COVID-19

Guidelines for communicating
about coronavirus disease 2019

A guide for leaders

PAHO

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PAHO · Pan American Health Organization · World Health Organization REGIONAL OFFICE FOR THE Americas

Introduction

The outbreak of coronavirus 2019 disease (COVID-19) in Hubei, China, and the introduction of the virus into the Region of 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, sensitive and trustworthy response. The public wants to know what you know, what you are doing about it and what they can or should do.

COVID-19, a disease similar to other coronavirus infections like MERS and SARS and to influenza, is causing global concern and has been declared a public health emergency of international concern by the Director-General of the World Health Organization (WHO). There are many unknowns, and this leads to fear, mostly about what could happen. This makes effective risk communication a strategic resource that can contribute to the success of the public health response in countries of the Americas.

In an ideal situation, there would be time to plan, setting up a communication strategy and an action guide. But times such as these require immediate skills to communicate with the 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.

Protecting health and averting preventable deaths is the mission that we all share. We must ensure that public health communication is timely, transparent, based on correct information and science, but also honest and frank, showing empathy and understanding about the public's concerns. This type of communication will be essential to ensure that people understand the risks of COVID-19 and follow authorities' recommendations to protect their health and the health of their loved ones.

I. Key Concepts of Risk Communication

TRUST

Trust 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, sneeze or cough into the inside of your elbow)
- Don't minimize people's concern. People are fearful. That's a healthy reaction.
- COVID-19 is a scary disease.
- Don't suggest that the public shouldn't worry.
- Acknowledge the uncertainty.
- 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. For example, don't say, "I know how you feel." Instead say, "It's natural to feel anxiety. This is a worrisome situation for all of us."
- Be the first out with the information. Tell the public that there is a case or suspected case of COVID-19 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 and creates trust because you have not tried to hide information.

ANNOUNCING EARLY

Announcing early shows leadership, leads to trust, reduces the rumors and can save lives. The so-called "first announcement" should say what is known, what it means, what is being done (e.g., "Today the first laboratory-confirmed case of COVID-19 was diagnosed. We are conducting contact tracing. This in an imported case, and the patient is now in isolation to prevent disease spread...")

- Delayed announcements create speculation, which leads people to wonder how really bad the situation must be.
- Avoid stigmatization. Many people of Chinese or Asian origin are suffering unwarranted discrimination. As leaders, you need to make sure stigmatization is minimized, or it can lead patients to deny they have the disease or to hide and fail to seek the care they need.
- In this ever-connected world we cannot hide outbreaks.
- If you don't know an answer to a question, say so. And then get the response later.
- Fear and concern are initial reactions to crises. What's often described as panic is an adjustment reaction to uncertainty and unknown risk. People rarely panic although officials think they do.

- Don't use technical jargon when communicating with the public or the news media.
- Give people steps to protect their own health and the health of others.
- 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. (e.g., "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.
- Be transparent. Ensure that the criteria for taking different actions are clear and available (e.g., "We are vaccinating this group first because they are at greater risk" or "they are healthcare workers who are taking care of others.")
- Provide timely and transparent information that is technically correct and based on science.
- 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.

INVOLVE THE COMMUNITY

- 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 COVID-19, so what follows are checklists and templates.

II. Overall Communication Goals for a COVID-19 Outbreak

- Immediately communicate accurate, timely information and address public health concerns about the first laboratory-confirmed case of COVID-19.

- 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 COVID-19 infection and behaves accordingly.

- Maintain credibility and public trust by providing accurate, science-based information but also recognizing the uncertainty with honesty, knowledge and commitment.

- Avoid speculation and conjecture. Dispel rumors, misinformation, and misperceptions as quickly as possible.

- Protect the privacy of the patients 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 government , hospital, and local health authorities.

- Proactively share public information about the first case with local, national and international counterparts to maximize public awareness and interagency consistency of COVID-19 messaging.

- Tell people what they can do to reduce their exposure to the virus and protect the health of their loved ones, according to their risk, level of concern, and the available recommendations and options. This provides a sense of motivation and greater control.
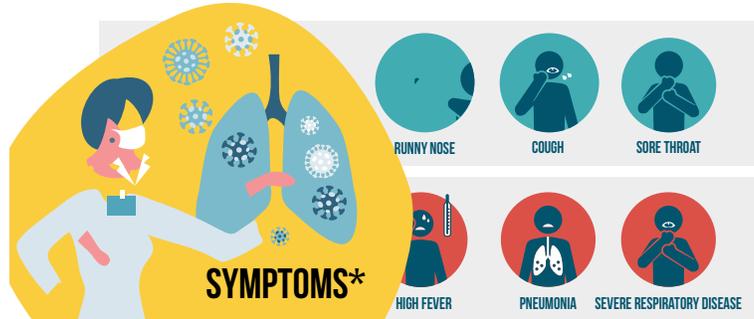
III. Key Assumptions and Considerations

- As more cases of COVID-19 develop internationally, it is possible that one or more cases will be diagnosed in countries of Latin America and the Caribbean.

- The news media or social media may be the first to unofficially announce or speculate that a suspected or confirmed case of COVID-19 has been identified in your country. There may be several suspected cases that turn out not to be COVID-19.

- 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 traveler's 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 short.

- The patient(s) in question will have been isolated, 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 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 COVID-19. But officials need to immediately inform the public and other stakeholders of new recommendations as they are developed.

