Communicating about High Consequence Pathogens: Lessons from Pandemic Influenza, Ebola, and Zika

Glen Nowak, PhD.

Professor, Department of Advertising & Public Relations
Director, Grady Center for Health and Risk Communications
Grady College of Journalism and Mass Communication
University of Georgia

gnowak@uga.edu

Ensuring Infection Control in the Pacific
March 1, 2019
An infectious disease involving a high consequence pathogen can quickly bring... 

- A need to quickly and effectively communicate through multiple channels and platforms, including:
  - Traditional news media
  - Partner organizations and key stakeholders (e.g., health departments, clinicians, professional medical societies)
  - Websites
  - Social media

- Uncertainty, anxiety, skepticism, criticism

- Recommendations and policies that quickly intersect with personal values, politics, and competing priorities

- Risks to organization, professional, and personal credibility and reputations
Effective health-related communication requires knowing your desired outcomes(s) and how you will achieve them

“A” – A set of people who have appropriate beliefs regarding a threat or potential threat and/or who are not doing a recommended behavior, such as receiving a recommended vaccination. . .

“B” – most or more people will have the desired beliefs regarding a threat or potential threat and/or do the recommended behavior, such as receiving a recommended vaccination.

The Core Questions:

How can or will you influence or persuade individuals in your targeted audience(s)?

What communication approaches and messages are most likely to increase your communication success?
Effective High Consequence Pathogen Public Communication

- Get and Be Prepared
- Provide basic information early
- Use Risk Communication Principles
- MESSAGES, MESSAGES, MESSAGES
- Account for Fears, Be ready for misperceptions
- Collaboration and Coordination
Starting from a strong communication foundation is essential.
Recognize that effective health communication efforts will take more time and effort than you prefer. . .

A group of people who are not doing a recommended behavior. . . are provided information and advice from an . . .

Immediate, widespread desired behavior change

DON’T GET THE FLU. DON’T SPREAD THE FLU. GET VACCINATED.

cdc.gov/flu

However, this rarely happens because simply providing more factual information is rarely enough to achieve success.
(Because) Health communication and education take more time, effort and resources when . . .

- You are trying to persuade or influence someone (vs. only inform them). . .
- The health threat is unfamiliar and unusual.
- The desired outcome is a new behavior or change in behavior.
- You want or need to have the outcomes happen quickly.
- Your messages are being sent into a “VUCA” world – i.e., a situation filled with “volatility, uncertainty, complexity, and ambiguity.”
Communication and education that seeks to achieve or increase an acceptance of a health-related behavior looks more like this…

I hear you

I understand you (e.g., relevant examples, understandable explanations)

I trust and believe you regarding the threat or potential threat and recommended actions.

I’ll consider doing it – especially if safe, easy, and convenient.

Quite Rare

With decision made influenced by:
Past behavior,
Emotions,
Perceptions and misperceptions,
Values,
Incentives,
Personal experiences,
Comfort level, and/or “Rational” assessments

I’ll do it

What are others doing? What is recommended by people and sources I trust?

Or not

Or somewhat
Trust affects acceptance of public health recommendations, but adults’ levels of trust might not be as high as you assume.

