



# Public Health Bulletin

● Volume 4  
● Number 7  
● July, 1993

**NSW HEALTH**  
DEPARTMENT

ISSN 1034 7674

## PUBLIC COMMUNICATION DURING AN OUTBREAK OF INFECTIOUS DISEASE

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### PART ONE: DEALING WITH THE MASS MEDIA

A serious outbreak of infectious disease is a matter of concern for public health and medical services but it is also a public crisis. Few members of the community will be directly affected by the outbreak but anxiety about it has the potential to affect every family. The successful management of outbreaks of infectious disease has three distinct elements:

- the standard public health strategies known to limit the spread of infection;
- the medical measures to assist those already infected or likely to be infected; and
- the public communication strategies required to manage the crisis.

For most outbreaks the public health and medical measures are straightforward and well documented in standard texts such as Benenson<sup>1</sup>; their successful implementation depends chiefly on the availability of human and material resources. However, the third group of measures is often mismanaged because health personnel have limited experience in public communication and crisis management. Many health care workers do not recognise that communication strategies are not just a public relations exercise to protect the reputation of health authorities; in some cases failure to communicate properly with the public will result in breakdown of public health control of the outbreak and will sometimes lead to panic and disaster.

These remarks do not apply to all outbreaks of infectious disease. Many potentially serious outbreaks can be handled without making a single public statement. However, what must be done in every case is to consider the possible public implications of the outbreak, notably the spread of information, rumours and paranoia that may accompany it. The strategies required may be as simple as a visit by a doctor or nurse to a school, or telephone calls to concerned relatives. But in some cases the failure to prepare a media release for emergency use will lead to alarm and hysteria because of ill-informed television, radio or press reporting.

For the public, a significant outbreak of infectious disease is a crisis similar in importance to a spill of oil from a tanker, the potential failure of a bank, or the arrival of a cyclone. Management of the crisis in each of these examples is surprisingly similar — a combination of specialist strategies to combat the actual problem and management of public communication to limit the damage which could be caused by public alarm and hysteria. Health workers called on to respond to outbreaks would do well to study crisis management in non-health areas, noting the success or failure of the strategies.

### THE MASS MEDIA — PUPPET, ASSASSIN, OR JUST DOING A JOB?

The mass media is not mysterious and reporters are not enemies. The machinery for public communication is complex and has its own rules and standards that

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## Public communication during an outbreak of infectious disease

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should not be ignored. Just as a public health officer would deal carefully with the complex hierarchy of a large teaching hospital in a case of infectious disease, so the mass media must be handled — with care, intelligence and confidence.

In most cases, what is required is an understanding of the goals and nature of the media in relation to one's own aims and resources. Most media people are just doing their job and paranoia will prevent you dealing rationally with them.

### DEALING WITH THE MEDIA IN A HEALTH CRISIS

**1 Understanding what reporters and news editors want**  
Reporters and editors rarely want what you want. You want to minimise the spread of infectious disease; they want a good story or a lead item on the television news. In general a "good story" needs drama, a face, and facts.

To interest the media in what you say, you have to provide some element of drama (you have a serious outbreak to report; this year's statistics are better than last year's etc). Be wary of providing too much drama when you do not want or need to (this may result in unwelcome headlines like "Official says measles epidemic is worst for 10 years").

The easiest way for the media to create drama is to identify or create controversy. Controversy may be unavoidable but it is often created carelessly by apparent disagreement between public spokespeople. Contradiction provides the cheapest form of controversy. For example, if you say 20 people are ill with an infection and local officials say the number is closer to 50 because they have more up-to-date information, the newspaper can run a headline saying "Health officials argue on size of epidemic". It is best to have only one spokesperson and to plan what you will say in advance.

A reporter must identify a particular person as providing the information, not just a "Health Department spokesperson". It does not really matter which face, as long as the person can allay public fears and appears trustworthy.

While the reporters may be satisfied with a statement by an official, the face the media really wants is that of a person affected by the situation — the sick child or distraught parent. It may be advantageous to help provide this human interest angle (such as publicising the comments by a parent of a child with whooping cough when you are trying to encourage immunisation).

Reporters need detailed facts. They need to know how many people were infected, their ages, the area in which they lived, how sick they are and how many have been admitted to hospital. The media spokesperson should anticipate these questions and be prepared with answers. If the information is not available the reporters should be told why. It is useful to be prepared with historical information on the subject (what was it like last year; when was the worst outbreak of this kind; what about other States) since good reporters will try to put the current problem in perspective. A well-organised supply of facts helps reporters who may have little knowledge of the subject. It is often valuable to provide information sheets with definitions of difficult or confusing terms. If there is a need to broadcast specific information on

how to deal with the epidemic, a list in point form will often be reproduced in full by the media who want to be seen as providing a service to the public.

When you are giving information about cases in an outbreak, use the utmost caution in what you reveal. If you give the suburb and age of a child who later dies, it is simple for a reporter to get the name and address from the death notices. Use words like "child" or "adult" instead of giving an age and do not reveal even the sex or postcode unless you are sure it is in the public health interest to do so.

### 2 Be prepared

Write what needs to be said in the form of a media release, which should contain the key facts, comments from the official spokesperson, and advice to the public on what to do. A good media release can be used as a handy supplement for a media conference or interview. A reporter can write the required story by quoting from a media release. In writing a media release, you should decide exactly what information is needed to allay public fears.

The second form of preparation is rehearsal. Some of this will happen incidentally every time you answer a public or health professional inquiry on the subject. Try to be available for these telephone inquiries; they will give you many easy opportunities to rehearse and also give you a clear picture of the main public concerns. In addition, reporters will often ask whether there have been many phone inquiries and what concerns have been expressed. Keep a log so you can answer the question specifically. You can also rehearse with media liaison officers from your department. You will quickly discover your weaknesses, and learn whether to use a formal, friendly, concerned or forceful style.

The last form of preparation is your appearance. Your clothes and appearance should be neat and unobtrusive. The aim is to appear appropriate for the subject matter and to wear clothes that will not distract the audience. If you customarily wear casual clothes to work, keep a set of more formal clothing on hand for emergency use.

### 3 Be first with the bad news

In times of crisis it is usually best to step in and grab the agenda rather than wait for reporters and the public to find out something bad has happened. If your department or unit has done or not done something for which it will be blamed by the public, it is better to acknowledge this and get it out of the way than let outrage grow. This "outrage factor" gets larger every day information is hidden.

Another point about early release of news is that you can control the manner, time and place. You can put out a carefully worded media release and hold a media conference with your most experienced spokesperson. You must not appear to hide from questioning, because people want to know someone is in charge of the situation, even if all is obviously not well. Members of the public also want someone to be seen to be accountable. They pay for the public health expertise and they expect value.

*Part One of this discussion has concentrated on dealing with the media. Part Two, in a forthcoming issue of the Public Health Bulletin, will deal with the planning and coordination of a public communication program to deal with an outbreak of infectious disease.*

1. Benenson AS (ed). Control of Communicable Diseases in Man, 15th edition, American Public Health Association, Washington, 1990.