



CoviPrev, psychobehavioral surveillance in France

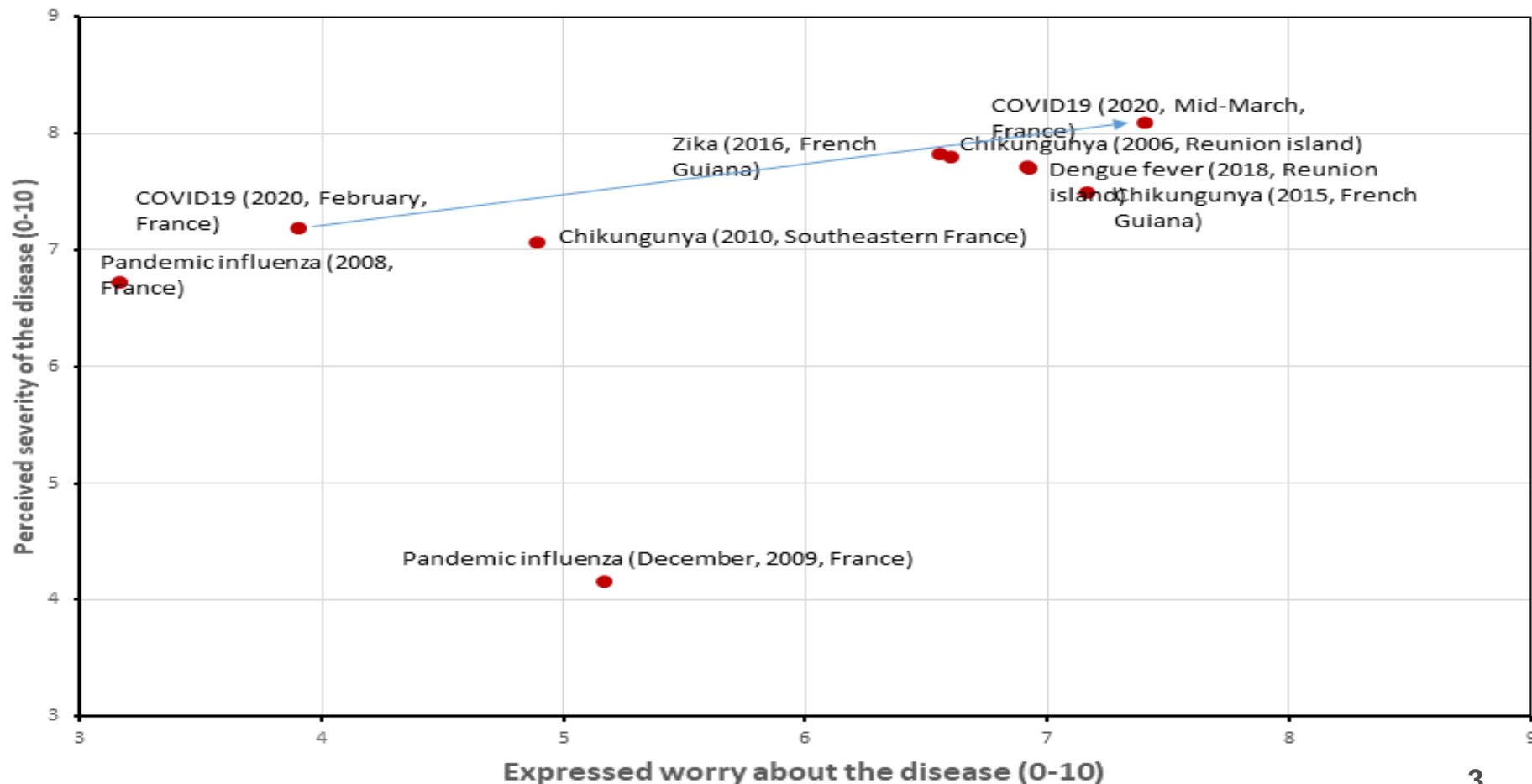
IANPHI webinar

Friday 10 July 2020

**Pierre Arwidson, Linda Lasbeur, Jean-Michel Lecrique,
Christophe Léon, Enguerrand du Roscoät (Public Health France)**

Jocelyn Raude (EHESP)

