**symptom identification and associated factors**

DHSC Tracker Surveys, Wave 10, 30 March – 1 April 2020 (n=2012)

### 9th April 2020

OFFICIAL SENSITIVE, not to be shared beyond SPI-B / SAGE

Summary:

* 96% of people report having seen or heard advice on the key symptoms of coronavirus to look out for.
* 83% of participants identified high temperature / fever as a key symptom of coronavirus; 79% of participants identified cough as a key symptom of coronavirus. 70% of participants identified both high temperature / fever and cough as key symptoms of coronavirus.
* See Table 2 for associations between factors and identification of high temperature / fever, cough, and high temperature / and cough as key symptoms of coronavirus.
* Males, and those aged 16 to 24 years were less likely to identify the key symptoms of coronavirus.
* Those with a coronavirus-relevant chronic illness were less likely to identify high temperature / fever as a key symptom of coronavirus.
* Those who think they have had coronavirus, or who have had it confirmed by a test were also less likely to identify key symptoms of coronavirus.
* There was no evidence that worry, perceived risk (self and people in UK), perceived severity of coronavirus, and perceived likelihood of catching coronavirus were associated with identifying key symptoms of coronavirus.
* Having seen advice on what the symptoms of coronavirus are, agreeing that someone could spread coronavirus even if they are asymptomatic, and agreeing that you are concerned about spreading coronavirus to someone at risk were associated with identifying key symptoms of coronavirus.
* There was mixed evidence that satisfaction with and credibility of the Government were associated with identifying key symptoms of coronavirus. Where there was evidence for an association, effect sizes were small.

Recommendations:

* Messages should attempt to reach groups which are less likely to identify the key symptoms of coronavirus, such as males and those aged 16 to 24 years.
* Messages should target groups who did not identify key symptoms of coronavirus, for example, those with coronavirus-relevant chronic conditions.
* Messages should highlight key symptoms of coronavirus clearly to minimise the risk of people incorrectly categorising themselves as having or not having had coronavirus, which may lead to non-adherence to protective measures.
* Messages should focus on the fact that people can spread COVID-19 even when they are asymptomatic.

*Please note that this work has been conducted rapidly and has not been peer reviewed or subject to normal quality control measures.*

Table 1. Number (and percentage, %) of participants endorsing symptoms of coronavirus (n=2012).

|  |  |
| --- | --- |
| Symptom | N (%) |
| High temperature / fever | 1661 (82.6) |
| Cough | 1598 (79.4) |
| Shortness of breath / difficulty breathing | 1243 (61.8) |
| Loss of sense of smell / taste | 621 (30.9) |
| Flu-like symptoms | 536 (26.6) |
| Sore throat | 450 (22.4) |
| Feeling tired or having low energy | 330 (16.4) |
| Headaches | 215 (10.7) |
| Aches and pains | 137 (6.8) |
| Chest pain | 134 (6.7) |
| Chills / shivering | 113 (5.6) |
| Sneezing | 88 (4.4) |
| Runny or blocked nose | 86 (4.3) |
| Pain in your arms, legs or joints | 61 (3.0) |
| Loss of appetite | 53 (2.6) |
| Diarrhoea | 40 (2.0) |
| Nausea / vomiting | 37 (1.8) |
| Dizziness | 27 (1.3) |
| Feeling your heart pound or race | 19 (0.9) |
| Back pain | 18 (0.9) |
| Trouble sleeping | 16 (0.8) |
| Stomach ache | 13 (0.6) |
| Fainting spells | 10 (0.5) |
| Don’t know (SINGLE CODE) | 25 (1.2) |
| Identified both high temperature/fever and cough as symptoms | 1388 (69.9) |
| Identified high temperature, cough and myalgia as symptoms | 117 (5.9) |

Table 2. Associations between sociodemographic characteristics, employment characteristics and knowledge of symptoms (high temperature / fever, cough, high temperature and fever).

|  |  |  |  |
| --- | --- | --- | --- |
|  | High temperature | Cough | Both |
| Strong positive association | Older age, female gender | Older age, having seen or heard advice on key symptoms of coronavirus | Older age |
| Positive association | Working (full-time, part-time or self-employed vs not working), having seen or heard advice on key symptoms of coronavirus, satisfaction with Government response, agreeing that people can spread coronavirus even if they are asymptomatic, concern about passing coronavirus to someone who is at risk | Female gender, agreeing that people can spread coronavirus even if they are asymptomatic, concern about passing coronavirus to someone who is at risk | Female gender, having seen or heard advice on key symptoms of coronavirus, satisfaction with Government response, agreeing that people can spread coronavirus even if they are asymptomatic, concern about passing coronavirus to someone who is at risk |
| Not associated | Dependent children, any chronic illness –household member, family member is NHS worker, friend is NHS worker, more deprived (Index of Multiple Deprivation), ethnicity, education, having a permanent job, being self-employed, being a key worker, socioeconomic group, worry, perceived risk (self and people in UK), perceived severity of coronavirus, likelihood of catching coronavirus, credibility of Government | Dependent children, coronavirus-relevant chronic illness– self, any chronic illness –household member, working status, NHS worker, family member is NHS worker, friend is NHS worker, ethnicity, education, having a permanent job, being self-employed, being a key worker, socioeconomic group, worry, perceived risk (self and people in UK), likelihood of catching coronavirus, satisfaction with Government response | Coronavirus-relevant chronic illness– self, working status, NHS worker, family member is NHS worker, friend is NHS worker, more deprived (Index of Multiple Deprivation), ethnicity, education, having a permanent job, being self-employed, being a key worker, socioeconomic group, worry, perceived risk (self and people in UK), perceived severity of coronavirus, likelihood of catching coronavirus |
| Negative association | Coronavirus-relevant chronic illness – self | More deprived (Index of Multiple Deprivation), perceived severity of coronavirus, credibility of Government | Dependent children, any chronic illness –household member, credibility of Government |
| Strong negative association | NHS worker, previous coronavirus (think have had it, or confirmed) | Previous coronavirus (think have had it, or confirmed),  | Previous coronavirus (think have had it, or confirmed) |

Datasets used:

* Department of Health and Social Care weekly tracker
	+ Tracking DHSC marketing, coronavirus attitudes, beliefs, knowledge, reported behaviour, satisfaction with Government response, credibility of Government.
	+ Data collected weekly (Monday to Wednesday) since late January.
	+ N~2000 per wave.
	+ Market research company commissioned: BMG Research.
	+ *This survey is not designed to collect the views of NHS workers and respondents in this sample working in the NHS are not representative of the wider NHS workers in general. In particular, the sample in the survey is of NHS staff who have time to participate in on-line polls. In the context of a major public health crisis this poses very substantial limitations.*

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