccinated once against those who have not been offered vaccination (excluding those who have been offered vaccination but not had it); and those in the age group 35-64 who have had two doses of the vaccine versus those who have had only one.
* Broadly, vaccination status was not associated with riskier behaviour in either group, across a wide range of behaviours.
* There were three exceptions: among the younger cohort, respondents who had received the vaccine
	+ spent more days on a UK trip,
	+ were more likely to be in close contact with others when at work,
	+ and were less likely to request a test to confirm if one has coronavirus or not.
* In the younger cohort, vaccine uptake was significantly associated with going out less frequently for essential and non-essential shopping. In the older cohort, having two doses of the vaccine was significantly associated with having less close contact with others when exercising outdoors. These results are contrary to what we expected. This might indicate there is unaccounted for confounding in the data, which may be masking examples of riskier behaviour.

# 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 51 and 52.

|  |  |
| --- | --- |
| **Polling wave** | **Data collected** |
| 51 | 1-2 June |
| 52 | 14-15 June |

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, and whether those who have received two doses report different behaviours to those who have received one. In particular, we are examining whether vaccination status is associated with leaving the home more often and coming into close contact with others when outside the home.

**Participant characteristics (sample)**

It is straightforward to compare reported behaviour by vaccination status. However, who has been vaccinated (once or twice) 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 or might not have been offered vaccination in a particular time frame, 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, gender, 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”. To investigate the impact of vaccination on behaviour, 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.

Respondents who reported receiving a vaccine were also asked, “So far have you had…?”. Responses are “One dose of the coronavirus vaccine”, “Two doses of the coronavirus vaccine”, and “Don’t know”. To investigate the impact of two versus one vaccine dose on behaviour, we compared those who say “one dose” to those who say “two doses”. We exclude the small group who say “Don’t know”.

At time of writing, everyone in England, Wales and Northern Ireland 18 and over can receive the vaccine; in most of Scotland, everyone 30 and over can receive the vaccine. Vaccines for those age 18 and over were first made available in Northern Ireland, on 27 May. People over 40 in England and Scotland are being invited to receive their second dose. On 31 May, the Government announced a drive to get everyone over 50 double jabbed by 21 June.

For waves 51-52, we have 1,268 (unique) responses in our first subsample aged 18-44 years. Of these, 900 say they have had the vaccine and 368 say they have not yet been offered the vaccine. We have 1,840 (unique) responses in our second subgroup aged 35-64 years. Of these, 1,180 reporting having had two doses and 660 reported having had one dose. Sample descriptive characteristics are provided in Table 1. Note the two subsamples are overlapping, with 35-44 year olds included in both analyses.

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

|  |  |  |
| --- | --- | --- |
|  | Sample 1 (18-44 yrs) | Sample 2 (35-64 yrs) |
|  | **Not offered vaccine****(n = 368)** | **Had vaccine****(n = 900)** | **Overall****(n = 1,268)** | **One dose****(n = 660)** | **Two doses****(n = 1,180)** | **Overall****(n = 1,840)** |
| Gender- Male- Female- Other / prefer not to disclose | 141 (38.32)222 (60.33)5 (1.36) | 375 (41.67)521 (57.89)4 (0.44) | 516 (40.69) 743 (58.60)9 (0.71) | 311 (41.12)348 (52.73)1 (0.15) | 525 (44.49)654 (55.42)1 (0.08) | 836 (45.43)1,002 (54.5)2 (0.11) |
| Age- 18-24- 25-34- 35-44 | 161 (43.75)153 (41.58)54 (14.67) | 67 (7.44)309 (34.33)524 (58.22) | 228 (17.98)462 (36.44)578 (45.58) | 326 (49.39)222 (33.64)112 (16.97) | 198 (16.78)405 (34.32)577 (48.90) | 524 (28.48)627 (34.08)689 (37.45) |

# Main analysis

We wanted to examine the likely impact of vaccine uptake on going out behaviours and use of personal protective behaviours for adults aged 18-44 years (N = 1,268), and similarly, the likely impact of double versus single vaccination on these same behaviours for adults aged 35-64 years (1,840). The questions we examined included the following behaviours:

