Author's response to reviews

Title: Pandemic influenza in Australia: Using telephone surveys to measure perceptions of threat and willingness to comply

Authors:

Margo Barr (meyes@doh.health.nsw.gov.au)
Beverley Raphael (beverley.raphael@act.gov.au)
Melanie Taylor (melanie.taylor@uws.edu.au)
Garry Stevens (g.stevens@uws.edu.au)
Louisa Jorm (louisa.jorm@saxinstitute.org.au)
Michael Giffin (mgiff@doh.health.nsw.gov.au)
Sanja Lujic (s.lujic@uws.edu.au)

Version: 3 Date: 15 July 2008

Author's response to reviews: see over
15 July 2008

The Editors
BMC Infectious Diseases

Dear Editors,

Barr et al. Pandemic influenza in Australia: perceptions of threat and willingness to comply.

We would like to submit the above revised manuscript to your journal. This letter describes the
changed mad to the manuscript to address the reviewers’ comments.

Reviewer 1

Minor discretionary revision:

- **Table 1 is a nice addition, but the information is handled in the text. The table could be deleted.**

The text only states the range of values for kappas, and don’t know and refusals it does not state
the values for each question and it also does not state the agreement statistics so it is important
to keep table 1.

Minor essential revisions:

1. **In the methods, the authors should state what proportion of Australian households have
landline telephones, to allow the reader to judge how representative the respondents were,
compared to the overall population. If mobile telephones were included in the telephone
sample, that inclusion should be described in the methods.**

Insert the following paragraph after the first sentence on the survey in methods.

Only residential phone numbers were used in the sample as residential phone coverage in
Australia still remains high (ref 1) and results from persons who only have mobile phones
has bee shown to be comparable in the US (ref 2 and ref 3).

Canberra: ABS; 1996.

Ref 2: J. Michael Brick1, Sarah Dipko1, Stanley Presser2, Clyde Tucker3, Yangyang
Yuan1, Estimation Issues in Dual Frame Sample of Cell and Landline Numbers;
ASA Section on Survey Research Methods 2005

Ref 3  Yuan, Yangyang, Bruce Allen, J. Michael Brick, Sarah Dipko, Stanley Presser,
Clyde Tucker, Daifeng Han, Laura Burns, and Mirta Galesic (2005). Surveying
2. **Table 2 is said to demonstrate the study population is comparable to the general Australian population. However, the authors should add p values to document the similarities is necessary. For example, the category "Highest formal qualification" appears to differ significantly between the sample and the general population.**

We have added p values to the Table 2.

We also wish to modify the first paragraph of the survey to read:

In total 2,081 state residents aged 16 years and over completed the module on pandemic influenza. The overall response rate was 65%. The demographics of the weighted survey population were comparable with the Australian Bureau of Statistics 2006 Census for sex, persons born in Australia, persons who speak a language other than English, children in household, persons who live alone and location. (Table 2).[13]

3. **The authors describe findings that over 70% of those responding would receive pandemic influenza vaccine or be isolated if infected, and 59.9% would wear a mask. Their discussion indicates these findings indicate generally high acceptance of these control measures. I believe that the reverse findings of as many as 40% refusing to implement control measures such as wearing a facemask, or nearly 30% possibly declining isolation, should also be discussed. For example, a comparison could be made to the success of quarantine in the SARS outbreak in Toronto, where only 27 persons (0.1%) of those identified requiring quarantine were initially noncompliant and required enforceable quarantine orders (Svoboda T, et al. New Engl J Med 2004;350:2352-61).**

We wish to replace the last paragraph of the Discussion with the following paragraph and add the following reference.

Our data indicate that while most respondents are very or extremely willing to perform a behaviour; the remaining respondents are expressing varying, but lower, degrees of willingness to perform these behaviours, with 21-31% indicating that they would be moderately or a little willing, and 3-8% indicating that they would be not at all willing to perform these behaviours. However evidence, such as data indicating very high levels of compliance with quarantine and minimal requirement for enforceable quarantine orders during SARS in Canada, (Ref 1) suggest s that in the event of a serious and immediate threat, the majority of those who are indecisive would shift their position and comply. It is likely, however, that even with such a compliance ‘shift’ the relative compliance of sub groups within the population noted in our study will be upheld; as these patterns of compliance have been supported consistently by studies of actual protective behaviours. 3,4

New reference to add:

Reviewer 2

- **Minor revisions: tables 5 and 6 need to be simplified and made more readable.**

  Tables 4, 5 and 6 have been revised and are attached. For simplicity and to make it more readable the tables have less columns in that the 95% confidence intervals have been provided in brackets and added to the point estimate columns.

**Additional revision:**

Reference 4 needs to be revised as not all of the authors were included. It should read:


Sincerely yours,

Margo Barr
Corresponding author
Manager and Senior Epidemiologist
New South Wales Health Survey Program
Centre for Epidemiology and Research
Population Health Division
New South Wales Department of Health
Locked Bag 961
North Sydney New South Wales 2059 Australia