

# **The Public's Response to Biological Terrorism: A Possible Scenario Involving the Release of Anthrax in an Unidentified Location**

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*Funded as part of a cooperative agreement between  
HSPH, the National Public Health Information Coalition and the CDC*

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# Questions Addressed by Polling Results

- I. How knowledgeable is the public about anthrax? [Slide 4]
- II. How is the public likely to react to news of an anthrax attack in their city or town? [Slide 9]
- III. Would the public believe statements by public health officials that the antibiotic pills used to treat exposure to anthrax are safe and effective? [Slide 13]
- IV. How confident is the public in the government's ability to respond to an anthrax attack: Delivery of antibiotic pills to the public? [Slide 17]
- V. Is the public likely to follow public health officials' initial recommendations to go pick up and take antibiotic pills during the first 10 days after an anthrax attack before knowing if they were truly exposed? [Slide 22]

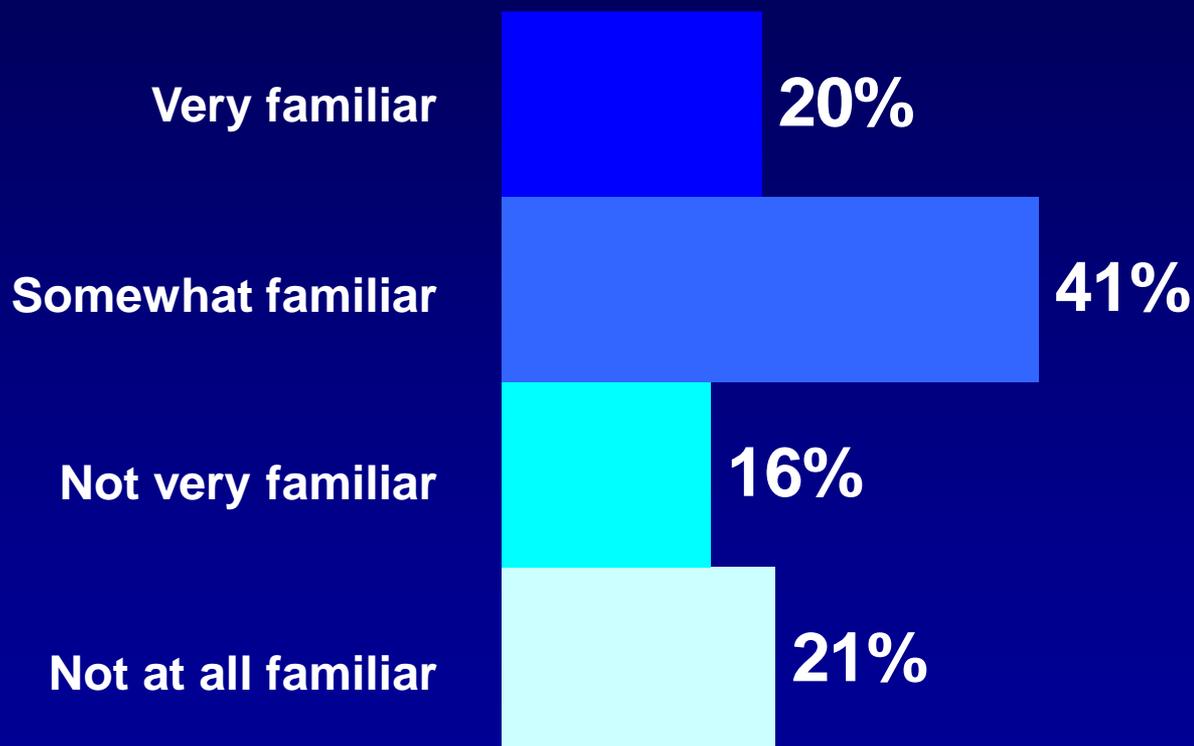
## **Questions Addressed by Polling Results**

- VI. Why might people be less likely to follow public health officials' initial recommendation to go get antibiotic pills after an anthrax attack? [Slide 30]**
  
- VII. Are members of the public who have been truly exposed to anthrax likely to follow public health officials' recommendations for treatment? [Slide 37]**
  
- VIII. What sources of information would the public turn to in order to learn about logistics of dispensing sites? [Slide 41]**
  
- IX. Which public officials would the public trust regarding prophylactic treatment after an anthrax attack? [Slide 43]**
  
- X. How concerned is the public about an anthrax attack in the next 12 months? [Slide 46]**

# How knowledgeable is the public about anthrax?

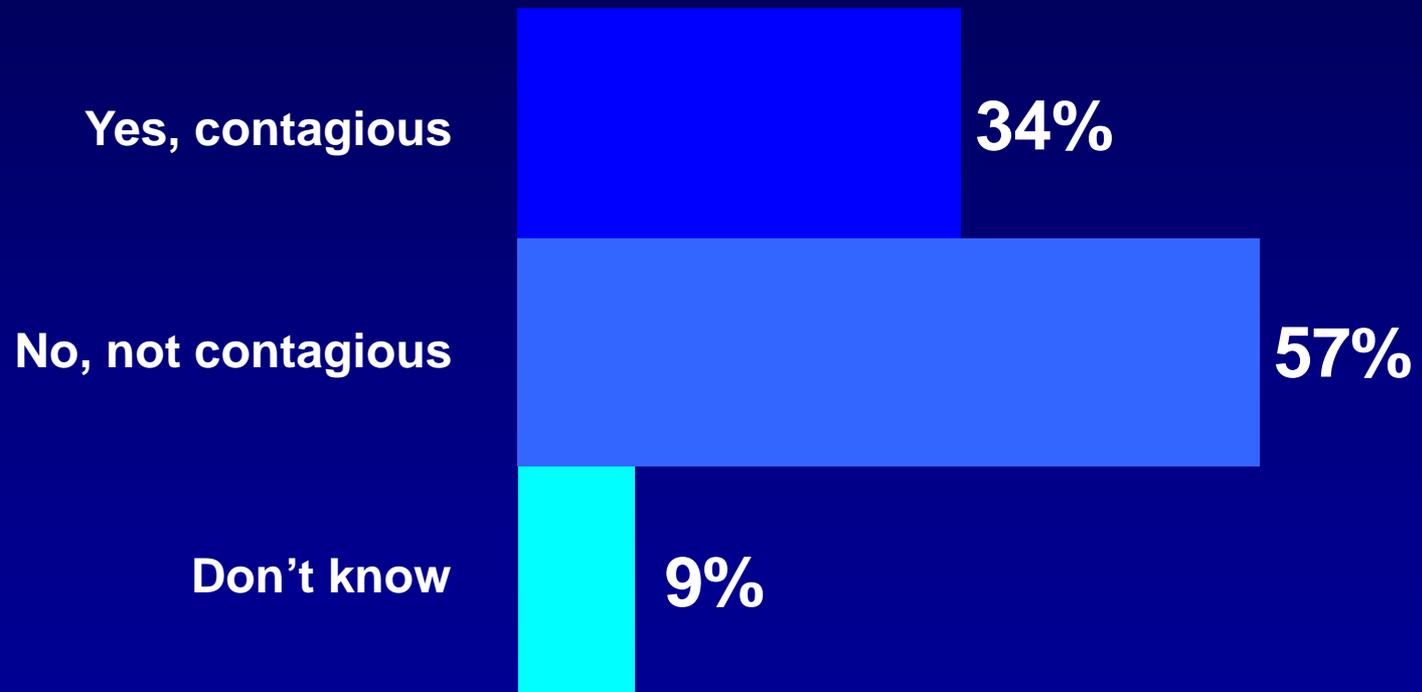
# Public Familiarity with the Term “Inhalation Anthrax”

% of adults saying...



# Mistaken Belief that Inhalation Anthrax is Contagious

% of adults who are familiar with “inhalation anthrax” saying...



\*Among adults who are “very” or “somewhat familiar” with the term “inhalation anthrax” (n = 692)

Harvard Opinion Research Program, Harvard School of Public Health, December 9-28, 2009.

# Public Familiarity with and Knowledge about “Inhalation Anthrax”

% of adults, when asked about the term “inhalation anthrax,” saying...

Familiar\* with it and believe it is  
“not contagious”

43%

Familiar with it but believe it is  
“contagious”

25%

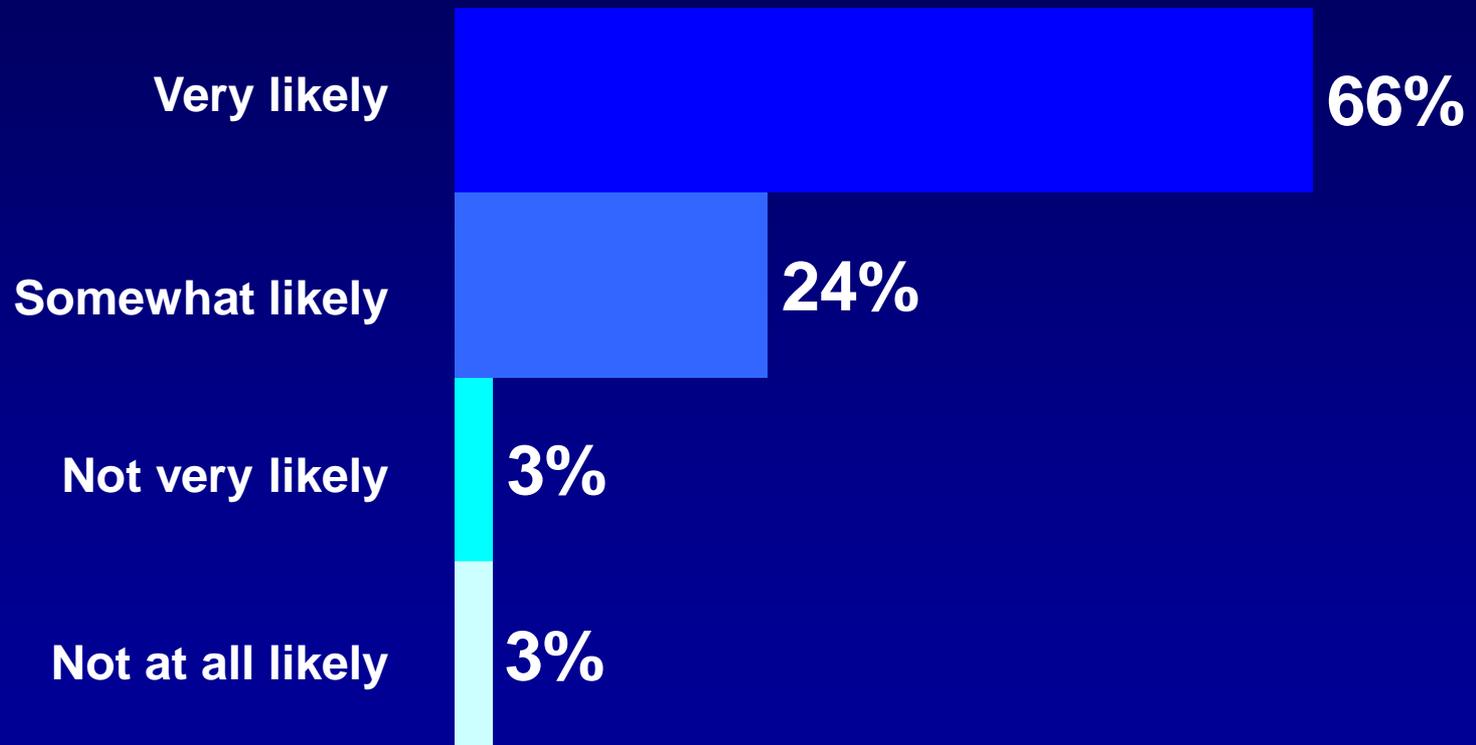
“Not at all familiar” with it

21%

\*Adults who say they are “very,” “somewhat” or “not very familiar” with the term “inhalation anthrax”

# Public Beliefs about Likelihood of Becoming Seriously Ill or Dying if Exposed to Anthrax and Not Treated

% of adults saying...



**How is the public likely to react to news of an anthrax attack in their city or town?**

## Scenario Stage 1: Confirmed Cases of Anthrax Caused by Release of Anthrax in Unknown Location

Suppose for a minute you saw or read in the news that a number of people in your city or town have become ill with what investigators believe is “inhalation anthrax,” which is a kind of anthrax people get through the nose or mouth. All of these people are seriously ill, and some have died. Investigators suspect that there has been a bioterrorist attack in your city or town. They believe that many more people have been exposed to the anthrax, but they do not yet know exactly where in the city or town the anthrax was released.

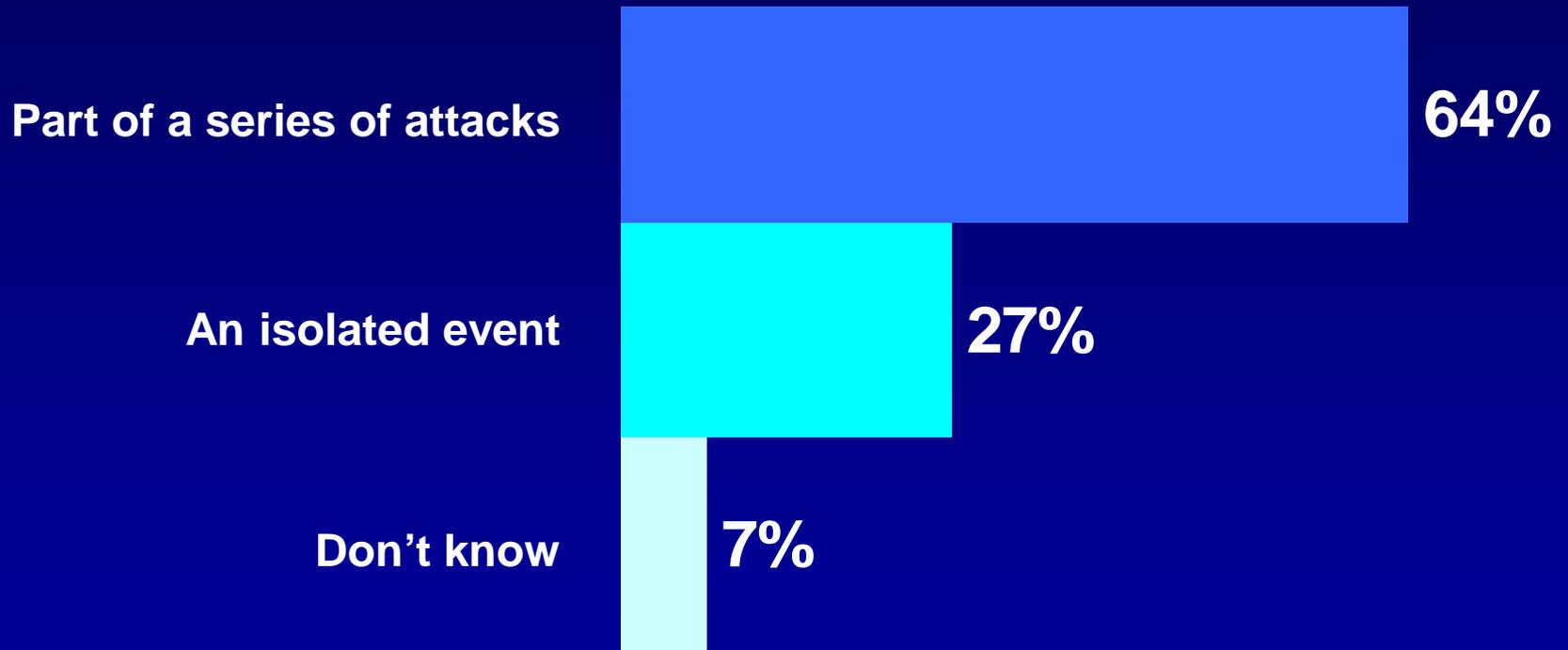
# Public Worry About Becoming Seriously Ill or Dying if Saw/Hear in News There were Anthrax Cases in their City or Town

% of adults saying...



# Public Expectations about Nature of a Terrorist Attack Using Anthrax

% of adults saying they would expect an anthrax attack in their city or town to be...



**Would the public believe statements by public health officials that the antibiotic pills used to treat exposure to anthrax are safe and effective?**

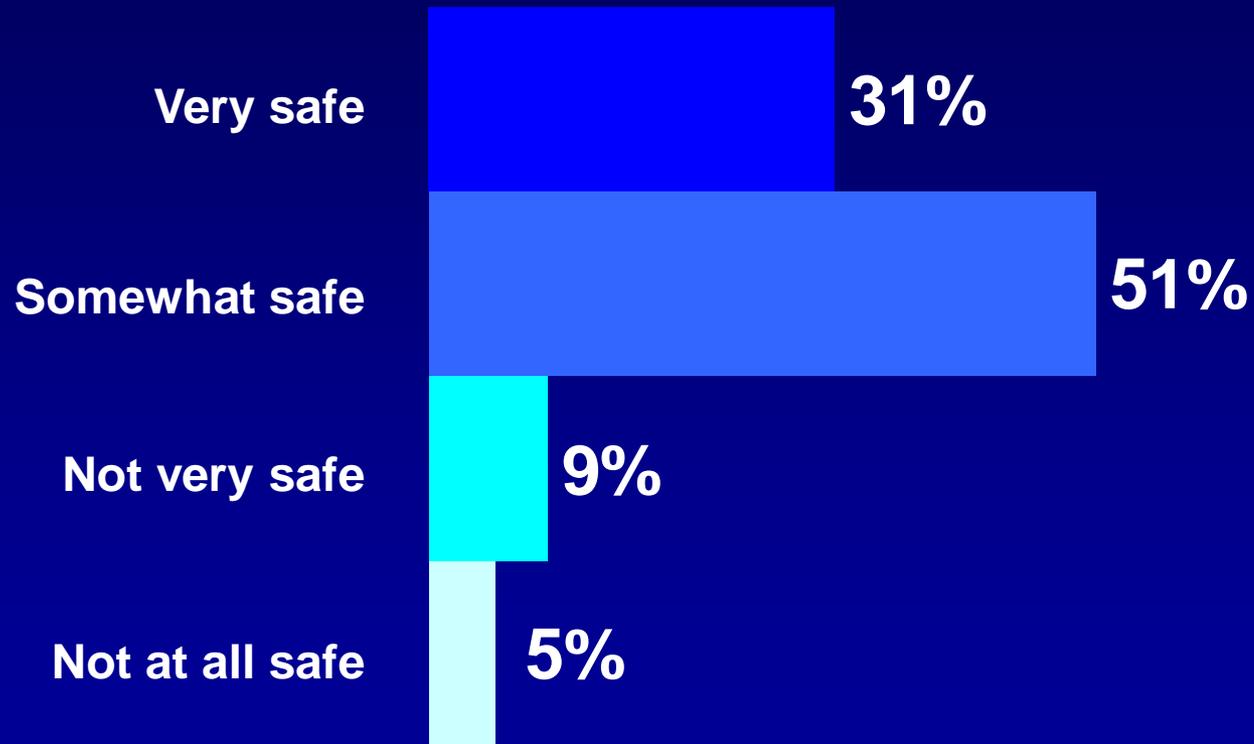
## Scenario Stage 2: Prophylactic Treatment

Suppose that you saw or read in the news that people who were truly exposed to anthrax would be very likely to get seriously ill or even die if they did not receive medicine within 48 hours, and that your local or state public health agency was making free medicine available to everyone in your city or town who wanted it.

Everyone would be offered a 10-day supply of commonly-used antibiotic pills. Public health officials would say that the antibiotic pills would have few side effects for most people; most commonly, these would be mild stomach illnesses. Public health officials would also inform people that there would be special medicine available for anyone who had allergies to antibiotics and that there would be medicine available in the right amount for children.

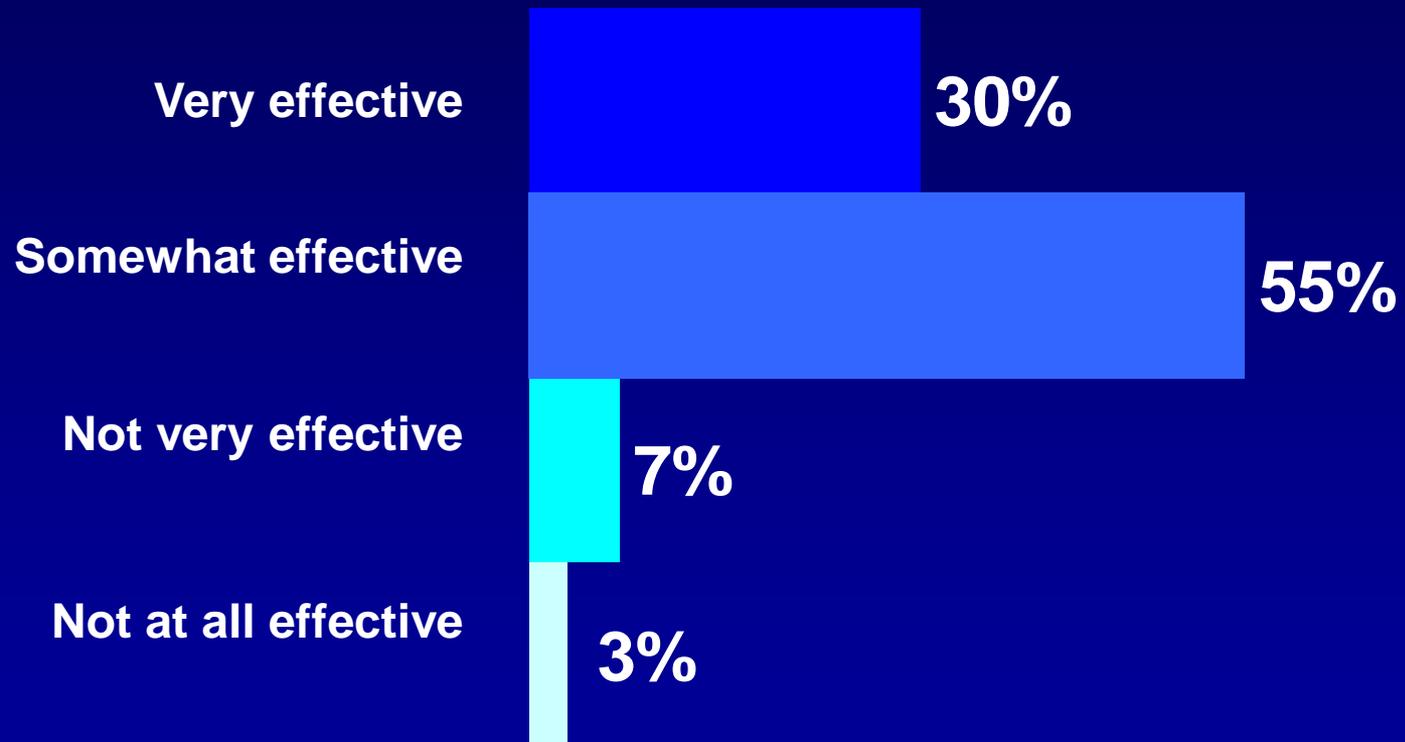
# Public Beliefs as to Whether Antibiotic Pills Used to Treat Anthrax Would be Safe to Take

% of adults saying...



# Public Views on the Effectiveness of Antibiotic Pills in Preventing Them from Becoming Seriously Ill or Dying if Exposed to Anthrax

% of adults saying...



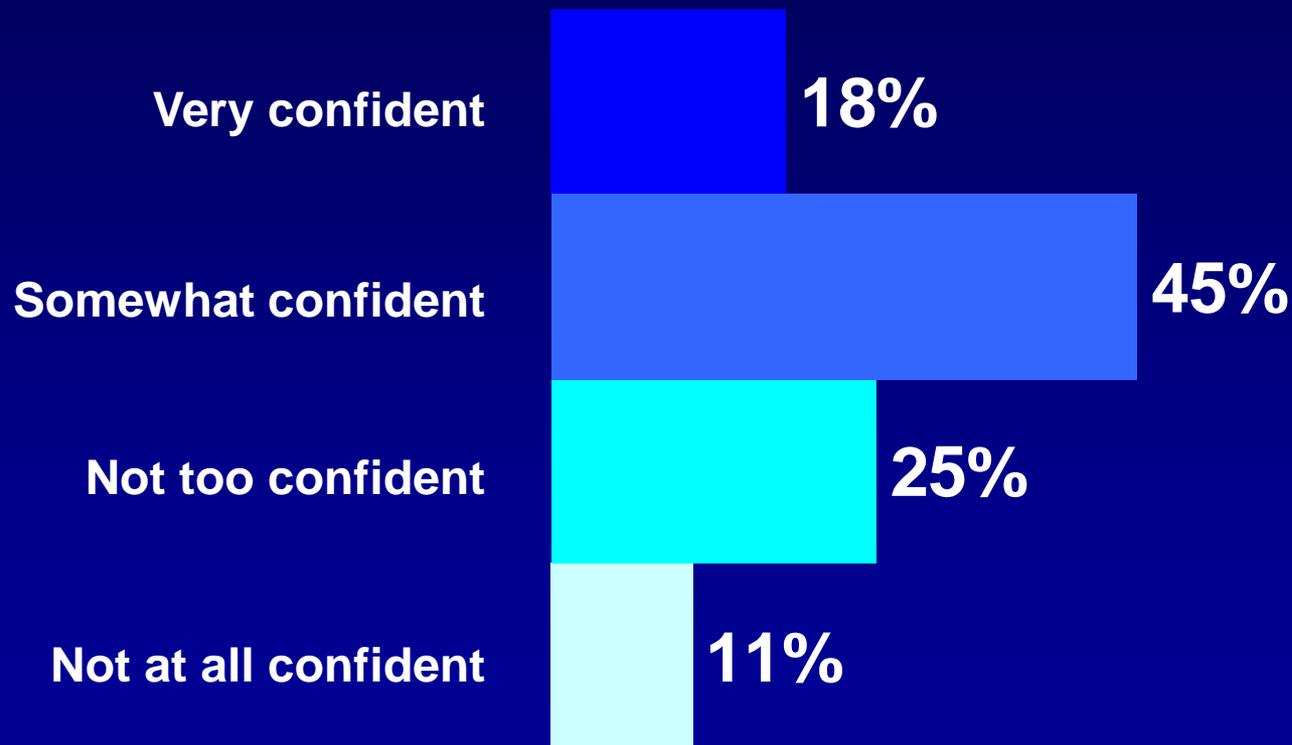
**How confident is the public in the government's ability to respond to an anthrax attack: Delivery of antibiotic pills to the public?**

## Scenario Stage 3: Role of Federal and Local or State Public Health Agencies in Delivering Antibiotic Pills

Now imagine that public health officials stated that there will be enough of these antibiotics available for everyone in your town or city. In order to get the antibiotic pills to everyone within 48 hours, federal public health agencies would deliver the medication to your local or state public health agency. Your local or state public health agency would then set up dispensing sites in places like schools, community centers or shopping centers around your city or town.

