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