Reviewer's report

Title: Awareness, Attitudes, and Practices Related to the Swine Influenza Pandemic among the Saudi Public

Version: 1 Date: 3 December 2009

Reviewer: Julie Leask

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Background
The manuscript is quite well written but needs a good copy edit. There are some stark typographical errors, eg, "educatioanl".

Methods
Readers need a little more information about the population from whom the sample was selected: who tends to go to malls in these cities? On what criteria were the areas selected? How were people approached in the malls and where? What times were they approached? Were all adults approached?

Page 4: knowledge should be regarded as "low" not "poor".

The data collection methods are extensively detailed in the method section. This part is clear and well written but may be reduced if necessary.

A major weakness of this study is the poor content validity of the concept of panic. This concept is not well measured. Panic is defined as "A sudden, overpowering terror, often affecting many people at once." In other words, it is predominantly an emotion which may or may not result in certain behaviours. This paper does not measure emotion at all.

Rather, it rates as 'panic', agreement with a range of behavioural or prescriptive statements related to what actions might be needed. While many of these would seem inappropriate and sometimes wrong, at times, some of these beliefs probably arose from pandemic plans or were beliefs extrapolated/exaggerated from actual measures in some countries. Indeed had the pandemic been severe such as that based on the H5N1 models, it would have been advantageous for a government to have citizens willing to take on such measures. In retrospect that was not the case.

However, this issue points to another major weakness which is the lack of contextual information including when the study was undertaken? What WHO phase were we in? What was the Saudi government advice and what was the media reporting? Perhaps many of these beliefs were consonant with such a context but still do not equate with panic. The authors should provide another term for this construct that better represents what it actually measures.

Results:
When was the survey conducted? What was the response rate?
The authors measure belief about sexual contact as a mode of transmission. Theoretically this may seem erroneous and flu is certainly not an STI, but as this is an intimate form of contact, often involving kissing, it may, in practice cause, transmission of the virus.

It is interesting that the majority of participants received their information from the media. This points to the agenda setting role the media has when little is known about a particular issue and people haven't had a chance to form their own beliefs and information channels.

Page 7: "during the epidemic" - when would that have been?
Figure 1 - see comments about panic.

Discussion:
The discussion is an extensive overview of the literature but rambles slightly. It needs to be better pulled together, starting with a summary of the main findings, acknowledgement of limitations and some attempt to explain the findings in relation to the local context of the survey.

That only 38% believed the government was reporting the real number of cases may have related to realism that not all cases could be detected, rather than lack of trust.

The survey from the NSW Dept of Health has been published and should be referenced.

Page 9: the review of behavioural responses to pandemics by its nature would not include pharmaceutical measures. It's not clear what the point is here.

Language such as "dangerous impression" is a little hyperbolic. The authors assert that Phase 6 was announced without any qualification.

This should be clarified as this announcement was made by WHO because the conditions were technically met. Announcements came with explanation so the authors impressions don't appear to be supported.

Clearly there has been much misinformation and misunderstanding but it is narrow and probably unrealistic to assume that the solution alone lies with "public education and training through media resources". The causes of public confusion are multiple and strongly relate to a lack of certainty about the potential magnitude of the emerging pandemic.

Hindsight has shown it to be mostly mild but the complexities of measuring disease impact mean that no one 'truth' exists at present against which myth busting can occur. Many aspects of its severity are hotly debated among influenza experts. So how can one expect one particular message to be consistenly communicated?
The authors should consider making a range of specific recommendations which would improve communication between multiple players, not just in a top down approach from government/doctors to the public. They could also focus on the content of the messages that help deal with issue of uncertainty.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.