

**FINAL
REPORT**

**National Follow-Up Survey of
Pandemic Influenza Attitudes and
Awareness among Canadians**

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EXECUTIVE SUMMARY

Research purpose and objectives

An original baseline survey was conducted in 2004 for the Public Health Agency of Canada (PHAC) to assess Canadians' knowledge, attitudes and behaviours on the subject of pandemic influenza.¹ In 2007, PHAC commissioned follow-up research to evaluate if and how these parameters have changed over the past three years.

The overall objective of the 2007 research is to provide PHAC with research-based information on Canadians' knowledge and opinions with respect to pandemic influenza. Specifically, the research evaluates:

- If and how Canadians' attitudes, awareness and knowledge levels around the issue of pandemic influenza have changed since 2004;
- Canadians' current level of concern about this issue;
- What Canadians believe they need to know about this issue;
- Canadians' expectations in case of a pandemic;
- Canadians' views on vaccines and antivirals;
- Canadians' preferred communication medium on this issue;
- Public understanding of differences between avian, seasonal and pandemic flu;
- Public understanding of the behaviours associated with infection control, such as hand washing and how people cough; and
- Whether Canadians have seen information on hygiene practices.

Methodology

The research is based on a national telephone survey conducted between June 28 and July 28, 2007, with a representative sample of 4,463 Canadians 18 years of age and older. The margin of error for the total sample is ± 1.5 percentage points at the 95% confidence level. The overall size of this sample is dictated by the need for sufficient sample sizes to ensure a maximum margin of error of ± 5.0 percentage points at the provincial level (also at the 95% confidence level).

In order to evaluate changes in Canadians' attitudes, awareness and knowledge levels since 2004, current findings are directly compared, wherever possible, against findings from the 2004 survey data. Where findings cannot be directly compared for methodological reasons, reference is made to related tracking data from the previous survey for general comparison purposes and the methodological issues are noted.

A more detailed description of the methodology used to conduct this survey is provided at the back of this report, along with a copy of the questionnaire.

Key findings

The results of this research reveal that Canadians have a growing familiarity with, and understanding of, pandemic influenza, but have yet to truly consider what they should do in the case of a pandemic outbreak or to prepare for such an occurrence. Currently, the public is aware of basic infection control strategies, such as frequent handwashing, and understands that these are equally applicable to seasonal flu and pandemic influenza. Many people do not understand that in the case of a pandemic, a vaccine would not be immediately available.

1 *Pandemic Influenza: National Baseline Survey of Pandemic Influenza Attitudes and Awareness Among Canadians*; GPC Public Affairs (Opinion Research), August, 2004.

Most individuals do not believe it is likely that Canada will face a pandemic outbreak in the next five years, suggesting that this is not a top-of-mind issue for Canadians. This may explain why the relatively high awareness of pandemic influenza and basic infection control strategies has not translated into attitudinal and behavioral change. While the public generally considers the risks of an influenza pandemic to be serious, they are unlikely to give this issue much attention unless confronted with a specific reason why they should. One of the challenges facing PHAC will be to communicate the relevant information before an outbreak occurs, without generating unnecessary alarm. On a positive note, Canadians have a good sense of where they would get information in the case of an actual pandemic (well-balanced between media and Internet sources), suggesting that most would be able to access the appropriate information when it is most needed.

The following summarizes the key findings from the research:

Seasonal influenza

- As in 2004, most Canadians continue to report being familiar with seasonal influenza, and this is demonstrated by their relatively good understanding of the symptoms involved. Six in ten (61%) consider themselves to be familiar with the illness, essentially unchanged from 2004 (63%). Furthermore, almost nine in ten (88%) Canadians could correctly identify at least one typical symptom (unprompted), the most common of which is a high fever; this finding is also consistent with the 2004 survey (89%).
- Although general familiarity remains stable, there does appear to be a growing understanding of the health risks associated with the flu and about the contagiousness of the illness. Since 2004, there has been modest growth in the proportion who says they are familiar with the associated health risks (up 4 points to 61%). A large majority (83%) considers influenza to be a contagious disease, and this perception has strengthened over the past three years (up 4 points).
- Getting a flu shot and frequent handwashing are the two infection control measures that Canadians are most likely to report using, or are most likely to be aware of even if they do not actually employ them themselves. In addition, the reported incidence of receiving a flu shot has increased since 2004, to six in ten Canadians who receive it annually or have received it at some point in the past (33% receive it annually, up 5 points, and 26% received at some point in the past, up 4). While these findings suggest the flu shot is relatively well-established in the public mindset as a way to protect against getting the flu, the perceived effectiveness of this measure (67%) rates below drinking fluids (70%) and regular exercise (74%), and well below handwashing (94%) (but ahead of taking vitamins, 58%). Strengthening public understanding of flu shots as a preventive measure would likely need to be addressed if there is interest in generating more widespread use of the flu shot.

Familiarity with and perceptions of pandemic influenza

- Familiarity with influenza-related terminology has improved significantly in the past three years. This is most evident for “pandemic influenza,” which is now familiar to more than half (55%) of Canadians, double the proportion in 2004 (27%). The public remains most familiar with the term “vaccines” (81%, up 9), followed by “avian influenza” (58%, not asked in 2004) and “anti-viral medications” (51%, up 11).
- Consistent with the increase in reported familiarity with pandemic influenza, the public appears to be slowly developing a better understanding of the illness. A majority (56%) of Canadians can now identify at least one correct distinction between seasonal and pandemic influenza, the most common of which relates to the broader scope of a pandemic outbreak (e.g., a pandemic affects more people, is more widespread, is global). Moreover, when asked about the dangers of a new influenza pandemic (unprompted), there has been an increase in mentions that it would involve a new virus (14%, up 6) requiring time to produce a vaccine (12%, up 9) – although the majority of people still lack awareness of these key facts.

- Understanding the difference between pandemic and avian influenza is somewhat less widespread than the distinction between pandemic and seasonal influenza, with less than half (46%) of Canadians who can identify at least one correct distinction. The best-known difference relates to whether birds or humans are the host species.
- Canadians clearly believe that an influenza pandemic is a real risk, but are not overly concerned about the potential for a future outbreak in Canada. Currently, three in four believe that an influenza pandemic poses a very (29%) or somewhat (48%) serious risk in Canada today, and a majority (59%) also thinks this risk has increased in the past five years. Yet, only four in ten (42%) say an outbreak is likely in Canada in the coming five years. Notably, these perceptions have remained very stable since 2004, despite the considerable increase in reported familiarity with the illness.

Infection control

- When it comes to preventing infection from or the spread of pandemic influenza, Canadians' correctly identified handwashing as effective for preventing both seasonal and pandemic influenza: 95 percent say handwashing is effective to protect against the spread of pandemic flu and an equal proportion say the same about seasonal flu. The flu shot was identified more frequently for pandemic than for seasonal influenza.
- Most Canadians say they would act to protect themselves and their family should a pandemic outbreak happen in North America. A majority each say they would definitely act if an outbreak occurred in the U.S. (57%) or Canada (76%), compared to only about three in ten who say the same when considering an outbreak in Asia (33%), Europe (30%), or Central or South America (30%). Nonetheless, the actions people believe they would take in such circumstances are highly consistent no matter the region where the outbreak occurred; vaccination and handwashing are the primary preventive actions Canadians would take, while avoiding travel is also considered an important precaution if the outbreak occurs outside Canada.

- Canadians look first and foremost to the federal government (59%) to lead the response to an influenza pandemic in Canada, with 30 percent mentioning Health Canada and 10 percent mentioning PHAC (another 19 percent mention the Government of Canada generally). About one in ten mention each of provincial/territorial governments (9%) and local public health authorities (9%). The fact that more Canadians believe primary responsibility falls with Health Canada (30%) than with PHAC (10%) is not surprising, given that Health Canada is a more widely-recognized federal department with a longer history than PHAC. Since 2004, a growing proportion of Canadians say a pandemic response should involve all of the institutions presented, or some combination of them.
- Regardless of who they see as having responsibility for responding to a pandemic outbreak in this country, Canadians generally have confidence in the abilities of all seven of the institutions that might be involved, and these perceptions are stable compared to 2004. When asked to rate their level of confidence in various institutions, the most confidence is expressed in Health Canada's ability to deal with a pandemic (68%), and comparatively less confidence is expressed in the federal government's ability to do so (53%). Six in ten (60%) say they are confident in PHAC's ability to deal with a pandemic in Canada.

Information needs

- As in 2004, Canadians place the greatest value on knowing practical, "how to" information in the case of a pandemic outbreak: How to protect themselves from contracting influenza and how to prevent the disease from spreading throughout the greater community. The information judged as least important are how quickly the disease is spreading and the chances of contracting influenza.
- A majority (56%) of Canadians say they have ever heard, read or seen information about pandemic influenza, with ways of preventing or reducing the risk of contracting or spreading the illness the topic most recalled by this group. However, to date, only one in ten (11%) say they have specifically sought out or been given pandemic information.

- Perhaps not surprisingly, there are significant differences between the information sources on pandemic influenza that Canadians have been exposed to in the past, and those they would use if they were looking for such information today. In the past, most people have been exposed to pandemic information via the media (74%), particularly television and newspapers. Yet, if they were specifically looking for pandemic information, the public would now be most likely to turn to the Internet (59%).
- Given the popularity of the Internet as a source for pandemic information, it is particularly relevant that less than one in ten (7%) have heard of the Government's of Canada's website, www.pandemic-influenza.gc.ca, and only two percent say they have visited it. This does not mean that the public would not find this website should they have a need to, but indicates it is not yet a top-of-mind resource. When asked how they would go about getting information about what is happening should a pandemic occur in Canada, Canadians say they would rely equally on the media and the Internet; the latter includes the Health Canada website, a Google search, the Government of Canada website and the PHAC website – all of which would be likely to direct people to the official GOC website on pandemic influenza.
- Perhaps due to the relatively low perceived likelihood of a pandemic affecting Canada in the next five years, most (72%) Canadians have done nothing to prepare themselves or their family. Those who say they have made preparations are most likely to cite getting vaccinated (10%), which would in fact not prevent them from contracting the new pandemic strain that would be involved. When specifically asked, only one in ten (9%) say they have drawn up a family emergency plan.
- Almost half (45%) of Canadians are now aware of the Government of Canada's plan concerning influenza pandemics, a substantial increase over 2004 (34%). This group expresses greater confidence in the ability of the Government of Canada, Health Canada and PHAC to contain a pandemic outbreak in Canada.

How results vary across the population

At a broad level, the major findings from this study are applicable to Canadians across the country, as defined by demographic characteristics. Results on some questions and issues do vary noticeably by population segment, and these are outlined in the following paragraphs.

Socio-economic status. Familiarity and perceptions related to pandemic influenza vary by socio-economic status (as defined by education and income levels). Better educated and more affluent Canadians are more apt to be familiar with pandemic influenza and related terminology, and to have a better understanding of the dangers related to a new pandemic outbreak. In part, this may be because a greater proportion of those in higher socio-economic brackets recall information about pandemic influenza, although they are no more likely to have purposely sought out such information.

Higher levels of education and income are also related to better knowledge of steps that can be taken to prevent pandemic infection, yet when prompted with these measures, those with less education and lower incomes are more apt to believe in their effectiveness. Generally speaking, individuals with lower socio-economic status are also more likely to express confidence in the ability of most institutions to contain a pandemic outbreak.

When it comes to accessing pandemic information, preferences for the Internet and Health Canada increase with education and income; those with lower socio-economic status are more apt than others to prefer doctors and hospitals.

Gender. A notable gender difference emerged from this research, with women demonstrating greater familiarity, and holding significantly different opinions, than men when it comes to pandemic influenza. Women are more likely than men to believe that the pandemic risk is a serious one, that this risk has increased in the past five years and that an influenza pandemic is likely in the next five years. Women also demonstrate greater understanding of infection control behaviors (e.g., more mentions of frequent handwashing, staying home when sick) and to believe these measures will be

effective prevention. They are more apt to report being exposed to pandemic information in the past; for future information sources, they express a greater preference for doctors than do men.

Age. Generally speaking, familiarity with and knowledge of pandemic flu is higher among Canadians in the middle age brackets, compared to younger (18- to 29-year-olds) or older (60 years and older) individuals. In particular, older individuals are more apt to mention avoiding public areas and travel as ways to prevent the spread of a pandemic outbreak. For future information on pandemic information, Canadians under 40 years express a greater preference for the Internet, while those 60 years and older are more apt to mention their doctor.

How results vary by region

Although the survey findings are generally applicable to all regions of the country, some differences are apparent.

Newfoundland and Labrador. As in 2004, residents of this province remain the least familiar with pandemic influenza (although self-reported familiarity has improved since 2004, as it has for all the regions in Canada). This is born out by the fact that they are less apt than others to know of a correct distinction between seasonal and pandemic flu, or between pandemic and avian flu, or to identify any potential danger related to a new pandemic influenza. Perhaps as a result, they are more likely to say pandemic flu poses a very serious risk (together with the other Atlantic provinces and Ontario); furthermore, the proportion that say this risk has grown has increased significantly since 2004 – the only region where this is the case. They are least likely of all regions to mention handwashing as protection against pandemic flu, to be aware of information on the topic, or (with residents of Quebec and P.E.I.) to have done anything to prepare for a pandemic outbreak. While they are most apt of all regions to place responsibility for dealing with a pandemic in Canada on the federal government, they are least aware of the Government of Canada's overall pandemic plan.

Prince Edward Island. Together with residents of the other Atlantic provinces and Ontario, P.E.I. residents are

more likely to say pandemic flu presents a very serious risk in Canada. While in 2004, they were least likely to believe Canada will be affected by a pandemic in the next five years, this proportion has increased and is now similar to national average. Residents of this province are also among those least likely to have done anything to prepare for a potential pandemic outbreak.

Nova Scotia. Together with residents of the other Atlantic provinces and Ontario, Nova Scotia residents are more likely to say pandemic flu presents a very serious risk in Canada. Furthermore, they are the most apt of all regions to say that this risk has grown in the past five years. When looking for information about pandemic flu, Nova Scotians are more likely than those in other regions to say they would turn to their doctor.

New Brunswick. Together with residents of the other Atlantic provinces and Ontario, New Brunswickers are more likely to say pandemic flu presents a very serious risk in Canada today. They also express greater confidence in the ability of the Government of Canada, Health Canada, PHAC and the World Health Organization to contain the spread of a pandemic outbreak.

Quebec. Residents of Quebec stand out as being least apt to believe that pandemic influenza poses a very serious risk, and most likely to say this risk is lower now than five years ago. However, they demonstrate a somewhat better understanding of how to prevent transmission of the illness (e.g., more likely to mention frequent handwashing, staying home when sick and avoiding public areas). Quebecers are less likely than others to place responsibility for dealing with an outbreak on the federal government (despite the fact they report greater awareness of the government's overall pandemic plan) and are more likely to say this responsibility falls on all of the institutions mentioned. Furthermore, they express greater confidence in the ability of all seven of the institutions they were asked to consider to contain the spread of a pandemic. They are least apt to say would turn to the Internet for pandemic information and would be more likely to use Health Canada, hospitals or media as sources. Finally, they are among the least likely of all regions to say they have done something to prepare for a pandemic outbreak (together with residents of Newfoundland and Labrador, and P.E.I.).

Ontario. Although only one of the more familiar provinces in terms of pandemic influenza in 2004, Ontarians now report the greatest familiarity of all regions with this term. Together with residents of the Atlantic provinces, they are more apt to say pandemic flu poses a very serious risk and to say that this risk has grown. In terms of ways to prevent the spread of pandemic flu, Ontarians are most likely to mention getting a flu shot. Residents are more apt to say they would turn to Health Canada if they were looking for information about pandemic flu, and also to express greater confidence than others in the ability of local public health authorities and hospitals to contain a pandemic outbreak (perhaps due to their experience with SARS).

Manitoba. In most cases, Manitobans (together with residents of Saskatchewan) are similar to average in terms of their knowledge and perceptions of pandemic influenza, and do not particularly stand out on any parameters when compared to other regions of the country.

Saskatchewan. In most cases, residents of Saskatchewan (together with Manitobans) are similar to average in their knowledge and perceptions of pandemic influenza. However, they are among those most apt to report having being exposed to information about pandemic influenza.

Alberta. Residents of Alberta are among those most likely to say that a pandemic outbreak in Canada in the next five years is unlikely. Not only are they among those aware of information on pandemic flu, their awareness of the Government of Canada's pandemic plan has increased noticeably since 2004 to one of the highest levels in the country.

British Columbia. The proportion of B.C. residents who believe that Canada is likely to be affected by pandemic influenza in next five years has declined since 2004, and they are now among the most apt to believe such an occurrence is not likely. Nonetheless, they are among those most apt to be aware of pandemic information. B.C. residents are also more likely than others to say they would turn to the Internet if they were looking for information on this topic.

The North. Residents of the three territories are among those more apt to say pandemic influenza poses a very serious risk in Canada today. Furthermore, they express less confidence in the effectiveness of several infection control measures (e.g., wearing a mask, avoiding public transportation, taking vitamins, getting exercise), and in the ability of most institutions to control a pandemic outbreak; since 2004, expressed confidence has declined for Health Canada, the Government of Canada, local public health authorities, territorial departments of health and the World Health Organization. Northerners are among those most apt to be aware of pandemic information and are more likely to say they would turn to the Internet for future information on this topic.

Recommendations

Based on the findings and conclusions of this research, the following recommendations are provided to PHAC for consideration:

1. The focus of communications should be on the infection control behaviors Canadians should use in the case of a pandemic outbreak to protect themselves and their families, and to prevent the spread of this illness. In addition, it would be valuable to address the public's limited awareness that flu vaccines will not be immediately available in the case of an outbreak, to emphasize the importance of taking appropriate alternate measures.
2. PHAC may wish to target their educational efforts around pandemic influenza to less affluent Canadians with less education. In many research studies, health status and awareness of health issues has been linked to socio-economic circumstances, and this survey is no exception. In addition, specific communications may be required to improve men's familiarity and knowledge around pandemic influenza; nonetheless, women should not be overlooked since they tend to often assume primary responsibility for their family's health and well-being.

3. Many Canadians would turn to the Internet as a potential source for pandemic information; therefore, it is advisable to continue to maintain a prominent web presence through the Government of Canada website www.pandemicinfluenza.gc.ca. However, to date, few Canadians have taken the initiative to search out such information for themselves; furthermore, about 30 percent of Canadians over 18 do not regularly access the Internet.² Thus, any communication efforts should also involve alternate methods such as broadcast media or health care professionals and settings.
4. It would be worthwhile to repeat this research again in a few years' time to determine if Canadians' familiarity with, and understanding of, pandemic influenza has continued to improve, and to assess the effectiveness of any education and communications initiatives that PHAC may undertake in the meantime.

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For more information on this study, contact the Public Health Agency of Canada at por-rop@hc-sc.gc.ca.

2 Statistics Canada: The Canadian Internet Use Survey, 2005

RÉSUMÉ

But et objectifs de la recherche

Au départ, un sondage de référence a été réalisé en 2004 pour le compte de l'Agence de santé publique du Canada (ASPC), afin de mesurer les connaissances, les attitudes et les habitudes des Canadiens au sujet de la pandémie d'influenza.¹ En 2007, l'ASPC a commandé une recherche de suivi dans le but d'évaluer si ces paramètres ont changé au cours des trois dernières années et, le cas échéant, de quelle façon.

L'objectif général de la recherche de 2007 est de fournir à l'ASPC des renseignements fondés sur la recherche sur les connaissances et opinions des Canadiens au sujet de la pandémie d'influenza. Spécifiquement, la recherche évalue :

- Si les attitudes, ainsi que les niveaux de sensibilisation et de connaissances, des Canadiens au sujet du dossier de la pandémie d'influenza ont changé depuis 2004, et le cas échéant, de quelle façon;
- Le niveau de préoccupation actuel des Canadiens à propos de ce dossier;
- Ce que les Canadiens croient qu'il leur faut savoir au sujet de ce dossier;
- Les attentes des Canadiens en cas de pandémie;
- Les points de vue des Canadiens au sujet des vaccins et des médicaments antiviraux;
- Le moyen de communication préféré des Canadiens pour ce dossier;
- La compréhension du public des différences qui existent entre grippe aviaire, grippe saisonnière et pandémie de grippe;
- La compréhension du public à propos des comportements liés au contrôle de l'infection, tel que se laver les mains et savoir comment tousser; et
- Si les Canadiens ont ou non vu de l'information au sujet des pratiques d'hygiène.

1 *Pandemic Influenza: National Baseline Survey of Pandemic Influenza Attitudes and Awareness Among Canadians*; GPC Affaires publiques (recherche sur l'opinion publique), août 2004.

Méthodologie

La recherche est fondée sur un sondage national par téléphone qui a été réalisé entre le 28 juin et le 28 juillet 2007, auprès d'un échantillon représentatif de 4 463 Canadiens âgés de 18 ans et plus. La marge d'erreur pour la totalité de l'échantillon est de $\pm 1,5$ point de pourcentage au niveau de confiance de 95 p. 100. La taille de cet échantillon en entier est issue du besoin d'avoir des échantillons de taille suffisante pour veiller à ce que le maximum de la marge d'erreur à l'échelle provinciale (aussi au niveau de confiance de 95 p. 100) soit de $\pm 5,0$ points de pourcentage.

Afin d'évaluer les changements en termes d'attitudes, de niveaux de sensibilisation et de connaissances des Canadiens depuis 2004, les présents résultats sont directement comparés, lorsque cela est possible, aux résultats issus des données du sondage de 2004. Là où il s'avère impossible d'établir des comparaisons directes pour des raisons d'ordre méthodologique, une référence est faite aux données de suivi issues du sondage antérieur dans le but d'établir une comparaison générale, et les problèmes d'ordre méthodologique sont mentionnés.

Une description plus détaillée de la méthodologie utilisée dans la réalisation de ce sondage est présentée à la fin de ce rapport, de même qu'un exemplaire du questionnaire.

Résultats clés

Les résultats de cette recherche révèlent que les Canadiens connaissent et comprennent de plus en plus la notion de pandémie d'influenza, mais qu'ils n'ont pas encore réfléchi sérieusement à ce qu'ils devraient faire en cas d'écllosion pandémique ou comment se préparer

à une telle éventualité. Présentement, le public connaît des stratégies élémentaires de contrôle des infections, tel que se laver souvent les mains, et il comprend qu'elles s'appliquent également à la grippe saisonnière et à la pandémie d'influenza. Un grand nombre de personnes ne comprennent pas qu'un vaccin ne serait pas disponible immédiatement en cas de pandémie.

La plupart des individus ne croient pas qu'il est probable que le Canada sera touché par une pandémie d'influenza au cours des cinq prochaines années, suggérant ainsi qu'il ne s'agit pas d'un dossier qui vient spontanément à l'esprit des Canadiens. Cela peut expliquer pourquoi le niveau relativement élevé de sensibilisation au dossier de la pandémie d'influenza et aux stratégies élémentaires de contrôle des infections n'a pas débouché sur des changements en termes d'attitudes et de comportement. Alors que la population juge, en général, que les risques d'une pandémie d'influenza sont graves, il est improbable que les Canadiens accordent beaucoup d'attention à ce dossier avant d'avoir une raison spécifique de le faire. Un des défis auxquels l'ASPC fait face consistera à communiquer l'information pertinente avant qu'une pandémie ne se déclare, sans alarmer inutilement la population. Point positif, les Canadiens se font une bonne idée des sources qu'ils consulteraient pour obtenir de l'information en cas de pandémie réelle (un juste équilibre entre des sources dans les médias et sur Internet), ce qui suggère que la plupart d'entre eux auraient accès à l'information adéquate lorsqu'elle serait nécessaire.

Les points suivants résument les résultats clés issus de la recherche :

L'influenza saisonnière

- Tout comme en 2004, la plupart des Canadiens continuent à rapporter que le sujet de la grippe saisonnière leur est familier, ce qui est démontré par une assez bonne compréhension des symptômes en cause. Six sur dix (61 p. 100) jugent que cette maladie leur est familière, pratiquement inchangé depuis 2004 (63 p. 100). En outre, près de neuf Canadiens sur dix (88 p. 100) pouvaient identifier correctement au moins un des symptômes habituels (sans suggestion), le plus souvent mentionné étant une fièvre élevée; ce résultat correspond aussi à celui observé dans le sondage de 2004 (89 p. 100).

- Même si le degré de familiarité demeure stable, les niveaux de compréhension des risques pour la santé associés à la grippe et de la mesure dans laquelle la maladie est contagieuse semblent s'accroître. Depuis 2004, il y a eu une modeste augmentation de la proportion affirmant que les risques pour la santé associés à l'influenza leur sont familiers (en hausse de 4 points à 61 p. 100). Une forte majorité (83 p. 100) est d'avis que l'influenza est une maladie contagieuse; cette perception s'est renforcée au cours des trois dernières années (en hausse de 4 points).
- Recevoir le vaccin contre la grippe et se laver souvent les mains sont les deux mesures de contrôle de l'infection que les Canadiens ont le plus tendance à indiquer qu'ils utilisent ou qui leur sont probablement les plus familières, même s'ils ne les utilisent pas eux-mêmes. De surcroît, l'incidence rapportée de vaccination contre la grippe a augmenté depuis 2004 et représente six Canadiens sur dix qui reçoivent ce vaccin annuellement ou qui l'ont reçu dans le passé (33 p. 100 le reçoivent tous les ans, en hausse de 5 points, et 26 p. 100 l'ont déjà reçu dans le passé, en hausse de 4). Alors que ces résultats suggèrent que le vaccin contre la grippe est relativement bien ancré dans les mentalités en tant que moyen de se protéger contre la grippe, l'efficacité perçue de cette mesure (67 p. 100) est moins reconnue que l'efficacité associée au fait de boire beaucoup de liquide (70 p. 100) et de faire de l'exercice régulièrement (74 p. 100), ainsi que beaucoup moins reconnue que le geste de se laver les mains fréquemment (94 p. 100) (cela est toutefois plus reconnu que le fait de prendre des vitamines, 58 p. 100). Il faudrait probablement renforcer la compréhension du public à l'égard du vaccin contre la grippe, en tant que mesure préventive, s'il existe un intérêt à généraliser davantage l'utilisation du vaccin contre la grippe.

Familiarité et perceptions à l'égard de la pandémie d'influenza

- Le degré de familiarité avec la terminologie se rapportant à l'influenza s'est beaucoup accru au cours des trois dernières années. Cela est plus apparent pour « pandémie d'influenza (influenza pandémique), » dont plus de la moitié (55 p. 100) des Canadiens rapportent que l'expression leur est

familiale, doublant ainsi la proportion observée en 2004 (27 p. 100). Les termes « vaccin » (81 p. 100, en hausse de 9), suivi « d'influenza aviaire (grippe aviaire) » (58 p. 100, question non posée en 2004) et de « médicaments antiviraux » (51 p. 100, en hausse de 11) demeurent ceux avec lesquels le public est le plus familier.

