



# POST-COVID HUNGARY

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This comprehensive research reveals how Hungarian society views the two and a half years of the COVID-19 crisis. We have looked in detail at the long-term effects of the pandemic on Hungarians' fears, health attitudes, lifestyle, work and mental health. We also put a special emphasis on exploring phenomena of public health relevance such as vaccine resistance and the prevalence of symptoms indicative of post-COVID and long-COVID syndromes.

We used a survey conducted with the help of our partner, Závecz Research, between 14 and 22 September 2022 as the basis for our analysis. The survey was based on personal interviews with 1,000 Hungarians who made up a representative sample of Hungarian society based on age, gender, educational attainment and the type of municipality they live in.



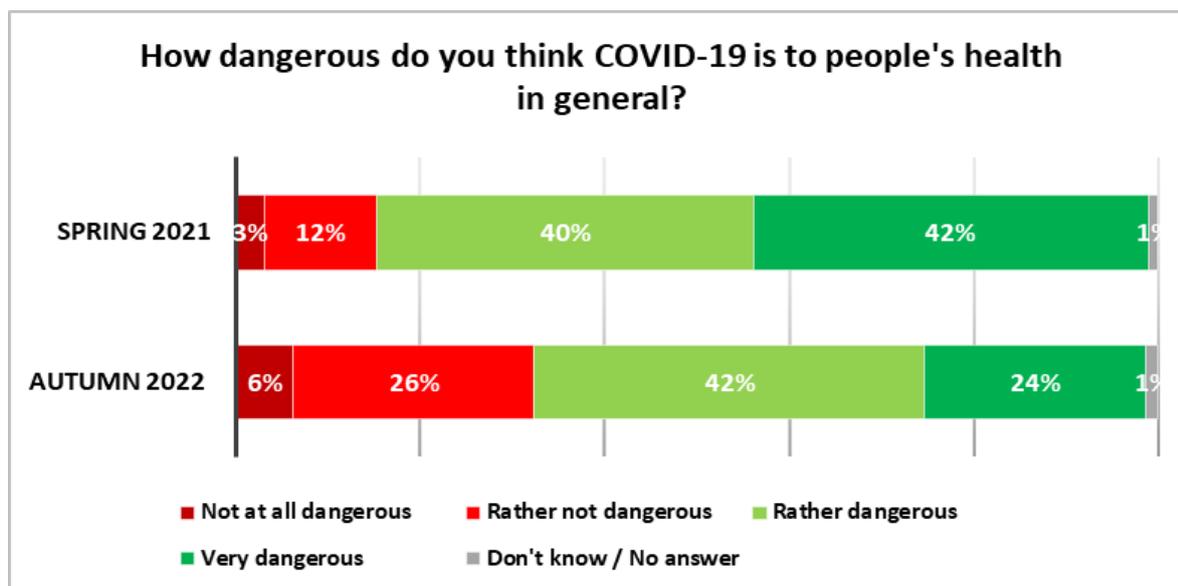
## Global threats in 2022 according to Hungarians: new epidemics, war, climate crisis

A year and a half after the peak of the COVID-19 epidemic in Hungary, the fear of new pandemics continues to top the list of global threats for Hungarians. However, the percentage of people mentioning pandemics has fallen significantly, from 59% in spring 2021 to 47% in autumn 2022. The Russia-Ukraine war that broke out in February 2022 has largely shaped Hungarians' perceptions of global threats. In our 2021 survey, "the outbreak of future wars, geopolitical threats" was the second least frequently mentioned threat (18%). More than 6 months after the war started, it ranked second on Hungarians' global threat list (39%). In both our surveys, climate change was third on the list (33% in 2021, 36% in 2022).

### A third of Hungarians now considers COVID-19 to be harmless

In the last year and a half, the overall perception of Hungarians about the COVID-19 pandemic has changed significantly (Graph 1). In the third wave of the coronavirus epidemic (March 2021), the overwhelming majority of Hungarians considered the virus dangerous (82%), but in autumn 2022, the proportion of respondents who considered the virus dangerous (66%) has decreased by 16 percentage points. The proportion of people who considered the virus harmless has increased from 15% to 32%. Across all political groups, those who consider the virus dangerous are in the majority, but the change over time shows that the proportion of respondents who consider the virus harmless has increased by a similar magnitude among those who support Fidesz (+17 percentage points), the opposition (+21 percentage points), or are undecideds (+23 percentage points).

