Appendix with Supplemental Information

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Supplemental File 1. Details on the survey and sample size calculation

Survey details

The survey was planned and designed in early summer 2022, with the goal to provide scientific evidence for potential vaccination campaigns in future scenarios of the pandemic. Conjoint experiments had been used previously by earlier studies to analyze how a broad range of factors affects vaccine acceptance and the research design seemed very suitable to explore the implications of various future scenarios. We reviewed the literature on vaccination readiness to identify relevant attributes to be manipulated in the experiment. We also consulted with practitioners in the public health sector and country experts to assess what kind of new and current developments might have consequences for vaccine uptake in future scenarios. We found that both the objective conditions such as virus variants and availability of new vaccines as well as more subjective factors such as motivations were likely to play a role. Also, the evidence suggested that in addition to the vaccination campaigns, media coverage on vaccinations and the wider information environment were likely to affect the public mood when further rounds of vaccinations would need necessary. We therefore included two experiments to cover both of these aspects. Details on the experiments are provided in Supplemental File 6 and 7.

The standardized questionnaire was designed for interviews to last for about 15 minutes. All questions were asked in a closed-ended format. We used nominal scales, 5-point Likert-type scales as well as numerical rating scales (e.g. 0 to 10 rating scale) to record the responses. The translations of the questions were done by native speakers and checked by experts familiar with the local conditions and vaccination discourse in Austria and Italy.

The questionnaire was then programmed and tested. Before the questionnaire was fielded, the survey was pilot tested by the research team and lay-persons and some minor adjustments were made based on the feedback. The survey was then fielded by the survey company and the interviews were realized as Computer-Assisted Personal Interviews (CAPI).

We used population-representative quotas for the recruitment of respondents. The target population in each country were residents aged 14+ years. Please note that from the age of 14 adolescents in Austria and Italy can decide for themselves, without their parents' consent, whether they want to be vaccinated or not. The quota targets and actual values in the sample are shown in Supplemental File 5. Please note that, although we aimed to make the sample structure match as closely as possible to the targets, some subgroups of the population remain hard to reach for online surveys (e.g. very high age, language minorities).

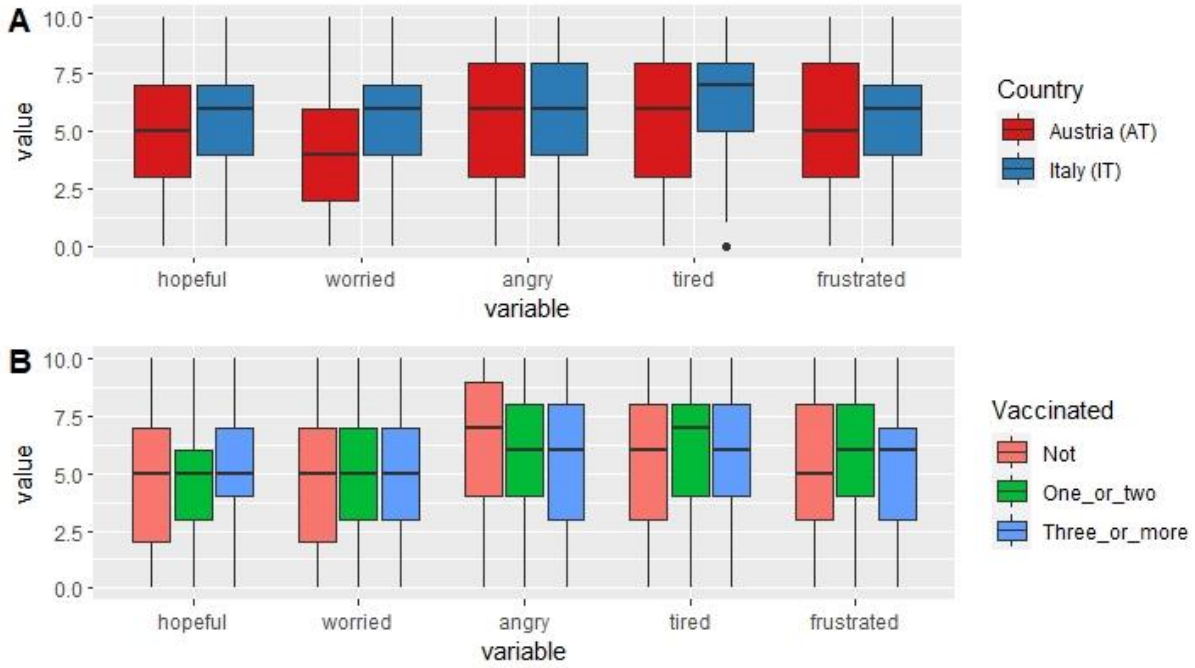
Sample size calculation

We calculated a minimum sample size of 2,017 for a conjoint experiment based on the size of the population of Austria/Italy, desired confidence levels of 95% and error margins of 2%. We also took into consideration that it might not be possible to motivate some groups in the population for further vaccinations due to vaccine fatigue. Although in July 2022 about 77% of Austrians and 85% of Italian had received at least one dose, only 59% In Austria reported and 72% of Italians had received the first booster vaccinations. Based on these numbers, we estimated that about only two thirds of the respondents in our sample might be susceptible to treatment, whereas about one third would refuse vaccination under any scenario. We therefore opted for a sample size of approx. 3000 for each country.

Assessment of data quality

To assess data quality, we investigated non-response patterns. Specifically, we calculated the number of times respondents did not give substantial answers ("Don't know", "No answer"). We flagged an interview as suspicious when respondents gave an unsubstantial answer more than 50% of the time. We found no Austrians and 151 Italian participants for whom this was true and performed the analyses with and without these participants. There were no changes in the results of the conjoint experiments and for this reason did not exclude these participants from the analyses.

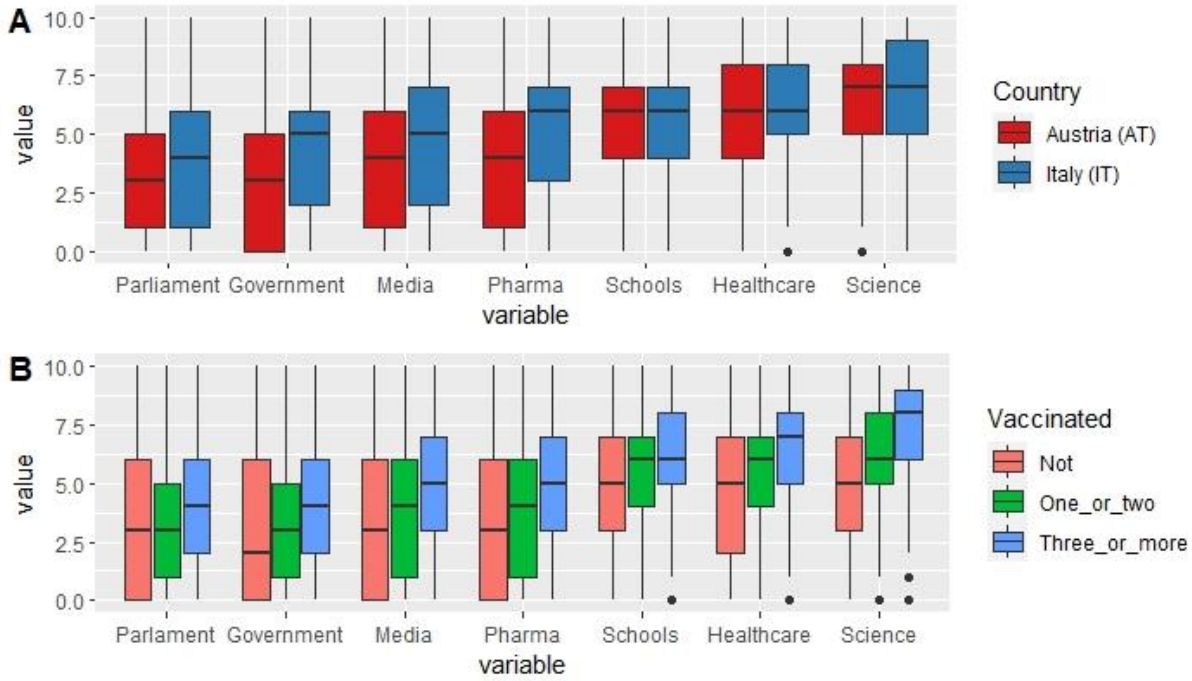
Supplemental File 2. Emotions by country (A) and vaccination status (B)



Notes: Boxplots showing the median (+/-1.5 IQR). To assess emotions, respondents were asked the following question: "When you think of the Corona crisis, how much do you feel...?". For each item (hope, worry, anger, fatigue, frustration) respondents recorded their responses on a scale ranging from 0 "not at all" to 10 "very much".

	hopeful	**worried**	**agry**	**tired**	**frustrated**
Responses	6,087	6,149	6,117	6,121	6,123
Missing	270 (4%)	208 (3%)	240 (4%)	236 (4%)	234 (4%)

Supplemental File 3. Trust in institutions by country (A) and vaccination status (B)



Notes: Boxplots showing the median (+/-1.5 IQR). To assess institutional trust, respondents were asked the following question: "How much trust do you have in each of the institutions mentioned?" For each item (parliament, government, media, pharma companies, schools, healthcare system, science) respondents recorded their responses on a 0-to-10 scale, ranging from 0 "no trust at all" to 10 "very much trust".