- Correspondant à l'augmentation du degré rapporté de familiarité avec la pandémie d'influenza, la population semble développer lentement une meilleure compréhension de cette maladie. Une majorité (56 p. 100) de Canadiens peuvent maintenant identifier correctement une distinction entre l'influenza saisonnière et pandémique, la plus fréquemment mentionnée étant qu'une pandémie a une plus grande ampleur (p.ex., une pandémie affecte plus de gens, est plus répandue, est mondiale). De surcroît, lorsqu'on leur demande de nommer (spontanément) les dangers qu'entraînerait une nouvelle pandémie d'influenza, l'on note une très forte augmentation des mentions que cela serait un virus nouveau (14 p. 100, en hausse de 6) nécessitant du temps pour mettre au point les vaccins nécessaires (12 p. 100, en hausse de 9) – quoique la majorité des individus ne sont toujours pas sensibilisés à ces faits déterminants.
- La compréhension de la différence qui existe entre pandémie d'influenza et influenza aviaire est quelque peu moins répandue que la distinction entre influenza pandémique et saisonnière, avec moins de la moitié (46 p. 100) des Canadiens qui peuvent identifier correctement au moins une distinction. La différence la mieux connue consiste à savoir si les oiseaux ou les humains sont l'espèce hôte.
- Les Canadiens croient franchement qu'une pandémie d'influenza représente un risque bien réel, mais ils ne s'inquiètent pas outre mesure au sujet de la possibilité d'une pandémie au Canada dans l'avenir. Présentement, trois sur quatre croient qu'une pandémie d'influenza représente un risque très (29 p. 100) ou assez (48 p. 100) grave au Canada aujourd'hui et une majorité (59 p. 100) d'entre eux pensent également que ce risque s'est accentué au cours des cinq dernières années. Pourtant, seulement quatre sur dix (42 p. 100) affirment qu'il est probable que le Canada sera touché par une pandémie d'influenza au

cours des cinq prochaines années. Il est notable que ces perceptions sont demeurées très stables depuis 2004, malgré l'augmentation considérable du degré de familiarité avec la maladie qui est rapporté.

Contrôle de l'infection

- En matière de prévention de l'infection ou de la propagation d'une pandémie d'influenza, les Canadiens ont correctement identifié que se laver les mains fréquemment est un moyen de prévention efficace tant pour la grippe saisonnière que la pandémie d'influenza : 95 p. 100 affirment que se laver les mains est un moyen efficace pour se protéger contre la propagation d'une pandémie d'influenza et une proportion égale dit de même au sujet de la grippe saisonnière. Le vaccin contre la grippe a été un moyen identifié plus souvent pour la pandémie d'influenza que pour l'influenza saisonnière.
- La plupart des Canadiens affirment qu'ils prendraient des mesures pour se protéger, ainsi que leur famille, si une pandémie se déclarait en Amérique du Nord. Une majorité de Canadiens affirment qu'ils se protégeraient certainement si l'éclosion d'une pandémie se produisait aux États-Unis (57 p. 100) ou au Canada (76 p. 100), comparativement à seulement trois sur dix qui disent de même à propos de l'éclosion d'une pandémie en Asie (33 p. 100), en Europe (30 p. 100) ou en Amérique latine ou centrale (30 p. 100). Néanmoins, les mesures que les gens croient qu'ils prendraient dans ces circonstances sont très semblables, peu importe la région dans laquelle l'éclosion se serait produite; la vaccination et le fait de se laver les mains fréquemment sont les principales mesures préventives que les Canadiens prendraient, tandis qu'éviter de voyager est également jugé comme une précaution importante si l'éclosion de la pandémie se produit à l'extérieur du Canada.
- Les Canadiens se tournent avant tout vers le gouvernement fédéral (59 p. 100) pour être principalement responsable de prendre des mesures advenant une pandémie d'influenza au Canada, avec 30 p. 100 mentionnant Santé Canada et 10 p. 100 mentionnant l'ASPC (une autre proportion de 19 p. 100 mentionnent le gouvernement du Canada, en général). Environ un sur dix mentionne les gou-

vernements provinciaux/territoriaux et les autorités locales de la santé publique (9 p. 100). Le fait qu'un plus grand nombre de Canadiens croient que la responsabilité principale incombe à Santé Canada (30 p. 100) plutôt qu'à l'ASPC (10 p. 100) n'est guère surprenant, compte tenu du fait que Santé Canada est un ministère fédéral mieux reconnu et qui possède un historique plus long que l'ASPC. Depuis 2004, une proportion croissante de Canadiens affirment que la réponse à une pandémie devrait faire intervenir toutes les institutions présentées ou une combinaison d'entre elles.

- Peu importe l'institution qu'ils jugent être principalement responsable des mesures advenant l'écllosion d'une pandémie au pays, les Canadiens ont généralement confiance dans la capacité des sept institutions pouvant intervenir et ces perceptions sont demeurées stables, comparativement à 2004. Lorsqu'ils sont invités à coter le niveau de confiance qu'ils accordent aux diverses institutions, la plus grande confiance s'exprime à l'égard de la capacité de Santé Canada à contenir la propagation d'une pandémie (68 p. 100), alors qu'une confiance comparativement moindre s'exprime dans la capacité du gouvernement fédéral de le faire (53 p. 100). Six sur dix (60 p. 100) disent avoir confiance en la capacité de l'ASPC à contenir la propagation d'une pandémie au Canada.

Les besoins d'information

- Comme en 2004, les Canadiens accordent le plus d'importance à l'information ayant une application pratique en cas de pandémie : comment se protéger afin de ne pas contracter l'influenza et comment prévenir la propagation de la maladie à l'ensemble de la collectivité. Les informations qu'ils jugent les moins importantes sont à quelle vitesse se propage la maladie et les chances de contracter l'influenza.
- Une majorité (56 p. 100) de Canadiens affirment avoir déjà entendu, vu ou lu de l'information à propos de la pandémie d'influenza; les façons de prévenir ou de réduire les risques de contracter ou de propager la grippe étant les sujets dont ce groupe se souvient le plus. Cependant, jusqu'à maintenant, seulement un sur dix (11 p. 100) dit avoir

spécifiquement cherché à obtenir ou avoir reçu de l'information à propos de la pandémie d'influenza.

- Peut-être peu surprenant, il y a des différences importantes entre les sources d'information sur la pandémie d'influenza auxquelles les Canadiens ont été exposés par le passé et celles qu'ils utiliseraient s'ils cherchaient à obtenir cette information aujourd'hui. Dans le passé, la plupart des gens ont été exposés à de l'information sur la pandémie par le truchement des médias (74 p. 100), en particulier la télévision et les journaux. Pourtant, s'ils cherchaient spécifiquement de l'information sur la pandémie, le public aurait aujourd'hui plus tendance à consulter Internet (59 p. 100).
- Compte tenu de la popularité d'Internet en tant que source d'information sur la pandémie, il est tout particulièrement pertinent de savoir que moins d'une personne sur dix (7 p. 100) a entendu parler du site Web du gouvernement du Canada www.pandemiedinfluenza.gc.ca, et que seulement deux pour cent affirment l'avoir visité. Cela ne signifie pas que le public ne trouverait pas ce site Web s'il en avait besoin, mais cela indique qu'il ne s'agit pas d'une ressource spontanément présente à l'esprit. Lorsqu'ils sont invités à dire ce qu'ils feraient s'ils voulaient obtenir des renseignements sur ce qui se passe si une pandémie d'influenza se déclarait au Canada, les Canadiens affirment qu'ils se fieraient également aux médias et à Internet; cette dernière source comprend le site Web de Santé Canada, une recherche sur Google, le site Web du gouvernement du Canada et le site Web de l'ASPC – qui dirigeraient probablement les gens vers le site officiel du GC sur la pandémie d'influenza.
- Sans doute en raison de la faible perception de la possibilité qu'une pandémie touche le Canada au cours des cinq prochaines années, la plupart (72 p. 100) des Canadiens n'ont rien fait pour se préparer, eux-mêmes ou leur famille. Ceux qui mentionnent avoir fait des préparatifs ont le plus tendance à dire qu'ils se sont fait vacciner (10 p. 100), ce qui ne les empêcherait toutefois pas de contracter la nouvelle souche pandémique. Lorsqu'on leur pose précisément la question, seulement un sur dix (9 p. 100) dit avoir élaboré un plan d'urgence familial.

- Près de la moitié (45 p. 100) des Canadiens savent maintenant qu'il existe une initiative générale du gouvernement du Canada pour ce qui est des pandémies d'influenza, soit une forte augmentation depuis 2004 (34 p. 100). Ce groupe a davantage confiance en la capacité du gouvernement du Canada, de Santé Canada et de l'ASPC à contenir la propagation d'une pandémie au Canada.

La variation des résultats au sein de la population

En général, les principaux résultats issus de cette étude s'appliquent aux Canadiens répartis au pays tels que définis selon leurs caractéristiques démographiques. Les résultats pour certaines questions et pour certains dossiers varient visiblement en fonction du segment de population. Ces résultats sont présentés dans les paragraphes suivants.

Statut socioéconomique. Le degré de familiarité et les perceptions se rapportant à la pandémie d'influenza varient en fonction du statut socioéconomique (tel que défini selon les niveaux de scolarité et de revenu). Les Canadiens plus scolarisés et dont le revenu est plus élevé ont plus tendance à dire que la pandémie d'influenza et la terminologie connexe leur sont familières, ainsi qu'à mieux comprendre les dangers associés à l'écllosion d'une nouvelle pandémie. Cela peut s'expliquer, en partie, parce qu'une plus grande proportion de ceux dont le statut socioéconomique est plus élevé se souviennent d'information au sujet de la pandémie d'influenza, et ce, même s'ils n'ont pas plus tendance à avoir cherché spécifiquement à obtenir cette information.

Les niveaux de scolarité et de revenu plus élevés sont aussi associés à une meilleure connaissance des mesures qui peuvent être prises pour prévenir l'infection pandémique, cependant, lorsqu'on leur présente ces mesures, les Canadiens moins scolarisés et au revenu plus faible sont plus enclins à croire à leur efficacité. Règle générale, les individus dont le statut socioéconomique est plus faible ont aussi plus tendance à avoir confiance dans la capacité de la plupart des institutions à contenir une pandémie.

En ce qui a trait à l'accès à de l'information sur la pandémie, les préférences en faveur d'Internet et de Santé Canada augmentent en fonction du niveau de scolarité et de revenu; ceux dont le statut socioéconomique est

plus faible sont plus enclins que d'autres à préférer obtenir cette information par le truchement des médecins et des hôpitaux.

Sexe. Une importante différence en fonction du sexe est apparue dans cette recherche, soit que les femmes affichent un plus grand degré de familiarité avec le dossier de la pandémie d'influenza et qu'elles ont des opinions qui diffèrent beaucoup de celles de hommes à ce sujet. Les femmes ont plus tendance que les hommes à croire que le risque d'une pandémie est grave, que ce risque s'est accru au cours des cinq dernières années et qu'il est probable qu'une pandémie d'influenza se déclarera au cours des cinq prochaines années. Les femmes manifestent aussi une meilleure compréhension des mesures de contrôle de l'infection (e.g., mentionnent plus souvent le fait de se laver les mains fréquemment, de rester chez soi si on est malade) et elles ont plus tendance à croire que ces mesures procureront une prévention efficace. Elles ont plus tendance à rapporter avoir été déjà exposées à de l'information au sujet de la pandémie; en ce qui a trait aux sources d'information qu'elles consulteraient dans l'avenir, elles manifestent une plus grande préférence à l'égard des médecins que ne le font les hommes.

L'âge. Règle générale, le degré de familiarité et le niveau de connaissances au sujet de la pandémie d'influenza sont plus élevés chez les Canadiens d'âge moyen, comparativement aux individus plus jeunes (les 18-29 ans) ou plus âgés (60 ans et plus). Les individus plus âgés ont particulièrement tendance à mentionner le fait d'éviter les endroits publics et les voyages en tant que mesures pour prévenir la propagation d'une pandémie. Quant aux sources d'information qu'ils consulteraient à l'avenir pour obtenir de l'information sur la pandémie, les Canadiens âgés de moins de 40 ans manifestent une préférence plus prononcée en faveur d'Internet, alors que les 60 ans et plus sont plus enclins à mentionner leur médecin.

La variation des résultats par région

Alors que les résultats du sondage s'appliquent généralement à toutes les régions du pays, il existe des différences apparentes.

Terre-Neuve et Labrador. Tout comme en 2004, les résidents de cette province sont ceux qui disent que la

pandémie d'influenza leur est la moins familière (même si le degré auto-rapporté de familiarité s'est amélioré depuis 2004, tout comme dans toutes les régions du Canada). Cela tient au fait qu'ils ont moins tendance que d'autres à pouvoir identifier correctement une distinction entre la grippe saisonnière et pandémique ou entre influenza pandémique et aviaire ou, encore, à identifier tout danger possible associé à une nouvelle pandémie d'influenza. Ils sont plus enclins à dire que la pandémie d'influenza représente un risque très grave (de même que ceux des autres provinces atlantiques et de l'Ontario); en outre, la proportion affirmant que ce risque s'est accentué a beaucoup augmenté depuis 2004 – la seule région où cela s'observe. Parmi toutes les régions, ils sont ceux qui ont le moins tendance à mentionner que se laver fréquemment les mains est une mesure de protection contre une pandémie d'influenza, à être au courant d'information à ce sujet ou (de même que les résidents du Québec et de l'Île-du-Prince-Édouard) à avoir fait quelque chose pour se préparer à une pandémie possible. Alors que ces résidents sont ceux qui ont le plus tendance à dire que le gouvernement fédéral serait principalement responsable de prendre des mesures advenant une pandémie d'influenza, ils sont les moins sensibilisés à l'initiative générale du gouvernement du Canada pour ce qui est des pandémies d'influenza.

Île-du-Prince-Édouard. Avec les résidents des autres provinces atlantiques et de l'Ontario, les résidents de l'Île-du-Prince-Édouard ont plus tendance à dire qu'une pandémie d'influenza représente un risque très grave au Canada. Alors qu'en 2004 ils étaient les moins enclins à croire que le Canada serait touché par une pandémie au cours des cinq prochaines années, cette proportion s'est accrue pour rejoindre aujourd'hui la moyenne nationale. Les résidents de cette province comptent aussi parmi ceux qui ont le moins tendance à avoir fait quelque chose pour se préparer à une pandémie possible.

Nouvelle-Écosse. Avec les résidents des autres provinces atlantiques et de l'Ontario, les résidents de la Nouvelle-Écosse ont plus tendance à dire qu'une pandémie d'influenza représente un risque très grave au Canada. En outre, ils sont, d'entre toutes les régions, ceux qui ont le plus tendance à dire que ce risque s'est accentué au cours des cinq dernières années. Pour obtenir des

renseignements au sujet de la pandémie d'influenza, les Néo-Écossais ont plus tendance que ceux d'autres régions à dire qu'ils se tourneraient vers leur médecin.

Nouveau-Brunswick. Avec les résidents des autres provinces atlantiques et de l'Ontario, les résidents du Nouveau-Brunswick ont plus tendance à dire qu'une pandémie d'influenza représente un risque très grave au Canada. Ils expriment une plus grande confiance à l'égard de la capacité du gouvernement du Canada, de Santé Canada, de l'ASPC et de l'Organisation mondiale de la santé à contenir la propagation d'une pandémie.

Québec. Les résidents du Québec se démarquent en étant ceux qui ont le moins tendance à croire qu'une pandémie d'influenza représente un risque très grave et ceux qui sont les plus enclins à dire que ce risque est plus faible aujourd'hui qu'il y a cinq ans. Ils affichent toutefois une compréhension quelque peu meilleure des mesures à prendre pour prévenir la propagation de la maladie (p.ex., plus tendance à mentionner se laver les mains fréquemment, rester chez soi si on est malade et éviter les endroits publics). Les Québécois ont moins tendance que d'autres à faire assumer la responsabilité des mesures advenant une pandémie au gouvernement fédéral (malgré le fait qu'ils rapportent une plus grande sensibilisation à l'initiative générale du gouvernement du Canada pour ce qui est des pandémies d'influenza) et ils sont plus enclins à dire que cette responsabilité doit être assumée par toutes les institutions mentionnées. En outre, ils expriment une plus grande confiance à l'égard de la capacité de chacune des sept institutions qu'on leur demandait de coter en termes de pouvoir contenir la propagation d'une pandémie. Ils sont ceux qui ont le moins tendance à dire qu'ils consulteraient Internet pour obtenir de l'information sur une pandémie et qu'il serait plus probable qu'ils s'adressent à Santé Canada, aux hôpitaux ou aux médias en tant que sources. Enfin, de toutes les régions, ils comptent parmi ceux qui sont les moins enclins à dire avoir fait quelque chose pour se préparer à une pandémie possible (avec les résidents de Terre-Neuve et Labrador et de l'Île-du-Prince-Édouard).

Ontario. Alors que cette province rapportait un des degrés de familiarité parmi les plus élevés au sujet de la pandémie d'influenza, en 2004, les Ontariens rap-

portent maintenant le degré de familiarité le plus élevé au pays avec cette expression. Avec les résidents des provinces atlantiques, les Ontariens ont plus tendance à dire qu'une pandémie d'influenza représente un risque très grave et à dire que ce risque s'est accentué. En termes des mesures pour prévenir la propagation d'une pandémie d'influenza, les Ontariens sont ceux qui ont le plus tendance à mentionner se faire vacciner contre la grippe. Les résidents sont plus enclins à dire qu'ils se tourneraient vers Santé Canada s'ils cherchaient à obtenir de l'information au sujet de la pandémie d'influenza et ils ont plus confiance que d'autres dans la capacité des autorités locales de la santé publique et des hôpitaux à contenir la propagation d'une pandémie (c'est peut-être en raison de leur expérience avec le SRAS).

Manitoba. Dans la plupart des cas, les Manitobains (avec les résidents de la Saskatchewan) sont semblables à la moyenne, en termes de connaissances et de perceptions au sujet de la pandémie d'influenza, ils ne se démarquent pas vraiment pour aucun des paramètres étudiés lorsqu'on les compare aux autres régions du pays.

Saskatchewan. Dans la plupart des cas, les résidents de la Saskatchewan (avec les Manitobains) sont semblables à la moyenne en termes de connaissances et de perceptions au sujet de la pandémie d'influenza. Cependant, ils comptent parmi ceux qui ont le plus tendance à rapporter avoir été exposés à de l'information au sujet de la pandémie d'influenza.

Alberta. Les résidents de l'Alberta comptent parmi les plus enclins à dire qu'il est improbable qu'une pandémie se déclare au Canada au cours des cinq prochaines années. Non seulement comptent-ils parmi ceux qui connaissent l'information sur la grippe pandémique, mais aussi, leur sensibilisation à l'initiative générale du gouvernement du Canada pour ce qui est des pandémies d'influenza s'est visiblement accrue depuis 2004 pour être aujourd'hui une des plus élevées au pays.

Colombie-Britannique. La proportion de Britanno-Colombiens qui croient qu'il est probable qu'une pandémie d'influenza touche le Canada au cours des cinq prochaines années a baissé depuis 2004 et ils comptent maintenant parmi ceux qui ont le plus tendance à croire que cela est improbable. Ils comptent néanmoins parmi ceux qui sont les plus enclins à être sensibilisés à l'information sur la pandémie. Les résidents de la

Colombie-Britannique ont aussi plus tendance que d'autres à dire qu'ils consulteraient Internet s'ils cherchaient à obtenir de l'information à ce sujet.

Le Nord. Les résidents des trois territoires sont parmi ceux qui ont plus tendance à dire que la pandémie d'influenza représente un risque très grave au Canada aujourd'hui. De surcroît, ils expriment une confiance moindre à l'égard de plusieurs mesures de contrôle de l'infection (p.ex., porter un masque, éviter le transport en commun, prendre des vitamines, faire de l'exercice) et ils ont moins confiance à la capacité de la plupart des institutions à contenir une pandémie; depuis 2004, le niveau de confiance a baissé à l'égard de Santé Canada, du gouvernement du Canada, des autorités locales de la santé publique, des ministères territoriaux de la Santé et de l'Organisation mondiale de la santé. Les résidents du Nord comptent parmi ceux qui sont enclins à connaître de l'information sur la pandémie et ils ont plus tendance à dire qu'ils consulteraient Internet pour obtenir de l'information à ce sujet dans l'avenir.

Recommandations

À partir des résultats et des conclusions de cette recherche, les recommandations suivantes sont soumises à la réflexion de l'ASPC :

1. Les communications devraient être centrées sur les comportements destinés à prévenir l'infection auxquels les Canadiens doivent avoir recours en cas de pandémie, afin de se protéger, eux-mêmes et leurs familles, et de prévenir la propagation de la maladie. En outre, il serait important de combler les lacunes de sensibilisation du public sur le fait que les vaccins contre l'influenza ne seront pas disponibles immédiatement en cas de pandémie, afin de souligner l'importance de prendre d'autres mesures appropriées.
2. L'ASPC pourrait cibler ses efforts de sensibilisation au sujet de la pandémie d'influenza en direction des Canadiens dont le revenu est plus faible et qui sont moins scolarisés. Dans de nombreuses recherches, l'état de santé et la sensibilisation aux problèmes de santé ont été liés aux conditions socioéconomiques, ce qui ne fait pas exception dans ce sondage. De surcroît, des communications spécifiques pourraient être nécessaires afin d'accroître le degré de familiarité

et les connaissances sur la pandémie d'influenza chez les hommes; cependant, il ne faudrait pas négliger les femmes puisqu'elles sont souvent les principales responsables de la santé et du bien-être de leur famille.

3. Un grand nombre de Canadiens se tourneraient vers Internet en tant que source possible d'information sur la pandémie; par conséquent, il est conseillé de continuer à maintenir une présence forte sur Internet par le truchement du site Web du gouvernement du Canada www.pandemiedinfluenza.gc.ca (www.influenza.gc.ca). Jusqu'à présent toutefois, peu de Canadiens ont pris l'initiative de chercher activement ce type d'information; en outre, environ 30 p. 100 des Canadiens âgés de plus de 18 ans n'ont pas régulièrement accès à Internet. Par conséquent, tout effort de communication doit aussi comprendre d'autres méthodes telles que la diffusion dans les médias ou par le truchement des professionnels de la santé ou des établissements de santé.

4. Il vaudrait la peine de reprendre cette recherche dans quelques années, afin de déterminer si le degré de familiarité et le niveau de compréhension des Canadiens au sujet de la pandémie d'influenza continuent à s'améliorer et pour évaluer l'efficacité de toutes les initiatives de sensibilisation et de communication mises en œuvre par l'ASPC dans l'intervalle.

Environics Research Group

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Pour plus de renseignements sur cette étude, veuillez communiquer avec l'Agence de santé publique du Canada à l'adresse por-rop@hc-sc.gc.ca.

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INTRODUCTION

Public Health Agency of Canada. The Public Health Agency of Canada (PHAC) was created in May 2004 in response to the recommendations of the Naylor Commission and amid growing concerns about the capacity of Canada's public health system to anticipate and respond effectively to public health threats. The SARS outbreak, the spread of West Nile Virus and other events, along with the rise of chronic illness, have underscored the urgent need for decisive action. PHAC and the Chief Public Health Officer will provide a clear focal point for federal leadership and accountability in managing public health emergencies.

PHAC is intended to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians. Its creation marked the beginning of a new approach to federal leadership and collaboration with provinces and territories on efforts to renew the public health system in Canada and to support a sustainable health care system. Focused on more effective efforts to prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks, PHAC works closely with provinces and territories to keep Canadians healthy and to help reduce pressures on the health care system.

Pandemic influenza. Influenza A viruses periodically cause worldwide epidemics, known as pandemics, with high rates of illness and death. A pandemic can occur at any time, with the potential to cause serious illness, loss

of life and significant social and economic disruption throughout the world. Future influenza pandemics are seen as inevitable but the timing cannot be predicted. Advanced planning for a large scale and widespread health emergency is required to optimize health care delivery during a pandemic. The Canadian Pandemic Influenza Plan (CPIP) is the Canadian response to this need for advanced planning.

Public opinion research. In May 2004, a baseline survey was conducted among Canadians to assess their knowledge, attitudes and behaviours on the subject of pandemic influenza. In 2007, PHAC commissioned Environics Research Group to conduct public opinion research to evaluate if and how the Canadian general public's attitudes, awareness and knowledge levels have changed over the past three years. In addition, questions were added to understand the behaviours associated with infection control measures and to provide baseline information upon which any campaign or intervention can be measured.

This report presents the results of this research, beginning with an executive summary that outlines the key findings, followed by a detailed analysis of the survey data. Provided under separate cover is a detailed set of "banner tables" presenting the results for all questions by population segments as defined by province/territory and demographics. These tables are referenced by the survey question in the detailed analysis. *All results are expressed as percentages unless otherwise noted.*

SEASONAL INFLUENZA

The survey initially addressed the topic of seasonal influenza, before introducing the topic of pandemic influenza. Canadians were asked about their level of familiarity with seasonal influenza and the health risks associated with it, and about the symptoms of influenza. They were also asked about their perceptions of the contagiousness of the illness, and about their knowledge of, and behaviour related to, ways to prevent the spread of influenza, including the flu shot.

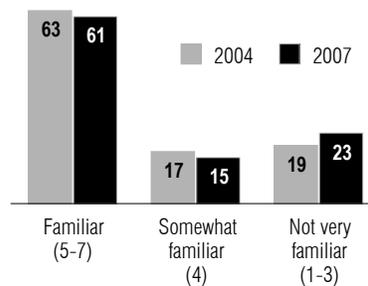
Familiarity

Since 2004, most Canadians continue to report familiarity with seasonal influenza or the flu, while reported familiarity with the associated health risks has increased modestly.

In order to establish Canadians' perceptions of their familiarity with the illness, respondents were asked to rate their familiarity with seasonal influenza and with the health risks associated with it.³

Familiarity with seasonal influenza. Six in ten Canadians (61%) say they are familiar with seasonal influenza, and a further 15 percent are somewhat familiar; more than two in ten (23%) are not very familiar. In 2004, in response to a question which asked Canadians to rate their familiarity with "influenza or the flu," a similar proportion (63%) reported familiarity with the illness.⁴

Familiarity with seasonal influenza
2004 - 2007



Q.2

Generally speaking, how familiar are you with seasonal influenza, also known as the flu? Please use a number between 1 and 7, where 1 means not at all familiar and 7 means very familiar.

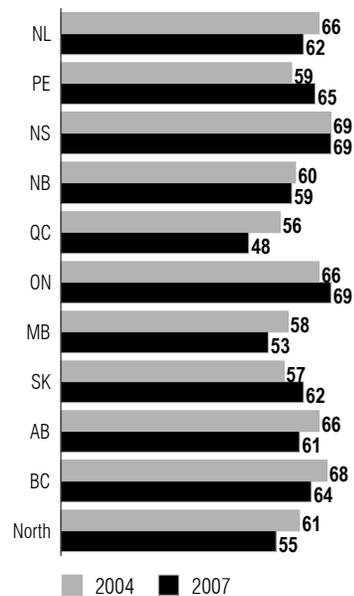
³ Respondents were asked to rate each item on a scale of 1 to 7, where 1 means not at all familiar and 7 means very familiar. For the purposes of analysis, responses have been grouped into three categories: familiar (a rating of 5, 6 or 7), somewhat familiar (a rating of 4) and not very familiar (a rating of 1, 2 or 3).

