Symptom knowledge and intentions when Ill

DHSC Tracker Surveys, Wave 7, 9-11 March 2020 (n=2001)

18th March 2020

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Recognition of symptoms

*Recognition of symptoms is limited, but exposure to information is associated with better recognition*

* When asked to choose the top four symptoms of coronavirus, 1,224 people (63%, up from 52%) identified both cough and high temperature / fever as two of the symptoms (see Table 1).
* Only 108 people (6%, up from 3%) identified cough, high temperature / fever and either ‘aches and pains’ or ‘pains in your arms, legs or joints.’
* More people identifying high temperature/fever (80% vs 73%); cough (73% vs 66%); and shortness of breath (66% vs 58%) as key symptoms of coronavirus.
* Increased knowledge about coronavirus, having heard more about coronavirus, having seen recommendations to “catch it, bin it, kill it”, and having seen advice on how to protect yourself and others were associated with greater recognition of the combination of high temperature / fever and cough.
* Women and older participants were more likely to recognise the combination of these two symptoms. Lower socioeconomic status (3rd and 4th most deprived quartiles) were less likely to recognise these symptoms (cough and high temperature / fever; compared to the least deprived quartile).

*Using “flu-like” as a descriptor is ambiguous*

* People perceive the symptoms of coronavirus and the symptoms of influenza differently. Cough is more commonly associated with coronavirus than influenza (73% [up from 66%] vs 19%). Fatigue (6% vs 25%), headaches (5% vs 40%) and pain in your arms, legs and joints (2% vs 45%) are less commonly associated with coronavirus than influenza.
* In previous research by our group [1], only 62% of the UK public understood that a high temperature or fever is a symptom of influenza, while only 45% identified “pain in your arms, legs or joints.”
* While 66% of the public in Wave 7 (no difference from Wave 6) reported “flu-like symptoms” as one of the top four symptoms of coronavirus, in practice the public do not have a consistent understanding of what “flu-like” means.

Avoiding healthcare facilities if ill

*Most people know to avoid healthcare facilities if ill, but those who feel most at risk are most likely to break this rule*

* When asked what actions they would take if ill with coronavirus, the behaviour endorsed by the greatest number of people was calling NHS 111 (n=1,558, 78% [up from 73%], see Table 2).
* Among those who would seek to access healthcare in any manner (n=1,860), 90% (up from 85%) would access healthcare remotely, while 10% would do so in person (down from 15%).
* No association between being worried about coronavirus and perceived severity of coronavirus and being more likely to seek healthcare in person.
* Current messaging explains that for most people COVID-19 will be a mild illness. This may be helping to drive the similar proportions of people who would feel comfortable contacting health services remotely in Wave 7. However, as these results are different to last week’s, data need to be monitored to determine the true nature of the association (or lack thereof) or whether this week’s results reflect fluctuations in the data / sample.
* Men and younger participants were more likely to seek medical attention in person. No association with ethnicity in Wave 7.

*Messaging is having a positive influence on intentions to seek healthcare remotely*

* Increased knowledge, correct identification of the symptoms of coronavirus, having seen advice on how to protect oneself and others, having seen the “catch it, bin it, kill it” campaign, and having seen advice on hand washing were all associated with seeking medical attention remotely.
* However, using official information sources was associated with increased likelihood of trying to access healthcare in person (same as week 6).
* No association between intentions to seek healthcare remotely and having seen or heard more about coronavirus, using mainstream media as a key source of information about coronavirus,

Self-isolating if ill

*Higher perceived risk is associated with reduced intention to isolate if ill*

* Trying to stay at home and avoid contact with other people if ill was intended by 1,308 people (65.1%, up from 60.5%). Only 1.5% (down from 2.7%) would try to go to work as usual.
* Increased worry was associated with nottrying to stay at home and avoid contact with others. There were no associations between trying to stay at home and increased perceived risk, severity or likelihood of catching coronavirus.
* Older participants and those who have someone with a chronic illness in their household were more likely to try to stay at home and avoid contact with others. There was no association with gender or having a chronic illness (self) in this wave.
* While this week’s data suggest those who subjectively feel more at risk may feel able to access adequate support during self-isolation, attention may be needed to ensure that those who feel more worried about coronavirus are reassured that they will be able to access adequate help and support while in isolation, reducing their need for them to break isolation protocols.

