

**Supplementary information**

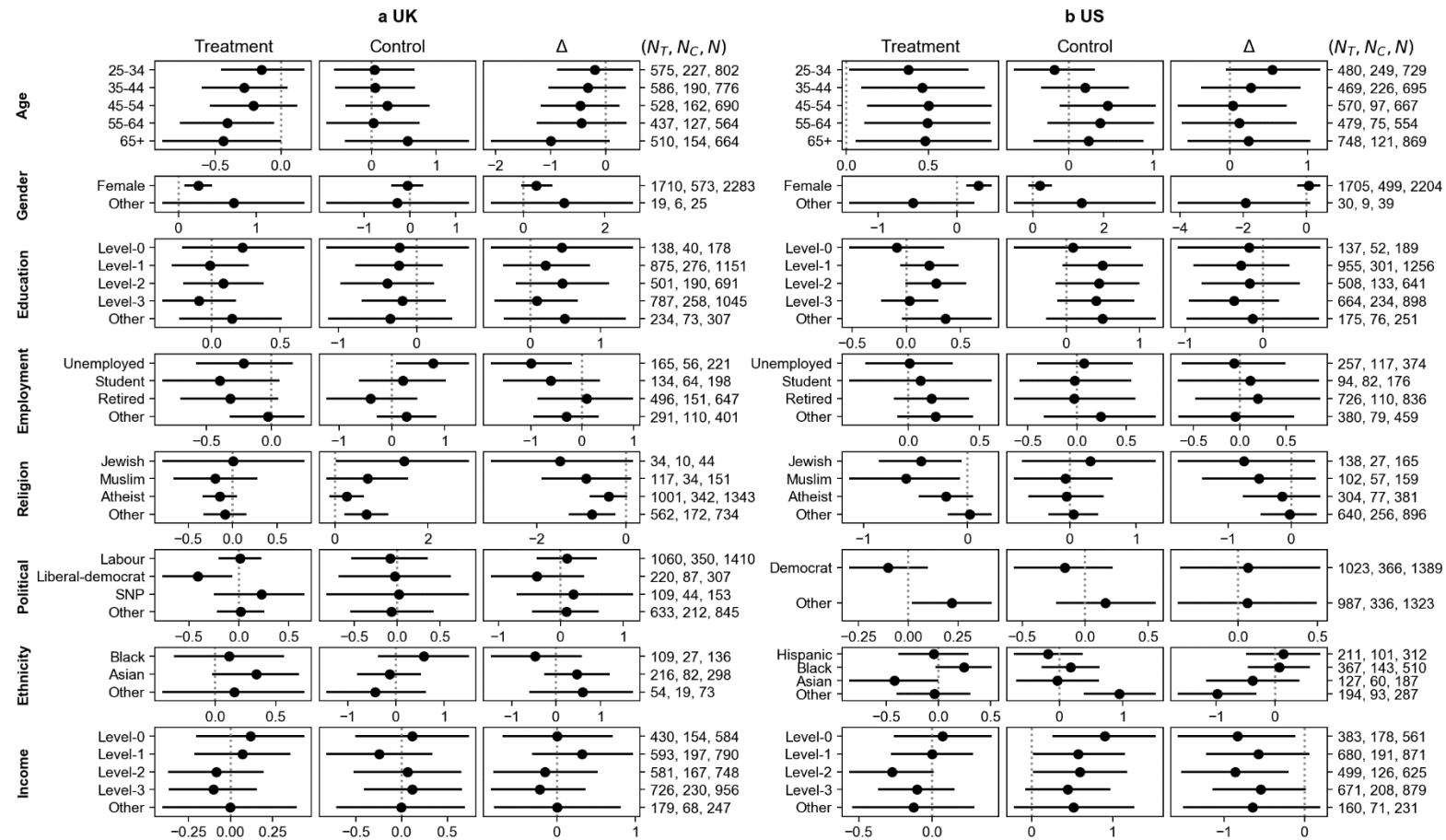
---

**Measuring the impact of COVID-19 vaccine misinformation on vaccination intent in the UK and USA**

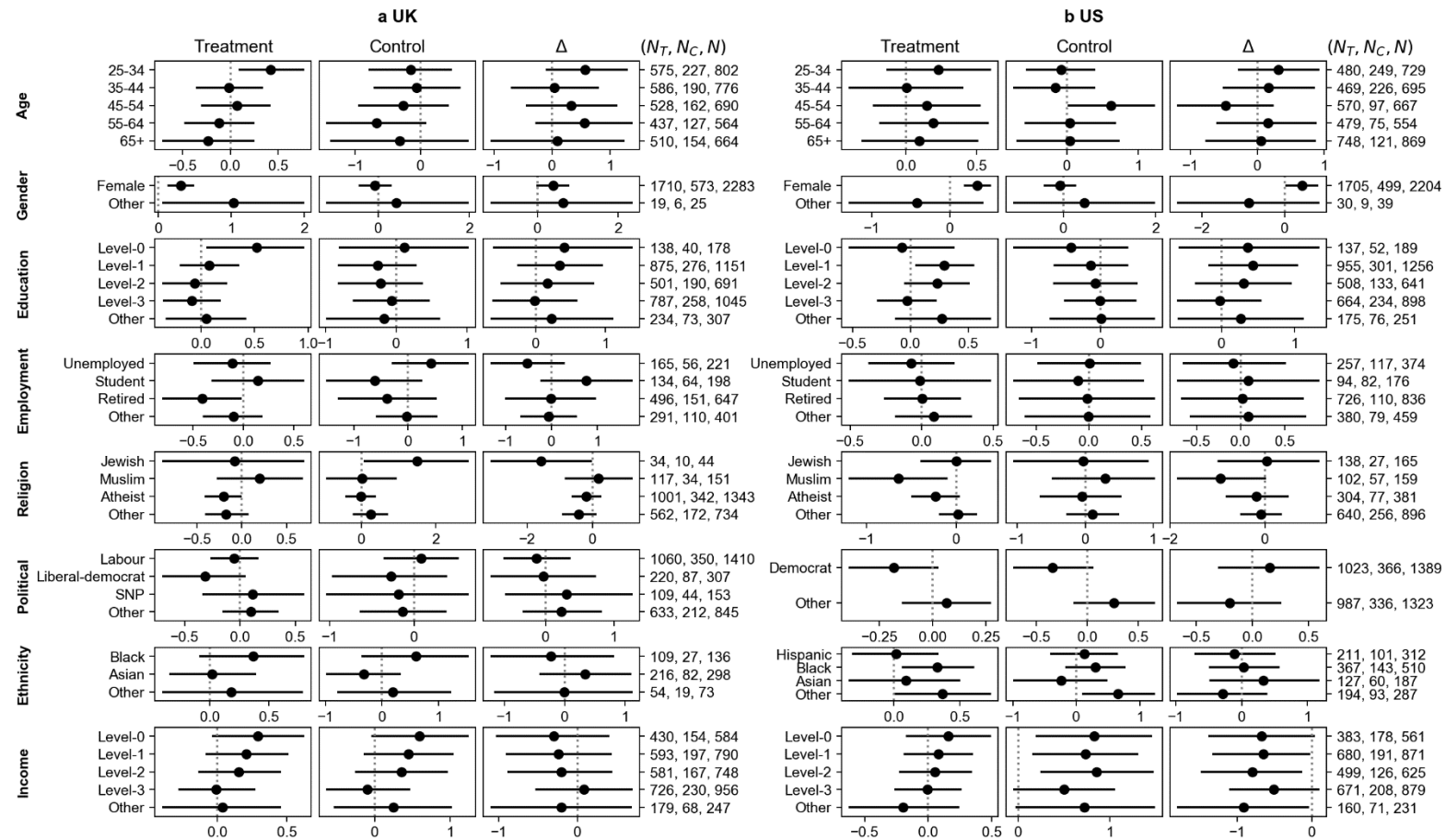
---

In the format provided by the authors and unedited

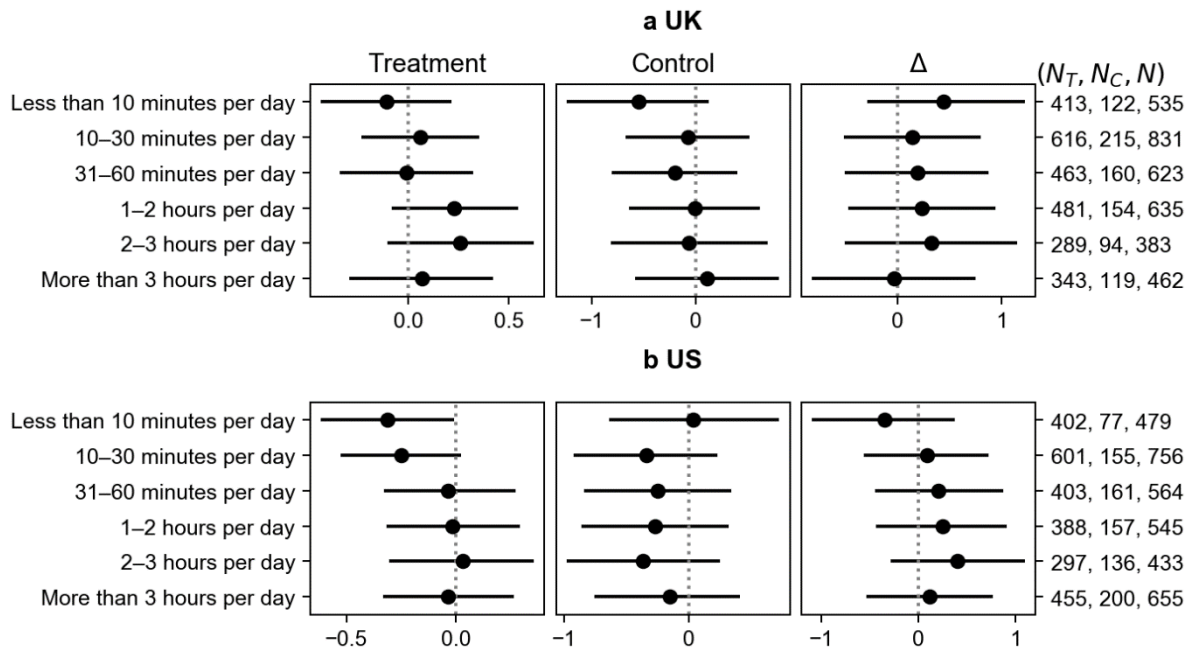
**Supplementary Figure 1. Socio-demographic determinants of change in vaccination intent to protect oneself, within the treatment and control groups, and the impact of treatment relative to the control.** Contribution of socio-demographic characteristics to changes in intent to accept a vaccine in the treatment (left columns), control (centre columns), and treatment relative to the control (right columns:  $\Delta$ ) for the UK (a) and US (b). The reference category is male, 18-24, highest education, employed, Christian, Conservative (UK) or Republican (US), White, and highest income. Values indicate log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates the group is more (less) likely to reject a COVID-19 vaccine than the reference group upon exposure to misinformation, relative to factual information. Bars indicate 95% percentile intervals. Numbers on the right indicate sample sizes of the corresponding demographic. Figure values can be found in Supplementary Table 3.