⁴ Note that the 2004 question did not differentiate between seasonal and other types of influenza, as the 2007 question does. Nonetheless, the early placement of the question in the survey (before the topic of pandemic influenza has been introduced) and the consistency of responses over time suggest that respondents in both surveys interpreted the question similarly.

Reported familiarity with seasonal influenza is higher in Ontario (69%, up 3 points) and Nova Scotia (68%, down 1) than it is in other provinces. Residents of Quebec report the lowest level of familiarity with seasonal influenza (48%, down 8), followed by Manitobans (53%, down 5). Since 2004, there have been only marginal fluctuations in most provinces in the proportions who report familiarity with influenza. The exception is Quebec, which has seen a significant decline (down 8).

Familiarity with seasonal influenza

Familiar 2004 - 2007



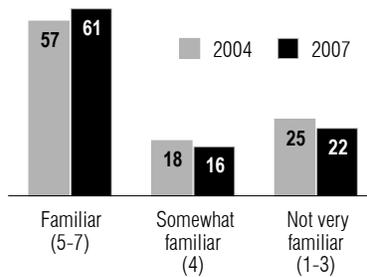
Q.2

Generally speaking, how familiar are you with seasonal influenza, also known as the flu? Please use a number between 1 and 7, where 1 means not at all familiar and 7 means very familiar.

Familiarity with influenza health risks. Canadians report a similar level of familiarity with the “health risks associated with the flu,” as they do with seasonal influenza generally. Six in ten Canadians (61%) say they are familiar and 16 percent are somewhat familiar with the health risks involved; two in ten (22%) are not very familiar. This represents a moderate increase in familiarity since 2004, when 57 percent reported familiarity with “the health risks associated with influenza.”

Familiarity with health risks of the flu

2004 - 2007



Q.3

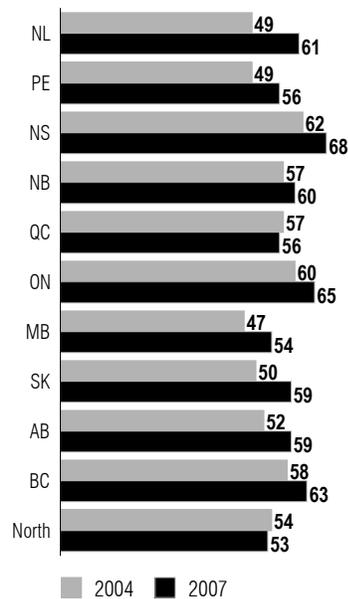
And using the same scale, how familiar would you say you are with the health risks associated with the flu?

Consistent with regional patterns of familiarity with seasonal flu generally, reported familiarity with the health risks associated with the flu is higher in Nova Scotia (68%, up 6) and Ontario (65%, up 5) than in other provinces. This is also consistent with the 2004 provincial findings. There are currently no provinces that stand out as reporting particularly low levels of familiarity with the health risks of the flu. Since 2004, there have been statistically significant increases in reported familiarity with the health risks associated with the flu in Newfoundland and Labrador (up 12) and Saskatchewan (up 9).

Subgroup analysis. Women report greater familiarity with seasonal influenza (66%) and the health risks associated with it (68%) than do men (55% and 54%, respectively). Since 2004, the proportion of women who express familiarity with seasonal influenza has declined (down 5 points), but the proportions of both men and women who say they are familiar with the health risks have increased (up 4 points each). Older Canadians, particularly those aged 40 to 59, report higher levels of familiarity both with seasonal influenza and the associated health risks; those aged 18 to 29 report the least familiarity with seasonal influenza and its attendant risks.

Familiarity with health risks of the flu

Familiar 2004 - 2007



Q.3

And using the same scale, how familiar would you say you are with the health risks associated with the flu?

As in 2004, familiarity with both seasonal influenza and its associated health risks continues to be associated with socio-economic status. Those with higher levels of income and education are more likely to report familiarity with seasonal influenza and its health risks. Furthermore, Canadians who report that they closely follow news from media sources are more likely to report familiarity both with seasonal influenza and its associated health risks.

Predictably, there is a strong relationship between reported familiarity with seasonal influenza and reported familiarity with its associated health risks. Those who say they are familiar with one are overwhelmingly more likely to also report familiarity with the other (in comparison to those who rate themselves as somewhat or not very familiar).

Symptoms of influenza

The vast majority of Canadians continue to correctly identify at least one of the typical symptoms of influenza, with high fever remaining by far the most commonly mentioned.

Canadians were asked, unprompted, to identify the main symptoms of the flu. The vast majority of Canadians (88%) can list at least one typical symptom, while only a small proportion (12%) are unable to correctly name at least one typical symptom.⁵ These proportions are essentially the same as those found in 2004 (87% correct and 13% incorrect).

By far the largest proportion correctly mentions high fever (68%, up 1 point from 2004) as typical of the flu. Other frequently mentioned typical symptoms include: general aches and pains (26%, down 2 points); headache (25%, up 1); cough (22%, down 1); tiredness, weakness, fatigue or lack of energy (19%, up 5); congestion (10%, up 2) and chills (8%, up 1). Relatively few mention sweating or hot and cold flashes (5%, up 3) or shortness of breath (1%, down 6).

Other (incorrect) symptoms mentioned include several associated with the common cold or with “stomach flu”: nausea, loss of appetite or stomach problems (24%, up 9), vomiting (15%, down 1), runny nose or sniffles (14%, up 1), diarrhea (12%, down 6) and sore throat (11%, unchanged). Also mentioned were general cold symptoms (7%, down 3) and sneezing (6%, up 3). A number of other symptoms that cannot be considered as typical symptoms are mentioned, but none by more than five percent (each).

Across the country, close to nine in ten in each region mention a typical symptom; the exceptions are New Brunswick (84%, up 6), Manitoba (84%, up 4) and Saskatchewan (82%, down 1), where residents are somewhat less likely to name such a symptom. In 2004, residents of all four Atlantic provinces and the North were also less likely to correctly name a typical symptom, but there have been increases in knowledge of typical influenza symptoms in most of these regions

Symptoms of influenza 2004 – 2007

	2004 %	2007 %
NET Typical Symptoms	87	88
High fever	67	68
General aches and pains	28	26
Headache	24	25
Cough	23	22
Tired/weak/fatigue/lack of energy	14	19
Congestion/respiration problems	8	10
Chills	7	8
Sweating/hot and cold flashes	2	5
Shortness of breath	7	1
Nausea/loss of appetite/stomach problems	15	24
Vomiting	16	15
Runny nose/sniffles	13	14
Diarrhea	18	12
Sore throat	11	11
General cold symptoms	10	7
Sneezing	3	6
General bad feeling	4	5
Dizziness	2	4
Other	4	4
dk/na	8	4

Q.4

Based on what you know about the flu, what are the main symptoms of the illness?

over the past three years, bringing the proportion identifying a typical symptom within range of the national average.

In terms of specific symptoms, a high fever is the most commonly mentioned in all provinces and in the North, although it is more frequently mentioned in Ontario (71%) and less so in Newfoundland and Labrador (52%). Residents of Quebec and Newfoundland and

⁵ For the purposes of this analysis, the following symptoms were classed as “typical”: high fever, shortness of breath, general aches and pains, congestion, cough, tiredness or weakness, chills, sweating, or hot and cold flashes. An “incorrect” response is one that does not include any mention of these symptoms.

Labrador stand out in terms of having a somewhat different understanding of what “having the flu” means; they are more likely than those in other provinces to correctly identify a cough and congestion as typical symptoms of the flu, and less likely to correctly identify chills. They are also more likely to misidentify a runny nose, sore throat and sneezing, and less likely to misidentify vomiting and diarrhea, as typical flu symptoms.

As in 2004, women (92%) remain more likely than men (84%) to identify a typical symptom of the flu, particularly high fever, general aches and pains, and chills. Canadians aged 30 or older (90%) also continue to demonstrate greater familiarity with flu symptoms, particularly general aches and pains, compared to those aged 18 to 29 (84%).

Consistent with the 2004 findings, those with at least some post-secondary education and those with household incomes in the mid-range or higher are more likely to correctly identify a typical symptom. Those who have not completed secondary school (74%) are the least likely of all key demographic groups to name a typical symptom; less than half (47%) mention a high fever, compared to six in ten (61%) high school graduates and three-quarters (74%) of those with a university education.

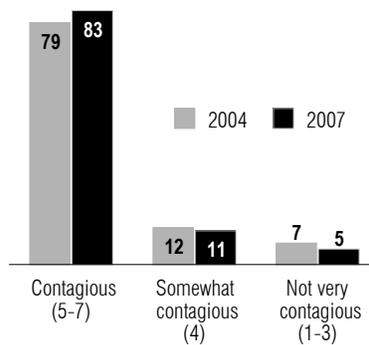
Finally, those who profess greater familiarity with seasonal influenza and the health risks associated with the flu are more likely to correctly identify a typical flu symptom, as are those who pay close attention to media sources.

Perceived contagiousness of influenza

More than eight in ten Canadians consider influenza to be a contagious disease, and this perception has increased somewhat since 2004.

Since perceptions about the degree of contagiousness of influenza could influence people’s decisions to undertake the appropriate preventive behaviours, Canadians were asked to indicate how contagious they believe influenza to be, based on everything they know about the disease. A large majority of more than eight in ten (83%) believe that influenza is contagious, including one in four (27%) who say it is extremely contagious (give a rating of 7 out of 7). By comparison, one in ten (11%, down 1) think it is somewhat contagious, and only five percent (down 2) think it is not very contagious.⁶ The proportion of Canadians who say the flu is contagious has increased since 2004 (up 4 points).⁷

Perceived contagiousness of influenza 2004 - 2007



Q.9

Based on everything that you know about the flu, how contagious would you say the disease is? Please use a number between 1 and 7, where 1 means not at all contagious and 7 means extremely contagious.

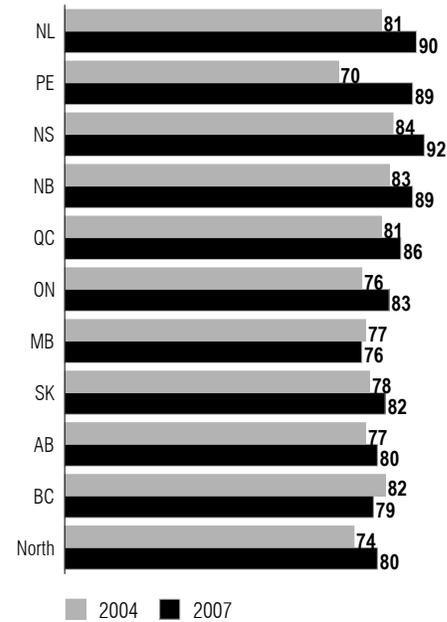
6 Respondents were asked to rate the degree of contagion on a scale of 1 to 7, where 1 means not at all contagious and 7 means extremely contagious. For the purposes of analysis, responses have been grouped into three categories: contagious (a rating of 5, 6 or 7), somewhat contagious (a rating of 4) and not very contagious (a rating of 1, 2 or 3).

7 It should be noted that in 2004, this question was located later in the survey, following questions concerning pandemic influenza. In the current survey, respondents had only been asked to consider seasonal influenza or “the flu” at the point in the survey when this question was asked. This difference in exposure to the topic of pandemic influenza should be kept in mind when interpreting these results.

Since 2004, the proportion who thinks influenza is contagious has increased significantly in all four Atlantic provinces (up 8 points to 92% in Nova Scotia; up 9 to 90% in Newfoundland and Labrador; up 7 to 89% in New Brunswick; and up 19 to 89% in P.E.I.), and residents there are now more likely than their counterparts in other regions to consider influenza as a contagious disease. There have also been significant increases in this perception in Ontario (up 7 to 83%) and the North (up 6 to 80%).

The proportions who say that influenza is contagious are relatively consistent across most demographic groups; however, men, those aged 18 to 29 and those without a high school diploma are somewhat less likely than others to view influenza as a contagious disease. Yet even among these groups, fewer than one in ten say it is not contagious. Since 2004, there have been marginal increases in the proportions of those who think influenza is contagious in most demographic groups; the greatest increases have come among men (as compared to women), those aged 30 to 39 and 50 to 59, those with lower levels of education, and those with incomes of under \$20,000 and between \$80,000 and \$100,000. Those who report being more familiar with seasonal influenza and the health risks associated with the flu are also more likely to consider influenza as a contagious disease.

Perceived contagiousness of influenza Contagious 2004 - 2007



Q.9

Based on everything that you know about the flu, how contagious would you say the disease is? Please use a number between 1 and 7, where 1 means not at all contagious and 7 means extremely contagious.

Infection control measures

Use and awareness of infection control measures

Canadians are most likely to mention getting a flu shot and frequent handwashing as precautionary actions that they have taken or can take against contracting or spreading influenza.

There are a number of infection control behaviours that can be adopted to reduce the likelihood of contracting influenza and of spreading the infection. Some Canadians are aware of these behaviours and are already adopting them during “flu season”; others are aware of such behaviours although they do not actually employ them at times of heightened risk of infection.

Steps taken during previous flu season. When asked (unaided, without providing response categories) what steps they had personally taken during the last flu season to prevent or reduce their chances of getting or spreading the flu, Canadians are most likely to say that they got a flu shot (34%) or washed their hands frequently (32%). Far fewer mention taking vitamins (10%), maintaining a healthy diet and lifestyle (8%), avoiding public areas and events (5%), avoiding sick people or hand or face contact (5%) or staying home when sick (4%). A wide range of other precautionary steps are mentioned, but none by more than three percent (each). More than two in ten (23%) say that they took no precautionary steps whatsoever.

Across the country, the likelihood to report having received the flu shot is higher in Nova Scotia (47%) and Ontario (41%) than in other regions.⁸ Handwashing is mentioned most often in Quebec (39%).

Women (37%) are noticeably more likely than men (26%) to mention frequent handwashing. They are also more likely to mention other precautionary actions, including avoiding public areas or events, staying home when sick and keeping surfaces clean, while men are more apt to say they took no steps against contracting or spreading the flu.

Use and awareness of infection control measures 2007

	STEPS TAKEN LAST FLU SEASON %	OTHER STEPS AWARE OF %	TOTAL (NET) MENTIONS %
Get flu shot	34	24	58
Wash hands frequently	32	33	65
Take vitamins	10	5	14
Healthy diet/lifestyle	8	6	14
Avoid public areas/events	5	11	16
Avoid sick people/hand/face contact	5	8	12
Stay home when sick	4	14	18
Cover mouth when sneezing	3	10	12
Get plenty of rest/sleep	2	3	5
Exercise regularly	2	3	5
Keep surfaces clean	2	5	7
Take medication	2	1	3
Dress appropriately/ warm clothing/gloves	2	2	4
Drink juice/plenty of liquids	2	2	4
Other	6	12	19
None/dk/na	23	12	35

Q.5

During the last flu season, what steps did you personally take to prevent or reduce your chances of getting or spreading the flu?

Q.6

Apart from anything you may have done yourself, what other things can be done to prevent or reduce the chances of getting or spreading the flu?

⁸ Publicly funded flu shots for specific at-risk segments of the population are available in all provinces and territories. Only Ontario and Nunavut offer free universal vaccinations.

Predictably, reports of having received the flu shot last flu season increase significantly with age, from less than one-quarter (23%) of those aged 18 to 29 to half (50%) of those aged 60 or older. Interestingly, those aged 60 or older (22%) are less likely than Canadians aged 18 to 29 (33%) to say they washed their hands frequently. Yet it is Canadians under 60 years of age who are more apt to report taking no precautionary steps whatsoever during the last flu season.

Variations by education and income are relatively limited; the likelihood to report having received the flu shot is consistent across these subgroups. Those with at least a high school diploma and those with annual incomes over \$20,000 are more likely to mention frequent handwashing, and a healthy diet and lifestyle, as steps taken during the last flu season.

Those who report higher levels of familiarity with seasonal influenza and the health risks associated with the flu, and those who perceive the flu to be contagious, are more likely to report that they had a flu shot, that they washed their hands frequently and that they avoided public areas and events. Those with higher levels of familiarity with health risks were also somewhat more likely to say they maintained a healthy lifestyle, avoided contact with sick people, stayed home while sick themselves, covered their mouth while sneezing and exercised regularly during the last season.

Awareness of other infection control behaviours. The survey also asked Canadians (unaided, without providing response options) what other things, apart from anything they may have done themselves, can be done to prevent or reduce the chance of getting or spreading the flu.⁹ Generally speaking, the list of preventive actions identified is similar no matter whether or not they took the steps themselves; there are no actions that particularly stand out as being ones that individuals are aware of but have not used.

The most well-known precautionary action that individuals do not report taking themselves is frequent handwashing (33%), followed by getting a flu shot (24%). A slightly greater proportion of Canadians reports being aware of the benefits of staying home when sick (14%), avoiding public areas or events (11%)

and covering their mouths when sneezing (10%), than of actually having undertaken such steps themselves. Other steps that the public recognizes, but have not necessarily used themselves, are avoiding sick people or hand or face contact (8%), maintaining a healthy diet or lifestyle (6%), taking vitamins (5%), and keeping surfaces and countertops clean (5%). A number of other possible precautionary actions are mentioned, but none by more than three percent (each). About one in ten say nothing can be done (6%) or are unsure of any potential methods beyond what they themselves may have done (6%).

Across the country, Quebecers (19%) stand out as most likely to say there is nothing that can be done to prevent or reduce the risk of flu infection. They are less likely than residents in other provinces to mention precautionary measures such as frequent handwashing (23%), staying home when sick (8%) and avoiding sick people (3%).

Canadians without a post-secondary education and those with household incomes under \$20,000 per year are more likely than others to be unable to identify any precautionary steps other than ones they themselves engaged in. In particular, those without a high school diploma and those in the low-to-mid-income range are significantly less likely to mention frequent handwashing and getting a flu shot.

There are relatively few differences by age and gender. The likelihood to mention getting a flu shot as a possible precautionary measure declines with age, since older Canadians are more likely to have actually received the flu shot themselves. Canadians aged 60 or older are more likely to mention avoiding public areas (17%); those aged 18 to 29 are less likely than others to mention frequent handwashing (27%).

Those who express greater familiarity with seasonal influenza and its health risks tend to be more likely to mention staying home when sick, avoidance of public areas and events, avoidance of sick people and hand or face contacts as infection control measures that they are aware of, but did not necessarily engage in during the last flu season.

⁹ In analyzing the data for this question (Q.6), for each respondent, any response which duplicated responses given to the previous question on personal precautionary steps taken (Q.5) has been excluded.

Incidence of receiving flu shot

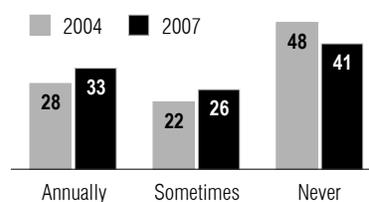
Six in ten Canadians have at sometime received a flu shot, including one in three who report doing so annually. These proportions represent an increase in the incidence of flu vaccination from 2004.

In addition to the unaided question about the steps they had taken during the last flu season to avoid getting or spreading the flu, Canadians were specifically asked about their personal experience with annual influenza shots. The incidence of having received a flu shot appears to have increased in the past three years. Six in ten (59%) Canadians say they currently receive an influenza shot annually (33%) or have received an influenza shot in the past but not annually (26%); this proportion is up nine points since 2004. In turn, four in ten Canadians (41%, down 7 points) say they have never received an influenza shot.

Residents of Nova Scotia (45%, up 8) and Ontario (39%, up 1) are most likely to say they receive a flu shot annually; these two provinces also reported the most prevalent annual vaccination rates in 2004. Since 2004, the proportions who report receiving an annual flu shot have increased significantly in about half of the regions, including P.E.I, Nova Scotia, Quebec, Manitoba, Saskatchewan and the North. Consistent with three years ago, residents of Newfoundland and Labrador (57%, down 3), Manitoba (52%, down 7) and Quebec (49%, down 17) remain most likely to have never received an influenza shot, now together with Saskatchewan (49%, down 6).

As in 2004, women (36%) are more likely than men (29%) to report that they currently receive an influenza shot annually; in turn, men are more likely to say they have had a shot, but not annually (30%, vs. 23% of women) rather than to say they have never had one. Since 2004, the proportions of both men (up 4 points) and women (up 4) who receive annual flu shots have increased significantly, while the proportions who have never had one has declined.

Incidence of receiving flu shot 2004 - 2007



Incidence of receiving flu shot By region 2004 - 2007

	ANNUALLY		SOMETIMES		NEVER	
	2004 %	2007 %	2004 %	2007 %	2004 %	2007 %
NL	22	22	19	20	60	57
PE	25	35	28	30	46	35
NS	37	45	19	23	43	32
NB	27	29	19	24	54	47
QC	15	28	18	23	66	49
ON	38	39	26	28	34	33
MB	21	27	20	20	59	52
SK	25	30	19	20	55	49
AB	22	25	25	36	53	39
BC	31	28	22	26	47	45
North	30	48	31	31	37	21

Q.7

Which of the following statements best describes you ... I have never received an influenza shot ... I have received an influenza shot but not annually ... I currently receive an influenza shot annually?

Predictably, the likelihood to receive an annual influenza shot increases with age, from a low of 16 percent among 18- to 29-year-olds to a high of 56 percent among those aged 60 or older. Interestingly, the rise in reported incidence rates of annual vaccination has occurred primarily among 40- to 59-year-olds (up 9 points to 33%), while rates have remained stable among younger and older Canadians.

The reported likelihood of receiving a flu shot does not vary significantly by education or income, with the exception that those without a high school diploma are more apt to say they currently receive an annual flu shot (43%). However, this relationship is in fact due to a second variable – age – since half of those who have not completed a high school education are Canadians 60 years and older.

Finally, those who report being more familiar with seasonal influenza and the health risks associated with the flu are more likely to say that they receive a flu shot annually, as are those who perceive the flu to be contagious (34%, vs. 21% of those who say it is somewhat or not contagious).

Effectiveness of infection control measures

Frequent handwashing is seen as the most effective precautionary measure against contracting the flu, followed by drinking fluids, exercising regularly and getting an annual flu shot.

Canadians can identify a range of measures they have taken, or know they can take, to protect themselves from contracting the flu, but how effective do they really believe these measures to be? When presented with a list of five possible methods of protecting themselves from contracting influenza, almost all Canadians (95%) say that they consider frequent handwashing to be effective, including almost two-thirds (65%) who say it is extremely effective (rated 7 out of 7).¹⁰ Large majorities of Canadians also consider drinking lots of fluids (74%), exercising regularly (70%) and getting an annual flu shot (66%) to be effective precautionary measures. They are somewhat less likely to see the effectiveness of taking vitamins (58%).

Effectiveness of precautionary measures

2004 – 2007

	EFFECTIVE (5-7)		SOMEWHAT EFFECTIVE (4)		NOT VERY EFFECTIVE (1-3)	
	2004 %	2007 %	2004 %	2007 %	2004 %	2007 %
Washing your hands	94	95	3	3	3	3
Drinking lots of fluids	67	74	11	11	22	15
Exercising regularly	64	70	14	14	22	15
Getting annual flu shot	73	66	11	10	15	22
Taking vitamins	53	58	18	17	28	24

Q.8

I'm going to read you a list of possible methods of protecting yourself from getting the flu. How effective do you feel each one might be using a number between 1 and 7, where 1 means not at all effective and 7 is extremely effective ...?

¹⁰ Respondents were asked to rate each item on a scale of 1 to 7, where 1 means not at all effective and 7 means extremely effective.

For the purposes of analysis, responses have been grouped into three categories: effective (a rating of 5, 6 or 7), somewhat effective (a rating of 4) and not very effective (a rating of 1, 2 or 3).

Since 2004, the perceived effectiveness of frequent handwashing remains high and unchanged. Canadians are more likely than three years ago to consider drinking fluids (up 7 points), regular exercise (up 6) and taking vitamins (up 5) to be effective ways to protect themselves from the flu, and less likely to believe the same about an annual flu shot (down 7). However, in the 2004 survey, while it was asked about flu prevention generally, this question was asked following questions about pandemic influenza. It is unclear the extent to which the changes in perceived effectiveness over time are due to actual shifts in perceptions, or to the fact that 2004 survey respondents may have been considering the effectiveness of these measures in the case of pandemic flu (rather than just seasonal flu).

Frequent handwashing is considered effective protection against the flu by more than nine in ten in all regions of Canada, although residents of New Brunswick (72%), Nova Scotia (69%), Newfoundland and Labrador (69%) and Quebec (69%) are most likely to say this measure is extremely effective. Quebecers are more likely to rate regular exercise (73%) and drinking fluids (78%) as effective measures; the latter opinion is also more prevalent in Nova Scotia (77%) and Saskatchewan (77%). Northerners are less apt than others to consider exercise (55%), drinking fluids (59%) and taking vitamins (40%) to be effective. Finally, annual flu shots are most likely to be seen as effective in Nova Scotia (77%) and P.E.I. (77%).

Generally speaking (but not in all cases), women, Canadians aged 60 and older, and those with less education and income are more likely to rate these measures as effective protection against the flu. One exception is the annual flu shot, which is considered more effective by those aged 60 and older (72%) compared to younger Canadians (64%), but is rated similarly for effectiveness by both men and women, and across all income and education segments. In fact, perceived effectiveness of the flu shot appears to be largely influenced by people's previous experience with the flu shot; ratings of effectiveness increase from less than half (44%) of those who have never received a flu shot to two-thirds (65%) of those who have received a flu shot, but not annually, to almost all (95%) of those who receive an annual flu shot.

Those who are more familiar with seasonal influenza and its associated health risks, and those who say they closely follow news in the media, are more likely to think that frequent handwashing, regular exercise and annual flu shots are effective (but not drinking fluids and taking vitamins). As well, the perceived effectiveness of all five measures is higher among those who believe the flu is contagious than among those who believe it is less so.

FAMILIARITY WITH AND PERCEPTIONS OF PANDEMIC INFLUENZA

This section of the report examines Canadians' overall familiarity with specific terminology related to influenza, and it explores their knowledge of the differences between seasonal and pandemic influenza, and avian and pandemic influenza. It also explores their perceptions of the risk of a pandemic outbreak.

Familiarity with terminology

Familiarity with influenza-related terminology has improved significantly in the past three years, most notably for pandemic influenza. Currently, Canadians are most familiar with the term “vaccines.”

