‘Variant fatigue’? Public attitudes to COVID-19 18 months into the pandemic: A qualitative study

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Abstract

Objectives Qualitative study exploring public attitudes to COVID-19 18 months into the pandemic, specifically focused on adherence to infection-reducing behaviours and policy measures during a period of the emergence of a new variant (Omicron)

Study design Qualitative online focus group study

Methods Focus groups were conducted with a diverse sample of 22 adults in the United Kingdom to explore their views. Data were analysed using a framework approach.

Findings Analysis revealed two main groups based on participants' perceived concern over Omicron: *variant fatigue* (n=16 (73%)) and *deja vu* (n=6 (27%)). Those exhibiting variant fatigue reported not adopting any additional caution or infection-reducing behaviours as a result of the new variant. They tended to describe Omicron as 'just another variant' and expressed a need to 'get on' and 'live with' the virus. Those exhibiting *deja vu* suggested that Omicron was of additional concern to them and for some posed a threat not seen since 'last year' (second wave). No demographic patterns emerged, although there was a high amount of *variant fatigue* (absence of additional caution) (n=5 (83%)) amongst the unvaccinated participants. Those who were concerned about Omicron tended to report reducing social contacts. Few participants reported taking lateral flow tests regularly, except for those required to by their employers. Stated compliance with facemask rules was high. Nearly all participants stated an intention to comply with any future potential policy measures to reduce transmission of COVID-19, including more stringent measures such as lockdowns.

Implications 18 months into the pandemic, there may be habituation to the risk posed by COVID-19, despite the increased risk posed by the new variant Omicron. Due to this risk habituation ('variant fatigue') and due to a general decline in engagement with news related to COVID-19, many people may not be, or might be reluctant to, voluntarily adopt additional caution and infection-reducing behaviours. This poses a challenge for public health communication, since a sense of being 'relaxed' about, or 'living with' COVID-19 may undermine efforts to encourage voluntary adherence to infection-reducing behaviours.

However, findings suggest that most people intend to comply (albeit reluctantly) with policy measures (as opposed to 'advice')- including stringent measures such as lockdown - if they were introduced in future.

Keywords COVID-19; public attitudes; qualitative; adherence; compliance; infection-reducing behaviours

Background

The coronavirus (COVID-19) pandemic continues to present a significant challenge to global public health. As of 15th December 2021, a new variant, named Omicron (B.1.1.529) is rapidly spreading throughout the United Kingdom and in many other countries globally (UKHSA 2022). It is on course to be the dominant strain nationally, as well as in Europe by January 2022 (Petrequin 2022). Although much uncertainty around Omicron remains, it is of significant concern to scientists, health authorities, governments and the general public by virtue of its enhanced transmissibility relative to other known COVID-19 variants of concern (VoCs), as well as by virtue of its mutation profile (Callaway 2021). Emerging data has raised concerns over the extent to which Omicron, by virtue of its mutation profile, might reduce the efficacy of current vaccines. Although early, provisional data suggests that booster vaccines can significantly improve immunity to Omicron (including reduced risk of serious outcomes). The rate at which Omicron transmits, coupled with the time taken to deliver boosters on a large scale has led to discussions around the potential need for further policy measures to reduce social mixing and thus transmission of the virus.