Graph 1. The perceived danger of Covid-19 disease in the Hungarian society





Demographic characteristics and political orientation are not the most important determinants of fear from the virus, but personal experience of the epidemic and the vaccinated/unvaccinated divide. Respondents who did not know anyone with severe COVID-19 were the most likely to consider the virus as harmless (44%). Notably, few respondents (16%) thought the virus was harmless among respondents who had a close friend or family member hospitalised or killed by COVID-19. There is a similar difference between respondents who have accepted the COVID-19 vaccine and those who have not. While only a quarter (25%) of those who had been vaccinated considered the virus to be harmless, almost half (48%) of those who had not been vaccinated did so.

### **Only 6% know the number of deaths of the COVID-19 pandemic in Hungary**

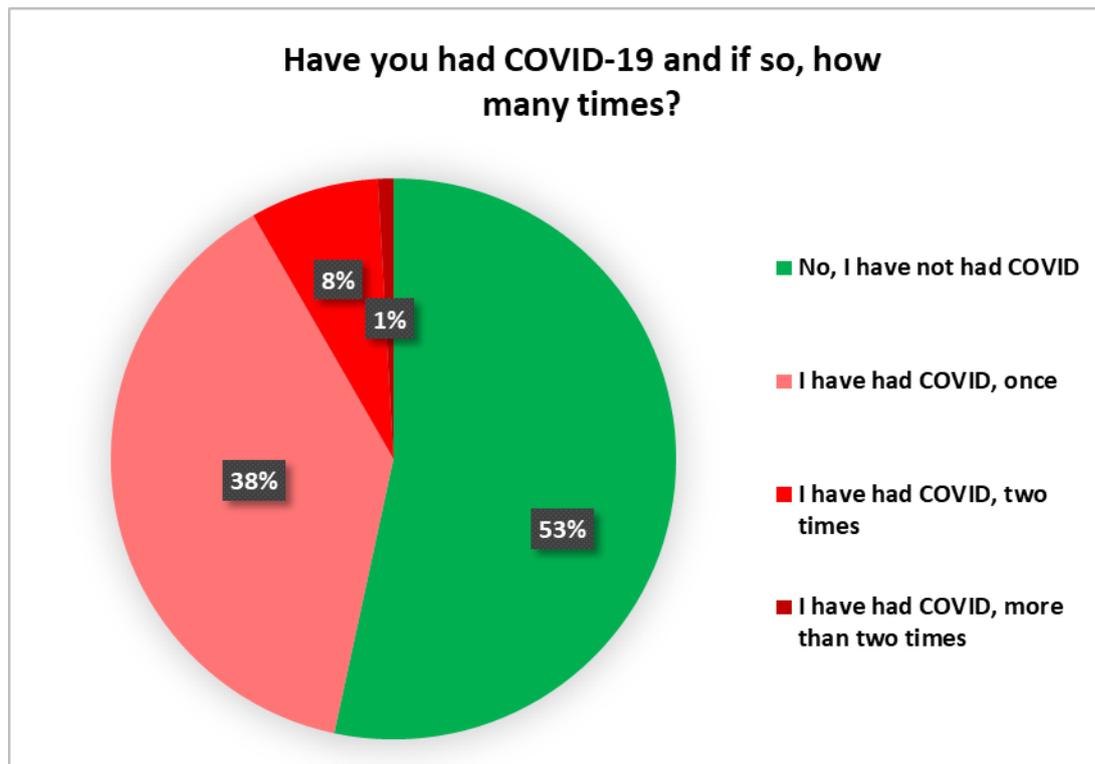
We also assessed how aware Hungarians are of the number of victims of the COVID-19 pandemic in their country. Only 6 percent of the respondents gave a roughly accurate estimate (between 45 and 50 thousand deaths). Less than 1% (0.6%) gave a completely accurate answer (between 47 and 48 thousand victims). Thirty percent underestimated the severity of the epidemic, and another 15% overestimated the number of victims in Hungary. It is striking that half of the respondents could not or did not want to estimate the number of Covid-19 related deaths in Hungary. Such a high non-response rate is rarely seen for survey questions, suggesting that a significant proportion of Hungarians are uninformed about the number of deaths of the epidemic.

