



SEVERE ACUTE RESPIRATORY SYNDROME

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2

Supplement G: Communication and Education

Summary of Changes in Version 2

The title of Supplement G has been changed from "Communication" to "Communication and Education" to reflect the addition of information on newly developed educational tools focusing on SARS preparedness and infection control.

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Communication and Education

Goals

- Instill and maintain public confidence in the nation's public health system and its ability to respond to and manage the reappearance of SARS-CoV.
- Contribute to the maintenance of order, minimization of public panic and fear, and facilitation of public protection through the provision of accurate, rapid, and complete information before, during, and after a SARS outbreak.
- Provide accurate, consistent, and comprehensive information about SARS-CoV disease.
- Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent stigmatization of affected groups.

Key concepts

- Timely dissemination of accurate and science-based information on what is known and not known about SARS-CoV disease and the progress of the response effort builds public trust and confidence.
- Coordination of messages and release of information among federal, state, and local health officials and affected institutions are critical to avoiding contradictions and confusion that can undermine public trust and impede containment measures.
- Information should be technically correct and sufficiently complete to support policies and actions without being patronizing.
- Guidance to community members on actions needed to protect themselves and their family members and colleagues is essential for crisis management.
- Information presented during an outbreak should be limited to specific data and results; messages should omit speculation, over-interpretation of data, overly confident assessments of investigations and control measures, and comments related to other jurisdictions.
- Rumors, misinformation, misperceptions, and stigmatization of specific groups must be addressed promptly and definitively.
- Education and training of healthcare workers and public health staff on appropriate strategies to recognize SARS-CoV disease and implement control measures is key to containing a SARS outbreak.

Priority activities

- Identify key messages about SARS-CoV disease for specific audiences and the most effective methods to deliver these messages.
- Issue local public health announcements and updated information on the outbreak and response.
- Provide a location for state, local, and federal communication and emergency response personnel to meet and work side-by-side in developing key messages and handling media inquiries.
- Respond to frequently occurring media questions by preparing fact sheets, talking points (key messages), and question-and-answer documents.
- Coordinate requests for spokespersons and subject matter experts.

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I. Rationale and Goals

During the 2003 SARS response, health communications figured prominently among the tools used to contain the outbreak. The response to outbreaks and the threat of outbreaks necessitated extensive communications activities. Experience showed that, although a media/communications plan cannot alleviate the threat of SARS-CoV or solve associated public health problems, good communication can guide the public, the media, and healthcare providers in responding appropriately and complying with exposure-control measures as required.

This document describes the communication plans and activities that are suggested to prepare for a possible reappearance of SARS-CoV and activities that would be needed to respond to a SARS outbreak. This plan identifies information necessary for major planning, preparedness, and communication response activities of state and local health departments and provides guidance for coordinating efforts with CDC and other entities. The goals of this Supplement are to provide local and state communications specialists with suggestions and guidance to:

- Instill and maintain public confidence in the nation's public health system and its ability to respond to and manage a SARS outbreak
- Contribute to the maintenance of order, minimization of public panic and fear, and facilitation of public protection through the provision of accurate, rapid, and complete information
- Provide accurate, consistent, and comprehensive information about SARS-CoV disease
- Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent stigmatization of affected groups

II. Lessons Learned

After the SARS response of 2003, federal, state, and local public health colleagues conducted internal debriefings to prepare for a future SARS occurrence. At CDC, communications officers, in consultation with state and local partners, identified the following as "lessons learned" for the next SARS response:

- Timely dissemination of accurate and science-based information on what is known and not known about SARS-CoV disease and the progress of the response effort builds public trust and confidence.
- Coordination of messages and release of information among federal, state, and local health officials and affected institutions are critical to avoiding contradictions and confusion that can undermine public trust and impede containment measures.
- Information should be technically correct and sufficiently complete to support policies and actions without being patronizing.
- Guidance to community members on actions needed to protect themselves and their family members and colleagues is essential for crisis management.
- Information presented during an outbreak should be limited to specific data and results; messages should omit speculation, over-interpretation of data, overly confident assessments of investigations and control measures, and comments related to other jurisdictions.
- Rumors, misinformation, misperceptions, and stigmatization of affected groups must be addressed promptly and definitively.
- Education and training of healthcare workers and public health staff on appropriate strategies to recognize SARS-CoV disease and implement control measures is key to containing a SARS outbreak.