The need to potentially re-introduce policy measures to reduce social mixing has also re-ignited the debate over compliance, specifically whether and to what extent the public might be willing to comply with any new measures introduced. Some large research studies and public opinion surveys have demonstrated that general compliance has remained consistently high throughout the pandemic - especially what has been termed 'majority compliance' - that is, where people are following most of the rules (Fancourt et al 2020; Wright et al 2021). One large review found that compliance for some 'low-cost' behaviours (e.g. face mask-wearing) increased over time (as people habituated to the behaviour), whereas 'high-cost' behaviours (e.g. physical distancing) generally declined over time, before rebounding in later months (u-shaped curves) (Petherick et al 2021). One recent study from the UK followed people's mobility (from mobile phone GPS data) during periods of lockdown and argued that compliance did wane over time - something that the study's authors interpreted as 'lockdown fatigue' (Ross et al 2021). Indeed, there has been much discussion throughout the pandemic over whether 'behavioural fatigue' - that is a decline in people's motivation to comply with COVID-19 regulations and guidance over time - is a phenomenon that is either theoretically driven or that can be empirically substantiated. A number of scholars have argued that it is conceptually ill-defined and hard to evidence (Michie, West & Harvey 2020; Harvey 2020; Reicher and Drury 2021). Whether or not behavioural fatigue exists, understanding decreasing compliance with health behaviours over time is essential to slow the transmission of the coronavirus. In our previous research, we found that although reported adherence and intention to adhere was high, a particular form of 'fatigue' which we called 'alert fatigue' existed; alert fatigue is where people may potentially get confused or 'switch off' to what they perceive as overly-frequent, changing or confusing messages and policies related to COVID-19 (Williams et al 2021).

Much of the extant research on adherence to COVID-19 non-pharmaceutical interventions (NPIs) has been quantitative in nature. These provide invaluable insights particularly into the factors that predict adherence and non-adherence (e.g. Al-Hasan et al 2020; Carlucci et al 2020; Coroiu et al 2020; Kasting et al 2020; Paykani et al 2020; Selby et al 2020; Paykani et al 2020), Al-Hasan et al 2020). There is less qualitative research on public attitudes to COVID-19 NPIs, partly due to the relatively time-intensive nature of qualitative data collection and analysis. There are a growing number of notable exceptions (Denford et al 2021; Varol et al 2021), with more research on this issue likely forthcoming. Our own

research has previously looked at public attitudes to COVID-19 NPIs, including a focus on reasons behind non-adherence. In our first paper (focused on the pandemic's first wave (March-April 2020)), we found that the majority of our participants reported high adherence to measures for themselves, but that reports of non-adherence in others were high (Williams et al 2020a). In a follow-up paper, using data from winter (November-December 2020), we found again that reported self-adherence was high, but explored in greater depth some of the reasons behind non-adherence to NPIs such as 'alert fatigue' and 'learned helplessness' (Williams et al 2021). Qualitative research can provide an understanding of the reasons behind adherence and non-adherence to infection-reducing behaviour guidelines (the 'why?') to complement existing quantitative research. It also provides a more in-depth and nuanced understanding of people's perception of risk related to COVID-19.

The present paper explores two main research questions:

- (1) What are participants' views on the new Omicron variant, have these views led to a change in risk perception (i.e. risk to themselves and others), and have changes in views led to voluntary changes in (infection-reducing) behaviour?
- (2) What are the participants' views on potential future policy measures to reduce the transmission of COVID-19, to what extent would they adhere to any new measures, and what are the reasons behind these intentions?

Methods

As part of the qualitative component of our ongoing Public Views on COVID-19 (PVCovid) study, we conducted a rapid round of 4 focus groups and 3 interviews with a total of 21 participants between 29th November 2021- 14th December 2021 (Table 1).

Characteristic	N (%)
<i>Gender</i>	
Female	9 (40)
Male	13 (60)
<i>Age range</i>	
20s	7 (32)
30s	6 (27)
40+	8 (36)
Did not say	1 (05)
<i>Ethnicity</i>	
White	13 (59)
BAME	9 (41)
<i>Vaccination status*</i>	
Vaccinated	16 (73)
Unvaccinated	6 (27)

Table 1: Demographic characteristics for participants in this report

**For the purposes of this paper: 'vaccinated' refers to participants who had accepted all doses of the COVID-19 vaccine offered to them at the point of data collection (i.e. two doses, or two doses and a booster vaccine); 'unvaccinated' refers to participants who had refused either one or both doses of*

their initial Covid-19 vaccines (thus includes those completely unvaccinated and partially unvaccinated)

Further details of our methodology can be found in previous publications and reports (Williams et al 2020; Williams et al 2021). Briefly, a rapid wave of focus groups were scheduled and conducted and recorded via Zoom lasting approximately one hour each, before being transcribed and analysed using a Framework Approach (Pope 2000). For this particular round of data collection and analysis, participants discussed their views on the new Omicron variant and whether it had changed how they were feeling in terms of the risk or threat the pandemic posed, as well as whether they were changing their behaviour (specifically, their infection-reducing behaviour) in relation to this.

