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# Risk Communication Plan for the first case of Ebola\*

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This document describes possible risk communication activities supporting the public announcement of a possible first case of Ebola diagnosed in your country.

## **Communication Goals**

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- Immediately communicate accurate, timely information and address public health concerns about the first laboratory-confirmed case of Ebola (in your country)
- 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 health authorities are responsive to the specific concerns and information needs of the public, healthcare providers, 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 providers, 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 first announcement, but also in the days following.
- Keep messaging alignment between national government officials, hospital, and local health authorities.
- Proactively share public information about first case with affected local and international counterparts to maximize public awareness and interagency consistency of Ebola messaging.

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## Key Assumptions

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- 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 (your country).
- The news media or social media may be the first to unofficially announce that a suspected or confirmed case of Ebola has been identified in your country. We will most likely continue to see 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; the longer this period of time, the greater the degree of media and public speculation.
- 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, and active contact tracing will have begun or 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 will be huge immediate and ongoing demands for information 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.

## Messages

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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 think 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 Control?

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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 (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 from the affected Liberia, Sierra Leone, and/or Guinea?
24. What is the risk to the community?

## Guiding Risk Communication Principles

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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/](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

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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.

## **Primary Communications Channels (examples)**

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The Ministry of Health will utilize a variety of channels for distribution of information and messages to provide information about Ebola to the media and the public about Ebola, the public health and medical response, medical countermeasures, non-pharmaceutical interventions, and other general and educational information regarding the various agencies that are involved in the response. Key information channels include, but are not limited to:

- Media briefings, including televised press conferences and telephonic briefings for reporters
- Social media channels (e.g., Twitter, Facebook, YouTube, podcasts, text messaging, etc.)
- Websites
- Radio PSAs
- Distribution of printed materials
- Others

Upon confirmation of the first diagnosed case, health authorities will:

- Notify key stakeholders [insert examples here]--need full ready list group email and phone.
- Work closely with local public health authorities and others (e.g., hospital officials) to assess the situation and prepare for public announcement.
- Issue a media advisory to full media list.
- Health authority issues a media statement about first case diagnosed.
- Simultaneous text messaging/ live tweeting from media briefing (if possible)
- Following media briefing, public health subject matter experts will be at the ready for individual media interviews.
- Health authorities issue a comprehensive fact sheet outlining key facts about Ebola and government preparedness
- Health website updated with critical public information (if there is good access to internet)

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- Health authorities host conference call with partners and stakeholders
- Update Q/As for hotline (if available). Ensure the phone # of hotline is included in all materials distributed and in media.
- Update international partners

## Audiences

Health authorities will broadly disseminate information to the general public, healthcare workers, and the public health community to inform them of the first case of Ebola and to address concerns. They also will disseminate information for international travelers, people working in the travel industry, partners at port(s) of entry where the traveler arrived, and other partners. Information about partners and communication channels is provided below. All of these audiences have both distinct and common concerns and issues, which require a targeted communication effort to establish and maintain trust and manage expectations.

<b>General Public</b>	<ul style="list-style-type: none"> <li>• Concerned people in who have not been exposed</li> <li>• Patients and visitors to hospitals</li> <li>• Ethnic communities with ties to Sierra Leone, Guinea, and Liberia</li> </ul>
<b>Healthcare Workers</b>	<ul style="list-style-type: none"> <li>• Clinicians and other healthcare workers</li> <li>• Hospitals</li> <li>• Medical professional associations</li> <li>• Lab personnel</li> </ul>
<b>Public Health Community</b>	<ul style="list-style-type: none"> <li>• Public health officials, including local districts</li> <li>• National agencies and employees</li> <li>• Foreign governments and international partners</li> <li>• Non-governmental and faith-based organizations</li> <li>• Public health laboratories</li> </ul>
<b>Travelers</b>	<ul style="list-style-type: none"> <li>• Travelers to and from western Africa.</li> <li>• Travelers on the airplane who would be contacts in the contact investigation</li> </ul>
<b>Travel Industry</b>	<ul style="list-style-type: none"> <li>• Airlines</li> <li>• Professional organizations for the airlines</li> <li>• Cruise ship lines</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Border Control</li> <li>• Airports</li> <li>• Ports</li> <li>• Emergency Medical Services</li> <li>• Hospital and other medical organizations</li> <li>• Humanitarian aid groups</li> <li>• NGO/volunteer organizations</li> </ul>
<b>Community organizations</b>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• Faith-based organizations</li> <li>• Businesses</li> <li>• Civic organizations</li> </ul>

