Poll: Travelers Taking Significantly More Precautions Against H1N1 and Seasonal Flu on Trips This Year, Citing Public Health Advice on Sneezing and Hand Sanitizing

Concern is Highest About Contracting Flu in Airplanes Compared to Other Transportation Modes

For immediate release: Thursday, December 10, 2009

Boston, MA – As the holiday season approaches with its high volume of travel, a new national poll from Harvard School of Public Health (HSPH) researchers has found that among adults who have traveled by airplane, bus, train or cruise ship in the past year, over half say they are more likely to take precautions against H1N1 or seasonal flu during trips this year compared to last year. When asked about specific precautions they will take, 81% of travelers say they will sneeze into their elbow rather than their hands on their next trip, compared to 64% who say they took this precaution on their last trip. In addition, more travelers indicate that they will bring hand sanitizer with them in carry-on baggage (76% v. 61%) and get the seasonal flu vaccine to prevent catching the flu while traveling (49% v. 35%). These findings follow extensive public health campaigning to promote these practices.

Travelers are most concerned about contracting flu in airplanes compared to other transportation modes. Some 52% say they are “very concerned” or “somewhat concerned” that they or a member of their family will get sick with H1N1 or seasonal flu while traveling by plane in the next 12 months.

The poll, which examines how travelers are coping with the flu threat, is the sixth in a series on public views concerning the H1N1 flu outbreak undertaken by the Harvard Opinion Research Program at HSPH. The poll was conducted November 12-18, 2009.

For the complete poll and charts associated with this press release, go to: http://www.hsph.harvard.edu/research/horp/project-on-the-public-response-to-h1n1/

“It is clear that travelers have gotten public health messages about how to take precautions against flu and are making increased efforts in this area,” said Gillian SteelFisher, research scientist in the HSPH Department of Health Policy and Management and a member of the polling team. “The great majority say they are likely to employ well-publicized methods such as keeping their hands clean and covering coughs and sneezes with an elbow or tissue.”

While travelers are concerned about catching the flu from others and are doing more to avoid getting sick while traveling this year, about four in five say they would delay or cancel their next trip if they got sick, coughing, sneezing and with a fever, right before traveling. Approximately one in five travelers, though, say they would go on their trip as planned even if they had a fever.
“In the flu season and particularly during a flu epidemic, it is in the public health interest for people to stay home and refrain from traveling while ill,” said Professor Robert Blendon, Director of the Harvard Opinion Research Program and an expert in understanding the public response to emergencies that involve health threats. “Real progress has been made in persuading people not to travel when sick, and it’s important those efforts continue.”

Travelers’ Intent to Take Flu Precautions for Themselves While Traveling

When asked the likelihood of taking precautions to keep themselves from getting H1N1 or seasonal flu while traveling this year, 51% of those surveyed said they were “very likely” to take such precautions, while 31% said they were “somewhat likely,” 5% said “not very likely” and 12% said “not likely at all.”

Asked to compare the likelihood of taking precautions this year as opposed to last year, respondents reported increased efforts, with 57% saying they were “more likely” to take such precautions this year.

Concerns About H1N1 and Seasonal Flu on Trips Via Different Modes of Travel

Travelers’ concerns about catching the flu varied by mode of travel. They showed the most concern about travel by airplane with 52% saying they were “very concerned” or “somewhat concerned” that they or a member of the family will get sick with the flu while traveling by plane in the next 12 months. Concern was markedly less prominent for other modes of travel such as bus (29% “very concerned” or “somewhat concerned”), train (28%) and cruise ship (27%).

Travelers’ Awareness of Public Health Messages on Flu Precautions

Travelers showed a high awareness of public health advertising regarding ways to avoid the flu while on trips, with 70% saying they have seen advertising – including posters, billboards, web-based ads, or newspaper ads – in the past 60 days about staying healthy from flu while traveling. In reporting what measures they were taking to reduce their chances of getting sick from flu on their next trip, the vast majority of respondents said they were likely to wash hands with soap and water frequently (96%), sneeze into their elbow (81%) or a tissue (84%) rather than their hands, and to use sanitizer to keep their hands clean (82%) and bring hand sanitizer in carry-on bags (76%).

Travelers’ Willingness to Delay or Cancel Trips if Sick With and Without Fever

A majority of travelers would delay (42%) or cancel (35%) their next trip if they got sick with a fever right before traveling. A noteworthy percentage, however, said they would still go on the trip as planned (22%).

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This is the sixth in a series of surveys of public views concerning the H1N1 flu outbreak undertaken by the Harvard Opinion Research Program (HORP) at HSPH. See below:

“Poll Finds Two-thirds of Parents and High-priority Adults Who Tried to Get H1N1 Vaccine Were Unable to Get It,” November 6, 2009.

“Survey Finds Just 40% of Adults Absolutely Certain They Will Get H1N1 Vaccine,” October 2, 2009.


“Survey Finds Many Americans Have Taken Steps to Protect Themselves Against H1N1,” May 8, 2009.

“Survey Finds Nearly Half of Americans Concerned They Or Their Family May Get Sick from Swine Flu,” May 1, 2009.

Another survey from HORP looked at business preparedness:


Methodology

This poll is part of an on-going series of surveys focused on the public and biological security by the Harvard Opinion Research Program (HORP) at Harvard School of Public Health. The study was designed and analyzed by researchers at the Harvard School of Public Health (HSPH). The project director is Robert J. Blendon of the Harvard School of Public Health. The research team also includes Gillian K. SteelFisher, John M. Benson, Mark M. Bekheit and Robin C. Herman of the Harvard School of Public Health, and Melissa J. Herrmann of SSRS/ICR, an independent research company. Interviews were conducted via telephone (including both landline and cell phone) for HORP by SSRS/ICR of Media(PA) November 12 to November 18, 2009 among a nationally representative sample of 1,124 respondents age 18 and older, who have traveled by airplane, bus, train, or cruise ship in the past 12 months. The margin of error for total respondents is +/-3.63% at the 95% confidence level.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to the most recent Census data available from the Current Population Survey for gender, age, race, education, and region, accounting for traveler status. Other
techniques, including random-digit dialing, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.

**Funding**
This poll in the Harvard School of Public Health series is funded under a cooperative agreement with the Centers for Disease Control and Prevention (CDC) and the National Public Health Information Coalition. The award enables HORP to provide technical assistance to the CDC as well as to other national and state government health officials in order to support two critical goals: (1) to better understand the general public's response to public health emergencies, including biological threats and natural disasters; and (2) to improve related public health communications.

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