



Letter to the Editor

AMJ 2014,7,3

Mass hysteria following mass media rumours: A threat to India's public health programmes

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Dear Editor,

Mass hysteria has been reported from different parts of the world with varying presentations that depend upon the socio-cultural contexts. The symptoms generally resemble a physical disease and sufferers often share a common cultural and belief system. The incidents of mass hysteria can often start with just a rumour, and it can often affect a large population if the rumour or triggering factor spreads through electronic media that is easily accessible by the general population. It can even impede a public health initiative due to media coverage if the rumour is about the health services. We report a recent case that occurred in India.

As part of a World Health Organization initiative, iron-folic tablets (IFA) were given to approximately 1.6 million adolescents in various government schools of Haryana, India, during a specific week in 2013. On the day of administration only a few students had reported nausea and retching, however, the next day a student collapsed. This incident received wide coverage in electronic and print media. This was followed by a barrage of similar complaints from other students, and by the afternoon of that same day approximately 50 students had to be admitted to hospital with symptoms of severe pain abdomen, nausea, and headache following ingestion of IFA tablets.

Within a few days around 1,000 students, predominantly adolescent females, had fallen sick in different clusters and required hospitalisation. Three such cases were admitted in the hospital where we work; they were examined personally by us. The findings of physical examination and radiological investigations were within normal limits and they improved with reassurances and support without any medication. Similar profiles were reported from other districts too.¹ The rumours about harmful effects resulting from IFA led not only to a strong public reaction, but also refusal to accept the tablets. Some of the non-specific complaints can be attributed to drug-adverse effects; however, reporting of such complaints throughout most of

the region – with dramatic presentation and recovery after reassurance – clearly points to an incidence of mass hysteria.

Such incidents of mass hysteria with regard to public health programmes have been observed previously. The hysterical outbreak following albendazole distribution for de-worming and the failure of the vitamin A supplementation programme in India are apt examples of such reactions jeopardising public health programmes.^{2,3} Pharmacovigilance systems need to be strengthened for effective communication about drug safety issues. India, with its vast population and multiple public health programmes, remains at risk of having such programmes fail due to rumour dissemination stemming from mass media and the ensuing public reactions.

Under such circumstances the mass media needs to act to dispel the myths and reassure the public after gathering authentic information from health authorities, instead of creating mistrust with rumours that have unreasonably deleterious effects on public health programmes. On certain occasions it may even become necessary to suspend the programmes until sufficient trust has been regained. The media needs to act responsibly and appropriately to highlight these issues and avoid exaggeration of such episodes.

Sincerely,

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