LETTERS

Initial behavioural and attitudinal responses to influenza A, H1N1 ('swine flu')

As the media interest in H1N1 Influenza A ('swine flu') ebbs and wanes, it is important to prepare ourselves for the societal—not just the medical—implications of this outbreak. While practitioners may, rightly, anticipate a desire for physical intervention (eg, face masks),[1] psychologists also point to the societal 'out-grouping' that can follow an epidemic. Often, when populations face a seemingly uncontrollable threat, they draw on existing stereotypes to reassure themselves.[2] Already there are reports of the negative treatment and stereotyping of Mexicans following the outbreak in that country.[3] In our own recent data, collected in Malaysia from community members and students (n=180) and in Europe via an internet questionnaire (n=148) five groups of people were seen as at high risk of infection: the immune compromised (mentioned by 87% respondents), pig farmers (70%), older people (57%), prostitutes/highly sexually active and homeless (both 53%). In addition, in Malaysia, 32% thought homosexuals also to be a high risk group (8% in Europe), primarily because they associate homosexuality with HIV infection, and thus weakened immunity.

This tendency to focus on particular 'out-groups' at risk can have important consequences. First, such associations with risk can lead to increased prejudice towards those already marginalised by societies. During times of widespread threat, and possible shortages, it is hard to imagine that will not lead to the rationing of vital supplies (eg, anti-viral drugs). Second, by limiting our attention to particular groups, we can become far too optimistic about our own mortality.[4] This can then lead to both patients and practitioners failing to take appropriate behavioural precautions. Never, therefore, has there been a more prescient time for physicians to 'know thyself'. No social group, however well trained, is free from bias, and this applies to medical professionals too.[5] Pandemic threats, such as that posed by the current H1N1 outbreak, have the rare ability to affect everyone, even the 'health young' often relatively unaffected by seasonal flu. Engrained models of the vulnerable die hard, but if there was ever a time to challenge these, it is now.

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All authors had full access to all of the data (including statistical reports and tables) in the study and can take responsibility for the integrity of the data and the accuracy of the data analysis.

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Community mobilisation and empowerment for combating a pandemic

During the Severe Acute Respiratory Syndrome (SARS) outbreak, the Chinese Torontonians rallied behind various community organisations to address their shared concerns. In order to efficiently mobilise both human and material resources in the midst of the public health crisis, the Community Coalition Concerned about SARS was formed on April 14, 2003 shortly after SARS hits Toronto. The Coalition comprised 63 Chinese-Canadian business, community, cultural, religious and professional organisations. Other Asian ethnic groups including Japanese, Korean, Sri Lankan and Filipino, also joined force with the Coalition in its subsequent operations.

The community coalitions were able to quickly take action in a number of areas. They included: disseminating SARS related information in Chinese through printed and other forms of ethnic media, fighting against discrimination through advocacy, organising events to support frontline health workers and raise funds for research, organising promotional activities to help local businesses, and operating community-based telephone support lines.[1]

One of the most outstanding actions was the orchestration of the SARS telephone support lines, which offered a user-friendly and linguistically and culturally appropriate service to their community members. With strong collaboration with the I Love Toronto Campaign (a Chinese-speaking Taiwanese organisation), three lines were setup for serving the Chinese-Cantonese-speaking population and the Chinese-Mandarin-speaking populations. Over 100 volunteers were swiftly trained for the project, and they received daily updates about SARS, backed up by Chinese-Canadian health professional volunteers. From 5 May to 13 June 2003, 268 calls were handled, and most of the callers sought for emotional support and information/knowledge related to SARS.[2]

The spirit of collective problem solving empowered the Chinese community by fostering the sense that the community and its members could eventually assume control over their own environment.[3 4] Feedback from coalition leaders, members and support-line volunteers alike showed that they and their families became less anxious about the epidemic as they regained a sense of control through participation and reaching out to help others.[5] The process of empowerment was reflected among the Chinese community leaders and volunteers, who became very enthusiastic and active when playing their important role in a public health crisis. The language-specific SARS Support Lines, bilingual SARS fact sheets, and other ethnic media projects proved to be effective in ways of: (1) Disseminating timely and updated information concerning SARS in a linguistically and culturally appropriate way; (2) Linking people-in-need to appropriate services; (3) Empowering ethno-cultural communities at the crisis impact phase (dispelling myths, reducing fear and fostering community cohesiveness); (4) Increasing the effectiveness of public containment policies; (5) Offering precise and accessible information about quarantine and the conditions that require quarantine; and (6) Identifying individuals at-risk and connecting them to medical and formalised help.

The success of these initiatives demonstrated the importance of having linguistically and culturally appropriate channel for ethnic communities to access information and support in a time of crisis. In addition to being empowering, they proved to be effective ways of disseminating time-sensitive information, increasing the effectiveness of public containment and quarantine policies, and identifying at-risk individuals to receive medical and other appropriate help.

The Toronto Chinese community's experience shows that active engagement of ethnic communities can help combat infectious disease in critical times, and make the

healthcare system more effective in responding to public health challenge and the diverse needs of the society. This experience is valuable for multicultural societies in preventing and controlling any form of public health crisis and beyond.

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