In addition to evaluating Canadians' familiarity with “seasonal influenza” (presented earlier in this report), the survey also explored familiarity with several other terms related to influenza: pandemic influenza, avian influenza, anti-viral medications and vaccines.¹¹ While familiarity with the term seasonal influenza is similar to levels reported in 2004 for “influenza,” there have been significant increases in reported familiarity with the other influenza-related terms.

The term “vaccines” remains the most recognized, with eight in ten (81%) reporting that they are familiar with it, up nine points since 2004 (72%). A majority (58%) of Canadians are also familiar with the term “avian influenza” (this term was not asked in 2004). More than half (55%) of Canadians recognize the term “pandemic influenza,” which is double the proportion who were familiar with the term in 2004 (27%). Finally, one in two (51%) say they are familiar with the term “anti-viral medications,” which is also an increase from 2004 (40%).

Familiarity with influenza terminology 2004 – 2007

	FAMILIAR (5-7)		SOMEWHAT FAMILIAR (4)		NOT VERY FAMILIAR (1-3)	
	2004 %	2007 %	2004 %	2007 %	2004 %	2007 %
Vaccines	72	81	10	7	18	12
Avian influenza	n/a	58	n/a	13	n/a	29
Pandemic influenza	27	55	8	11	61	32
Anti-viral medications	40	51	12	15	47	33

Q.10

Please tell me your level of familiarity with each of the following terms. Again, please respond using a number between 1 and 7, where 1 means not at all familiar and 7 means very familiar ...

Pandemic influenza. Since 2004, familiarity with the term “pandemic influenza” has increased dramatically in all regions of Canada and among all demographic segments. Currently, familiarity ranges from a high of six in ten (59%) in Ontario to a low of 43 percent in Newfoundland and Labrador. It is higher among women (59%) than men (51%), and increases with education (to a high of 66% of university-educated Canadians) and income (to a high of 69% of those in households earning \$100,000 or more). Canadians 50 to 59 years of age (68%) are most familiar with the term, while those who are 18 to 29 years of age (42%) are least so. Familiarity with the term pandemic influenza is also significantly higher among those who pay close attention to media news sources (62%) than those who pay moderate (50%) or less (39%) attention.

¹¹ Respondents were asked to rate their familiarity with these four items on a scale of 1 to 7, where 1 means not at all familiar and 7 means very familiar. For the purposes of analysis, responses have been grouped into three categories: familiar (a rating of 5, 6 or 7), somewhat familiar (a rating of 4) and not very familiar (a rating of 1, 2 or 3).

Vaccines. Regional variations in familiarity are least pronounced in the case of the most well-known term, vaccines. Even so, familiarity is higher in Ontario (85%) and British Columbia (82%), and lower in Newfoundland and Labrador (71%) and the North (69%). In the past three years, there have been significant increases in the proportions of those familiar with vaccines in most regions; the exceptions (where familiarity is stable) are British Columbia (82%), Alberta (79%), New Brunswick (75%) and the North (69%). Familiarity with vaccines has increased in most demographic groups; consistent with 2004, it remains higher among women (85%) than men (77%), and increases with education (to a high of 86% among university-educated Canadians) and income (to a high of 86% of those earning \$100,000 or more). The term is also rated more familiar by those who are most familiar with seasonal influenza (88%) and with pandemic influenza (93%). Familiarity does not vary significantly by age or by level of media attention.

Avian influenza. Familiarity with avian flu is higher in Quebec (65%), British Columbia (59%) and Ontario (57%), and lower in Newfoundland and Labrador (43%), New Brunswick (46%) and Manitoba (46%). As with the other terms presented in this survey, familiarity with avian flu is higher among women (60%) than men (55%), and increases with education (from 45% of those without a high school diploma to 65% of those with a university education) and income (from

44% of those earning less than \$20,000 to 65% of those earning \$100,000 or more). Familiarity is also higher among those 50 to 59 years of age (66%) than among younger or older Canadians. Finally, those most likely to report familiarity with avian influenza tend to be those who pay close attention to media news source (64%, vs. 43% of those who pay little attention), and those who are also more familiar with the term “seasonal influenza” and its associated health risks (69% each), as well as with the term “pandemic influenza” (82%).

Anti-viral medications. There have been significant increases across the country in the proportions that are familiar with anti-viral medications, most notably in Prince Edward Island (up 22 points), Nova Scotia (up 15) and British Columbia (up 14). The two exceptions are Newfoundland and Labrador and the North, where levels of familiarity remain stable. In 2004, familiarity was highest in Ontario; this province (56%) is now joined by P.E.I. (55%), Nova Scotia (54%), British Columbia (54%) and Alberta (53%) as being among the most familiar. Consistent with the other terms presented in this survey, familiarity with anti-viral medications is higher among women (55%) than men (48%), and increases with education (from 33% of those without a high school diploma to 56% of those with a university education). It is also higher among those who are most familiar with the terms “seasonal influenza” (62%) and “pandemic influenza” (69%). It is lowest among Canadians 60 years and older (45%) and those with annual household incomes under \$20,000 (40%).

Familiarity with influenza terminology 2004 – 2007

	VACCINES		AVIAN INFLUENZA		PANDEMIC INFLUENZA		ANTI-VIRAL MEDICATIONS	
	2004 %	2007 %	2004 %	2007 %	2004 %	2007 %	2004 %	2007 %
NL	60	71	n/a	43	17	43	39	44
PE	59	79		50	17	48	33	55
NS	68	81		50	24	56	39	54
NB	70	75		46	20	50	37	48
QC	66	79		65	25	55	34	44
ON	75	85		57	29	59	44	56
MB	69	79		46	19	47	34	43
SK	62	75		50	24	52	35	47
AB	74	79		54	25	55	42	53
BC	77	82		59	33	54	40	54
North	68	69		48	31	48	44	43

Q.10

Please tell me your level of familiarity with each of the following terms. Again, please respond using a number between 1 and 7, where 1 means not at all familiar and 7 means very familiar ...

Differences between seasonal and pandemic influenza

A majority of Canadians can identify at least one correct distinction between seasonal and pandemic influenza, most commonly the broader scope of a pandemic outbreak.

In recent years, there has been extensive media coverage on the possibility of a new influenza pandemic. When asked to identify the differences between seasonal and pandemic influenza, more than half (56%) of Canadians can offer at least one correct distinction.¹² The most frequently mentioned ones address the broader scope of a pandemic outbreak: that a pandemic affects more people (20%), it is more widespread (18%), it is global (12%), it involves people in more than one country (4%) or it can cause people in many countries to die (3%). Another relatively common difference mentioned is that that seasonal influenza is not as severe (19%). Relatively few Canadians mention that a pandemic involves a new strain or mutation of the flu (2%) and one for which no vaccine has yet been developed (3%), which are key differences between pandemic and seasonal influenza.

Other mentions that could not be considered a correct description of the differences between the two types of influenza relate primarily to timing, including that seasonal influenza happens at certain times, such as fall or winter, or in specific weather conditions (14%) and that pandemic influenza happens anytime (4%). Four percent say that there is no difference between seasonal and pandemic influenza, while three in ten (29%) could not identify any differences between the two.

The proportion that could identify at least one correct distinction between seasonal and pandemic influenza is generally consistent across regions, with the exception of being significantly lower in Quebec (47%) and Newfoundland and Labrador (42%). Residents of these two provinces are more likely than others to say they do not know of any such differences (39% and 48%, respectively), while Quebecers are also more likely to

Differences between seasonal and pandemic influenza 2007

	%
NET Correct mentions	56
A pandemic affects more people	20
Seasonal is not as severe	19
Pandemic is more widespread/seasonal is less widespread	18
A pandemic is global	12
A pandemic involves people in more than one country	4
Seasonal is localized or restricted to one country	4
Seasonal has a vaccine/cure/pandemic has no vaccine/cure	3
People in many countries die from a pandemic	3
Pandemic is a new strain/mutation/from outside sources	2
Seasonal happens certain times/fall/winter/weather	14
Pandemic happens anytime	4
Seasonal is more widespread/pandemic is less widespread	3
The seriousness/danger of the disease (unspecified)	2
Level of contagion/scope of disease (unspecified)	1
Other	3
No difference	4
dk/na	29

Q.11

From what you know or have heard, what is the main difference between seasonal influenza and pandemic influenza?

state that there are no differences between the two types of influenza (11%). Residents of Ontario (19%) and B.C. (20%) are the most likely to incorrectly mention that the difference is that seasonal flu happens only at certain times of year.

¹² Similar questions were asked in 2004 about the main difference between “an influenza epidemic” and “a pandemic.” However, due to differences in question wording and structure, the findings are not directly comparable. The results generally suggest that there is now a greater proportion of Canadians who understand the differences between the two (in 2004, 48% said they could not describe the difference between the two types of influenza), but that the focus on the broader scope of pandemic influenza remains the same.

Among demographic subgroups, the likelihood to identify at least one correct difference between these two types of influenza is higher among women (58%, vs. 54% of men). It is also higher among 50- to 59-year-olds (64%), compared to younger or older Canadians, and it increases with education (to a high of 68% of those with a university education) and income (to a high of 67% of those earning \$100,000 or more). Men (31%), those without a high school diploma (57%) and those with annual household incomes under \$20,000 (46%) are less apt than others to identify any differences between seasonal and pandemic influenza.

Mentions of correct differences are also more common among those reporting greater familiarity with pandemic influenza (72%) and, to a somewhat lesser extent, those reporting greater familiarity with seasonal influenza (63%); those with low familiarity with these two terms are more apt to say they cannot identify any differences between seasonal and pandemic influenza. Finally, those who pay close (60%) or moderate (58%) attention to media news sources are more likely to identify a correct difference between the two types of influenza than are those who pay little attention (42%).

Differences between pandemic and avian influenza

Almost half of Canadians can identify at least one correct difference between pandemic and avian influenza, the most common of which refer to whether birds or humans are the host species.

The survey asked Canadians about their understanding of the main differences between pandemic influenza and avian influenza (this question was not asked in 2004). Close to half (46%) can identify at least one correct distinction, the most frequently mentioned being that avian flu is spread among birds (34%), while pandemic influenza is spread among humans (7%), and that humans can only contract avian influenza by contact with the infected birds (6%). Smaller proportions (4% or fewer) correctly identify that pandemic influenza is global and avian influenza is less widespread, that avian influenza is a specific strain of virus and that it is not easy for humans to contract avian influenza.

Few Canadians (4% or fewer) offer differences that cannot be considered correct, such as that avian influenza is more severe or causes more death, that pandemic influenza is more severe, that avian flu can become pandemic flu or that avian flu comes from another country. Instead, the remaining respondents are more apt to say they cannot identify any difference (44%) or that there is no difference between the two terms (6%).

The proportion that could identify at least one correct distinction between pandemic and avian influenza is higher in the North (58%) and British Columbia (55%) than in other regions, and lowest in Newfoundland and Labrador (29%). Residents of the latter province are more likely than others to say they do not know of any such differences (66%); Quebecers are more likely than others to state that there are no differences between the two types of influenza (12%).

Differences between pandemic and avian influenza 2007

	%
NET Correct mentions	46
Avian is spread among birds	34
Pandemic is spread among humans	7
Humans can only contract avian flu by contact with infected bird	6
Pandemic is global/widespread	4
Avian is specific strain of virus/pandemic more general	4
Not easy for humans to contract avian influenza	3
Avian is less widespread/more localized	2
Avian comes from animals/insects/wildlife	1
Avian is more severe/can cause death	3
Pandemic is more severe/can cause death	2
Avian can become a pandemic	2
Avian comes from another country/Asia	1
Avian is not a pandemic/haven't had a pandemic yet	1
Other	3
No difference	6
dk/na	44

Across demographic subgroups, the likelihood to identify at least one correct difference between these two types of influenza is higher among 30- to 59-year-olds (49%) than younger (40%) or older (41%) Canadians, and increases with education and household income. Canadians aged 18 to 29 years (51%), those without a high school diploma (67%) and those with annual incomes under \$60,000 per year (47%) are more apt than others to be unable to identify any difference between pandemic and avian influenza.

Mentions of correct differences are also more common among those reporting greater familiarity with pandemic influenza (57%, vs. 28% of those with low familiarity) and among those who pay close (49%) or moderate (45%) attention to media news sources than those who pay little attention (34%).

Perceived risk of a pandemic

In order to meet one of the objectives of this research – establishing the expectations of Canadians in case of a pandemic – it is necessary to assess Canadians’ perceptions of the risks of an influenza pandemic, both in terms of what the dangers would be and in terms of the perceived probability of such a pandemic occurring in Canada.

Dangers of a new influenza pandemic

Consistent with 2004, Canadians are most likely to anticipate high mortality and widespread illness if a new influenza pandemic occurs. The public’s awareness that a pandemic involves a new virus requiring time to produce a vaccine has grown but remains limited.

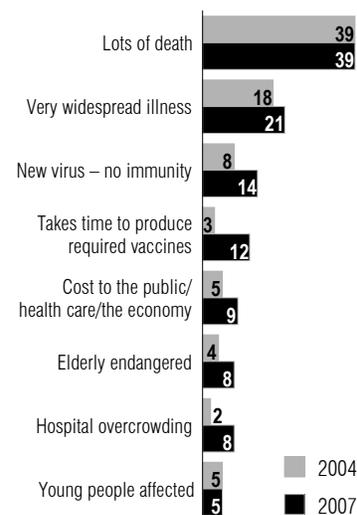
One way to assess Canadians’ perceptions of the risk of pandemic influenza is to evaluate their expectations of the consequences of such an outbreak in Canada. When asked about the dangers that could exist with a new influenza pandemic, the general public generally foresees that the impact would be quite serious; this is consistent with 2004.¹³ The largest proportion say there would be “lots of death” (39%, unchanged from

2004), while two in ten (21%, up 3 points) say there would be widespread illness.

Although still relatively limited, there is a growing awareness that a new pandemic would involve a new virus and a lack of immunity (14%, up 6) and that time would be needed to produce the required vaccines (12%, up 9). Canadians are also more likely than three years ago to envision the cost to the healthcare system or the economy (9%, up 4), hospital overcrowding (8%, up 6) and the danger to the elderly (8%, up 4). Five percent say that young people would be affected (5%, unchanged), while smaller proportions (2% or fewer) mention other concerns such as ease of transmission, panic, the danger or devastation involved, and the difficulty treating, curing or controlling the illness. Two in ten Canadians (20%, down 6) could not identify any dangers related to a new influenza pandemic.

Dangers of a new influenza pandemic

Top mentions 2004 - 2007



Q.13

Influenza A viruses can periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. Experts agree that future influenza pandemics are inevitable but the timing of the next one cannot be predicted.

From what you know or have heard, can you tell me what danger there could be with a new influenza pandemic?

¹³ In 2004, this question was located later in the survey, after respondents had been given greater opportunity to consider issues related to pandemic influenza; however, it does not appear to have unduly influenced their perceptions of the dangers of a new influenza pandemic. Indeed, there has been improvement in the public’s understanding of the risks since that time.

Some interesting regional patterns emerge, most of which did not exist in 2004. Quebecers are more likely than residents of other regions to mention several potential dangers, such as the number of fatalities (47%), widespread illness (27%), danger to the elderly (15%), cost to the public (13%), hospital overcrowding (12%) and risk to young people (11%). However, they are less likely than others to mention two key points that a pandemic would involve a new virus (6%) and the time needed to produce a vaccine (5%). The increase in mentions of these latter two points that was observed at a national level has occurred across most regions, and there are no regions that stand out as being particularly aware of them. In 2004, residents of the Atlantic provinces and the North were least aware of many of these dangers; residents of Newfoundland and Labrador are now least apt of all the regions to be able to identify any potential dangers involved (39%).

Generally speaking, there is a better understanding of the dangers related to a new pandemic outbreak among Canadians in higher socio-economic brackets,

which is consistent with the 2004 findings. Those without a high school diploma (38%, vs. 13% of those with a university education) and those with household incomes under \$20,000 (29%, vs. 11% of those earning \$100,000 or more) are most likely to say they do not know what dangers would be involved. Canadians between 30 and 59 years of age are slightly more apt than younger or older Canadians to identify at least one danger. There are no significant differences by gender.

Predictably, those who pay greater attention to news media sources and those who report greater familiarity with pandemic influenza also demonstrate greater awareness of several dangers associated with a new pandemic outbreak. However, even among those with higher levels of familiarity with pandemic influenza (rated 5 to 7 on a 7-point scale), only 17 percent mention the danger associated with a new virus and only 15 percent mention that it will take time to produce the required vaccines.

Seriousness of risk in Canada

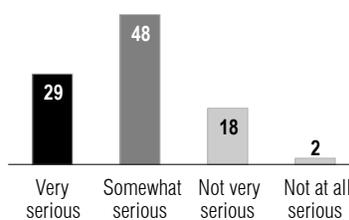
Three-quarters of Canadians say that an influenza pandemic poses a serious risk in Canada today, and six in ten believe this risk has grown in the past five years.

Seriousness of pandemic risk in Canada. When specifically asked, Canadians clearly believe that an influenza pandemic is a real risk, and they are concerned about the possibility of an influenza pandemic affecting Canada. A total of three-quarters think that an influenza pandemic poses a very (29%) or somewhat (48%) serious risk to Canada today; only two in ten say risk is not very (18%) or not at all serious (2%).¹⁴

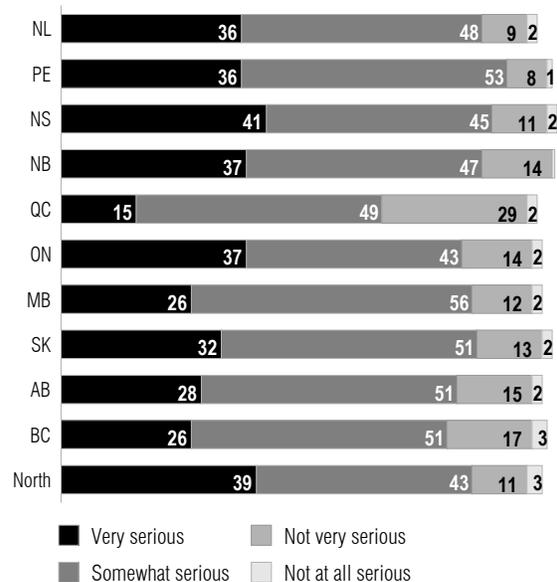
Residents of Atlantic Canada (39%), the North (39%) and Ontario (37%) are more likely than others to believe that an influenza pandemic poses a very serious risk; Quebecers (15%) are least likely to think so and are more apt than others to say the risk is not a very serious one (29%).

Differences in perceived seriousness of the pandemic risk in Canada by demographic segment are relatively limited, with more than seven in ten in each subgroup who say the risk is very or somewhat serious. Women (80%, vs. 73% of men), those aged 30 to 59 (79%) and those with a college education (81%) are more likely to say the risk is a serious one. Those reporting high familiarity with pandemic influenza (82%) are also more likely to say it is a serious risk than are those with only moderate (71%) or low (69%) familiarity.

Seriousness of risk in Canada 2007



Seriousness of risk in Canada 2007



Q.14

Do you think that an influenza pandemic poses a very serious, somewhat serious, not very serious or not at all serious risk in Canada today?

¹⁴ These results cannot be directly compared to 2004 since the question in that survey did not specify whether it was asking about the seriousness of the risk related to seasonal or to pandemic influenza. As a result, it cannot be determined whether the increase in perceived seriousness (from 20% who said “very serious” in 2004 to 29% currently) is due to a change in perceptions over time, or to the fact that the 2007 question refers specifically to pandemic influenza (i.e., it is perceived to be a more serious risk than influenza generally).

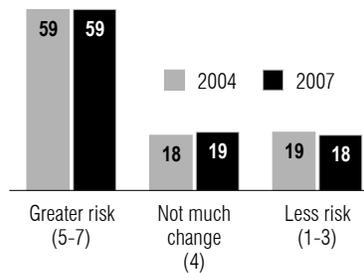
Change in risk over past five years. Six in ten Canadians (59%) believe the risk of an influenza pandemic is greater now than it was five years ago.¹⁵ The remainder are evenly split between those who think there has not been much change in risk over the past five years (19%) and those who say the risk is now much lower (18%). These proportions are essentially the same as in 2004.

As with overall perceptions of risk, the perception that the risk of a pandemic is greater now than five years ago is more prevalent in the Atlantic provinces (64%), particularly Nova Scotia (67%) and in Ontario (63%). Quebecers are most likely of all regions to say that the risk is now lower (21%). Perceptions are consistent with 2004 across most regions, with the exception of P.E.I. where there is now a higher proportion who says the risk has increased (up 11 points).

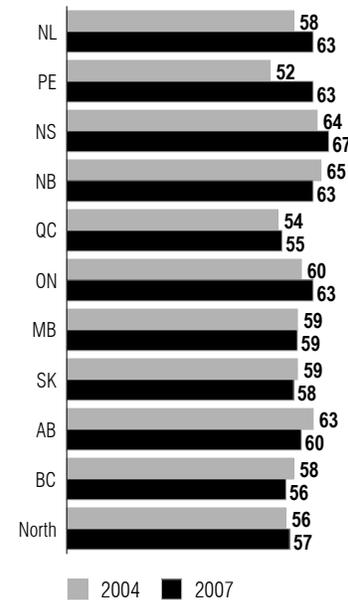
The likelihood to say that the risk is greater now than five years ago increases with age, from half (52%) of 18- to 29-year-olds to almost two-thirds (65%) of those 60 and older. Women (64%) and those without a university education (63%) are more likely than others to say the risk has increased; men are more likely than women to say the risk is now lower, while those with a university degree are more apt to say it has not changed much.

Predictably, there is a strong correlation between perceptions of the seriousness of the risk posed by pandemic influenza in Canada today and perceptions of whether this risk has grown or declined in the past five years. Those who perceive the risk to be serious (79%) are much more apt to say it has increased, compared to only one-third (32%) of those who say the risk is not very serious. To a lesser degree, familiarity with pandemic influenza (no matter the perceived seriousness of the risk involved) makes a difference; more than six in ten (63%) of those most familiar with the illness say the risk from a pandemic is greater now than five years ago, compared to more than half (55%) of those least familiar.

Changes in risk of pandemic over past five years 2004 - 2007



Change in risk of pandemic over past five years Greater risk 2004 - 2007



Q.15

Do you think that the risk of an influenza pandemic affecting Canada today is greater or lower than it was five years ago? Please use a scale from 1 to 7, where 1 means much lower now and 7 means much greater now.

¹⁵ Respondents were asked to provide answers based on a scale of 1 to 7, where 1 means much lower now and 7 means much greater now. For the purposes of analysis, responses have been grouped into three categories: greater risk (a rating of 5, 6 or 7), not much change (a rating of 4) and less risk (a rating of 1, 2 or 3).

Likelihood of pandemic in next five years

There is no consensus among the general public about the likelihood that Canada will be affected by a pandemic in the next five years.

While a majority of Canadians considers pandemic influenza to be a serious risk in Canada, and believe this risk has grown over time, how likely do they believe it is that such a pandemic will occur in the near future? Canadians are divided in their perceptions, with just over four in ten (42%) who think it is likely that Canada will be affected by an influenza pandemic in the next five years, one-quarter (23%) who think it is somewhat likely and three in ten (30%) who think it is not very likely.¹⁶ These perceptions are essentially unchanged from 2004.

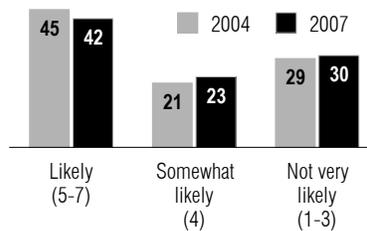
Since 2004, the perceived likelihood of a future pandemic has not changed in most regions, but has increased in P.E.I. (up 7 points to 45%) and declined in British Columbia (down 7 to 41%). Currently, the proportion who believes that Canada is likely to be affected by an influenza pandemic in the next five years is similar across regions; residents of Alberta (35%) and British Columbia (35%) are more likely than other regions to say such an occurrence is not very likely.

As in 2004, women (49%) and those with less education (51% of those without a high school diploma) are more apt than others to believe that an influenza pandemic is likely in the next five years. This perception is now also more common among those with household incomes between \$20,000 and \$39,999 (49%) and Canadians 40 years and older (47%).

Perceptions of the likelihood of a pandemic are strongly associated with perceptions of how serious is the overall risk. Almost two-thirds (65%) of those who believe that pandemic influenza poses a serious risk today say an outbreak is likely in the next five years, compared to only two in ten (18%) of those who believe a pandemic is not a serious risk. Familiarity with pandemic influenza (no matter the perceived seriousness of the risk involved) also makes a difference (to a lesser degree);

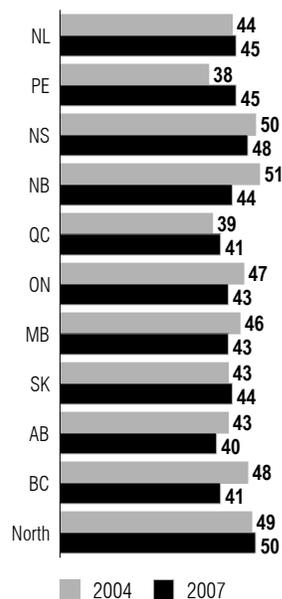
Likelihood of pandemic in Canada in next five years

2004 - 2007



Likelihood of pandemic in Canada in next five years

Likely 2004 - 2007



Q.16

Using a number between 1 and 7, where 1 means not at all likely and 7 means very likely, how likely do you think it is that Canada will be affected by an influenza pandemic in the next five years?

those who are more familiar with seasonal influenza (47%) are more apt than those with moderate (39%) or low (33%) familiarity to say an outbreak is likely in the next five years. Finally, those who pay close attention to news media sources (45%) are more apt than others (38%) to say that Canada is likely to be affected by an influenza pandemic in the near future.

¹⁶ Respondents were asked to provide answers based on a scale of 1 to 7, where 1 means not at all likely and 7 means very likely. For the purposes of analysis, responses have been grouped into three categories: likely (a rating of 5, 6 or 7), somewhat likely (a rating of 4) and not very likely (a rating of 1, 2 or 3).

INFECTION CONTROL

In addition to exploring Canadians' behaviours and knowledge about infection control and preventive behaviours with respect to seasonal influenza (presented earlier in this report), the research also posed several questions specifically related to these issues in the event of an influenza pandemic. This section also explores Canadians' opinions on the role of government and organizations in the event of a pandemic.

Precautionary actions

Canadians are most likely to mention frequent handwashing as a precautionary step against pandemic influenza, followed by getting a flu shot.

When asked what things people can do to prevent or reduce the chances of getting or spreading pandemic influenza, by far the largest proportion (50%) mention frequent handwashing. Three in ten (29%) Canadians mention getting a flu shot, while other relatively common precautionary actions mentioned include maintaining a healthy diet or lifestyle (16%), staying home when sick (15%), avoiding public areas and events (11%), exercising regularly (10%) and maintaining good hygiene (10%). A number of other measures are suggested, but none by more than 10 percent (each). Generally speaking, these responses mirror those given when Canadians were asked about precautionary measures that can be taken to control the spread of seasonal influenza.