	Parliament	**Government**	**Media**	**Pharma**	**Schools**	**Healthcare**	**Science**
Responses	6,146	6,133	6,150	6,119	6,121	6,171	6,158
Missing	211 (3%)	224 (4%)	207 (3%)	238 (4%)	236 (4%)	186 (3%)	199 (3%)

Supplemental File 4. Charateristics of vaccination status groups

Vaccination status	N (%)	Vaccination readiness (mean±SD)	Gender (% male)	Age (mean±SD)	Education (% highest third)
Not	1618 (25%)	3.4±3.0	**50%**	44±17	13%
1 or 2	878 (14%)	4.7±2.6	48%	38±16	16%
≥3	**3861 (61%)**	**6.6±2.5**	48%	**47±16**	**22%**

Notes: Highest value per column in bold. Vaccination Readiness is the average of all ratings across all scenarios across both experiments for the likelihood to get vaccinated (measured on a 0-to-10 scale).

Supplemental File 5. Sample characteristics

	Italy (N=3,170)		Austria (N=3,187)	
	Target	Sample	Target	Sample
Gender				
Male	50%	46%	49.8%	48.3%
Female	50%	48%	50.1%	51.0%
Other	0%	5.0%	0%	1.0%
Age groups				
14 to 24 years	14.0%	13.9%	15.0%	15.4%
25 to 34 years	13.7%	13.8%	17.5%	17.6%
35 to 44 years	16.0%	16.8%	17.0%	16.0%
45 to 54 years	20.6%	20.5%	19.3%	19.0%
55 to 64 years	19.2%	19.7%	18.1%	18.7%
65+ years	16.6%	15.3%	13.2%	13.3%
Education				
Low/Medium	40.3%	37.3%	67.9%	68.6%
High	59.7%	62.2%	32.1%	30.4%
Other	0%	0.5%	0%	0.9%
Regions: Italy				
Piemonte	7.2%	8.1%		
Valle d'Aosta	0.2%	0.3%		
Trentino Alto	1.8%	1.4%		
Adige Veneto	8.2%	6.6%		
Friuli Venezia Giulia	2.0%	2.3%		
Giulia Liguria	2.6%	2.7%		
Lombardia	16.9%	17.3%		
Toscana	6.2%	5.1%		
Umbria	1.5%	1.2%		
Lazio	9.7%	9.9%		
Abruzzo	2.2%	1.8%		
Emilia-Romagna	7.5%	7.5%		
Sardegna	2.7%	3.4%		
Marche	2.5%	2.3%		
Campania	9.5%	9.9%		
Molise	0.5%	0.6%		
Puglia	6.6%	7.4%		
Basilicata	0.9%	0.9%		
Calabria	3.1%	2.8%		
Sicilia	8.1%	8.5%		
Regions: Austria				
Vorarlberg			4.4%	4.1%
Tirol			8.5%	8.3%
Salzburg			6.3%	6.6%
Steiermark			14.2%	14.4%
Kärnten			6.4%	6.5%
Oberösterreich			16.6%	16.5%
Niederösterreich			18.9%	18.6%
Wien			21.4%	21.0%
Burgenland			3.4%	4.0%

Notes: Comparison of quota targets used for recruitment of participants and actual values in the sample.

Supplemental File 6. Details on experiment 1 – A hypothetical vaccination campaign

Experiment 1 was designed to assess scenarios for a hypothetical vaccination campaign. The discussion with experts in public health revealed that there was uncertainty about the evolution of virus variants and we included this attribute to evaluate to what extent the severity of virus variants could influence vaccination decisions. The review of the literature revealed that properties of available vaccines, costs/incentives, as well as campaign messages could affect vaccine uptake. Discussion with country experts revealed that some people seemed to be waiting for new vaccines to become available, with some waiting for inactivated virus vaccines and some waiting for vaccines adapted to the Omicron variants. Regarding campaign messages, the literature suggested that emotions may play an important role for vaccine uptake. To convey emotions, we used a testimonial by a fictive person (randomising age group and gender), making a statement about his or her motivation to get vaccinated. We included statements about economic and health risks at the individual, interpersonal and collective level. Taking up advice from the expert consultations, we also included messages emphasizing a sense of community and self-efficacy. The wording of all attributes and levels are listed at the end of this file (see Table S6.1: English translation, Table S6.2: Original version in German, Table S6.3: Original version in Italian).

The introductory sentence for the experiment read as follows: "Below we present several hypothetical scenarios for calls for further COVID-19 vaccinations. The scenarios include fictional calls for COVID-19 vaccination." Respondents were then shown two scenarios at a time and were asked to answer two follow-up questions (Q1, Q2). Levels were randomly assigned with equal probabilities and repeatedly recombined, with all combinations being plausible and realistic. The procedure was repeated twice so that each respondent had to evaluate four scenarios in total.

Scenario 1	**Scenario 2**
Virus variants are emerging, *<Variant, 1 of 3>* and infection rates are increasing. There is a general vaccination recommendation for everyone 14 years and older.	Virus variants are emerging, *<Variant, 1 of 3>* and infection rates are increasing. There is a general vaccination recommendation for everyone 14 years and older.
Available vaccines: *<Vacc, 1 of 2>*	Available vaccines: *<Vacc, 1 of 2>*
Versions of the vaccines adapted to Omicron are <Omic*, 1 of 2>.*	Versions of the vaccines adapted to Omicron are <Omic*, 1 of 2>.*
<Incen, 1 of 4>	*<Incen, 1 of 4>*
<Name, age>: *"<Motiv, 1 of 8>.* That's why I'm going to get vaccinated. And what's your plan for the fall?"	*<Name, age>:* *"<Motiv, 1 of 8>.* That's why I'm going to get vaccinated. And what's your plan for the fall?"

Q1. Please imagine the following hypothetical situations for the fall and read the vaccination calls carefully.

In which of these two scenarios does the vaccination call appeal to you more? If you find neither or both calls equally appealing, please decide spontaneously. (Binary choice)

- Scenario 1
- Scenario 2

Q2. On a scale of 0 to 10, how likely is it that you would heed these calls for vaccination and get vaccinated against COVID-19? (Ratings scale)

- Scenario 1: 0 = "would definitely not get vaccinated" to 10 "would definitely get vaccinated"
- Scenario 2: 0 =" would definitely not get vaccinated" to 10 "would definitely get vaccinated"

Table S6.1: English version

Attributes	Levels
Virus variants (`Variant`) ● *Decline* ● *No change* ● *Escalation*	● which are less dangerous than the current virus variant. ● similar to the current virus variant. ● more dangerous than the current virus variant.
Type of vaccine (`Vacc‘) ● *mRNA vaccines only* ● *mRNA vaccines plus inactivated vaccines*	● mRNA vaccines: BioNtech-Pfizer, Moderna ● mRNA vaccines: BioNtech-Pfizer, Moderna Inactivated vaccines: Novavax, Valneva
Adaptation to Omikron (`Omic‘)	● available ● not available
Incentives (`Incen‘) ● *free of charge* ● *not free of charge* ● *Premium in kind* ● *Cash reward*	● The vaccination is free of charge. ● The vaccination costs 20 Euros. ● For the vaccination, you will receive a shopping voucher for 500 Euros as an expense allowance. ● For the vaccination you will receive 500 Euros as an expense allowance.
Target group	● Name (age) *<gender randomised & age group equal to respondent>* ● Name (age) *<gender randomised & age group not equal to respondent (randomised)>.* *Names:* ○ *(male first names)* Franz, Martin, Stefan, Michael, Lukas, Maximilian, Thomas, Josef, Valentin, Jakob ○ *(female first names)* Maria, Sabine, Daniela, Julia, Lena, Anna, Martina, Tanja, Erika, Sylvia *Age:* ○ *(14-24 years)* 16 years, 21 years ○ *(25-34 years)* 28 years, 32 years ○ *(35-44 years)* 37 years, 43 years ○ *(45-54 years)* 49 years, 54 years ○ *(55-64 years)* 56 years, 63 years ○ *(65 + years)* 67 years, 72 years
Vaccination motivation (`Motiv‘) ● *Economic risk – sociotropic* ● *Economic risk - personal* ● *Health risk - Self-protection Recovered* ● *Health hazard - self-protection - severe course* ● *Health risk - external protection interpersonal* ● *Health risk - external protection collective* ● *Sense of community* ● *Self-efficacy*	● I don't want any more lockdowns! The shops and restaurants must stay open. ● I can't afford financially to get sick with Long Covid and not be able to work. ● I already had Corona and I don't want to have it again. ● I am afraid of a severe course of the disease. It can affect anyone. ● A friend of mine is a high-risk patient. I want to protect those around me. ● I want to protect the health system. The workload of health workers must be reduced. ● We should all stick together to overcome the crisis. ● We are not powerless in the face of the pandemic. Everyone can do something!