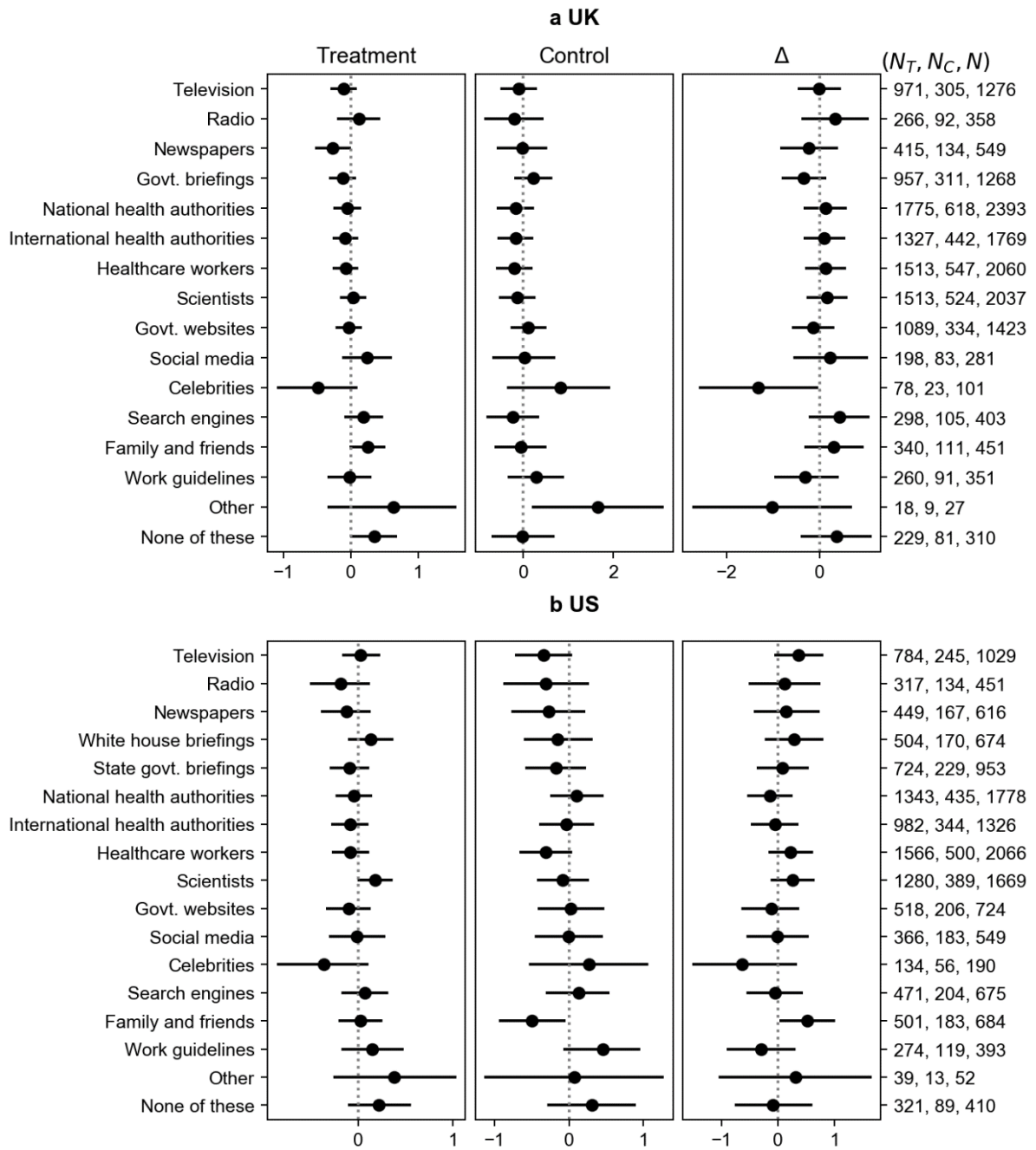
**Supplementary Figure 2. Socio-demographic determinants of change in vaccination intent to protect others, within the treatment and control groups, and the impact of treatment relative to the control.** Contribution of socio-demographic characteristics to changes in intent to accept a vaccine in the treatment (left columns), control (centre columns), and treatment relative to the control (right columns:  $\Delta$ ) for the UK (a) and US (b). The reference category is male, 18-24, highest education, employed, Christian, Conservative (UK) or Republican (US), White, and highest income. Values indicate log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates the group is more (less) likely to reject a COVID-19 vaccine than the reference group upon exposure to misinformation, relative to factual information. Bars indicate 95% percentile intervals. Numbers on the right indicate sample sizes of the corresponding demographic. Figure values can be found in Supplementary Table 4.



**Supplementary Figure 3. Heterogeneous treatment effects of amount of social media usage on vaccination intent to protect oneself, post exposure to (mis)information about COVID-19 vaccines, after controlling for socio-demographics.** Contribution of amount of daily social media use to changes in intent to accept a vaccine in the treatment (left column), control (centre column), and treatment relative to the control (right column:  $\Delta$ ) for the UK (a) and US (b). Values depict log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates the group is more (less) likely to reject a COVID-19 vaccine than those who do not use any social media upon exposure to misinformation, relative to factual information. Bars indicate 95% percentile intervals. Numbers on the right indicate sample sizes of the corresponding social-media-usage group. Figure values can be found in Supplementary Table 5.



**Supplementary Figure 4. Heterogeneous treatment effects of sources of COVID-19 information that are trusted on vaccination intent to protect oneself, post exposure to (mis)information about COVID-19 vaccines, after controlling for socio-demographics.** Contribution of trusting different sources of COVID-19 information to changes in intent to accept a vaccine in the treatment (left column), control (centre column), and treatment relative to the control (right column:  $\Delta$ ) for the UK (a) and US (b). Values depict log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates those who trust the source are more (less) likely to reject a COVID-19 vaccine than those who do not trust it upon exposure to misinformation, relative to factual information. Bars indicate 95% percentile intervals. Numbers on the right indicate sample sizes of those indicating trust in the corresponding information source. Figure values can be found in Supplementary Table 6.



**Supplementary Table 1. Widely circulating misinformation and factual information on social media surrounding COVID-19 vaccines between June and August 2020, that was shown to respondents.** For each of the UK and US, five images were selected (see Methods: Selection of images) to expose to respondents. “Treatment” image sets consisting of misinformation were shown to 3,000 and 3,001 respondents in the UK and US, respectively. A common “control” image set consisting of factual information was shown to 1,000 respondents in each country.

Image	Engagement <sup>1</sup> and Reach <sup>2</sup>		URL <sup>3</sup>	Textual Content <sup>4</sup>	Rationale for Content Classification
<b>UK Treatment Group (Misinformation)</b>					
1	1.59k	1.5m	<a href="https://twitter.com/PrisonPlanet/status/1262701005382340610">https://twitter.com/PrisonPlanet/status/1262701005382340610</a>	Scientists have expressed doubts over the effectiveness of a coronavirus vaccine that has been rushed to human trials, after all the monkeys used in initial testing later contracted coronavirus.	The post shares partial information that is misleading. As per the trials data for the vaccine in question, viral load for vaccinated rhesus macaques challenged with the virus was much lower in the lungs and lower respiratory tract, and comparable to controls only in the nose. Also, the disease was significantly less severe than in controls, with no clear evidence if this infection could replicate and spread to others: see <a href="https://doi.org/10.1038/s41586-020-2608-y">https://doi.org/10.1038/s41586-020-2608-y</a> . Hence, although <i>prima facie</i> the information is correct, it is partial and is classified as misinformation.
2	27	19.6k	<a href="https://twitter.com/PerimeterNews/status/1286439514940960769">https://twitter.com/PerimeterNews/status/1286439514940960769</a>	The new vaccine for Covid-19 will be the first of its kind EVER. It will be an mRNA vaccine which will literally alter your DNA. It will wrap itself into your system. You will essentially become a genetically modified human being.	There is broad scientific consensus that mRNA vaccines cannot alter human DNA. Citations of scientific evidence against such claims are summarized in fact checking cites, such as Poynter and AFP ( <a href="https://www.poynter.org/tfcn/2020/fact-check-will-a-covid-19-vaccine-alter-your-dna/">https://www.poynter.org/tfcn/2020/fact-check-will-a-covid-19-vaccine-alter-your-dna/</a> ; <a href="https://factcheck.afp.com/vaccines-dont-change-your-dna">https://factcheck.afp.com/vaccines-dont-change-your-dna</a> ). Hence, classified as misinformation.
3	11	1.49k	<a href="https://twitter.com/Prometheus2020/status/1297659974622023681">https://twitter.com/Prometheus2020/status/1297659974622023681</a>	“They said it was just to flatten the curve. Now it’s a battle for human survival.” The only must-see action thriller for 2020. Starring: Bill Gates, Anthony Fauci, Chris Witty, Matt Hancock. Guest mask appearances: Clintons, Boris Johnson, Nicola Sturgeon, Joe Biden & Tedros. [ <i>Graphic featuring Mr. Bill Gates with the following quote.</i> ] “If we do a really good job with vaccines, we can reduce population by up to 15%. But if we create a worldwide pandemic first, killing people and making many of the survivors sterile, then create the vaccine, we may achieve the Georgia Guidestones 1 <sup>st</sup> commandment!”	The post re-iterates unfounded conspiracy theories around the COVID-19 pandemic, especially those implicating Mr. Bill Gates: see <a href="https://www.nytimes.com/2020/04/17/technology/bill-gates-virus-conspiracy-theories.html">https://www.nytimes.com/2020/04/17/technology/bill-gates-virus-conspiracy-theories.html</a> . The post also falsely implies a link between COVID-19 vaccines and infertility, which has been widely rejected by medical experts: see <a href="https://www.reuters.com/article/uk-factcheck-covid-vaccine-causing-infer-idUSKBN25H20G">https://www.reuters.com/article/uk-factcheck-covid-vaccine-causing-infer-idUSKBN25H20G</a> . Hence, classified as misinformation.
4	N.A.	32.5k	<a href="https://twitter.com/Jimcorrays/status/1296780071374598144">https://twitter.com/Jimcorrays/status/1296780071374598144</a>	Something is very fishy about all this indeed. “A VIRUS WITH A 99.6% SURVIVAL RATE FOR PEOPLE UNDER 70 BUT THE ENTIRE WORLD NEEDS TO TAKE A VACCINE? I’M NO	The post questions the necessity of a worldwide vaccination campaign against a disease with a high survival rate and states that the vaccination campaign is “fishy” (i.e., arousing feelings of suspicion). Quoting an under-70 survival rate of “99.6%” is misleading, since it ignores age-

			SHERLOCK HOLMES BUT SOMETHING’S FISHY ABOUT ALL THAT.....”	variability, disease spread, and contextual comparison to other infectious diseases: see <a href="https://doi.org/10.1016/S1473-3099(20)30257-7">https://doi.org/10.1016/S1473-3099(20)30257-7</a> ; <a href="https://www.usatoday.com/story/news/factcheck/2020/05/05/covid-19-fact-check-coronavirus-mortality-rate-misleading/3019503001/">https://www.usatoday.com/story/news/factcheck/2020/05/05/covid-19-fact-check-coronavirus-mortality-rate-misleading/3019503001/</a> . This post also does not consider the importance of herd immunity in conferring population-wide protection against a disease (see <a href="https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/herd-immunity-and-coronavirus/art-20486808">https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/herd-immunity-and-coronavirus/art-20486808</a> ), using the word “fishy” to suggest undisclosed suspicious motives without evidence. Hence, classified as misinformation.
5	6.95k	336k	<a href="https://twitter.com/davidicke/status/1273330307626864642">https://twitter.com/davidicke/status/1273330307626864642</a>	Big Pharma whistleblower: ‘97% of corona vaccine recipients will become infertile’  The post shares a factually incorrect statement about a “whistleblower” from a pharmaceutical company claiming that COVID-19 vaccines will “cause infertility”. The content is factually incorrect and rejected by medical experts: see <a href="https://www.aap.com.au/covid-19-vaccine-whistleblower-information-sounds-a-lot-like-an-unrelated-study-from-1989/">https://www.aap.com.au/covid-19-vaccine-whistleblower-information-sounds-a-lot-like-an-unrelated-study-from-1989/</a> . Hence, classified as misinformation.