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III. Key Messages

Lessons learned from the 2003 experience will help local, state, and national communications specialists refine their communications planning to facilitate appropriate and decisive actions in response to a re-emergence. The foundation for effective communication is a set of key messages that can be used consistently to highlight and reinforce the lessons learned and generate an appropriate response to SARS that minimizes risk while ensuring a strong and rapid response. These messages should be developed with the input of all decision-makers in the SARS response, and all communication messages should emanate from these central points. The following are examples for consideration:

- We have learned a great deal about SARS-CoV disease that is helping us prepare for the possibility that it will return.
- A SARS diagnosis is guided by a history of exposure to SARS-CoV or to a setting in which transmission is occurring.
- Most exposures to SARS-CoV occur in healthcare facilities and households. Community exposures outside of these settings have been reported, but these occurred rarely, under special circumstances, and, with few exceptions, after close contact with ill persons. Persons at risk in healthcare facilities include healthcare workers, patients, and visitors. In households, the greatest risk is to family members of SARS patients.
- In most instances, SARS outbreaks were localized to specific communities and often to specific locations or facilities in a community. For example, in Canada, most SARS cases occurred in Toronto, and in Toronto, most cases occurred in hospitals.
- SARS can be controlled by rapid, appropriate public health action that includes surveillance, identification and isolation of SARS cases, infection control, intense contact tracing, and quarantine of persons who may have been exposed to SARS-CoV. These measures can be a temporary inconvenience to those involved but are essential for containing SARS outbreaks.
- The United States is preparing for a possible reappearance of SARS-CoV by: 1) educating healthcare workers about SARS-CoV disease diagnosis, 2) developing SARS surveillance systems to determine if and where SARS-CoV has re-emerged, 3) developing guidelines for preventing transmission in different settings, 4) improving laboratory tests for SARS-CoV, and 5) developing better guidance for treating SARS patients.
- At this time, there is no evidence of ongoing transmission of SARS-CoV anywhere in the world. In the absence of SARS-CoV transmission, there is no need for concern about travel or other activities. Up-to-date information on SARS is available on CDC's SARS website (www.cdc.gov/SARS).

IV. Preparing for a Communications Response

In the absence of SARS activity worldwide, states and localities need to prepare and disseminate messages to encourage vigilance for the possible reappearance of SARS-CoV and to specify activities to prevent its spread. Communications personnel need to assess communication needs and capacity, develop criteria and procedures for requesting CDC communications assistance, and develop mechanisms for coordinating the activities of on-site CDC communications experts with local/state communication resources. If SARS-CoV transmission is confirmed, the community will look to state and local health departments as an information resource. Public information officers and communications specialists should be prepared for the surge of requests and inquiries generated by reports of SARS activity. The following suggestions should be considered for optimal preparedness.

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Objective 1: Assess the readiness of the jurisdiction to meet communication needs during a SARS outbreak.