1. Going-out behaviours: going out for essential shopping, non-essential shopping, outdoor exercise, to meet with family or friends, to a restaurant / café / bar, to work, on public transport, for school drop-off/pick-up, to a hairdresser / barber / salon, to a place of worship, indoor sport, on a UK or overseas trip, and to hug a family member or friend. 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 (NB: only data available on a subset of going out behaviours). 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 mask when outside the household performing the following activities: going out for essential shopping, to meet with family or friends, to a restaurant / café / bar, to a hairdresser’s/barber’s or beauty salon, to a place of worship, on public transport or taxi/minicab. Responses to these questions were categorical (i.e. (1) Yes, on all occasions, (2) Yes- on some occasions, (3) No – not all). These items were included only in Wave 51.
4. Requesting a test to confirm whether one has coronavirus or not. Response to this question was categorical (i.e. (1) Request a test, (0) No). This question was included in both Waves 51 and 52.

We have controlled for the following possible confounders:

* Age
* Gender
* 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 mask when outside the household performing the following activities: the three categories were merged into a single outcome: ‘Yes, wore face mask (1)’ compared to ‘No, not at all (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).

No correction has been made for multiple testing.

**Results**

Overall, people in younger age groups appear to be going out more often compared to those in older age groups. Table 2 displays the proportion of people who left their house over the 7 days prior to completing the survey, by subsample. Table 3 displays the proportion of people who came into close contact (<2m distance) with another person when they left the house, by subsample.

*Table 2. Number (and proportion) of people who left their house for a specified activity.*

|  |  |  |
| --- | --- | --- |
|  | Sample 1 (18-44 yrs)N = 1,268 | Sample 2 (35-64 yrs)N = 1,840 |
|  | **No** | **Yes** | **No** | **Yes** |
| Essential shopping | 175 (13.80) | 1,093 (86.20) | 248 (13.48) | 1,598 (86.52) |
| Non-essential shopping | 490 (38.64) | 778 (61.36) | 959 (52.12) | 881 (47.88) |
| Work | 614 (48.42) | 654 (51.58) | 1,027 (55.82) | 813 (44.18) |
| Meet friends / family | 434 (34.23) | 834 (65.77) | 761 (41.36) | 1,079 (58.64) |
| Outdoor exercise/recreation | 342 (26.97) | 926 (73.03) | 576 (31.30) | 1,264 (68.70) |
| School drop-off/pick-up | 834 (65.77) | 434 (34.23) | 1,497 (81.36) | 343 (18.64) |
| Restaurant / café/ bar | 631 (49.76) | 637 (50.24) | 1,093 (59.40) | 747 (40.60) |
| Hairdresser/barber/ salon | 987 (77.84) | 281 (22.16) | 1,601 (87.01) | 239 (12.99) |
| Place of worship | 1,107 (87.30) | 161 (12.70) | 1,724 (93.70) | 116 (6.30) |
| Indoor sport | 1,001 (78.94) | 267 (21.06) | 1,654 (89.89) | 186 (10.11) |
| Public transport / taxi / minicab | 805 (63.49) | 463 (36.51) | 1,423 (77.34) | 417 (22.66) |
| UK trip  | 1,084 (85.49) | 184 (14.51) | 1,687 (91.68) | 153 (8.32) |
| Overseas trip | 1,141 (89.98) | 127 (10.02) | 1,778 (96.63) | 62 (3.37) |
| Hug family/friend | 717 (56.55) | 551 (43.45) | 1,257 (68.32) | 583 (31.69) |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Sample 1 (18-44 yrs) |  | Sample 2 (35-64 yrs) |
| **Number** | **No** | **Yes** |  | **Number** | **No** | **Yes** |
| Out for essential shopping | 1,072 | 206 (19.22) | 866 (80.78) |  | 1,556 | 379 (24.20) | 1,187 (75.80) |
| Out for outdoor exercise / recreation | 909 | 340 (37.40) | 569 (62.60) |  | 1,250 | 683 (54.64) | 567 (45.36) |
| Meeting friends / family | 827 | 75 (9.07) | 752 (90.93) |  | 1,071 | 147 (13.73) | 924 (86.27) |
| Out at a restaurant/café/bar | 628 | 131 (20.86) | 497 (79.14) |  |  742 | 198 (26.68) | 544 (73.32) |
| At work | 635 | 107 (16.85) | 528 (83.15) |  | 798 | 191 (23.93) | 607 (76.07) |
| On public transport or in a taxi/minicab | 448 | 81 (18.08) | 367 (81.92) |  |  408 | 108 (26.47) | 300 (73.53) |