#### US Treatment Group (Misinformation)

1				Same as UK Treatment Group: Image 2	
2				Same as UK Treatment Group: Image 3	
3	25.1k	1.41k	<a href="https://twitter.com/uTobian/status/1293721217791217665">https://twitter.com/uTobian/status/1293721217791217665</a>	I’ve been in Twitter jail for the last 12 hours for posting a link to a peer reviewed scientific study published in Vaccine showing that in military personnel prior receipt of the flu shot increased coronavirus risk by 36%. Censorship is vile & unAmerican.	The post shares information in a false context. It quotes research from January 2020 which studied the association of flu vaccination and likelihood to contract seasonal coronaviruses, but not SARS-CoV-2, which causes COVID-19. Also, as per the CDC, “this report was later found to be incorrect,” and therefore “there is no evidence that getting a flu vaccine increases your risk of getting sick from a coronavirus, like the one that causes COVID-19”, which suggests that the information shared was incorrect: see <a href="https://www.cdc.gov/flu/prevent/keyfacts.htm">https://www.cdc.gov/flu/prevent/keyfacts.htm</a> ; <a href="https://doi.org/10.1093/cid/ciaa626">https://doi.org/10.1093/cid/ciaa626</a> . Hence, classified as misinformation.
4	N.A. <sup>5</sup>	N.A.	<a href="https://www.facebook.com/LarryCook333">https://www.facebook.com/LarryCook333</a>	So we know for a fact that the flu vaccine worsens COVID symptoms. So what are they mandating now? The flu vaccine, of course.	The post claims, without evidence, that “the flu vaccine worsens” COVID-19 symptoms, which researchers have found no evidence for: see <a href="https://www.medicalnewstoday.com/articles/flu-vaccinations-not-linked-to-increased-covid-19-risk">https://www.medicalnewstoday.com/articles/flu-vaccinations-not-linked-to-increased-covid-19-risk</a> ; <a href="https://doi.org/10.1017/cts.2020.543">https://doi.org/10.1017/cts.2020.543</a> . Hence, classified as misinformation.
5	28.2k	N.A.	<a href="https://www.instagram.com/p/CDsLREtHQog/">https://www.instagram.com/p/CDsLREtHQog/</a>	PREPARING THE PROPAGANDA BLITZ. Yale University and the U.S. government are running clinical trials to develop propaganda messaging to persuade Americans to take experimental, genetically engineered, unlicensed, “Warp Speed,” zero liability, expedited	While a clinical trial was indeed conducted at Yale University, there is no evidence that the university worked with the US government to develop “propaganda messaging”: see <a href="https://clinicaltrials.gov/ct2/show/NCT04460703">https://clinicaltrials.gov/ct2/show/NCT04460703</a> . Also, the post incorrectly describes the process of clinical testing of vaccines, even though several mechanisms are in place in the UK and US to ensure their safety: see

				vaccines with limited short-duration safety testing. Researchers compared reactions in 12 focus groups using “guilt, embarrassment, bravery, anger, trust” and “fear” to overcome vaccines hesitancy.	<a href="https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/">https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/</a> ; <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html</a> . Hence, classified as misinformation.
--	--	--	--	---	--

---



---

### UK and US Control Group (Factual Information)

---

1	N.A. <sup>5</sup>	N.A.	<a href="https://twitter.com/VaccineSafetyN/status/1288798996878819328">https://twitter.com/VaccineSafetyN/status/1288798996878819328</a>	More than 140 teams of researchers are racing to develop a safe and effective #coronavirus vaccine. Currently there are 5 vaccines in phase 3: large-scale efficacy trials, to confirm its safety and effectiveness.	The post shares information from a “Covid vaccine tracker” maintained by The Guardian which sources the current state of vaccine trials from the WHO: see <a href="https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines">https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines</a> . Hence, classified as factual.
2	N.A. <sup>6</sup>	51.5k	<a href="https://twitter.com/CEPIvaccines/status/1293235060070645762">https://twitter.com/CEPIvaccines/status/1293235060070645762</a>	A safe and effective #COVID19 vaccine is the way out of this devastating pandemic. Our Director of Vaccine R&D, Melanie Saville, speaks to @bbcworldservice on the progress in vaccine development and the challenges to overcome.	The post’s claim on the need for a “safe and effective” COVID-19 vaccine is widely accepted by scientists and health organisations: see <a href="https://doi.org/10.1136/bmj.m3258">https://doi.org/10.1136/bmj.m3258</a> ; <a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines">https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines</a> ; <a href="https://www.unicef.org/coronavirus/what-you-need-to-know-covid-vaccine">https://www.unicef.org/coronavirus/what-you-need-to-know-covid-vaccine</a> . The post also shares a BBC podcast which features an expert in virology: see <a href="https://dx.doi.org/10.2471/BLT.20.030920">https://dx.doi.org/10.2471/BLT.20.030920</a> . Hence, classified as factual.
3	75k	630k	<a href="https://twitter.com/UniofOxford/status/1285210154984710145">https://twitter.com/UniofOxford/status/1285210154984710145</a>	Oxford’s Covid-19 vaccine produces a good immune response, reveals new study. Teams at @VaccineTrials and @OxfordVacGroup have found there were no safety concerns, and the vaccine stimulated strong immune responses.	This statement summarizes safety and efficacy evidence on Oxford’s ChAdOx1 nCoV-19 vaccine which has appeared in peer-reviewed scientific research: see <a href="https://doi.org/10.1016/S0140-6736(20)31604-4">https://doi.org/10.1016/S0140-6736(20)31604-4</a> . Hence, classified as factual.
4	1.28k	123k	<a href="https://twitter.com/gavi/status/1291713207820836865">https://twitter.com/gavi/status/1291713207820836865</a>	We are pleased to announce that we are collaborating with the @SerumInstIndia and the @GatesFoundation to accelerate manufacturing and delivery of up to 100 million doses of future #COVID19 vaccines for low- and middle-income countries in 2021.	News announcement of a collaboration between SII—world’s largest vaccine manufacturer—Gavi, the Vaccine Alliance, and Bill & Melinda Gates Foundation to produce vaccines at scale for LMIC countries: see <a href="https://www.gavi.org/news/media-room/100-million-covid-19-vaccine-doses-available-low-and-middle-income-countries-2021">https://www.gavi.org/news/media-room/100-million-covid-19-vaccine-doses-available-low-and-middle-income-countries-2021</a> . Hence, classified as factual.
5	81.8k	121m	<a href="https://twitter.com/BarackObama/status/1286729522956689410">https://twitter.com/BarackObama/status/1286729522956689410</a>	Although we’ve seen some positive findings recently about the possibilities of developing a vaccine for COVID-19, this article gives a good summary of why it may take months before any effective vaccine can be widely distributed.	The post shares an article by The Atlantic—which cites multiple basic science and public health experts—on the challenges of distribution of COVID-19 vaccines: see <a href="https://www.theatlantic.com/health/archive/2020/07/covid-19-vaccine-reality-check/614566/">https://www.theatlantic.com/health/archive/2020/07/covid-19-vaccine-reality-check/614566/</a> . Hence, classified as factual.

<sup>1</sup>Engagement measures the number of likes and retweets

<sup>2</sup>Reach measures the number of followers and thus potential audience size

<sup>3</sup>Links accessed on 25<sup>th</sup> August 2020

<sup>4</sup>Only main text from the social media post is included here, without any associated links, images, or media

<sup>5</sup>Qualitative selection

<sup>6</sup>Retweet



**Supplementary Table 2. Exposure to COVID-19 vaccine misinformation induces a net downward movement in intent to accept a COVID-19 vaccine for all levels of pre-exposure intent.** Values show the relative change in probabilities (denoted as percentage point changes to aid interpretation) in the number of people with prior intent  $W$  who change it to  $Y$  post-exposure to misinformation, relative to factual information (see Methods: Estimating treatment effects).

Pre-exposure intent, $W$	Post-exposure intent, $Y$	UK		US	
		Self	Others	Self	Others
<b>Yes, definitely</b>	Yes, definitely	<b>-9.6 (-12.5, -6.4)</b>	<b>-7.9 (-10.7, -5.0)</b>	<b>-8.2 (-12.0, -4.4)</b>	<b>-8.7 (-12.1, -5.3)</b>
	Unsure, lean yes	<b>8.5 (5.5, 11.4)</b>	<b>7.2 (4.4, 9.9)</b>	<b>7.5 (4.0, 10.9)</b>	<b>7.9 (4.9, 11.0)</b>
	Unsure, lean no	<b>0.9 (0.6, 1.2)</b>	<b>0.7 (0.4, 0.9)</b>	<b>0.6 (0.1, 1.1)</b>	<b>0.6 (0.1, 1.2)</b>
	No, definitely	<b>0.1 (0.1, 0.2)</b>	<b>0.1 (0.0, 0.1)</b>	0.1 (-0.0, 0.2)	0.1 (-0.0, 0.3)
<b>Unsure, lean yes</b>	Yes, definitely	-3.3 (-8.1, 1.1)	-2.8 (-7.8, 1.9)	<b>-9.1 (-14.6, -3.9)</b>	<b>-7.1 (-12.9, -1.5)</b>
	Unsure, lean yes	<b>-9.8 (-14.8, -4.5)</b>	<b>-7.9 (-13.4, -2.1)</b>	2.9 (-2.7, 8.4)	1.6 (-4.4, 7.5)
	Unsure, lean no	<b>10.6 (7.1, 14.0)</b>	<b>9.1 (4.9, 13.0)</b>	<b>4.9 (1.2, 8.5)</b>	4.1 (-0.7, 8.6)
	No, definitely	<b>2.5 (1.4, 3.6)</b>	<b>1.6 (0.3, 2.8)</b>	1.2 (-0.5, 2.8)	1.3 (-0.9, 3.3)
<b>Unsure, lean no</b>	Yes, definitely	0.1 (-0.9, 0.9)	0.4 (-0.4, 1.0)	-1.4 (-3.5, 0.3)	-0.7 (-2.4, 0.7)
	Unsure, lean yes	<b>-13.5 (-22.9, -4.3)</b>	-3.6 (-13.3, 5.1)	-4.9 (-12.1, 1.9)	-1.9 (-9.2, 5.3)
	Unsure, lean no	-1.3 (-10.4, 7.7)	0.9 (-8.9, 10.5)	1.6 (-5.3, 8.5)	-0.1 (-7.9, 7.6)
	No, definitely	<b>14.8 (5.9, 22.9)</b>	2.2 (-8.3, 12.2)	4.7 (-2.8, 12.0)	2.7 (-6.6, 11.5)
<b>No, definitely not</b>	Yes, definitely	-0.0 (-0.2, 0.1)	-0.0 (-0.2, 0.1)	-0.1 (-0.4, 0.1)	<b>-0.2 (-0.5, -0.0)</b>
	Unsure, lean yes	<b>-3.7 (-7.8, -0.7)</b>	-2.2 (-6.5, 0.5)	-1.0 (-3.2, 0.8)	<b>-2.1 (-4.6, -0.0)</b>
	Unsure, lean no	<b>-17.3 (-28.6, -6.9)</b>	-8.8 (-21.8, 3.2)	-2.9 (-9.1, 2.8)	<b>-7.8 (-14.5, -1.4)</b>
	No, definitely	<b>21.0 (8.1, 35.2)</b>	11.1 (-3.4, 27.3)	4.0 (-3.2, 12.1)	<b>10.0 (2.1, 18.7)</b>