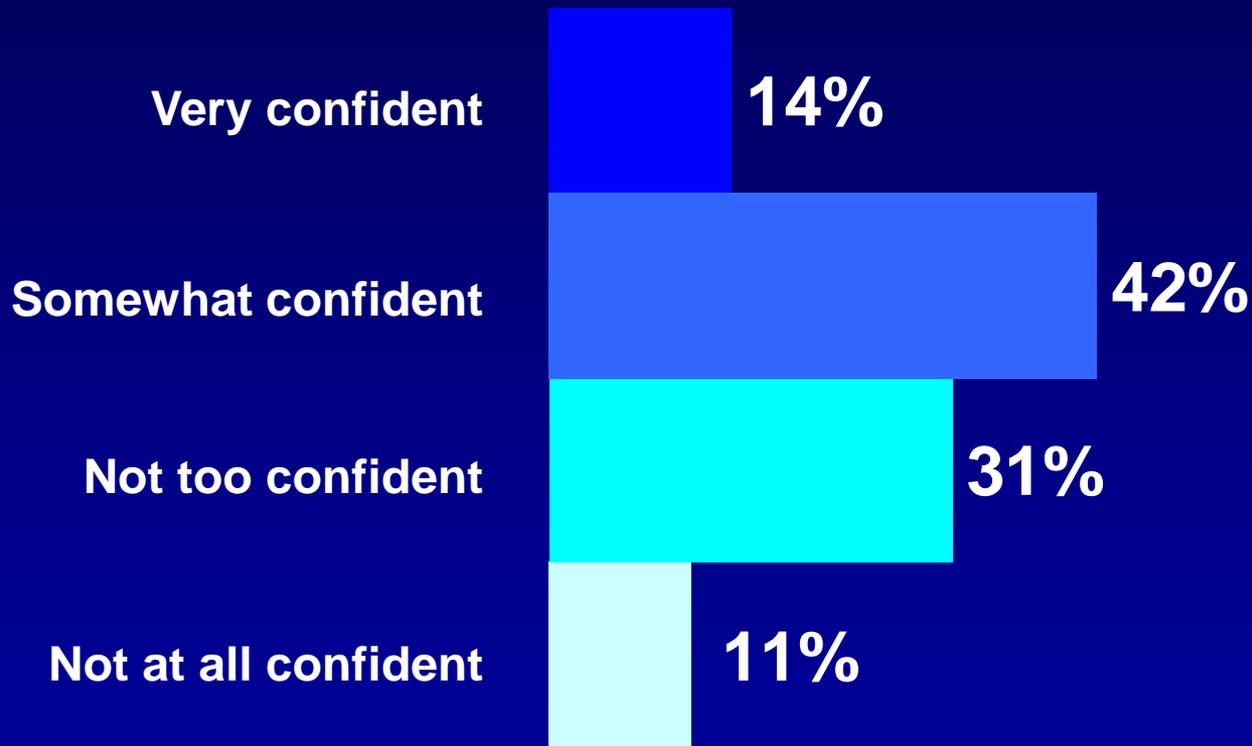
# Public Confidence that the Government has a Sufficient Supply of Antibiotic Pills

% of adults saying...



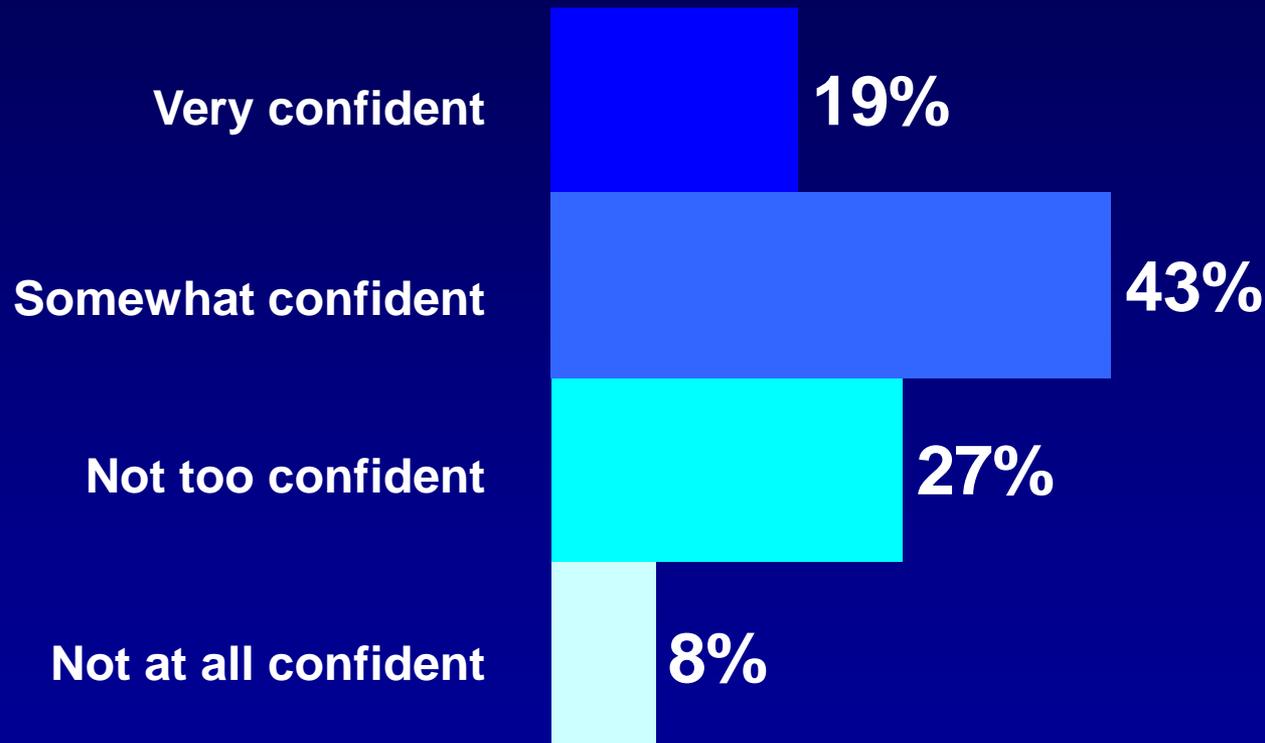
# Public Confidence in Ability of Federal Public Health Agencies to Deliver Antibiotic Pills to Local or State Public Health Agencies

% of adults saying...



# Public Confidence in Ability of Local and State Public Health Agencies to Deliver Antibiotic Pills to the Public

% of adults saying...

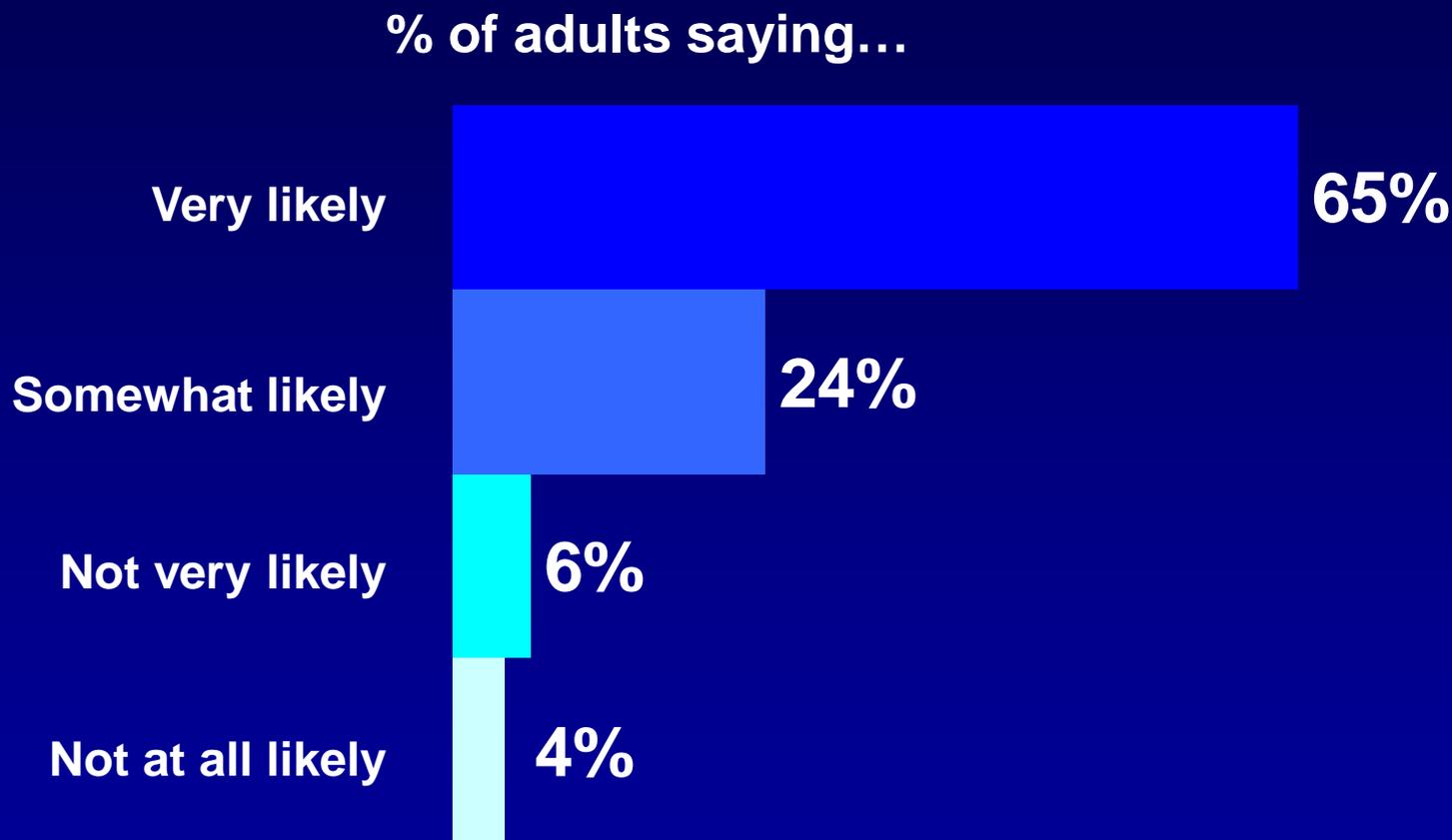


**Is the public likely to follow public health officials' initial recommendations to go pick up and take antibiotic pills during the first 10 days after an anthrax attack before knowing if they were truly exposed?**

## Scenario Stage 4: Public Health Officials Set Up Dispensing Sites to Distribute First Round of Antibiotic Pills

Public health officials would say that there would be a dispensing site no more than 20 minutes away from where you live or work, and it would be open 24 hours a day. They would also say that everyone would be able to pick up medicine for people in their household or family.

# Public Views on Whether They Would Go to a Dispensing Site to Get Antibiotic Pills for Themselves within 48 Hours of Confirmed Anthrax Cases



# Views on Whether They Would Go to a Dispensing Site: Effect of 30 Minute Wait Time

Among adults\* who were initially “very likely” to go to a dispensing site,  
NOW knowing they would have to wait in line for 30 minutes

% saying...

Still “very likely” to go

88%

“Somewhat likely” to go

9%

“Not very likely” to go

1%

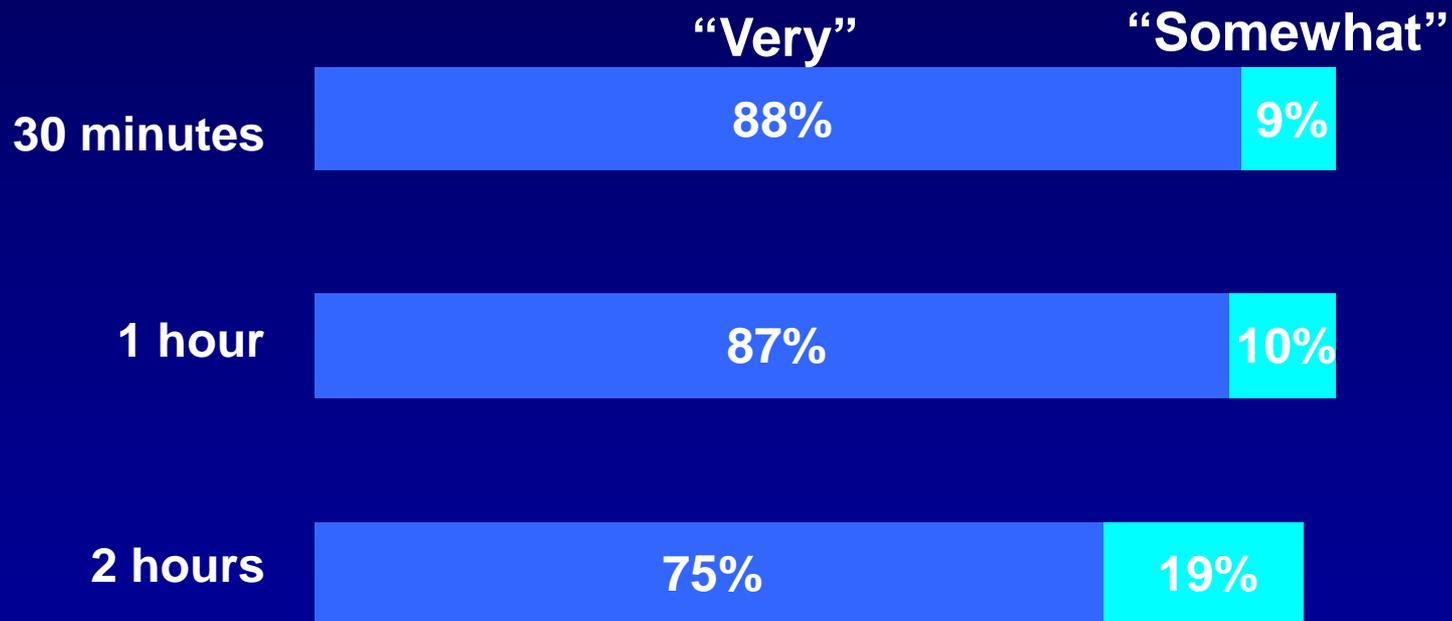
“Not at all likely” to go

1%

\*Asked of one-third of total respondents who would be “very likely” to go to a dispensing site within 48 hrs in order to get these antibiotic pills for themselves (n=255)

