

Research
General public findings
March 2005 -



Knowledge of pandemic flu

In Spring 2005

- **awareness and knowledge of Pandemic Flu was very low :**
 - “Pandemic” is an unknown term
 - Bird Flu/Asian Flu more widely recognised and understood

“Bird flu has been in the news, it’s a new type of flu, I’ve never heard of pandemic flu”



Knowledge of pandemic flu (2)

- **“Pandemic” has more serious connotations than “Bird Flu”:**
 - a scientific “scary” term
 - unknown disease
 - unknown origin
 - bigger than an “epidemic”

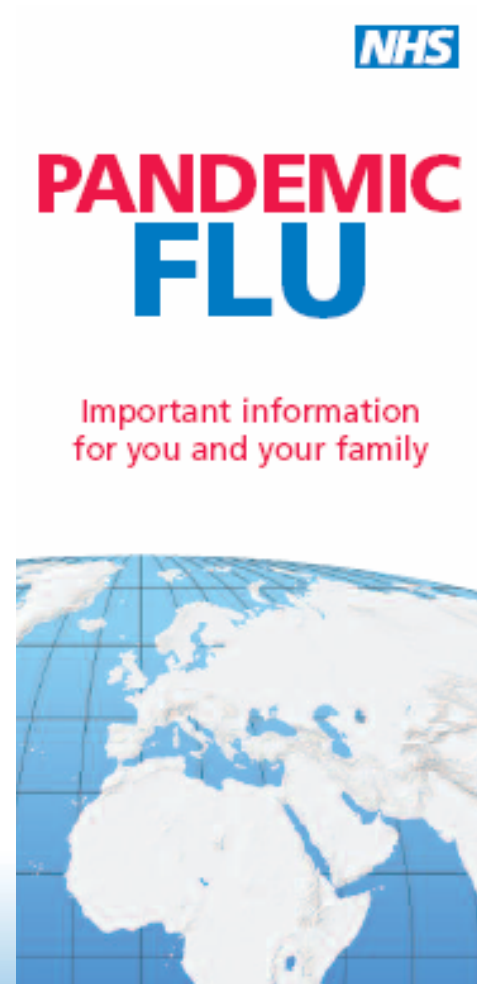
“Bird Flu” is also serious but provides a context, storyline for Pandemic Flu



Views on leaflet

■ Leaflet:

- the potential scale of the disease “*no-one is immune*”
- the lack of a vaccine
- may affect 25% of the population
- much more serious than “ordinary flu”
- short supply of antivirals and possibility of rationing



Views on leaflet

- **The leaflet conveyed the hard messages on the potential severity and treatment scenarios (although vaccine and antivirals are often considered synonymous)**
- **Views were mixed in terms of the reassurance level conveyed by the leaflet - but it was considered open, clear and informative**



Emotional responses

- Significant differences emerged between **men and women**
- Broadly, **men tended to respond phlegmatically and pragmatically:**
 - a sense of disbelief - post 9/11 paranoia
 - *“I’ll believe it when it happens”* view
- But equally, men were most likely to express **underlying feelings of resignation and negativity** when considering the reality of a pandemic



Emotional responses (2)

- Broadly, women tended to respond with **open concern, fear and questions**:
 - how will it affect my child(ren)?
 - a disbelief that vaccine will not be available
 - *“why have we not been told this before?”*
 - suspicion that the government is hiding the *“real”* truth
- Overall, those **most alarmed** and demanding in their responses were:
 - women with families
 - *“At Risk”* respondents, specifically younger women with families and the elderly

Emotional responses (3)

- Overall, discussions were **characterised by a range of emotions:**
 - fear, uncertainty and disbelief were typical initial responses
 - discomfort and confusion also emerged
 - many concluded the sessions with a “*wait and see*” or “*it might never happen*” stance
 - others remained concerned and anxious - and clearly **wanted greater certainty**



Emotional responses (4)

- **Communication needs to build over time, in order to avoid 'swamping' people with too much uncertainty**



Information needs

- Respondents clearly saw the need for **information in stages**
- Needs split between **factual** and **emotional**
- **Factual information** must combine the science (bad/unpredictable news) with actions being taken (positive/progressive news)
- Respondents are seeking **strong emotional cues from information**:
 - you are not alone (reassurance)
 - we (the government) are working on it (action)
 - you can help yourself, your family and others through vigilance, and good hygiene practices

Pre-pandemic needs

- All agreed on the **following key messages:**
 - the threat is real
 - what it is and how it differs from ordinary flu
 - what steps are being taken by the government (and WHO) to monitor and prepare
 - emphasise need for good hygiene and vigilance
- **Views were divided** about antivirals/vaccine situation and the **potential scale, severity and symptoms** of the flu at this stage



Pre-pandemic needs (2)

- **Respondents were divided** - *if this is such a serious issue as the leaflet suggests, then the government should inform the majority through high profile national activity*
- **Others supported below the line activity** through surgeries/clinics, schools, workplace, airports and ports:
 - highlight the threat/risk (esp. travelling to South-East Asia)
 - emphasise the monitoring activity by WHO and the government
 - emphasise personal hygiene/ infection control

Leading on communication

- A majority **spontaneously referred to “the government”** as the most appropriate source – the government equals the DH
- **NHS is seen as an extension of DH** – the human side, providing the care and services in a crisis
- Information on this topic was seen to be the **preserve of a “higher” power than NHS:**
 - a national/international situation
 - requiring scientific expertise
 - likely to involve a number of departments and local authorities