**Supplementary Table 3. Socio-demographic determinants of change in vaccination intent to protect oneself, within the treatment and control groups, and the impact of treatment relative to the control.** Contribution of socio-demographic characteristics to changes in intent to accept a vaccine in the “treatment”, “control”, and treatment relative to the control “ $\Delta$ ” for the UK and US. The reference category is male, 18-24, highest education, employed, Christian, Conservative (UK) or Republican (US), White, and highest income. Values indicate log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates the group is more (less) likely to reject a COVID-19 vaccine than the reference group upon exposure to misinformation, relative to factual information. Values in parentheses indicate 95% percentile intervals (PI) with values in bold indicating PIs that do not include 0. Sample sizes of the corresponding demographic can be found in Supplementary Table 9.

Socio-demographic Characteristic	UK			US			
	Treatment	Control	$\Delta$	Treatment	Control	$\Delta$	
Age	18-24	Reference					
	25-34	-0.15 (-0.46, 0.18)	0.05 (-0.59, 0.67)	-0.19 (-0.88, 0.50)	0.38 (0.02, 0.75)	-0.17 (-0.65, 0.31)	0.54 (-0.05, 1.17)
	35-44	-0.28 (-0.60, 0.05)	0.05 (-0.58, 0.68)	-0.33 (-1.04, 0.37)	0.46 (0.09, 0.84)	0.19 (-0.33, 0.71)	0.27 (-0.37, 0.92)
	45-54	-0.21 (-0.54, 0.12)	0.25 (-0.41, 0.91)	-0.46 (-1.18, 0.26)	0.50 (0.13, 0.89)	0.46 (-0.11, 1.04)	0.04 (-0.67, 0.73)
	55-64	-0.41 (-0.77, -0.05)	0.03 (-0.71, 0.75)	-0.44 (-1.25, 0.38)	0.49 (0.11, 0.88)	0.37 (-0.25, 1.01)	0.12 (-0.62, 0.86)
	65+	-0.44 (-0.90, 0.00)	0.56 (-0.42, 1.51)	-1.00 (-2.09, 0.08)	0.48 (0.06, 0.89)	0.24 (-0.42, 0.89)	0.24 (-0.54, 1.04)
Gender	Male	Reference					
	Female	0.26 (0.08, 0.44)	-0.06 (-0.41, 0.28)	0.32 (-0.06, 0.71)	0.27 (0.12, 0.44)	0.20 (-0.13, 0.53)	0.07 (-0.29, 0.44)
	Other	0.71 (-0.21, 1.62)	-0.28 (-1.83, 1.28)	0.99 (-0.80, 2.70)	-0.56 (-1.36, 0.22)	1.37 (-0.55, 3.47)	-1.93 (-4.07, 0.13)
Education	Level-0	0.22 (-0.22, 0.68)	-0.23 (-1.16, 0.66)	0.45 (-0.56, 1.47)	-0.09 (-0.53, 0.35)	0.09 (-0.72, 0.89)	-0.17 (-1.09, 0.74)
	Level-1	-0.02 (-0.30, 0.27)	-0.23 (-0.79, 0.33)	0.21 (-0.39, 0.85)	0.21 (-0.05, 0.49)	0.49 (-0.06, 1.05)	-0.28 (-0.90, 0.35)
	Level-2	0.08 (-0.21, 0.38)	-0.38 (-0.98, 0.22)	0.46 (-0.21, 1.13)	0.28 (-0.01, 0.55)	0.45 (-0.15, 1.01)	-0.17 (-0.79, 0.48)
	Level-3	-0.09 (-0.36, 0.18)	-0.19 (-0.71, 0.37)	0.10 (-0.52, 0.68)	0.03 (-0.23, 0.30)	0.41 (-0.13, 0.93)	-0.37 (-0.96, 0.21)
	Level-4	Reference					
	Other	0.15 (-0.24, 0.51)	-0.34 (-1.13, 0.45)	0.49 (-0.37, 1.37)	0.36 (-0.04, 0.79)	0.49 (-0.27, 1.23)	-0.13 (-0.98, 0.73)
Employment	Employed	Reference					
	Unemployed	-0.22 (-0.58, 0.16)	0.77 (0.08, 1.45)	<b>-0.99 (-1.78, -0.19)</b>	0.01 (-0.30, 0.31)	0.07 (-0.41, 0.56)	-0.06 (-0.62, 0.49)
	Student	-0.40 (-0.84, 0.06)	0.21 (-0.63, 1.01)	-0.61 (-1.53, 0.35)	0.09 (-0.42, 0.59)	-0.02 (-0.58, 0.55)	0.11 (-0.67, 0.86)
	Retired	-0.32 (-0.70, 0.05)	-0.40 (-1.24, 0.48)	0.09 (-0.87, 1.00)	0.16 (-0.10, 0.43)	-0.03 (-0.64, 0.59)	0.19 (-0.48, 0.86)
	Other	-0.03 (-0.32, 0.25)	0.28 (-0.29, 0.84)	-0.31 (-0.95, 0.33)	0.19 (-0.08, 0.46)	0.24 (-0.34, 0.80)	-0.05 (-0.66, 0.58)
Religion	Christian	Reference					
	Jewish	0.00 (-0.79, 0.81)	1.49 (0.01, 2.89)	-1.49 (-3.03, 0.16)	-0.45 (-0.85, -0.06)	0.31 (-0.73, 1.30)	-0.75 (-1.79, 0.38)
	Muslim	-0.20 (-0.67, 0.27)	0.69 (-0.19, 1.58)	-0.89 (-1.89, 0.11)	-0.59 (-1.14, -0.07)	-0.07 (-0.85, 0.64)	-0.52 (-1.41, 0.38)
	Atheist	-0.15 (-0.34, 0.05)	0.25 (-0.13, 0.62)	-0.40 (-0.81, 0.03)	-0.21 (-0.47, 0.05)	-0.06 (-0.63, 0.51)	-0.15 (-0.77, 0.45)
	Other	-0.09 (-0.33, 0.15)	0.67 (0.20, 1.15)	<b>-0.76 (-1.29, -0.23)</b>	0.02 (-0.19, 0.23)	0.05 (-0.33, 0.43)	-0.03 (-0.48, 0.40)
Political Affiliation	Conservative	Reference			-	-	-
	Republican	-	-	-	Reference		
	Labour	0.01 (-0.20, 0.23)	-0.08 (-0.53, 0.35)	0.10 (-0.38, 0.58)	-	-	-
	Liberal Democrat	-0.41 (-0.77, -0.06)	-0.03 (-0.69, 0.63)	-0.38 (-1.12, 0.38)	-	-	-
	SNP	0.23 (-0.25, 0.66)	0.02 (-0.83, 0.84)	0.20 (-0.71, 1.16)	-	-	-
	Other	0.02 (-0.22, 0.26)	-0.07 (-0.55, 0.42)	0.09 (-0.45, 0.61)	0.22 (0.02, 0.42)	0.16 (-0.23, 0.56)	0.06 (-0.38, 0.50)
Ethnicity	Democrat	-	-	-	-0.10 (-0.30, 0.10)	-0.16 (-0.57, 0.22)	0.06 (-0.37, 0.52)
	White	Reference					
	Black	0.11 (-0.34, 0.57)	0.58 (-0.37, 1.51)	-0.47 (-1.47, 0.59)	0.24 (-0.03, 0.51)	0.18 (-0.28, 0.64)	0.06 (-0.46, 0.59)
	Asian	0.34 (-0.02, 0.69)	-0.13 (-0.80, 0.51)	0.47 (-0.27, 1.22)	-0.42 (-0.85, -0.00)	-0.03 (-0.68, 0.62)	-0.38 (-1.17, 0.41)
	Other	0.16 (-0.44, 0.74)	-0.43 (-1.44, 0.62)	0.59 (-0.60, 1.73)	-0.04 (-0.40, 0.31)	0.95 (0.39, 1.52)	<b>-0.99 (-1.65, -0.31)</b>
Income	Hispanic	-	-	-	-0.05 (-0.38, 0.29)	-0.18 (-0.72, 0.36)	0.13 (-0.49, 0.76)
	Level-0	0.12 (-0.21, 0.44)	0.11 (-0.50, 0.73)	0.01 (-0.69, 0.71)	0.07 (-0.26, 0.40)	0.90 (0.25, 1.54)	<b>-0.83 (-1.57, -0.12)</b>
	Level-1	0.07 (-0.22, 0.36)	-0.25 (-0.82, 0.34)	0.32 (-0.32, 0.97)	-0.00 (-0.28, 0.28)	0.57 (0.01, 1.16)	-0.57 (-1.22, 0.06)
	Level-2	-0.08 (-0.37, 0.20)	0.07 (-0.53, 0.65)	-0.15 (-0.81, 0.52)	-0.27 (-0.56, 0.01)	0.59 (0.01, 1.18)	<b>-0.86 (-1.53, -0.20)</b>
	Level-3	-0.10 (-0.37, 0.16)	0.12 (-0.41, 0.66)	-0.22 (-0.84, 0.36)	-0.11 (-0.37, 0.15)	0.44 (-0.08, 0.97)	-0.55 (-1.14, 0.02)
	Level-4	Reference					
Other	-0.00 (-0.41, 0.40)	-0.00 (-0.72, 0.69)	0.00 (-0.80, 0.82)	-0.13 (-0.54, 0.29)	0.52 (-0.23, 1.27)	-0.64 (-1.51, 0.19)	

**Supplementary Table 4. Socio-demographic determinants of change in vaccination intent to protect others, within the treatment and control groups, and the impact of treatment relative to the control.** Contribution of socio-demographic characteristics to changes in intent to accept a vaccine in the “treatment”, “control”, and treatment relative to the control “ $\Delta$ ” for the UK and US. The reference category is male, 18-24, highest education, employed, Christian, Conservative (UK) or Republican (US), White, and highest income. Values indicate log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates the group is more (less) likely to reject a COVID-19 vaccine than the reference group upon exposure to misinformation, relative to factual information. Values in parentheses indicate 95% percentile intervals (PI) with values in bold indicating PIs that do not include 0. Sample sizes of the corresponding demographic can be found in Supplementary Table 9.