# Impact on Decision to Go to Dispensing Site If They Had to Wait in Line Up to 2 Hours

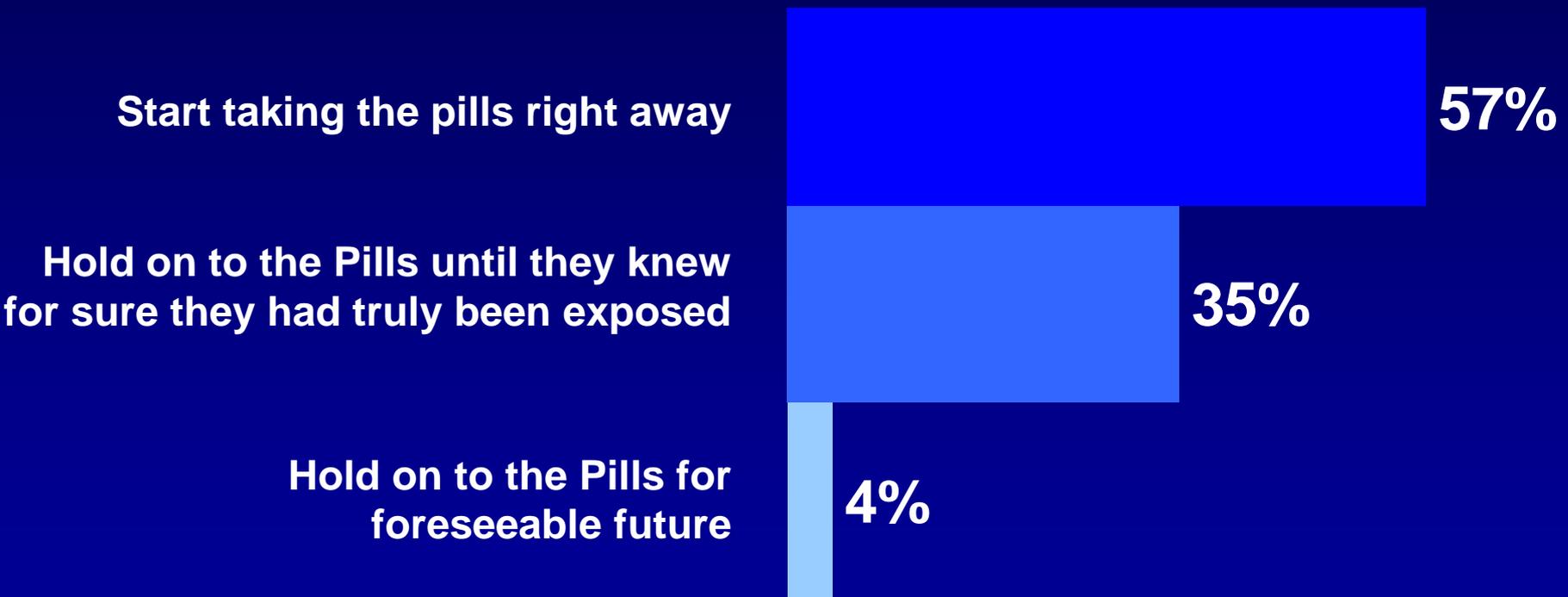
% of adults who were initially “very likely” to go to a dispensing site to get antibiotics for themselves\* saying they would still be “very” or “somewhat likely” to go even if had to wait in line for...



\*Asked of one-third of total respondents who would be “very likely” to go to a dispensing site within 48 hrs in order to get these antibiotic pills for themselves (n for 30 minutes=255; n for 1 hour=236; n for 2 hours=240)

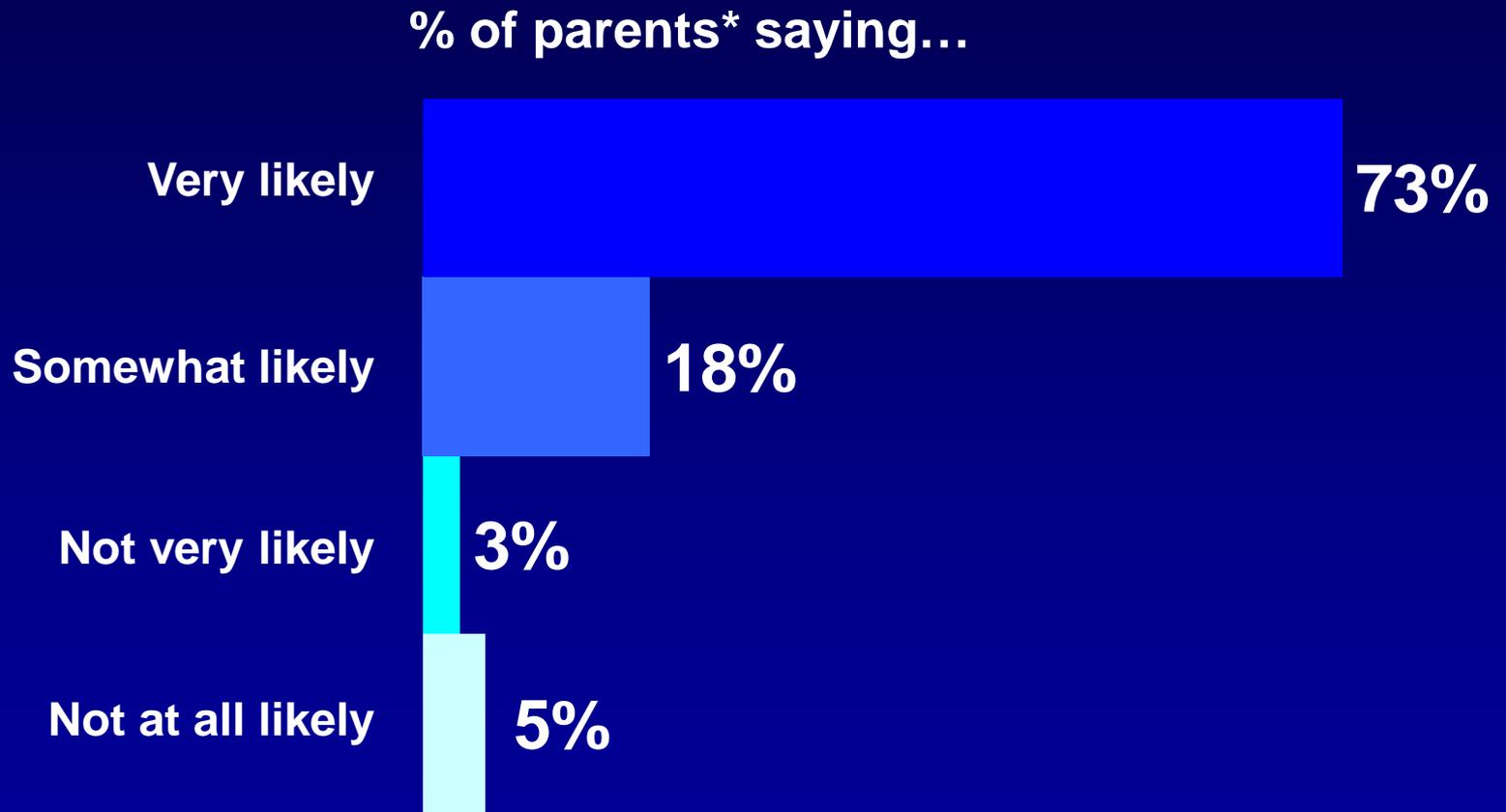
# Public Views on Whether They Would Start Taking Antibiotic Pills Right Away or Hold Onto Them

% of adults who are likely to go to dispensing site\* saying they would be most likely to...



\*n=975

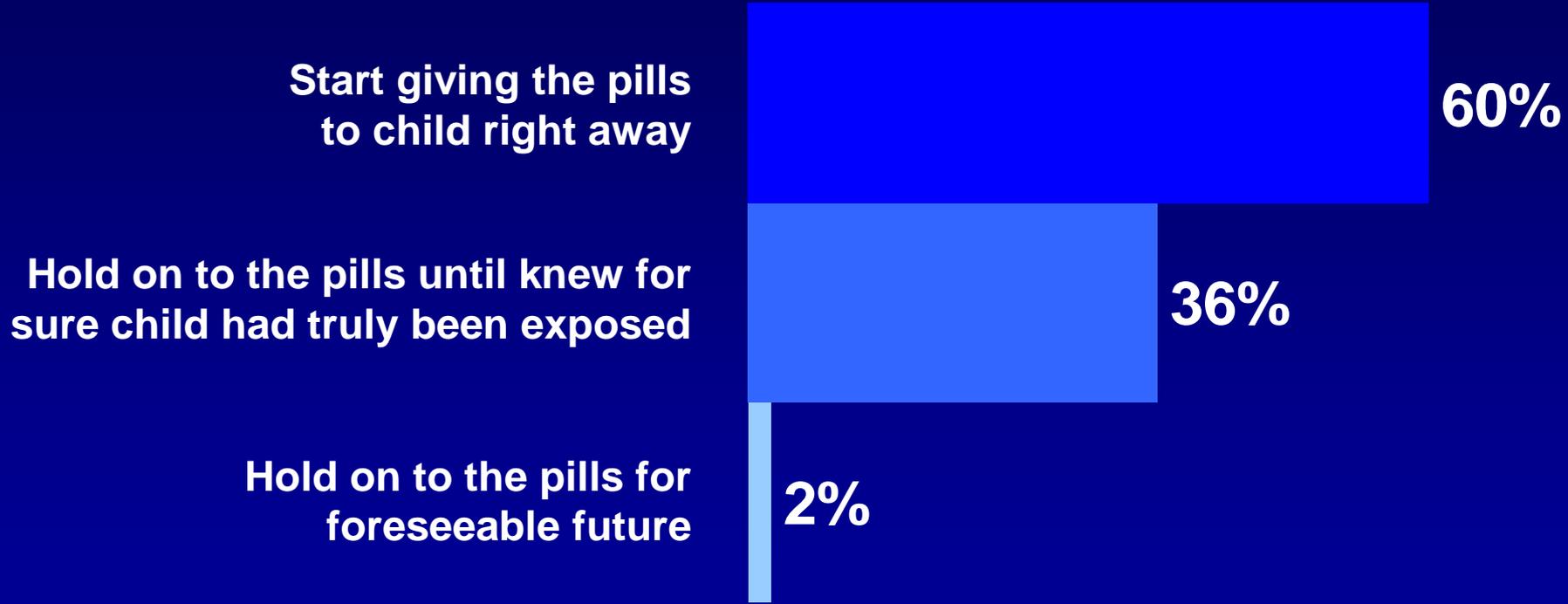
# Parents' Views on Whether They Would Go to a Dispensing Site to Get Antibiotic Pills for their Children within 48 Hours of Confirmed Anthrax Cases



\*Among parents of children in household (n = 271)

# Parents' Views on Whether They Would Start Giving their Children the Pills Right Away or Hold Onto Them

% of parents who are likely to go to dispensing site\* saying they would be most likely to...

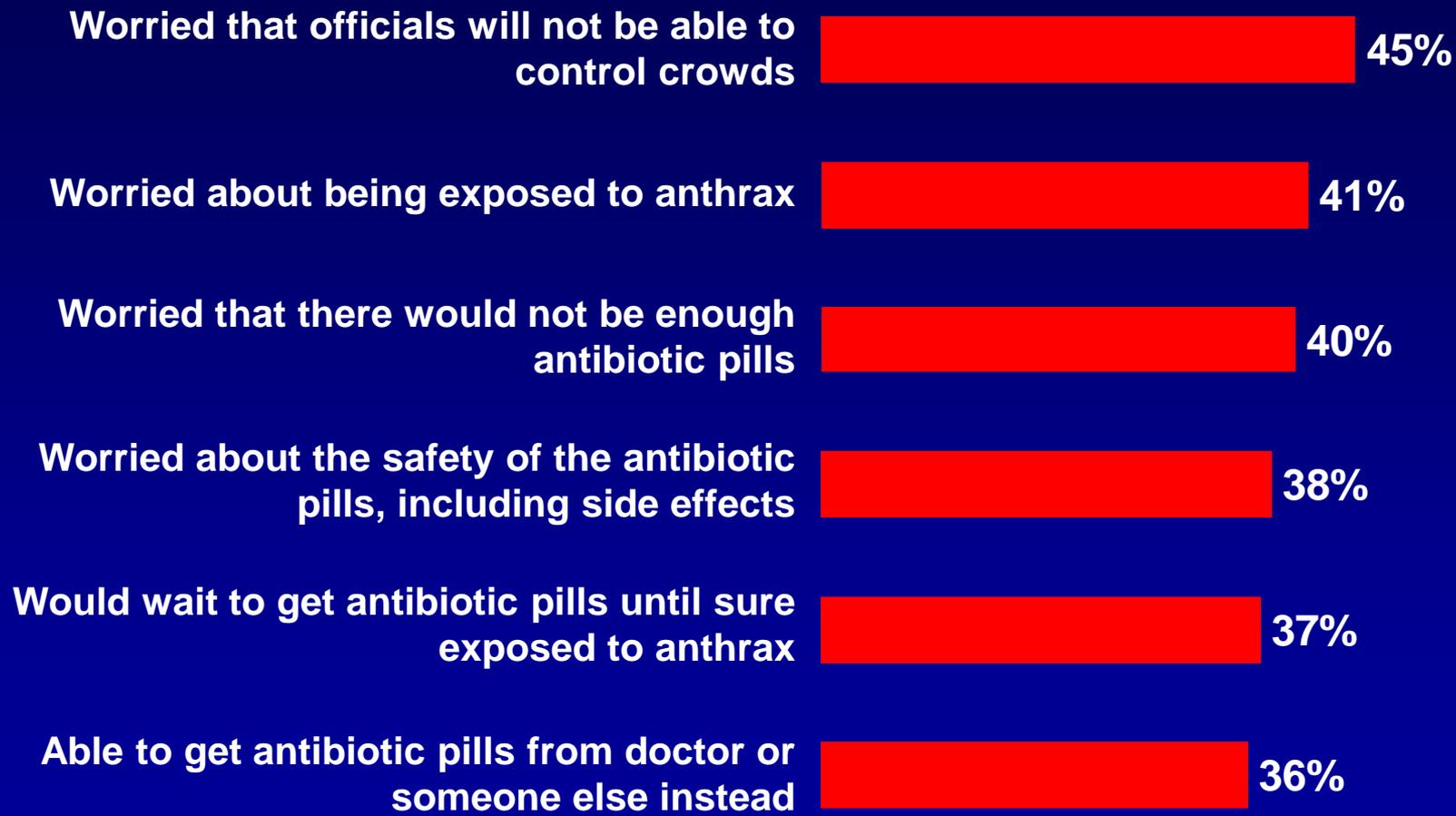


\*n=248

**Why might people be less likely to follow public health officials' initial recommendation to go get antibiotic pills after an anthrax attack?**

# Reasons People are Unlikely or Only Somewhat Likely to Go to Dispensing Site within 48 hours to Get Antibiotics

% of adults who are unlikely or only somewhat likely to go\* saying “major reason” ...



