Reviewer's report

Title: Monitoring the level of government trust, risk perception and intention of the general public to adopt protective measures during the influenza A (H1N1) pandemic in the Netherlands

Version: 1 Date: 15 February 2011

Reviewer: Melanie Taylor

Reviewer's report:

General comments:
This is a very interesting and well presented study from a group of well-respected researchers in the area. I found the research and findings really interesting, I enjoyed reading this paper, and I think it adds significantly to the research area; especially with its repeated/multiple measures design. It provides useful information for health/government agencies as well as other researchers in this area.

Major Compulsory Revisions:
None.

Minor Essential Revisions:
There are two areas that I think require slight revision to aid understanding, and a few minor errors that need to be corrected.

I think that there is a need to explain the study design in a little more detail. The current description is quite brief and a little confusing. I would suggest that the researchers provide more information in this paragraph. In the current format it sounded as though the researchers were talking about two sources of data collection – 16 cross sectional surveys and “ad hoc measurements” with a risk and crisis panel. I think, having re-read this a few times, that the 16 surveys were drawn from a large national panel of participants. A little additional description would help to clarify this.

I became rather confused between the details of the scales/ranges of the scales mentioned in these sections and the scale information presented in the appendix (2. Questionnaire: the first two tables containing the trust items and PMT questions). For example, Government trust – first sentence scale is (1) no trust at all to (4) a high level of trust, but the appendix table containing the trust items mentions a scale of 0-4. In the risk perception section worried about personal/family safety are from 1 to 4, but in the appendix it says 0-4, and personal vulnerability is 0-5 in this section – but 0-6 in the appendix. I am similarly confused about a scale of 0-4 for only four categories of protective
measures (no-don't know/hygienic/obtain medicines/other), and a scale of 0-3 for only three categories of vaccination intention (no/don't know yet/yes). Are the zeros possibly no response or missing data or refused? This just needs some additional explanation or separating out – so that information in the main text and the appendix appear consistent.

3. Reference 4 – typo – “bioterrorism” not “bioterrism”

4. Reference 7 (Seale et al) the journal is the “Medical Journal of Australia” or “MJA”, not M&A.

5. Figure 1 does not appear to have any labelling on the Y axis (at least not in the format that downloaded from the BMC website)

6. Table 4. I think there is a * missing from the key – currently it shows * (one star) for both <0.001 and ) <0.05. I think the former needs to be **.

Discretionary revisions:

The following are few personal comments.

1. Discussion – paragraph one, sentence three. “From this perspective.... the end of this sentence sounds a little confusing. I think that you are saying that despite a significant reduction in trust overall during the study period “in absolute terms” the level of trust is still fairly high, and it didn’t represent a serious decline. Maybe this could be made a little clearer.

2. Discussion – paragraph two, sentence one. You mention that adopting recommended measures and vaccination acceptance increased from period 1 to period 3 and give the percentages – but vaccination acceptance was only measured in periods 2 and 3 (not 1).

3. I’m not sure if you are aware that Holly Seale and colleagues from UNSW in Sydney also published a longitudinal study on a university population (Van D, McLaws M-L, Crimmins J, MacIntyre R, and Seale H. (2010) University life and pandemic influenza: Attitudes and intended behaviour of staff and students towards pandemic (H1N1) 2009. BMC Public Health, 10:130. doi:10.1186/1471-2458-10-130). This was not a general population study, and does not detract from your study, but provides some useful and I think, fairly comparable data on fluctuations in risk perception over a similar time frame.

4. Details of the questions. Were questions 7, 11 and 13 open comment questions – or were the response options you show in the appendix pre-coded responses (read out to respondents?) or are the response options listed here the result of the coding of open responses? Similarly, Q21, 29, and 30 – respondents could give four or five answers – were these the responses offered to them – or are they taken from open comments or pre-coded responses?

Minor issues not for publication

Below are a few typos that need to be corrected and some very small edits/suggestions that you may like to consider.
1. Abstract – Background. I would take “still” out of this sentence.

2. Abstract – Methods. I would start this sentence... “Sixteen telephone studies were conducted...” (i.e. remove “Analysis of” and “that”) – as your sentence does not make sense otherwise.


4. Generally the convention is for numbers 1 – 10 to be spelt out in full, i.e. one, three, ten, and numbers above ten to be in digits, i.e. 11, 23 etc. In the text you refer to 1 year, 3 periods, etc. Personally I would put these in words. This is a very minor point, please feel free to disregard or accept as you like.

5. Results – Factors associated with the intention to adopt protective measures – para two. “Respondents with higher levels of perceived risk and fear/worry...” generally you use the term “risk” or “risk perception” in your manuscript when you are referring to both your measures (i.e. fear/worry and vulnerability) collectively. I was a little confused here – I think because you are referring to “...higher levels of perceived vulnerability and fear/worry” – or “higher levels of risk perception” – to be consistent I would either change “risk” to “vulnerability” in this sentence or replace with “higher levels of risk perception” and remove “fear/worry”.

6. Just wondering – any idea why people with higher levels of education are less likely to intend to vaccinate? (this is the opposite to my/my group’s findings – we usually interpreted this (opposite finding) as those people being more knowledgeable and/or being more able/willing to pay for vaccination... although, conversely, we would often find that risk perception was higher in those with lower levels of education – and would expect that these people would be generally more willing to intend to take protective measures...)

7. Discussion – para one – sentence three. “significant” should be “significantly”.


9. Discussion – final sentence. I would change the last sentence to ...”In pandemic or other outbreak situations it is ethically-challenging, however, to advocate a study where certain groups do not receive the best possible information.”

10. Conclusion – sentence four. I would change to “..this study’s outcomes...”

11. Appendix – Table 4. I would keep labelling consistent.. Period 1 – “Fear and worry about influenza A (H1N1) and further down in Period 2 this is just labelled “Fear” – I think this should be the same as above.

12. Appendix – Table 5. My copy shows the key (df and OR label down the side of the table rather than at the bottom.)

13. Appendix – Table 5. Education data – the “low” education option is a bit lost
in the title – in Period 2 it is in () and in Period 3 it is capitalized but the other options are italicized. Generally in this table I would be tempted to put in a carriage return/blank row for the title for data with multiple responses (education, family composition, Nielsen region) to make it a bit clearer.

14. Appendix – Q11.0 response 3. Typo. I think this should be “Mayor”

15. Final comment. I am intrigued by the finding that trust is negatively associated with intentions to take protective measures in Period 1, and positively associated with intentions to vaccinate in 2,3. With regard to the latter, in Australia, there seemed to be a lot of anxiety about this “new”/novel vaccine that people saw as ‘rushed’ or not properly tested... and I think that lack of trust in Australia played a large part in the general lack of uptake (along with perceptions of the influenza being ‘mild’) – I think that the public was particularly receptive to fear-mongering messages. With the former finding – do you think that the Dutch people didn’t feel, in the early stages, that the protective measures would be effective? Possibly needing more convincing – or do you think that they just weren’t being given this advice (or possibly less aware of/or receptive to this advice)? Do you think that the Dutch government was being overly-reassuring in the early/more scary phase – and possibly reducing the general population’s perceived need to take any protective action? I am just wondering about this – I’m not suggesting any changes to the manuscript.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.