- Please rate your level of trust in... ('1' = 'no trust' / '5' = 'complete trust')
  - The annual or seasonal flu vaccine or shot
  - The tetanus vaccine or shot
  - A new Zika vaccine or shot, if it became available
  - Vaccine information and recommendations from my doctor or healthcare provider
  - The scientists involved in developing and testing vaccines
  - The Centers for Disease Control and Prevention
  - The Food and Drug Administration
  - Federal government agencies responsible for monitoring the safety of recommended adult vaccines
  - The experts who make vaccination recommendations
  - The companies that make or produce the vaccines recommended for adults
<table>
<thead>
<tr>
<th>Item – <em>Level of trust in the</em> . . .</th>
<th>No Trust 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Complete Trust 5</th>
<th>Average Rating</th>
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</thead>
<tbody>
<tr>
<td>Annual or seasonal flu vaccine or shot</td>
<td>18.2%</td>
<td>13.6%</td>
<td>22.5%</td>
<td>20.7%</td>
<td>25.0%</td>
<td>3.2</td>
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<tr>
<td>Tetanus vaccine or shot</td>
<td>5.5%</td>
<td>6.7%</td>
<td>19.2%</td>
<td>26.1%</td>
<td>42.5%</td>
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<tr>
<td>A new Zika vaccine or shot, if it became available</td>
<td>20.2%</td>
<td>22.7%</td>
<td>33.0%</td>
<td>16.9%</td>
<td>7.2%</td>
<td>2.6</td>
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<tr>
<td>Vaccine information and recommendations from my doctor or healthcare provider</td>
<td>6.3%</td>
<td>7.4%</td>
<td>25.2%</td>
<td><strong>33.5%</strong></td>
<td>27.6%</td>
<td>3.7</td>
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<td>Centers for Disease Control &amp; Prevention – or CDC -</td>
<td>10.0%</td>
<td>12.9%</td>
<td><strong>31.5%</strong></td>
<td>30.4%</td>
<td>15.1%</td>
<td>3.3</td>
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<tr>
<td>Scientists involved in developing and testing vaccines</td>
<td>10.1%</td>
<td>13.4%</td>
<td><strong>37.8%</strong></td>
<td>29.0%</td>
<td>9.8%</td>
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<tr>
<td>The experts who make vaccination recommendations</td>
<td>11.7%</td>
<td>16.9%</td>
<td><strong>34.2%</strong></td>
<td>28.3%</td>
<td>8.4%</td>
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<tr>
<td>The Food &amp; Drug Administration – or FDA</td>
<td>13.7%</td>
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Practice and preparation matter
Preparation should be geared toward being able to quickly address. . .

- What is this disease or illness? How does someone get it?
- Who is affected? Why? How? How many?
- How bad is it? How badly were or could people be harmed?
- How many?
- Are people like me or my family affected? Who is at risk? Why?
- How bad will or might things get?
- Why should I trust what I’m being told?
- Where can I get more information?
- How can I protect myself and family?
- What’s being done to prevent more harm?
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Many infectious disease communication challenges and needs are known or predictable.

- Disease threat, incidence, and likelihood often vary considerably; places, areas, communities, states, and countries will have different experiences and needs;
- **Initial uncertainties are many** – but initial demands for information are usually high
  - Detection and diagnosis
  - Treatment(s)
  - Prevention and protection
- New infectious diseases, and rare infectious diseases in new places, can bring rapid media, public, and policy maker interest and attention
When an emerging or not often seen a high consequence infectious disease makes it to the U.S. you should expect . . .
Many infectious disease communication challenges and needs are known or predictable.

- **Developments** – both good and bad – happen quickly and unpredictably.
- **Internal communications**, particularly for health care facilities, is as important as external communications.
- **Communications** efforts and messages need to help set, guide, and manage expectations.
The Universal Flu Shot Moves Within Reach

Long promised, a lifelong vaccine for every form of influenza has entered human trials.
What Is a Universal Flu Vaccine?

Criteria set out by NIAID for a universal vaccine includes that it be:

- At least 75 percent effective
- **Protect against two different groups of type A influenza viruses** (the type that can cause pandemics)
- **Provide protection for at least a year**
- Be suitable for all age groups

According to [Jennifer Louise Gordon, PhD](https://example.com), an influenza vaccine program officer at NIAID, a universal vaccine may still require boosters every few years.
Provide “basic” information early – and likely often, and continually, and in easy to access places
What is Zika virus disease (Zika)?

- Disease spread primarily through the bite of an Aedes mosquito infected with Zika virus.
- Most people infected with Zika virus won’t even know they have the disease because they won’t have symptoms.
- For those who do have symptoms, they are mild and last for several days to a week.
101. What is Zika?

Shorter Answer:
1. Zika is a virus transmitted by mosquitoes.
2. The most common symptoms of Zika are mild fever, rash, joint pain, and “pink eye” (conjunctivitis).
3. Zika rarely requires hospitalization and is rarely fatal.
4. Pregnant women infected with Zika may give birth to babies with an abnormally small head associated with incomplete brain development (microcephaly).

Longer Answer:

1. **Zika is a virus transmitted by mosquitoes.**
   - If mosquito bites are prevented, Zika outbreaks in humans are unlikely.
   - Zika virus is spread to people primarily through the bite of an infected Aedes species of mosquito (Aedes aegypti and Aedes albopictus).
   - If a mosquito bites someone who is infected with Zika, the mosquito takes up the virus.
   - Zika was first discovered in 1947 and in 1952, the first human cases of Zika were detected.