### **Almost half of Hungarians say they have been infected with COVID-19**

Almost half of the adult Hungarian population (47%) say that they have had COVID-19 (Graph 2), a much higher proportion than the number of cases officially registered by the government. The other half of those surveyed (53%) state that they have not had COVID so far. The majority of respondents who have contracted the virus have gone through it once (38%), far fewer have been infected twice (8%) and very few report having contracted the virus more than two times (1%).



Graph 2. Self-reported proportion of Covid-19 affected patients in Hungarian society

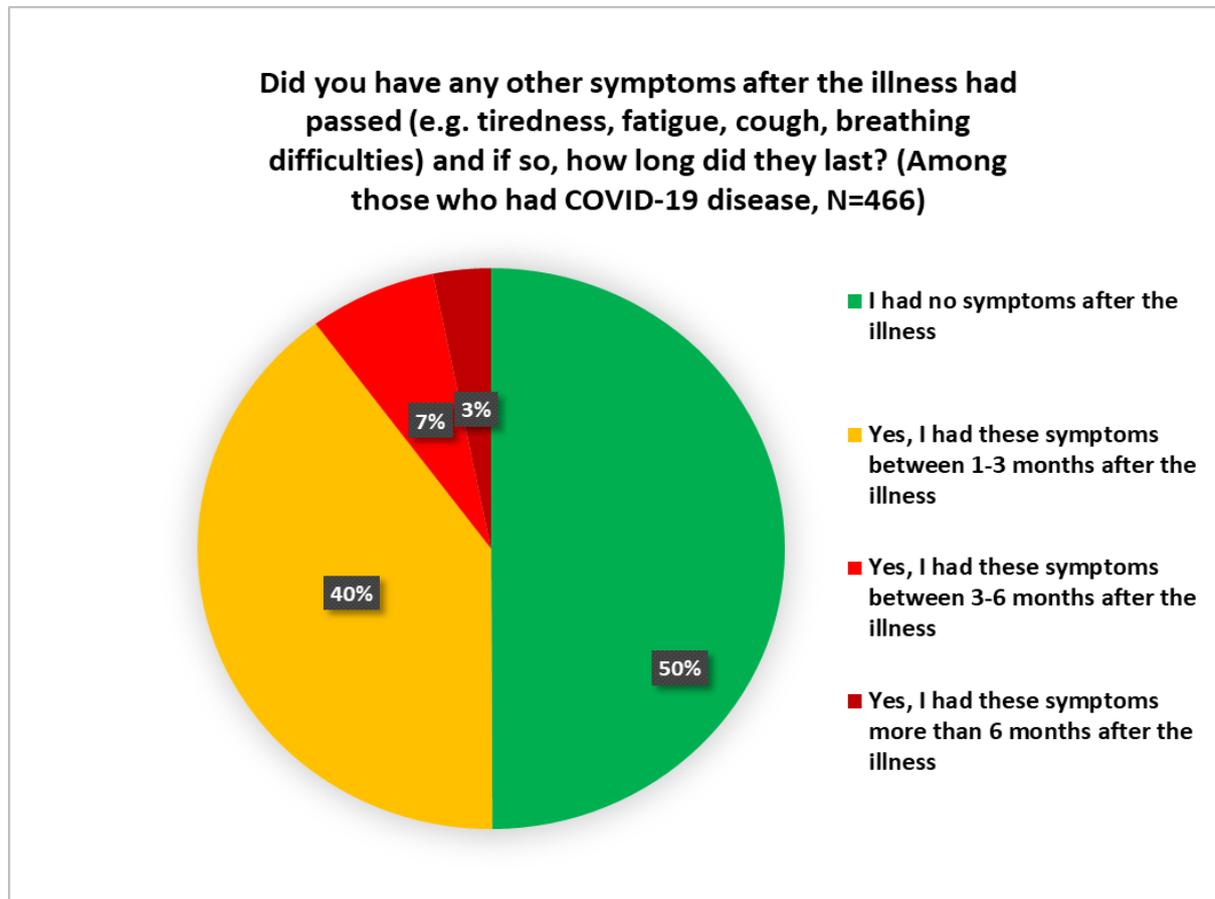


### **Half of the COVID patients reported symptoms after the illness, with a high proportion of people in small communities experiencing symptoms indicative of long-COVID**

Half of the respondents who had had COVID said that they had symptoms after the illness (Graph 3). A large proportion of respondents (40%) said they had had some symptoms of post-COVID syndrome in the first 1-3 months after the illness. 10% said that they had symptoms longer after illness, i.e. this is the proportion of people who had potentially experienced long-COVID syndrome. The majority of these respondents (7%) had symptoms gone within six months, but there were some who still had symptoms of long-COVID after six months (3%).