\*Among adults who would be unlikely or only somewhat likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=355)

# Reasons People are Unlikely or Only Somewhat Likely to Go to Dispensing Site within 48 hours to Get Antibiotics

% of adults who are unlikely or only somewhat likely to go\* saying “major reason” ...

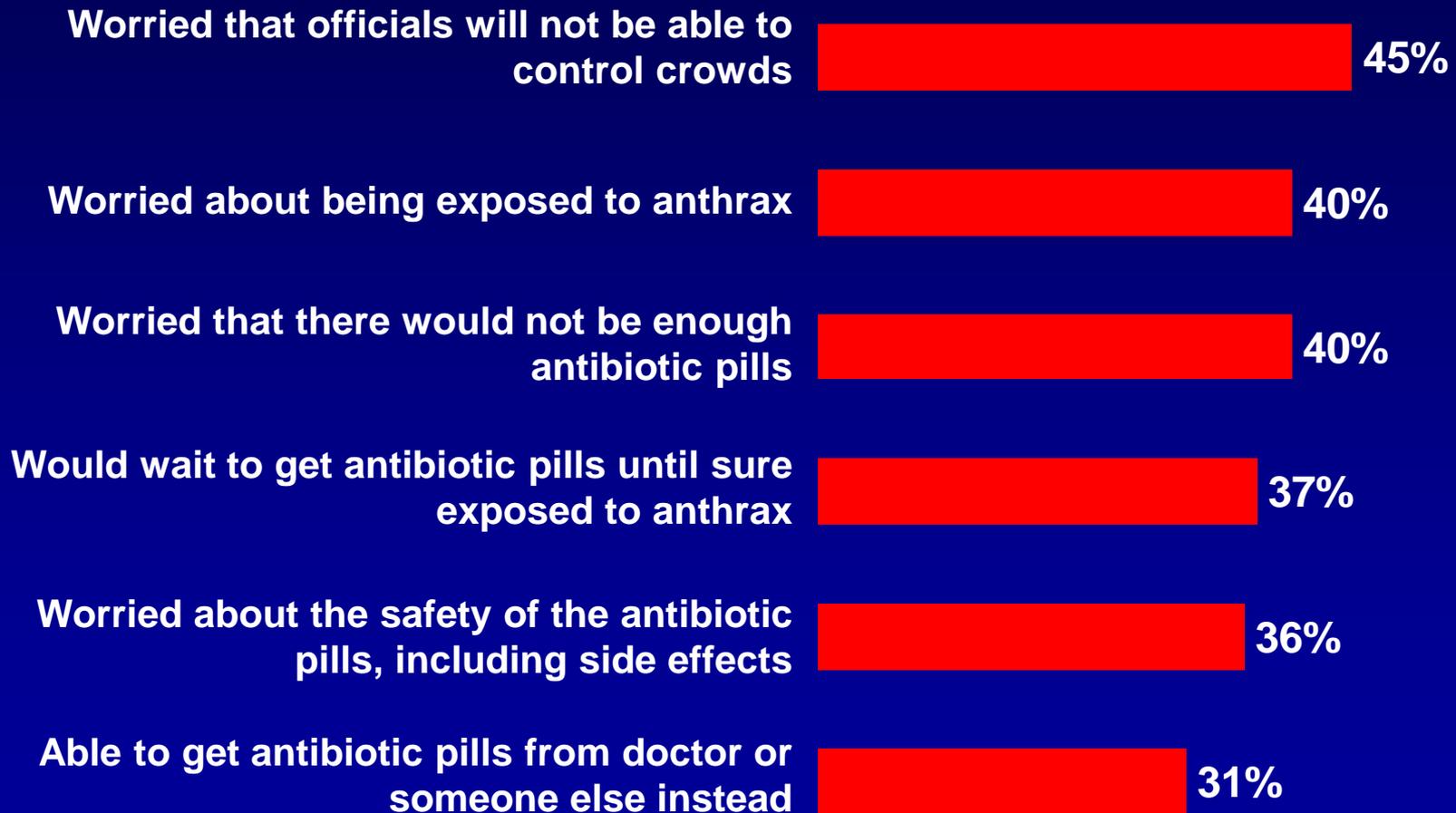


\*Among adults who would be unlikely or only somewhat likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=355)

\*\*Only among parents who would not be “very likely” to go to a dispensing site within 48 hrs to get antibiotic pills for themselves or their children (n = 95)

# Reasons People Somewhat Likely to Go May NOT Go to Dispensing Site within 48 hours to Get Antibiotic Pills

% of adults who are “somewhat likely” to go\* saying the following is a “major reason” they may ultimately decide not to go



\*Among adults who would be somewhat likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=248)

# Reasons People Somewhat Likely to Go May NOT Go to Dispensing Site within 48 hours to Get Antibiotic Pills

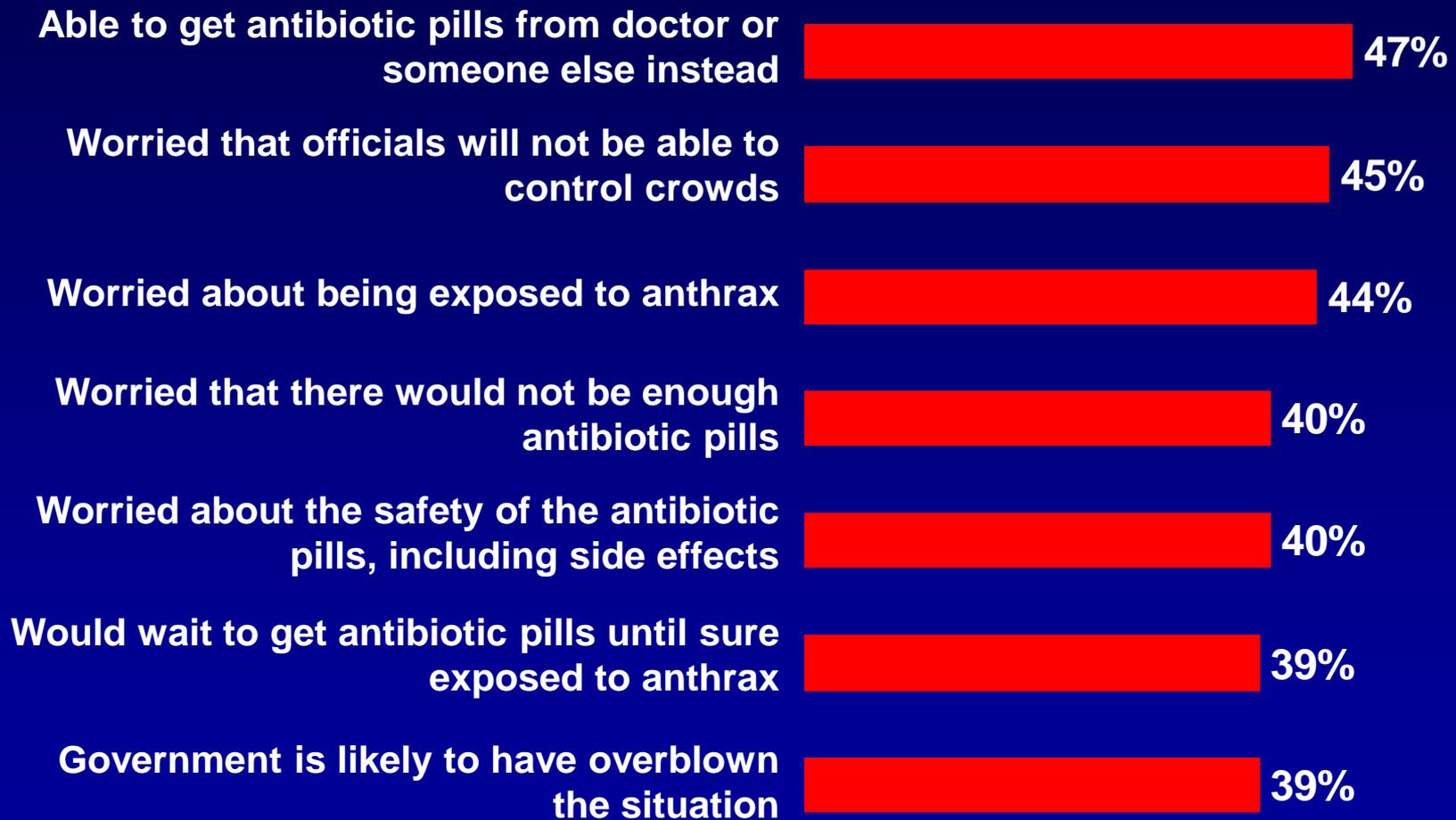
% of adults who are “somewhat likely” to go\* saying the following is a “major reason” they may ultimately decide not to go



\*Among adults who would be somewhat likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=248)

# Reasons People are Not Likely to Go to a Dispensing Site within 48 hours to Get Antibiotic Pills

% of adults who are unlikely to go\* saying “major reason”...



\*Among adults who would not be likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=107)

# Reasons People are Not Likely to Go to a Dispensing Site within 48 hours to Get Antibiotic Pills

% of adults who are unlikely to go\* saying “major reason”...



\*Among adults who would not be likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=107)

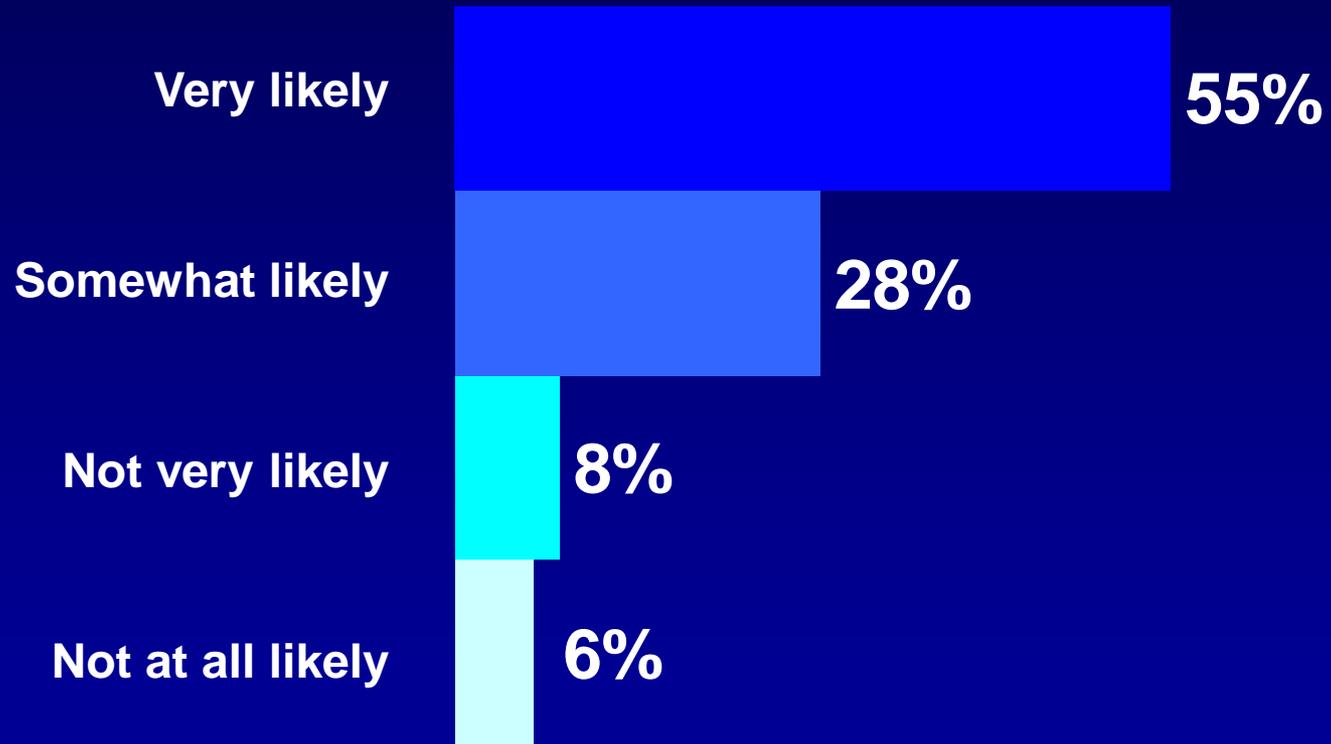
**Are members of the public who have been truly  
exposed to anthrax likely to follow  
public health officials' recommendations  
for treatment?**

## Scenario Stage 5: Exposed Status Revealed and Public Health Officials Offer Longer Treatment

Now imagine that it's sometime during those first 10 days, and public health officials determined where anthrax was released. You believe that you (and your child) were there and have therefore truly been exposed to the anthrax. Public health officials say that anyone who was exposed to the anthrax is very likely to become seriously ill or even die if they do not continue to take the antibiotic pills for 50 days beyond the initial 10 days. They also said that taking the antibiotic pills for this long is likely to cause more serious side effects, including major stomach or intestinal problems, such as diarrhea, stomach pain, and vomiting. Public health officials announce that anyone who believes they were exposed to the anthrax can go back to a dispensing site to get a full supply of antibiotics for free.