Findings

Views on Omicron and current voluntary infection-reducing behaviours

Participants were asked about their reaction to the Omicron variant. Two main themes emerged to capture participants' views on this new COVID-19 variant: *variant fatigue* and *deja-vu*.

Those whose views were coded under *variant fatigue* (n=16 (73%)) tended to report not being additionally concerned about the Omicron variant, with some reporting feeling more "relaxed" now compared to earlier stages of the pandemic:

"I'm just relaxed and I'm not cautious or not, you know, frightened. ... I feel a lot more comfortable than I was a couple of years ago... Compared to the first wave, the numbers of hospitalisations and deaths are low." (Participant 2, male, 30s, vaccinated)

'Variant fatigued' participants reported: not have much knowledge about, not following news about, or not feeling especially concerned about the Omicron variant. They also reported not seeing it as being particularly different to previous COVID-19 variants. 'fatigued' participants reported that they had not voluntarily changed, nor were likely to change, their behaviours (specifically infection-reducing behaviour) in relation to the Omicron variant.

Those whose views were coded under *deja-vu* tended to argue that Omicron reminded them either of the start of the pandemic or the UK's second wave during winter 2021:

"To me, it feels now the biggest scare we've had since the start in terms of new variants. It almost feels like we are back to where we were.. And the fear of having to take a step back again. I'm having a bit of *deja-vu*" (Participant 5, male, 20s, vaccinated)

'Deja-vu' participants believed that the Omicron variant did pose an additional threat compared to what they had been perceiving during the past year (especially the past few months), and for some this was a threat similar to or worse than the initial COVID-19 original outbreak in early 2020 or the UK's initial experience of the Alpha variant. 'Deja-vu' participants reported that they had been voluntarily modifying, and would continue to modify, their behaviours to exhibit more caution (e.g. less social mixing or taking lateral flow tests).

No obvious patterns by demographic characteristics emerged. However, participants were coded according to their vaccination status and the level of concern over the Omicron variant (see Table 2). It was observed that, amongst the unvaccinated participants, there was a much greater proportion of those who were not feeling any additional concern over the new variant (i.e. variant fatigue). However, it is important to note the small sub-sample size of the unvaccinated participants in the study (n=6).

	Vaccinated n (%)	Unvaccinated* n (%)
Deja-vu	6 (38)	1 (17)
Variant fatigue	10 (62)	5 (83)

Table 2: Participants coded according to vaccination status and level of concern over Omicron

The significance of the high proportion of unvaccinated who were not reporting any additional concern or caution over Omicron ('unvaxxed and relaxed') will be discussed further in the implications section below. The remainder of the findings will discuss the two main groups (variant fatigue and deja-vu) and their relation to participants' current adherence to guidance on infection-reducing behaviours and intended compliance with any potential future policy measures.

'Variant fatigue' (Risk habituation - No additional concern over Omicron)

'Variant fatigue' participants felt as though they were 'not paying attention' to, or were "fed up" of hearing about, new variants, including the Omicron variant. This might be seen as a form of 'habituation' to the perceived threat of risk posed by COVID-19 over the 18 months including its many variants. Habituation occurs when the same (non-reinforced) stimuli is repeated over time which leads to disengagement (James, 1980). Some felt like "there is always going to be a new variant" (Participant 11, Female, 40+, vaccinated) and that they needed to "just get on with life" (Participant 20, Female, 30s, vaccinated). This, they suggested meant that they were "carrying on as normal" (Participant 9, Female 30s, unvaccinated), and were not taking any additional or particular precautions beyond what they were already doing:

"I'm not paying any attention at the moment... You always get so many new variants coming out in the past, and all these new names of new variants, I'm just carrying on as normal" (Participant 16, Male, 40+, unvaccinated)

For some participants, this 'variant fatigue' was leading to non-adherence to rules or guidance (for example not wearing facemasks in indoor public venues):