In our multivariate analysis, all older age groups were more likely to have symptoms of long-COVID compared to those under 30. An important finding is that small towns and villages were more likely to report symptoms of long-COVID compared to Budapest. This is important because the age effect has been filtered out, i.e. the unique pattern of small towns is not explained by differences in age. Smaller municipalities therefore deserve special attention in the future in the investigation and management of long-term complications of the COVID-19 disease.

Graph 3. Prevalence of Post-COVID and long-COVID symptoms among Covid-19 patients



### **Booster vaccination is most popular among people in Budapest and older people**

In our research, we also thoroughly explored attitudes towards vaccination. The proportion of respondents who have taken up a third vaccination is lowest among those under 40 (37%), and almost equal in the middle-aged and older age groups (45% and 43% respectively). The clear refusal to take up a booster vaccination is 37% among those under 40, 29% among the middle-aged and 22% among those aged 60 and over. In each age group, one in five of those vaccinated said they had not yet had a third vaccination but planned to do so. Those aged 60 and over were clearly the most likely to have taken up the option of a fourth vaccination (15%), twice as likely as those aged 40-59 (8%) and three times as likely as those under 40 (5%). In Budapest, the proportion of people who had taken up at least one booster vaccine was remarkably high (61%). In smaller towns, however, less than half of those vaccinated took a booster (41%).

Clearly, the personal experience with COVID had a decisive impact on vaccine refusal. The likelihood of refusing both a first (and second) round of vaccination and a booster

vaccination was significantly and substantially reduced if the respondent knew someone with severe COVID, either in their immediate or extended circle of acquaintances. Those who had undergone COVID once were less likely to refuse the first round of vaccination, but there was no significant effect on booster vaccination. Age is also an important determinant of vaccine refusal. Age groups over 50 years were significantly less likely to refuse both the first round COVID vaccination and the booster vaccination than those under 30 years. A new finding compared to the first period of the vaccination campaign is that we also found significant differences by type of residence. Compared to residents in Budapest, those in villages and small towns were more likely to refuse the first round of COVID vaccination, and those in county seats and small towns were more likely to refuse the booster vaccination. Compared to respondents from the governing party, all major political groups were more likely to reject the COVID vaccination, and the likelihood of rejecting it was highest among those with no party affiliation.

### **Half of those who had previously been hesitant about the vaccine were persuaded by health reasons, a third by external pressure**

We found it particularly useful to assess what persuaded people who were previously undecided or sceptical about vaccination to get vaccinated. Almost half of the respondents cited some kind of health reason: 34% cited gaining immunity, 8% cited the worsening of an epidemic situation, while 5% said they wanted to protect their family or family members. More than a tenth of respondents said they had changed their mind in some way: 7% said they had been persuaded by their environment (family, friends or doctor) and 5% simply said they had changed their mind. One in three respondents cited some external circumstance rather than internal conviction: 9% because of getting an immunity certificate, 13% because of their job and 11% because of social pressure.

### **The most common reason for people refusing vaccination is the perceived health risks of the COVID vaccine**

Respondents who had not been vaccinated against COVID-19 were asked why they had decided not to be vaccinated. Four out of ten respondents cited some kind of health risk in their answers: 20% feared side effects or thought the vaccine would deliberately make people sick or kill them, 11% said they did not trust vaccines, and 11% cited the "experimental" nature of the vaccine. A quarter of respondents indicated that they did not consider vaccination useful for some reason: 8% did not believe in the existence of the virus, 8% considered vaccination ineffective or unnecessary, and 9% trusted their own acquired immunity or the strength of their immune system. 3% of respondents were simply not interested in vaccination. 15% of respondents did not give an actual reason for not vaccinating or defined themselves as anti-vaccine. 3% said they had not been vaccinated because of an underlying medical condition or other health reason.



## **Those who were vaccinated against COVID also considered monkeypox to be dangerous, while the unvaccinated did not**

We also asked respondents about the dangerousness of monkeypox as a basis for comparison. 44% of respondents thought monkeypox was harmless, while 52% thought it was dangerous. The difference between vaccinated vs. unvaccinated groups against COVID-19 is also significant for this question. The majority of the unvaccinated groups consider not only the coronavirus but also monkeypox to be harmless (52%). However, among those who have been vaccinated, those who consider monkeypox dangerous are in the majority (56% vs. 37%). Just over a quarter of those surveyed (28%) would take the monkeypox vaccine, while two thirds (66%) would prefer not to take it. These rates are even worse than the flu vaccination figures (60% would not want to take the flu vaccine, while 34% would give it to themselves).

