8. RISK AND OUTBREAK COMMUNICATION

8A. Risk Communication for Chikungunya Virus Introduction/Outbreaks

Effective communication to the community and various stakeholders is crucial to avoid confusion and misinformation and to engage people in steps to reduce the risk of disease. Under the IHR, risk communication for public health emergencies includes the range of communication capacities through the preparedness, response and recovery phases of an outbreak. [55] Messages should encourage informed decision making, positive behavior change and the maintenance of trust in public authorities. As CHIKV is novel in the Americas, the media, the public and many officials will need to be educated about the disease, its mode of transmission, the lack of specific therapeutic treatment, means of symptomatic and supportive treatment and the adoption of control measures. Risk communication messaging can emphasize that risk of CHIKV infection can be reduced and that it is typically a self-limiting disease.

8B. Risk Communication Strategies by Phase and Target Audience

Appendix H gives an example of a model risk communication plan with strategies organized by Preparedness, Response and Recovery phases of an emergency. The plan defines various target audiences that should be considered when developing a country-specific risk communication plan.

Risk communication should be organized across multiple agencies and should target the media, the public health community, community-based organizations, the private sector, and civil society institutions. Several approaches are outlined below.

Structure and Coordination: Ideally, an emergency response to a CHIKV outbreak will use an Incident Command System that provides structure for collaboration. In Latin America, the equivalent is the Emergency Operational Committee (COE from its acronyms in Spanish). A key component in emergency operations is establishment of a Joint Information Center (JIC) to allow for coordination of messages from local, state, national and international partners. Information about setting up and running a JIC can be found online at: http://www.fema.gov/emergency/nims/PublicInformation.shtm

As part of the emergency operations structure, communication staff should work closely with other operational components (epidemiology, vector control, etc.). All groups should meet regularly to be in agreement on key data points, including number of cases, geographic factors and messages. Lack of coordination on these points will contribute to confusion and undermine confidence in the management of the response.

Strategies by Phase: **Preparedness Phase**

The primary activities during this phase are to develop a communications plan and to create strategic partnerships. During this phase, potential activities may include:

- Informing key stakeholders about preparedness materials, such as these guidelines
- Development of basic response materials such as fact sheets and frequently asked questions will facilitate a rapid response to a CHIKV introduction and reduce misinformation. Channels may include print materials, websites and other electronic and social media, mass media, SMS text messages, inter-personal communication through group meetings, schools and utilization of traditional / folk media.

- Working with partners to develop strategies to guide care seeking, travel (national and international), and prevention/risk reduction .
- Communication with journalists and news agencies to provide baseline information on CHIKV and on the national preparedness and response plan.
- Networking with key personnel at potential information points, such as arrivals and departure locations (airports, ports, borders) and public facilities (health care facilities, educational centers, workplaces, nursing homes shopping malls, churches, public transport sites, stadiums, among others).
- Anticipation of sensitive issues can allow for preemptive preparation of responses and strategies. Sensitive issues topics related to CHIKV may include concern over safety of community/household pesticide use, any restrictions involved in a containment response, large numbers of persons seeking care at health care facilities and the cost of control measures.

Strategies by Phase: **Response Phase**

During this phase, the communication plan is put into action; in particular, communications with mass media, health care providers and other key audiences are intensified.

Mass Media. Effective communication via mass media can assist in maintaining clear information regarding the outbreak and the public health response. Information should be communicated via an appropriate, trained national-level spokesperson. Use of a consistent spokesperson can build trust and avoid potentially conflicting messages

from various sources. Mass media communication can also reinforce the key behavioral outcomes that can help reduce risk during an outbreak. Monitoring of electronic and print media should be performed (daily during an intense outbreak) in order to make any necessary adjustments to the strategies and messages conveyed to the population.

Response to media inquiries should be timely and accurate and should include promotion and prevention issues. Messaging for media responses should be coordinated through the JIC. Sensitive issues should be addressed promptly and transparently, following best crisis and risk communication principles: http://www.bt.cdc.gov/cerc/

It is useful to employ multiple channels to disseminate accurate information on the disease and prevention. These may include advertising and other social marketing tools (e.g., TV, radio, printed media, Web, outdoors (billboards), and social networks, such as Twitter, Facebook, or YouTube). Multiple channels may be especially important when the outbreak engenders confusion and controversy.

Health Care Provider Communication**.** The novelty of CHIKV will likely mean that many health care providers have little specific information available on diagnosis and care for chikungunya fever patients. Mechanisms for rapid communication with care providers should be established, such as dedicated health care provider websites, health alert network notices and communication via professional associations. Ideally, basic materials can be prepared in advance of an outbreak. Specific communication strategies should reflect the actual availability of electronic media to health care providers throughout region. See Appendix H for further details.

Strategies by Phase: **Recovery Phase**

During this phase, the main activities include informing and guiding the general population on the sustainment of public health measures, as appropriate, and informing the public as to when the risk of disease transmission has reduced. This is also an opportunity to evaluate and assess the effectiveness of risk communication efforts. A summary evaluation at the end of the outbreak will provide valuable insight for future responses. For further details refer to Annex H.

8C. Specific Behavioral Strategies for CHIKV Risk Reduction

Specific strategies for effective personal, household and community primary prevention are discussed in section 7 on vector control. Messages regarding control measures should be developed in collaboration with vector control staff to emphasize specific steps that households need to take to optimize potential control measures (e.g., leave windows open during fogging, materials to remove from the home in the event of indoor residual application, physical appearance of larvicide and how long to leave in place, etc.).

Advance research into knowledge, attitudes and practices regarding repellent and household control measures may yield benefits in understanding barriers to use and potential for misapplication. Even if not feasible in advance, rapid qualitative assessment in affected areas can yield insights to increase the effectiveness of prevention messages.

Prevention communication should target specific behaviors that offer the best likelihood of reducing risk. Feasible strategies will vary by region, depending on

community resources, attitudes, control program capacity and ecology. Key messages for personal and household prevention can include:

Community strategies:

- Encouraging support of and compliance with governmental control efforts such as environmental sanitation, larviciding and adulticiding.
- Advocacy for household and neighborhood source reduction (e.g., trash clean-up, control of water storage, etc.)

Household and personal strategies:

- Use of personal prevention such as clothing, repellents and insecticide treated materials
    - Encouraging the use of long sleeves and pants may be reasonable in areas where temperatures are moderate, particularly during evening when *Aedes* mosquitoes are often still seeking a bloodmeal. This recommendation may be less practical in tropical zones.
    - Repellents for use on skin and clothing are now sold widely throughout the Americas. A significant outbreak may increase interest in these tools and authorities should be prepared to provide guidance and creatively strategize possibilities to increase use.
- Methods to reduce human-vector contact include use of household insecticides and installation of screening. Where feasible, screening material can be installed

over windows even without the use of expensive frames (stapling in place or using wooden frames).

- It may be useful to specify active ingredients or even brand names for recommended repellent and/or household insecticides in order to reduce use of ineffective and possibly dangerous materials.

Summary of Risk and Outbreak Communication Section

- Communications is an integrated, coordinated effort involving all disciplines and components for preparation and response.
- Timely communication with stakeholders is crucial for community participation and to avoid confusion and misinformation.
- As CHIKV is novel in the Americas, the media, the public and many officials will need to be educated about the disease, the mode of transmission, the lack of specific therapeutic treatment, means of symptomatic and supportive treatment and adoption of control measures.