"I'm fed up of new variants. I'm not really bothered about it. I'm just doing what I've been doing for the last few months. Even things like facemasks I haven't been following it. I can't be arsed no more with the rules and that" (Participant, Male, 20s, vaccinated)

Others however were still taking the same infection-reducing behaviours that they had been earlier in the pandemic, prior to the new variant's emergence:

“I think for me nothing really changes behaviour wise, regardless of what mutation we are on of the coronavirus we know that they mutate.... We have got the controls to prevent ourselves from spreading it, through social distancing, mask wearing, vaccinations or the choices we make around testing, so nothing has really changed for me.” (Participant 18, female, 30s, vaccinated)

Many participants reported that they were no longer closely following the news related to the coronavirus pandemic, including coverage of the Omicron variant. For some this news avoidance was seen as a way to ‘get on’ with their lives and preserve their mental health (“I can’t keep worrying about it, it’s depressing” (Participant 19, female, 20s, vaccinated)) which had been negatively affected by the pandemic over the past 18 months:

“I’m just trying to focus on my life. The two years listening to the news and media it’s taken a toll on my mental health. This pandemic started two years ago, and there’s new variants coming out. I’ve given up reading and trying to listen to the news (Participant 10, male, 40s, unvaccinated)

“I’m not even tracking the news. Something just popped up on social media, something about the new variant. I don’t know what’s really going on, I think it’s just boring now. You just get on with life now, everything is picking up back to normality” (Participant 9, female, 30s, unvaccinated)

Some participants argued that the ‘*variant fatigue*’ they felt was also felt more generally amongst the public. One stated reason for why people were feeling “fed up” of the news of new variants was because they felt they had been over-exposed to news, information and developments about COVID-19 over the past 18 months:

“I think it is part of everyday life now, ‘oh there is *another* new variant’ The information that is filtered down needs to be clearer, like ‘for the next three weeks we have got to do this ... Sometimes the information is very confusing. One minute you don’t have to wear masks and the other you don’t. I don’t wear masks in the open, but everywhere inside I do. This new variant, I find people are getting fed up of it. ... People aren’t really caring anymore, in shops they go in without a mask or they wear it on their chin like they have got a blue beard” (Participant 17, female, 40s, vaccinated)

Some who were following media coverage of the pandemic, felt like the risk posed by Omicron was being amplified or “over-sensationalised” (Participant 13, male, 40s, vaccinated) distorted by the coverage:

“Out of all the variants I think they’re trying to make this the scariest or, if not the scariest, then the second scariest because I remember, they did the same with the Delta variant. ... No one has died specifically from this variant just yet. But reading the news, there is a lot of, like, alarm.” (Participant 22, male, 20s, unvaccinated)

For some, the lack of concern was due to their belief that the new variant was “milder”:

“I heard it is milder. The symptoms are headache and tiredness. It doesn’t sound so bad.” (Participant 13, male, 40s, vaccinated)

Deja-vu (additional concern over Omicron)

However, not all participants felt as though Omicron was just one variant among many, and for some, Omicron was leading to a sense of “deja-vu” that “felt like last year” (Participant 5, male, 20s, vaccinated) or “groundhog day” (Participant 21, male, 40s, vaccinated), posing a threat not seen since the first wave. These participants tended to argue that there was a need for caution, both as individuals (to take a “step back”) and as institutions (“the restrictions are back again”):

“In my workplace, the restrictions are back again, and it feels like it was last year. I think we have to put these in place in order to protect ourselves and keep yourself safe and if there is a [new] variant, then this is the right approach that we're taking.”
(Participant 15, female, 20s, vaccinated)

For some participants, this sense of deja-vu (feeling like being on a “guinea pig wheel”) was negatively impacting their wellbeing, and creating a sense of helplessness:

“Personally I’m starting to feel fatigued by it all ... I feel like I’m in perpetual motion on a guinea pig wheel ... like Groundhog day ... I feel totally inhibited like mentally, and almost ... like having a Covid Stockholm Syndrome, where I reduce my life to such a level, working from home ... dismiss[ing] invitations to socialize.” (Participant 21, male, 40s, vaccinated)