Table S6.2: German version

Attribute	Ausprägungen
Virusvarianten ● *Decline* ● *No change* ● *Escalation*	● die weniger gefährlich sind als die derzeitige Virusvariante. ● die ähnlich sind wie die derzeitige Virusvariante. ● die gefährlicher sind als die derzeitige Virusvariante.
Art des Impfstoffs ● *mRNA-Impfstoffe only* ● *mRNA-Impfstoffe und zusätzlich Totimpfstoffe*	● mRNA-Impfstoffe: BioNtech-Pfizer, Moderna ● mRNA-Impfstoffe: BioNtech-Pfizer, Moderna Totimpfstoffe: Novavax, Valneva
Anpassung an Omikron	● verfügbar ● nicht verfügbar
Incentives ● *kostenfrei* ● *nicht kostenfrei* ● *Sachprämie* ● *Geldprämie*	● Die Impfung ist gratis. ● Die Impfung kostet 20 Euro. ● Für die Impfung erhalten Sie einen Einkaufsgutschein über 500 Euro als Aufwandsentschädigung. ● Für die Impfung erhalten Sie 500 Euro als Aufwandsentschädigung.
Zielgruppe	● Name (Alter) *<Geschlecht randomisiert & Altersgruppe gleich befragter Person>* ● Name (Alter) *<Geschlecht randomisiert & Altersgruppe ungleich befragte Person (randomisiert)>* *Namen:* ○ *(männliche Vornamen)* Franz, Martin, Stefan, Michael, Lukas, Maximilian, Thomas, Josef, Valentin, Jakob ○ *(weibliche Vornamen)* Maria, Sabine, Daniela, Julia, Lena, Anna, Martina, Tanja, Erika, Sylvia *Alter:* ○ *(14-24 Jahre)* 16 Jahre, 21 Jahre ○ *(25-34 Jahre)* 28 Jahre, 32 Jahre ○ *(35-44 Jahre)* 37 Jahre, 43 Jahre ○ *(45-54 Jahre)* 49 Jahre, 54 Jahre ○ *(55-64 Jahre)* 56 Jahre, 63 Jahre ○ *(65 + Jahre)* 67 Jahre, 72 Jahre
Impfmotivation ● *Wirtschaftliche Gefahr – soziotropisch* ● *Wirtschaftliche Gefahr – persönlich* ● *Gesundheitliche Gefahr - Selbstschutz Genesene* ● *Gesundheitliche Gefahr - Selbstschutz - schwerer Verlauf* ● *Gesundheitliche Gefahr - Fremdschutz interpersonal* ● *Gesundheitliche Gefahr - Fremdschutz kollektiv* ● *Gemeinschaftsgefühl* ● *Selbstwirksamkeit*	● Ich will keine Lockdowns mehr! Die Geschäfte und Restaurants müssen offenbleiben. ● Ich kann es mir finanziell nicht leisten, an Long Covid zu erkranken und nicht mehr arbeiten zu können. ● Ich hatte schon Corona und will es nicht schon wieder haben. ● Ich habe Angst vor einem schweren Krankheitsverlauf. Es kann jeden treffen. ● Ein Freund von mir ist Risikopatient. Ich will mein Umfeld mitschützen. ● Ich will das Gesundheitssystem schützen. Das Gesundheitspersonal muss entlastet werden. ● Wir sollten alle zusammenhalten, um die Krise gemeinsam zu meistern. ● Wir sind nicht machtlos gegenüber der Pandemie. Jeder kann was tun!

Table S6.3: Italian version

Attributi	**Espressioni**
Varianti di virus ● *Declino* ● *Nessuna variazione* ● *Escalation*	● che sono meno pericolose dell'attuale variante del virus ● che sono simili all'attuale variante del virus ● che sono più pericolose dell'attuale variante del virus
Tipo di vaccino ● *Solo vaccini a mRNA* ● *vaccini a mRNA e vaccini inattivati aggiuntivi*	● Vaccini a mRNA: BioNtech-Pfizer, Moderna ● Vaccini a mRNA: BioNtech-Pfizer, Moderna Vaccini inattivati: Novavax, Valneva
Adattamento a Omicron	● disponibile ● non disponibile
Incentivi ● *gratuito* ● *non gratuito* ● *Premio in natura* ● *Premio in denaro*	● La vaccinazione è gratuita. ● La vaccinazione costa 20 euro. ● Per la vaccinazione riceve un buono spesa di 500 euro. ● Per la vaccinazione riceve 500 euro in contanti come rimborso spese.
Gruppo target	● Nome (età) *<sesso randomizzato e gruppo di età uguale a quello del rispondente>.* ● Nome (età) *<sesso randomizzato e gruppo di età del rispondente non uguale (randomizzato)>.* *Nomi:* ○ *(nomi maschili)* Franco, Martino, Stefano, Michele, Luca, Massimiliano, Tommaso, Giuseppe, Valentino, Jacopo ○ *(nomi femminili)* Maria, Sabina, Daniela, Giulia, Lena, Anna, Martina, Tania, Erica, Silvia *Età:* ○ *(14-24 anni)* 16 anni, 21 anni ○ *(25-34 anni)* 28 anni, 32 anni ○ *(35-44 anni)* 37 anni, 43 anni ○ *(45-54 anni)* 49 anni, 54 anni ○ *(55-64 anni)* 56 anni, 63 anni ○ *(65+ anni)* 67 anni, 72 anni
Motivazione alla vaccinazione ● *Rischio economico - sociotropico* ● *Rischio economico – personale* ● *Pericolo per la salute - Autoprotezione convalescenti* ● *Pericolo per la salute - autoprotezione - decorso grave* ● *Pericolo per la salute - protezione degli altri* ● *Pericolo per la salute - protezione per la popolazione generale* ● *Spirito comunitario*	● Non voglio più lockdown! I negozi e i ristoranti devono rimanere aperti. ● Non posso permettermi finanziariamente di ammalarmi di Long Covid e di non poter lavorare. ● Ho già avuto il Covid-19 e non voglio averlo di nuovo. ● Temo un decorso grave della malattia. Può colpire chiunque. ● Un mio amico è un paziente ad alto rischio. Voglio proteggere coloro che mi circondano. ● Voglio proteggere il sistema sanitario. Il carico di lavoro degli operatori sanitari deve essere ridotto. ● Dovremmo essere tutti uniti per superare la crisi.

Attributi	Espressioni
● *Autoefficacia*	● Non siamo impotenti di fronte alla pandemia. Tutti possono fare qualcosa!

Supplemental File 7. Details on experiment 2 – Media communication on vaccinations

Experiment 2 was designed to assess scenarios of hypothetical media coverage on vaccinations. Recent research has demonstrated the importance of communicating expert consensus to increase vaccinations. Yet, media coverage usually tries to balance perspectives, even when there is far-reaching consensus ("false balance"). We therefore included fictional reports about a TV discussion round as an attribute in the experiment. Previous research also suggested that celebrity endorsement might play a role. As recent coverage on vaccination included both celebrities endorsing vaccinations, but also opposition to vaccination by celebrities to vaccinations, we include a brief fictional report on celebrity behaviour. The discussion with public health experts further revealed that there was great uncertainty about the risks of Long COVID. We therefore included an attribute varying the prevalence of Long COVID. Finally, previous research has shown that legal rules such as vaccine passports and vaccine mandates may matter for vaccinations. To evaluate whether such instruments would be suitable to increase vaccinations, we included an attribute for the requirement of a vaccine passport and two kind of vaccine mandates. The wording of all attributes and levels are listed at the end of this file (see Table S7.1: English translation, Table S7.2: Original version in German, Table S7.3: Original version in Italian).

The introductory sentence for the experiment read as follows: "In the following we show you some made-up media reports on vaccination against COVID-19. These are fictional scenarios in each case." Respondents were then shown two media reports at a time and were asked to answer two follow-up questions (Q3, Q4). Levels were randomly assigned with equal probabilities and repeatedly recombined, with all combinations being plausible and realistic. The procedure was repeated twice so that each respondent had to evaluate four scenarios in total.

