

Communicating About Ebola: A Guide for Leaders

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Introduction

The widespread outbreak of Ebola in West Africa and the introduction of the virus into the Americas highlight the urgent need for clear, concise and consistent communication. Risk communication encompasses all the basics of health communication but differs in the need for speed and reliance on trust. At times of crisis, leaders are called on to provide a quick and trusted response. The public wants to know what you know, what you are doing about it and what they can or should do.

Ebola, a disease that has a mortality rate of more than 50 percent in western Africa, is causing global concern. There are many unknowns. This leads to fear, mostly about what could happen. And that makes risk communication all the more important and challenging.

Ideally, there is time to plan, set up a communication strategy and an action guide. But times such as these, when we are faced with an outbreak, require immediate skills to communicate with public. Risk communication is an integral component of public health risk management and a core capacity under the International Health Regulations. What follows are some suggestions, principles and templates to guide you through.

We must work together to protect all the people in the Americas, to ensure that we protect their health, that we prepare for potential outbreaks, and that we know how to respond and meet the challenges.

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I. Key Concepts of Risk Communication

Trust. It is the key principle in risk communication. Without this trust, the public will not believe or act on information provided by the health minister or other officials. Ways to maintain trust include:

- Don't over-reassure. You can't say everything will be OK if, in fact, you don't know that. Say what you know and what the Government is doing about it. Tell the public what they can do. (E.g. Wash your hands, check your temperature)
- Don't minimize people's concern. People are fearful. That's a healthy reaction. Ebola is a scary disease.
- Don't suggest that the public shouldn't worry.
- Don't say that the Government has the situation under control; instead say what the Government is doing.
- Express empathy, sometimes referred to as speaking from the heart. (E.g. I understand this is worrisome....)
- Being the first with the information. Tell the public that there is a case or suspected case of Ebola as soon as you know it. Don't wait to release what already has become rumor.
- Acknowledge mistakes. If there is an error, correct it. That shows your human side.

Announcing Early shows leadership, leads to trust, reduces the rumors and thus can save lives. The so-called First Announcement should contain what is known, what it means, what is being done. (E.g. the first laboratory-confirmed case of Ebola has been diagnosed today. We are conducting contact tracing. This is an imported case and the individual is currently in an isolation unit at...)

- Delayed announcements create speculation, which leads people to wonder how really bad the situation must be.
- Avoid stigmatization. Many West Africans are suffering unwarranted discrimination. As leaders, you need to make sure stigmatization is minimized, or it can lead to denial of the disease.
- In this ever-connected world we can't hide outbreaks.
- If you don't know an answer to a question, say so. And then get the response later.
- What's often described, as panic is an adjustment reaction to uncertainty and unknown risk. Fear and concern are initial reactions to crises. People rarely panic although officials think they do.
- Don't use technical jargon.
- Give people steps to protect their own health.
- Set expectations (E.g. We expect things to get worse before they get better.)
- Acknowledge that the situation will change and explain that you will provide updates when there is more information. (This is an evolving situation and we will update you later with more details.)

Transparency leads to trust. There are limits but the goal is to aim for total candor.

- Explain the decision-making process. (E.g. We felt that by naming the individual we would stigmatize his family).
- Other limits to transparency include but are not limited to national security.
- Detail what still needs to be learned and where the gaps lie.
- Speak about the risks, benefits and challenges.
- When guidance changes explain the reasons why.

Listening or Communication Surveillance

- The public is entitled to information that affects their health and the health of their families and therefore should be involved in the process of message creation based on their reactions and feedback.
- Public perception of risk often does not match the science-based reality. If the public does not perceive a risk they won't respond adequately to prevent it.
- Gauging public perceptions can be done through polling, hotlines or social media.
- Find out the beliefs of the community and include them in your messages and actions.

Planning

- Risk communication works best when it is part of a larger plan or strategy outlined long before it is needed. That may not be the case with Ebola, so what follows are checklists and templates.

II. Overall Communication Goals for an Ebola Outbreak

- Immediately communicate accurate, timely information and address public health concerns about the first laboratory-confirmed case of Ebola.
- Instill and maintain public confidence in the government's public health system to effectively respond to and manage the situation.
- Keep the public fully informed -- explain what we know and what we don't know -- so that the public understands their personal level of risk of Ebola infection and behaves accordingly.
- Maintain credibility and public trust by providing accurate, science-based information.