Others felt that the emergence of omicron was predictable, and that new variants would continually emerge - this they felt meant they had to “learn to live” with Covid:

“With this particular variant it is just the speed of it, but whether it is the Omicron variant or not, you see what is going on in Europe you know, in Austria and Germany, getting devastated once again... But we have just got to get on with it and learn to live with it” (Participant 14, male, 40s, vaccinated)

Current behaviours

Overall, most of the ‘deja-vu’ participants who felt as though the new variant did pose an additional threat had been adapting their behaviours to be “more cautious” (i.e. taking extra precautions to reduce their risk of infection). Conversely, ‘variant fatigue’ participants who felt as though the new variant did not pose any additional threat had not been adapting their behaviours, and were “carrying on as normal” (that is, pre-Omicron). Depending on the extent of their prior infection-reducing behaviours, for some, “carrying on” meant keeping up behaviours such as handwashing and wearing masks:

“In general I just pretend that everything is normal ... but I am careful, just stay safe”
(Participant 17, female, 40s, vaccinated)

For others, certain behaviours, like wearing facemasks had been dropped:

“I’m doing a lot of travelling. ... I’ve had so many Christmas parties, I have a work meeting tomorrow. (Participant 2, male, 40s, vaccinated)

“I'm just doing the normal things really just cleaning like wash my hands wash my face mask. Try to keep a distance between people” (Participant 10, male, 40s, unvaccinated)

Some participants, particularly those who were worried about the new variant ('deja-vu') were adopting a more cautious attitude since its emergence. One of the main reasons for this was their observations that the virus was now affecting those around them:

“I am a bit more hesitant, then I was like say a few months ago, I think, just because of the amount of people that I know that are becoming ill like people are literally just dropping like flies” (Participant 3, male, 20s, unvaccinated)

“So in the past two weeks I've had to do two PCRs ... that has really hit home that it's everywhere and anywhere... I've only been out twice those past two weeks, and both those times, people have tested positive. It's made me think 'oh should I be going to as many places and kind of what is worth the risk and what isn't.” (Participant 6, female, 20s, vaccinated)

Most of those participants who were not additionally concerned by Omicron (and/or who saw it as just another variant) tended to report not changing their current behaviours, and that they had not have any direct or vicarious experience of the virus yet:

“Nothing's changed at all. I've not, I've still not really seen or heard anybody that I know really that has even had the delta or the beta variant of the coronavirus. ... I go to places where you think at least or expect to catch it but yeah I haven't seen anything, so I still am very cynical about it.” (Participant 7, male, 40s, unvaccinated)

Another reason for why some were exhibiting more caution was not because of their concern over the virus itself (i.e. getting ill from it) but rather because of a fear of new policy measures (“restrictions”) being implemented:

“It's not fear of the virus itself ... [But] I don't want us to go into lockdown, I don't want us to have further restrictions, I want to create an enjoyable Christmas, I think, I'm trying to do a little bit now to make it better in a few weeks.” (Participant 5, male, 20s, vaccinated)

Social contacts

One of the main ways in which those who were adopting more caution (deja vu) were doing so, was through reducing their social contacts by socialising less. For example, as one participant explained:

“I have been pulled back to, like, the lockdown kind of mentality again and so I've been a bit more cautious now the recent couple of weeks and just kind of rejected a couple of times, where I've been asked to go out and also my work Christmas do (Participant 1, male, 30s, vaccinated)

Those who were not adopting more caution as a result of the emergence of the Omicron variant were reporting socialising in the same ways as they had been for the past weeks or

months. One of the stated reasons used to justify this was the need for “learning to live with Covid”:

“I still socialise. I was out for dinner last night, and I'm going out tonight. You know i'm using public transport. It's all about learning to live with Covid and not letting it rule my life (Participant 14, male, 40s, vaccinated)

Lateral flow testing

Participants were specifically asked whether they had taken a lateral flow test (LTF), and if so, whether they had been doing so regularly, and also if they had been doing so more regularly recently. Although specific guidance during this period varied across the UK, the general advice was to use lateral flow tests when “in a high-risk situation” (e.g. meeting in indoor spaces that are poorly ventilated and/or crowded), meeting those who are at higher risk of severe illness from COVID-19 and if you have been in contact with someone with COVID-19 but have not been told to self-isolate (UK Gov 2021).

