

How far would you go to prevent the next infectious disease pandemic?

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How far would you go to prevent the next infectious disease pandemic? Would you put yourself to major inconvenience? Would you put others to major inconvenience? Would you deny some people their liberty?

I think that nearly everyone would say that they would like to prevent another infectious disease pandemic. But saying that you would like to achieve something doesn't require a great deal of effort. It does however take effort to do something to prevent a pandemic or to get others to do something. This leaves public health authorities in a dilemma. If they do too little and lots of people fall ill or die of an infectious disease, then they will be blamed. On the other hand, if they do too much – perhaps by encouraging over prescription of antimicrobial drugs, then they will be blamed as well. So, what should they do? And how much inconvenience are the general public prepared to tolerate to prevent a pandemic?

Researchers in Singapore carried out a clever study to find answers to these questions. (1) They conducted a discrete choice experiment to find out what the public will accept and tolerate to prevent emerging infectious disease threats. And what they will not accept.

They asked people, if there was a pandemic, would they agree to quarantine of potential cases, isolation of actual cases, cancellation of mass gatherings, temperature screening, and a one-time fee to fund public health measures. They also asked whether these interventions should be voluntary or mandatory. Finally, they asked people if they would change their response if there was a more severe outbreak.

They got some interesting results. They found that “participants preferred more intense interventions, and preferred scenarios with fewer deaths and lower tax”. Perhaps surprisingly the severity of the outbreak did not influence responses. Also surprising was that most people were okay with government interventions “to prevent or mitigate outbreaks of emerging infectious diseases, including those that greatly restricted individual liberties”. People did however expect the restrictions to have a reasonable chance of working.

But should we be surprised by the results? My only personal experience was the 2009 influenza pandemic. My memory is that most people were happy to follow public health advice. But I also remember that the advice changed regularly throughout the pandemic. So, on BMJ Learning we first started to experiment with simple podcasts on how the advice was changing. We found that many healthcare professionals accessed these podcasts on their mobile devices – this was our first foray into mobile learning in medical education. (2) Healthcare professionals appreciated our updates on how the advice was changing as the pandemic evolved, but I am sure that some patients were left confused.

And almost inevitably, within a few years there was criticism that authorities had over-reacted to the pandemic. Certainly, it is not easy to get it right.

So how does the Singapore study help us take things forward? I think that it adds another small piece to the evidence base on preventing pandemics. It is also a good principle to develop an evidence based on what the public will tolerate.

Competing interests

Kieran Walsh works for BMJ. BMJ produces BMJ Best Practice which contains a range of content on pandemic infectious diseases.

References

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