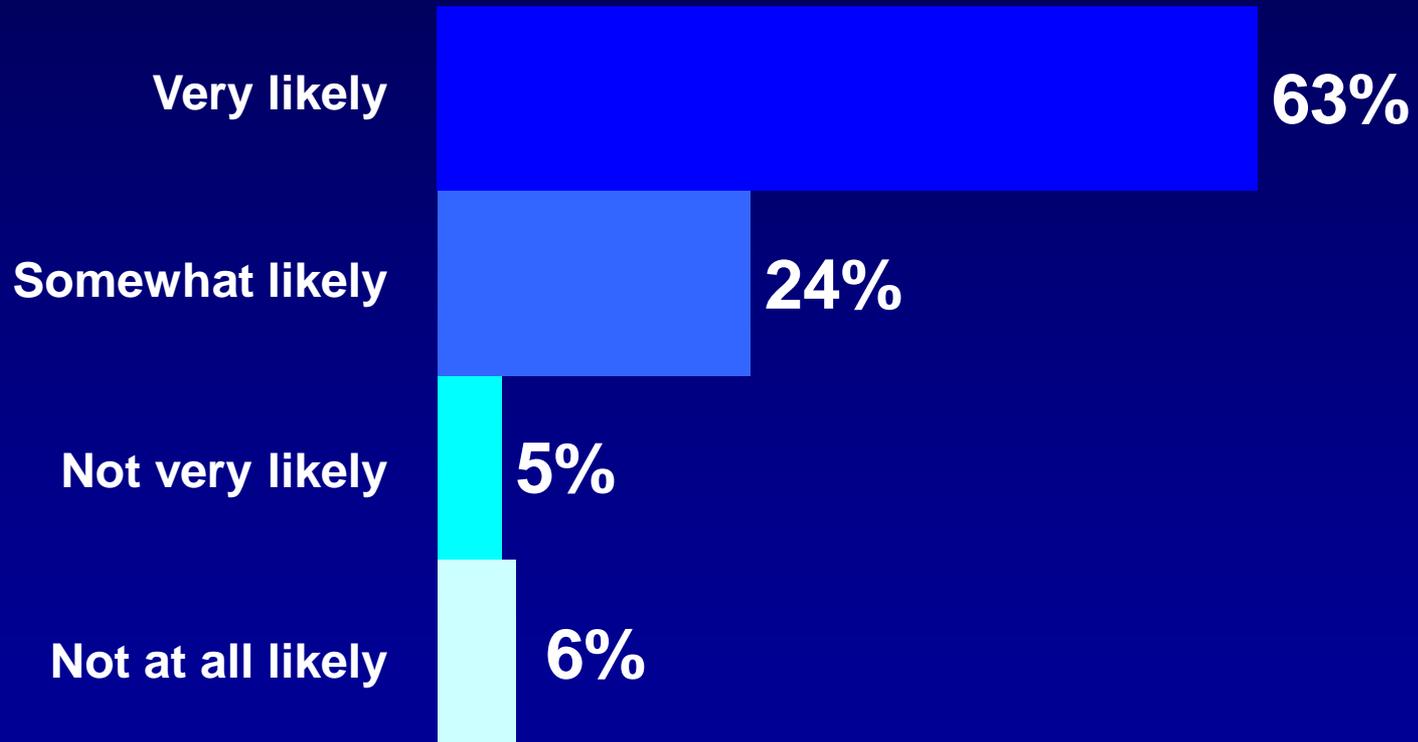
# Public Views on Whether They Would Go Get a Second, Longer Round of Antibiotic Pills for Themselves if Exposed to Anthrax

% of adults saying...



# Parents' Views on Whether They Would Get a Second, Longer Round of Antibiotic Pills for their Child if Exposed to Anthrax

% of parents\* saying...



\*Among parents of children in household (n = 271)

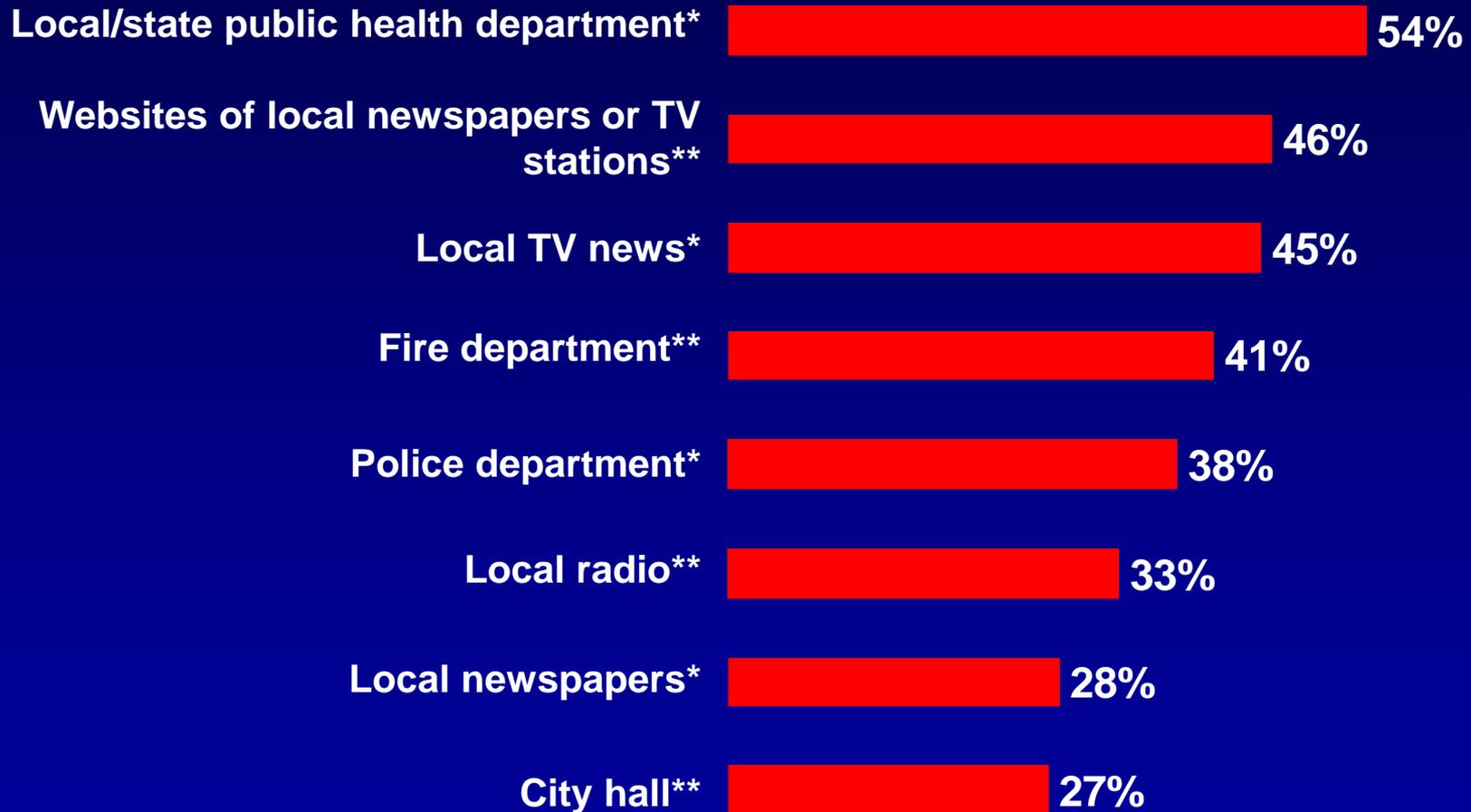
Harvard Opinion Research Program, Harvard School of Public Health, December 9-28, 2009.

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**What sources of information would the public turn to in order to learn about logistics of dispensing sites?**

# Information Sources for Dispensing Site Logistics

% of adults saying “very likely” to turn to source to learn more about the dispensing sites or the process of getting the antibiotic pills



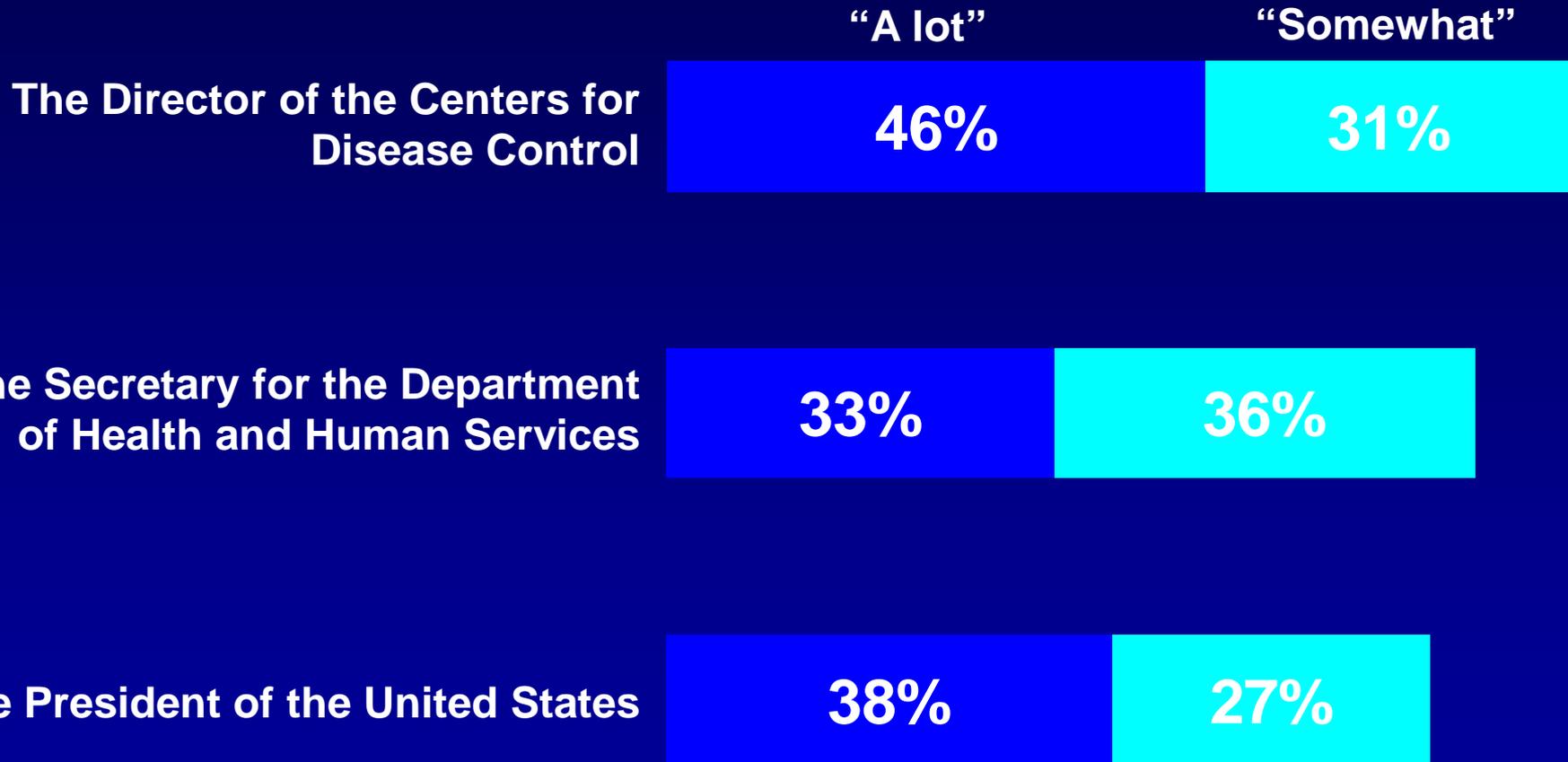
\*Asked of one-half of respondents (n=547)

\*\*Asked of other half of respondents (n=545)