Residents of Quebec stand out the most in terms of the preventive actions they identify. They are more likely to mention frequent handwashing (56%), while residents of Newfoundland and Labrador (40%) are least likely to mention this. Quebecers are also more likely to suggest staying home when sick (18%), together with Albertans (18%), and avoiding public areas and events (16%), together with New Brunswickers (15%). Quebecers are less likely than others to mention a healthy diet or lifestyle (7%), regular exercise (6%) or good hygiene (7%). Getting a flu shot is mentioned most frequently in Ontario (33%).

Women are more likely than men to mention frequent handwashing (56% vs. 44%), getting a flu shot (31% vs. 27%) and staying home when sick (18% vs. 12%); men are more apt to say they don't know what measures can be taken. Canadians aged 18 to 49 are more likely to suggest getting a flu shot, while the likelihood to mention avoiding public areas and travel increases with age. Those with lower levels of income and education tend to be less likely to mention many of these precautionary measures and, in turn, are more likely to be unable to identify any step that can be taken.

Those who report greater familiarity with pandemic influenza tend to be more likely to mention frequent handwashing, staying home when sick and avoiding public places and travel. There are few significant differences in knowledge of preventative actions among those who perceive the risk from pandemic influenza to be more or less serious.

Steps to prevent pandemic infection 2007

	%
Wash hand frequently	50
Get flu shot	29
Healthy diet/lifestyle	16
Stay home when sick	15
Avoid public areas/events	11
Exercise regularly	10
Good hygiene	10
Avoid travel	9
Take vitamins	8
Awareness/educate people	7
Avoid contact with sick people	6
Cover mouth when sneezing	6
Ask/seek medical advice	6
Wear mask	5
Other	19
Nothing can be done/dk/na	10

Q.17

To the best of your knowledge, what things can people do to prevent or reduce the chances of getting or spreading pandemic influenza?

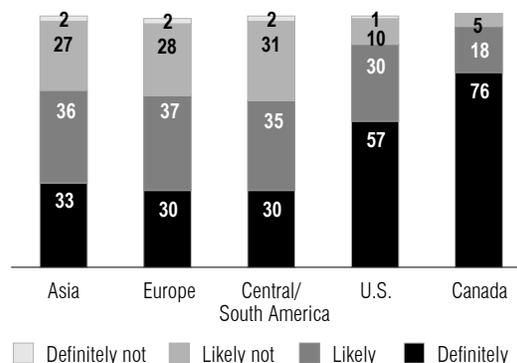
Likelihood of action based on location of outbreak

Canadians are most likely to say they would take action if there was a possible pandemic outbreak in Canada, or in the U.S., and are less likely to say so if the outbreak is limited to Europe, Asia, or Central or South America.

When asked how likely they would be to take action to protect themselves and their family should a possible pandemic outbreak be reported in different parts of the world, Canadians are more likely to say they would act when the outbreak occurs in North America rather than in Europe, Asia, or Central or South America. One in three (33%) would definitely act in the outbreak occurred in Asia, and similar proportions say the same of Europe (30%) and Central or South America (30%); in each case, a further one in three would likely act (36%, 37% and 35%, respectively). It is not until the outbreak reaches the United States that a majority (57%) of Canadians say they would definitely act to protect their family, with a further three in ten (30%) saying they would likely take action. The likelihood to say they would take action is greatest in the case of a possible pandemic outbreak in Canada; three-quarters (76%) would definitely act and a further two in ten (18%) would likely do so. Only five percent say they would be unlikely to take steps to protect themselves and their family.

Some interesting regional differences emerge. Residents of Ontario and Nova Scotia are most likely to say they would definitely take action in the case of a possible outbreak in Asia, Europe, Central or South America and (together with residents of P.E.I.) the U.S. In the event of a possible outbreak in Canada, it is residents of P.E.I. (83%) and Nova Scotia (81%) who are most likely to say they would take action to protect their family. Quebecers are least apt to say they will definitely take action should an outbreak occur in Europe or the U.S.; across all five regions, they are more likely than others to say they would definitely not act (although this is not mentioned by more than 10% of Quebecers in each case).

Likelihood of action based on location of pandemic outbreak 2007



Likelihood of action based on location of pandemic outbreak
Definitely 2007

	ASIA %	EUROPE %	CENTRAL OR SOUTH AMERICA %	UNITED STATES %	CANADA %
NL	32	32	28	53	74
PE	34	33	30	62	83
NS	36	35	33	62	81
NB	33	30	27	58	75
QC	29	24	29	47	78
ON	38	36	35	64	78
MB	27	24	26	57	75
SK	30	28	26	54	72
AB	34	33	31	60	75
BC	30	27	23	54	70
North	33	33	36	51	68

Q.18

Would you definitely, likely or likely not take steps to protect yourself and your family if you heard that there was a possible pandemic outbreak in ...?

The likelihood to say one would take action to protect one's family is relatively consistent across demographic segments for all five regions presented. Canadians aged 50 or older are most inclined to say they would definitely take action if they heard of a possible outbreak in Asia. Those with a post-secondary education and those with household incomes over \$20,000 are more apt to say they would take action if the pandemic outbreak reached the U.S. Once the outbreak reached Canada, more than seven in ten in each demographic subgroup says they would definitely take action.

Those who are more familiar with pandemic influenza, and those who think the risk of pandemic influenza is very serious, are more likely to say they would definitely take action if a pandemic outbreak occurred in any of these locations. This is also the case, for the most part, with those who follow media sources more closely.

Actions taken based on location of outbreak

Vaccination and handwashing are the primary preventative actions that Canadians would take no matter where a pandemic outbreak occurs. Avoiding travel is also considered an important precaution if the outbreak is outside of Canada.

Canadians who would take action if they heard of a possible outbreak of pandemic influenza in different parts of the world have a highly consistent view of the kinds of actions they would undertake in such circumstances. Vaccinations lead the list of potential actions regardless of the location of the possible outbreak, followed by greater attention to handwashing and hygiene in general, and avoidance of travel. Further, the proportions who mention these and other precautionary measures are similar, no matter where outside Canada the outbreak occurs.

Responses are somewhat different for a possible outbreak in Canada. Vaccination and vigilant hygiene remain the primary infection control strategies. However, far fewer mention avoiding travel, while precautions such as avoiding people, keeping away from public areas and staying inside are mentioned more frequently.

There is a consistent pattern of behaviours based on gender, regardless of the region in which the possible outbreak occurs. In all cases, women are more likely than men to mention both handwashing/hygiene and healthy eating/taking vitamins/resting. Women are also more likely to mention avoiding travel, in the case of an outbreak occurring outside of Canada, and to mention vaccination if there is a possible outbreak in the U.S. or Canada.

Some consistent age-related patterns also emerge. For outbreaks in Asia, the U.S. and Canada, the likelihood to mention vaccination is actually higher among younger Canadians, while Canadians aged 60 or older are more likely to mention avoiding people, avoiding public places and staying inside, or to say they would contact a doctor. (Predicted actions are relatively similar by age for outbreaks in Europe and Central and South America.)

Actions taken based on location of outbreak 2007

	ASIA (N=3,088) %	EUROPE (N=3,024) %	CENTRAL OR SOUTH AMERICA (N=2,834) %	UNITED STATES (N=3,919) %	CANADA (N=4,216) %
Get vaccination	35	32	33	35	38
Wash hands/ general hygiene	19	19	19	19	23
Avoid travel	17	22	22	23	8
Eat healthy/ vitamins/rest	12	13	13	12	13
Take precautions (non-specific)	12	12	13	16	16
Contact doctor	10	10	10	10	13
Check news sources	10	10	11	11	11
Avoid people	9	9	10	11	13
Contact local health authorities	8	5	6	6	9
Do own research	6	5	6	6	6
Stop going to public events	6	5	5	5	11
Stay inside	5	4	3	5	10
Wear a mask	4	3	3	3	5
Other	12	12	12	15	14
dk/na	5	5	4	4	4

Q.19

What would you do?

Subsample: Those who would definitely or likely take steps to protect themselves/their family if they heard there was a possible pandemic outbreak in the area specified

In the event of a possible outbreak outside Canada, those with higher socio-economic status are more likely than other Canadians to mention avoiding travel; they also tend to be more likely to mention vaccination in the event of a possible outbreak in Asia, Europe, Central and South America, or Canada.

Effectiveness of precautionary measures

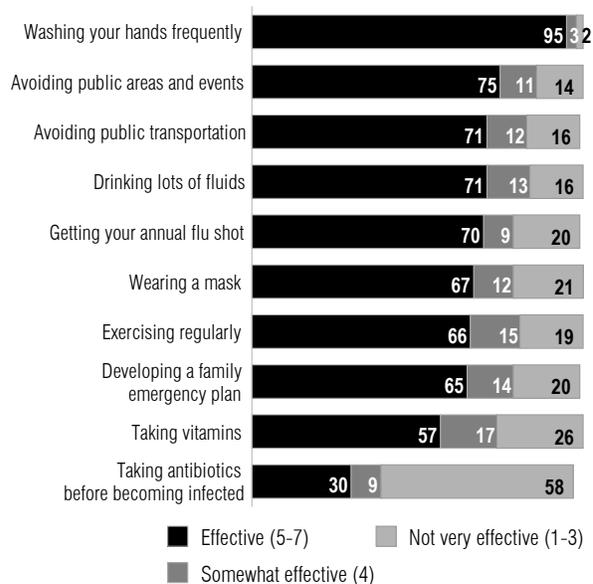
Handwashing is considered by far the most effective precaution against pandemic influenza, while few say the same about taking antibiotics before becoming infected. Seven in ten incorrectly believe that an annual flu shot is effective prevention against pandemic flu.

Canadians were asked their opinions of the effectiveness of a number of possible infection control measures against pandemic influenza.¹⁷ The general public is overwhelmingly in agreement that washing their hands frequently is an effective method of protecting themselves from pandemic influenza: 95 percent say it is effective, with very few who say it is somewhat (3%) or not very (2%) effective.

Most of the other methods examined are considered effective by majorities of between two-thirds and three-quarters of Canadians: avoiding public areas and events (75%), avoiding public transportation (71%), drinking lots of fluids (71%), getting an annual flu shot (70%), wearing a mask (67%), exercising regularly (66%) and developing a family emergency plan (65%). Slightly fewer (57%), but still a majority, think that taking vitamins is as effective. Canadians believe that taking antibiotics before becoming infected is the least effective of these measures, with only three in ten (30%) who say it is effective and almost double that proportion (58%) saying it is not very effective.

Handwashing is considered effective by more than nine in ten in each region and demographic segment. However, there are no clear patterns by region in perceived effectiveness of the other preventive measures. The exception is that residents of the North are less likely to see a number of these methods as effective, including wearing a mask, avoiding public transportation (of which there is very little in the North), taking vitamins and getting exercise.

Effectiveness of precautionary measures 2007



Q.20

I'm going to read you a list of possible methods of protecting yourself from getting pandemic influenza. How effective do you feel each one might be using a number between 1 and 7, where 1 means not at all effective and 7 is extremely effective ...?

Women are more likely than men to think that most of these methods are effective, with the exception of getting an annual flu shot (which is seen as effective by similar proportions of men and women) and taking antibiotics,¹⁸ which men are more likely to see as effective.

¹⁷ Respondents were asked to provide answers based on a scale of 1 to 7, where 1 means not at all effective and 7 means extremely effective. For purposes of analysis, responses have been grouped into three categories: effective (a rating of 5, 6 or 7), somewhat effective (a rating of 4) and not very effective (a rating of 1, 2 or 3).

¹⁸ In fact, antibiotics are not an effective precaution against influenza.

Canadians aged 18 to 29 are more likely to think of taking antibiotics as effective, and they are less likely to say the same of wearing a mask or avoiding public transportation. Older Canadians are more likely to think of avoiding public areas and lifestyle decisions, such as drinking fluids, taking vitamins and regular exercise, as effective. Those aged 60 or older are more likely to say that an annual flu shot and an emergency plan are effective ways to protect against pandemic influenza.

Canadians with lower levels of education and income are more likely to see many of these methods as effective, with the exception of avoiding public areas and public transportation, and having an annual flu shot, which are considered similarly effective regardless of socio-economic status.

Role of government and other organizations

The survey assessed Canadians' expectations of who should be responsible in the event of a pandemic outbreak in Canada, and their degree of confidence in the abilities of various organizations and agencies to deal with such a situation.

Primary responsibility for dealing with a pandemic

Six in ten Canadians assign primary responsibility for dealing with a pandemic to the federal government, more of who specifically say Health Canada than PHAC.

The public was asked which of five levels, departments or agencies of government they believe is primarily responsible for dealing with an influenza pandemic in Canada. Most (59%) Canadians believe the federal government is primarily responsible and are currently more likely to point to Health Canada (30%) than to the Public Health Agency of Canada (10%), while another two in ten (19%) mention the Government of Canada generally. Smaller proportions say it is the provincial and territorial governments (9%) or local public health authorities (9%) who hold primary responsibility. A total of two in ten say that it is the responsibility of a combination of these governments (9%) or all of them (10%).

In 2004, the list of government bodies did not include PHAC, and thus the findings cannot be directly com-

pared. At a broad level, the proportion who currently mentions either Health Canada or PHAC (40% combined) represents a decline from the proportion who mentioned Health Canada only (47%) three years ago. That difference is made up by the higher proportion of respondents who now assign responsibility to all five of these bodies or a combination of them (19%, vs. 11% in 2004).

Across the country, residents of Newfoundland and Labrador (73%) are more likely to identify some part of the federal government as having primary responsibility for an influenza pandemic, while Quebecers are least likely to do so (49%). In turn, Quebecers (28%) are considerably more likely than others to say that responsibility falls on a combination of all the bodies mentioned. In terms of specific federal government departments or agencies, the sole significant difference is that Quebecers are less likely than those in other regions to mention Health Canada (19%) and are more likely to mention PHAC (14%).

The likelihood to assign primary responsibility to some part of the federal government is higher among men (61%) than women (56%). Canadians 60 years and older (49%) and those with household incomes under \$20,000 (47%) are least likely to do so.

Primary responsibility for dealing with pandemic in Canada 2004 – 2007

	2004 %	2007 %
NET Federal government	n/a	59
Health Canada	47	30
Government of Canada	20	19
Public Health Agency of Canada	n/a	10
Provincial/territorial governments	7	9
Local public health authorities	11	9
Combination	3	9
All of the above	8	10
dk/na	3	4

Q.21

In your opinion, who is primarily responsible for dealing with an influenza pandemic in Canada? Is it ...?

Confidence in health organizations

Canadians place the most confidence in Health Canada's ability to contain the spread of an influenza pandemic, and they express comparatively less confidence in the federal government generally.

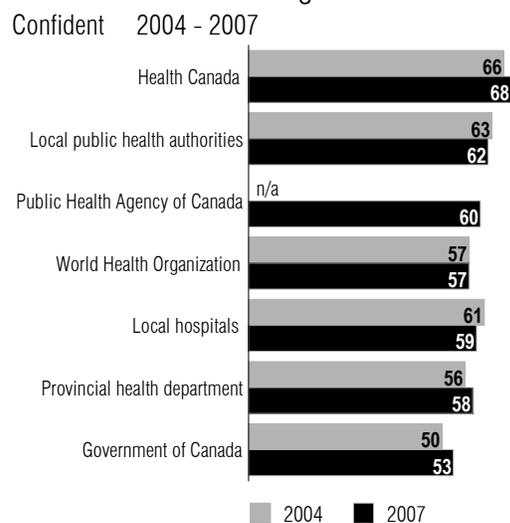
Canadians were asked how much confidence they have in the ability of various health organizations or institutions to contain the spread of an influenza pandemic.¹⁹ Generally speaking, and consistent with the 2004 findings, the public is confident in the ability of all seven of these institutions. The largest proportion – seven in ten (68%, up 2 points from 2004) – expresses confidence in Health Canada. About six in ten each express confidence in local public health authorities (62%, down 1), PHAC (60%, not asked in the 2004 survey), the World Health Organization (57%, unchanged), local hospitals (59%, down 2) and provincial/territorial health departments (58%, up 2). Slightly fewer (53%, up 3) express the same degree of confidence in the Government of Canada generally.

There are some striking differences in levels of confidence expressed for these organizations across the country. Residents of Quebec are considerably more likely than others to be confident in the ability of all seven of these organizations to contain an influenza pandemic; Ontarians are more likely to express confidence in their local public health authorities and local hospitals; and New Brunswickers in the Government of Canada generally, Health Canada, PHAC and the WHO. Residents of Alberta, British Columbia and the North tend to have lower levels of confidence in most of these organizations (with the exception of their local institutions, such as public health authorities and hospitals).

While there has been little change since 2004 in the overall levels of confidence expressed in these organizations, there has been some limited change at the provincial levels. Confidence in Health Canada's ability to deal with an influenza pandemic has increased in New Brunswick (up 7 points to 75%), and declined in P.E.I. (down 9 to 63%) and the North (down 17 to 54%). The proportion who express confidence in the Government of Canada (generally) has increased in Quebec (up 9 to 62%), and declined in Nova Scotia (down 8 to 48%)

¹⁹ Respondents were asked to provide answers based on a scale of 1 to 7, where 1 means not at all confident and 7 means extremely confident. For the purposes of analysis, responses have been grouped into three categories: confident (a rating of 5, 6 or 7), somewhat confident (a rating of 4) and not very confident (a rating of 1, 2 or 3).

Confidence in health organizations



Q.22

How confident are you in the ability of each of the following health organizations or institutions to contain the spread of an influenza pandemic? Please use a number between 1 and 7, where 1 means not at all confident and 7 means extremely confident ...

and the North (down 14 to 45%). In addition to Health Canada and the Government of Canada, confidence in local public health authorities, territorial departments of health and the WHO has declined in the North. There have also been declines in the Atlantic provinces in confidence in local public health authorities (with the exception of New Brunswick) and local hospitals (with the exception of Newfoundland and Labrador and New Brunswick).

Women are more likely than men to express confidence in most of these organizations' abilities to deal with an influenza pandemic, with the exception of the Government of Canada, where there is no difference in confidence level between the genders. Canadians aged 60 or older are more likely to express confidence in public health authorities, hospitals and their provincial health department; those 18 to 29 years of age are more apt to express confidence in Health Canada. Generally speaking (but not in all cases), Canadians with lower levels of education and income are more likely to have confidence in these institutions.

INFORMATION NEEDS

This section of the report explores Canadians' previous experience with information on pandemic influenza, as well as their current state of preparedness in terms of information sources they might use in the case of a pandemic, whether or not they have a pandemic emergency plan and their understanding of items to include in an emergency kit. This information will help improve PHAC's understanding of Canadians' information needs surrounding pandemic influenza.

Relative importance of pandemic information

Canadians continue to place the greatest importance on knowing how to protect themselves and how to prevent the spread of disease during an outbreak of pandemic influenza.

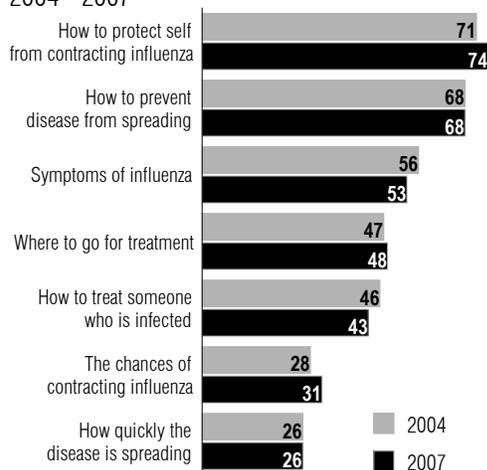
A key objective of this research is to determine the information needs of Canadians with respect to pandemic influenza. Using a paired comparison methodology, a total of seven types of information were randomly presented in pairs. Canadians were asked to indicate which of the two pieces of information in each pair they feel it is more important for them to know during an outbreak of pandemic influenza.

The seven information types are as follows:

- The symptoms of influenza
- How to protect yourself from contracting influenza
- How to prevent the disease from spreading throughout the greater community
- How to treat someone who is infected
- Where to go for treatment
- How quickly the disease is spreading
- The chances of contracting influenza

The results²⁰ show a clear ordering of the seven information types within the Canadian population that reflect the same relative priorities as in 2004. Canadians continue to place greatest emphasis on practical, "how to" information on pandemic influenza, in terms of how to protect themselves (74%) and how to prevent the disease from spreading (68%). The next most important pieces of information are the symptoms of influenza (53%), where to go for treatment (48%) and how to treat an infected person (43%). Comparably less value is placed on knowing the chances of contracting influenza (31%) and how quickly the disease is spreading (26%).

Relative importance of pandemic information 2004 - 2007



Q.23

For the next series of questions, I'm going to read you two possible pieces of information related to influenza and I would like you to tell me which you feel is more important for you to know during an outbreak of pandemic influenza.

Which do you feel is more important for you to know during an outbreak of pandemic influenza ...?

²⁰ Pairing each one of the seven topics with all others results in 21 unique pairs, and each respondent was asked to choose between paired topics three times. The results represent the actual number of times each topic was chosen divided by the number of times that topic was presented (including those times when the response was dk/na).

A more detailed analysis of the head-to-head pairings indicates that “protecting yourself from contracting influenza” and “preventing the disease from spreading” are always preferred over any other item; when paired together, the former is preferred over the latter (although only by a very narrow margin). Moreover, “the chances of contracting influenza” and “how quickly the disease is spreading” are never preferred over any other item; when they are paired together, the former tends to be chosen over the latter.

Preferences for type of information are extremely consistent across regions and demographic segments, with just a few exceptions. Residents of the North are more apt than others to choose information about “how to prevent the disease from spreading” and “the chances of contracting influenza” over other pieces of information, while Quebecers are less likely to want to know about “how quickly the disease is spreading.” Canadians 60 years and older are more apt than younger Canadians to want to know about “where to go for treatment” over other types of information.

Awareness of pandemic information

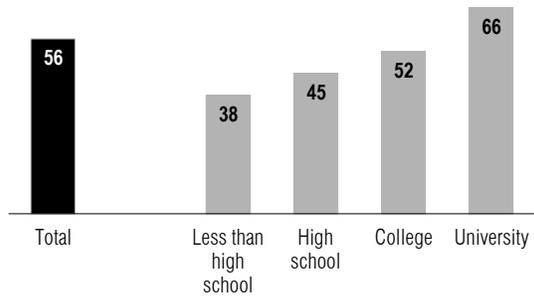
More than half of Canadians have encountered information about pandemic influenza, primarily about how to prevent or reduce the risk of contracting or spreading the illness. Among this group, two in ten have specifically obtained or received pandemic information.

Recall of information about pandemic influenza. More than one-half of Canadians (56%) say that they have heard, seen or read information about pandemic influenza. Residents of the North (64%), Alberta (61%), British Columbia (60%) and Saskatchewan (60%) are more likely to be aware of such information, while residents of Newfoundland and Labrador (42%) are least likely to recall it. Awareness of information about pandemic influenza increases noticeably by education (ranging from 38% of those without a high school diploma to 66% of those with a university education) and income (from 46% of those with incomes under \$20,000 to 67% of those with incomes over \$100,000), and is higher among women (59%) and Canadians aged 50 to 59 (65%). Canadians who follow media news sources closely are also more apt to be aware of information about pandemic influenza (62%) than are those who pay moderate (51%) or low (42%) attention to such sources.

Having seen, heard or read any information about pandemic influenza is a factor in Canadians' familiarity, knowledge and perceptions of the illness. For example, those who say they are aware of information on this topic are twice as likely as those who are not to say they are familiar with pandemic influenza (72% and 35%, respectively). Those who say they are aware of information on this topic are also more likely to cite a correct distinction between pandemic and seasonal influenza (71%, vs. 37% of those unaware of pandemic information), to be able to identify at least one danger associated with a new influenza pandemic, and to cite pandemic influenza as a serious risk (81% vs. 70%) and one that has grown in the past five years (62% vs. 57%).

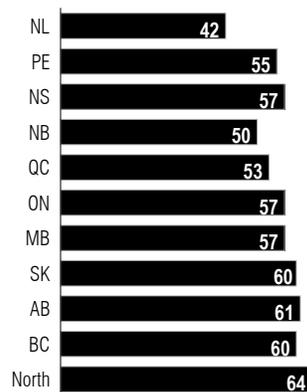
Awareness of pandemic information

Aware 2007



Awareness of pandemic information

Aware 2007



Q.24

Have you ever heard, seen or read any information about pandemic influenza?

Topics of information recalled. Canadians who have seen, heard or read any information about pandemic influenza have been exposed to a range of related topics, the most common being how to prevent or reduce the risk of getting or spreading the flu (28%). Other relatively common topics mentioned include the risks or possibility of an outbreak (17%), and information about what the virus is and its symptoms, contagion or treatment (14%). Less than one in ten each recall information about outbreaks around the world (8%), the history of the illness (8%), avian or bird flu (7%), the federal government's overall pandemic plan (5%) or general information about the illness (5%). A number of other topics are mentioned, but none by more than three percent (each).

The topics of information that Canadians have been exposed to are generally similar across the country and among demographic segments, with a few exceptions. Quebecers are more likely than others to have seen information dealing with infection control (45%) and the federal government's pandemic plan (11%) and together with residents of the North, are least likely to have heard about the risks of an outbreak. Residents of the North (18%) also have had greater exposures to information about avian influenza, while residents of Alberta (20%), Ontario (19%) and Saskatchewan (18%) are more aware of information on what the pandemic virus is, its symptoms and the treatment.

Women are more likely to mention having been exposed to information about influenza prevention and infection control; men and those with higher levels of education are more apt than others to mention the history of the illness.

Topic of pandemic information seen/heard/read 2007

	%
How to prevent/reduce risk of getting/spreading influenza	28
Info about risks/possibility of outbreak	17
Info about what the virus is/symptoms/contagion/treatment	14
Outbreaks around the world	8
History of illness	8
Avian/bird flu/birds	7
Federal government's influenza pandemic plan	5
General info about the illness	5
Conference about pandemic influenza in Toronto	4
Annual flu vaccination/clinics	3
SARS	3
Level of preparation/action plans	3
Other	9
dk/na	13

Q.26

What was the information about?

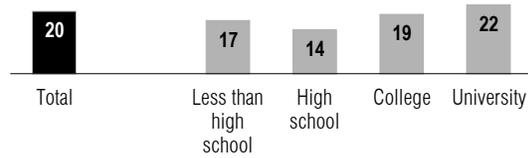
Subsample: Those who have heard, seen or read any information about pandemic influenza (n=2,507)

Specific information about pandemic influenza. In addition to knowing the proportion of Canadians who have been exposed to information on the news or in the media about pandemic influenza, PHAC was interested in understanding what proportion have specifically sought out or been given such information. Among those who are aware of information about pandemic influenza, two in ten (20%) say that they specifically obtained or received the information about it. When translated back onto the total sample, this represents one in ten (11%) of all Canadians.