- Establish that government health authorities are responsive to the specific concerns and information needs of the public, healthcare workers, and the public health community
- Avoid speculation and conjecture. Dispel rumors, misinformation, and misperceptions as quickly as possible.
- Protect the privacy of the patient and contacts to the extent possible.
- Respond rapidly to the specific concerns and information needs of the public, healthcare workers, and the public health community.
- Employ a unified and consistent government approach to strategic and operational communication.
- Stay connected with the local hospital and local health departments, not just for the initial announcement but also in the days following. Keep messaging alignment between national government officials, hospital, and local health authorities.
- Proactively share public information about the first case with local, and international counterparts to maximize public awareness and interagency consistency of Ebola messaging.

III. KEY ASSUMPTIONS AND CONSIDERATIONS

- As more cases of Ebola develop in West Africa, it is possible that one or more cases will be diagnosed in the neighboring countries and on to the Americas.
- The news media or social media may be the first to unofficially announce or speculate that a suspected or confirmed case of Ebola has been identified in your country. There will most likely be several suspected cases that turn out not to be Ebola.
- There will be a delay between the reports of the first suspected and confirmed case(s); the longer this period of time, the greater the degree of media and public speculation.
- Travelers may not have had symptoms while traveling, but may have exhibited symptoms after being in another country for a while and traversing through several places. Assessing the travelers' movements and potential contacts with

others will be necessary to anticipate public fear in the case that the person interacted with others (E.g., in businesses, schools).

- The time from positive confirmation of the first case to public announcement should be very rapid.
- The patient(s) in question will have been isolated (sick/dead), and active contact tracing will have begun/will begin immediately.
- There will be high demand for information from the public and from domestic and international media.
- Social media will exponentially compound the pressure and demand for information as well as greatly expand the potential for misinformation and rumors to spread rapidly.
- There will be incomplete information, misinformation, rumors, and misconceptions among the public. People may take actions based on this information.
- There could be delays in obtaining and releasing verified information to the public; the longer the delay, the greater the degree of news media and public speculation.
- There will be huge immediate and ongoing demands for information and products from health authorities, partners, news media, policy makers, the general public, and other audiences. This demand will place significant pressure on the government to provide facts quickly.
- Health guidance and recommendations may change as we learn more about Ebola. But we will keep the public and other stakeholders immediately informed of new recommendations as they are developed.

IV. MESSAGES

Messages should be timely, accurate, actionable, and relevant to the audience. The messages will be updated as soon as new information is verified.

Specific questions about the first diagnosed case of Ebola that might come up are below. Health authorities should consider beforehand about how they will answer if/when a first case is diagnosed.

1. Who is in charge and what are they doing to investigate and control the situation?
2. What are health authorities doing to address this situation? Health departments? Hospital? Airline? Border Protection?
3. How concerned should the public be about the arrival of this patient?
4. Where and how did the patient get Ebola?
5. Did the infected patient spread Ebola to other people? How?
6. What are the risks to people who had close contact with the patient?
7. What are the risks to other passengers on the airplane (if patient arrived by plane)?
8. What are the risks to healthcare workers and other patients in the hospital? What is the risk to the community?
9. Who will notify patients and families of possible exposures and risks? How?
10. What is the hospital doing to prevent spread within the hospital and to other patients?
11. What if Ebola spreads and causes an outbreak in (name of your country)?
12. What should I do if I had close contact with the patient?
13. Did (or is) the hospital follow(ing) infection control practices?
14. Did (or is) the airline crew and Border Control officers follow(ing) the appropriate steps?
15. From what country did the patient come? What steps did the country take, if any, to prevent the first case from traveling?
16. Was the infected patient isolated?
17. Was the airplane quarantined?
18. What is being done to screen incoming travelers at airports or other borders?
19. How can I protect myself and my family from Ebola?
20. What are the symptoms of Ebola? When should I see a doctor?
21. Are there antiviral treatments or other treatments? Is there a vaccine?
22. What should be done to make sure this does not happen again?
23. Should we ban incoming flights or travelers from the affected Liberia, Sierra Leone, and/or Guinea?
24. What is the risk to the community?

