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Where would Australian travellers seek information about bird flu? Results of two airport intercept surveys

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Where would Australian Travellers Seek Information about Bird Flu? Results of Two Airport Intercept Surveys

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Abstract

A potential bird flu pandemic has been the recent focus of the world’s attention. Successful control efforts will require using sources of information that both residents and visitors within a country will actively seek information from; this is critical to prevent panic and to elicit the desired public responses. This paper reports the combined results of two airport intercept surveys which illustrate the Australian traveller’s preferred and likely sources of information about bird flu in the event of a bird flu pandemic. Our results indicate that Australian travellers would be most likely to seek information from the internet and their doctors/GPs within the country of destination. These findings have vital implications for choosing effective channels to disseminate information about bird flu to Australian travellers.

Introduction

Avian Influenza

In late 2005, the world learned a new phrase and a new cause for anxiety – bird flu. Claims that the avian influenza A (H5N1) virus (commonly and hereafter referred to as bird flu) would be the next pandemic attracted the attention of governments, health organisations, and the public worldwide.

The virus can be spread by migratory birds and mechanical means (e.g., from one farm to another via the soil captured by tyres), from birds to mammals, and from birds to humans (Alexander, 2000; Hien et al, 2004). While avian flu viruses are not known to infect humans there is disputed evidence that the virus can spread from human to human (Ungchusak et al., 2005). With the 2006 outbreak of the virus within a family living in a village in north Sumatra (Wulandari and Lyn, 2006), and more recent cases of bird flu among families or neighbourhoods, the pandemic potential of bird flu has been truly realised. If the bird flu virus can be readily spread from human to human the potential for a repeat of the 1918 Spanish Influenza which killed an estimated 20-50 million people is real. A recent assessment of the likely numbers and age distributions of cases and deaths, using clinical case rates from three previous influenza pandemics, estimated case rates of between 24.7% and 34.2%, and death rates between 4.4 and 6.7 per 1000 people (Brundage, 2006).

Recent national and international efforts have focused on preparedness planning and country and regional levels and the development of public communication materials (Horvath, McKinnon and Roberts, 2006; Jennings and Lush, 2004; Barrett et al. 2005; Ministry of Health, 2006). If a pandemic appears to be looming governments need to act in a comprehensive, decisive manner to reduce the impact within its borders. Any successful control efforts will require the cooperation of a country’s residents and visitors– if coordinated actions are replaced by widespread public panic there is little hope a pandemic
can be effectively managed. In the event of a bird flu outbreak in any country, both residents and visitors will need to be quickly and accurately informed of the risk and actions required of them to reduce transmission and obtain rapid diagnosis and treatment. As such it is vital to know where travellers will seek out the information that will be required to enable to respond in the desired way.

**Choosing sources of information**

The choice of appropriate sources of information to disseminate consistent and timely messages about bird flu is crucial to encourage people to engage in the recommended protective behaviours and to minimise panic in the event of an outbreak. The relationship between a source or channel of information and the public ultimately determines the way people respond to messages, and these responses differ on the basis of perceived integrity and trust, credibility, honesty, transparency, and accountability of the source (Glick, 2007; National Research Council, 1996).

Although difficult to control, it is essential efforts be made to ensure consistency of messages across different organisations and dissemination channels to minimise confusion, panic, and inappropriate actions. Any communication about bird flu also needs to refute misinformation the public may encounter and enhance the likelihood of the public taking the recommended preventive and remedial actions should a bird flu outbreak occur.

There are numerous examples of the public responding inappropriately to inaccurate information disseminated during infectious disease scares. For example, a 2003 pneumonia scare in China, rumoured to be treatable with white vinegar, resulted in profiteering vendors selling vinegar to a scared public at 12 times its pre-panic price (Rosling & Rosling, 2003). In addition, a lack of trust and credibility in sources of information can impede risk communication efforts (Glick, 2007) and potentially inhibit desired responses. An example of this is the US anthrax scare of 2001. An evaluation of communication efforts made by public health agencies during this time revealed that due to inconsistencies in message delivery, trust in public health agencies had been eroded, and that this could threaten the effectiveness of communication during future public health crises (Blanchard et al, 2005).

