National Survey Suggests Combination of Education, Access, & Incentives May Help Increase Flu Vaccination Rates on US College Campuses

A National Foundation for Infectious Diseases (NFID) survey* conducted by Harris Poll of 18–24 year old undergraduate students uncovered new insights to increase participation in college vaccination programs.

**Flu vaccination rates fall short of US public health goals**

Vaccination rates on US college campuses hover between 8–39% falling dramatically short of the 70% Healthy People 2020 target recommendation.

**Gap between talk and action**

70% believe it is important to get an annual flu vaccine, however only 46% say they typically get vaccinated.

**Top reasons for not getting a flu vaccine**

I’m healthy, I do not need it .......................... 36%
I do not like needles ................................... 31%
I do not think it works .................................. 30%
I worry about the risks ................................ 27%

**Ways to increase likelihood of getting a flu vaccine**

- Monetary or other incentive: 61%
- Access to the vaccine at low or no cost: 61%

*Percent who believe each would increase the likelihood of vaccination by a lot.

**Family and healthcare professionals play an important role in flu vaccine decision-making**

- Parent/guardian or other family member: 48%
- Healthcare professionals: 44%
- Student health center on campus: 24%
- Friends/peers: 20%
- Public figures and celebrities: 7%
- On-campus student “celebrities”: 6%

*Percent who rely a lot on group/individual when making decisions.

**Annual vaccination is the single best way to protect against the flu**

www.nfid.org

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*The survey was conducted online by Harris Poll on behalf of the National Foundation for Infectious Diseases (NFID) within the United States between October 12 and 31, 2017 among 1,005 US college students 18–24 years old who are currently attending a 2-year or 4-year college or university. Figures for age, gender, race/ethnicity, region, household income, household size, and enrollment status were weighted where necessary to bring them in line with their actual proportions in the population.