*Table 4. Number (and proportion) of people who report wearing a face covering, when going out for a specified activity (for Wave 51) and requesting a test to confirm whether they have coronavirus or not (Waves 51 and 52).*

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Sample 1 (18-44 yrs) |  | Sample 2 (35-64 yrs) |
| **Number** | **No** | **Yes** |  | **Number** | **No** | **Yes** |
| Out for essential shopping | 589 | 44 (7.5%) | 545 (92.5%) |  | 793 | 74 (9.3%) | 719 (90.7%) |
| Meeting friends / family | 478 | 147 (30.08%) | 331 (69.2%) |  | 556 | 238 (42.8%) | 318 (57.2%) |
| Out at a restaurant/café/bar | 365 | 37 (10.1%) | 328 (89.9%) |  |  371 | 46 (12.4%) | 325 (87.6%) |
| At a hairdresser, barbers, beauty salon etc.  | 166 | 10 (6%) | 156 (94%) |  | 122 | 14 (11.5%) | 108 (88.5%) |
| At a place of worship  | 98 | 7 (7.1%) | 91 (92.9%) |  | 54 | 7 (13%)  | 47 (87%) |
| On public transport or in a taxi/minicabRequesting a test to confirm whether you have coronavirus | 2621169  | 18 (6.9%)342 (29.3%) | 244 (93.1%)827 (70.7%) |  |  2081785  | 21 (10.1%)439 (24.6%)  | 187 (89.9%)1346 (75.4%)  |
|  |  |  |  |  |  |  |  |

**DIFFERENCES IN GOING OUT BEHAVIOUR FOR PEOPLE AGED 18-44 WHO HAVE BEEN VACCINATED AND THOSE WHO HAVE NOT BEEN OFFERED THE VACCINATION AND FOR PEOPLE AGED 35-64 WHO HAD ONE OR TWO DOSES OF VACCINATION**

In order to investigate associations between vaccine uptake and going out behaviours while controlling for potentially confounding factors, including age, gender, 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**

Among people aged 18-44 years, we carried out 14 negative binomial regressions to investigate associations between vaccine uptake and going out behaviours on a sample of 1,226 people (see Table 5). Vaccine uptake was significantly associated with going out less frequently for essential and non-essential shopping (adjusted incident rate ratio, aIRR = 0.82 and 0.80, respectively), which is contrary to what we expected. Vaccine uptake was also associated with spending more days on a UK trip (aIRR = 1.68). No other significant associations were identified between vaccine uptake and going out behaviour. With the exception of one model (to explain going out to meet friends or family), all models were significant. Pseudo-R2 values ranged from 0.3% to 11.5%.

Among people aged 35 to 64, we carried out 14 negative binomial regressions to investigate associations between vaccine uptake and going out behaviours on a sample of 1,801 people (see Table 5). Having received a second vaccine was not associated with any going out behaviour. With the exception of one model (to explain number of days on a UK trip), all models were significant. Pseudo-R2 values ranged from 0.6% to 7.8%.

*Table 5. Negative binomial regression estimates for number of times left the house, displaying adjusted incidence rate ratios [95% CIs] for associations with (1) vaccination for Covid-19 and (2) having received two vaccine doses.*