Media Report 1	**Media Report 2**
TV discussion: The talk show on the topic "Should we vaccinate ourselves (again)?" featured guests <Cons, 1 of 4>.	TV discussion: The talk show on the topic "Should we vaccinate ourselves (again)?" featured guests <Cons, 1 of 4>.
Celebrity Newsflash: < Celeb, 1 of 4>	Celebrity Newsflash: < Celeb, 1 of 4>
Science: A new study has investigated the incidence of Long Covid. According to the study, <LongCo, 1 in 4> suffer from Long Covid symptoms and were off work sick for more than 4 weeks. Vaccination reduces the risk of Long Covid by 50 percent.	Science: A new study has investigated the incidence of Long Covid. According to the study, <LongCo, 1 in 4> suffer from Long Covid symptoms and were off work sick for more than 4 weeks. Vaccination reduces the risk of Long Covid by 50 percent.
Current Corona Rules: A valid vaccination certificate will <GreenPa, 1 of 2>.	Current Corona Rules: A valid vaccination certificate will <GreenPa, 1 of 2>.
Mandatory vaccination: <Mand, 1 of 3>	Mandatory vaccination: <Mand, 1 of 3>

Q3. Please read these two media reports carefully.

Based on which media report would you be more likely to trust vaccination against COVID-19? Please spontaneously choose one if neither or both media reports give an equally trustworthy impression. (Binary choice)

- Media report 1
- Media report 2

Q4. On a scale of 0 to 10, how likely is it that you would get vaccinated against COVID-19 given these media reports? (Rating scale)

- Media report 1: 0 = “would definitely not get vaccinated” to 10 “would definitely get vaccinated”
- Media report 2: 0 =” would definitely not get vaccinated” to 10 “would definitely get vaccinated”

Table S7.1: English version

Attributes	**Levels**
Consensus (`Cons‘) ● *Consensus doctors* ● *Consensus science* ● *False Balance Doctors* ● *False Balance Scientists*	● Doctors A and B., both physicians. They agreed that the vaccines are safe and effective and called on the population to vaccinate. A representative survey by the Medical Association with more than 10,000 respondents shows that 90% of doctors trust the approved vaccines. ● The immunologist Prof. Dr. E and the infectiologist Prof. Dr. F. Both scientists, agreed that the vaccines are safe and effective and called on the population to vaccinate. A representative survey of the professional societies for immunology and infectiology with over 1000 respondents shows that 99% of the scientists trust the approved vaccines. ● Doctors C and D. Dr. C was of the opinion that the vaccines were safe and effective and called for vaccination. Dr. D, on the other hand, expressed doubts about the safety and effectiveness of the vaccines and did not recommend vaccination. The debate was controversial and ended without a clear outcome. ● The infectiologist Prof. Dr. G and the microbiologist Prof. Dr. H. Prof. Dr. G was of the opinion that the vaccines were safe and effective and called for vaccination. Prof. Dr. H, on the other hand, expressed doubts about the safety and effectiveness of the vaccines and did not recommend vaccination. The debate was controversial and ended without a clear result.
Celebrities (`Celeb‘) ● *Celebrity falls ill* ● *Celebrity refuses vaccination* ● *Celebrity vaccinated* ● *Celebrity waits for new vaccines*	● Tennis player J: "It would have been better to have had me vaccinated earlier". Due to infiltrations in the lungs after a COVID infection, J is out for the rest of the year. ● Football player K: "I stand by the no to vaccination". K renounces participation in the tournament because entry into the host country is currently not possible without a vaccination certificate. ● Singer L: "I am already vaccinated and appeal to all my fans to do the same". L is planning a big tour all over Europe in autumn. ● Actress M: "I'm waiting for the new vaccines". The shooting of M's new film is postponed until next year.
Long Covid (`LongCo‘)	● 1 percent of the infected ● 5 percent of the infected ● 10 per cent of the infected ● 20 per cent of those infected
Green passport (`GreenPa‘)	● no longer needed. ● needed again in many areas.
Vaccine mandate (`Mand‘)	● There is no compulsory vaccination. ● Compulsory vaccination applies from the age of 50 with a fine of 100 euros. ● Vaccination is compulsory from the age of 18 with a fine of 1500 euros.

Table S7.2: German version

Attribute	Ausprägungen
Konsens ● *Konsens Ärzte*	● Die Ärzte Dr. A und Dr. B. Beide Mediziner waren sich einig, dass die Impfstoffe sicher und effektiv sind, und riefen die Bevölkerung zur Impfung auf. Eine repräsentative Umfrage der Ärztekammer mit über 10.000 Befragten zeigt, dass 90% der Ärztinnen und Ärzte den zugelassenen Impfstoffen vertrauen.
● *Konsens Wissenschaft*	● Der Immunologe Prof. Dr. E und der Infektiologe Prof. Dr. F. Beide Wissenschaftler waren sich einig, dass die Impfstoffe sicher und effektiv sind, und riefen die Bevölkerung zur Impfung auf. Eine repräsentative Befragung der Fachgesellschaften für Immunologie und Infektiologie mit über 1000 Befragten zeigt, dass 99% der Wissenschaftlerinnen und Wissenschaftlern den zugelassenen Impfstoffen vertrauen.
● *False Balance Ärzte*	● Die Ärzte Dr. C und Dr. D. Dr. C vertrat die Meinung, dass die Impfstoffe sicher und effektiv seien und rief zur Impfung auf. Dr. D hingegen äußerte Zweifel in Bezug auf die Sicherheit und Wirksamkeit der Impfstoffe und sprach keine Impfempfehlung aus. Die Debatte war kontrovers und endete ohne ein klares Ergebnis.
● *False Balance Wissenschaftler*	● Der Infektiologe Prof. Dr. G und der Mikrobiologe Prof. Dr. H. Prof Dr. G vertrat die Meinung, dass die Impfstoffe sicher und effektiv seien und rief zur Impfung auf. Prof. Dr. H hingegen äußerte Zweifel in Bezug auf die Sicherheit und Wirksamkeit der Impfstoffe und sprach keine Impfempfehlung aus. Die Debatte war kontrovers und endete ohne ein klares Ergebnis.
Promis ● *Promi erkrankt*	● Tennisspielerin J: “Es wäre besser gewesen, mich früher impfen zu lassen”. Aufgrund von Infiltrationen in der Lunge nach einer COVID-Infektion fällt J für den Rest des Jahres aus.
● *Promi verweigert Impfung*	● Fußballspieler K: “Ich bleibe beim Nein zur Impfung”. K verzichtet auf die Teilnahme am Turnier, da die Einreise ins Austragungsland ohne Impfzertifikat derzeit nicht möglich ist.
● *Promi geimpft*	● Sänger L: “Ich bin schon geimpft und appelliere an all meine Fans, das auch zu tun”. L plant eine große Tournee im Herbst durch ganz Europa.
● *Promi wartet auf neue Impfstoffe*	● Schauspielerin M: “Ich warte auf die neuen Impfstoffe”. Die Dreharbeiten für M’s neuen Film verschieben sich auf das nächste Jahr.
Long Covid	● 1 Prozent der Infizierten ● 5 Prozent der Infizierten ● 10 Prozent der Infizierten ● 20 Prozent der Infizierten
Grüner Pass	● nicht mehr benötigt. ● in vielen Bereichen wieder benötigt.
Impfpflicht	● Es gilt keine Impfpflicht. ● Es gilt eine Impfpflicht ab 50 Jahre mit einer Geldstrafe von 100 Euro. ● Es gilt eine Impfpflicht ab 18 Jahre mit einer Geldstrafe von 1500 Euro.

