

Don't panic - it's just a pandemic

Dr Kieran Walsh

A 50-year-old man comes to see you with a chesty cough. He has no previous medical illnesses. On examination his temperature is normal and his chest is clear. You are about to reassure him when he says that he returned from a trip to the Middle East three weeks ago. He left it to the last minute to tell you – but he is quite worried that he might have Middle East Respiratory Syndrome (MERS). So what should you do? Should you be worried as well?

The short answer is that he is unlikely to have MERS. He just has a cough. He has no fever or other physical signs and has no risk factors. Also he left the Middle East more than 2 weeks ago. Lastly MERS is rare - colds and flus are much more common. He is more likely to have a cold or flu than MERS.

But there is a long answer to this question also. People worry during pandemics and their worries often lead them to contact already overstretched health services. They frequently do not have the infection that they are worried about, but ironically they can pick up other infections in emergency department waiting areas. And long queues make it even more difficult for healthcare professionals to promptly diagnose and treat patients who are seriously ill.

So what can we do about the worried well? Ro et al have come up with an interesting answer (1). They conducted a cross-sectional survey of disease-related worry during the MERS outbreak in Korea. They found lots of worried people. More specifically they found that women and those with “poor subjective health status had higher levels of worry”. People who were stressed were also more likely to worry, as were those who trusted informal information. Informal information probably includes scare stories and rumours. Interestingly they found that “the level of worry in the initial stage was closely associated with the levels during the stages that followed.”

They drew some clear conclusions – which probably have implications for other pandemics. Public information messages should be tailored and targeted to different groups of people. Evidence based formal public information should be made widely available to dispel myths and informal information. And lastly, interventions to manage the level of worry in the early stages should help in the longer term. These are ideas worth thinking about now – as we approach the annual influenza season.

References

1. Ro J-S, Lee J-S, Kang S-C, Jung H-M (2017) Worry experienced during the 2015 Middle East Respiratory Syndrome (MERS) pandemic in Korea. *PLoS ONE* 12(3): e0173234.