|  |  |  |
| --- | --- | --- |
|  | SAMPLE 1 (18-44 YEARS) | SAMPLE 2 (35-64 YEARS) |
| Number of times left the house for/to … | **N** | **IRR** | **95% CI** | **N** | **IRR** | **95% CI** |
| Essential shopping | 1226 | 0.819\*\* | [0.725, .926] | 1801 | 0.977 | [0.892,1.071] |
| Non-essential shopping | 1226 | 0.798\* | [0.669,0.952] | 1801 | 0.858 | [0.723,1.018] |
| Outdoor exercise/recreation | 1226 | 1.058 | [0.903,1.240] | 1801 | 1.049 | [0.916,1.201] |
| Meet friends / family | 1226 | 1.073 | [0.914,1.259] | 1801 | 1.008 | [0.879,1.156] |
| Restaurant / café/ bar | 1226 | 1.096 | [0.897,1.339] | 1801 | 1.061 | [0.888,1.269] |
| Work | 1226 | 1.062 | [0.853,1.321] | 1801 | 0.999 | [0.825,1.208] |
| Public transport | 1226 | 1.033 | [0.780,1.368] | 1801 | 0.789 | [0.588,1.060] |
| School drop-off/pick-up | 1226 | 1.313 | [0.949,1.817] | 1801 | 0.905 | [0.647,1.265] |
| Hairdresser/barber/ salon | 1226 | 1.038 | [0.750,1.435] | 1801 | 0.820 | [0.600,1.121] |
| Place of worship | 1226 | 1.140 | [0.678,1.917] | 1801 | 1.135 | [0.637,2.022] |
| Indoor sport | 1226 | 1.200 | [0.834,1.727] | 1801 | 1.274 | [0.797,2.036] |
| UK trip | 1226 | 1.684\* | [1.037,2.733] | 1801 | 0.796 | [0.496,1.279] |
| Overseas trip | 1226 | 1.371 | [0.777,2.418] | 1801 | 0.525 | [0.258,1.071] |
| Hug family/friend | 1226 | 1.079 | [0.833,1.398] | 1801 | 0.925 | [0.738,1.160] |

\* *p* < 0.05, \*\* *p* < 0.01, \*\*\* *p* < 0.

**Physical distancing**

Among people aged 18 to 44, we carried out 6 logistic regression models to investigate associations between vaccine uptake and physical distancing outside the house (see Table 6). Sample sizes varied from 433 to 1,042, reflective of the overall number of people who left the home for various activities. Vaccine uptake was only significantly associated with more close contact with others when at work (adjusted odds ratio, aOR = 2.24, 95% CI = 1.24 - 4.04). No other significant associations were identified between vaccine uptake and physical distancing outside the house. Two of the 6 models were not significant, including those that investigated physical distancing when meeting family and friends and on public transport. Pseudo-R2 values ranged from 3.3% to 7.6%.

Among people aged 35 to 64, we carried out 6 logistic regression models to investigate associations between one versus two vaccine doses and physical distancing outside the house (see Table 6). Sample sizes varied from 396 to 1,537, reflective of the overall number of people who left the home for various activities. Having two doses of the vaccine was significantly associated with having less close contact with others when exercising outdoors (aOR = 0.70, 95% CI = 0.53 - 0.94), which is contrary to what we expected. No other significant associations were identified between number of vaccine doses and physical distancing outside the house. Only two models were statistically significant, including those for ‘essential shopping’ and ‘outdoor exercise or recreation activity. Pseudo-R2 values ranged from 1.7% to 4.1%.

*Table 6. Logistic regression estimates for coming into close contact with others when outside the house, displaying adjusted odds ratios [95% CIs] for associations with (1) vaccination for Covid-19 and (2) having received two vaccine doses.*

|  |  |  |
| --- | --- | --- |
|  | SAMPLE 1 (18-44 YEARS) | SAMPLE 2 (35-64 YEARS) |
| Come into close contact with others when … | **N** | **aOR** | **95% CI** | **N** | **aOR** | **95% CI** |
| Out for essential shopping | 1,042 | 1.317 | [0.857,2.024] | 1,537 | 0.902 | [0.678,1.201] |
| Out for outdoor exercise / recreation | 880 | 0.965 | [0.657,1.416] | 1,225 | 0.703\* | [0.528,0.936] |
| Meeting friends / family | 802 | 1.719 | [0.890,3.321] | 1,049 | 1.267 | [0.820,1.958] |
| Out at a restaurant/café/bar | 612 | 1.433 | [0.840,2.444] | 726 | 0.856 | [0.572,1.283] |
| At work | 620 | 2.236\*\* | [1.238,4.038] | 782 | 1.000 | [0.668,1.496] |
| Catching public transport  | 433 | 1.166 | [0.589,2.307] | 396 | 1.245 | [0.717,2.159] |