2. **The most common symptoms of Zika are mild fever, rash, joint pain, and “pink eye” (conjunctivitis).**
   - Symptoms of Zika typically last for several days to a week after being bitten by an infected mosquito.

3. **Zika rarely requires hospitalization and is rarely fatal.**
   - Many people infected with Zika do not realize they have been infected.
   - There is no vaccine for Zika.
   - Once a person has been infected with Zika, he or she is likely to be protected from future infections.
   - In rare cases, Zika infection has been associated with nerve system damage.
It’s easy for confusion to arise

Not all mosquitoes transmit the Zika virus - and the mosquitoes that do may not be the most commonly found in an area, community, or state.
Sick with CHIKUNGUNYA, DENGUE, or ZIKA?
Protect yourself and others from mosquito bites during the first week of illness.

Protect family and friends
- During the first week of illness, chikungunya, dengue, or Zika virus can be found in the blood.
- A mosquito that bites you can become infected.
- An infected mosquito can bite a family member or neighbor and make them sick.

Watch for these symptoms
See your doctor if you develop a fever with any of the following symptoms:
- Muscle or joint pain
- Headache, especially with pain behind the eyes
- Rash
- Conjunctivitis (red eyes)

Protect yourself from mosquito bites
- Wear long-sleeved shirts and long pants.
- Use door and window screens to keep mosquitoes outside.
- Use insect repellent.

For more information:
www.cdc.gov/chikungunya
www.cdc.gov/dengue
www.cdc.gov/zika
For the media: What’s the difference between a locally transmitted case and an imported case?
Be prepared for commonly used words to bring and add confusion

- Infectious
- Infected
- Symptoms
- Contagious
- Exposure / Exposed

- How can someone know or tell if they have been “exposed” to the virus, the disease, a person who is or was infected with the disease?
- If someone is sick or ill, are they infected?
- If someone is infected, will they have symptoms? Will everyone who is infected have symptoms? Will they have the same symptoms?
- If someone is infected, are they contagious?
- Can someone be infectious, but not contagious?
- Can someone be infected, not have symptoms, and be contagious?
Expect low media and public understanding of likely to be often mentioned health-related concepts

- Fever
- Diagnosis and diagnostic tests
- Case definition
- Airborne
- Fomite
- Outbreak vs. epidemic vs. pandemic

What is a fever – how high does one’s temperature need to be?
How is a diagnosis made? Confirmed?
What is a case definition? Why is it needed?
Are there diagnostic tests? How long do they take? Who does the testing?
Is a confirmed diagnosis needed for treatment?
Is airborne transmission possible?
Does the (virus/bacteria) live on surfaces? If so, for how long?
Is this an outbreak? An epidemic? Will it become one?
Clinicians will need information, too: Distinguishing Zika from Dengue and Chikungunya

- Dengue and chikungunya viruses transmitted by same mosquitoes with similar ecology
- Dengue and chikungunya can circulate in same area and rarely cause co-infections
- Diseases have similar clinical features
- Important to rule out dengue, as proper clinical management can improve outcome*

### Clinical Features:
Zika Virus Compared to Dengue and Chikungunya

<table>
<thead>
<tr>
<th>Features</th>
<th>Zika</th>
<th>Dengue</th>
<th>Chikungunya</th>
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</thead>
<tbody>
<tr>
<td>Fever</td>
<td>++</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>Rash</td>
<td>+++</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>++</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Arthralgia</td>
<td>++</td>
<td>+</td>
<td>+++</td>
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<tr>
<td>Myalgia</td>
<td>+</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Headache</td>
<td>+</td>
<td>++</td>
<td>++</td>
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<tr>
<td>Hemorrhage</td>
<td>-</td>
<td>++</td>
<td>-</td>
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<tr>
<td>Shock</td>
<td>-</td>
<td>+</td>
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Risk communication principles do provide a strong and needed foundation.
Key Risk Communication Concepts

- **Beware of the “Holy Grail of risk communication”:** believing you can inform people, educate people, and/or motivate precautionary behavior without scaring anyone.

- **Anticipate that exotic, unfamiliar threats often bring or foster a seemingly disproportionate amount of interest, attention and concern** – even if a very small actual threat to most individuals.

- **Adjustment Reaction/Period:** the “OMG” phase of learning about a new risk; a new risk can cause temporary overreaction, but also creates opportunity for teachable moments.