Socio-demographic Characteristic	UK			US			
	Treatment	Control	$\Delta$	Treatment	Control	$\Delta$	
Age	18-24	Reference					
	25-34	0.42 (0.09, 0.77)	-0.15 (-0.80, 0.48)	0.57 (-0.11, 1.31)	0.23 (-0.14, 0.60)	-0.08 (-0.58, 0.39)	0.31 (-0.29, 0.93)
	35-44	-0.02 (-0.36, 0.34)	-0.06 (-0.72, 0.61)	0.05 (-0.71, 0.81)	0.00 (-0.40, 0.40)	-0.16 (-0.75, 0.40)	0.17 (-0.51, 0.86)
	45-54	0.07 (-0.31, 0.42)	-0.26 (-0.96, 0.43)	0.33 (-0.44, 1.13)	0.15 (-0.23, 0.53)	0.61 (0.01, 1.23)	-0.47 (-1.19, 0.24)
	55-64	-0.12 (-0.48, 0.25)	-0.68 (-1.45, 0.09)	0.56 (-0.29, 1.39)	0.19 (-0.19, 0.58)	0.04 (-0.59, 0.69)	0.16 (-0.61, 0.89)
	65+	-0.23 (-0.71, 0.25)	-0.32 (-1.39, 0.73)	0.09 (-1.06, 1.25)	0.10 (-0.31, 0.51)	0.04 (-0.70, 0.74)	0.05 (-0.77, 0.88)
Gender	Male	Reference					
	Female	0.30 (0.12, 0.49)	-0.08 (-0.44, 0.29)	0.39 (-0.02, 0.79)	0.35 (0.18, 0.52)	-0.07 (-0.43, 0.28)	<b>0.42 (0.02, 0.81)</b>
	Other	1.03 (0.05, 2.00)	0.40 (-1.15, 1.98)	0.63 (-1.17, 2.35)	-0.42 (-1.29, 0.43)	0.45 (-1.09, 1.99)	-0.87 (-2.60, 0.83)
Education	Level-0	0.52 (0.05, 0.96)	0.11 (-0.82, 1.02)	0.41 (-0.61, 1.39)	-0.07 (-0.53, 0.38)	-0.43 (-1.27, 0.41)	0.35 (-0.59, 1.34)
	Level-1	0.08 (-0.20, 0.36)	-0.26 (-0.83, 0.29)	0.34 (-0.26, 0.96)	0.29 (0.04, 0.55)	-0.14 (-0.68, 0.40)	0.43 (-0.18, 1.04)
	Level-2	-0.06 (-0.36, 0.24)	-0.22 (-0.83, 0.38)	0.16 (-0.50, 0.84)	0.23 (-0.05, 0.51)	-0.07 (-0.69, 0.55)	0.30 (-0.37, 0.96)
	Level-3	-0.09 (-0.36, 0.19)	-0.07 (-0.62, 0.47)	-0.02 (-0.62, 0.60)	-0.03 (-0.29, 0.23)	-0.00 (-0.52, 0.52)	-0.02 (-0.61, 0.54)
	Level-4	Reference					
	Other	0.05 (-0.33, 0.42)	-0.18 (-0.99, 0.62)	0.22 (-0.65, 1.12)	0.27 (-0.13, 0.70)	0.01 (-0.74, 0.80)	0.26 (-0.60, 1.13)
Employment	Employed	Reference					
	Unemployed	-0.11 (-0.50, 0.27)	0.43 (-0.30, 1.12)	-0.53 (-1.34, 0.29)	-0.07 (-0.37, 0.23)	0.01 (-0.48, 0.50)	-0.08 (-0.66, 0.51)
	Student	0.14 (-0.32, 0.60)	-0.61 (-1.51, 0.26)	0.75 (-0.24, 1.78)	-0.01 (-0.51, 0.48)	-0.10 (-0.72, 0.52)	0.09 (-0.72, 0.89)
	Retired	-0.41 (-0.81, -0.02)	-0.39 (-1.30, 0.53)	-0.02 (-1.02, 0.97)	0.01 (-0.26, 0.27)	-0.01 (-0.66, 0.63)	0.02 (-0.68, 0.72)
	Other	-0.10 (-0.40, 0.19)	-0.03 (-0.60, 0.54)	-0.07 (-0.68, 0.56)	0.08 (-0.19, 0.35)	-0.00 (-0.61, 0.59)	0.09 (-0.58, 0.74)
Religion	Christian	Reference					
	Jewish	-0.08 (-0.89, 0.70)	1.50 (0.06, 2.88)	<b>-1.58 (-3.14, -0.02)</b>	0.00 (-0.40, 0.39)	-0.03 (-1.06, 0.93)	0.03 (-1.00, 1.15)
	Muslim	0.20 (-0.28, 0.68)	0.02 (-0.95, 0.95)	0.18 (-0.84, 1.23)	-0.65 (-1.20, -0.09)	0.29 (-0.49, 1.03)	-0.94 (-1.85, 0.03)
	Atheist	-0.20 (-0.41, -0.00)	-0.02 (-0.44, 0.39)	-0.18 (-0.64, 0.27)	-0.23 (-0.50, 0.04)	-0.05 (-0.67, 0.54)	-0.18 (-0.83, 0.50)
	Other	-0.18 (-0.41, 0.08)	0.25 (-0.23, 0.72)	-0.42 (-0.95, 0.13)	0.03 (-0.19, 0.24)	0.11 (-0.28, 0.50)	-0.08 (-0.53, 0.36)
Political Affiliation	Conservative	Reference					
	Republican	-	-	-	-	Reference	-
	Labour	-0.05 (-0.27, 0.17)	0.08 (-0.36, 0.53)	-0.14 (-0.63, 0.36)	-	-	-
	Liberal Democrat	-0.31 (-0.70, 0.05)	-0.28 (-0.97, 0.39)	-0.04 (-0.81, 0.74)	-	-	-
	SNP	0.12 (-0.34, 0.58)	-0.19 (-1.04, 0.64)	0.30 (-0.60, 1.28)	-	-	-
	Other	0.10 (-0.16, 0.35)	-0.13 (-0.65, 0.38)	0.23 (-0.35, 0.82)	0.06 (-0.15, 0.27)	0.26 (-0.13, 0.67)	-0.20 (-0.67, 0.26)
Ethnicity	Democrat	-	-	-	-0.18 (-0.39, 0.03)	-0.34 (-0.73, 0.06)	0.16 (-0.31, 0.60)
	White	Reference					
	Black	0.37 (-0.09, 0.80)	0.60 (-0.36, 1.52)	-0.23 (-1.24, 0.81)	0.33 (0.06, 0.61)	0.30 (-0.17, 0.78)	0.03 (-0.50, 0.57)
	Asian	0.02 (-0.34, 0.39)	-0.32 (-0.98, 0.33)	0.34 (-0.42, 1.11)	0.09 (-0.34, 0.50)	-0.24 (-1.00, 0.49)	0.33 (-0.49, 1.18)
	Other	0.18 (-0.40, 0.79)	0.19 (-0.79, 1.22)	-0.01 (-1.17, 1.13)	0.37 (0.00, 0.73)	0.66 (0.09, 1.24)	-0.29 (-0.98, 0.39)
Income	Hispanic	-	-	-	0.02 (-0.32, 0.34)	0.13 (-0.41, 0.65)	-0.11 (-0.72, 0.51)
	Level-0	0.29 (-0.04, 0.63)	0.59 (-0.04, 1.24)	-0.30 (-1.04, 0.41)	0.16 (-0.17, 0.49)	0.83 (0.19, 1.46)	-0.67 (-1.38, 0.04)
	Level-1	0.21 (-0.09, 0.51)	0.45 (-0.14, 1.04)	-0.24 (-0.91, 0.43)	0.08 (-0.20, 0.35)	0.73 (0.16, 1.31)	<b>-0.65 (-1.33, -0.02)</b>
	Level-2	0.15 (-0.14, 0.46)	0.36 (-0.26, 0.97)	-0.20 (-0.89, 0.44)	0.05 (-0.23, 0.34)	0.85 (0.24, 1.48)	<b>-0.80 (-1.48, -0.13)</b>
	Level-3	-0.01 (-0.28, 0.27)	-0.10 (-0.64, 0.47)	0.08 (-0.53, 0.70)	-0.01 (-0.27, 0.26)	0.50 (-0.06, 1.05)	-0.51 (-1.11, 0.10)
	Level-4	Reference					
Other	0.04 (-0.40, 0.46)	0.24 (-0.54, 1.02)	-0.21 (-1.10, 0.69)	-0.20 (-0.62, 0.24)	0.72 (-0.03, 1.49)	<b>-0.91 (-1.80, -0.04)</b>	

**Supplementary Table 5. Heterogeneous treatment effects of amount of social media usage on vaccination intent to protect oneself, post exposure to (mis)information about COVID-19 vaccines, after controlling for socio-demographics.** Contribution of amount of daily social media use to changes in intent to accept a vaccine in the “treatment”, “control”, and treatment relative to the control “ $\Delta$ ” for the UK and US. Values depict log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates the group is more (less) likely to reject a COVID-19 vaccine than those who do not use any social media upon exposure to misinformation, relative to factual information. Values in parentheses indicate 95% percentile intervals (PI) with values in bold indicating PIs that do not include 0.

Social Media Use (per day)	UK			US		
	Treatment	Control	$\Delta$	Treatment	Control	$\Delta$
None	Reference					
Less than 10 minutes	-0.11 (-0.43, 0.21)	-0.55 (-1.24, 0.12)	0.44 (-0.30, 1.22)	-0.31 (-0.62, -0.01)	0.04 (-0.63, 0.73)	-0.35 (-1.10, 0.38)
10–30 minutes	0.06 (-0.23, 0.35)	-0.08 (-0.67, 0.51)	0.14 (-0.51, 0.80)	-0.25 (-0.52, 0.02)	-0.34 (-0.93, 0.24)	0.09 (-0.56, 0.72)
31–60 minutes	-0.01 (-0.34, 0.32)	-0.20 (-0.81, 0.40)	0.19 (-0.51, 0.87)	-0.04 (-0.33, 0.27)	-0.25 (-0.84, 0.34)	0.21 (-0.45, 0.88)
1–2 hours	0.23 (-0.08, 0.54)	-0.01 (-0.64, 0.61)	0.23 (-0.48, 0.94)	-0.02 (-0.32, 0.29)	-0.27 (-0.86, 0.32)	0.25 (-0.44, 0.91)
2–3 hours	0.26 (-0.10, 0.62)	-0.07 (-0.82, 0.69)	0.33 (-0.51, 1.15)	0.03 (-0.30, 0.35)	-0.37 (-0.98, 0.25)	0.40 (-0.29, 1.10)
More than 3 hours	0.07 (-0.29, 0.42)	0.11 (-0.58, 0.80)	-0.04 (-0.82, 0.75)	-0.04 (-0.33, 0.26)	-0.15 (-0.76, 0.42)	0.12 (-0.53, 0.77)

**Supplementary Table 6. Heterogeneous treatment effects of sources of COVID-19 information that are trusted on vaccination intent to protect oneself, post exposure to (mis)information about COVID-19 vaccines, after controlling for socio-demographics.** Contribution of trusting different sources of COVID-19 information to changes in intent to accept a vaccine in the “treatment”, “control”, and treatment relative to the control “ $\Delta$ ” for the UK and US. Values depict log odds ratios, such that if  $\Delta$  is above (below) 0 then it indicates those who trust the source are more (less) likely to reject a COVID-19 vaccine than those who do not trust it upon exposure to misinformation, relative to factual information. Values in parentheses indicate 95% percentile intervals (PI) with values in bold indicating PIs that do not include 0.

