

Smallpox Scenario

Participant Responses



Key Findings Across Phases

- Low levels of knowledge exist about smallpox, but they know it's contagious and severe
- Terrorist use of biological agents primarily associated with Anthrax and Sarin attacks
- Majority perceive that terrorists would be unlikely to use a biological agent due to cost, access and lack of expertise
- Desire for 'expert' information about health and security
- Concern increased across the scenario for those participants who reassessed the possibility of personal impact and / or numbers affected
- People wanted info on the terrorists
- Majority of participants indicated a fairly resilient response / that they would continue with their daily routine – differs in Germany

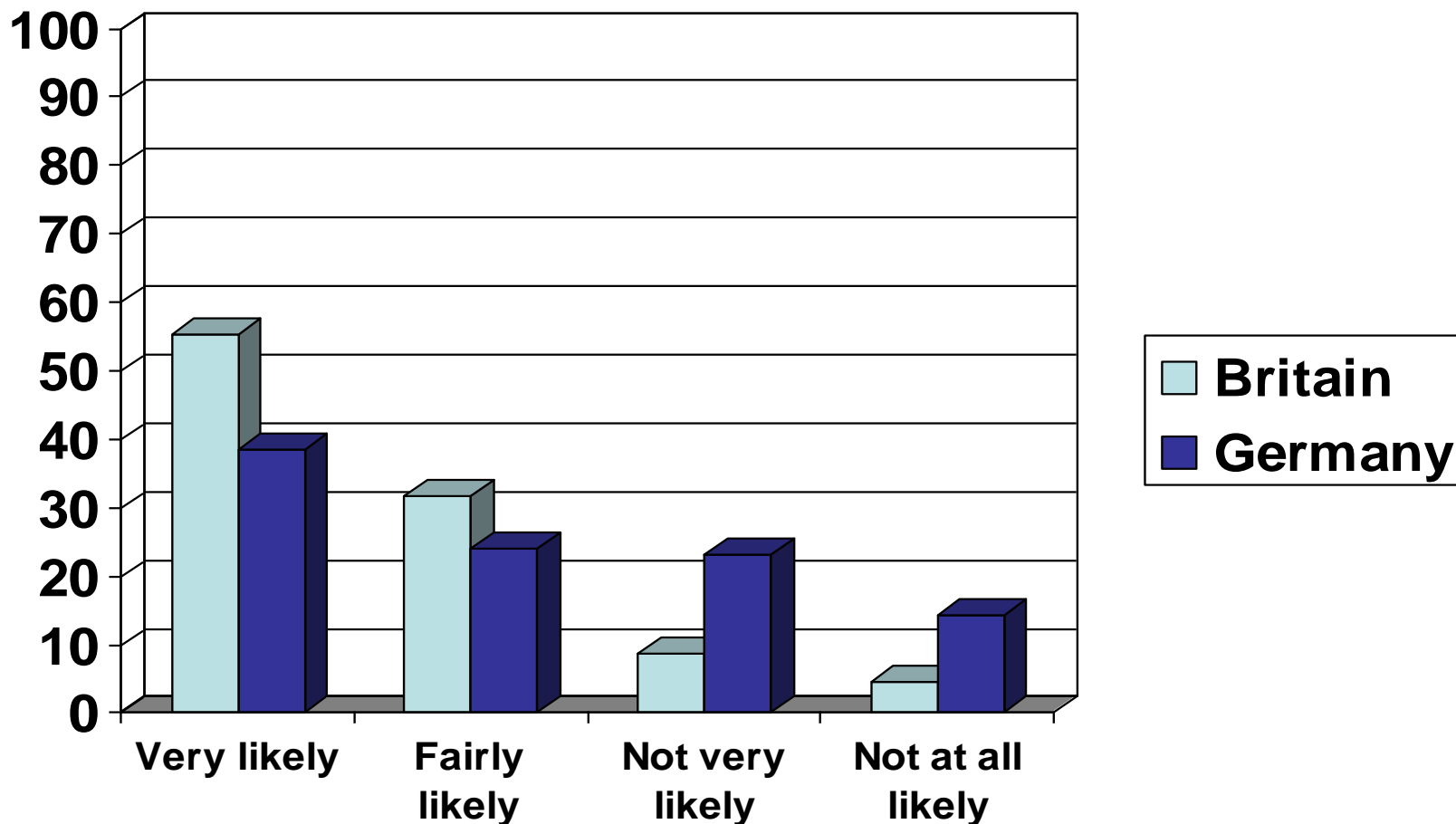


Perceptions Influencing Behaviour

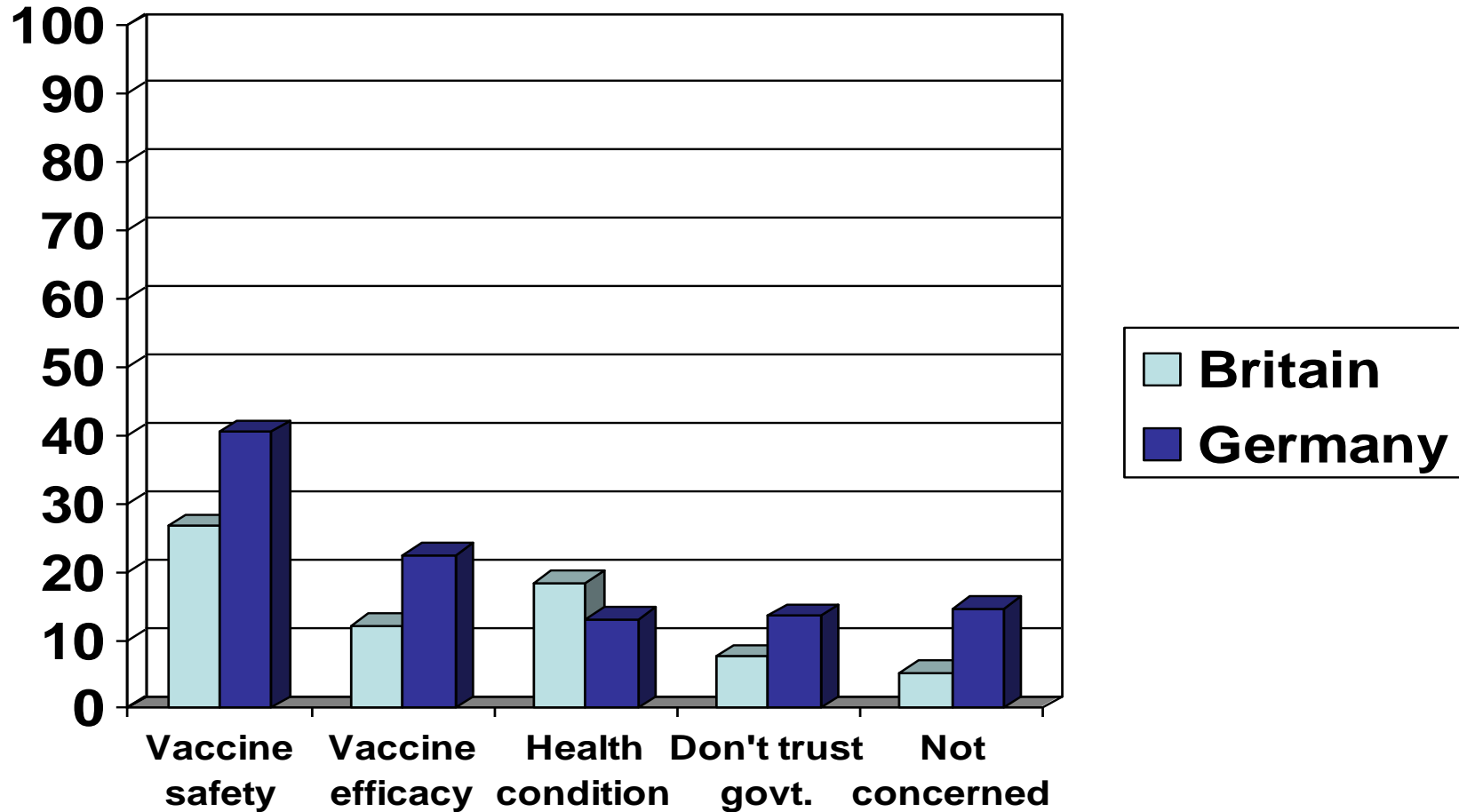
- Raised a lot of scepticism regarding media reporting (scaremongering) and led to beliefs that the incident might not be a terrorist one
 - but media still the main source of information
- Perception that the vaccine is in short supply might lead some people to fake an illness to get the vaccine - only in UK
 - some people concerned about this, others say it is what they would do
- Perceptions that pharmaceutical companies were involved with / gaining from Swine flu has caused people to believe that these companies are somehow involved in this incident



