

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

Executive Summary of Polling Results

Overview

Results from this poll address key questions about the public's likely response to a possible scenario involving the release of anthrax at an unknown site within a city or town. In addressing these questions, the results shed light on the public's likelihood of responding effectively to public health recommendations to go to dispensing sites (PODs) and to take prophylactic antibiotics. Results also call attention to potential areas of resistance among the public. In addition, they provide insights about trustworthy and likely sources of information that would inform the public's decision-making in this situation.

Key Results

The findings suggest that, after seeing media reports about such an attack, the majority of the public would be worried about getting ill and most would follow public health officials' recommendations to go pick up prophylactic antibiotic pills for themselves and for their children at PODs set up in convenient locations. Wait times of 30 minutes or 1 hour would make relatively little difference in their willingness to get the pills, with only a modest drop in willingness to go if there were a 2-hour wait. Further, a majority would trust information from public health institutions and political leaders at the federal and state/local levels to guide their decision about whether or not to go to the PODs. In order to get logistical information about the PODs, people say most commonly that they would turn to local public health institutions as well as to local news (including online) and police or fire departments.

Despite these important signs of public willingness to comply with public health recommendations, results from this poll also suggest there may be several issues that could present challenges for public health officials in an attack. First, although more than half of the public says they are familiar with the term "inhalation anthrax," roughly a third of those who say they are familiar with the term believe the illness is contagious. After an anthrax attack, this misinformation could trigger more widespread concern about being near people who may have been exposed and also translate to resistance to going to PODs. When asked directly about the major reasons they would be unlikely or only "somewhat likely" to go to the PODs, common answers include worries about the government's ability to control crowds at the PODs or that there would not be enough pills at the PODs, as well as worries about the safety of the pills and side effects. In addition, people who are not likely or only somewhat likely to go the PODs state that they would be worried about getting exposed to anthrax in the process, and they believe they would be able to get antibiotic pills from their doctor as an alternative. Poll findings also revealed a potential challenge in encouraging the public to actually take the pills even if they pick them up at the PODs. Despite the importance of starting to take antibiotic pills quickly after exposure, only about half of the adults who are likely to go the PODs say they would take the pills right away, while others would wait to see if they were truly exposed to anthrax before taking the pills, or not take them for the foreseeable future.

For the most part, people living in areas that experienced major terrorist or anthrax attacks in 2001 (Washington DC, Trenton/Mercer County, New Jersey and New York City) had similar responses to the nation as a whole. However, there are notable differences in responses across two measures. Adults from the DC metro and Trenton/Mercer County regions reported both a higher level of familiarity with the term “inhalation anthrax” and a lower level of concern about an anthrax attack than adults nationally. Adults in the New York City metro area, though, reported levels of familiarity and concern close to those of adults nationally.

Results and Analysis

1. How knowledgeable is the public about anthrax?

Although a majority of the public (61%) believes they are familiar with the term “inhalation anthrax,” this leaves a third of the public who admits they are not familiar with it. Even among those who say they are familiar with the term, a third (34%) mistakenly believe that inhalation anthrax is contagious. This means that, looking at the population as a whole, 21% of Americans are “not at all familiar” with the term ‘inhalation anthrax’, and an additional 25% hold the mistaken belief that inhalation anthrax is contagious – two factors that could compromise their following emergency instructions meant to protect them against this biological agent. For example, the contagiousness misperception could result in public resistance to going to PODs to get prophylactic treatment out of concern of being exposed to anthrax from other people in the process.

Adults from two regions that actually experienced anthrax attacks in 2001, Washington, DC metro and Trenton/Mercer County areas, reported a higher level of familiarity with the term “inhalation anthrax” than adults nationally. Nearly three quarters (73%) of adults from the DC metropolitan area and 70% of adults from the Trenton/Mercer County area said they were “very” or “somewhat familiar” with the term “inhalation anthrax,” whereas 61% of adults nationally and 56% of adults from the New York City metro region said this. Conversely, adults from the DC metro and Trenton/Mercer County regions were less likely than those in New York City or nationally to be “not at all familiar” with the term “inhalation anthrax” (13% and 15% vs. 22% and 21% respectively).