Source of COVID-19 Information	UK			US		
	Treatment	Control	$\Delta$	Treatment	Control	$\Delta$
Television	-0.10 (-0.30, 0.09)	-0.10 (-0.51, 0.31)	-0.01 (-0.46, 0.46)	0.03 (-0.17, 0.23)	-0.34 (-0.73, 0.04)	0.37 (-0.07, 0.80)
Radio	0.13 (-0.20, 0.44)	-0.21 (-0.87, 0.46)	0.33 (-0.39, 1.06)	-0.19 (-0.51, 0.13)	-0.31 (-0.88, 0.26)	0.12 (-0.52, 0.76)
Newspapers	-0.26 (-0.53, 0.01)	-0.03 (-0.60, 0.53)	-0.23 (-0.85, 0.40)	-0.13 (-0.40, 0.13)	-0.28 (-0.77, 0.22)	0.15 (-0.43, 0.74)
Govt. Briefings	-0.12 (-0.32, 0.08)	0.22 (-0.21, 0.64)	-0.34 (-0.81, 0.15)	-	-	-
National Health Authorities	-0.05 (-0.25, 0.16)	-0.18 (-0.60, 0.24)	0.13 (-0.34, 0.59)	-0.05 (-0.24, 0.15)	0.10 (-0.25, 0.46)	-0.15 (-0.55, 0.26)
International Health Authorities	-0.08 (-0.27, 0.11)	-0.18 (-0.58, 0.22)	0.10 (-0.34, 0.55)	-0.09 (-0.29, 0.11)	-0.04 (-0.40, 0.34)	-0.05 (-0.48, 0.37)
Healthcare Workers	-0.07 (-0.27, 0.11)	-0.20 (-0.60, 0.20)	0.13 (-0.32, 0.58)	-0.09 (-0.28, 0.11)	-0.31 (-0.66, 0.04)	0.22 (-0.17, 0.63)
Scientists	0.03 (-0.16, 0.23)	-0.13 (-0.55, 0.26)	0.17 (-0.27, 0.61)	0.18 (-0.01, 0.37)	-0.08 (-0.43, 0.27)	0.26 (-0.13, 0.65)
Govt. Websites	-0.03 (-0.22, 0.17)	0.11 (-0.29, 0.51)	-0.14 (-0.59, 0.32)	-0.10 (-0.34, 0.13)	0.02 (-0.42, 0.48)	-0.12 (-0.64, 0.38)
Social Media	0.25 (-0.13, 0.61)	0.02 (-0.70, 0.70)	0.23 (-0.57, 1.04)	-0.01 (-0.31, 0.28)	-0.01 (-0.46, 0.46)	-0.01 (-0.56, 0.54)
Celebrities	-0.49 (-1.10, 0.10)	0.82 (-0.36, 1.93)	<b>-1.31 (-2.59, -0.03)</b>	-0.37 (-0.87, 0.11)	0.27 (-0.54, 1.06)	-0.64 (-1.53, 0.33)
Search Engines	0.19 (-0.10, 0.48)	-0.24 (-0.83, 0.35)	0.43 (-0.23, 1.07)	0.07 (-0.18, 0.32)	0.13 (-0.31, 0.55)	-0.06 (-0.55, 0.45)
Family and friends	0.25 (-0.01, 0.52)	-0.06 (-0.65, 0.51)	0.31 (-0.32, 0.96)	0.02 (-0.21, 0.25)	-0.50 (-0.94, -0.05)	<b>0.52 (0.03, 1.01)</b>
Work Guidelines	-0.01 (-0.34, 0.31)	0.29 (-0.35, 0.90)	-0.30 (-0.98, 0.41)	0.15 (-0.18, 0.47)	0.45 (-0.08, 0.95)	-0.30 (-0.91, 0.32)
Other	0.63 (-0.34, 1.57)	1.65 (0.19, 3.13)	-1.02 (-2.74, 0.70)	0.38 (-0.27, 1.04)	0.07 (-1.14, 1.28)	0.31 (-1.05, 1.66)
None of these	0.35 (-0.01, 0.69)	-0.02 (-0.71, 0.70)	0.37 (-0.41, 1.12)	0.22 (-0.11, 0.56)	0.30 (-0.30, 0.90)	-0.09 (-0.77, 0.61)
White House Briefings	-	-	-	0.13 (-0.11, 0.37)	-0.15 (-0.61, 0.32)	0.28 (-0.24, 0.81)
State Govt. Briefings	-	-	-	-0.10 (-0.30, 0.11)	-0.18 (-0.59, 0.23)	0.08 (-0.38, 0.54)

**Supplementary Table 7. Assessment of contribution of images and image characteristics to drop in vaccination intent through predictive analysis of post-exposure intent.** (Top) Image characteristics that determine their impact on the intent to vaccinate to protect oneself. Values depict log odds ratios for the contribution of self-reported image characteristics to the drop in intent to vaccinate post-exposure in the given group. A value above (below) 0 indicates that the more a respondent agreed with that image characteristic when self-reporting, the more it caused a drop in their measured vaccination intent. Values in parentheses indicate 95% percentile intervals (PI) with values in bold indicating PIs that do not include 0. (Bottom) Weights of images in their contribution to effects of exposure. Since exactly 5 images were shown to each respondent, weights above (below) 0.2 indicate images that contributed more (less) than what would be expected at random. Values in parentheses indicate 95% percentile intervals (PI) with values in bold indicating PIs that do not include 0.2. Note that treatment image sets differed for the UK and US, but control images are identical.

Image / Image Characteristic	Treatment		Control	
	UK	US	UK	US
<b>Slopes for Image Characteristics</b>				
Makes less inclined to vaccinate	<b>0.70 (0.59, 0.82)</b>	<b>0.45 (0.36, 0.55)</b>	<b>0.27 (0.03, 0.51)</b>	<b>0.19 (0.00, 0.38)</b>
Agree with	0.05 (-0.14, 0.25)	0.01 (-0.16, 0.18)	<b>-0.53 (-0.96, -0.08)</b>	<b>-0.78 (-1.13, -0.44)</b>
Found trustworthy	-0.00 (-0.19, 0.18)	-0.10 (-0.27, 0.08)	<b>-0.47 (-0.88, -0.06)</b>	<b>-0.37 (-0.69, -0.06)</b>
Likely to fact-check	-0.04 (-0.11, 0.04)	-0.06 (-0.14, 0.01)	-0.02 (-0.19, 0.15)	-0.16 (-0.32, 0.01)
Likely to share	<b>0.15 (0.04, 0.26)</b>	-0.00 (-0.10, 0.09)	0.12 (-0.03, 0.29)	0.06 (-0.10, 0.22)
<b>Image Weights</b>				
Image 1	<b>0.42 (0.28, 0.56)</b>	<b>0.41 (0.25, 0.58)</b>	0.41 (0.19, 0.64)	0.22 (0.05, 0.39)
Image 2	0.28 (0.14, 0.42)	0.27 (0.09, 0.44)	0.19 (0.01, 0.42)	<b>0.41 (0.24, 0.59)</b>
Image 3	0.04 (0.00, 0.11)	0.11 (0.00, 0.29)	0.18 (0.02, 0.39)	0.10 (0.01, 0.23)
Image 4	0.11 (0.01, 0.24)	0.09 (0.00, 0.23)	0.11 (0.00, 0.29)	0.18 (0.03, 0.33)
Image 5	0.16 (0.02, 0.30)	0.13 (0.01, 0.29)	0.11 (0.01, 0.29)	0.09 (0.00, 0.22)

**Supplementary Table 8. Socio-demographics and recoding.** To reduce the number of socio-demographic categories, and make them comparable across the UK and US, some of the respondent characteristics have been recoded.

Variable	Value	Recode
<b>Age</b>	Numeric from 18 to 120	18-24, 25-34, 35-44, 45-54, 55-64, 65+
<b>Gender</b>	Male, Female	
	1. Other 2. Prefer not to answer	Other
<b>Education (UK only)</b>	No academic or professional qualifications	Level-0
	1. 0-4 GCSE, O-level or equivalents 2. 5+ GCSE, O-level, 1 A level, or equivalents	Level-1
	2+ A levels, or equivalents	Level-2
	Undergraduate degree	Level-3
	Postgraduate degree or other professional degrees	Level-4
	1. Apprenticeship 2. Other (e.g. vocational, foreign qualifications) 3. Prefer not to answer	Other
<b>Education (US only)</b>	1. No academic or professional qualifications 2. Nursery or preschool through grade 12	Level-0
	High school diploma or GED	Level-1
	2-year college degree	Level-2
	4-year college degree	Level-3
	Postgraduate degree or other professional degrees	Level-4
	1. Other 2. Prefer not to answer	Other
<b>Employment</b>	1. Working full-time (include self-employed) 2. Working part-time (include self-employed)	Employed
	Unemployed, Student, Retired	
	1. Looking after family or home 2. Long-term sick or disabled 3. Prefer not to answer	Other
	1. Roman Catholic 2. Protestant 3. Other Christian	Christian
<b>Religion</b>	Jewish, Muslim	
	Atheist or agnostic	Atheist
	1. Hindu 2. Buddhist 3. Other 4. Prefer not to answer	Other
	Conservative, Labour, Liberal Democrat, SNP	
<b>Political Affiliation (UK only)</b>	1. Other 2. Don't know 3. Prefer not to answer	Other
	Republican, Democrat	
	1. Independent 2. Don't know 3. Prefer not to answer	Other
<b>Ethnicity (UK only)</b>	1. White: English/Welsh/Scottish/Northern Irish/British 2. White: Irish 3. White: Other white background	White
	1. Black, African, Caribbean, or Black British 2. White and Black Caribbean, or White and Black African	Black

	1. Asian or Asian British: Indian	Asian
	2. Asian or Asian British: Pakistani	
	3. Asian or Asian British: Bangladeshi	
	4. Asian or Asian British: Chinese	
	5. Asian or Asian British: Other	
	6. White and Asian	
	1. Other	Other
	2. Prefer not to answer	
<b>Ethnicity (US only)</b>	Non-Hispanic White	White
	Hispanic, Asian	
	Black or African American	Black
	1. American Indian or Alaska Native	Other
	2. Native Hawaiian or Pacific Islander	
3. Other		
4. Prefer not to answer		
<b>Income (UK only)</b>	Under £15,000	Level-0
	£15,000 - £24,999	Level-1
	£25,000 - £34,999	Level-2
	1. £35,000 - £44,999	Level-3
	2. £45,000 - £54,999	
	1. £55,000 - £64,999	Level-4
	2. £65,000 - £74,999	
	3. £75,000 - £84,999	
	4. £85,000 - £94,999	
	5. £95,000 or over	
	Prefer not to answer	Other
<b>Income (US only)</b>	Under \$15,000	Level-0
	1. \$15,000 - \$24,999	Level-1
	2. \$25,000 - \$34,999	
	1. \$35,000 - \$44,999	Level-2
	2. \$45,000 - \$54,999	
	1. \$55,000 - \$64,999	Level-3
	2. \$65,000 - \$74,999	
	3. \$75,000 - \$84,999	
	4. \$85,000 - \$94,999	
		\$95,000 or over
	Prefer not to answer	Other

**Supplementary Table 9. Breakdown of socio-demographic characteristics of respondents.** The reference category used in the statistical modelling (see Methods) is underlined: male, 18-24, highest education, employed, Christian, Conservative (UK) or Republican (US), White, and highest income. Some socio-demographics have been recoded. See Supplementary Table 8 for details on recoding, and Supplementary Materials for the questionnaire.

Socio-demographic Characteristic		Treatment				Control			
		UK		US		UK		US	
		N	%	N	%	N	%	N	%
Age	<u>18-24</u>	364	12.1	255	8.5	140	14	232	23.2
	25-34	575	19.2	480	16	227	22.7	249	24.9
	35-44	586	19.5	469	15.6	190	19	226	22.6
	45-54	528	17.6	570	19	162	16.2	97	9.7
	55-64	437	14.6	479	16	127	12.7	75	7.5
	65+	510	17	748	24.9	154	15.4	121	12.1
Gender	<u>Male</u>	1271	42.4	1266	42.2	421	42.1	492	49.2
	Female	1710	57	1705	56.8	573	57.3	499	49.9
	Other	19	0.6	30	1	6	0.6	9	0.9
Education	Level-0 (lowest)	138	4.6	137	4.6	40	4	52	5.2
	Level-1	875	29.2	955	31.8	276	27.6	301	30.1
	Level-2	501	16.7	508	16.9	190	19	133	13.3
	Level-3	787	26.2	664	22.1	258	25.8	234	23.4
	<u>Level-4 (highest)</u>	465	15.5	562	18.7	163	16.3	204	20.4
	Other	234	7.8	175	5.8	73	7.3	76	7.6
Employment	<u>Employed</u>	1914	63.8	1544	51.4	619	61.9	612	61.2
	Unemployed	165	5.5	257	8.6	56	5.6	117	11.7
	Student	134	4.5	94	3.1	64	6.4	82	8.2
	Retired	496	16.5	726	24.2	151	15.1	110	11
	Other	291	9.7	380	12.7	110	11	79	7.9
Religion	<u>Christian</u>	1286	42.9	1817	60.5	442	44.2	583	58.3
	Jewish	34	1.1	138	4.6	10	1	27	2.7
	Muslim	117	3.9	102	3.4	34	3.4	57	5.7
	Atheist	1001	33.4	304	10.1	342	34.2	77	7.7
	Other	562	18.7	640	21.3	172	17.2	256	25.6
Political Affiliation	<u>Conservative (UK)</u>	978	32.6	-	-	307	30.7	-	-
	<u>Republican (US)</u>	-	-	991	33	-	-	298	29.8
	Labour (UK)	1060	35.3	-	-	350	35	-	-
	Democrat (US)	-	-	1023	34.1	-	-	366	36.6
	Lib-Dem (UK)	220	7.3	-	-	87	8.7	-	-
	SNP (UK)	109	3.6	-	-	44	4.4	-	-
	Other	633	21.1	987	32.9	212	21.2	336	33.6
Ethnicity	<u>White</u>	2621	87.4	2102	70	872	87.2	603	60.3
	Hispanic (US)	-	-	211	7	-	-	101	10.1
	Black	109	3.6	367	12.2	27	2.7	143	14.3
	Asian	216	7.2	127	4.2	82	8.2	60	6
	Other	54	1.8	194	6.5	19	1.9	93	9.3
Income	Level-0 (lowest)	430	14.3	383	12.8	154	15.4	178	17.8
	Level-1	593	19.8	680	22.7	197	19.7	191	19.1
	Level-2	581	19.4	499	16.6	167	16.7	126	12.6
	Level-3	726	24.2	671	22.4	230	23	208	20.8
	<u>Level-4 (highest)</u>	491	16.4	608	20.3	184	18.4	226	22.6
	Other	179	6	160	5.3	68	6.8	71	7.1
<b>TOTAL</b>		<b>3000</b>	<b>100</b>	<b>3001</b>	<b>100</b>	<b>1000</b>	<b>100</b>	<b>1000</b>	<b>100</b>



**Supplementary Table 10. Diagnostics for all Bayesian models run in the study.** The Effective Sample Size (ESS) and Rhat statistics are reported as tuples of minimum and maximum values—all models were run while ensuring minimum ESS>500, and Rhat<=1.02.

<b>Model</b>	<b>Diagnostic</b>	<b>UK</b>	<b>US</b>
Model 1.1: Causal Impact (Self)	ESS	2397, 7538	3457, 9461
	Rhat	1.00, 1.00	1.00, 1.00
Model 1.2: Causal Impact (Others)	ESS	1829, 6585	2935, 9981
	Rhat	1.00, 1.00	1.00, 1.00
Model 2.1: Socio-demographic Determinants (Self)	ESS	727, 5687	833, 5039
	Rhat	1.00, 1.01	1.00, 1.01
Model 2.2: Socio-demographic Determinants (Others)	ESS	642, 5816	621, 6509
	Rhat	1.00, 1.01	1.00, 1.01
Model 3: Social media usage (Self)	ESS	617, 5903	585, 5341
	Rhat	1.00, 1.02	1.00, 1.01
Model 4: Sources of trusted info (Self)	ESS	3101, 6152	1648, 6912
	Rhat	1.00, 1.00	1.00, 1.00
Model 5.1: Treatment Image Impact (Self)	ESS	2511, 5802	2380, 5159
	Rhat	1.00, 1.00	1.00, 1.00
Model 5.2: Control Image Impact (Self)	ESS	737, 4722	3187, 5117
	Rhat	1.00, 1.00	1.00, 1.00

## Supplementary Materials

### Questionnaire

#### Section 1: COVID-19 Knowledge Baseline

1. [QINF] Do you personally know anyone who has tested positive for COVID-19? If yes, was that a family member, a work colleague, a friend or someone else? (Please choose all that apply.)
  - a. No
  - b. Yes, myself
  - c. Yes, family member in my household
  - d. Yes, family member outside my household
  - e. Yes, a close friend
  - f. Yes, a work colleague or someone else
2. [QSHD] Have you been shielding because you are in a vulnerable group for coronavirus (COVID-19)?
  - a. Yes
  - b. No
3. [QKNL] How strongly do you agree or disagree with the following statements?

Rotate Statements	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Do not know
a) Washing hands with soap or sanitiser can help prevent the spread of coronavirus (COVID-19)	1	2	3	4	5
b) Staying indoors and reducing contact with others can help protect <u>you</u> against catching coronavirus (COVID-19)	1	2	3	4	5
c) Staying indoors and reducing contact with <u>others</u> can help protect others from catching coronavirus (COVID-19)	1	2	3	4	5
d) If you catch coronavirus (COVID-19), you can infect somebody else before you have developed symptoms	1	2	3	4	5
e) On average, before lockdown, someone with coronavirus (COVID-19) would have infected 2-3 other people	1	2	3	4	5
f) Treatments already exist to prevent you catching coronavirus (COVID-19)	1	2	3	4	5
g) Wearing a facemask in public can help prevent the spread of coronavirus (COVID-19)	1	2	3	4	5

4. [QCOVVC1] How strongly do you agree or disagree with each of the following statements?

<b>Rotate Statements</b>	<b>Strongly agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>	<b>Do not know</b>
a) A coronavirus (COVID-19) vaccine would only be made available to the public if it was safe	1	2	3	4	5
b) A coronavirus (COVID-19) vaccine would only be made available to the public if it was effective	1	2	3	4	5
c) A coronavirus (COVID-19) vaccine is important	1	2	3	4	5
d) A coronavirus (COVID-19) vaccine will not be compatible with my religious or personal beliefs	1	2	3	4	5
e) I am worried that I may contract coronavirus (COVID-19) from a COVID-19 vaccine	1	2	3	4	5
f) The benefits of accepting a COVID-19 vaccine will outweigh the risks	1	2	3	4	5

5. [QVCI] We will now ask you some questions about vaccines in general. How strongly do you agree or disagree with each of the following statements?

<b>Rotate Statements</b>	<b>Strongly agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>	<b>Do not know</b>
a) Overall, I think vaccines are important for children to have	1	2	3	4	5
b) Overall, I think vaccines are safe	1	2	3	4	5
c) Overall, I think vaccines are effective	1	2	3	4	5
d) Overall, vaccines are compatible with my religious beliefs	1	2	3	4	5

## Section 2: COVID-19 Main

6. **[QSRCUK: UK only]** What sources of information do you trust regarding COVID-19? (Please choose all that apply.)
- Television news
  - Radio, podcasts and other broadcasts
  - Newspapers and other journalism
  - Daily government briefings
  - National health authorities (e.g. PHE, NHS)
  - International health authorities (e.g. WHO)
  - Healthcare workers (e.g. doctors, nurses)
  - Scientific experts
  - Government websites
  - Social media platforms (e.g. Facebook, Twitter, YouTube)
  - Celebrities
  - Online search engines or other websites (e.g. Google)
  - Family and friends
  - Work/school/college guidelines
  - Other (specify) \_\_\_\_\_
  - None of the above
7. **[QSRCUS: US only]** What sources of information do you trust regarding COVID-19? (Please choose all that apply.)
- Television news
  - Radio, podcasts and other broadcasts
  - Newspapers and other journalism
  - White House Press briefings
  - State government briefings
  - National health authorities (e.g. CDC)
  - International health authorities (e.g. WHO)
  - Healthcare workers (e.g. doctors, nurses)
  - Scientific experts
  - Government websites
  - Social media platforms (e.g. Facebook, Twitter, YouTube)
  - Celebrities
  - Online search engines or other websites (e.g. Google)
  - Family and friends
  - Work/school/college guidelines
  - Other (specify) \_\_\_\_\_
  - None of the above
8. **[QCOVSELF]** If a new coronavirus (COVID-19) vaccine became available, would you accept the vaccine for yourself?
- Yes, definitely
  - Unsure, but leaning towards yes
  - Unsure, but leaning towards no
  - No, definitely not
9. **[QCOVSEFWHY: if QCOVSELF!=a]** Why are you unsure about accepting a vaccine against coronavirus (COVID-19)? (Please choose all that apply.)
- I do not yet know enough about how safe it would be
  - I do not yet know about how effective it would be
  - I do not feel I am at risk of catching the virus
  - I would want to wait until other people had been vaccinated first
  - I do not feel I would be seriously ill if I caught the virus
  - I am confident there will be other effective treatments soon
  - I am confident that I have already acquired immunity (protection) through previous infection with the virus
  - Approval/Development for the vaccine may be rushed and it may not be thoroughly tested
  - Other, please state \_\_\_\_\_
  - Do not know
10. **[QCOVOTH]** If a new coronavirus (COVID-19) vaccine became available, would you accept the vaccine if it meant protecting friends, family, or at-risk groups?
- Yes, definitely

- b. Unsure, but leaning towards yes
  - c. Unsure, but leaning towards no
  - d. No, definitely not
11. **[QCOVWHEN]** When do you think the vaccine against coronavirus (COVID-19) will be publicly available for anybody to take?
- a. Less than 1 month
  - b. 1 to 3 months
  - c. 4 to 6 months
  - d. 7 to 12 months
  - e. 13 to 24 months
  - f. More than 24 months
  - g. I do not think a COVID-19 vaccine will ever be available
  - h. Do not know

### Section 3: Social Media

We will now ask you some questions about your use of social media

12. **[QSOCUSE]** In the past month, on average, how much time per day have you spent actively using social media?
- a. None
  - b. Less than 10 minutes per day
  - c. 10–30 minutes per day
  - d. 31–60 minutes per day
  - e. 1–2 hours per day
  - f. 2–3 hours per day
  - g. More than 3 hours per day
13. **[QSOCTYP]** What social media platforms do you use? (Please choose all that apply.)
- a. Facebook
  - b. Twitter
  - c. YouTube
  - d. WhatsApp
  - e. Instagram
  - f. Pinterest
  - g. LinkedIn
  - h. Other (please state) \_\_\_\_\_
  - i. None of the above
14. **[QSOCINF]** Which of these social media platforms do you receive information regarding COVID-19 from? (Please choose all that apply.)  
(Subset options from **QSOCTYP**)
15. **[QSOCSHR]** With whom do you share information regarding COVID-19? (Please choose all that apply.)
- a. Family
  - b. Close friends
  - c. Friends or followers on social media
  - d. None of the above
16. **[QCIRSHR: if QSOCSHR!=d]** Which of these social media platforms do you share information regarding COVID-19 on?  
(Subset options from **QSOCTYP**)

### Section 4: Exposure

We will now show you 5 images, followed by a set of questions. While answering these questions, imagine these images were shared by your friends, followers or people you follow on any social media platform that you use.