Risk Communication Key Points

- **Express** – and often lead with – **empathy and caring**
- **Anticipatory Guidance:** foreshadow that recommendations will likely change as new information emerges (reduce audience perception of future changes as evidence of prior mistakes)
- **Acknowledge** – early on – 1) uncertainties and 2) the possibility of rapid change, differences in actions as well as expert opinions, and the likelihood of things arising that aren’t easily foreseen
- **Be very careful about assurances** and offering “reassurance” and “guarantees” or “ensuring that you can do something”
Crisis and Emergency Risk Messaging Best Practices
(Parmer et al., 2016, Health Communication)

- Explain what is currently known about the event’s impact on human health
- Explain what is not known about the threat to human health
- Explain how or why the event happened
- Promote action steps that people can take to reduce the personal threat
- Express empathy about the threat to human health
- Express accountability
- Express commitment
Identify what is and isn’t known: Microcephaly and Zika

**What we know**

- Small number of positive test results for Zika virus infection in infants with microcephaly
- Microcephaly pattern consistent with Fetal Brain Disruption Sequence
  - Based on photos/scans of a small number of affected infants from Brazil
  - Retrospective investigation in French Polynesia outbreak in 2013-2014
  - Infants with other intrauterine infections such as cytomegalovirus (CMV)

**What we don’t know**

- Causal relation between Zika virus and microcephaly or other adverse pregnancy outcomes
- Full spectrum of phenotypes in affected infants
- Impact of timing of infection during pregnancy
- Impact of severity of maternal infection
- Magnitude of the possible risk of microcephaly and other adverse pregnancy outcomes
What we don’t know

If there’s a safe time during your pregnancy to travel to an area with Zika

If you do travel and are bitten
- How likely you are to get Zika
- How likely it is that your baby will have birth defects from the infection

For more information:
www.cdc.gov/zika
Messages, Messages, Messages

Everyone knows that messages matter – however, often underestimated is 1) how many “messages” will be needed; 2) how quickly they will be needed; and 3) how challenging this aspect of risk communication quickly becomes in an infectious disease outbreak that involves a high-risk pathogen
Know what you are trying to achieve with your media and public messages – what does success look like? What are you trying to achieve in terms of beliefs and behaviors?

Think “headlines” – what headline(s) are you trying to achieve with your messages?
**Note:** News story headlines are often a very good place to find good, short, and easy to understand key or core messages.

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**Louisiana’s flu season: Severe, but not as bad as last year**

More than 8 percent of patients are reporting flu-like symptoms to doctors statewide, making it a severe season, Frank Welch, ...

WWL-TV • 4d

**Louisiana seeing high number of flu cases**

Doctors said getting the flu shot is the best protector. Vaccination rates for kindergarten and sixth grade students 2017 an...

WWLE FOX 8 News • 4d

**Flu outbreak in New Orleans area reaches high level, officials tell people with flu to stay home**

Frank Welch, medical director for the Louisiana Department of Health’s Immunization Program, said the percentage of patients ...

The Advocate • 5d

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**Flu vaccine doing a relatively good job this season**

NEW YORK (AP) — The flu vaccine is doing a relatively good job this season, protecting about half the people who got it, U.S ...

YAHOO! • 2d

**This Year’s Flu Shot Was Far More Effective Than Last Year’s. Here’s Why**

The 2018-2019 flu season has been a relatively mild one — and a pretty effective flu shot is part of the reason why. Mid-seas...

YAHOO! • 2d

**This year’s flu vaccine is doing well, but deaths are still high**

This season's flu vaccine reduces the need to go to the doctor's office by about half, according to figures released Thursday ...

The Washington Post • 2d

**Milder flu season may be due to a better flu vaccine match, report says**

This season’s flu vaccine is a good match for the virus strains in circulation, according to new data from the Centers for Di...

NBC News • 2d

**CDC: Flu shot much more effective this year**

This year's flu shot is already outperforming the vaccine issued during the tough 2017-2018 influenza season, federal health ...

Upi.com • 2d
Know what you are trying to achieve with your media and public messages – what does success look like? What are you trying to achieve in terms of beliefs and behaviors?

Think “headlines” – what headline(s) are you trying to achieve with your messages?

In an infectious disease situation or response, you may have to determine the headlines you are striving for – and the key messages related to them – each day you are communicating to the media and public.

Think sound bites and good quotes – because how you frame and state things does matter.