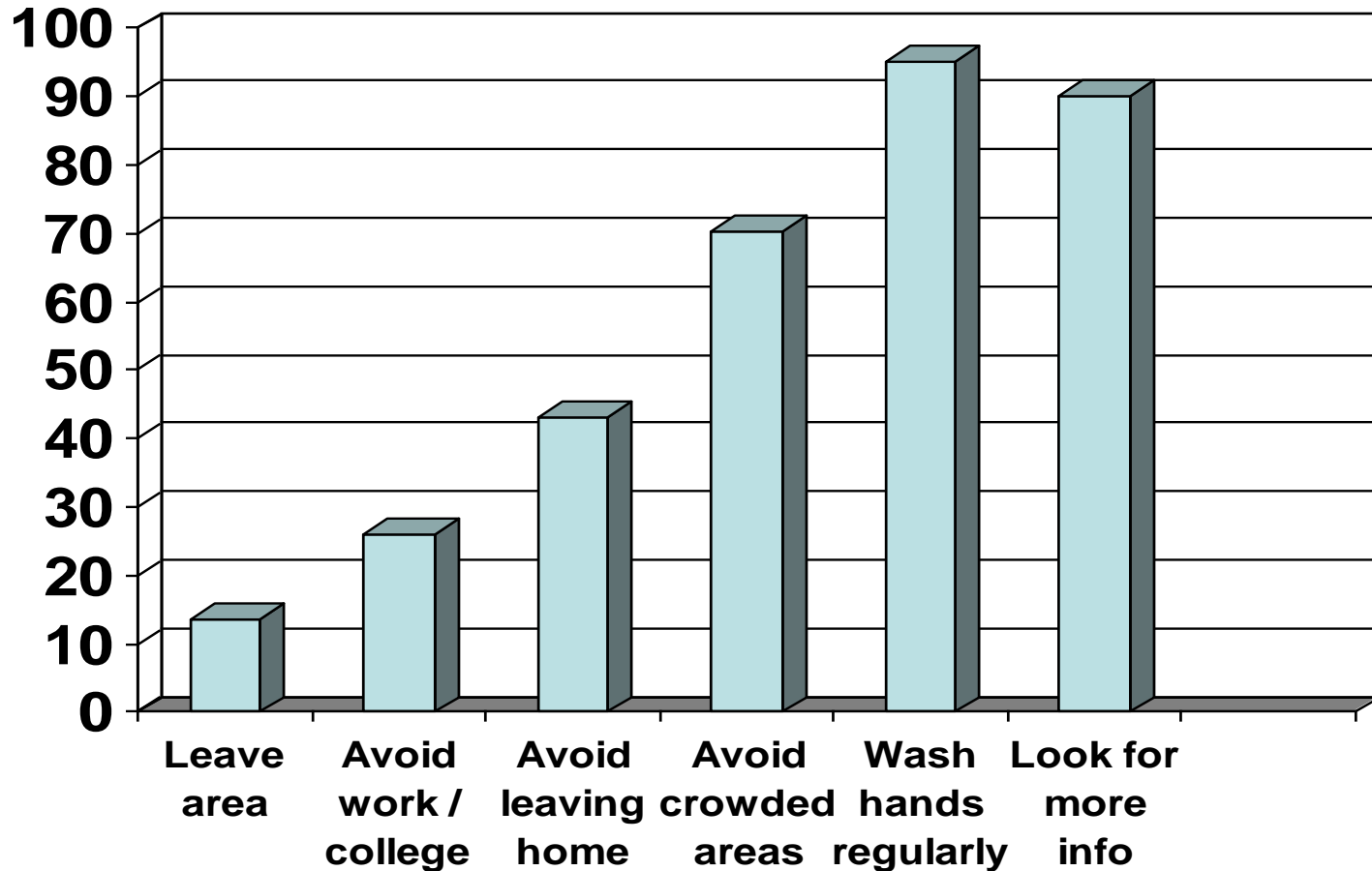
“If this situation were to happen, and you were offered the vaccine, how likely would you be to accept it?”



“Why are you unlikely to accept the vaccine?”



“If this were to occur, how likely would you be to...”



Demographic associations with behaviour

- Lower educational status
- Older participants
- Ethnic minority participants



Perceptions associated with behaviour

- **Avoidance behaviours, & cleaning, & accepting the vaccine**
 - High control (e.g. *'nothing I do will affect whether or not I become ill'*)
 - Pervasive (e.g. *'it would be hard for me to tell where is safe'*)
 - Not treatable (e.g. *'there is little that can be done to treat smallpox'*)
 - Severe (e.g. *'smallpox is a serious condition'*)



Leaflet Intervention

- **Designed to address information needs arising from phase 1 focus groups, particularly to do with vaccination**
 - Risk groups (e.g. *who can have the vaccination?*)
 - Side effects (e.g. *are they are side effects / what are they?*)
 - Contact info (e.g. *is there a dedicated 'smallpox hotline'?*)



Impact of Leaflet Intervention

- Providing a leaflet with information on vaccination before messages were given from a rogue scientist increased the number of people who saw the rogue scientist as being alarmist and lacking credibility
- Timing of leaflet / intervention is important
 - if given before an incident occurs then people tend to feel it is 'crying wolf,' especially if nothing happens after the info is distributed
- Receiving a leaflet was very welcome because written information seen as more credible than spoken information
 - the government / authorities would not put false information into writing



Response to Vaccination Following Intervention

- Perceptions of vaccine safety appear to be largely stable prior to this incident so neither the leaflet nor rogue scientist had much affect on people
 - Those who were undecided about vaccination tended to be put off by too much in depth information about side effects
- Concerns exist about whether this is the same vaccine that was used to eradicate smallpox – UK only
 - If it is the same then they feel better about it, it is “tried and tested”