*Messaging is having a positive influence on intentions to self-isolate if ill*

* Increased knowledge about coronavirus, having heard more about coronavirus, using unofficial sources (social media, search engines, and friends and family) as a key information source, having seen advice on how to protect oneself and others, and having seen advice on handwashing were associated with trying to stay at home and avoid contact with others if ill.
* There was no association with using official information sources or mainstream media as a key information source in Wave 7.

References

1. Rubin GJ, Bakhshi S, Amlot R, Fear N, Potts HWW, Michie S. [The design of a survey questionnaire to measure perceptions and behaviour during an influenza pandemic: the Flu Telephone Survey Template (FluTEST).](https://www.ncbi.nlm.nih.gov/books/NBK263566/) Health Services and Delivery Research. 2014;2(41): 1-125. doi: 10.3310/hsdr02410

Table 1. Proportion of participants endorsing symptoms of coronavirus.

|  |  |
| --- | --- |
| Symptom | N (%) |
| High temperature / fever | 1597 (79.8) |
| Cough | 1458 (72.9) |
| Shortness of breath / difficulty breathing | 1326 (66.3) |
| Flu-like symptoms | 1325 (66.2) |
| Sore throat | 283 (14.1) |
| Runny or blocked nose | 236 (11.8) |
| Aches and pains | 209 (10.4) |
| Sneezing | 189 (9.4) |
| Feeling tired or having low energy | 119 (5.9) |
| Headaches | 103 (5.1) |
| Chest pain | 95 (4.7) |
| Chills / shivering | 85 (4.2) |
| Nausea / vomiting | 61 (3.0) |
| Pain in your arms, legs or joints | 34 (1.7) |
| Dizziness | 33 (1.6) |
| Diarrhoea | 28 (1.4) |
| Feeling your heart pound or race | 20 (1.0) |
| Fainting spells | 13 (0.6) |
| Loss of appetite | 9 (0.4) |
| Trouble sleeping | 8 (0.4) |
| Back pain | 4 (0.2) |
| Stomach ache | 4 (0.2) |
| Don’t know (SINGLE CODE) | 53 (2.6) |
| Identified high temperature and cough as symptoms | 1224 (62.8) |
| Identified high temperature, cough and myalgia as symptoms | 108 (5.5) |

Table 2. Proportion of participants’ intended behaviour if they developed symptoms of coronavirus

|  |  |
| --- | --- |
| Intended behaviour | N (%) |
| Call NHS 111 (England, Wales, Scotland) / 0300 200 7885 (Northern Ireland) | 1558 (77.9) |
| Try to stay at home and avoid contact with other people | 1303 (65.1) |
| Speak to a GP or another healthcare professional on the phone | 609 (30.4) |
| Look online for advice | 524 (26.2) |
| Take over the counter medicine, such as painkillers or cold and flu medicine | 391 (19.5) |
| Ask family or friends for advice | 99 (4.9) |
| Book a face-to-face appointment with my GP | 75 (3.7) |
| Call 999 / ambulance service | 68 (3.4) |
| Visit another NHS service such as a walk-in centre or minor injuries unit | 36 (1.8) |
| Go to A&E | 51 (2.5) |
| Visit a Pharmacist/Chemist for advice | 55 (2.7) |
| Take alternative treatment or remedies | 78 (3.9) |
| Try to go to work, school, college or university as normal | 26 (1.3) |
| Don’t know (SINGLE CODE) | 30 (1.5) |
| Nothing (SINGLE CODE) | 17 (0.8) |
| *Binary variable – help-seeking behaviour (n=1860)* | |
| Remotely | 1682 (90.4) |
| In person | 178 (9.6) |

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

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.*

Dr Louise E. Smith (KCL), Professor Nicola T. Fear (KCL), Dr Henry W.W. Potts (UCL), Professor Susan Michie (UCL), Professor Richard Amlȏt (PHE), Dr G James Rubin (KCL)

Contact details: [louise.e.smith@kcl.ac.uk](mailto:louise.e.smith@kcl.ac.uk), [richard.amlot@phe.gov.uk](mailto:richard.amlot@phe.gov.uk), [gideon.rubin@kcl.ac.uk](mailto:Gideon.rubin@kcl.ac.uk)