**Use your messages to set and guide expectations.**
Example: Dr. Richard Besser, 2009 H1N1A – Initial Press Conference

- “I want to acknowledge the importance of uncertainty. At the early stages of an outbreak, there’s much uncertainty, and probably more than everyone would like. Our guidelines and advice are likely to be interim and fluid, subject to change as we learn more. We’re moving quickly to learn as much as possible and working with many local, state, and international partners to do so.”

- “I want to recognize that while we’re moving fast, it’s very likely this will be more of a marathon than a sprint. I want to acknowledge change. Our recommendations, advice, and approaches will likely change as we learn more about the virus and we learn more about its transmission.”

- “I want to acknowledge that we’re likely to see local approaches to controlling the spread of this virus, and that important; that can be beneficial; that can teach us things that we want to use in other parts of the country and that other people in other places may find useful.”
Example: CDC’s Initial Zika-related key messages

- Zika is not a new virus, but what we are seeing in the Americas right now is new.
- Zika is not currently found in the continental U.S. The mosquitoes that can carry Zika are found in some areas of the U.S. – but, mosquitoes need to find infected people in order to transmit and spread the virus.
- Women who are infected with Zika virus either with or without symptoms could have a baby with one of the birth defects. First thing to say is that we don't know for sure if the health of the baby will be affected.
- We should expect cases in the U.S., including from mosquitoes. Conditions in the U.S. make it unlikely, but not impossible there will be a serious outbreak here.
Diverse communication channels & material will be needed

- Materials developed specifically for local areas
- Education material for different population
- Online, social networks, mobile, etc.
- Multi-language material
- News Media
Zika Virus and Pregnancy

Provide tailored materials and information to those at high risk.
Messages and materials need to make implementing guidance and educating the public easy

LESSONS FROM EBOLA RESPONSE 2014
“We realized this week that this is a teachable moment, and despite the guidance we have sent out [to hospitals], people don’t necessarily understand how to implement it.”
– Abbigail Tumpey, CDC spokeswoman

Account for Fears, be prepared for misperceptions

When it comes to public health and high consequence pathogens, communication should recognize there will be conflicting information, fear raising information mis-information, and dis-information.
Sources of conflicting information include. . .

- Differences among experts
  - Lack of consensus and/or consistency among health care providers, public health experts, scientists, and others in the media
  - Different studies producing different results
  - Varying recommendations from experts and expert bodies
  - Changes in preferences, differences in preferences

- Differences in preventative measures and treatments
  - Differences in design or efficacy (e.g., respiratory protection)
  - Different and/or multiple formulations (e.g., medicines, mosquito control measures)
  - Use of less familiar ingredients – e.g., adjuvants in vaccines

- Journalists and news media (and others) are often attracted to disagreements, differences, changes, and perceived inconsistencies.
Images can – and sometimes are used – to raise awareness or heighten fear.

Images of babies with microcephaly fueled fears and heightened attention.

**Microcephaly**
- Symptoms include below-average head size
- Often caused by failure of brain to grow at normal rate
- Head circumference measuring less than 31.5-32cm at birth
- Affects 25,000 children in US each year

Source: ADAM, WHO
Municipal workers wait before spraying insecticide at Sambodrome in Rio de Janeiro, Brazil, in this January 26, 2016 photo / Pilar Olivares, Reuters
The public and media assume and understand things differently

**Experts and leaders**
- There are possible, suspected, reported, and confirmed cases
- Initial estimates are incomplete because of diagnostic & reporting lags
- Significant increases in reports or estimates may reflect reporting or confirmation lags, or the impact of increased media attention
- This will be hard to diagnosis - symptoms are similar to other things
- Only sophisticated lab tests can detect and tell us for sure
- “Infected” doesn’t necessarily mean “contagious”
- Treatments may only alleviate symptoms
- “New” means “we now have a helpful way to reduce harm”

**Public and media**
- The number of cases is the number of people who have been infected
- Assume you have complete, real time data – and will always have
- Significant increases in reports or estimates mean things changed dramatically overnight and/or things are getting worse (e.g., more and new illnesses)
- There are clear symptoms or indications of disease/condition
- Assume there are widely used and highly accurate rapid diagnostic tests
- “Infected” means “contagious”
- “Treatment” means “cure”
- “New” is often understood to mean “experimental”
Rumors and Misinformation