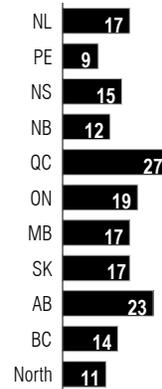
Residents of Quebec (27%) are most likely to have received or obtained pandemic information, followed by Albertans (23%). This proportion is relatively consistent across age and gender, as well as socio-economic status.

Those who have specifically received or obtained pandemic information are more likely than those who were exposed to information in other ways to say it was about infection control (39% vs. 28%), various action plans (5% vs. 3%) or developing a family emergency plan (6% vs. 2%). Furthermore, they are more likely than those who have simply been exposed to such information to say they are familiar with pandemic influenza (82% vs. 70%) and to be knowledgeable about (correct) differences between seasonal and pandemic flu (76% vs. 71%). However, the two groups hold similar perceptions of the seriousness of the pandemic risk today, compared to five years ago.

Received or obtained pandemic information
Yes 2007



Received or obtained pandemic information
Yes 2007



Q.27

Aside from what you may have heard on the news or in the media, have you ever specifically obtained or received information about pandemic influenza?

Subsample: Those who have heard, seen or read any information about pandemic influenza (n=2,541)

Sources of pandemic information

Most Canadians have been exposed to information about pandemic influenza via the media, particularly television and newspapers. However, a majority say they would turn to the Internet if they were looking for such information in the future.

Canadians have been exposed to information about pandemic influenza in different ways, either by encountering information without having made a deliberate attempt to locate it, or by seeking out information because of interest or concern. Thus, it is not surprising that there are significant differences between the sources of pandemic information that Canadians have been exposed to in the past, and the sources mentioned as those they would use if they were looking for such information today.

Sources used in the past. When Canadians who have seen, heard or read any information about pandemic influenza are asked for the source of that information, the most frequently mentioned is the media (74%). This primarily includes television news (44%) and newspaper articles (39%), but also sources such as radio news (9%), general magazines (8%), television health programs (6%) and health magazines (5%).

By comparison, relatively few say they got their information from Internet sources (14%), work (7%), hospitals and clinics (5%), books and libraries (5%), health professionals (4%) and health journals (4%). Two percent specifically mention Health Canada and one percent mention PHAC. A number of other sources are mentioned, but none by more than three percent (each).

These findings cannot be directly compared to the 2004 study, due to a change in question wording (the 2004 question asked about sources of information about influenza generally, rather than pandemic influenza specifically) and design (the 2004 question was asked of all respondents, while in the current survey it was asked only of those who reporting seeing, hearing or reading any information about pandemic influenza). Nonetheless, the overall pattern of results is very similar. In 2004, the top two sources of information about influenza (non-specific) were also television news and newspaper articles.

Sources of pandemic information

Sources used in past vs. sources would use today
2007

	SOURCES USED IN PAST ^A %	SOURCES WOULD USE TODAY %
NET Media	74	5
Television news	44	3
Newspaper article	39	2
Radio news	9	1
General magazine	8	*
Television health program	6	1
Health magazine	5	*
NET Internet	14	59
Websites (general)	13	53
News websites (general)	2	*
Google news/search	1	16
WHO website	1	3
Government website	1	2
Health/medical website	1	3
At work	7	1
Hospital/clinic	5	10
Books/library	5	3
Doctor	4	14
Health journals	4	1
Health Canada	2	20
Local public health authority	2	6
Public Health Agency of Canada (PHAC)	1	3
Nurse/pharmacist/other health professional	*	3
Other	13	6
None/dk/na	1	3
* Less than 0.5%		

Q.25

Where have you heard, seen or read about pandemic influenza in the past?

^A Subsample: Those who have heard, seen or read any information about pandemic influenza (n=2,541)

Q.28

If you were looking for information about pandemic influenza today, where would you go?

In 2007, the sources used for information about pandemic influenza are generally consistent across the country and among demographic segments. Media sources are mentioned more often by Manitobans

(80%), Quebecers (80%) and Nova Scotians (78%). Within media sources, television news is more often cited by Quebecers and residents of the Atlantic provinces; residents of Ontario and the Western provinces are more apt than others to mention newspaper articles and radio news.

While the overall use of media sources by men (75%) and women (73%) is similar, men are more likely to mention radio news (11% vs. 7%). Men (18%) are also notably more likely than women (10%) to mention Internet sources; women are more likely to mention work (9% vs. 5%). Media sources are more commonly cited by Canadians aged 50 or older and those with less education; however, for the former group, this is due to newspaper articles, while those without a high school degree are more likely to mention television news. Newspaper articles are also more apt to be mentioned by those with annual household incomes over \$40,000. The likelihood to have been exposed to pandemic information on the Internet is higher among men (18%), those with more formal education (17% of those with a university education) and more affluent Canadians (20% of those earning \$80,000 or more), and is lowest among those aged 60 or older (5%). Finally, and not surprisingly, those who pay close attention to media news sources are more likely to say they got pandemic information from the media (76%, vs. 69% of others), particularly newspaper articles.

Those who obtained or received specific information about pandemic influenza are more likely than those who were simply exposed to it to mention a variety of sources including the Internet, work, hospitals, health journals, Health Canada, brochures or pamphlets and local public health authorities. In turn, those exposed to pandemic information without having specifically sought it out are more apt to mention media sources, including television news, newspaper articles and general magazines.

Sources that would be used today. In contrast to the sources of pandemic information that Canadians have used in the past, the Internet (59%) is by far the most commonly mentioned source that people say they would use if they were looking for information on this topic today. While most people mention the Internet without specifying specific websites (53%), some specifically mention Google (14%), the WHO

website (3%), and various health or medical (3%) or government (2%) websites.

After the Internet, the next most popular source is Health Canada (20%), followed by doctors (14%), hospitals (10%) and local public health authorities (6%). Only five percent mention media sources and three percent mention PHAC. A number of other potential sources are mentioned, but none by more than four percent (each).

Although these findings cannot be directly compared to the 2004 study due to a change in question wording (the 2004 question asked about preferred information sources about influenza generally, rather than pandemic influenza specifically), the Internet was also the most preferred source in that research (mentioned by 53%). However, in 2004, there was a greater preference for doctors (32%) and fewer mentions of Health Canada (8%). This may be because individuals would turn to their doctors for information about seasonal flu, but would think of Health Canada for pandemic flu since it is not information that is personally or immediately pressing.

In 2007, the Internet is the source residents of all regions say is the most likely they will turn to for pandemic information, but is particularly high among residents of the North (74%) and British Columbia (68%), and is lowest in Quebec (50%). Quebecers are more likely than others to mention Health Canada (23%), together with Ontarians (21%), as well as hospitals (20%) and the media (11%). Nova Scotians (18%) are most likely to mention their doctor, while residents of British Columbia (8%) and the North (4%) are least likely to do so.

Consistent with the typical profile of Internet users, the likelihood to access pandemic information using this source increases with education and income, and is higher among those under 40 years of age. In turn, doctors and hospitals are preferred sources for those with less education and income; doctors are also more often mentioned by women and Canadians 60 years and older. Health Canada is more often cited as a potential source of pandemic information by those with a post-secondary education and those with incomes over \$20,000 a year.

Government of Canada website

Awareness of the Government of Canada's website about pandemic influenza is very limited and, to date, few have visited it.

Given that a majority of Canadians say they will turn to Internet sources if they want information about pandemic influenza, it is useful to know the level of awareness of the Government of Canada's website about pandemic influenza, www.pandemicinfluenza.gc.ca. Currently, less than one in ten (7%) have heard of the website. Among those who are aware, one-quarter (25%) say they have visited it, which represents two percent of all Canadians.

There are few regional or demographic differences in awareness of the GOC website. Those with without a high school diploma (10%) and those with a university degree (8%) are more apt than other Canadians to claim they have heard of the website. Of those who specifically received or obtained information about pandemic influenza, about one in four (24%) say they are aware of the website; this is significantly higher than the proportion of those who came across information in some other way (7%) or who do not recall any such information at all (2%). (The small sample size of those who have visited the site does not permit further regional or demographic analysis.)

Awareness of Government of Canada website

2007



Q.30

Have you ever heard of the Government of Canada's website about pandemic influenza, called www.pandemicinfluenza.gc.ca ?

Q.31

Have you ever visited this website?

Subsample: Those who have heard of the GOC's website about pandemic influenza (n = 301)

Preparation for a future pandemic

In examining Canadians' state of preparedness for a possible future outbreak of pandemic influenza, the research explored potential information sources, steps taken to prepare for such a possibility, including whether a family emergency plan was in place, and awareness of items that should be in an emergency kit. Survey respondents were also asked about their awareness of the Government of Canada's plan relating to pandemic influenza.

Information sources in case of pandemic

In the case of a pandemic, Canadians say they would rely equally on the media and the Internet for information about what is happening.

As previously reported, for Canadians, the media tends to be a major source of casual or serendipitous information, while the Internet is more likely to be seen as a source for purposefully sought-out information. However, when asked how they would go about getting information about what is happening if an influenza pandemic was to occur in Canada, both the media (51%) and the Internet (50%) are viewed as equally popular information sources.

In terms of the specific media sources, television news (42%) is the most frequently mentioned, followed by newspapers (20%) and radio news (16%). Specific Internet sources mentioned include the Health Canada website (15%), Google (5%), the Government of Canada website (4%) and the PHAC website (2%). Other information sources mentioned include local public health authorities (15%) and health professionals (9%). A number of other sources are mentioned, but none by more than three percent (each).

In the event of a pandemic, media sources, and particularly television news, are mentioned more often as preferred information sources by Ontarians (55%) and Prince Edward Islanders (57%), and less often by residents of Newfoundland and Labrador (35%). Quebecers (24%) are most likely to mention local public health authorities, followed by residents of Newfoundland and Labrador (17%) and Saskatchewan (16%). Nova Scotians (17%) are most likely to mention health care professionals, while Northerners (6%) and Quebecers (3%) are least likely to do so. Preference for using the Internet for this purpose is generally similar across regions.

There are some differences in preferred sources across demographic segments. Men are more likely to mention Internet sources; women are more likely to mention television news or health professionals. Media sources are more commonly mentioned by Canadians 50 or older and those with a university education, while the likelihood to say they would use the Internet increases with education and income, and declines with age. Older Canadians are more apt to say they would consult local public health authorities or a health professional.

Information sources in case of pandemic 2007

	%
NET Media	51
Television news	42
Newspaper	20
Radio news	16
NET Internet	50
Websites (general)	29
Health Canada website	15
Google news/search	5
Government of Canada website	4
Provincial/territorial health dept website	3
News websites (general)	2
CBC website	2
PHAC website	2
Local public health authority	15
Health professional	9
Other	15
dk/na	2

Q.29

If an influenza pandemic were to occur in Canada, how would you go about getting information about what is happening?

Preparation for a pandemic

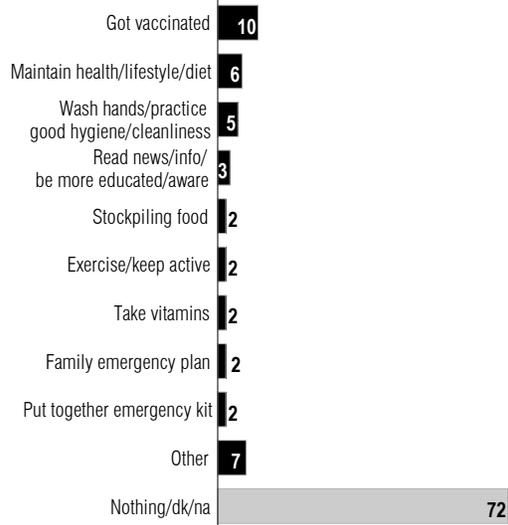
Most Canadians have not done anything to prepare for a possible pandemic outbreak, and only one in ten say they have drawn up a family emergency plan.

Personal preparation for a pandemic. Fully seven in ten Canadians (72%) have done nothing to prepare themselves or their families for a possible pandemic outbreak. Those who do mention some steps they have taken in preparation for an outbreak (28% in total) cite getting vaccinated (10%), maintaining their health, lifestyle and diet (6%), washing hands and practising good hygiene (5%), and reading news and other information to increase awareness (3%). A number of other steps are mentioned, including having prepared a family emergency plan (2%), but none by more than two percent (each).

The proportion of those who have done nothing in preparation for a possible pandemic outbreak is highest in Quebec (80%), Newfoundland and Labrador (80%) and P.E.I. (79%). Those who think the risk of a pandemic is very serious are more likely to mention getting vaccinated and are accordingly less likely to say they have done nothing to prepare.

Pandemic emergency plan. When specifically asked, one in ten Canadians (9%) say they have a pandemic emergency plan for themselves and their families.²¹ Ontarians (11%), Canadians aged 40 or older (11%), and those with lower levels of income (12% of those earning under \$40,000) are more likely to report having an emergency plan. Those who think the risk of a pandemic is very serious (16%) and those who have specifically obtained or received information about the illness (21%) are also more apt to say they have an emergency plan.

Personal preparation for pandemic 2007



Q.32

What, if anything, have you done to prepare yourself or your family for a possible pandemic outbreak?

21 This represents the combined proportion of respondents who mentioned a family emergency plan on an unaided basis at Q32 or an aided basis at Q33.

Awareness of emergency kit items. When asked what items should be included in an emergency kit for their household to be used in the event of an influenza pandemic, Canadians' most common suggestions are bottled water (25%), masks²² (22%), canned or non-perishable foods (16%), pain relievers and fever reducers such as Tylenol (15%), and hand sanitizers, soap or antiseptic hand wipes (10%). Smaller proportions mention gloves (6%), vitamins (4%), anti-viral drugs (4%) and emergency phone numbers (4%). More than four in ten (43%) could not identify anything that should go into an emergency kit.

The proportion who cannot identify any emergency kit items is highest in the North (58%), Newfoundland and Labrador (57%) and P.E.I. (55%), among men (47%) and among those without a post-secondary education (51%). It is also higher among those who have not specifically sought out information on pandemic influenza (38%) and those who say they have done nothing to prepare for a possible pandemic outbreak (48%).

Awareness of emergency kit items 2007

	%
Bottled water	25
Mask	22
Canned/non-perishable foods	16
Pain relievers/fever reducers (e.g., Tylenol)	15
Hand sanitizer/soap/antiseptic wipes	10
Gloves	6
Vitamins	4
Anti-viral drugs/antibiotics	4
Emergency phone numbers	4
Cleaning supplies/disinfectant/sanitizer	3
Medicines (general)	3
First aid kit/supplies	3
Other	18
dk/na	43

Q.34

From what you know or have heard, what items should be included in an emergency kit for your household to be used in the event of an influenza pandemic?

22 It should be noted that masks are not on the list of recommended items for an emergency kit.

Awareness of Government of Canada's pandemic plan

Almost half of Canadians are now aware of the Government of Canada's plan concerning influenza pandemics, a substantial increase over 2004.

Over the past three years, Canadians have become increasingly aware of the Government of Canada's plan for dealing with influenza pandemics. Almost half (45%) of Canadians say that, to the best of their knowledge, there is an overall Government of Canada plan regarding influenza pandemics, which is up 11 points since 2004 (34%).

It is interesting to note that the likelihood to identify the Government of Canada, Health Canada or PHAC as most responsible for dealing with a pandemic in Canada is no higher among those aware of the pandemic plan than those who are not. However, those who are aware of the plan are more apt to express confidence in the ability of all three of these bodies to contain a pandemic outbreak.

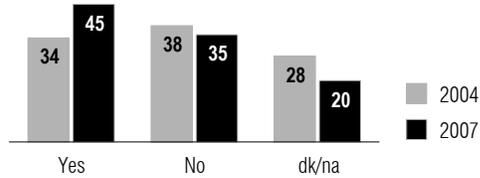
Since 2004, awareness of the federal government's pandemic plan has increased in all provinces except Newfoundland and Labrador (26%, unchanged), where it is now lowest of all regions. Awareness has increased most notably in Alberta (50%, up 21), where it joins Quebec (52%, up 12) as being among the provinces most aware of the pandemic plan.

Men, younger Canadians and those with higher levels of education and income are more likely to be aware of the government plan. Since 2004, awareness of the government's plan has increased in most key demographic groups, most notably men (as compared to women), those aged 18 to 49, those with university education and those with incomes of \$60,000 to \$80,000.

Those who have seen, heard or read information about pandemic influenza (51%) and those who have specifically obtained or received pandemic information (68%) are also more likely to be aware of the federal government's plan.

Awareness of Government of Canada's pandemic plan

2004 - 2007



Q.35

To the best of your knowledge, is there an overall Government of Canada plan regarding influenza pandemics?

CONCLUSIONS AND RECOMMENDATIONS

The findings of this survey indicate that Canadians have a growing familiarity with, and understanding of, pandemic influenza and related terms (e.g., seasonal influenza, vaccines, anti-viral medications). Seasonal and pandemic influenza are currently thought to differ primarily by the broader scope of a pandemic outbreak. While there is an increase in public understanding that pandemic influenza would involve a new virus and the time to produce a vaccine, it nonetheless remains very limited by comparison.

Canadians clearly believe that an influenza pandemic poses a real risk, yet only a minority think that an outbreak is likely to occur in this country in the next five years. Perhaps as a result of the lack of immediate salience of this issue, most individuals have yet to truly consider what they should do in the case of a pandemic outbreak and have yet to show significant attitudinal or behavioural change. Currently, the public has a relatively narrow view of appropriate infection control strategies, which focuses on frequent handwashing and a flu shot; these do not vary much from their strategies for avoiding seasonal influenza, nor do they change when considering what actions to take in the face of potential outbreaks in Asia, Europe, Central or South America, or the United States versus Canada. Reflecting a desire for this type of practical, “how to” information, Canadians continue to place the greatest importance on knowing how to protect themselves and how to prevent the disease from spreading during an outbreak of pandemic influenza.

The public would be most likely to turn to the Internet if they were purposely looking for pandemic information. However, very few Canadians report having done so to date; most have simply been exposed to information on this topic through the broadcast media. Furthermore, most Canadians have not begun

to prepare for a possible pandemic outbreak, with only one in ten who say they have drawn up a family emergency plan.

Canadians look first and foremost to the federal government to lead the response to a pandemic outbreak in Canada, and a growing number are aware of the Government of Canada’s overall plan concerning influenza pandemics. Both Health Canada and PHAC are well-positioned in the public mindset as able to contain the spread of an influenza pandemic in this country.

Based on the findings and conclusions of this research, the following recommendations are provided to PHAC for consideration:

1. The focus of communications should be on the infection control behaviors Canadians should use in the case of a pandemic outbreak to protect themselves and their families, and to prevent the spread of this illness. In addition, it would be valuable to address the public’s limited awareness that no flu vaccine will be immediately available in the case of an outbreak and to emphasize the importance of taking appropriate alternate measures.
2. PHAC may wish to target their educational efforts around pandemic influenza to less affluent Canadians with less education. In many research studies, health status and awareness of health issues has been linked to socio-economic circumstances, and this survey is no exception. In addition, specific communications may be required to improve men’s familiarity and knowledge around pandemic influenza; nonetheless, women should not be overlooked since they tend often to assume primary responsibility for their family’s health and well being.

3. Many Canadians would turn to the Internet as a potential source for pandemic information; therefore, it is advisable to continue to maintain a prominent web presence through the Government of Canada website www.pandemicinfluenza.gc.ca. However, to date, few Canadians have taken the initiative to search out such information for themselves; furthermore, about 30 percent of Canadians over 18 do not regularly access the Internet.²³ Thus, any communication efforts should also involve alternate methods, such as broadcast media or health care professionals and settings.
4. It would be worthwhile to repeat this research again in a few years' time to determine if Canadians' familiarity with, and understanding of, pandemic influenza has continued to improve, and to assess the effectiveness of any education and communications initiatives that PHAC may undertake in the meantime.

²³ Statistics Canada: The Canadian Internet Use Survey 2005.

METHODOLOGY

The results are based on a national telephone survey conducted between June 28 and July 28, 2007 with a representative sample of 4,463 Canadians aged 18 or older. The margin of error for a sample of 4,463 is +/- 1.5 percentage points, 19 times in 20. The margin of error is greater for results pertaining to regional or socio-demographic subgroups.

Sample design. The sampling method was designed to complete approximately 4,460 interviews with adult Canadians living within households randomly selected across the 10 provinces, and the three territories. Interviews were allocated disproportionate to provincial/territorial populations, which was dictated by the need for sufficient sample sizes to ensure a maximum margin of error of +/-5.0 percentage points at the provincial level (at the 95% confidence level). The regional distribution of the final sample is as follows:

In the data analysis, the final total sample was weighted by age and gender within province/region based on population data to reflect the actual proportions within each province or region.

Sampling method. Environics uses a sampling method in which sample is generated using the RDD (random digit dialling) technique. Samples are generated using a database of active phone ranges. These ranges are made up of a series of contiguous blocks of 100 contiguous phone numbers and are revised three to four times per year after a thorough analysis of the most recent edition of an electronic phonebook. Each number generated is processed through an appropriate series of validation procedures before it is retained as part of a sample. Each number generated is looked up in a recent electronic phonebook database to retrieve geographic location,

Sample design and final sample by region

Province/region	SAMPLE SIZE – DESIGN	SAMPLE SIZE UNWEIGHTED N	SAMPLE SIZE WEIGHTED N	MARGIN OF ERROR ¹
Newfoundland	385	385	82	±4.99
Nova Scotia	385	385	142	±4.99
New Brunswick	385	385	114	±4.99
Prince Edward Island	385	385	24	±4.99
Quebec	450	453	1,089	±4.60
Ontario	600	600	1,670	±4.00
Manitoba	385	385	163	±4.99
Saskatchewan	385	385	144	±4.99
Alberta	400	400	429	±4.90
British Columbia	400	400	590	±4.90
North	300	300	16	±5.66
TOTAL	4,460	4,463	4,463	±1.47

¹ plus or minus percentage points, at the 95% confidence level

business indicator and “do not call” status. The postal code for listed numbers is verified for accuracy and compared against a list of valid codes for the sample stratum. Non-listed numbers are assigned a “most probable” postal code based on the data available for all listed numbers in the phone exchange. This sample selection technique ensures that both unlisted numbers and numbers listed after the directory publication are included in the sample.

Screening. From within each multi-person household contacted, respondents 18 years of age and older were screened for random selection using the “most recent birthday” method. The use of this technique produces results that are as valid and effective as enumerating all persons within a household and selecting one randomly. Further screening was conducted to exclude from the study persons in households in which one (or more) persons is employed in market research, or by Health Canada.

Questionnaire. The questionnaire used for this survey was developed by Environics Research Group in consultation with the client. It was designed to be as consistent as possible with the 2004 survey, to allow for trending over time, while incorporating both improvements to the wording and flow of the questions, and new questions designed to address current information requirements.

Prior to finalizing the survey for field, Environics conducted a full pre-test with “live” respondents. This

consisted of telephone interviews in the same manner as for the full survey, but with a small sample of respondents. The interviews were monitored by Environics’ senior research consultant and representatives from PHAC and Health Canada. Following the pre-test, a small number of revisions to the questionnaire were identified and implemented, and upon final approval from the client, the questionnaire was translated into French using Environics’ professional translators. A pre-test of the French version of the questionnaire was also conducted, and the client approved the French version prior to conducting any French interviews. Copies of both the English and French language versions of the questionnaire are attached as an appendix.

Telephone interviewing. Fieldwork was conducted at Environics’ central facilities in Toronto and Montreal. Field supervisors were present at all times to ensure accurate interviewing and recording of responses. During fieldwork, 10 percent of each interviewer’s work was unobtrusively monitored for quality control. All fieldwork was conducted in accordance with the professional standards established by the Marketing Research and Intelligence Association (MRIA), as well as applicable federal legislation (PIPEDA). The introduction of the survey included reference to the fact that it is registered with the National Survey Registration System. A minimum of five calls were made to a household before classifying it as a “no answer.” The average length of time required to complete the survey was 23 minutes.

Completion results. The total sample for this survey consisted of 4,463 interviews completed June 28 to July 28, 2007 among adult Canadians aged 18 and older. The effective response rate for the general population survey is 10 percent.²⁴ This is calculated as the number of responding participants (completed interviews, disqualifications and over-quota participants – 4,966), divided by unresolved numbers (busy, no answer – 16,084) plus non-responding households or individuals (refusals, language barrier, missed callbacks – 29,486) plus responding participants (4,966) [R/(U+IS+R)]. The disposition of all dialled sample for the survey is presented in the following table.

Total sample dialled	60,143
UNRESOLVED NUMBERS (U)	16,084
Busy	159
No answer	5,973
Answering machine	9,952
RESOLVED NUMBERS (Total minus Unresolved)	44,059
OUT OF SCOPE (Invalid/non-eligible)	9,607
Non-residential	708
Not-in-service	7,904
Fax/modem	995
IN SCOPE NON-RESPONDING (IS)	29,486
Refusals – household	17,604
Refusals – respondent	4,856
Language barrier	1,655
Callback missed/respondent not available	5,084
Break-offs (interview not completed)	287
IN SCOPE RESPONDING (R)	4,966
Disqualified	0
Quota filled	503
Completed	4,463
RESPONSE RATE [R / (U + IS + R)]	10%

24 This response rate calculation is based on a formula developed by MRIA in consultation with the Government of Canada (Public Works and Government Services).

Sample profile

The table below presents a profile of the final sample, compared to sample of the 2004 survey and to the actual population of Canada (2001 Census information).

Sample profile

	2007 SAMPLE %	2004 SAMPLE %	CANADA ¹ %
Region			
Newfoundland and Labrador	2	2	2
Prince Edward Island	1	1	*
Nova Scotia	3	3	3
New Brunswick	3	3	3
Quebec	24	24	25
Ontario	37	37	38
Manitoba	4	4	4
Saskatchewan	3	3	3
Alberta	10	10	10
British Columbia	13	13	13
North	*	–	*
Age			
18-29	20	20	20
30-39	20	20	20
40-49	21	21	21
50-59	16	16	16
60+	22	22	22
Gender			
Male	48	48	48
Female	52	52	52
Education²			
Less than high school	9	14	31
Completed high school	18	22	14
Community college	26	21	26
University	46	42	26
Household income			
Under \$20,000	8	12	n/a
\$20,000 to \$39,999	19	24	
\$40,000 to \$59,999	16	19	
\$60,000 to \$79,999	11	12	
\$80,000 to \$99,999	11	7	
\$100,000 or more	16	11	
Refused	18	14	

*Less than one percent

1 Source: Statistics Canada, 2001 Census

2 Both the 2004 categories and the actual census categories differ from those used in the 2007 survey and have been recalculated to correspond. Census data for education are for Canadians 15+, giving a higher proportion with less than a high school diploma

APPENDIX A
QUESTIONNAIRES
(ENGLISH AND FRENCH)

**Public Health Agency of Canada
2007 Pandemic Influenza National Survey**

FINAL Questionnaire – REV.2

Introduction

Good morning/afternoon/evening. My name is _____ and I am calling from Environics Research Group, a public opinion research company. We are conducting a study on behalf of the Government of Canada to find out what people think about some important issues facing Canada today. Please be assured that we are not selling or soliciting anything. This survey is registered with the national survey registration system.

