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Covid-19: The right amount of wolf

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The health authorities should provide information on the new corona virus without causing unnecessary anxiety. But is it possible?

Photo: Einar Nilsen

In early January 2015, the *Coming Attractions Bridal & Formal* shop in Ohio closed down after 30 years in business (1). A few months earlier, the nurse Amber Vinson had visited the shop to look at bridal gowns before returning to Dallas, where she was diagnosed with Ebola. The owner closed the shop for two weeks and sterilised all the dresses, despite the fact that the virus is transmitted only through bodily fluids from infected patients. The customers never returned to 'the Ebola shop' (1).

When an epidemic is emerging, the health authorities must be prepared for the worst. Furthermore, the population must receive sober and updated information. The SARS-CoV-2 corona virus appears to be quite contagious, but relatively rarely gives rise to serious illness (2). So far, the spread of the disease in Norway appears to reflect this. However, it is highly uncertain how this may develop.

Updated information from credible sources is considered to be one of the key measures at the early stage of an epidemic (3). However, while the Norwegian Institute of Public Health informs the public on infection prevention and the importance of hand and cough hygiene, the population is hoarding *water* (4). To be sure, water is included on the list of items that the Norwegian Directorate of Civil Protection recommends us to keep an emergency stockpile of at home, but there is no indication that we are about to lose our water supply. My local

pharmacy has sold out of ethanol-based hand sanitiser and tells me about patients who have been prescribed benzodiazepines for 'corona anxiety'. A lot of people are quite simply afraid.

There is no reason to laugh at Americans with shop-phobia or marvel at unnecessary hoarding. The SARS epidemic in 2003 had consequences far beyond the approximately 10 000 people who fell ill (5). At lot of it was due to erroneous and unnecessarily alarmist information spread by the authorities and not least by the mass media (5). Fear is not necessarily based on reasoning, and the reaction to a potential hazard is not proportional to the risk that it will actually materialise (6). Quite the reverse, it appears that we are more concerned with the possibility to protect ourselves than the likelihood of the event itself (6). The brain tends to overestimate small risks and underestimate the large ones. We are much more afraid of the unknown (a new virus) than the accustomed (flu epidemics). In addition, we are affected by recent experiences and by the current news cycle. For example, after the terrorist attack on 11 September 2001 there were many who (quite naturally) were afraid of flying and chose to drive long distances by car instead. In the course of the following year, approximately 1 500 more Americans died in road traffic accidents than in a normal year (7).

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Wording also has an effect: a classic study from 1981 demonstrated that the choice of treatment alternatives for a hypothetical cancer was affected by whether the outcome was presented as the likelihood of survival versus the likelihood of death (8). In both cases, the figures were the same. Perhaps those of us who are most worried should be informed about the likelihood of *surviving* an infection by SARS-CoV-2 (very high for many), rather than the likelihood of dying from it?

Our reaction to information about a potential epidemic also depends on a number of individual factors. We have different perceptions of our own vulnerability to illness, we are differently predisposed to fear and are unequally tolerant of uncertainty (9, 10). Therefore, a situation such as this will *need to* give rise to a certain amount of overreaction. If not, it will be difficult to get information through to those who may be a little *too* carefree, but also need to be mobilised in a community effort to prevent the infection from spreading. The ideal remedy would probably be a kind of individually adapted treatment, whereby everybody receives information in light of their age, sex, previous illness and vulnerability to anxiety. However, this is impossible in a modern information society where everybody has, and must have, universal access.

One of the greatest threats to the management of an epidemic is that the health services become overburdened by 'the worried well' (9). Therefore, telephone hotlines have been established, which people can call to receive individually adapted information. In addition, it is good to see that the tabloid press has

toned down its use of warning triangles and full-page images of health personnel in full personal protective equipment. Such contrivances do not merely cry wolf, they howl about a rampant pack of them.

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