COVID-19
Coronavirus Disease 2019

BE AWARE.

COVID-19 is a new respiratory illness that was first discovered in Wuhan, China. It is transmitted **from person to person.**

SYMPTOMS*

COMMON SYMPTOMS

RUNNY NOSE | COUGH | SORE THROAT

SEVERE CASES

HIGH FEVER | PNEUMONIA | SEVERE RESPIRATORY DISEASE

*Symptoms may appear **1 to 12 days** following exposure to the virus

Who is most at risk of becoming seriously ill?
• People over age 60
• People with pre-existing conditions such as diabetes and heart disease

How is it transmitted?
• Through close contact with an infected person
• By an infected person coughing or sneezing
• By touching contaminated objects or surfaces and then touching your mouth, nose or eyes

Currently there is no vaccine or specific treatment. We can only treat the symptoms. **Serious cases** may require oxygen and ventilatory support.

PREPARE.

Make sure you get your information from a reliable source.

Wash your hands regularly with soap and water or use an alcohol-based gel.

Cover your mouth with the inside of your elbow when you cough or sneeze or use a tissue and dispose of used tissue immediately and wash your hands.

ACT.

Avoid close contact with people who have flu-like symptoms.

Avoid touching your eyes, nose or mouth with unwashed hands.

Avoid sharing cups, plates or other personal items and disinfect all surfaces that are touched frequently.

If you have traveled to areas where COVID-19 is circulating or have been in contact with someone who has it and you experience fever, cough or difficulty breathing, seek medical attention immediately. Do not self-medicate.

Note: Information may change when more is known about the disease. February 2020.

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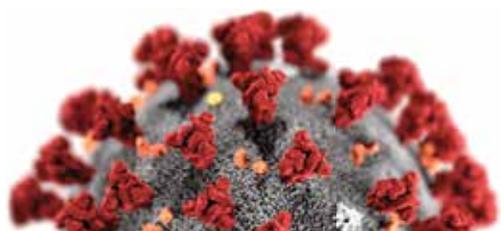
IV. Messages

To avoid confusion about the initial appearance of cases, prevent disease spread and create trust in authorities' response to the virus, messages should be timely, accurate, actionable, and relevant to the audience. Messages should be updated as soon as new information is verified.

Specific questions about the first diagnosed case of COVID-19 that might come up are below. Health authorities should consider beforehand how they will answer these questions 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. Where and how did the patient get COVID-19?

4. Did the infected patient spread COVID-19 to other people? How?

5. What are the risks to people who had close contact with the patient?

6. What are the risks to other passengers on the airplane (if patient arrived by plane)?

7. What are the risks to healthcare workers and other patients in the hospital? What is the risk to the community?

8. Who will notify patients and families of possible exposures and risks? How?

9. What is the hospital doing to prevent spread within the hospital and to other patients?

10. What if COVID-19 spreads and causes an outbreak in (name of your country)?

11. What should I do if I had close contact with the patient?

12. Did (or is) the hospital follow(ing) infection control practices?

13. Did (or is) the airline crew and border control officers follow(ing) the appropriate steps?

14. From what country did the patient come? What steps did the country take, if any, to prevent the first case from traveling?

V. Draft Key Points for First Case of Imported COVID-19

Examples of main key points:

- The first diagnosed case of COVID-19 has been reported in your country.

- The Ministry of Health knows that people are concerned. 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 COVID-19 virus infection.
  - » The patient developed COVID-19 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 COVID-19 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 COVID-19. 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 COVID-19 infection. Standard treatment for COVID-19 is limited to treating the symptoms as they appear and supportive care.

- The government has been preparing for an event like this as part of the International Health Regulations. We have been:
  - » Enhancing surveillance and laboratory testing to detect cases
  - » Providing recommendations for healthcare infection control and other measures to prevent disease spread
  - » Working to inform healthcare providers about proper response protocols
  - » Disseminating up-to-date information to the general public, international travelers, and public health partners

- Travelers who have visited countries where the virus is currently circulating or who were in contact with anyone with the virus should monitor their health for symptoms such as fever, cough or pneumonia for 14 days after returning home. If symptoms appear, they should take recommended measures to prevent spread of the virus and seek medical care, informing their healthcare provider of their travel history.

- Healthcare workers should consider COVID-19 in patients who develop fever, cough or pneumonia up to 14 days after traveling to any place where the virus is circulating or if the patient may have had contact with an infected person. 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 COVID-19 on the website: www.

- When health risks are uncertain, people need information about what is known and unknown, and interim guidance to make decisions to help protect their health and the health of others.

- Even one case of COVID-19 will generate immediate, intense, and sustained demand for information from the public, healthcare providers, policymakers, and the news media. It can also create demand for healthcare services.

- Timely and transparent dissemination of accurate, science-based information can build public trust and confidence.

Guiding Risk Communication Principles

This guidance employs basic 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 COVID-19 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 COVID-19 in your country will likely generate immediate, intense, and sustained demand for information from the public, healthcare providers, policymakers, 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 COVID-19 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, international partners and 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, honest, transparent, and sufficiently complete to encourage support of policies and official actions without seeming patronizing to the public.

Information presented should minimize speculation and avoid overinterpretation of data as well as overly confident assessments of public health investigations and control measures.

It will be important to make clear that our guidance and recommendations may change as we learn more about this new disease.

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