We choose telephone numbers at random and then select one person from each household to be interviewed. To do this, we would like to speak to the person in your household, 18 years of age or older, who has had the most recent birthday. Would that be you?

IF PERSON SELECTED IS NOT AVAILABLE, ARRANGE FOR CALL-BACK

IF PERSON SELECTED IS NOT AVAILABLE OVER INTERVIEW PERIOD, ASK FOR PERSON WITH NEXT MOST RECENT BIRTHDAY

IF ASKED: The survey will take about 15 minutes to complete

IF ASKED: The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-800-554-9996.

Participant Screening

A. Are you or are any members of your immediate family employed by a market research firm, by Health Canada or by the Public Health Agency of Canada?

01 – Yes THANK AND TERMINATE
02 – No CONTINUE

B. Would you prefer to be interviewed in English or French?

RECORD LANGUAGE OF INTERVIEW

01 - English
02 – French

Flu knowledge/familiarity

2004/Q1

1. How closely would you say you follow the news from all media sources including television, newspapers, magazines, radio and Internet? Please respond using a number between 1 and 7, where 1 means not at all closely and 7 means extremely closely.

01 - Not at all closely
02 -
03 -
04 -
05 -
06 -
07 - Extremely closely
99 - DK/NA

2004/Q2

2. Generally speaking, how familiar are you with seasonal influenza, also known as the flu? Please use a number between 1 and 7, where 1 means not at all familiar and 7 means very familiar.

01 - Not at all familiar
02 -
03 -
04 -
05 -
06 -
07 - Very familiar
99 - DK/NA

2004/Q3

3. And using the same scale, how familiar would you say you are with the health risks associated with the flu? CLARIFY ONLY IF NECESSARY: Please use a number between 1 and 7, where 1 means not at all familiar and 7 means very familiar.

01 - Not at all familiar
02 -
03 -
04 -
05 -
06 -
07 - Very familiar
99 - DK/NA

2004/Q4

4. Based on what you know about the flu, what are the main symptoms of the illness?
DO NOT READ – CODE ALL MENTIONS

01 - High Fever
02 - Shortness of breath
03 - Weight loss
04 - Vomiting
05 - Diarrhea
06 - General aches and pain
07 - Congestion / respiration problems
08 - Nausea / loss of appetite / stomach problems
09 - Cough
10 - Headache
11 - Sore throat
12 - Tired / weak / fatigue / lack of energy
13 - Runny nose / sniffles
14 - Chills
15 - Sneezing
16 - General cold symptoms
17 - Dizziness
18 - General bad feeling (unspecified)
19 - General flu symptoms
20 - Sweating / hot and cold flashes
21 - Dehydration
98 - Other (SPECIFY _____)
99 - DK/NA

NEW

5. During the last flu season, what steps did you personally take to prevent or reduce your chances of getting or spreading the flu?
DO NOT READ – CODE ALL MENTIONS

01 – Got flu shot
02 – Washed hands frequently
03 – Covered mouth when sneezing
04 – Kept surfaces/countertops clean
05 – Stayed home when sick
06 – Avoided public areas/events
07 – Avoided public transportation
08 – Exercised regularly
09 – Took vitamins
10 – Wore a mask
11 – Avoided travel (unspecified)
12 – Avoided international travel/to other countries
13 – Avoided domestic travel/travel in Canada
98 - Other (SPECIFY _____)
97 - None/took no steps
99 - DK/NA

NEW

6. Apart from anything you may have done yourself, what other things can be done to prevent or reduce the chances of getting or spreading the flu?
DO NOT READ – CODE ALL MENTIONS

- 01 – Get flu shot
- 02 – Wash hands frequently
- 03 – Cover mouth when sneezing
- 04 – Keep surfaces/countertops clean
- 05 – Stay home when sick
- 06 – Avoid public areas/events
- 07 – Avoid public transportation
- 08 – Exercise regularly
- 09 – Take vitamins
- 10 – Wear a mask
- 11 – Avoid travel (unspecified)
- 12 – Avoid international travel/to other countries
- 13 – Avoid domestic travel/travel in Canada
- 98 - Other (SPECIFY _____)
- 97 – None/nothing can be done
- 99 - DK/NA

ASK Q7 OF ALL

- IF CODE 1 MENTIONED AT Q.5, ASK CODES 2-3 ONLY
- IF NOT CODE 1 AT Q.5, ASK CODES 1-3

2004/Q5

7. Which of the following statements best describes you?
READ IN ORDER SHOWN

- 01 - I have never received an influenza shot
- 02 - I have received an influenza shot but not annually
- 03 - I currently receive an influenza shot annually
- VOLUNTEERED
- 99 – DK/NA

2004/Q16 – asked about flu generally – shortened list of items

8. I'm going to read you a list of possible methods of protecting yourself from getting the flu. How effective do you feel each one might be using a number between 1 and 7, where 1 means not at all effective and 7 is extremely effective?
READ AND ROTATE

- a. Washing your hands frequently
- b. Getting your annual flu shot
- c. Drinking lots of fluids
- d. Taking vitamins
- e. Exercising regularly

- 01 – Not at all effective
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 – Extremely effective
- 99 – DK/NA

2004/Q15 – revised terminology

9. Based on everything that you know about the flu, how contagious would you say the disease is? Please use a number between 1 and 7, where 1 means not at all contagious and 7 means extremely contagious.

01 - Not at all contagious
 02 -
 03 -
 04 -
 05 -
 06 -
 07 - Very contagious
 99 - DK/NA

Influenza terminology**2004/Q6 – revised list**

10. Please tell me your level of familiarity with each of the following terms. Again, please respond using a number between 1 and 7, where 1 means not at all familiar and 7 means very familiar.

READ AND ROTATE

- a. Pandemic influenza
- b. Avian influenza
- c. Anti-viral medications
- d. Vaccines

01 – Not at all familiar
 02 –
 03 –
 04 –
 05 –
 06 –
 07 – Very familiar
 99 – DK/NA

2004/Q8 – revised terminology

11. From what you know or have heard, what is the main difference between seasonal influenza and pandemic influenza?

DO NOT READ – CODE FIRST REPOSE ONLY

- 01 - A pandemic affects more people
 02 - A pandemic involves people in more than one country
 03 - A pandemic is global
 04 - People in many countries die from a pandemic
 05 - Seasonal is not as severe
 06 - Seasonal is localized or restricted to one country
 07 - Seasonal is more widespread / Pandemic is less widespread
 08 - Pandemic is more widespread / Seasonal is less widespread
 98 - Other (SPECIFY _____)
 97 - No difference SKIP TO Q12
 99 - DK/NA SKIP TO Q12

2004/Q8a – revised terminology

11a. Is there any other difference you can think of?

DO NOT READ – CODE ALL THAT APPLY

- 01 - A pandemic affects more people
- 02 - A pandemic involves people in more than one country
- 03 - A pandemic is global
- 04 - People in many countries die from a pandemic
- 05 - Seasonal is not as severe
- 06 - Seasonal is localized or restricted to one country
- 07 - Seasonal is more widespread / Pandemic is less widespread
- 08 - Pandemic is more widespread / Seasonal is less widespread
- 98 - Other (SPECIFY _____)
- 97 - No difference
- 99 - DK/NA

NEW

12. From what you know or have heard, what is the main difference between pandemic influenza and avian influenza?

DO NOT READ – CODE FIRST REPOSE ONLY

- 01 - Avian is spread among birds
- 02 - Pandemic is spread among humans
- 03 - Not easy for humans to contract avian influenza
- 04 - Humans can only contract avian influenza by contact with infected bird
- 98 - Other (SPECIFY _____)
- 97 - No difference
- 99 - DK/NA

SKIP TO Q13

SKIP TO Q13

NEW

12a. Is there any other difference you can think of?

DO NOT READ – CODE ALL THAT APPLY

- 01 - Avian is spread among birds
- 02 - Pandemic is spread among humans
- 03 - Not easy for humans to contract avian influenza
- 04 - Humans can only contract avian influenza by contact with infected bird
- 98 - Other (SPECIFY _____)
- 97 - No difference
- 99 - DK/NA

Pandemic influenza

Influenza A viruses can periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. Experts agree that future influenza pandemics are inevitable but the timing of the next one cannot be predicted.

2004/Q23 – moved to earlier in the survey

13. From what you know or have heard, can you tell me what danger there could be with a new influenza pandemic?
DO NOT READ – CODE ALL THAT APPLY

- 01 - New virus - no immunity
- 02 - Very widespread illness
- 03 - Lots of death
- 04 - Young people affected
- 05 - Take time to produce required vaccines
- 06 - Hospital overcrowding / lack of facilities
- 07 - Cost to the public / Health Care / the economy
- 08 - Elderly endangered
- 09 - Panic
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

2004/Q12 – revised terminology

14. Do you think that an influenza pandemic poses a very serious, somewhat serious, not very serious or not at all serious risk in Canada today?

- 01 - Very serious
- 02 - Somewhat serious
- 03 - Not very serious
- 04 - Not at all serious
- 99 - DK/NA

2004/Q13

15. Do you think that the risk of an influenza pandemic affecting Canada today is greater or lower than it was five years ago? Please use a scale from 1 to 7, where 1 means “much lower now” and 7 means “much greater now”.

- 01 - Much lower now
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 - Much greater now
- 99 - DK/NA

2004/Q14

16. Using a number between 1 and 7, where 1 means not at all likely and 7 means very likely, how likely do you think it is that Canada will be affected by an influenza pandemic in the next five years?

01 - Not at all likely
02 -
03 -
04 -
05 -
06 -
07 - Very likely
99 - DK/NA

NEW

17. To the best of your knowledge, what things can people do to prevent or reduce the chances of getting or spreading pandemic influenza?

DO NOT READ – CODE ALL MENTIONS

01 – Get flu shot
02 – Wash hands frequently
03 – Cover mouth when sneezing
04 – Keep surfaces/countertops clean
05 – Stay home when sick
06 – Avoid public areas/events
07 – Avoid public transportation
08 – Exercise regularly
09 – Take vitamins
10 – Wear a mask
11 – Avoid travel (unspecified)
12 – Avoid international travel/to other countries
13 – Avoid domestic travel/travel in Canada
98 - Other (SPECIFY _____)
97 – None/nothing can be done
99 - DK/NA

ASK EACH ITEM AT Q18 PAIRED WITH Q19 (IF APPLICABLE) BEFORE MOVING ON TO NEXT ITEM AT Q.20:

NEW

18. Would you definitely, likely, or likely not take steps to protect yourself and your family if you heard that there was a possible pandemic outbreak in...?

READ IN ORDER SHOWN

- a. Asia
b. Europe
c. Central and South America
d. The United States
e. Canada

01 - Definitely
02 – Likely
03 – Likely not
VOLUNTEERED
04 – Definitely not
99 – DK/NA

ASK Q.19 FOR EACH 'DEFINITELY' OR 'LIKELY' AT Q.18:

NEW (Similar to 2004/Q.10)

19. What would you do?

DO NOT READ – CODE ALL THAT APPLY

- 01 - Get vaccinated
- 02 - Get children vaccinated
- 03 - Stay inside
- 04 - Leave town
- 05 - Stop going to public events/places
- 06 - Wear a mask
- 07 - Contact doctor
- 08 - Contact local health authorities
- 09 - Wash hands / general hygiene
- 10 - Avoid people
- 11 - Check news sources
- 12 - Do own research / internet research
- 13 - Eat healthy / vitamins / rest
- 14 - Panic
- 15 - Pray
- 16 - Nothing
- 17 - Take precautions/ be careful (unspecified)
- 18 – Avoid travel (unspecified)
- 19 – Avoid international travel/to other countries
- 20 – Avoid domestic travel/travel in Canada
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

2004/Q16 – asked for pandemic specifically

20. I'm going to read you a list of possible methods of protecting yourself from getting pandemic influenza. How effective do you feel each one might be using a number between 1 and 7, where 1 means not at all effective and 7 is extremely effective?

READ AND ROTATE

- a. Washing your hands frequently
- b. Wearing a mask
- c. Taking antibiotics before becoming infected
- d. Avoiding public areas and events
- e. Avoiding public transportation
- f. Drinking lots of fluids
- g. Taking vitamins
- h. Exercising regularly
- i. Getting your annual flu shot
- j. Developing a family emergency plan

- 01 – Not at all effective
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 – Extremely effective
- 99 – DK/NA

[2004/Q17 – revised list](#)

21. In your opinion, who is primarily responsible for dealing with an influenza pandemic in Canada? Is it...
READ AND ROTATE – CODE ONE ONLY

- 01 - Local Public Health Authorities
- 02 - Health Canada
- 03 – The Public Health Agency of Canada
- 04 - The Government of Canada
- 05 – Provincial and territorial governments
- VOLUNTEERED
- 06 - Combination
- 07 – All of the above
- 99 – DK/NA

[2004/Q19 – revised terminology and list](#)

22. How confident are you in the ability of each of the following health organizations or institutions to contain the spread of an influenza pandemic? Please use a number between 1 and 7, where 1 means not at all confident and 7 means extremely confident.
READ AND ROTATE

- a. Local Public Health Authorities
- b. Local Hospitals
- c. Your provincial department of health (provincial government)
- d. Health Canada
- e. The Public Health Agency of Canada
- f. World Health Organization
- g. Government of Canada

- 01 – Not at all confident
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 – Very confident
- 99 – DK/NA

2004/Q22

23. For the next series of questions I'm going to read you two possible pieces of information related to influenza and I would like you to tell me which you feel is more important for you to know during an outbreak of pandemic influenza.

RANDOMLY CHOOSE 3 OF 21 POSSIBLE PAIRS

a. Which do you feel is more important for you to know during an outbreak of pandemic influenza?
RANDOMLY CHOOSE ORDER OF PRESENTATION WITHIN PAIR – CODE ONE ONLY

01 - The symptoms of influenza

02 - How to protect yourself from contracting influenza

03 - How to prevent the disease from spreading throughout the greater community

04 - How to treat someone who is infected

05 - Where to go for treatment

06 - How quickly the disease is spreading

07 - The chances of contracting influenza

VOLUNTEERED

99 - DK/NA

b. Which do you feel is more important for you to know during an outbreak of pandemic influenza?
RANDOMLY CHOOSE ORDER OF PRESENTATION WITHIN PAIR – CODE ONE ONLY

01 - The symptoms of influenza

02 - How to protect yourself from contracting influenza

03 - How to prevent the disease from spreading throughout the greater community

04 - How to treat someone who is infected

05 - Where to go for treatment

06 - How quickly the disease is spreading

07 - The chances of contracting influenza

VOLUNTEERED

99 - DK/NA

c. Which do you feel is more important for you to know during an outbreak of pandemic influenza?
RANDOMLY CHOOSE ORDER OF PRESENTATION WITHIN PAIR – CODE ONE ONLY

01 - The symptoms of influenza

02 - How to protect yourself from contracting influenza

03 - How to prevent the disease from spreading throughout the greater community

04 - How to treat someone who is infected

05 - Where to go for treatment

06 - How quickly the disease is spreading

07 - The chances of contracting influenza

VOLUNTEERED

99 - DK/NA

Information about Pandemic**NEW**

24. Have you ever heard, seen or read any information about pandemic influenza?

- 01 - Yes
- 02 – No SKIP TO Q28
- 99 – DK/NA SKIP TO Q28

2004/Q23 – revised terminology

25. Where have you heard, seen or read about pandemic influenza in the past?
DO NOT READ – CODE ALL THAT APPLY

- 01 - Television news
- 02 - Television health program
- 03 - Radio news
- 04 - Radio health program
- 05 - Newspaper article
- 06 - Health magazine
- 07 - Health journals
- 08 - Books/library
- 09 - Websites/Internet (PROBE FOR SPECIFICS)
- 10 - Doctor
- 11 - Nurse
- 12 - Pharmacist
- 13 - Other health care professional
- 14 - School
- 15 - Health Canada
- 16 - Public Health Agency of Canada (PHAC)
- 17 - Family or friends
- 18 - Brochure / flyer / pamphlet - general
- 19 - Brochure / flyer / pamphlet - medical
- 20 - At work
- 21 - Hospital / Clinic
- 22 - General magazine
- 23 - Local Public Health Authorities
- 98 - Other (SPECIFY _____)
- 97 - None/never seen/heard anything
- 99 - DK/NA

NEW

26. What was the information about?
DO NOT READ – CODE ALL THAT APPLY

- 01 - Media story about American man who flew with TB
- 02 - Conference about pandemic influenza in Toronto
- 03 - How to prevent/reduce risk of getting/spreading the flu
- 04 - Developing a family emergency plan
- 05 - Putting together an emergency kit
- 06 - Information about federal government's overall pandemic plan
- 07 - Annual flu vaccination/flu shot clinics
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

NEW

27. Aside from what you may have heard on the news or in the media, have you ever specifically obtained or received information about pandemic influenza?
 [INTERVIEWER NOTE: This refers to things like brochures given out by health professionals or governments, or information obtained through Internet searches]

01 - Yes
 02 - No
 99 - DK/NA

2004/Q25 – revised terminology

28. If you were looking for information about pandemic influenza today, where would you go?
 DO NOT READ – CODE ALL THAT APPLY

01 - Television news
 02 - Television health program
 03 - Radio news
 04 - Radio health program
 05 - Newspaper article
 06 - Health magazine
 07 - Health journals
 08 - Books/library
 09 - Websites/Internet (PROBE FOR SPECIFICS)
 10 - Doctor
 11 - Nurse
 12 - Pharmacist
 13 - Other health care professional
 15 - Health Canada
 16 - Public Health Agency of Canada (PHAC)
 17 - Family or friends
 18 - Brochure / flyer / pamphlet - general
 19 - Brochure / flyer / pamphlet - medical
 20 - At work
 21 - Hospital / Clinic
 22 - General magazine
 23 - Local Public Health Authorities
 98 - Other (SPECIFY _____)
 99 - DK/NA

NEW

29. If an influenza pandemic were to occur in Canada, how would you go about getting information about what is happening?
 DO NOT READ – CODE ALL THAT APPLY

01 - Television news
 02 - Radio news
 03 - Newspaper
 04 - Websites/Internet (PROBE FOR SPECIFICS)
 05 - Government of Canada website
 06 - Health Canada website
 07 - Public Health Agency of Canada website
 08 - Website for provincial government/ministry of health
 09 - Family/friends
 10 - Through work
 11 - Local Public Health Authorities
 98 - Other (SPECIFY _____)
 99 - DK/NA

NEW

30. Have you ever heard of the Government of Canada's website about pandemic influenza, called www.pandemicinfluenza.gc.ca ?

01 - Yes

02 – No SKIP TO Q32

99 – DK/NA SKIP TO Q32

NEW

31. Have you ever visited this website?

01 - Yes

02 – No

99 – DK/NA

NEW

32. What, if anything, have you done to prepare yourself or your family for a possible pandemic outbreak?
DO NOT READ – CODE ALL THAT APPLY

01 - Got family preparedness guide

02 - Got vaccinated

03 - Stockpiling antivirals

04 - Put together emergency kit

05 - Got face masks

06 - Stockpiling food

07 - Prepared family emergency plan

97 - Nothing

98 - Other (SPECIFY _____)

99 - DK/NA

ASK Q33 IF CODE 7 NOT MENTIONED AT Q.32. OTHERWISE SKIP TO Q34.

NEW

33. Do you have a pandemic emergency plan for you and your family, so that everyone knows what to do, where to go and who to contact in the event of an influenza pandemic?

01 - Yes

02 – No

99 – DK/NA

NEW

34. From what you know or have heard, what items should be included in an emergency kit for your household to be used in the event of an influenza pandemic?

DO NOT READ – CODE ALL THAT APPLY

01 - Bottled water

02 - Canned/non-perishable foods

03 - Cans/jars of baby food

04 - Pet food

05 - Flashlight

06 - Batteries

07 - Radio

08 - Candles

09 - Matches/lighter

10 - Cash/change on hand

11 - Pain relievers/fever reducers (e.g. Tylenol)

12 - Thermometer

98 - Other (SPECIFY _____)

99 - DK/NA

2004/Q26

35. To the best of your knowledge, is there an overall Government of Canada plan regarding influenza pandemics?

01 - Yes

02 - No

99 - DK/NA

Demographics

To finish up, I would like to ask you a few questions about you and your household for statistical purposes only. Please be assured that your answers will remain completely confidential.

D1. In what year were you born?

_____ Year
9999 – REFUSE/NA

D2. What is the highest level of formal education that you have completed?
DO NOT READ

- 01 - Public/elementary school or less (grade 1-8)
- 02 - Some high school
- 03 - Graduated from high school
- 04 - Community/technical college or CEGEP
- ~~05 - Trade certification~~
- 06 - Some ~~community college~~ or university (MUST HAVE COMPLETED HIGH SCHOOL)
- 07 - Bachelor's degree
- ~~08 - Professional certification~~
- 09 – Post-graduate degree (MUST HAVE COMPLETED BACHELOR'S DEGREE)
- VOLUNTEERED
- 99 - REFUSE/NA

D3. Are you an Aboriginal person? CLARIFY IF NECESSARY: A First Nations, Métis or Inuit person?

- 01 - Yes
- 02 – No SKIP TO Q.D4
- 99 - REFUSE/NA SKIP TO Q.D4

D3a. Would you identify yourself as First Nations, Métis, Inuit or another?

- 01 - First Nations
- 02 - Métis
- 03 - Inuit
- VOLUNTEERED
- 04 - Inuk
- 05 - Inuvialuit
- 98 - Other (SPECIFY _____)
- 99 - REFUSE/NA

IF CODE 1 AT Q.D3a, ASK QD3b. OTHERWISE, SKIP TO Q.D4.

D3b. Over the last twelve months, have you been living primarily on reserve or off reserve?

- 01 - On reserve
- 02 - Off reserve
- 99 - REFUSE/NA

D4. What was your annual household income from all sources before taxes for 2006?
READ – STOP WHEN REACH APPROPRIATE CATEGORY

- 01 - Less than \$20,000
- 02 - \$20,000 - \$29,999
- 03 - \$30,000 - \$39,999
- 04 - \$40,000 - \$49,999
- 05 - \$50,000 - \$59,999
- 06 - \$60,000 - \$79,999
- 07 - \$80,000 - \$99,999
- 08 - \$100,000 or plus
- VOLUNTEERED
- 97 - REFUSE
- 99 - DK/NA

D5. And finally, to help us understand how results may vary by communities of different sizes, may I have the six digits of your postal code?
RECORD

This completes the survey. In case my supervisor would like to verify that I conducted this interview, may I have your first name?

First Name: _____

Thank you very much for your time and assistance. This survey was conducted on behalf of the Public Health Agency of Canada, and is registered under the Federal Access to Information Act.

RECORD:

D6. Province/Territory

- 01 - Alberta
- 02 - British Columbia
- 03 - Manitoba
- 04 - New Brunswick
- 05 - Newfoundland
- 06 - Northwest Territories
- 07 - Nova Scotia
- 08 - Nunavut
- 09 - Ontario
- 10 - Prince Edward Island
- 11 - Quebec
- 12 - Saskatchewan
- 13 - Yukon

D7. Gender

- 01 - Male
- 02 - Female

-- END --

Agence de la santé publique du Canada
Sondage national de 2007 sur la pandémie d'influenza National Survey

Questionnaire DÉFINITIF – Rev.1

Introduction

Bonjour/Bonsoir. Mon nom est _____ et je vous appelle au nom d'Environics Research Group, une société de recherche sur l'opinion publique. Nous réalisons un sondage pour le compte du gouvernement du Canada, afin de savoir ce que les gens pensent à propos de dossiers importants au Canada aujourd'hui. Veuillez avoir l'assurance que nous ne vendons ni ne sollicitons rien. Ce sondage est inscrit dans le système national d'inscription des sondages

Nous choisissons des numéros de téléphone au hasard, puis nous choisissons une personne à interviewer dans chaque foyer. Pour cela, nous aimerions parler à la personne de votre foyer, âgée de 18 ans ou plus, qui a célébré son anniversaire de naissance le plus récemment. Est-ce vous ?

SI LA PERSONNE CHOISIE N'EST PAS DISPONIBLE, PRENDRE DES ARRANGEMENTS POUR UN RAPPEL.

SI LA PERSONNE CHOISIE N'EST PAS DISPONIBLE PENDANT LA PÉRIODE DES ENTREVUES, DEMANDER À PARLER À LA DEUXIÈME PERSONNE QUI A CÉLÉBRÉ SON ANNIVERSAIRE LE PLUS RÉCEMMENT.

SI DEMANDÉ : Il faudra environ 15 minutes pour compléter le sondage

SI DEMANDÉ : Le système d'inscription a été mis sur pied par l'industrie canadienne de recherche par sondages, afin de permettre au public de vérifier la légitimité d'un sondage, d'obtenir plus de renseignements au sujet de l'industrie des sondages ou de déposer une plainte. Le numéro sans frais du système d'enregistrement est le suivant : 1-800-554-9996.

Sélection des participants

A. Est-ce que vous ou un membre de votre famille immédiate êtes à l'emploi d'une entreprise d'études de marché, de Santé Canada ou de l'Agence de la santé publique du Canada ?

01 – Oui REMERCIER ET TERMINER
02 – Non POURSUIVRE

B. Préférez-vous que l'entrevue se déroule en français ou en anglais ?
NOTER LA LANGUE D'ENTREVUE

01 – Anglais
02 – Français

Connaissances et sensibilisation à propos de la grippe

2004/Q1

1. Dans quelle mesure suivez-vous de près les actualités provenant de toutes les sources médiatiques, soit la télévision, les journaux, les magazines, la radio et Internet ? Veuillez répondre en utilisant une échelle de 7 points où 1 signifie « pas du tout de près » et 7, « d'extrêmement près ».

01 – Pas du tout de près
02 -
03 -
04 -
05 -
06 -
07 – D'extrêmement près
99 - NSP/PR

2004/Q2

2. En termes généraux, le sujet de la grippe saisonnière vous est-il très familier ou très peu familier ? Veuillez utiliser une échelle de 7 points où 1 signifie « pas du tout familier » et 7, « très familier ».

01 - Pas du tout familier
02 -
03 -
04 -
05 -
06 -
07 - Très familier
99 - NSP/PR

2004/Q3

3. Et, à l'aide de la même échelle, dans quelle mesure les risques pour la santé associés à la grippe vous sont-ils familiers ? PRÉCISER SEULEMENT AU BESOIN : Veuillez s'il vous plaît utiliser un chiffre variant de 1 à 7, où 1 signifie « pas du tout familiers » et 7, « très familiers ».