Overall, participants were not regularly using lateral flow tests, except for those who were required to do so by their employer (e.g. school teachers, other public sector staff).

However, a number of participants suggested that, although they would not do so if they were going to a small or informal social event (e.g. attending a pub or restaurant with a small group of close friends) they would be likely to do so if they were attending a large, formal social event (e.g. a concert).

“It’s not something which I would do regularly through personal choice. If I was going to an event I would.” (Participant 5, male, 20s, vaccinated)

Most participants that commented on the issue, suggested that they would not generally feel comfortable asking others to take a lateral flow test or prove their negative status before a social event. The decision to take a lateral flow test was constructed as a “personal responsibility”.

“I’d do it for myself, but I don’t want to be policing other people. People need to take responsibility. If they want to do it, that’s their responsibility.” (Participant 10, male, 40s, unvaccinated)

One participant did suggest that, although he didn’t do so regularly for general social activities, he did whenever he visited vulnerable family members:

“If I go to visit family on the weekend, I still take a lateral flow and sort of make myself a little bit more cut off for the few days earlier ... But if I went out with friends for a night out, I almost wouldn’t care what I was doing. But now I'm a bit more aware again. I'm not worried about my own health. I don’t want things to deteriorate more. (Participant 5, male, 20s, vaccinated)

Facemasks

Most participants suggested they had been wearing facemasks consistently in public indoor venues like shops or on transport. Participants in Wales had been doing so as a legal

requirement. However, some participants in England did note that they hadn't been wearing them consistently following the removal of the legal requirement to wear them in July. During the study period, face masks in England were re-mandated in certain indoor venues, and some participants noted how they, and others they observed, were now wearing facemasks more commonly. Some participants did suggest therefore that they were wearing facemasks only when required to do so, and not necessarily because they felt they needed them as a precaution to keep themselves and others safe:

“Obviously with people being vaccinated and stuff I didn't feel the need to wear face masks because you're protected but ... But obviously, tomorrow the guidelines will be out and if its compulsory to wear face masks, yeah I'll follow the rules... you get questioned on why you are not wearing them, and to save myself the trouble.”
(Participant 15, female, 20s, vaccinated)

One participant suggested that he had been reluctant to wear a facemask because he felt it had not protected him from previously being infected with COVID-19:

“In the shops I dont [wear a facemask], but if they ask me, I'll do it, but I am fed up of it. You can still catch it [COVID-19], even wearing a facemask. Because even me basically what I catched [*sic*] Covid, I was wearing a facemask. I didn't see what difference does it make?” (Participant 4 male, 20s, vaccinated).

However, not all participants suggested they wore a mask simply because it was required of them. Some argued they wore it because it was now a habit (“we're just so used to it” (Rasheda)) or because it made sense to them (“It's the logical thing to do” (David)). Others however noted that they were also wearing facemasks as an added precaution against Omicron:

“A lot of people in the shops are not wearing the mask, but me I always wear the mask, because Covid and this new variant is still out there. Wearing the mask is not the end of the world so I still wear it to protect myself” (Participant 16, male, 40+, vaccinated)

High intention to comply with any future policy measures

Overall, nearly all participants stated that they would comply with future policy measures ('rules'), including stricter measures (e.g. lockdown) if necessary, although the reasons for intended compliance varied. There were thus no obvious patterns by group (*variant fatigue* or *deja vu*), demographic characteristics, or vaccination status.

