Author's response to reviews

Title: Behavioral intentions in response to an influenza pandemic

Authors:

Gerjo Kok (g.kok@maastrichtuniversity.nl)
Ruud Jonkers (r.jonkers@rescon.nl)
Roger Gelissen (r.gelissen@rescon.nl)
Ree Meertens (r.meertens@maastrichtuniversity.nl)
Herman P. Schaalma (g.kok@maastrichtuniversity.nl)
Onno de Zwart (dezwarto@ggd.rotterdam.nl)

Version: 4 Date: 8 February 2010

Author's response to reviews: see over
Reviewer 2:
In order for readers, editors and reviewers to better understand the study and its strengths and limitations, I suggested that the authors submit the full questionnaire.

The full questionnaire has been translated and is now added to the manuscript.

Additional comments
1. In the methods section, the authors state that they asked respondents “how many people would get sick if a pandemic were to occur”. In the results section, the authors report that “participants in this study estimated prevalence at 35%.....”. Is this result related to the “how many people” question? First, the response to a question about numbers should be reported in numbers. If the results are translated from numbers to proportions, the method for the translation should be indicated. I may have misunderstood the article with respect to this point. Second, and more important, it is inconceivable that the prevalence of pandemic influenza should be 35%. Do they mean attack rate which is another concept? By definition, prevalence is the product of disease incidence and duration. Because the duration of clinical influenza in each patient is a few days, the prevalence will never be as high as 30%. If respondents were asked about prevalence, this should be made clear in the methods section, and commented on in the discussion if it really was perceived to be as high as 35%.

The reviewer is right and we have changed the text accordingly by leaving out “prevalence” and using only the wording of the question.

2. Susceptibility is a qualitative term. Responses to the question: “How probable is it that you will get influenza ......” should not be interpreted as an expression of susceptibility, but as a probability or a risk. I would suggest to
avoid the term susceptibility altogether in the article in order to avoid confusion among researchers familiar with the epidemiologic terms. The term probability or risk would be appropriate in the context of the way the question was phrased.

Perceived susceptibility is since the 1950s a key concept in the Health Belief Model, the Protection Motivation Theory and the Parallel Response Model. Using another term would be confusing for readers with a health promotion or health psychology background. We have added the original definition when the concept is introduced, page 4: “beliefs about the likelihood of getting a disease or condition” (Champion & Skinner, 2008).

3. At the introduction to the discussion, the authors state that “knowledge levels regarding a possible influenza pandemic were relatively low”. This conclusion is in conflict with the items which tapped perceived knowledge as far as I understand.

The reviewer is right and we have changed that sentence in: “Knowledge levels regarding a possible influenza pandemic were mixed. Many participants reported not feeling well informed about protective measures.”