## **Health-conscious lifestyle and time spent at home have become more popular during the epidemic, but one in five Hungarians still feel anxious in a crowded environment**

We also assessed the mental impact of the pandemic on Hungarians more than two years after the outbreak. The highest proportion of respondents reported an increase in the value of a healthy lifestyle (41%), and time spent at home also became more valuable for many (32%), while social anxiety (18%) and psychological difficulties (16%) linked to the epidemic affected nearly a fifth of people. The proportion of people with social anxiety decreased by 9 percentage points and the proportion of people with unresolved mental health difficulties decreased by 12 percentage points compared to autumn 2021. These trends suggest that the impact of mental distress on the Hungarian population seems to be diminishing with the end of social distancing and quarantine.

## **A third of active workers have worked from home, but home office is still a graduate privilege**

In addition to the public health and mental health impact of the epidemic, its influence on the labour market is also significant. Working from home has affected a third (34%) of respondents currently active in the labour market since the outbreak of the pandemic. Two thirds of active workers (66%) said they had not worked from home office since the outbreak.

As educational attainment increases, the proportion of respondents who have worked from home increases sharply. Sixty per cent of graduates have worked from home since the outbreak of the COVID-19 crisis, compared with only 16-18% of those with primary school

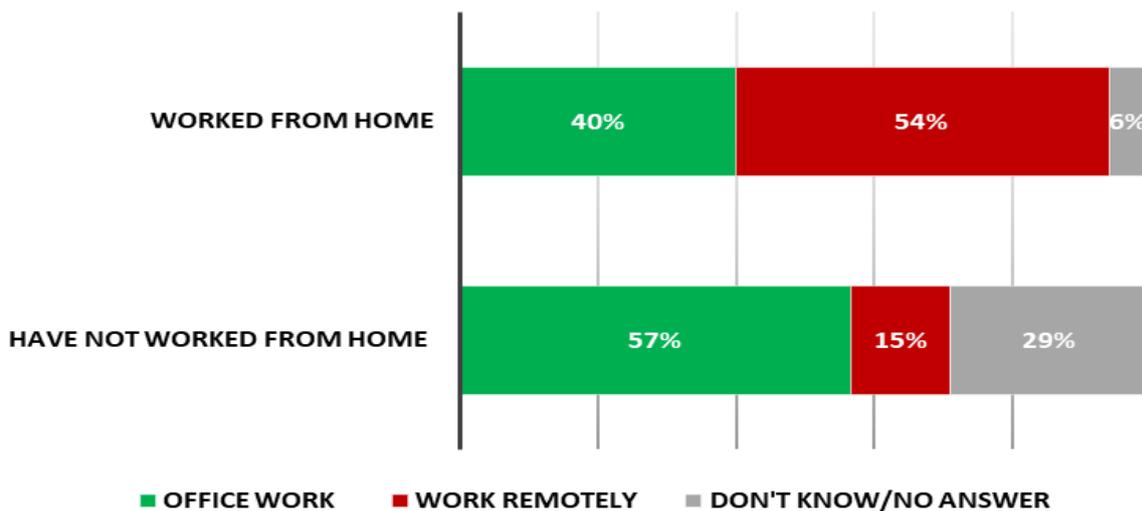
or vocational education. Home office work remains the privilege of graduates in 2022.

## Those who have experienced teleworking would prefer to work from home in the future

Just over half of those surveyed said that if they could, they would choose to work in an office (52%, Graph 4). A quarter of Hungarians would choose to telework (25%), while a significant number could not or did not want to answer this question (23%). When looking at people's work preferences in terms of who has worked from home since the outbreak of the pandemic and who has not, we see that those with previous home office experience are significantly more open to teleworking (54%), than those who have not had home office experience (15%). Respondents with no telework experience would prefer to work in an office, with 17 percentage points more preferring this form of work (57%) than those with personal experience of a working remotely during the pandemic (40%).

Graph 4. Preferences related to office work and remote work

### Some prefer office ( in-person) work, while others are more inclined to work remotely. Which type of work would you prefer?