'Reluctant compliance'

One common theme was that of '*reluctant compliance*' (“I would absolutely follow the rules and I always have done ... but I certainly wouldn't be happy about it” (Participant 5, male, 20s, vaccinated). I've taken the attitude throughout the whole pandemic ... the rules have been set, so that that to be followed.’ Most participants stated that they would comply with most measures if required to do so, but they felt they would be more reluctant to do so this time round. Although they questioned the need for it, most participants suggested they would ultimately comply with even stringent measures, such as a lockdown (“If there was a

lockdown I would follow the guidelines of the government.” (Participant 16, male, 40+, vaccinated). The most common reason given as to why participants felt they would comply was simply because it would be legally required of them:

“The legislation, you have to comply with ... you have no other choice as a citizen to follow the guidance... But I do question the human rights” (Participant 2, male, 40+, vaccinated)

Some also suggested that they would be willing to comply as a precaution given the emergence of the new variant:

“If we were put into another lockdown just because the numbers aren't as extreme as what they once were and I don't think there's a need for it, but, I think, with a new variant there's no harm in being safer than we need to be when you're thinking about lives rather than if you can go to the pub or go to a restaurant” (Participant 6, female, 20s, vaccinated)

However, participants had varying perceptions of their ability to cope with lockdowns, even though ultimately all said they were likely to comply. Some participants felt they could do it again because they had already been through it before, and knew they would still be able to access essential supplies or services:

“I'll just follow the guidelines. It's not going to be any harder. What new can they do, they can put us back into lockdown, but you can still go shopping” (Participant 9, female, 30s, unvaccinated)

For instance, some participants felt that they would find it easy to work from home (where their job more readily permitted, e.g. office work) or where they felt as though their mental health hadn't been too badly affected by the pandemic thus far:

“I wouldn't mind just working from home 100% again. ... I could deal with a lockdown. I'm kind all right in my own company, it doesn't affect my mental health too much.” (Participant 1, male, 30s, vaccinated)

Others suggested they would struggle to do so if required. For example, one participant working in education said they would be willing to give up social activities (e.g. nightclubs) but would struggle if schools were required to shut again. They suggested that having to work remotely would be difficult as it would feel like “a step backwards”:

“I'd happily give up something quite casual like you know going to a nightclub but ... I'm just not willing to be completely disorientated ... If I had a different job it would be completely different ... if I could just pick up a laptop and work I would ... but if school for example was shut down I just think for me that would just be completely going backwards and almost a reversal of everything that we've kind of built up over the last couple of years, so I think I would struggle” (Participant 3, male, 20s, unvaccinated)

Non-compliance

Although stated intention to comply with measures was largely universal, there were a couple of exceptions. Two participants did note that they would be meeting with family for Christmas, even if any new rules introduced did not permit indoor mixing across different households:

“I would do you know, whatever the rules are that's fine I'm I will be going home at Christmas and not seeing my family in three months.” (Participant 19, female, 20s, vaccinated)

One participant explained that the reason he would not comply with any rules prohibiting households from mixing over Christmas was due to a combination of his critical view of a recent well-publicized controversy over alleged rule-breaking by UK Government ministers in Christmas 2020, and his view that it should be down to personal responsibility”

“I think if he [the UK Prime Minister, Boris Johnson] attempts to do what he did last year and stop families coming together, I think people will just ignore it, and fair enough I certainly will and my family will. But we will try and make our own precautions through jabs and being careful where we go wearing masks and stuff. ... Everyone needs to be sensible and find their own path but be respectful of others.” (Participant 14, male 40+, vaccinated)

A number of participants did suggest that although they would follow the rules themselves, they felt that many others largely wouldn't:

“I know a lot of my friends wouldn't and I'm sure, a lot of the public wouldn't as well ... but obviously it depends what the restrictions are, because if it's too harsh you'll get a backlash I'm sure from the public.” (Participant 1, male, 30s, vaccinated)

This is a continuation of an earlier theme discussed in our previous papers, which found that there was high perceived adherence in self but high perceived non-adherence in others (Williams et al 2020; Williams et al 2021). Some participants felt that compliance would differ, depending on the types of measures that might be implemented. For instance, some argued how (in England) facemask wearing had increased in line with new measures requiring them to be worn on public transport and in shops, something they felt would continue. At the same time however, some felt as though compliance with measures that limited social mixing would see less compliance:

“I believe that people will stick to the rules, especially in regards to masks so, for example, that's something that I'm doing much more frequently and I think the reason for that is because, at least where I live in London they're enforcing it much more strictly, but in terms of going out, I don't think so... I don't think compliance in terms of staying indoors will be followed as rigorously as it was in the beginning” (Participant 22, male, 20s, unvaccinated)

Implications

18 months into the pandemic, there may be habituation to the risk posed by COVID-19 (*variant fatigue*), including in relation to new variants of concern such as Omicron. This poses a challenge for public health communication, since a sense of complacency about COVID-19 (of being ‘relaxed’ about, or ‘living with’ the virus) may undermine efforts to

encourage voluntary adherence to infection-reducing behaviours such as reducing social contacts or regularly using lateral flow tests. A general decline in engagement with news related to COVID-19 and a scepticism over the role of the media in ‘amplifying’ the threat of the virus may prove a challenge to public health messages urging the need for additional caution. However, findings suggest that, if future policy measures are needed, it is likely that most people would still be willing to comply, albeit reluctantly.

Public health communications might therefore seek to:

- (1) emphasise the message that Omicron is not ‘just another’ variant (and clearly emphasise the risk it poses)
- (2) provide targeted messaging to those who are unvaccinated or partially vaccinated to emphasise the particular need for additional caution
- (3) Emphasise the rationale behind the introduction for additional measures if required (the gravity of the public health situation posed by Omicron – i.e. harness the ‘déjà vu’ severity of last winter), and provide clear messaging through a variety of channels to emphasise that policy measures are a legal requirement
- (4) consider the differential impacts (and where possible provide relevant supports) of new policy measures on individuals (e.g. those whose employment does not readily lend itself to home-working).

This study found two main groups based on participants’ perceived concern over Omicron: *variant fatigue* and *deja vu*. Those exhibiting variant fatigue reported not adopting any additional caution or infection-reducing behaviours as a result of the new variant. They tended to describe Omicron as ‘just another variant’ and expressed a need to ‘live with’ the virus. Those exhibiting *deja vu* suggested that Omicron was of additional concern to them and for some posed a threat not seen since ‘last year’ (second wave). No demographic patterns emerged, although there was a high amount of *variant fatigue* (absence of additional caution) amongst the unvaccinated participants. Those who were concerned about Omicron tended to report reducing social contacts. Few participants reported taking lateral flow tests regularly, except for those required to by their employers. Stated compliance with facemask rules was high. Nearly all participants stated an intention to comply with any future potential policy measures to reduce transmission of COVID-19, including more stringent measures such as lockdowns.

One emerging concern for public health might be the large proportion of unvaccinated or partially vaccinated participants in this study who were not adopting additional caution in relation to Omicron; many of whom reported carrying on as ‘normal’. It is important to note of course that this is a small sample and that some of these participants were still displaying some of the basic infection-reducing behaviours (e.g. wearing facemasks) but were not taking some additional steps to reduce their risk of catching or transmitting the virus (e.g. reducing social contacts or taking regular lateral flow tests). Due to the small sample size, larger more generalisable survey research exploring potential relationships between infection-reducing behaviours, risk perception, and vaccination status is needed. In addition to the small sample size, the study is also limited by the relative lack of participants in older and/or clinically vulnerable categories. Additional limitations to the overall study are discussed in previous publications (Williams et al 2020; Williams et al 2021).

Nearly all participants reported that they would be willing to comply with new policy measures if required to do so. This includes compliance with both low-cost measures like mask-wearing and high-cost measures like lockdowns - although compliance with the latter is

generally more ‘reluctant’ and seen to be more difficult. Some however did report that they might not fully comply with certain restrictions at certain times (e.g. not mixing outside of the household on Christmas). There was a clear distinction between rules and guidance (most people stated they would follow rules precisely because they are required, rather than simply advised, to). Future research needs to continue to follow public attitudes to COVID-19 including the Omicron variant. As rates of cases, hospitalisations and deaths change this may also change many people’s perception of risk. However, this early qualitative study’s identification of variant fatigue – or a sense of habituation to COVID-19 risk – raises the need for further research in this area.

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