**Purpose of the current study**

Given that the most likely source of infection in the Australian community is via air travel – either visitors or residents entering Australia after being exposed to the virus overseas – communicating accurate information to those travelling, about to travel, or having recently returned from overseas will be crucial to Australia’s response to a potential pandemic. The choice of appropriate sources of information to disseminate messages about bird flu to this target group is crucial to encourage people to engage in the recommended protective behaviours and to minimise panic in the event of a bird flu outbreak or a pandemic.

The purpose of the current study was to determine the likely and preferred sources of information about bird flu among residents and visitors in the event of an outbreak or pandemic within the country of destination. This information is essential in order to build a comprehensive, effective communication campaign about bird flu.
Method

Two airport intercept surveys were conducted in late 2006. The target group was Business & Economy travellers across six major airlines, departing for Asia and Europe. The original intent was to conduct one survey in Sydney airport and one in Melbourne airport; however it was not possible to obtain access to Melbourne airport in the time frame for the project. Thus, both surveys were conducted in Sydney airport, with the first conducted on the weekend of 28th and 29th October 2006, and the second on the weekend of 25th and 26th November 2006. The surveys were developed by the researchers and conducted by a commercial research company; both surveys were conducted between the hours of 8:00am and 5:00pm. A total of 310 surveys were completed.

Respondents

Of the 310 respondents, 50.3% (156) were female. Respondents were spread across all age groups, with 14.5% aged between 18 and 24 years; 22.6% aged 25-34 years; 20.6% aged 35-44 years; 19.1% aged 45-54 years; 17.1% aged 55-64 years; and 6.1% aged over 65 years. The majority of respondents (61.3%) were born in Australia. Most respondents (56.8%) had completed a diploma or degree, 16.1% had a trade or other certificate, 14.5% had completed five years (i.e., higher school certificate) of high school, and 12.6% had completed less than five years.

Results

Respondents were asked the open-ended question “where would you go for information about bird flu?” The most commonly cited responses are shown in Figure 1.

Figure 1: Where people would go for information about bird flu

<table>
<thead>
<tr>
<th>Sources of information</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Doctors/GPs</td>
<td>1</td>
</tr>
<tr>
<td>Radio</td>
<td>2</td>
</tr>
<tr>
<td>Television</td>
<td>4</td>
</tr>
<tr>
<td>Newspapers</td>
<td>6</td>
</tr>
<tr>
<td>Dept. of Health</td>
<td>8</td>
</tr>
<tr>
<td>Government</td>
<td>10</td>
</tr>
<tr>
<td>Internet</td>
<td>30</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
</tr>
<tr>
<td>Embassy/consulate</td>
<td>2</td>
</tr>
<tr>
<td>Travel agents</td>
<td>4</td>
</tr>
<tr>
<td>DFAT</td>
<td>0</td>
</tr>
<tr>
<td>Airport/quarantine</td>
<td>0</td>
</tr>
<tr>
<td>smarttraveller.gov.au</td>
<td>0</td>
</tr>
</tbody>
</table>
The overwhelming majority of people said they would seek information from the Internet (40.3%); this response was given by almost four times as many respondents as any other source of information. This was followed by doctors/GPs (11.3%), the Department of Health (7.4%), and ‘the government’ (non-specific) and Department of Foreign Affairs and Trade (DFAT) (both 6.1%). These sources were followed by television (4.5%), the embassy/consulate (4.2%), travel agents (3.5%), don’t know (3.2%), radio (1.6%), airport/quarantine/information at the airport (1.6%), and the government website www.smarttraveller.gov.au (1.3%). Respondents were least likely (less than 1% of responses) to report that they would seek information from the World Health Organisation, hospitals, the media (non-specific), Local Government/Council, Federal Government, professionals/academics/professors/specialists (non-specific), health ministers, infectious disease hospital/centre/association, and the Department of Immigration.

In regards to seeking information from doctors/GPs, there were no significant differences associated with respondent gender, age or education. However, in regards to seeking information from the internet, male respondents were more likely to report seeking information from the internet (46.1%, p = 0.04); respondents aged 18-44 years were more likely to seek information from internet (48.0%, p =0.01); and those respondents with a university education were more likely to seek information from the internet (51.0%, p =0.00).