- We must track the behaviours and the feelings of the population (like during SARS and H1N1 pandemics), not only cases, hospitalisations and deaths
- Need of a psychobehavioural surveillance : CoviPrev
 - On line surveys (11 waves) – no phone surveys were possible because of the lockdown : telephone platforms were closed
 - Random samples were not possible : no simple and quick access to Fideli, the national database of tax payers (with emails)
 - Quotas samples, 18+ Access Panelists (BVA group)
 - Sample : 2000 each week, then every 2 weeks, then every month

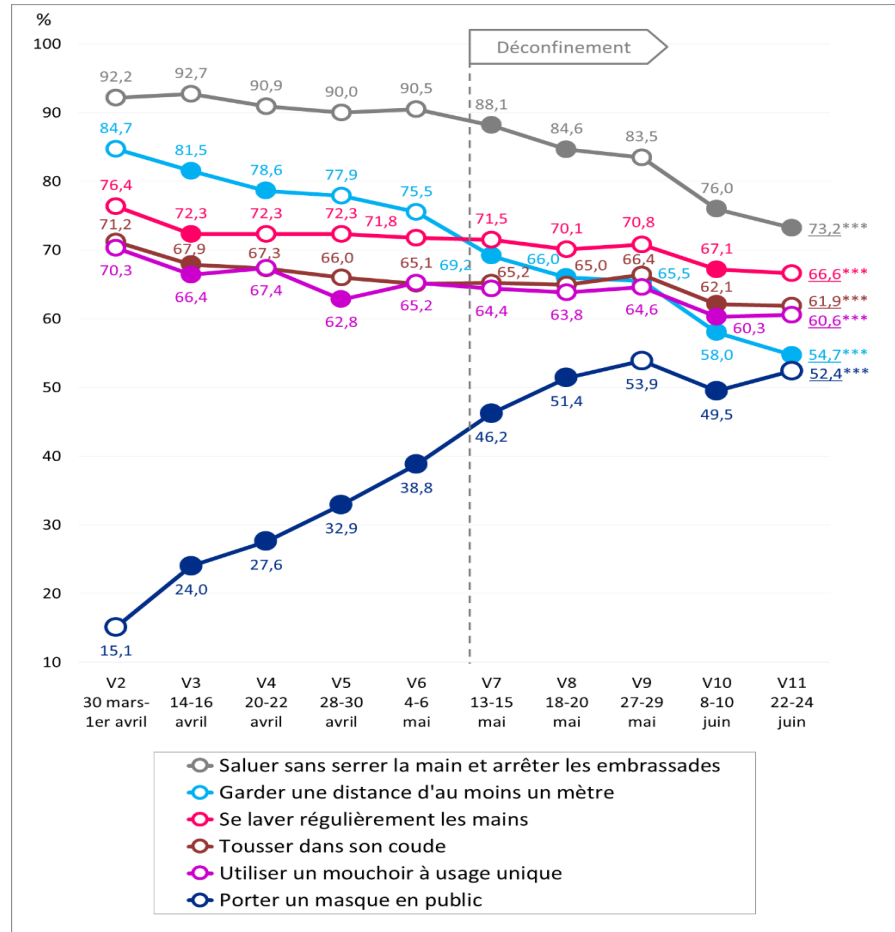


Sometimes + often + systematically > 95% (roof effect)

