Coronavirus is undoubtedly one of the 21st century’s most publicised diseases. Community education is important in the prevention of SARS-CoV-2 transmission and may reduce the impact of this disease on our community. A short survey of 48 persons attending a private medical practice revealed interesting observations regarding public understanding of SARS-CoV-2. COVID-19 was declared as a pandemic on 11 March 2020. This brief study aimed to gauge public understanding of COVID-19 through a series of multiple choice and extend response questions in order to provide insight into baseline knowledge of the virus and explore if there is a need for further community education regarding the disease. Forty-eight participants responded with ages ranging from 18 to 84. The findings of this research promote an ongoing community-orientated health education campaign regarding novel coronavirus.

Methods

Design

This cross-sectional survey was conducted at a specialist medical practice in Melbourne, Victoria. Ethics committee approval was obtained in consultation with the medical advisory committee at the GI Health Hospital (provider number: 0037060T). All participants provided written and signed informed consent prior to completing the survey on a participant information sheet. The surveys were handed out to the patients in the waiting room of the practice and informed that their participation was voluntary and that this would not affect their planned treatment in any way. The survey contained 18 questions including both multiple choice and short answer formats. The questions were designed to gauge the participants’ pre-existing knowledge of COVID-19, as well as provide an opportunity for them to express their beliefs, queries and concerns. Moreover, the questions hoped to provide insight into whether current community awareness education aimed at COVID-19 was proving to be successful.

Participants

A total of 48 participants completed the survey with ages ranging from 18 to 84 years. This survey was conducted from the 20 March 2020 till 23 March 2020 and was prematurely ceased due to stricter social distancing legislation within Victoria. For reference, the study was conducted during “Stage 1 Restrictions” introduced by the Victorian Government.1 As such, the sample size of the research was limited to 48 responses due to this strict social distancing legislation.

Results

While all 48 participants were aware of the terms “coronavirus” and “COVID-19”, only 20/48 identified the correct name of the virus as “SARS-CoV-2”. Further to this, when questioned if “this virus is the first corona virus to infect humans” 23/48 responded no, of which 10/23 were able to correctly identify at least one other type of corona virus.

All participants correctly identified “close contact with a confirmed case” as a route of transmission; 30/48 recognised transmission by “aerosol droplets” and 39/48 identified “contact with contaminated objects” as further routes of transmission. Moreover, 16/48 believed food or faecal material to be main mediums of spread.
The results of Figure 1 demonstrate a belief that not enough is being done to curb the spread of the virus which was reaffirmed by 37/48 participants, who claimed that “border control was inadequate”. Eight participants listed “economic instability” as their greatest concern while 35/48 listed “health of family and friends” as their major worry.

Forty-five participants believed social distancing to be the most effective means of prevention while the remaining three were unsure of an answer. Forty identified fever, shortness of breath, a dry cough, fatigue and sore throat to be the main symptoms of the virus. Nine participants reported that diarrhoea is associated with infection. All participants were aware that there is no vaccine currently available and 31/48 correctly identified the virus to survive for approximately 48–72 hours on hard surfaces.2

Twenty-five participants believed those older than 80 years to be at greatest risk of serious complications while 7/48 suggested those aged 60 to 80 years were at greatest risk. Six believed those younger than five years were most at risk while 10 were not sure of an answer.

Gauging participants’ recent purchasing history, 18/48 reported that they had bought a greater number of products than usual and cited reasons such as: “preparing in case of need to self-isolate” (7/18), “preparing in case of supply shortage” (5/18), “buying products while available” (4/18) and “buying because everyone else was” (2/18).

Conclusions
This brief study, performed during the early stages of the coronavirus pandemic, suggests that perceptions of coronavirus vary greatly within the sample group and that the majority of participants were well educated about SARS-CoV-2.

The findings of participants’ purchase history illustrated a degree of fear within the studied group, given that they were anticipating the potential consequences the virus may have had. Moreover, the results of Figure 1 illustrated dissatisfaction in the sample in that the participants were not content with the early efforts made to combat the spread of COVID-19.

However, the results regarding commonly experienced symptoms and the age most at risk of serious complications illustrated that there is a good general understanding of the virus within the community. Additionally, the findings regarding participant knowledge of a vaccination and viral transmission suggest that community education campaigns have proven successful in raising awareness of pandemic prevention within the studied group. These findings suggest that the education programmes to date have proven effective and successful in improving public understanding of COVID-19 and further encourages an ongoing community-orientated health education campaign regarding coronavirus. Campaigns exploring the use of social media networks, mainstream media and primary health could further improve the success and reach of such public health initiatives.

Further research could more deeply explore awareness of coronavirus transmission and provide insight into how perceptions of the virus within the community have changed since the early stages of the pandemic to now.

Figure 1: Has enough been done to prevent the spread of coronavirus?
RESEARCH LETTER

Competing interests:
Nil.

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REFERENCES: