Reviewer's report

Title: Impact of prolonged warning on public fatigue: Knowledge, Attitudes, and Practices of Hong Kong population towards pandemic preparedness of human A/H7N9 influenza epidemic in China in 2014

Version: 3 Date: 4 February 2015

Reviewer: Holly Seale

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Major Compulsory Revisions

Abstract
1. There is no need to include the following information: ‘Hong Kong is an urban community…’.
2. Can you please specify what you mean by the 2nd wave of pandemic preparedness? There is no indication that H7N9 will evolve into a pandemic at this stage?
3. It is not common practice to say ‘non institutionalised’- readers would take this for granted.
4. Please specify what ‘elder age’ refers to? Perhaps better to specify the age group
5. Is this really a pilot study?

Introduction
6. The following line needs to be updated: ‘For example, studies showed a decrease in mask…’ Are the referring to mask use? Are there results based on self report? If so- then I would update the sentence to read: ‘For examples, studies showed a decrease in self reported mask use’...
7. The authors need to reconsider the term ‘prolonged warning’ – it is not entirely clear what it means

Methods
8. It is not necessary to state that people were ‘non institutionalised’ as this is assumed.
9. Can you please clarify what you meant by ‘seasonal influenza vaccination capacity’ and ‘degree of H7N9s influence- the descriptions for these variables is not clear.
10. How did you ascertain ‘good personal hygiene practice’

Results
11. Do you have any data on non-responders? What reasons were given for declining to participate?
12. Given that a lot of the results are listed in the tables, it would be better if you used the results section to focus on looking at variables associated with the reported attitudes/behaviours etc. Were any of the sociodemographic associated with knowledge or attitudes?

13. How did you measure vigilance with practicing the control measures? The behaviours are based on self report and I don’t think it is appropriate to comment on their vigilance. Instead you should talk about self reported adoption of infection control behaviours. Over-reporting of behaviours is a major bias here and so you need to be careful about how you report these findings.

14. International readers are not going to know the differences between the districts of Hong Kong- can you please revise the descriptions for 'living in new territories', ‘living in Kowloon’ etc.

Discussion

15. It would be great to see more comparisons made to studies that have focused on KAP around H5N1- there are plenty of studies conducted both in Hong Kong and overseas. It would be interesting to explore the similarities and differences in attitudes reported in the studies- SARs was a different situation. While some comparisons can be made, it would be more relevant to compare against other influenza studies.

16. Change ‘elder age’ to an age category

17. It could be argued that at this stage, having a low anxiety level is appropriate for the vast population of people in Hong Kong who don’t have contact with poultry or wet markets. The transmission of H7N9 has been predominately limited to certain at-risk groups. Rather then having a population panicking or taking inappropriate measures which we have seen in some countries due to outbreaks or pandemics, it is better to have an informed population that has appropriately judged their risk level. Can you please consider reframing your discussion around this.

18. It is not surprising that mask use has dropped- are the rates reported similar to figures obtained for mask use during non-pandemic periods in Hong Kong? Also what is meant by ‘feeling troublesome’

In addition, the grammar needs to be reviewed

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

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

Declaration of competing interests:

I declare that I have no competing interests