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

**Wearing a face cover when outside the home and requesting a test for coronavirus**

Among people aged 18 to 44, we carried out 6 logistic regression models to investigate associations between vaccine uptake and wearing a face cover when going out of the home for specific activities (see Table 7). These items were only included in Wave 51. Sample sizes varied from 94 to 570, reflective of the overall number of people who left the home for various activities. Vaccine uptake was not significantly associated with wearing a face cover in any of these activities (p>0.05). However, for the item “Requesting a test to confirm whether to have coronavirus or not” – which was included in waves 51 and 52 – a significant negative association was found between vaccine uptake and requesting a test (aOR =0.67, 95% CI = 0.47, 0.94), which means that vaccinated people were less likely to request a test. Only two of the 6 models were statistically significant, including wearing a face cover when meeting family and friends and requesting a test to confirm whether one has coronavirus or not. Pseudo-R2 (Nagelkerke) values ranged from 12.8% to 16.2%.

Among people aged 35 to 64, we carried out 6 logistic regression models to investigate associations between one versus two vaccine doses and wearing a face cover when outside the home performing specific activities (see Table 7). These items were only included in Wave 51. Sample sizes varied from 51 to 777, reflective of the overall number of people who left the home for various activities. No significant associations were identified between number of vaccine doses and wearing a face mask when performing various activities when outside the house. Similarly, having one or two doses of the vaccine was not significantly associated with requesting a test to conform whether one has coronavirus or not (p>0.05) (this item was included in waves 51 and 52). Only two models were statistically significant, including those for ‘meeting up with family or friends who do not live with them’ and ‘requesting a test confirm whether one has coronavirus or not’. Pseudo-R2 (Nagelkerke) values ranged from 7% to 8.4%.

*Table 7. Logistic regression estimates for wearing a face cover when outside the house, displaying adjusted odds ratios [95% CIs] for associations with (1) vaccination for Covid-19 and (2) having received two vaccine doses.*

|  |  |  |
| --- | --- | --- |
|  | SAMPLE 1 (18-44 YEARS) | SAMPLE 2 (35-64 YEARS) |
| Wearing a face cover when …  | **N** | **aOR** | **95% CI** | **N** | **aOR** | **95% CI** |
| Out for essential shopping | 570 | 1.003 | [0.434,2.315] | 777 | 0.983 | [0.571,1.693] |
| Meeting with friends/family | 462 | 0.678 | [0.392,1.173] | 545 | 0.949 | [0.645,1.395] |
| Out at a restaurant/café/bar | 354 | 1.233 | [0.497,3.057] | 363 | 1.390 | [0.673,2.870] |
| At the hairdresser’s, barber’s, beauty salon | 159 | 0.756 | [0.117,4.869] | 119 | 1.307 | [0.291,5.881] |
| At a place of worship | 94 | 22.02 | [0.235,2064.08] | 51 | 1.981 | [0.109,35.89] |
| On public transport or in a taxi/minicab  | 251 | 1.097 | [0.324,3.719] | 204 | 0.825 | [0.272,2.503] |
| Requesting a test to confirm whether you have coronavirus or not (Waves 51& 52) | 1128 | 0.668\* | [0.473,0.944] | 1746 | 0.782 | [0.605,1.012] |

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

Note figures for behaviour when attending a place of worship show very large confidence intervals because of the same sample size.

**Conclusion**

Overall, vaccination (among people aged 18-44) and having received a second vaccine dose (among people aged 35-64) did not appear to be associated with riskier behaviour. There were only three exceptions: among the younger cohort, respondents were more likely to spend more days on a UK trip if they had received the vaccine, were more likely to be in close contact with others when at work, and were less likely to request a test to confirm if one has coronavirus or not. 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 have limited predictive power.

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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.*

UCL Policy Research Unit in Behavioural Science: Dr Carly Meyer (UCL), Dr Vivi Antonopoulou (UCL)

CORSAIR: Professor Henry W.W. Potts (UCL), Dr Louise E. Smith (KCL), Professor Nicola T. Fear (KCL), Professor Susan Michie (UCL), Professor Richard Amlȏt (PHE), Professor G James Rubin (KCL)

Contact details:

carly.meyer@ucl.ac.uk, v.antonopoulou@ucl.ac.uk

h.potts@ucl.ac.uk, louise.e.smith@kcl.ac.uk, richard.amlot@phe.gov.uk, gideon.rubin@kcl.ac.uk