**Which public officials would the public trust  
regarding prophylactic treatment  
after an anthrax attack?**

# Public Trust in Federal Government Officials

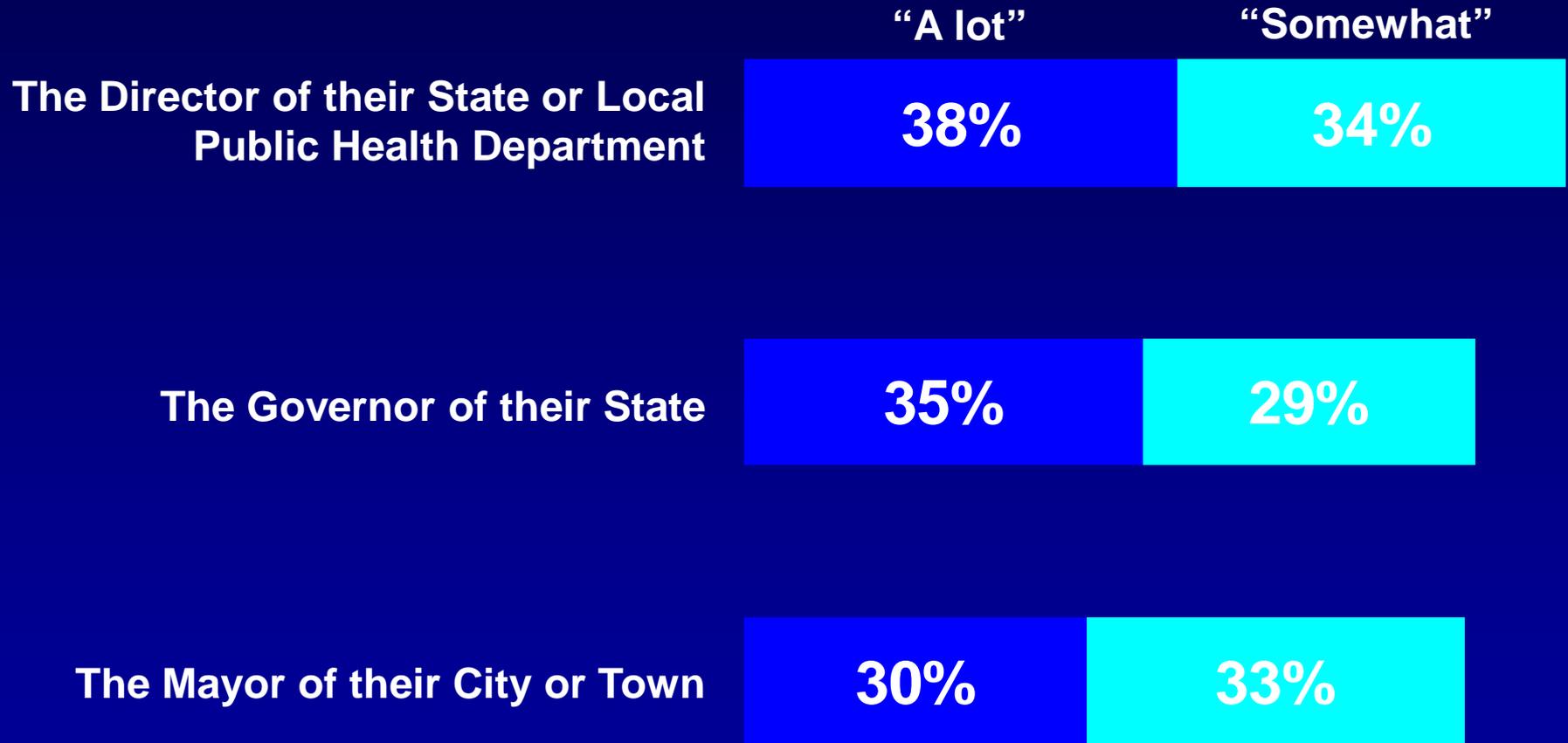
% of adults\* saying they would trust as a source of reliable information about whether or not to go to the dispensing sites and take the antibiotic pills



\*Asked of one-half of respondents (n=532)

# Public Trust in Local and State Government Officials

% of adults\* saying they would trust as a source of reliable information about whether or not to go to the dispensing sites and take the antibiotic pills

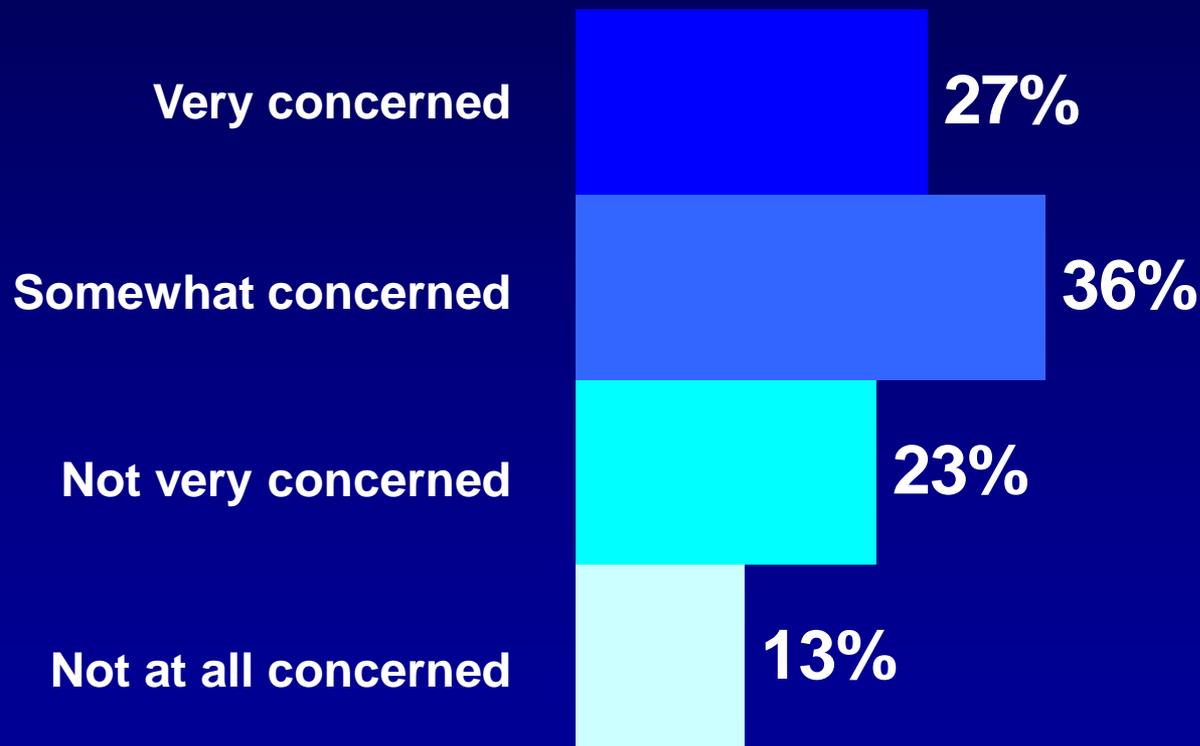


\*Asked of one-half of respondents (n=560)

# How concerned is the public about an anthrax attack in the next 12 months?

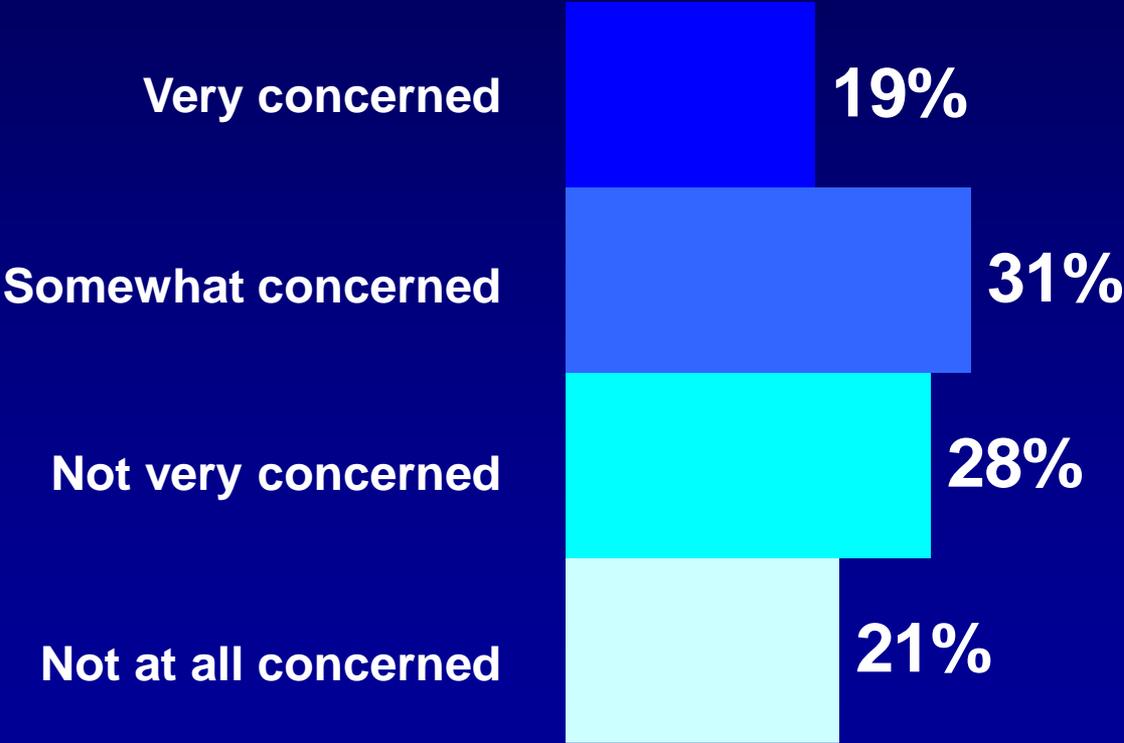
# Public Concern that there will be a Terrorist Attack in the United States in the Next 12 Months

% of adults saying...



# Public Concern that there will be an Attack that Involves Spreading Anthrax Purposefully in the Next 12 Months

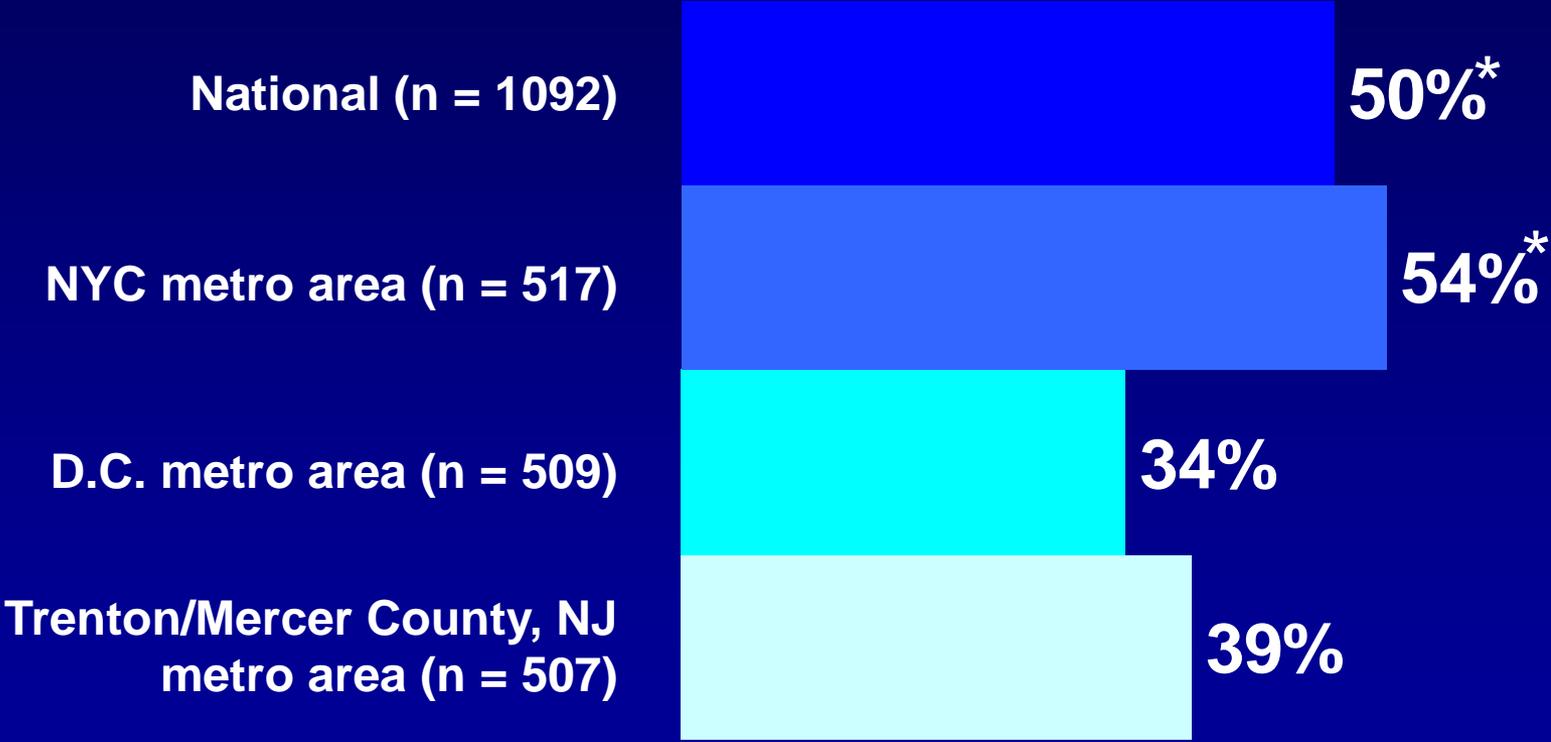
% of adults saying...