(On separate pages show images for UK treatments/ US treatments/ controls of both countries.)

17. **[QPOSTCOVSELF]** If a new coronavirus (COVID-19) vaccine became available, would you accept the vaccine for yourself?
- a. Yes, definitely
  - b. Unsure, but leaning towards yes
  - c. Unsure, but leaning towards no
  - d. No, definitely not

18. **[QPOSTCOVSELFWHY: if QPOSTCOVSELF!=a]** Why are you unsure about accepting a vaccine against Coronavirus (COVID-19)? (Please choose all that apply.)
- I do not yet know enough about how safe it would be
  - I do not yet know about how effective it would be
  - I do not feel I am at risk of catching the virus
  - I would want to wait until other people had been vaccinated first
  - I do not feel I would be seriously ill if I caught the virus
  - I am confident there will be other effective treatments soon
  - I am confident that I have already acquired immunity (protection) through previous infection with the virus
  - Approval/Development for the vaccine may be rushed and it may not be thoroughly tested
  - Other, please state
  - Do not know
19. **[QPOSTCOVOTH]** If a new coronavirus (COVID-19) vaccine became available, would you accept the vaccine if it meant protecting friends, family, or at-risk groups?
- Yes, definitely
  - Unsure, but leaning towards yes
  - Unsure, but leaning towards no
  - No, definitely not

We will now ask you questions about each image that you were shown.

*(Loop over every image  $X = \{1, 2, 3, 4, 5\}$  re-shown followed by this set of questions.)*

20. **[QPOSTVACX]** Overall, the information provided in this image makes me
- Much less inclined to be vaccinated
  - A little less inclined to be vaccinated
  - No less or more inclined to be vaccinated
  - A little more inclined to be vaccinated
  - Much more inclined to be vaccinated
  - Do not know
21. **[QPOSTBELIEFX]** Overall, how much do you agree with the information in this image?
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
  - Do not know
22. **[QPOSTTRUSTX]** Overall, how much do you think this information is trustworthy?
- Very trustworthy
  - Somewhat trustworthy
  - Neither trustworthy nor untrustworthy
  - Somewhat untrustworthy
  - Very untrustworthy
  - Do not know
23. **[QPOSTCHECKX]** Overall, how likely are you to fact-check the information in this image via other sources?
- Very likely
  - Somewhat likely
  - Neither likely nor unlikely
  - Somewhat unlikely
  - Very unlikely
  - Do not know
24. **[QPOSTSHARE]** Overall, how likely are you to share this image with your friends or followers?
- Very likely
  - Somewhat likely
  - Neither likely nor unlikely
  - Somewhat unlikely
  - Very unlikely
  - Do not know

*(End loop.)*

**Section 5: Information sharing**

Taking into account the five images we showed you, please answer the following questions

- 25. [QPOSTSIM] Have you seen similar content online in the last month on social media?
  - a. Yes
  - b. No
  - c. Do not know
- 26. [QPOSTFRQ: if QPOSTSIM=a] How often have you seen similar content being shared on social media in the last one month?
  - a. Multiple times a day
  - b. Once or twice a day
  - c. A few times a week
  - d. A few times a month
  - e. Never
  - f. Do not know
- 27. [Q31b: if QPOSTSIM=a] Have you shared, liked, or commented on similar content in the last month?
  - a. Yes
  - b. No
  - c. Do not know

**Section 6: Impact of COVID-19**

- 28. [QCOVAFF] How strongly do you agree or disagree with each of the following statements?

Rotate Statements	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Do not know
a) COVID-19 has negatively impacted my mental health and wellbeing in the last 6 months	1	2	3	4	5
b) COVID-19 has negatively impacted my financial stability over the last 6 months	1	2	3	4	5
c) COVID-19 has severely disturbed my daily life over the last 6 months	1	2	3	4	5
d) COVID-19 has hampered my ability to socialize with family and close friends over the last 6 months	1	2	3	4	5

**Section 7: Demographics**

We will now ask you some questions about yourself

- 29. [DGEOUK: UK only] Please select your region and local authority  
*(Display drill-down menu for UK regions and local authorities.)*
- 30. [DGEOUS: US only] Please select your state and county  
*(Display drill-down menu for US states and counties.)*
- 31. [DAGE] What is your age?  
*(Numeric values from 18 to 120.)*
- 32. [DGEN] What is your gender?
  - a. Male
  - b. Female

- c. Other
  - d. Prefer not to answer
33. **[DEDUUK: UK only]** What is the highest level of education you have completed? If currently enrolled, mark the highest qualification received.
- a. No academic or professional qualifications
  - b. 0-4 GCSE, O-level or equivalents
  - c. 5+ GCSE, O-level, 1 A level, or equivalents
  - d. Apprenticeship
  - e. 2+ A levels, or equivalents
  - f. Undergraduate degree
  - g. Postgraduate degree or other professional degrees
  - h. Other (e.g. vocational, foreign qualifications): \_\_\_\_\_
  - i. Prefer not to answer
34. **[DEDUUS: US only]** What is the highest level of education you have completed? If currently enrolled, mark the previous grade or highest qualification received.
- a. No academic or professional qualifications
  - b. Nursery or preschool through grade 12
  - c. High school diploma or GED
  - d. 2-year college degree
  - e. 4-year college degree
  - f. Postgraduate degree or other professional degrees
  - g. Other: \_\_\_\_\_
  - h. Prefer not to answer
35. **[DEMP]** Which of the following best describes your working status 6 months ago?
- a. Working full-time (include self-employed)
  - b. Working part-time (include self-employed)
  - c. Unemployed
  - d. Student
  - e. Looking after family or home
  - f. Retired
  - g. Long-term sick or disabled
  - h. Prefer not to answer
36. **[DREL]** How would you describe your religious affiliation?
- a. Roman Catholic
  - b. Protestant
  - c. Other Christian: \_\_\_\_\_
  - d. Jewish
  - e. Hindu
  - f. Muslim
  - g. Buddhist
  - h. Other: \_\_\_\_\_
  - i. Atheist or agnostic
  - j. Prefer not to answer
37. **[DPOLUK: UK only]** Generally speaking, do you consider yourself as
- a. Conservative
  - b. Labour
  - c. Liberal Democrat
  - d. SNP
  - e. Other: \_\_\_\_\_
  - f. Don't know
  - g. Prefer not to answer
38. **[DPOLUS: US only]** Generally speaking, how would you describe your political affiliation?
- a. Republican
  - b. Democrat
  - c. Independent
  - d. Don't know
  - e. Prefer not to answer
39. **[DPOLUSIND: US only, if DPOLUS=c or DPOLUS=d]** As of today, do you politically lean more towards
- a. Republican Party



- b. Democratic Party
  - c. Don't know
  - d. Prefer not to answer
40. **[DETHUK: UK only]** Which best describes your ethnicity? (Please choose one response that best applies.)
- a. White: English/Welsh/Scottish/Northern Irish/British
  - b. White: Irish
  - c. White: Other white background
  - d. White and Black Caribbean, or White and Black African
  - e. White and Asian
  - f. Asian or Asian British: Indian
  - g. Asian or Asian British: Pakistani
  - h. Asian or Asian British: Bangladeshi
  - i. Asian or Asian British: Chinese
  - j. Asian or Asian British: Other
  - k. Black, African, Caribbean, or Black British
  - l. Other: \_\_\_\_\_
  - m. Prefer not to answer
41. **[DETHUS: US only]** Which best describes your ethnicity? (Please choose one response that best applies.)
- a. Non-Hispanic White
  - b. Hispanic
  - c. Black or African American
  - d. American Indian or Alaska Native
  - e. Asian
  - f. Native Hawaiian or Pacific Islander
  - g. Other: \_\_\_\_\_
  - h. Prefer not to answer
42. **[DLANUK: UK only]** What is your main language?
- a. English
  - b. Polish
  - c. Punjabi
  - d. Urdu
  - e. Bengali
  - f. Other: \_\_\_\_\_
  - g. Prefer not to answer
43. **[DLANUS: US only]** What is your main language?
- a. English
  - b. Spanish
  - c. Chinese
  - d. French
  - e. Other: \_\_\_\_\_
  - f. Prefer not to answer
44. **[DINCUK: UK only]** What is your total annual household income in GBP (£) from all sources before tax?
- a. Under £15,000
  - b. £15,000 - £24,999
  - c. £25,000 - £34,999
  - d. £35,000 - £44,999
  - e. £45,000 - £54,999
  - f. £55,000 - £64,999
  - g. £65,000 - £74,999
  - h. £75,000 - £84,999
  - i. £85,000 - £94,999
  - j. £95,000 or over
  - k. Prefer not to answer
45. **[DINCUS: US only]** What is your total annual household income in USD (\$) from all sources before tax?
- a. Under \$15,000
  - b. \$15,000 - \$24,999

- c. \$25,000 - \$34,999
- d. \$35,000 - \$44,999
- e. \$45,000 - \$54,999
- f. \$55,000 - \$64,999
- g. \$65,000 - \$74,999
- h. \$75,000 - \$84,999
- i. \$85,000 - \$94,999
- j. \$95,000 or over
- k. Prefer not to answer

**Section 8: Debrief**

The aim of this study was to monitor your perceptions towards a COVID-19 vaccine and to assess whether the images we showed you changed your perceptions towards vaccinating. The images we showed you are all examples of online information that contains either misleading or incorrect information about a COVID-19 vaccine.

**[UK only]**

For up-to-date information surrounding the COVID-19 pandemic, please consult the NHS's coronavirus webpage <https://www.nhs.uk/conditions/coronavirus-covid-19>

**[US only]**

For up-to-date information surrounding the COVID-19 pandemic, please consult the coronavirus webpage at the US Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/index.html>