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

The public is likely to be worried about their own safety if they received news of an anthrax attack in an unknown location in their city or town. More than 80% of adults said they would be worried about becoming seriously ill or dying in this situation, including about half (46%) of adults who said they would be “very worried” and 36% who said they would be “somewhat worried” about those possibilities. Only 16% of respondents said they would not be worried after hearing this news.

In addition, most adults (64%) who heard this on the news would expect the event to be part of a series of attacks. Only 27% said they would expect it to be an isolated incident. Believing an incident to be part of a series of attacks may add to the public’s level of concern and could have a

substantial impact on their decision-making after such an event. Fewer adults in the DC metro, Trenton/Mercer County, and New York City metro regions would expect the incident to be part of a series of attacks (51%, 50%, and 53% of adults, respectively). Conversely, people in the DC metro, Trenton/Mercer County and New York City metro regions were all more likely than people nationally to expect the event to be an isolated incident (40%, 42%, 37% vs. 27%) rather than part of a series of attacks.

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

A majority of the public believes that the antibiotic pills would be safe and effective for them to take, but these beliefs are not deeply held and could become challenges for communications during an attack. While most adults say that they would believe the antibiotic pills were safe to take (82%), this is made up of 51% of the public saying the pills would be “somewhat” safe and only 31% saying “very safe.” Nearly the same breakdown exists in regard to effectiveness. Eighty-five percent say they would believe it was effective in preventing them from becoming seriously ill or dying (85%), but 55% say “somewhat effective” and only 30% say “very effective.”

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

While a majority of the public said they were confident in the government’s ability to deliver antibiotic pills quickly to everyone in their city or town, it is notable that a sizeable minority did not agree. Nearly two-thirds (63%) were confident that there would be a sufficient supply of the antibiotics for everyone in their city or town who wanted them, but a third (36%) were not confident. The same divide exists with respect to confidence in their local or state public health agency’s ability to deliver the pills to the public; nearly two-thirds (63%) were confident their local or state public health agency would be effective in getting the pills to those in the public who want them. Further, a narrower majority of the public (56%) was confident that federal public health agencies would be able to deliver these antibiotic pills in time to their local or state public health agency, while 42% were not.

5. *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?*

The vast majority of the public would follow public health officials’ initial recommendation to go get antibiotic pills from the PODs after an anthrax attack for themselves (89%) or for their children (91% of parents). A majority of adults (65%) said they would be “very likely” to go get the first round of antibiotic pills being distributed by public health officials for themselves after an anthrax attack and 24% said “somewhat likely.” Among parents, 73% said they would be “very likely” to go get the antibiotic pills for their children, and 18% said “somewhat likely.” Wait times of 30 minutes or 1 hour would make little difference in the willingness of those who were very likely to go get the pills in the first place, and even wait times of 2 hours would only decrease their willingness to a small degree. For example, the vast majority (94%) of adults who

would be very likely to go to PODs in order to get the antibiotic pills say they would be likely to go to the PODs even if they knew they had to wait in line 2 hours, with 75% saying they would still be “very likely” to go and 19% saying “somewhat likely.”

Among those who would be likely to go pick up the pills, however, only a little more than half (57%) would follow the advice of public health officials and start taking the pills right away. Forty percent of those who were likely to go to the PODs said they would hold on to the pills rather than take them right away. A third (35%) would wait to take them until they found out if they were truly exposed to anthrax and 4% would wait for the foreseeable future. The responses of parents paralleled these results, with 60% of parents who were likely to go to the site saying they would start giving their children the pills right away, 36% saying they would hold on to the pills and wait to see if their child was truly exposed, and 2% saying they would hold on to the pills for the foreseeable future.