V. Draft Key Points for First Case of Imported Ebola

Examples of main key points:

- The first diagnosed case of Ebola has been reported in your country.
- The Ministry of Health knows that people are concerned about this situation. We understand these concerns and are taking this very seriously. We will share the information we have now and additional information as soon as we have it.
- Right now, we know that one person was confirmed to have Ebola virus infection.
 - The patient developed Ebola symptoms and was hospitalized in [insert place] on [insert date].
 - The patient had recently traveled from [insert country] and became ill approximately [insert date relative to arrival in your country].
- This situation is still evolving. [Names of Ministries] are investigating—
 - How the patient became infected with Ebola virus
 - How many people had close contact with the patient once symptoms developed and their current health status
- The Ministry of Health is working closely with other ministries to rapidly investigate this situation and to help prevent the spread of Ebola. We are currently:
 - Making sure the patient is receiving treatment and is isolated
 - Interviewing the patient and close contacts, such as family members, to obtain detailed information on their travel history and exposures
 - Ensuring the hospital uses appropriate infection control measures
 - Identifying people who had close contact with the patient and
 - interviewing them
 - monitoring them to see if they become ill
 - collecting and testing specimens from them, if needed
 - requesting that they monitor their health and seek care if they develop symptoms
 - Monitoring the health status of healthcare workers who cared for the patient
- Currently, there is no vaccine to protect against Ebola virus infection. Standard treatment for Ebola is limited to treating the symptoms as they appear and supportive care.
- Experimental treatments have not yet been tested for safety and effectiveness in humans.

- The government has been preparing for an event such as this as part of the International Health Regulations. We have been:
 - Enhancing surveillance and laboratory testing capacity to detect cases
 - Providing recommendations for healthcare infection control and other measures to prevent disease spread
 - Working to inform health care providers and health care about proper response protocols
 - Disseminating up-to-date information to the general public, international travelers, and public health partners
- Travelers from Guinea, Liberia, or Sierra Leone should monitor their health for symptoms, fever, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding, for 21 days after travel.
- People who develop a fever, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding within 21 days after traveling from Guinea, Liberia, or Sierra Leone should see a healthcare provider and mention their recent travel.
- Healthcare workers should consider Ebola in patients who develop fever, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding 21 days after traveling from countries Guinea, Liberia, and Sierra Leone. They should immediately implement appropriate infection control precautions and contact the Health Ministry if they have any questions.
- The Ministry of Health will post new information about Ebola on the website: www.moh.gov.gn.
- When health risks are uncertain people need information about what is known and unknown, and interim guidance to formulate decisions to help protect their health and the health of others.
- Even one case of Ebola will generate immediate, intense, and sustained demand for information from the public, healthcare providers, policy makers, and the news media.
- Timely and transparent dissemination of accurate, science-based information can build public trust and confidence.

*CDC/HHS

(ANNEX) GUIDING RISK COMMUNICATION PRINCIPLES *

This guidance fully employs the following risk communication principles in order to establish and maintain public trust and manage the expectations of citizens during an extremely adverse situation over an extended duration. These principles are based on and complement the WHO Outbreak Communication Guidelines (http://www.who.int/csr/resources/publications/WHO_CDS_2005_28/en/).

- When health risks are uncertain, as likely will be the case following the first case(s) of Ebola diagnosed in your country, people need information about what is known and unknown about the virus, their actual degree of risk, and interim guidance to formulate decisions to help protect their health and the health of others. To the extent possible, providing this information in advance of the first diagnosed case will help mitigate initial concerns.
- The first diagnosis of Ebola in your country will likely generate immediate, intense, and sustained demand for information from the public, healthcare providers, policy makers, and news media. Healthcare workers and public health staff may need training in media relations and public health and risk communication.
- Timely and transparent dissemination of accurate and accessible science-based information about Ebola can build public trust and confidence, particularly when such communication efforts are guided by established principles of risk communication.
- Coordination of message development and release of information among all responding organizations and international partners' health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
- Information to public audiences should be accessible, technically correct, and sufficiently complete to encourage support of policies and official actions without seeming patronizing to the public.
- Information presented should minimize speculation and avoid over-interpretation of data as well as overly confident assessments of public health investigations and control measures.
- Foreshadowing that our guidance and recommendations may change as we learn more will be important.

*CDC/HHS