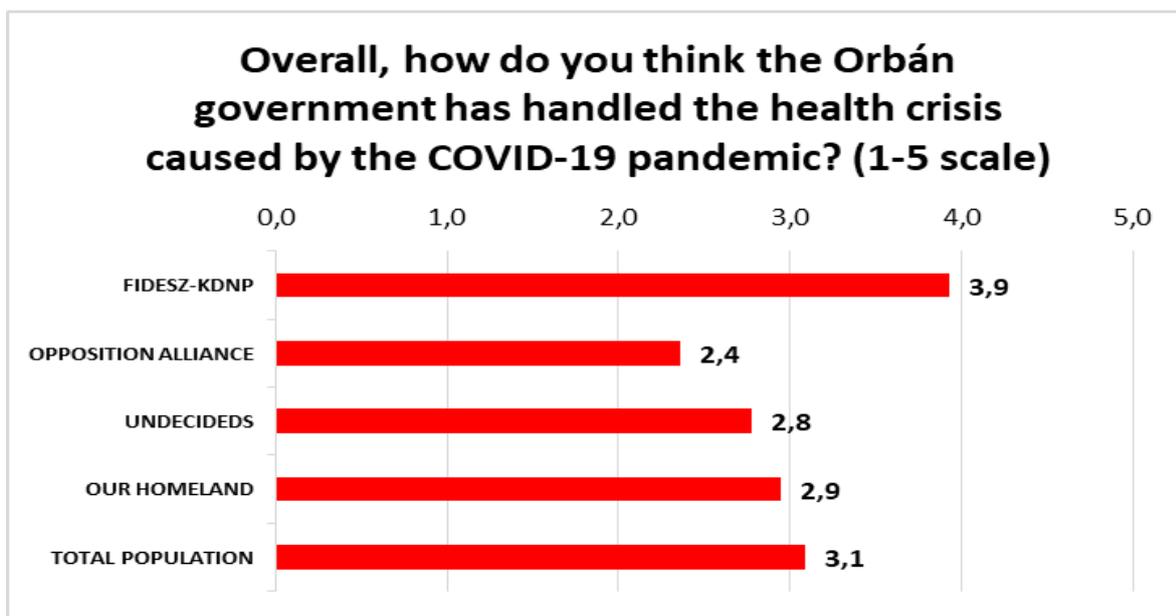
Among currently active workers, half of respondents (48%) would prefer not to spend a single day working from home, while 52% of respondents could imagine having at least one home office day a week. Seven per cent of respondents could imagine spending one day, 12 per cent two days, 14 per cent three days, 6 per cent four days and 13 per cent five days working from home. In other words, "hybrid solutions" are much more popular than pure teleworking.



## The Orbán government's handling of the COVID crisis is neither improving nor worsening in the eyes of Hungarians

In the autumn of 2022, we again examined how Hungarian society views the Orbán government's handling of the health and economic crisis (Graph 5). On average, Hungarian society gave the Orbán government's health measures a 3.1-point rating, a slight decrease of 0.1 points compared to the previous 2021 result. This also means that memories of crisis management are neither improving nor deteriorating over time. Hungarian society gave the Orbán government's handling of the economic crisis an average score of 2.9, down 0.1 points from a year earlier. The economic crisis management is thus rated slightly worse by society than the health crisis management, which is fully in line with Policy Solutions' previous two COVID surveys. In other words, our three researches have all confirmed that Hungarians are somewhat harsher on the government when it comes to assessing the state of the economy than when it comes to assessing the health management of the epidemic.

Graph 5. Evaluation of the Orbán government's crisis management performance during the Covid-19 pandemic



## The handling of the energy crisis also scores well with Fidesz voters and poorly with opposition supporters

The assessment of the perception of the energy crisis was a new element in the crisis management question block of our post-COVID 2022 survey. The Hungarian public gave an average score of 2.9 for this area of crisis management, which is the same as the score for economic crisis management during the COVID-19 epidemic.



The three Policy Solutions surveys in the last year and a half confirm that political preferences are the main determinant of the public perception of the government's handling of the crisis - be it the economy, healthcare or the country's energy supply. Fidesz voters rate the handling of all three crises as consistently good (giving an average rating of 3.8-3.9), while the average rating of opposition voters is closer to 2 (2.2-2.4). Our Homeland voters and non-partisans give the government's performance an average rating.