

VACCIREVIEW



Why we get vaccinated and when we hesitate: Results of the impress research project on understanding vaccination behavior and strengthening preparedness — focus on the general population

Bibliography

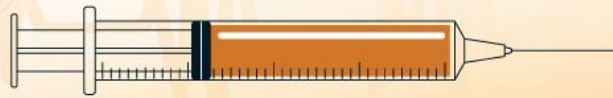
Robert Koch-Institut. Warum wir uns impfen lassen und wann wir zögern. Ergebnisse des Forschungsprojekts IMPRESS: Impfverhalten verstehen, Preparedness steigern. Schwerpunkt: Allgemeinbevölkerung. Berlin, Germany: Robert Koch-Institut; 2026. [[RKI-Meldungen - Ergebnisse des Forschungsprojekts IMPRESS - Schwerpunkt: Allgemeinbevölkerung](#)]

Summary

The IMPRESS project establishes an annual vaccination acceptance monitoring system for Germany, using an online survey in October 2025 within the RKI “Gesundheit in Deutschland” panel. The first wave included 5,450 adults aged ≥ 18 years, designed to be population based, and focuses here on the general population (with parallel modules for parents and risk groups). Methodology is structured around the 7C model of vaccination readiness (**confidence, complacency, constraints, calculation, collective responsibility, compliance, conspiracy**), operationalized via multi-item Likert scales for each construct. Confidence captures trust in vaccine safety/efficacy and authorities; complacency reflects perceived disease risk and need for vaccination; constraints assess practical and psychological hurdles; calculation measures the degree of cost-benefit weighing; collective responsibility taps prosocial motives; compliance covers support for regulations and sanctions; and conspiracy reflects endorsement of vaccine-related misinformation. Descriptive analyses summarize response distributions; comparisons between vaccinated and unvaccinated persons with influenza recommendations use group differences across all 7Cs. Additional modules assess vaccination uptake and intention for seasonal influenza and COVID-19, vaccination-related health literacy (using HLS19-VAC categories), and knowledge and uncertainty about common vaccine myths.

Results show that in the general population, most respondents express moderate-to-high **confidence** in regulatory authorities and in vaccine safety, but fewer trust the scientific basis of political vaccination decisions, and many overestimate side-effect risks. **Complacency** is relatively low: a clear majority reject statements that vaccines are unnecessary because their illnesses would be mild, and many report getting vaccinated to avoid severe disease and infection. **Constraints** are limited; over 70% report actively organizing timely vaccinations, and only a small minority miss vaccines because they are “bothersome,” although relatively few prioritize vaccination over other obligations.

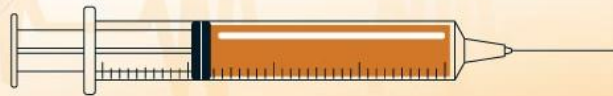
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Calculation is prominent: most respondents report carefully balancing benefits and risks and deciding to vaccinate when they see no personal disadvantage. **Collective responsibility** is strong; more than 60% state they vaccinate to protect others, especially vulnerable persons, and consider vaccination a communal responsibility. **Compliance**, in contrast, is moderate-to-low: about half support authorities using all available means to achieve high coverage, but far fewer endorse exclusion from events or sanctions for non-compliance. **Conspiracy endorsement** is generally low, though around one-fifth partly agree that health authorities follow pharmaceutical companies' dictates and remain uncertain about alleged "toxic ingredients" or whether vaccines are worse than the diseases.

Comparing persons with an influenza vaccination recommendation, vaccinated individuals score consistently higher on confidence, risk perception, collective responsibility, and compliance, and lower on constraints, calculation, and conspiracy; all differences are statistically significant. Despite long-standing recommendations, only about six in ten persons with an influenza indication report receiving the 2024/25 flu vaccine, and early uptake for 2025/26 is lower, though about half of the unvaccinated still intend to be vaccinated. For COVID-19, uptake is strikingly low: only about one in ten in the indicated group were vaccinated in 2024/25, and early 2025/26 coverage and intention are even lower, despite ongoing circulation and known protection against severe disease and long-term sequelae. Vaccination-related health literacy is "rather low" on average, with roughly half the population in the lower category; higher literacy is associated with more correct responses to knowledge items. Knowledge about vaccine efficacy is good (most know that vaccines are effective, cannot be replaced by antibiotics, and have contributed to disease eradication), but there is marked uncertainty about myths such as "vaccines cause autism," "too many too early," and "vaccines promote allergies," where 40–50% report being unsure. The report concludes that interventions should build on existing strengths (recognized infection risk, low perceived constraints, prosocial motives) while systematically addressing misinformation, perceived side-effect risks, and low health literacy through coordinated institutional communication, targeted debunking, and easily accessible information.

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Comment

This report is a very welcome and timely piece of research that translates a robust psychological framework (the 7C model) into a concrete national monitoring tool for vaccination attitudes and behaviors. It offers unusually rich, practice-oriented insights for tailoring communication and interventions. At the same time, several limitations are important in principle: an online panel may systematically miss hard-to-reach or strongly vaccine-hesitant groups, cross-sectional self-reports cannot establish causality, and social desirability may bias key constructs like trust, collective responsibility, and compliance. Nevertheless, precisely because the design is standardized and repeatable, the most important added value may emerge over time. As an annual instrument, IMPRESS may track trends, identify early shifts in confidence, complacency, or conspiracy beliefs, and link these changes to external events or policy measures. Used in this way, it can become a central tool for shaping and continuously refining public health strategies to increase vaccine uptake in Germany, by highlighting which levers (e.g., debunking myths, strengthening health literacy, reducing perceived constraints) are most relevant in different population groups and seasons.

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