



Because of our core funding, and the international nature of the Winton Centre team, we were able to start surveys of people’s perceptions of Covid-19 in multiple countries in March 2020, and in some countries (especially the UK) we were able to keep doing follow-up surveys over the next year or more.



We found that individualistic worldviews, personal experience of the virus, prosocial values, and social amplification through friends and family in particular were found to affect people’s perception. And perception of the risk affected people’s protective behaviour.

We happened to be collecting data on people in the US’s perception of the risk from Covid-19 and whether they felt the virus was a ‘hoax’ in the week before and after Donald Trump announced that he had been diagnosed. We found that Republicans’ beliefs that the virus was a hoax decreased in the week after he was diagnosed – but their perception of the risk it posed did not change.



We did some studies on people’s attitudes to Covid vaccination and information about it. Looking at data from over 25,000 people in 12 countries we found that (as was known before), men were more likely to be willing to be vaccinated, along with those with higher trust in medical and scientific experts, and those who were more worried about the virus, across countries. This emphasized how important trust - and maintaining trust – was. Comparing different kinds of vaccine information, we found that detailed information about COVID-19 vaccines, including the results of clinical trials, didn’t have a significant impact on peoples’ beliefs about the vaccines’ efficacy, concerns over side effects, or intention to be vaccinated.



We also studied how people interpreted the certainty of Covid-19 test results. We gave people either the wording from the UK, US or New Zealand official websites and found that people did ‘build in’ some uncertainty to test results even when it wasn’t stated, but that the UK’s wording appeared to encourage people to be more definitive than is warranted. The wording used in the UK was changed after this study was published.





thebmj Interactive

This graphic simulates two people meeting, and what they can do to reduce the risk of catching covid-19. The colours show how much infectious virus is likely to be passed on, based on the best estimates of two international experts.

KEY Low High

Adjust scenario

Location	Small room	Ventilation	Off	Physical contact	No direct contact
Activity	Talking	Distance	Less than 2m	Surface type	Wood

Infected person

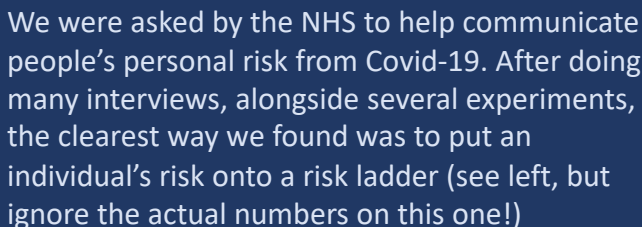
Uninfected person

Transmission pathways:

- Breathing:** Fine aerosols, Small droplets, Large droplets
- Inhaled virus**
- Virus in eyes, nose, or mouth**
- Contaminated surfaces**
- Surface cleaning**
- Virus on hand**
- Hand hygiene**
- Gloves**
- Respiratory hygiene**
- Face covering**
- No mask**
- Hand hygiene**
- No**
- Gloves**
- No**
- Hand hygiene**
- No**
- Gloves**
- No**
- Hand hygiene**
- No**
- Gloves**
- No**

Reset graphic

© 2021 BMJ Publishing Group Ltd. Disclaimer: This infographic is not a substitute for clinical advice. All information is provided without any representation or warranty by the BMJ Group or its contributors. BMJ and its associated journals are not responsible for any consequences arising from the use of the information. For the full disclaimer, please see the full disclaimer on the BMJ Group website. For more information, please see the full disclaimer on the BMJ Group website. For more information, please see the full disclaimer on the BMJ Group website.



The ladder put an individual's own risk in the context of the risk faced by other people, using 'personas' that were easily imagined. The ladder also had a linear (not logarithmic) scale.



Early in the pandemic, we also surveyed members of the public and 'experts' in various fields to see how big they thought the pandemic would be. The experts were better than the public as a whole, but still substantially underestimated the extent of the pandemic.

