

# Avian influenza – public perception and public practice

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Avian influenza is a serious disease. Affected patients are at risk of considerable morbidity and mortality – particularly from adult respiratory distress syndrome and multi-organ failure. Patients typically present with a respiratory illness and fever. A detailed history usually reveals exposure to affected animals. As the disease is so serious, preventive measures must be undertaken in the event of an outbreak. But these measures will only succeed if the public has a good knowledge of the disease.

Chan and colleagues have conducted a fascinating study of the knowledge, attitudes, and practices of the Hong Kong population towards human avian influenza pandemic preparedness. (1) A brief summary of their findings might be that the general population had limited knowledge of avian influenza and would not always practice the most effective measures to prevent spread of the disease.

This is not completely surprising – the same could be said for many infectious and non-infectious diseases. However, what is surprising is the gap between what people thought or knew was effective, and what they would actually do. One example is in the sharing of eating utensils – which can be a mode of transmission of infectious diseases. 83% of respondents correctly thought that not sharing utensils was useful for prevention. But only 46% of respondents actually practiced this preventive measure. 81% of respondents knew that they should avoid going the places which had confirmed cases of avian flu. But only 56% of respondents actually practiced this measure.

Why was this the case? This study suggested that people did not consider avian influenza to be a serious threat. So in this regard the respondents were behaving in a logical manner. If they felt that avian influenza was not a serious threat, then why should they inconvenience themselves by taking preventive measures?

It may be that we could learn lessons from other public health threats. In 1956, Richard Doll published evidence of the dangers of cigarette smoking. (2) Public health campaigns then concentrated on educating the public on the harms of smoking. But people continued to smoke. Over the following decades, public health practitioners came to the realisation

that a multi-pronged strategy was necessary to stop people smoking. The prongs of the strategy included price increases, banning advertisements, and restrictions on smoking in public and work places. (3) The ban on smoking in certain places showed that the one way to achieve tobacco control was to change the law to stop people smoking. These measures along with education got results. Will we ultimately need similar measures to prevent infectious disease pandemics?

### **Competing interests**

*Kieran Walsh works for BMJ which produces a range of resources in infectious and non-infectious diseases.*

## **References**

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