01 - Pas du tout familiers
02 -
03 -
04 -
05 -
06 -
07 - Très familiers
99 - NSP/PR

2004/Q4

4. En vous basant sur vos connaissances de la grippe, quels sont les principaux symptômes de la maladie ?
NE PAS LIRE – NOTER TOUTES LES MENTIONS

- 01 - Fièvre élevée
- 02 - Dyspnée (essoufflement)
- 03 - Perte de poids
- 04 - Vomissements
- 05 - Diarrhée
- 06 - Douleurs et maux
- 07 - Congestion / Problèmes de respiration
- 08 - Nausées/ manque d'appétit / maux d'estomac
- 09 - Toux
- 10 - Maux de tête
- 11 – Mal de gorge
- 12 - Fatigue / manque d'énergie / faiblesse
- 13 – Écoulement nasal
- 14 - Frissons
- 15 - Éternuements
- 16 - Symptômes du rhume
- 17 - Étourdissements
- 18 - Malaise général (non précisé)
- 19 - Symptômes de la grippe
- 20 - Transpiration / chaleurs et frissons
- 21 - Déshydratation
- 98 - Autre (PRÉCISER _____)
- 99 - NSP/PR

NEW

5. Lors de la dernière saison de grippe, quelles mesures avez-vous personnellement prises afin de prévenir ou de réduire les chances de contracter ou de propager la grippe ?
NE PAS LIRE – NOTER TOUTES LES MENTIONS

- 01 – A reçu un vaccin antigrippal/vaccin contre la grippe
- 02 – S'est lavé les mains fréquemment
- 03 – Se couvrait la bouche lors des éternuements
- 04 – A maintenu les surfaces/les comptoirs propres
- 05 – Est resté(e) à la maison quand malade
- 06 – A évité les endroits/événements publics
- 07 – A évité le transport en commun
- 08 – A fait de l'exercice régulièrement
- 09 – A pris des vitamines
- 10 – A porté un masque
- 11 – A évité de voyager (non précisé)
- 12 – A évité de faire des voyages internationaux/dans d'autres pays
- 13 – A évité de faire des voyages au pays/voyages à l'intérieur du Canada
- 98 – Autre (PRÉCISER _____)
- 97 – Aucune/n'a pris aucune mesure
- 99 - NSP/PR

NEW

6. Exception faite des choses que vous avez peut-être faites vous-même, quelles autres mesures peut-on prendre afin de prévenir ou de réduire les chances de contracter ou de propager la grippe ?
NE PAS LIRE – NOTER TOUTES LES MENTIONS

- 01 – Recevoir un vaccin antigrippal/vaccin contre la grippe
- 02 – Se laver les mains fréquemment
- 03 – Se couvrir la bouche lors des éternuements
- 04 – Maintenir les surfaces/les comptoirs propres
- 05 – Rester chez soi quand on est malade
- 06 – Éviter les endroits/événements publics
- 07 – Éviter le transport en commun
- 08 – Faire de l'exercice régulièrement
- 09 – Prendre des vitamines
- 10 – Porter un masque
- 11 – Éviter de voyager (non précisé)
- 12 – Éviter de faire des voyages internationaux/dans d'autres pays
- 13 – Éviter de faire des voyages au pays/voyages à l'intérieur du Canada
- 98 - Autre (PRÉCISER _____)
- 97 – Aucune/On ne peut rien faire
- 99 - NSP/PR

POSER LA Q7 À TOUS

- SI CODE 1 MENTIONNÉ À LA Q.5, POSER LES CODES 2-3 SEULEMENT
- SI PAS LE CODE 1 À LA Q.5, POSER LES CODES 1-3

2004/Q5

7. Lequel des énoncés suivants vous décrit le mieux ?
LIRE DANS L'ORDRE AFFICHÉ

- 01 - Je n'ai jamais reçu de vaccin contre la grippe
- 02 - J'ai reçu un vaccin contre la grippe, mais pas tous les ans
- 03 - Actuellement, je reçois un vaccin contre la grippe tous les ans
- NON SUGGÉRÉ
- 99 – NSP/PR

2004/Q16 – asked about flu generally – shortened list of items

8. Je vais vous lire une liste de méthodes possibles pour vous protéger contre la grippe. Selon vous, quelle est l'efficacité de chacune de ces méthodes? Répondez en utilisant une échelle de 7 points où 1 signifie « pas du tout efficace » et 7, « très efficace » ?
LECTURE EN ROTATION

- a. Se laver les mains fréquemment
- b. Se faire vacciner contre la grippe tous les ans
- c. Boire beaucoup de liquide
- d. Prendre des vitamines
- e. Faire de l'exercice régulièrement

- 01 – Pas du tout efficace
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 – Extrêmement efficace
- 99 – NSP/PR

2004/Q15 – revised terminology

9. À partir de tout ce que vous savez à propos de la grippe, dans quelle mesure diriez-vous que cette maladie est contagieuse ? Veuillez répondre en utilisant un chiffre variant de 1 à 7 où 1 signifie « pas du tout contagieuse » et 7, « très contagieuse. »

- 01 - Pas du tout contagieuse
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 - Très contagieuse
- 99 - NSP/PR

Terminologie relative à l'influenza**2004/Q6 – revised list**

10. Veuillez m'indiquer dans quelle mesure chacun des termes suivants vous est familier ? Répondez, cette fois-ci encore, en utilisant un chiffre variant de 1 à 7 où 1 signifie « pas du tout familier » et 7 signifie « très familier ».

LECTURE EN ROTATION

- a. Pandémie d'influenza (influenza pandémique)
- b. Influenza aviaire (grippe aviaire)
- c. Médicaments antiviraux
- d. Vaccins

- 01 – Pas du tout familier
- 02 –
- 03 –
- 04 –
- 05 –
- 06 –
- 07 – Très familier
- 99 – NSP/PR

2004/Q8 – revised terminology

11. À partir de ce que vous savez ou avez entendu, quelle est la principale différence entre influenza saisonnière et pandémie d'influenza ?

NE PAS LIRE – NOTER LA PREMIÈRE RÉPONSE SEULEMENT

- 01 – Une pandémie affecte plus de gens
- 02 – Une pandémie concerne des gens de plus d'un pays
- 03 – Une pandémie est mondiale
- 04 – Des gens de plusieurs pays meurent pendant une pandémie
- 05 – L'influenza saisonnière est moins grave
- 06 – L'influenza saisonnière est localisée ou se limite à un seul pays
- 07 – L'influenza saisonnière est plus répandue / la pandémie est moins répandue
- 08 – La pandémie est plus répandue / l'influenza saisonnière est moins répandue
- 98 – Autre (PRÉCISER _____)
- 97 – Pas de différence
- 99 - NSP/PR

PASSER À LA Q12
PASSER À LA Q12

2004/Q8a – revised terminology

11a. Est-ce que d'autres différences vous viennent à l'esprit ?

NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Une pandémie affecte plus de gens
- 02 – Une pandémie concerne des gens de plus d'un pays
- 03 – Une pandémie est mondiale
- 04 – Des gens de plusieurs pays meurent pendant une pandémie
- 05 – L'influenza saisonnière est moins grave
- 06 – L'influenza saisonnière est localisée ou se limite à un seul pays
- 07 – L'influenza saisonnière est plus répandue / la pandémie est moins répandue
- 08 – La pandémie est plus répandue / l'influenza saisonnière est moins répandue
- 98 - Autre (PRÉCISER _____)
- 97 - Pas de différence
- 99 - NSP/PR

NEW12. À partir de ce que vous savez ou avez entendu, quelle est la principale différence entre la pandémie d'influenza et l'influenza aviaire ?

NE PAS LIRE – NOTER LA PREMIÈRE RÉPONSE SEULEMENT

- 01 – L'influenza aviaire (grippe aviaire) se propage chez les oiseaux
- 02 – La pandémie se propage chez l'être humain
- 03 – Pas facile pour des êtres humains de contracter l'influenza aviaire
- 04 – Les humains peuvent seulement contracter l'influenza aviaire par contact avec des oiseaux infectés
- 98 – Autre (PRÉCISER _____)
- 97 – Pas de différence
- 99 - NSP/PR

PASSER À LA Q13

PASSER À LA Q13

NEW

12a. Est-ce qu'il y a d'autres différences qui vous viennent à l'esprit ?

NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – L'influenza aviaire (grippe aviaire) se propage chez les oiseaux
- 02 - La pandémie se propage chez l'être humain
- 03 - Pas facile pour des êtres humains de contracter l'influenza aviaire
- 04 - Les humains peuvent seulement contracter l'influenza aviaire par contact avec des oiseaux infectés
- 98 – Autre (PRÉCISER _____)
- 97 – Pas de différence
- 99 - NSP/PR

Pandémie d'influenza

Les virus de l'influenza A peuvent provoquer à l'occasion des épidémies mondiales, appelées aussi pandémies, associées à des taux élevés d'infection et de décès. Les experts s'entendent pour dire que des pandémies d'influenza futures sont inévitables, mais qu'on ne peut pas prévoir le moment de la prochaine pandémie.

2004/Q23 – moved to earlier in the survey

13. À partir de ce que vous savez ou avez entendu, pouvez-vous me dire quels seraient les dangers qu'entraînerait une nouvelle pandémie de grippe ?

NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Nouveau virus - aucune immunité
- 02 – Maladie très répandue
- 03 – Un grand nombre de décès
- 04 – Jeunes gens touchés
- 05 – Il faut du temps pour mettre au point les vaccins nécessaires
- 06 – Encombrement dans les hôpitaux / manque d'installations
- 07 – Les coûts pour le public / les soins de santé / l'économie
- 08 – Personnes âgées menacées
- 09 – Panique
- 98 – Autre (PRÉCISER _____)
- 99 - NSP/PR

2004/Q12 – revised terminology

14. Pensez-vous que la pandémie d'influenza représente un risque « très grave, » « assez grave, » « pas très grave » ou « pas du tout grave » au Canada aujourd'hui?

- 01 – Très grave
- 02 – Assez grave
- 03 – Pas très grave
- 04 – Pas du tout grave
- 99 - NSP/PR

2004/Q13

15. Croyez-vous que le risque d'une pandémie d'influenza au Canada aujourd'hui est plus élevé ou moins élevé qu'il y a cinq ans ? Veuillez répondre en utilisant une échelle de 7 points où 1 signifie « beaucoup moins élevé » et 7, « beaucoup plus élevé ».

- 01 - Beaucoup moins élevé aujourd'hui
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 - Beaucoup plus élevé aujourd'hui
- 99 - NSP/PR

2004/Q14

16. En utilisant une échelle de 7 points où 1 signifie « pas du tout probable » et 7 signifie « très probable », selon quelle probabilité le Canada sera-t-il touché par une pandémie d'influenza au cours des cinq prochaines années ?

- 01 - Pas du tout probable
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 - Très probable
- 99 - NSP/PR

NEW

17. Au meilleur de votre connaissance, quelles sont les choses que les gens peuvent faire afin de prévenir ou de réduire les chances de contracter ou de propager la pandémie d'influenza ?
NE PAS LIRE – NOTER TOUTES LES MENTIONS

- 01 – Recevoir un vaccin antigrippal/vaccin contre la grippe
- 02 – Se laver les mains fréquemment
- 03 – Se couvrir la bouche lors des éternuements
- 04 – Maintenir les surfaces/les comptoirs propres
- 05 – Rester chez soi quand on est malade
- 06 – Éviter les endroits/événements publics
- 07 – Éviter le transport en commun
- 08 – Faire de l'exercice régulièrement
- 09 – Prendre des vitamines
- 10 – Porter un masque
- 11 – Éviter de voyager (non précisé)
- 12 – Éviter de faire des voyages internationaux/dans d'autres pays
- 13 – Éviter de faire des voyages au pays/voyages à l'intérieur du Canada
- 98 - Autre (PRÉCISER _____)
- 97 – Aucune/On ne peut rien faire
- 99 - NSP/PR

POSER CHAQUE ÉLÉMENT DE LA Q18 ASSORTI AVEC LA Q19 (SI CELA EST APPLICABLE) AVANT DE PASSER À L'ÉLÉMENT SUIVANT À LA Q.20 :

NEW

18. Est-ce que vous prendriez certainement, probablement ou probablement pas des mesures afin de vous protéger – vous-même et votre famille – si vous entendiez qu'on rapporte l'éclosion possible d'une pandémie... ?
LIRE DANS L'ORDRE AFFICHÉ

- a. en Asie
 - b. en Europe
 - c. en Amérique latine et centrale
 - d. aux États-Unis
 - e. au Canada
- 01 – Certainement
 - 02 – Probablement
 - 03 – Probablement pas

NON-SUGGÉRÉ

04 – Certainement pas

99 – NSP/PR

POSER LA Q.19 POUR CHAQUE RÉPONSE « CERTAINEMENT » OU « PROBABLEMENT » À LA Q.18 :

NEW (Similar to 2004/Q.10)

19. Que feriez-vous ?

NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Me faire vacciner

02 – Faire vacciner les enfants

03 – Demeurer à l'intérieur

04 – Quitter la ville

05 – Cesser d'aller à des événements publics/dans les lieux publics

06 – Porter un masque

07 – Contacter le médecin

08 – Contacter les autorités locales de la santé

09 – Laver les mains / hygiène en général

10 – Éviter le contact avec le public

11 – Consulter les nouvelles

12 – Faire des recherches personnelles /par internet

13 – M'alimenter sainement / vitamines / repos

14 – Panique

15 – Prier

16 – Rien

17 – Prendre des précautions/ être prudent(e) (non précisé)

18 – Éviter de voyager (non précisé)

19 – Éviter de faire des voyages internationaux/dans d'autres pays

20 – Éviter de faire des voyages au pays/voyages à l'intérieur du Canada

98 - Autre (PRÉCISER _____)

99 - NSP/PR

2004/Q16 – asked for pandemic specifically

20. Je vais vous lire une liste de méthodes possibles pour vous protéger contre la pandémie d'influenza. Selon vous, quelle est l'efficacité de chacune de ces méthodes, en utilisant un chiffre variant de 1 à 7 où 1 signifie « pas du tout efficace » et 7, « très efficace » ?

LECTURE EN ROTATION

a. Vous laver les mains fréquemment

b. Porter un masque

c. Prendre des antibiotiques avant d'être infecté

d. Éviter les événements et les endroits publics

e. Éviter d'utiliser les transports en commun

f. Boire beaucoup de liquide

g. Prendre des vitamines

h. Faire de l'exercice régulièrement

i. Recevoir votre vaccin antigrippal annuel

j. Élaborer un plan d'urgence familial

- 01 – Pas du tout efficace
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 – Extrêmement efficace
- 99 – NSP/PR

2004/Q17 – revised list

21. Selon vous, qui est principalement responsable de prendre des mesures advenant une pandémie d'influenza au Canada? Est-ce qu'il s'agit...

LECTURE EN ROTATION – NOTER UNE SEULE RÉPONSE

- 01 - Des autorités locales de la santé publique
- 02 – De Santé Canada
- 03 – De l'Agence de la santé publique du Canada
- 04 – Du gouvernement du Canada
- 05 – Des gouvernements provinciaux et territoriaux
- NON SUGGÉRÉ
- 06 – Combinaison
- 07 – Aucune des réponses précédentes
- 99 – NSP/PR

2004/Q19 – revised terminology and list

22. Dans quelle mesure avez-vous confiance en la capacité de chacune des organisations ou des institutions de santé suivantes pour contenir la propagation de la grippe ? Veuillez utiliser un chiffre variant de 1 à 7, où 1 signifie que vous n'avez « Pas du tout confiance » et 7, que vous avez « Extrêmement confiance ».

LECTURE EN ROTATION

- a. Les autorités locales de la santé publique
- b. Les hôpitaux locaux
- c. Votre ministère provincial de la santé (gouvernement provincial)
- d. Santé Canada
- e. L'Agence de la santé publique du Canada
- f. L'Organisation mondiale de la santé (OMS)
- g. Le gouvernement du Canada

- 01 – Pas du tout confiance
- 02 -
- 03 -
- 04 -
- 05 -
- 06 -
- 07 – Extrêmement confiance
- 99 – NSP/PR

2004/Q22

23. Pour la prochaine série de questions, je vais vous lire deux éléments possibles d'information se rapportant à l'influenza et j'aimerais que vous me disiez auquel de ces éléments d'information vous accorderiez le plus d'importance au moment d'une éclosion de pandémie d'influenza.
CHOISIR AU HASARD 3 DES 21 PAIRES POSSIBLES

a. À votre avis, lequel de ces deux éléments d'information est-il le plus important de connaître au moment d'une éclosion de pandémie d'influenza ?
CHOISIR AU HASARD L'ORDRE DE PRÉSENTATION AU SEIN DE CHAQUE PAIRE – NOTER UNE SEULE RÉPONSE

- 01 - Les symptômes de l'influenza
- 02 - Comment vous protéger afin de ne pas contracter l'influenza
- 03 - Comment prévenir la propagation de la maladie à l'ensemble de la collectivité
- 04 - Comment soigner une personne infectée
- 05 - Où aller se faire soigner
- 06 - À quelle vitesse se propage la maladie
- 07 - Quelles sont les chances de contracter l'influenza
- NON SUGGÉRÉ
- 99 - NSP/PR

b. À votre avis, lequel de ces deux éléments d'information est-il le plus important de connaître au moment d'une éclosion de pandémie d'influenza ?
CHOISIR AU HASARD L'ORDRE DE PRÉSENTATION AU SEIN DE CHAQUE PAIRE – NOTER UNE SEULE RÉPONSE

- 01 - Les symptômes de l'influenza
- 02 - Comment vous protéger afin de ne pas contracter l'influenza
- 03 - Comment prévenir la propagation de la maladie à l'ensemble de la collectivité
- 04 - Comment soigner une personne infectée
- 05 - Où aller se faire soigner
- 06 - À quelle vitesse se propage la maladie
- 07 - Quelles sont les chances de contracter l'influenza
- NON SUGGÉRÉ
- 99 - NSP/PR

c. À votre avis, lequel de ces deux éléments d'information est-il le plus important de connaître au moment d'une éclosion de pandémie d'influenza ?
CHOISIR AU HASARD L'ORDRE DE PRÉSENTATION AU SEIN DE CHAQUE PAIRE – NOTER UNE SEULE RÉPONSE

- 01 - Les symptômes de l'influenza
- 02 - Comment vous protéger afin de ne pas contracter l'influenza
- 03 - Comment prévenir la propagation de la maladie à l'ensemble de la collectivité
- 04 - Comment soigner une personne infectée
- 05 - Où aller se faire soigner
- 06 - À quelle vitesse se propage la maladie
- 07 - Quelles sont les chances de contracter l'influenza
- NON SUGGÉRÉ
- 99 - NSP/PR

Information au sujet de pandémie d'influenza

NEW

24. Avez-vous déjà entendu, vu ou lu de l'information à propos de la pandémie d'influenza ?

- 01 – Oui
- 02 – Non PASSER À LA Q28
- 99 – NSP/PR PASSER À LA Q28

2004/Q23 – revised terminology

25. Où avez-vous déjà entendu, vu ou lu quelque chose à propos de la pandémie d'influenza ?
NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 - Nouvelles à la télévision
- 02 - Émission de télévision sur la santé
- 03 - Nouvelles à la radio
- 04 - Émission de radio sur la santé
- 05 - Article de presse
- 06 - Magazine sur la santé
- 07 - Revue de santé
- 08 - Livres / bibliothèque
- 09 - Sites Web / Internet (SONDER POUR OBTENIR DES PRÉCISIONS)
- 10 - Médecin
- 11 - Infirmière
- 12 - Pharmacien
- 13 - Autre professionnel de la santé
- 14 - École
- 15 - Santé Canada
- 16 – Agence de la santé publique du Canada (ASPC)
- 17 - Famille ou amis
- 18 - Brochure / dépliant – de nature générale
- 19 - Brochure / dépliant – de nature médicale
- 20 – Au travail
- 21 - Hôpital / Clinique
- 22 – Magazine d'intérêt général
- 23 – Autorités locales de santé
- 98 - Autre (PRÉCISER _____)
- 97 – Nulle part/n'a jamais vu/entendu quoi que ce soit
- 99 - NSP/PR

NEW

26. Sur quoi portait cette information ?
NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Reportage dans les médias au sujet de l'Américain qui a pris l'avion alors qu'il était atteint de la tuberculose
- 02 – Conférence sur la pandémie d'influenza ayant lieu à Toronto
- 03 – Comment prévenir/réduire les risques de contracter/propager la grippe
- 04 – Élaborer un plan d'urgence familial
- 05 – Préparer une trousse d'urgence
- 06 – Information se rapportant à l'ensemble du plan du gouvernement fédéral de lutte contre la pandémie
- 07 – Vaccin annuel contre la grippe/cliniques de vaccination contre la grippe
- 98 - Autre (PRÉCISER _____)
- 99 - NSP/PR

NEW

27. Exception faite de ce que vous pouvez avoir entendu aux nouvelles ou dans les médias, avez-vous personnellement déjà obtenu ou reçu de l'information à propos de la pandémie d'influenza ?
[NOTA POUR L'INTERVIEWEUR(EUSE) : Il s'agirait de choses telles que des brochures distribuées par des professionnels de la santé ou des gouvernements ou encore de l'information obtenue lors de recherches sur Internet.]

01 – Oui
02 – Non
99 – NSP/PR

2004/Q25 – revised terminology

28. Si vous vouliez obtenir des renseignements sur la pandémie d'influenza aujourd'hui, quelles sources consulteriez-vous ?
NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 - Nouvelles à la télévision
02 - Émission de télévision sur la santé
03 - Nouvelles à la radio
04 - Émission de radio sur la santé
05 - Article de presse
06 - Magazine sur la santé
07 - Revue de santé
08 - Livres / bibliothèque
09 - Sites Web / Internet (SONDER POUR OBTENIR DES PRÉCISIONS)
10 - Médecin
11 - Infirmière
12 - Pharmacien
13 - Autre professionnel de la santé
14 - École
15 - Santé Canada
16 – Agence de la santé publique du Canada (ASPC)
17 - Famille ou amis
18 - Brochure / dépliant – de nature générale
19 - Brochure / dépliant – de nature médicale
20 – Au travail
21 - Hôpital / Clinique
22 – Magazine d'intérêt général
23 – Autorités locales de santé
98 - Autre (PRÉCISER _____)
99 - NSP/PR

NEW

29. Si une pandémie d'influenza se déclarait au Canada, que feriez-vous pour obtenir des renseignements sur ce qui se passe ?
NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 - Nouvelles à la télévision
02 - Nouvelles à la radio
03 - Journaux
04 - Sites Web / Internet (SONDER POUR OBTENIR DES PRÉCISIONS)
05 – Site Web du gouvernement du Canada
06 - Site Web de Santé Canada
07 - Site Web de l'Agence de la santé publique du Canada
08 - Site Web du gouvernement provincial/du ministère provincial de la santé
09 – Famille/amis
10 – Au travail
11 - Autorités locales de santé
98 - Autre (PRÉCISER _____)
99 - NSP/PR

NEW

30. Avez-vous déjà entendu parler du site Web du gouvernement du Canada sur la pandémie d'influenza www.pandemiedinfluenza.gc.ca ?

- 01 – Oui
- 02 – Non PASSER À LA Q32
- 99 – NSP/PR PASSER À LA Q32

NEW

31. Avez-vous déjà visité ce site Web ?

- 01 – Oui
- 02 – Non
- 99 – NSP/PR

NEW

32. S'il y a lieu, qu'avez-vous fait pour vous préparer – vous-même ou votre famille – à une pandémie possible ?
NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – S'est procuré un guide familial de préparation aux urgences
- 02 – S'est fait vacciner
- 03 – S'est constitué un stock d'antiviraux
- 04 – A préparé une trousse d'urgence
- 05 – S'est procuré des masques faciaux
- 06 - S'est constitué un stock d'aliments
- 07 – A élaboré un plan d'urgence familial
- 97 – Rien
- 98 - Autre (PRÉCISER _____)
- 99 - NSP/PR

POSER LA Q33 SI LE CODE 7 N'EST PAS MENTIONNÉ À LA Q.32. SINON PASSER À LA Q34.

NEW

33. Possédez-vous un plan d'urgence en cas de pandémie pour vous et votre famille, afin que chacun sache quoi faire, où aller ou qui contacter en cas de grippe pandémique ?

- 01 – Oui
- 02 – Non
- 99 – NSP/PR

NEW

34. À partir de ce que vous savez ou avez entendu, quelles sont les choses qui devraient être incluses dans une trousse d'urgence pour votre ménage qui serait utilisée en cas de pandémie d'influenza ?

NE PAS LIRE – NOTER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Bouteilles d'eau
- 02 – Conserves/denrées non périssables
- 03 – Aliments pour bébés en conserve ou en pots
- 04 – Aliments pour animaux
- 05 – Lampe de poche
- 06 – Piles
- 07 – Radio
- 08 – Chandelles
- 09 – Allumettes/briquet
- 10 – Argent liquide/monnaie
- 11 - Analgésiques/ réducteurs de fièvre (p.ex. Tylenol)
- 12 - Thermomètre
- 98 - Autre (PRÉCISER _____)
- 99 - NSP/PR

2004/Q26

35. À votre connaissance, existe-t-il une initiative générale du gouvernement du Canada pour ce qui est des pandémies d'influenza ?

- 01 – Oui
- 02 – Non
- 99 - NSP/PR

D4. À combien s'est élevé le total de vos revenus familiaux, toutes sources confondues, avant impôts en 2006 ?
LIRE – ARRÊTER UNE FOIS LA BONNE CATÉGORIE ATTEINTE

- 01 - Moins de 20 000 \$
- 02 - 20 000 \$ - 29 999 \$
- 03 - 30 000 \$ - 39 999 \$
- 04 - 40 000 \$ - 49 999 \$
- 05 - 50 000 \$ - 59 999 \$
- 06 - 60 000 \$ - 79 999 \$
- 07 - 80 000 \$ - 99 999 \$
- 08 - 100 000 ou plus
- NON SUGGÉRÉ
- 97 - REFUS
- 99 - NSP/PR

D5. Enfin, pour mieux comprendre de quelle façon les résultats varient en fonction de la taille des collectivités, puis-je avoir les six caractères de votre code postal ?
RECORD

____ _

Voilà qui complète le sondage. Au cas où mon/ma superviseur(e) voudrait s'assurer que j'ai réalisé cette entrevue, puis-je avoir votre prénom ?

Prénom : _____

Merci beaucoup de votre temps et de votre aide. Ce sondage a été réalisé pour le compte de l'Agence de la santé publique du Canada et il est inscrit conformément aux dispositions de la *Loi canadienne sur l'accès à l'information*.

INSCRIRE:

D6. Province/Territoire

- 01 - Alberta
- 02 - Colombie-Britannique
- 03 - Manitoba
- 04 - Nouveau-Brunswick
- 05 - Terre-Neuve
- 06 - Territoires du Nord-Ouest
- 07 - Nouvelle-Écosse
- 08 - Nunavut
- 09 - Ontario
- 10 - Île-du-Prince-Édouard
- 11 - Québec
- 12 - Saskatchewan
- 13 - Yukon

D7. Sexe

- 01 - Homme
- 02 - Femme

-- FIN --