Table S7.3: Italian version

Attributi	Espressioni
Consenso ● *Medici di consenso*	● i medici Dr. A e Dr. B. Entrambi i medici concordano sul fatto che i vaccini sono sicuri ed efficaci e invitano la popolazione a vaccinarsi. Un sondaggio

Attributi	Espressioni
● *Scienza del consenso* ● *Falso Equilibrio Medici* ● *Scienziati in falso equilibrio*	rappresentativo dell'Associazione Medica con più di 10.000 intervistati mostra che il 90% dei medici si fida dei vaccini approvati. ● l'immunologo Prof. Dr. E e l'infettivologo Prof. Dr. F. Entrambi gli scienziati sono d'accordo che i vaccini sono sicuri ed efficaci e hanno invitato la popolazione a vaccinarsi. Un sondaggio rappresentativo delle società professionali di immunologia e infettivologia con oltre 1.000 intervistati mostra che il 99% degli scienziati si fida dei vaccini approvati. ● i medici Dr. I e Dr. J. Il dottor I era del parere che i vaccini fossero sicuri ed efficaci e ha invitato a vaccinarsi. Il dottor J, invece, ha espresso dubbi sulla sicurezza e sull'efficacia dei vaccini e non ha consigliato la vaccinazione. Il dibattito era controverso e si è concluso senza un esito chiaro. ● l'infettivologo Prof. Dr. G e il microbiologo Prof. Dr. H. Il Professor G era del parere che i vaccini fossero sicuri ed efficaci e ha invitato alla vaccinazione. Il Professor H, invece, ha espresso dubbi sulla sicurezza e sull'efficacia dei vaccini e non ha consigliato la vaccinazione. Il dibattito era controverso e si è concluso senza un risultato chiaro.
Celebrità ● *Una celebrità si ammala* ● *Una celebrità rifiuta la vaccinazione* ● *Celebrità vaccinate* ● *Celebrità in attesa di nuovi vaccini*	● Il tennista J: "Sarebbe stato meglio farmi vaccinare prima". A causa di danni ai polmoni dopo un'infezione da Covid-19, J é fuori per il resto dell'anno. ● Il giocatore di calcio K: "Sostengo il no alla vaccinazione". K rinuncia a partecipare al torneo perché l'ingresso nel Paese ospitante non é attualmente possibile senza un certificato di vaccinazione. ● La cantante L: "Sono già vaccinata e chiedo a tutti i miei fan di fare lo stesso". L ha in programma un grande tour in tutta Europa in autunno. ● Attrice M: "Aspetto i nuovi vaccini". Le riprese del nuovo film di M sono rimandate al prossimo anno.
Long Covid	● 5 percento degli infetti ● 10 percento degli infetti ● 20 percento degli infetti ● L'1 percento degli infetti
Passaporto verde	● non è più necessario. ● necessario in molti settori.
Vaccinazione obbligatoria	● Non esiste una vaccinazione obbligatoria. ● La vaccinazione obbligatoria si applica a partire dai 50 anni di età con una multa di 100 euro. ● La vaccinazione è obbligatoria a partire dai 18 anni con una multa di 1.500 euro.

Supplemental File 8. Details on how we dealt with missing values

Respondents were required to answer the questions on the conjoint experiments in order to complete the interview. For the binary choice questions respondents were instructed to choose spontaneously one of the two options if they felt indifferent. Therefore, there are no missing values on our outcome variable. The questions that were included in the survey for descriptive purposes such as sociodemographics, measures of trust and emotions offered opt-out options ("Don't know", "No answer"). When calculating descriptive statistics, such responses were excluded from the analysis.

Supplemental File 9. Effects on the evaluation of the campaign by country (experiment 1)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
AT	Variant	No change	0					
		Escalation	0.02148	0.01078	1.99256	**0.04631**	0.00035	0.04261
		Decline	-0.04928	0.01063	-4.63419	**<0.00001***	-0.07012	-0.02844
	Vacc	mRNA_only	0					
		mRNA+Inactive	0.02754	0.00869	3.17065	**0.00152***	0.01052	0.04457
	Omic	not_adap	0					
		adap	0.08013	0.00877	9.13218	**<0.00001***	0.06293	0.09732
	Incen	Free	0					
		Not_free	-0.17618	0.01245	-14.15312	**<0.00001***	-0.20058	-0.15178
		Cash	0.04008	0.01268	3.16179	**0.00157***	0.01523	0.06492
		Non_cash	0.01121	0.01268	0.88416	0.37661	-0.01364	0.03606
	Motiv	Infect_Ego	0					
		Econ_Ego	0.00839	0.01736	0.48325	0.62892	-0.02564	0.04242
		Serious_Ego	0.05191	0.01731	2.99940	**0.00271***	0.01799	0.08584
		Community	0.04178	0.01760	2.37430	**0.01758**	0.00729	0.07626
		Serious_Friend	0.03618	0.01739	2.08088	**0.03744**	0.00210	0.07026
		Efficacy_Ego	0.03827	0.01730	2.21221	**0.02695**	0.00436	0.07218
		Econ_Socio	0.03097	0.01754	1.76515	0.07754	-0.00342	0.06535
		Health_System	0.04387	0.01746	2.51257	**0.01199**	0.00965	0.07808
IT	Variant	No change	0					
		Escalation	0.00561	0.01092	0.51396	0.60728	-0.01579	0.02701
		Decline	-0.00796	0.01076	-0.73971	0.45948	-0.02904	0.01313
	Vacc	mRNA_only	0					
		mRNA+Inactive	0.00588	0.00898	0.65469	0.51266	-0.01172	0.02347
	Omic	not_adap	0					
		adap	0.07371	0.00890	8.28187	**<0.00001***	0.05626	0.09115
	Incen	Free	0					
		Not_free	-0.14653	0.01232	-11.89637	**<0.00001***	-0.17067	-0.12239
		Cash	-0.01637	0.01280	-1.27911	0.20086	-0.04145	0.00871
		Non_cash	-0.01567	0.01268	-1.23578	0.21654	-0.04051	0.00918
	Motiv	Infect_Ego	0					
		Econ_Ego	0.00258	0.01769	0.14565	0.88420	-0.03210	0.03725
		Serious_Ego	0.01439	0.01781	0.80789	0.41916	-0.02052	0.04931
		Community	0.03924	0.01754	2.23798	**0.02522**	0.00488	0.07361
		Serious_Friend	0.04365	0.01776	2.45810	**0.01397**	0.00884	0.07845
		Efficacy_Ego	0.03644	0.01777	2.05106	**0.04026**	0.00162	0.07126
		Econ_Socio	0.03642	0.01755	2.07557	**0.03793**	0.00203	0.07082
		Health_System	0.05150	0.01770	2.91049	**0.00361**	0.01682	0.08619

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0031. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 10. Effects on the likelihood to get vaccinated by country (experiment 1)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
AT	Variant	No change	0					
		Escalation	0.12837	0.07850	1.63531	0.10198	-0.02549	0.28223
		Decline	-0.11292	0.07621	-1.48181	0.13839	-0.26228	0.03644
	Vacc	mRNA_only	0					
		mRNA+Inactive	-0.04691	0.06549	-0.71630	0.47381	-0.17527	0.08145
	Omic	not_adap	0					
		adap	0.25619	0.06691	3.82883	**0.00013***	0.12505	0.38733
	Incen	Free	0					
		Not_free	-0.50484	0.09353	-5.39740	**<0.00001***	-0.68817	-0.32152
		Cash	0.30662	0.09180	3.34003	**0.00084***	0.12669	0.48654
		Non_cash	0.38445	0.09484	4.05380	**0.00005***	0.19857	0.57033
	Motiv	Infect_Ego	0					
		Econ_Ego	0.01050	0.12866	0.08158	0.93498	-0.24167	0.26266
		Serious_Ego	0.19628	0.13055	1.50346	0.13272	-0.05960	0.45216
		Community	0.09315	0.12816	0.72678	0.46736	-0.15805	0.34434
		Serious_Friend	-0.10693	0.13147	-0.81330	0.41604	-0.36462	0.15076
		Efficacy_Ego	0.05195	0.13122	0.39590	0.69218	-0.20524	0.30915
		Econ_Socio	0.12793	0.12765	1.00218	0.31626	-0.12226	0.37811
		Health_System	0.03043	0.13096	0.23237	0.81625	-0.22624	0.28710
IT	Variant	No change	0					
		Escalation	-0.04795	0.06546	-0.73260	0.46380	-0.17625	0.08034
		Decline	-0.09072	0.06660	-1.36228	0.17311	-0.22125	0.03980
	Vacc	mRNA_only	0					
		mRNA+Inactive	0.00983	0.05368	0.18312	0.85470	-0.09538	0.11504
	Omic	not_adap	0					
		adap	0.11514	0.05525	2.08415	**0.03715**	0.00686	0.22343
	Incen	Free	0					
		Not_free	-0.64739	0.07823	-8.27507	**<0.00001***	-0.80073	-0.49406
		Cash	0.06529	0.07927	0.82368	0.41012	-0.09008	0.22067
		Non_cash	0.12289	0.07651	1.60633	0.10820	-0.02706	0.27284
	Motiv	Infect_Ego	0					
		Econ_Ego	-0.10267	0.10754	-0.95472	0.33972	-0.31345	0.10811
		Serious_Ego	0.01631	0.10863	0.15012	0.88067	-0.19660	0.22921
		Community	0.09134	0.10987	0.83130	0.40580	-0.12401	0.30669
		Serious_Friend	-0.06974	0.10799	-0.64580	0.51841	-0.28140	0.14192
		Efficacy_Ego	-0.04882	0.10640	-0.45880	0.64638	-0.25736	0.15973
		Econ_Socio	-0.00264	0.10679	-0.02472	0.98028	-0.21194	0.20666
		Health_System	0.09911	0.10877	0.91118	0.36220	-0.11408	0.31230