Responses among adults in the New York City metro, DC metro, and Trenton/Mercer County regions did not vary from the national sample, as 87%, 89%, and 88% of adults, respectively, from those regions said they would be likely to go to the PODs to get antibiotic pills for themselves, compared to 89% of adults nationally who said this. Furthermore, adults in these regions who were likely to go to the PODs were equally hesitant to start taking the prophylactic antibiotic pills right away, as only 53%, 59%, and 58% of adults likely to go to the PODs from the New York City metro, DC metro, and Trenton/Mercer County regions, respectively, said they would start taking the antibiotic pills right away assuming they picked them up from the PODs.

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

There are a cluster of reasons that may make the public hesitate to go get antibiotic pills from the PODs after an attack such as this. Analyzing the reasoning among those who said they were not likely or only “somewhat likely” to go get antibiotic pills at these dispensing sites (for themselves or for their children) suggests that safety concerns related to both the process of getting the antibiotic pills and the pills themselves play a role. Adults who were not likely or only somewhat likely to go to the PODs to get the antibiotic pills being made available by public health authorities most often cited worries about officials controlling crowds (45%) as a “major reason” for their decision. Other major reasons were that the respondent would: worry about being exposed to anthrax while going to PODs (41%); worry that there would not be enough antibiotic pills (40%); worry about the safety of the antibiotic pills (38%) and wait to get antibiotic pills until they were sure they had been exposed to anthrax (37%). Nearly the same percentage (36%) noted that they felt they would be able to get antibiotics from their own doctor rather than go to the POD. Fewer in this group, but still about a quarter (28%), said that their belief the government would be overblowing the situation would be a major reason for being unlikely or only somewhat likely to go. A similar fraction said they would think it would be unnecessary (26%) or too late (25%) to go if they were already hearing about cases in the news, or that the pills would simply not be effective (25%).

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

Although it may be difficult for people to imagine their perspective several days after an anthrax attack, the majority of people (83%) say they would be very (55%) or somewhat (28%) likely to go to PODs to get a second, longer round of antibiotics if they found out later that they were truly exposed to anthrax. Most parents said the same about getting the second round of antibiotics for their children. Among parents, 63% said they were “very likely” to go back to the PODs to get a second round of medicine for their children, and 24% said they were “somewhat likely” to do so.

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

The public reports that they would be most likely to turn to three sources of information to learn more about the PODs or the process of getting the antibiotic pills: their state and local public health department (54%); online and television news (46% and 45% respectively); and their fire or police departments (41% and 38%). They are somewhat less likely to turn to local radio (33%), newspapers (28%) or city hall (27%).

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

A majority of the public said they would trust each of the proposed institutions or persons in this poll as a source of reliable information about whether to take antibiotic pills following an anthrax attack. At the federal level, more adults said they would trust the director of the Centers for Disease Control and Prevention (77%) “a lot” or “somewhat” than either the Secretary of the Department of Health and Human Services (69%) or the President of the United States (65%). At the local and state level, slightly more adults said that they would trust the director of their state or local public health department (71%) “a lot” or “somewhat” for this information than the governor of their state (64%) or the mayor of their city or town (63%).

10. *How concerned is the public about an anthrax attack in the next 12 months?*

Terrorism and, to a lesser extent, an anthrax attack are concerns for the majority of Americans. Close to two-thirds of adults (63%) are concerned that there will be a terrorist attack in the United States in the next 12 months, while 36% are not concerned about this happening. The concern level among adults is lower overall when considering an attack that specifically involves spreading anthrax purposefully in the next 12 months; 50% said they are concerned about such an attack (including 19% “very concerned” and 31% “somewhat concerned”), while 28% said they were “not very concerned” and 21% of adults said they were “not concerned at all.” In general, concern level likely varies according to press coverage of this issue and the reported threats at the time the question is asked.

Adults from the DC metro and Trenton/Mercer County areas reported a lower level of concern about an anthrax attack than adults nationally, despite having experienced anthrax attacks in

2001. Approximately a third (34%) of adults from the DC metropolitan area and 39% of adults from the Trenton/Mercer County area said they were “very” or “somewhat concerned” that there will be an attack that involves spreading anthrax purposefully in the next 12 months, whereas 50% of adults nationally said this. Adults from the New York City metropolitan area reported about the same level of concern (54%) as the national sample.