# **Appendix: Key Comparisons Between National Response and Response of People Living in Regions that Experienced Terrorist Attacks in 2001**

# Public Concern that there will be an Attack that Involves Spreading Anthrax Purposefully in the Next 12 Months

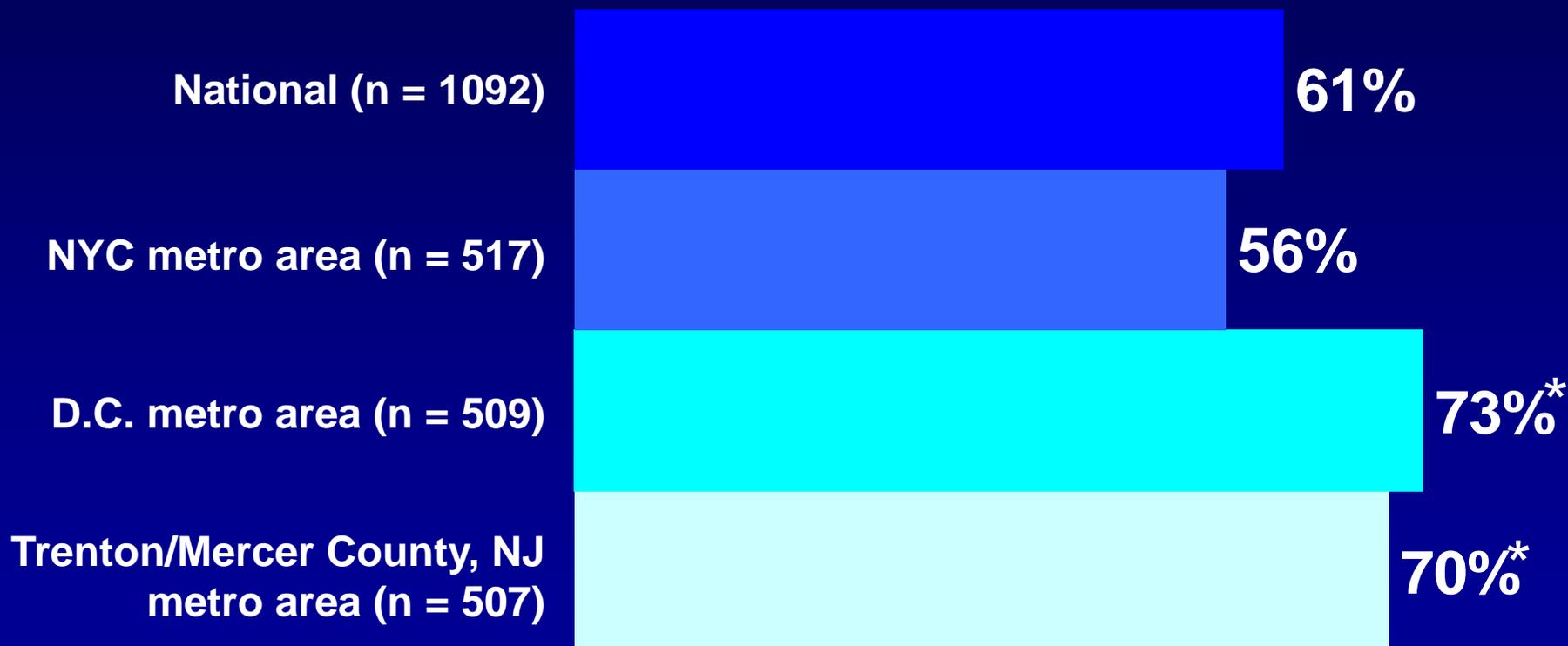
% of adults saying “very” or “somewhat concerned”



\*Statistically significantly different from results in the DC and Trenton/Mercer metro regions at the 95% confidence level  
Harvard Opinion Research Program, Harvard School of Public Health, December 9-28, 2009.

# Public Familiarity with the Term “Inhalation Anthrax”

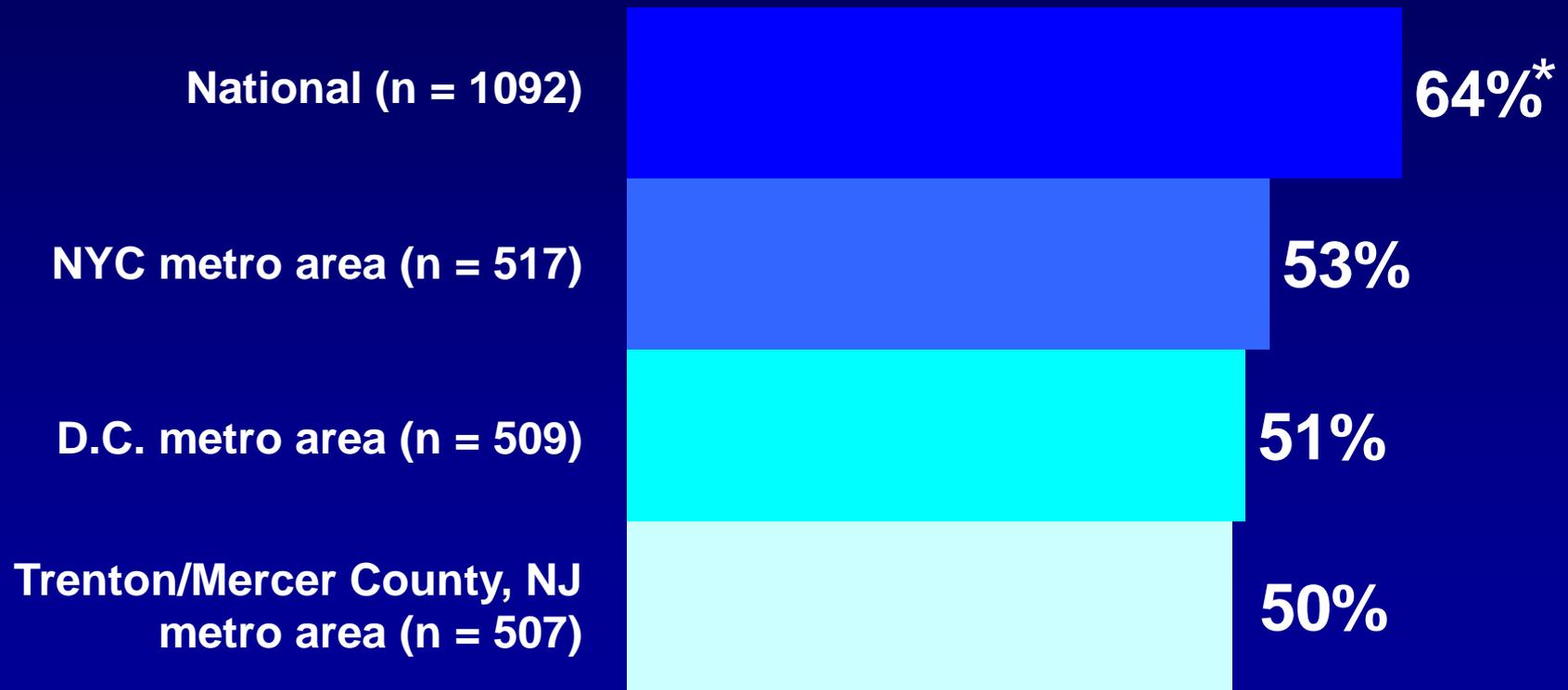
% of adults saying “very” or “somewhat familiar”



\*Statistically significantly different from results in the national sample and NYC metro area at the 95% confidence level

# Public Beliefs about the Nature of a Terrorist Attack Using Anthrax

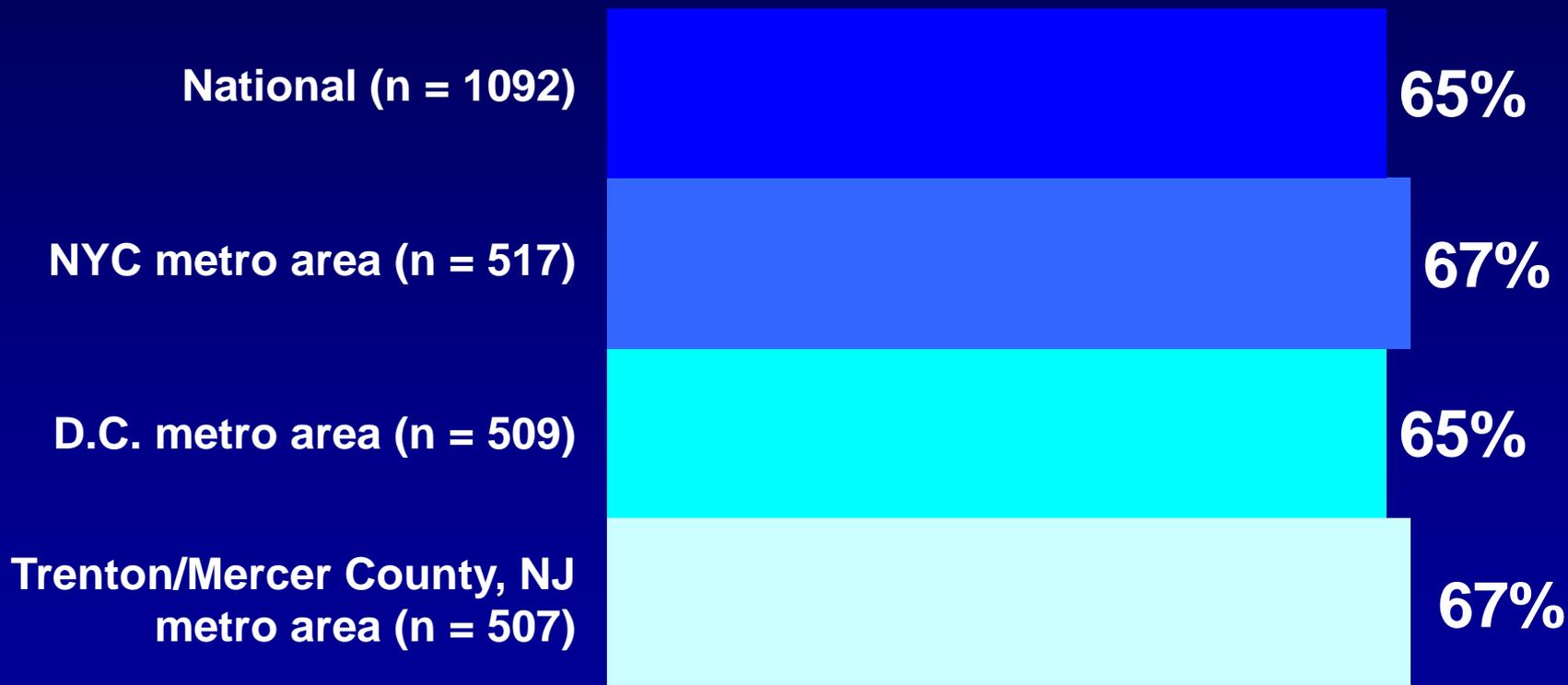
% of adults saying they would expect an anthrax attack in their city or town to be “part of a series of attacks”



\*Statistically significantly different from results in the NYC, DC, and Trenton/Mercer metro regions at the 95% confidence level  
Harvard Opinion Research Program, Harvard School of Public Health, December 9-28, 2009.

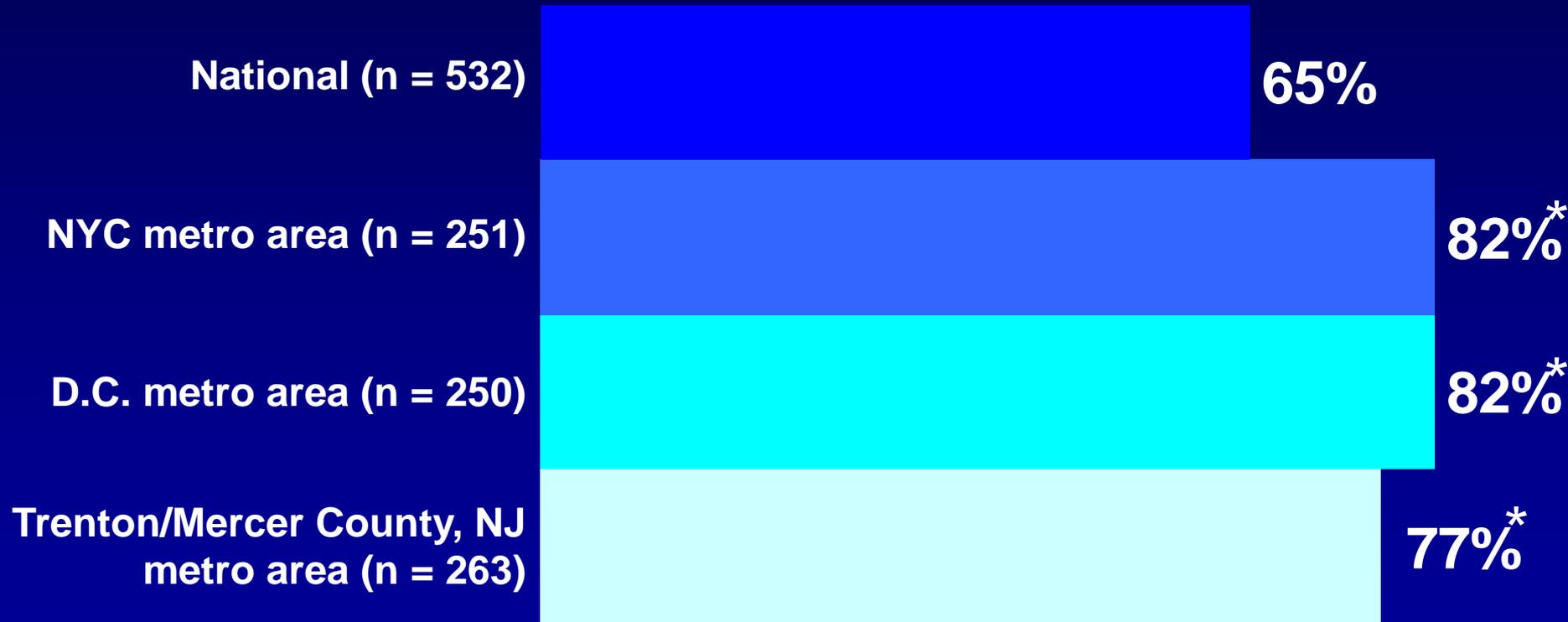
# Public Views on Whether They Would Go to a Dispensing Site to Get Antibiotic Pills for Themselves within 48 Hours of Confirmed Anthrax Cases

% of adults saying “very likely” to go



# Public Trust in Federal Government Officials

% of adults\* saying they would trust the President of the United States “a lot” or “somewhat” as a source of reliable information about whether or not to go to the dispensing sites and take the antibiotic pills



\*Statistically significantly different from results in the national sample at the 95% confidence level

# Methods Summary

- Telephone poll (including both landlines and cell phones)
- Conducted December 9-28, 2009
- Nationally representative random sample of adults in the United States: 1092 respondents—includes 271 parents
- Representative samples of adults from three metro areas that experienced major terrorist/anthrax attacks in 2001: New York City (517 respondents); Washington, DC (509 respondents); and Trenton/Mercer County, NJ (507 respondents)
- Data weighted to match U.S. Census on: gender, age, race, education, region or state (where relevant), and homeownership. Data also adjusted to NHIS estimates of cell phone usage.