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## AUDIENCE-BASED CHANNELS (Examples)

<b>Channel</b>	<b>Insert Kinds of Audiences Reached through this Channel</b>
<b>Social Media</b>	<ul style="list-style-type: none"><li>•</li></ul>
<b>Websites</b>	<ul style="list-style-type: none"><li>•</li></ul>
<b>News Media</b>	<ul style="list-style-type: none"><li>•</li></ul>
<b>Doctors' and Nurses' Organizations and Networks</b>	<ul style="list-style-type: none"><li>• Healthcare workers</li><li>• Public health community</li></ul>
<b>National Hotline</b>	<ul style="list-style-type: none"><li>• Public</li><li>• Health care workers</li></ul>
<b>Partners</b> Partners that could be part of communication efforts following a first Ebola case and should receive updated information and key points so their members are ready to respond to inquiries.	<ul style="list-style-type: none"><li>• Healthcare workers</li><li>• Public health community</li><li>• General public</li><li>• Ports of entry partners (ports, airports)</li><li>• Airlines</li></ul>
<b>Email Alerts</b>	<ul style="list-style-type: none"><li>• Emergency medical services personnel</li><li>• Community health clinics</li><li>• Schools</li><li>• Others?</li></ul>
<b>Community Centers</b>	<ul style="list-style-type: none"><li>• Public</li><li>• Community health clinics</li></ul>
<b>Other:</b>	<ul style="list-style-type: none"><li>•</li></ul>

## MEDIA SPOKESPERSONS

The primary media spokespersons for the first case of Ebola are the following:

- 1.
- 2.
- 3.
- 4.

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## Examples of IMMEDIATE ACTIVITIES

Time Range	Activities
Hour 1	<ul style="list-style-type: none"><li>• Distribute key points to staff of health authorities</li><li>• Contribute messages for a press release</li><li>• Issue press release</li><li>• Hold a press briefing</li><li>• Post information on Health Authority Website</li><li>• Post messages on social media</li><li>• Respond to news media requests</li></ul>
Hour 2	<ul style="list-style-type: none"><li>• Monitor and assess news media, social media, and public inquiries</li></ul>
Hour 3	<ul style="list-style-type: none"><li>• Inform and provide guidance to clinicians, public health community, and labs</li><li>• Provide patient fact sheets to clinicians and public health community</li><li>• Update prepared responses for hotline</li></ul>
Day 2	<ul style="list-style-type: none"><li>• Host press conference to update public about situation</li></ul>
Within first 5 days and beyond	<p><b>New activities:</b></p> <ul style="list-style-type: none"><li>• Coordinate partner calls</li><li>• Respond to partner requests for information and products</li><li>• Post updated information on Websites</li><li>• Provide additional materials for the general public</li></ul> <p><b>Ongoing:</b></p> <ul style="list-style-type: none"><li>• Post updated information on Websites</li><li>• Update travel notices and messaging at ports of entry, as needed</li><li>• Share updated information with clinicians, health departments, and labs</li><li>• Disseminate updated key points to staff and partners</li><li>• Monitor and assess news media, social media, and public inquiries</li></ul>

### 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].

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- 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 providers 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 greater than 38.6 degrees Centigrade, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding, for 21 days after travel.
- People who develop a fever greater than 38.6 degrees Centigrade, 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 providers should consider Ebola in patients who develop fever greater than 38.6 degrees Centigrade, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or

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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](#).
- 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.

\*Adapted from materials prepared by CDC/HHS

For more information on Risk Communication contact Communicable Diseases and Health Analysis at [ebola@paho.org](mailto:ebola@paho.org)