Discussion

We asked travellers at a major Australian airport where they would go for information about bird flu. There was an overwhelming preference for seeking out this information from the internet, with the next most common source being doctors/GPs. Respondents would be much less likely to seek information from health organisations/centres, professionals or scholarly sources. Although many respondents said they would go to ‘the government’ (non-specific) for information, few said they would seek information from distinct spheres of government, such as local or federal government and even less from specific departments or organisations.

These preferred and likely sources of information have serious implications for communication strategies in the event of a bird flu outbreak. The electronic revolution provides new opportunities and challenges for effective transfer of health information (Freimuth, Linnan, and Potter, 2000) and the internet in particular poses significant challenges to risk communication efforts. The internet as an entity contains an enormous body of information about health issues, for example 7,020,000 results are found when ‘bird flu’ is typed into the search engine Google (30/8/07). However, many websites are of questionable credibility and quality, and many sites are not easily accessible or understood (Benigeri and Pluye, 2003; Cline and Haynes, 2001; Dolan et al, 2004). Thus, it is easy for the public to unknowingly source incorrect, misleading or confusing information, which they can then pass on to other members of the public. This information can then lead the public to respond to health issues in a way that is not conducive to management of the health issue, in this case a bird flu pandemic.

Covello (2003) maintains that best practice in health risk communication involves using credible intermediaries between the source of information and the target audience and issuing communication with or through trustworthy sources. Our findings are important to consider in the development and dissemination of public communication campaigns in the event that
human to human transmission is confirmed in countries to which Australians may travel. In this situation, it will be essential to develop effective messages and disseminate these via sources that the general public/travellers report they would seek such information from. Providing accurate and timely information through these sources is essential if we are to encourage people to engage in the appropriate protective behaviours and, importantly, to minimise panic. Governments must carefully decide how to disseminate information about bird flu through the various potential sources/channels.

Our results indicate the internet and doctors/GPs are likely sources for delivering information about bird flu to Australian travellers. Consequently, we recommend the government to develop a comprehensive, credible and useful website about bird flu. This site would be promoted widely to ensure reach to all national and international travellers, and to maximise the likelihood that people will access the site without effort. Ideally the public would not have to know what the site is and/or have to search for the site; it would be designed so that the site surfaces when “bird flu” is typed into a search engine. One such way of ensuring this is the government to purchase those keywords relating to bird flu in each of the major search engines (such as Google, Yahoo, MSN) to ensure this website is at the top of any list of retrieved sites. In addition as our results indicate many respondents would go to the doctor/GP for information about bird flu, the government should devise an effective communication strategy directed at medical personnel who are likely to encounter persons concerned about bird flu.

Communication regarding a potential bird flu outbreak in Australia can serve to accurately and effectively inform the public OR misinform and contribute to panic and undesirable behavioural responses. Communication strategies should be developed for preferred and likely sources of information such as the internet and doctors/GPs, to increase the public’s understanding of the risk and the responses required to effectively manage an outbreak of bird flu. We therefore recommend the government develop a credible and trusted channel for disseminating consistent messages and information about bird flu to frequent travellers; these being an easily accessible and credible website about bird flu and a communication strategy for doctors/GPs to distribute information to concerned patients. Such strategies will ensure that we can minimise fear, refute misinformation the public may encounter and enhance the likelihood of the public taking the recommended preventive and remedial actions should a bird flu pandemic occur.
References


Benigeri, M and Pluye, P. (2003), Shortcomings of health information on the Internet, Health Promotion International, 18(4), 381-386


Cline, R. J. W. and Haynes, K. M. (2001), Consumer health information seeking on the Internet: the state of the art, Health Education Research, 16(6), 671-692


Freimuth, V., Linnan, H.W., and Potter, P., (2000), Communicating the threat of Emerging Infections to the Public, Emerging Infectious Diseases, 6 (4), 337-347


Ministry of Health (2006), New Zealand Influenza Pandemic Action Plan, Wellington: Ministry of Health


Rosling, L. & Rosling, M., (2003), Pneumonia causes panic in Guangdong province, British Medical Journal, 326, 416


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