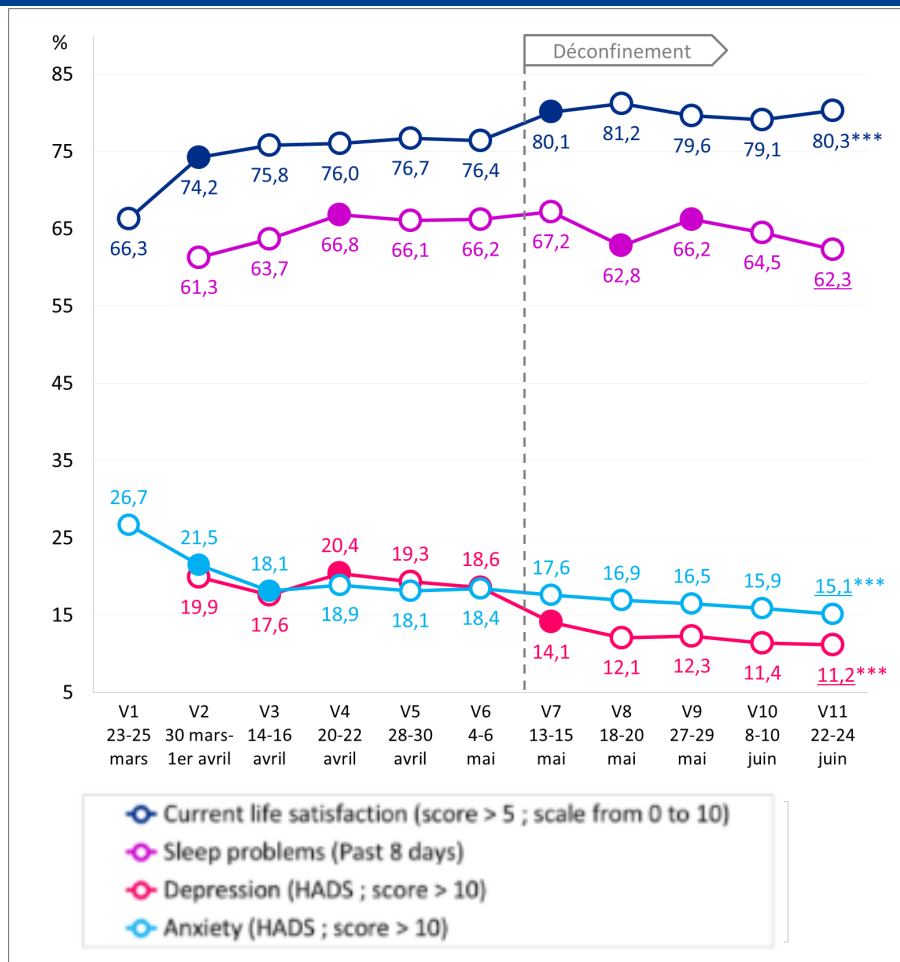
Do you systematically ?

- Avoid shaking hands and kissing
- Keep one meter distance
- Wash hands frequently
- Cough in your elbow
- Use disposable handkerchief
- Wear a facemask in public

Full round mark : sig / previous mark,
Stars sig / 1st measure, * $p < 0,05$, **
 $p < 0,01$, *** $p < 0.001$



- Life satisfaction (Cantril (66% compared to 85%))
- Sleep disorders (8 last days) to be compared to 49,5% (Health Barometer 2017)
- Depression (Hospital anxiety depression scale)
- Anxiety (HAD scale) (to be compared to 13,5% in 2007 (Health Barometer 2017))



Full round mark : sig / previous mark, Stars sig / 1st measure, * $p < 0,05$, ** $p < 0,01$, *** $p < 0,001$

- The models included alone and together the influence of the following categories of variables on preventive measures
 - Sociocultural variables (gender, age and socioeconomic status),
 - Psychosocial variables (trust, anxiety and social support)
 - Cognitive variables (beliefs and expectations eg : perceived severity, perceived behavioral control, perceived barriers of preventive behaviours, perceived effectiveness of preventive behaviours, subjective norms)

- Although the rate of compliance was very high in the whole population,
 - Men and younger participants being less likely to comply with the recommendations.
 - Those who have trust in the institutions were more likely to comply
 - Those who had a higher level of anxiety were more likely to comply
 - Those who had lower economic status were less likely to comply

- Sociocognitive variables in the regression analysis was actually found to considerably improve the explanatory power of the model (with an unadjusted R^2 increasing from around 5% to 28% in both surveys).
- Especially
 - Perceived effectiveness of the preventive behaviors (1st survey)
 - Subjective norms - were by far the most influential determinants of compliance in the overall model (both surveys)

- When the sociocognitive variables were included into the overall model, in particular the subjective norms,
- the regression coefficients for both the sociocultural (eg trust) and psychosocial factors (eg anxiety) were either substantially lower or no longer significant,
- indicating that these variables were more indirect than direct predictors of compliance with recommendations.

Rather than appealing to fear of punishment or harm it seems better to emphasize on positive norms according to our findings

Death rate for SARS-CoV-2 infected people is overestimated by the population :

- 46% think it is 5% or more,
- 30% think it is 10% or more
- 19% think it is 20% or more
- to be compared with 0.5% used in the Pasteur Model

What will happen when the population will know the exact figures? What will be its reaction to the proposal of a vaccine ?

<http://eurohealthnet-magazine.eu/mental-health-of-the-french-population-during-the-covid-19-pandemic-results-of-the-coviprev-survey/>

<https://www.santepubliquefrance.fr/etudes-et-enquetes/covid-19-une-enquete-pour-suivre-l-evolution-des-comportements-et-de-la-sante-mentale-pendant-l-epidemie>