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0031. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 11. Effects on the evaluation of the campaign by vaccination status (experiment 1)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
Not	Variant	No change	0					
		Escalation	-0.01091	0.01548	-0.70450	0.48112	-0.04126	0.01944
		Decline	0.00129	0.01539	0.08357	0.93340	-0.02889	0.03146
	Vacc	mRNA_only	0					
		mRNA+Inactive	0.04483	0.01289	3.47692	**0.00051***	0.01956	0.07011
	Omic	not_adap	0					
		adap	0.03528	0.01280	2.75591	**0.00585**	0.01019	0.06036
	Incen	Free	0					
		Not_free	-0.09397	0.01798	-5.22532	**<0.00001***	-0.12921	-0.05872
		Cash	-0.03598	0.01789	-2.01166	**0.04426**	-0.07104	-0.00092
		Non_cash	-0.03283	0.01783	-1.84122	0.06559	-0.06778	0.00212
	Motiv	Infect_Ego	0					
		Econ_Ego	0.02856	0.02461	1.16014	0.24599	-0.01969	0.07680
		Serious_Ego	0.02069	0.02451	0.84446	0.39841	-0.02734	0.06873
		Community	0.06948	0.02452	2.83415	**0.00459***	0.02143	0.11753
		Serious_Friend	0.05587	0.02454	2.27655	**0.02281**	0.00777	0.10397
		Efficacy_Ego	0.04753	0.02452	1.93867	0.05254	-0.00052	0.09558
		Econ_Socio	0.05230	0.02511	2.08281	**0.03727**	0.00308	0.10151
		Health_System	0.05215	0.02459	2.12021	**0.03399**	0.00394	0.10035
1 or 2	Variant	No change	0					
		Escalation	0.05157	0.02027	2.54379	**0.01097**	0.01184	0.09130
		Decline	-0.01863	0.01983	-0.93962	0.34741	-0.05749	0.02023
	Vacc	mRNA_only	0					
		mRNA+Inactive	0.03714	0.01633	2.27399	**0.02297**	0.00513	0.06915
	Omic	not_adap	0					
		adap	0.05556	0.01612	3.44766	**0.00057***	0.02397	0.08714
	Incen	Free	0					
		Not_free	-0.15572	0.02312	-6.73551	**<0.00001***	-0.20104	-0.11041
		Cash	0.10531	0.02405	4.37903	**0.00001***	0.05817	0.15244
		Non_cash	0.04374	0.02406	1.81806	0.06906	-0.00341	0.09090
	Motiv	Infect_Ego	0					
		Econ_Ego	0.00299	0.03459	0.08638	0.93116	-0.06481	0.07079
		Serious_Ego	-0.01688	0.03419	-0.49379	0.62145	-0.08390	0.05013
		Community	-0.01836	0.03442	-0.53324	0.59386	-0.08583	0.04911
		Serious_Friend	0.01445	0.03347	0.43175	0.66593	-0.05115	0.08005
		Efficacy_Ego	0.02422	0.03497	0.69262	0.48855	-0.04432	0.09277
		Econ_Socio	0.00870	0.03413	0.25505	0.79868	-0.05819	0.07560
		Health_System	0.01922	0.03420	0.56192	0.57417	-0.04781	0.08625
≥3	Variant	No change	0					
		Escalation	0.01540	0.00979	1.57349	0.11560	-0.00378	0.03458
		Decline	-0.04293	0.00964	-4.45250	**0.00001***	-0.06183	-0.02403

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
	Vacc	mRNA_only	0					
		mRNA+Inactive	0.00105	0.00789	0.13335	0.89391	-0.01440	0.01651
	Omic	not_adap	0.00000					
		adap	0.10067	0.00795	12.66216	**<0.00001***	0.08509	0.11625
	Incen	Free	0.00000					
		Not_free	-0.19224	0.01104	-17.41449	**<0.00001***	-0.21388	-0.17061
		Cash	0.01169	0.01152	1.01486	0.31017	-0.01089	0.03427
		Non_cash	-0.00062	0.01147	-0.05365	0.95722	-0.02310	0.02187
	Motiv	Infect_Ego	0.00000					
		Econ_Ego	-0.00395	0.01576	-0.25036	0.80231	-0.03484	0.02695
		Serious_Ego	0.05132	0.01583	3.24147	**0.00119***	0.02029	0.08234
		Community	0.04491	0.01584	2.83607	**0.00457**	0.01387	0.07595
		Serious_Friend	0.04201	0.01598	2.62921	**0.00856**	0.01069	0.07333
		Efficacy_Ego	0.03812	0.01574	2.42233	**0.01542**	0.00728	0.06896
		Econ_Socio	0.03322	0.01570	2.11596	**0.03435**	0.00245	0.06399
		Health_System	0.05355	0.01584	3.38183	**0.00072***	0.02252	0.08459

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0031. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 12. Effects on the likelihood to get vaccinated by vaccination status (experiment 1)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
Not	Variant	No change	0					
		Escalation	-0.07368	0.09792	-0.75247	0.45177	-0.26561	0.11824
		Decline	-0.09389	0.10076	-0.93178	0.35145	-0.29138	0.10360
	Vacc	mRNA_only	0					
		mRNA+Inactive	-0.07497	0.08201	-0.91414	0.36064	-0.23570	0.08577
	Omic	not_adap	0					
		adap	-0.00181	0.08171	-0.02213	0.98235	-0.16196	0.15834
	Incen	Free	0					
		Not_free	-0.02668	0.11388	-0.23424	0.81480	-0.24988	0.19653
		Cash	0.15437	0.11490	1.34351	0.17911	-0.07083	0.37958
		Non_cash	0.08945	0.12028	0.74368	0.45707	-0.14629	0.32518
	Motiv	Infect_Ego	0					
		Econ_Ego	-0.11694	0.15892	-0.73581	0.46185	-0.42843	0.19455
		Serious_Ego	-0.02317	0.16328	-0.14192	0.88714	-0.34319	0.29685
		Community	0.34251	0.16506	2.07513	**0.03797**	0.01901	0.66601
		Serious_Friend	0.01827	0.16462	0.11098	0.91163	-0.30439	0.34093
		Efficacy_Ego	-0.07525	0.16166	-0.46550	0.64157	-0.39210	0.24159
		Econ_Socio	0.00577	0.16198	0.03559	0.97161	-0.31170	0.32323
		Health_System	0.01671	0.15842	0.10548	0.91599	-0.29379	0.32722
1 or 2	Variant	No change	0					
		Escalation	0.10051	0.12267	0.81934	0.41259	-0.13992	0.34094
		Decline	-0.07083	0.12253	-0.57803	0.56324	-0.31099	0.16933
	Vacc	mRNA_only	0					
		mRNA+Inactive	0.20805	0.10610	1.96093	**0.04989**	0.00010	0.41600
	Omic	not_adap	0					
		adap	0.22218	0.10721	2.07238	**0.03823**	0.01205	0.43231
	Incen	Free	0					
		Not_free	-0.43569	0.14864	-2.93113	**0.00338**	-0.72703	-0.14436
		Cash	0.72170	0.14923	4.83619	**<0.00001***	0.42922	1.01419
		Non_cash	0.67009	0.15138	4.42652	**0.00001***	0.37339	0.96679
	Motiv	Infect_Ego	0					
		Econ_Ego	-0.15762	0.21244	-0.74196	0.45811	-0.57399	0.25875
		Serious_Ego	0.02693	0.21613	0.12459	0.90085	-0.39669	0.45054
		Community	-0.06403	0.21579	-0.29671	0.76669	-0.48697	0.35892
		Serious_Friend	-0.23059	0.20286	-1.13670	0.25567	-0.62818	0.16700
		Efficacy_Ego	-0.14123	0.21358	-0.66126	0.50844	-0.55985	0.27738
		Econ_Socio	0.12467	0.21650	0.57587	0.56470	-0.29965	0.54900
		Health_System	0.24894	0.22490	1.10689	0.26834	-0.19186	0.68975
≥3	Variant	No change	0					
		Escalation	0.12168	0.05854	2.07857	**0.03766**	0.00694	0.23641
		Decline	-0.09803	0.05631	-1.74092	0.08170	-0.20840	0.01233

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
	Vacc	mRNA_only	0					
		mRNA+Inactive	-0.02184	0.04743	-0.46045	0.64520	-0.11481	0.07113
	Omic	not_adap	0					
		adap	0.27937	0.04978	5.61235	**<0.00001***	0.18181	0.37693
	Incen	Free	0					
		Not_free	-0.79465	0.07162	-11.09570	**<0.00001***	-0.93502	-0.65428
		Cash	0.10122	0.06949	1.45655	0.14524	-0.03498	0.23742
		Non_cash	0.19444	0.06789	2.86395	**0.00418**	0.06137	0.32750
	Motiv	Infect_Ego	0					
		Econ_Ego	-0.04325	0.09454	-0.45741	0.64738	-0.22855	0.14206
		Serious_Ego	0.10482	0.09553	1.09723	0.27254	-0.08242	0.29206
		Community	0.05354	0.09602	0.55752	0.57717	-0.13467	0.24174
		Serious_Friend	-0.06231	0.09946	-0.62646	0.53101	-0.25725	0.13263
		Efficacy_Ego	0.06805	0.09559	0.71192	0.47651	-0.11930	0.25540
		Econ_Socio	0.04964	0.09523	0.52125	0.60219	-0.13701	0.23629
		Health_System	0.06947	0.09715	0.71510	0.47455	-0.12093	0.25987

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0031. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 13. Effects on trust in the vaccine by country (experiment 2)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
AT	Cons	Cons_scie	0					
		Cons_phys	-0.02507	0.01233	-2.03265	**0.04209**	-0.04924	-0.00090
		False_bal_scie	-0.07042	0.01238	-5.68660	**<0.00001***	-0.09469	-0.04615
		False_bal_phys	-0.07996	0.01271	-6.28968	**<0.00001***	-0.10487	-0.05504
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.05681	0.01270	4.47460	**0.00001***	0.03193	0.08170
		Celeb_waits	0.01409	0.01226	1.14975	0.25025	-0.00993	0.03811
		Celeb_ill	0.05858	0.01221	4.79975	**<0.00001***	0.03466	0.08251
	LongCo	1Percent	0					
		5Percent	0.02169	0.01228	1.76637	0.07733	-0.00238	0.04576
		10Percent	0.02267	0.01228	1.84683	0.06477	-0.00139	0.04674
		20Percent	0.03266	0.01243	2.62615	**0.00864**	0.00828	0.05703
	GreenPa	Not_need	0					
		Needed	0.02365	0.00900	2.62733	**0.00861**	0.00601	0.04130
	Mand	None	0					
		50 Years-100 €	-0.13674	0.01101	-12.41654	**<0.00001***	-0.15832	-0.11515
		18 Years-1500 €	-0.18895	0.01141	-16.55585	**<0.00001***	-0.21131	-0.16658
IT	Cons	Cons_scie	0					
		Cons_phys	-0.01947	0.01288	-1.51157	0.13064	-0.04472	0.00578
		False_bal_scie	-0.05497	0.01264	-4.34930	**0.00001***	-0.07974	-0.03020
		False_bal_phys	-0.05804	0.01276	-4.54954	**0.00001***	-0.08304	-0.03304
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.05156	0.01268	4.06782	**0.00005***	0.02672	0.07640
		Celeb_waits	0.03305	0.01248	2.64774	**0.00810**	0.00859	0.05752
		Celeb_ill	0.05350	0.01266	4.22502	**0.00002***	0.02868	0.07832
	LongCo	1Percent	0					
		5Percent	0.01804	0.01255	1.43764	0.15054	-0.00656	0.04264
		10Percent	-0.00962	0.01233	-0.77984	0.43549	-0.03378	0.01455
		20Percent	0.01861	0.01249	1.49010	0.13620	-0.00587	0.04308
	GreenPa	Not_need	0					
		Needed	-0.01002	0.00903	-1.11024	0.26690	-0.02772	0.00767
	Mand	None	0					
		50 Years-100 €	-0.01775	0.01106	-1.60488	0.10852	-0.03943	0.00393
		18 Years-1500 €	-0.06450	0.01130	-5.70825	**<0.00001***	-0.08665	-0.04235

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0041. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 14. Effects on the likelihood to get vaccinated by country (experiment 2)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
AT	Cons	Cons_scie	0					
		Cons_phys	0.21534	0.09099	2.36670	**0.01795**	0.03701	0.39368
		False_bal_scie	0.08434	0.09252	0.91165	0.36195	-0.09699	0.26567
		False_bal_phys	0.08176	0.09302	0.87894	0.37943	-0.10056	0.26408
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.11123	0.09097	1.22268	0.22145	-0.06707	0.28952
		Celeb_waits	0.03908	0.08939	0.43723	0.66194	-0.13612	0.21429
		Celeb_ill	0.13731	0.09111	1.50716	0.13177	-0.04125	0.31588
	LongCo	1Percent	0					
		5Percent	0.13952	0.09251	1.50812	0.13152	-0.04180	0.32084
		10Percent	0.02867	0.09061	0.31644	0.75167	-0.14891	0.20626
		20Percent	0.21252	0.09299	2.28552	**0.02228**	0.03027	0.39477
	GreenPa	Not_need	0					
		Needed	0.10520	0.06427	1.63683	0.10167	-0.02077	0.23116
	Mand	None	0					
		50 Years-100 €	-0.02404	0.07911	-0.30388	0.76122	-0.17908	0.13101
		18 Years-1500 €	-0.00225	0.08007	-0.02810	0.97758	-0.15919	0.15469
IT	Cons	Cons_scie	0					
		Cons_phys	0.02092	0.07422	0.28191	0.77802	-0.12455	0.16639
		False_bal_scie	-0.10468	0.07478	-1.39992	0.16154	-0.25124	0.04188
		False_bal_phys	-0.17550	0.07458	-2.35317	**0.01861**	-0.32167	-0.02932
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.13838	0.07520	1.84000	0.06577	-0.00902	0.28577
		Celeb_waits	0.03869	0.07608	0.50855	0.61107	-0.11042	0.18780
		Celeb_ill	0.14957	0.07423	2.01499	0.04391	0.00408	0.29506
	LongCo	1Percent	0					
		5Percent	-0.05572	0.07403	-0.75263	0.45167	-0.20082	0.08938
		10Percent	0.00061	0.07543	0.00807	0.99356	-0.14722	0.14844
		20Percent	-0.00616	0.07286	-0.08449	0.93267	-0.14895	0.13664
	GreenPa	Not_need	0					
		Needed	-0.02977	0.05325	-0.55910	0.57610	-0.13415	0.07460
	Mand	None	0					
		50 Years-100 €	-0.01946	0.06480	-0.30037	0.76390	-0.14647	0.10754
		18 Years-1500 €	0.02937	0.06656	0.44118	0.65908	-0.10109	0.15982

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0041. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 15. Effects on trust in the vaccine by vaccination status (experiment 2)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
Not	Cons	Cons_scie	0					
		Cons_phys	0.00414	0.01777	0.23290	0.81584	-0.03069	0.03896
		False_bal_scie	0.01052	0.01720	0.61181	0.54066	-0.02319	0.04423
		False_bal_phys	0.01980	0.01739	1.13852	0.25490	-0.01429	0.05389
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	-0.03725	0.01767	-2.10824	**0.03501**	-0.07188	-0.00262
		Celeb_waits	-0.00832	0.01735	-0.47969	0.63145	-0.04232	0.02568
		Celeb_ill	-0.02117	0.01721	-1.23048	0.21852	-0.05490	0.01255
	LongCo	1Percent	0					
		5Percent	0.01820	0.01739	1.04655	0.29531	-0.01588	0.05228
		10Percent	-0.01515	0.01694	-0.89401	0.37132	-0.04836	0.01806
		20Percent	0.01035	0.01762	0.58743	0.55691	-0.02419	0.04489
	GreenPa	Not_need	0					
		Needed	-0.05724	0.01258	-4.54910	**0.00001***	-0.08191	-0.03258
	Mand	None	0					
		50 Years-100 €	-0.09150	0.01522	-6.01030	**<0.00001***	-0.12134	-0.06166
		18 Years-1500 €	-0.19141	0.01539	-12.44067	**<0.00001***	-0.22156	-0.16125
1 or 2	Cons	Cons_scie	0					
		Cons_phys	-0.01146	0.02412	-0.47502	0.63477	-0.05874	0.03582
		False_bal_scie	-0.05056	0.02398	-2.10889	**0.03495**	-0.09755	-0.00357
		False_bal_phys	-0.03160	0.02477	-1.27578	0.20203	-0.08015	0.01695
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.02194	0.02297	0.95540	0.33938	-0.02307	0.06695
		Celeb_waits	0.00150	0.02307	0.06487	0.94828	-0.04372	0.04671
		Celeb_ill	0.01858	0.02282	0.81448	0.41537	-0.02614	0.06330
	LongCo	1Percent	0					
		5Percent	0.03087	0.02440	1.26525	0.20578	-0.01695	0.07868
		10Percent	-0.01203	0.02347	-0.51248	0.60831	-0.05802	0.03397
		20Percent	0.00808	0.02402	0.33659	0.73642	-0.03899	0.05515
	GreenPa	Not_need	0					
		Needed	-0.01378	0.01724	-0.79941	0.42405	-0.04757	0.02001
	Mand	None	0					
		50 Years-100 €	-0.11380	0.02118	-5.37254	**<0.00001***	-0.15532	-0.07229
		18 Years-1500 €	-0.16697	0.02207	-7.56559	**<0.00001***	-0.21023	-0.12372
≥3	Cons	Cons_scie	0					
		Cons_phys	-0.03542	0.01140	-3.10627	**0.00189***	-0.05777	-0.01307
		False_bal_scie	-0.09580	0.01141	-8.39915	**<0.00001***	-0.11816	-0.07345
		False_bal_phys	-0.11558	0.01151	-10.04156	**<0.00001***	-0.13814	-0.09302
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.10207	0.01160	8.80144	**<0.00001***	0.07934	0.12480
		Celeb_waits	0.04370	0.01125	3.88490	**0.00010***	0.02165	0.06575