“Rumors are the lifeblood of any epidemic”
-Dr. Howard Markel, medical historian

THE RUMORS
Vaccines are to blame for rise in microcephaly:
  - Tdap vaccine
  - Expired or ‘bad lot’ of MMR vaccine
  - HPV vaccine
Larvicide Pyriproxyfen—pesticide dispensed in water tanks
Genetically modified mosquitoes
Mercury in seafood
Gold dust

THE FACTS
Mosquitos have been in Brazil for centuries.
Zika is new to the country; believed to have arrived in 2014
There has been a rise in cases of microcephaly, a condition in which the brain stops growing mid-pregnancy

Mosquitos have been in Brazil for centuries.
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There has been a rise in cases of microcephaly, a condition in which the brain stops growing mid-pregnancy
Aretha Franklin speculates whether Prince’s death was from the Zika virus

BY PETER SBLENDORIO / NEW YORK DAILY NEWS / Thursday, April 21, 2016, 4:58 PM

Powerhouse songstress Aretha Franklin wondered whether Prince's sudden death Thursday was the result of a Zika virus infection.

The Queen of Soul speculated on the matter during her live interview with MSNBC's Brian Williams shortly after the legendary pop musician died in his Minnesota studio.

"They're saying flu-like symptoms," Franklin pondered on air. "I'm wondering if it has anything to do with this Zika virus."

The CDC website cautions that people "very rarely die of Zika."
Collaborate and Coordinate –

Infectious disease-related risk and crisis communication often requires *rapidly* identifying and engaging with multiple stakeholders and influencers.
Infectious diseases can and do affect tourism & private business

Miami fears Zika virus may hit $24bn tourism industry hard

With the number of confirmed cases continuing to rise and peak winter tourism season two months away, businesses and hotels worry about losing visitors.

Miami Beach hotels stung by Zika

Hotel bookings in Miami Beach have begun to show the impact of Zika, with demand dropping below 2015 levels during the week of Sept. 17. On Sept. 16, the Zika transmission zone on the beach tripled to run from Eighth Street to 63rd Street.

Source: STR, a data and analytics specialist.
MARCO RUIZ, mr@milamiherald.com
Boots on the ground: working with local community on infectious disease response

- Start with listening and learning from community
- Be mindful of local concerns and sensitivities
- Understand the influence of the political environment
- Identify organizations and individuals with influence
Infectious Disease Collaboration and Coordination

Better message and material dissemination

- "Sister," other gov’t. agencies
- Health depts., health officials
- Health and medical societies
- External, affected public affairs, PIOs
- Membership organizations
- Advocacy groups

Responsive, and more consistent, messages, materials

Input and feedback

Better public, affected population understanding
In sum, when it comes to high consequence pathogens...

1. Practice and preparation do matter
2. Risk communication principles *do* provide a strong and needed foundation – and are helpful for building and maintaining trust
3. When it comes to public health, communicators must recognize the public, including those most affected, likely have little knowledge and understanding of the pathogen and thus the basis for recommended actions
4. Communication responses, especially messages, need to be multi-faceted, ongoing, and evolve over the course of the outbreak
5. Effective crisis and emergency response communication require quickly engaging with multiple stakeholder and influencers (e.g., politicians, activists groups, etc.)
Effective communication requires knowing your desired outcomes(s) and how you will achieve them

“A” – A set of people who have appropriate beliefs regarding a threat or potential threat and/or who are not doing a recommended behavior, such as receiving a recommended vaccination. . .

“B” – most or more people will have the desired beliefs regarding a threat or potential threat and/or do the recommended behavior, such as receiving a recommended vaccination.

The Core Questions:

How can or will you influence or persuade individuals in your targeted audience(s)?

What communication approaches and messages are most likely to increase your communication success?
Effective communication requires knowing your desired outcomes(s) and how you will achieve them.

“A” – A set of people who have appropriate beliefs regarding a threat or potential threat and/or who are not doing a recommended behavior, such as receiving a recommended vaccination. . .

“B” – most or more people will have the desired beliefs regarding a threat or potential threat and/or do the recommended behavior, such as receiving a recommended vaccination.

- Expressing empathy and acknowledging uncertainties.
- Recognizing that many, perhaps most, adults know very little about 1) the pathogen and health threat; 2) why protective measures are recommended for specific people; and 3) how vaccines or medicines work.
- Establishing and maintaining trust by personalizing information and advice – including information on the risks as well as benefits of recommended actions.
- Addressing, through explanations and relate-able examples, questions and doubts about recommended actions.
Thank you