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
		Celeb_ill	0.09873	0.01134	8.70474	**>0.00001***	0.07650	0.12096
	LongCo	1Percent	0					
		5Percent	0.01777	0.01113	1.59552	0.11060	-0.00406	0.03959
		10Percent	0.02081	0.01119	1.85948	0.06296	-0.00112	0.04275
		20Percent	0.03559	0.01122	3.17037	**0.00152***	0.01359	0.05759
	GreenPa	Not_need	0					
		Needed	0.03957	0.00814	4.85906	**<0.00001***	0.02361	0.05553
	Mand	None	0					
		50 Years-100 €	-0.06248	0.01013	-6.16761	**<0.00001***	-0.08233	-0.04262
		18 Years-1500 €	-0.08951	0.01042	-8.59330	**<0.00001***	-0.10992	-0.06909

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0041. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 16. Effects on the likelihood to get vaccinated by vaccination status (experiment 2)

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
Not	Cons	Cons_scie	0					
		Cons_phys	0.15903	0.11419	1.39274	0.16370	-0.06477	0.38284
		False_bal_scie	0.14788	0.11831	1.24992	0.21133	-0.08401	0.37977
		False_bal_phys	-0.01977	0.11644	-0.16982	0.86515	-0.24799	0.20844
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	-0.07428	0.11671	-0.63647	0.52447	-0.30302	0.15446
		Celeb_waits	0.09549	0.11341	0.84196	0.39981	-0.12679	0.31776
		Celeb_ill	0.08271	0.11362	0.72795	0.46664	-0.13998	0.30540
	LongCo	1Percent	0					
		5Percent	0.03886	0.11218	0.34643	0.72902	-0.18100	0.25872
		10Percent	0.02336	0.11634	0.20078	0.84087	-0.20467	0.25139
		20Percent	0.14352	0.11433	1.25530	0.20937	-0.08057	0.36762
	GreenPa	Not_need	0					
		Needed	-0.05709	0.08159	-0.69976	0.48407	-0.21700	0.10282
	Mand	None	0					
		50 Years-100 €	-0.11236	0.10136	-1.10849	0.26765	-0.31102	0.08631
		18 Years-1500 €	-0.15528	0.10107	-1.53637	0.12445	-0.35338	0.04281
1 or 2	Cons	Cons_scie	0					
		Cons_phys	-0.03827	0.15135	-0.25284	0.80039	-0.33491	0.25838
		False_bal_scie	0.03002	0.15661	0.19168	0.84799	-0.27694	0.33698
		False_bal_phys	0.19407	0.14876	1.30458	0.19204	-0.09750	0.48564
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.07579	0.15056	0.50336	0.61471	-0.21931	0.37089
		Celeb_waits	-0.01511	0.15103	-0.10003	0.92032	-0.31113	0.28091
		Celeb_ill	0.23430	0.14959	1.56622	0.11730	-0.05890	0.52750
	LongCo	1Percent	0					
		5Percent	0.05766	0.14387	0.40079	0.68857	-0.22432	0.33964
		10Percent	0.03095	0.14479	0.21373	0.83076	-0.25283	0.31472
		20Percent	0.10209	0.14455	0.70630	0.48000	-0.18121	0.38540
	GreenPa	Not_need	0					
		Needed	-0.04393	0.10937	-0.40168	0.68792	-0.25829	0.17043
	Mand	None	0					
		50 Years-100 €	-0.19357	0.12302	-1.57344	0.11562	-0.43469	0.04755
		18 Years-1500 €	-0.08558	0.13945	-0.61368	0.53943	-0.35888	0.18773
≥3	Cons	Cons_scie	0					
		Cons_phys	0.08556	0.06519	1.31250	0.18935	-0.04221	0.21332
		False_bal_scie	-0.13272	0.06646	-1.99705	**0.04582**	-0.26297	-0.00246
		False_bal_phys	-0.16135	0.06719	-2.40158	**0.01632**	-0.29303	-0.02967
	Celeb	Celeb_not_vacc	0					
		Celeb_vacc	0.16919	0.06648	2.54506	**0.01093**	0.03890	0.29948
		Celeb_waits	0.00866	0.06685	0.12957	0.89691	-0.12235	0.13968

Sub-group	Attribute	Levels	Est.	SE	z	p	95% Confidence interval	
							lower	upper
		Celeb_ill	0.13402	0.06606	2.02869	**0.04249**	0.00454	0.26350
	LongCo	1Percent	0					
		5Percent	0.00656	0.06941	0.09451	0.92470	-0.12948	0.14260
		10Percent	-0.02200	0.06681	-0.32923	0.74198	-0.15295	0.10896
		20Percent	0.01045	0.06858	0.15230	0.87895	-0.12398	0.14487
	GreenPa	Not_need	0					
		Needed	0.06838	0.04569	1.49643	0.13454	-0.02118	0.15794
	Mand	None	0					
		50 Years-100 €	0.01704	0.05943	0.28673	0.77432	-0.09944	0.13351
		18 Years-1500 €	0.07564	0.05955	1.27020	0.20401	-0.04108	0.19237

Notes: Estimates are Average Marginal Component Effects (AMCEs). The Bonferroni corrected significance level is 0.0041. Significant p-values are marked with (in bold and with a *) and without Bonferroni correction (in bold).

Supplemental File 17. STROBE Statement

Checklist of items that should be included in reports of observational studies.

	Item No	Recommendation	Implementation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	The study's design is included in the title and the abstract.
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	The abstract includes background, method, results and conclusions.
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Is explained in the first two paragraphs of the main text;
Objectives	3	State specific objectives, including any prespecified hypotheses	In the beginning of the first paragraph in the main text, we explain the objectives.
Methods			
Study design	4	Present key elements of study design early in the paper	The study's design is described in the third paragraph of the main text.
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	This is explained in the fourth paragraph of the main text as well as in the online methods section.
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	This is explained in the fourth paragraph of the main text as well as in the online methods section.
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	NA
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Partly included in the third paragraph of the main text, the online methods section and

	Item No	Recommendation	Implementation
			the appendix where we give details about the variables collected and the procedures and exact wording of the attributes and levels of the Conjoint experiments.
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Described in the online methods section.
Bias	9	Describe any efforts to address potential sources of bias	This is explained in the fourth paragraph of the main text as well as in the online methods section.
Study size	10	Explain how the study size was arrived at	Described in the appendix (Supplemental File 1).
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Described in the third paragraph of the main text as well as in the online methods section.
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	Described in the online methods section and the appendix (Supplemental File 1).
		(*b*) Describe any methods used to examine subgroups and interactions	Described in the online methods section and the appendix (Supplemental File 1).
		(*c*) Explain how missing data were addressed	Described in the appendix (Supplemental File 2).
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	NA
		(*e*) Describe any sensitivity analyses	NA

Continued on next page

Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Described in the fourth paragraph of the main text and in the appendix (Supplemental File 3).
		(b) Give reasons for non-participation at each stage	NA
		(c) Consider use of a flow diagram	NA
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Described in the fourth paragraph of the main text and in the appendix (Supplemental File 3).
		(b) Indicate number of participants with missing data for each variable of interest	We describe in the appendix (Supplemental File 2) how we dealt with missing data. Supplemental Files 2 and 3 report frequencies of reposes and missing data.
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	NA
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	NA
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	NA
		Cross-sectional study—Report numbers of outcome events or summary measures	Reported in the main text, starting with paragraph 6.
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Reported in the Supplemental Files 9 to 16.
		(*b*) Report category boundaries when continuous variables were categorized	NA
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Methods used to analyse the data include descriptive statistics, the estimation of Average Conditional Marginal Effects (ACMEs), and graphical depictions (boxplots).
Discussion			
Key results	18	Summarise key results with reference to study objectives	Described in the last paragraph of the main text.
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Described in the second last paragraph of the main text.
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Described in the last two paragraphs of the main text.

Generalisability	21	Discuss the generalisability (external validity) of the study results	Described in the last two paragraphs of the main text.
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Included in the beginning of the manuscript (first and second pages).

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.