Activities

- Assess the information needs of healthcare providers. Most healthcare providers lack experience with SARS and will need information on how to diagnose, report, and manage possible cases. Communications specialists should have an understanding of healthcare provider knowledge about surveillance and reporting, diagnostics, transmission, exposure management, and issues such as concern for self-protection and possible use of quarantine and isolation.
- Assess the information needs of the general public. Public perceptions about SARS-CoV may reflect misunderstandings and inaccuracies that can exacerbate fears and may impede containment efforts. Assessment of public knowledge and beliefs should guide the preparation of risk communication messages and strategies. Information strategies may include surveys, focus groups, and consultation with professional and civic groups.
- Consider logistical considerations that can influence the effectiveness of health communications. Consideration may include:
 - Adequacy of printing/graphic design contracts and resources to meet emergency needs
 - Availability of tools (cell phones, email equipment, laptops) needed by communications staff at the time of deployment. A “Go-Kit” to enable staff to set up operations wherever necessary is optimal.
 - Capacity of hotlines and web servers to accommodate increased usage
 - Availability of emergency personnel to staff hotlines and communication centers for extended hours and days
 - Adequacy of training in risk communication, media relations, and SARS-CoV epidemiology, clinical features, diagnostics, and surveillance.

Objective 2: In the absence of SARS-CoV transmission worldwide, make preparations for a rapid and appropriate communications response to a global recurrence or introduction into the United States.

Activities

- Prepare to manage media demands. The first jurisdiction(s) with possible or confirmed cases of SARS-CoV disease can expect a deluge of media attention. Local communications personnel will need to determine capacity and develop procedures for addressing demands. This may include requesting CDC communications assistance and coordinating the activities of on-site CDC and local/state communication resources.
- Increase the range and type of educational materials that will be available during an outbreak. As possible, coordinate efforts with other agencies and organizations to avoid duplication.
 - Develop a portfolio of communication, information, and education sources and materials on topics including: clinical and laboratory diagnostics, infection control, isolation and quarantine, stigmatization management, travel control authority, legal issues, and agencies’ roles and responsibilities.
 - Develop and present formal educational curricula and materials in multiple formats for professional audiences.
 - Coordinate with partner agencies to prepare and establish appropriate public, healthcare provider, policy maker, and media responses to a case or outbreak of SARS-CoV disease, including an understanding of how the public health system will respond, roles and

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- responsibilities of the different sectors involved, and reasonable expectations regarding the scope and effect of public health actions.
- o Establish protocols to communicate the data that will need to be reported daily after confirmation of SARS activity (e.g., morbidity and mortality figures; geographic location of cases; number of persons affected; number of persons hospitalized).
- Establish a mechanism in advance for reviewing and clearing SARS-related messages and materials.
- Identify a spokesperson and subject matter experts who will be available during an outbreak. The spokesperson will require training in media relations and risk communication.
- Develop websites to help manage information requests. Materials may be developed in advance and stored on a server. Health departments may choose to use or adapt materials posted on CDC's SARS website (www.cdc.gov/sars).
- Consider establishing a toll-free public information hotline. Although a CDC information hotline will be available during an outbreak, state and local health departments may also wish to provide this service for local residents. Hotline staff should be trained in advance and will need access to an evolving database of frequently asked questions.
- In coordination with other emergency response personnel, identify an algorithm or specific events that will activate emergency operations activities.
- Consider use of available federal assistance. If requested, CDC communication experts can be dispatched immediately to a community that has a confirmed case of SARS-CoV disease. These persons can help coordinate communication and media relations' activities in the field and assist in the coordination of communication with public and private healthcare providers and other agencies responsible for the outbreak response.
- Be aware of local resources. The local chapters of the American Lung Association and other organizations are helpful in disseminating educational messages to the community.

Objective 3: Increase knowledge about and awareness of SARS-CoV disease, and enhance understanding of preparations for the reappearance of SARS-CoV and the appropriate response to a global recurrence or introduction into the United States.

Activities

- Initiate the preparation and some dissemination of messages and materials to increase the knowledge of the public, healthcare professionals, policymakers, media, and others about SARS, travelers' advisories and alerts, infection control measures, patient management strategies, community containment measures including quarantine, and laboratory diagnostics. Public understanding of measures such as isolation and quarantine will facilitate acceptance of these approaches if needed.
- Use of a variety of approaches (e.g., increasing information available through websites and the media; collaboration with professional and civic organizations) to increase the level of knowledge about SARS-CoV disease. Target information to healthcare providers, public health officials, policy makers, media, and other local partners.
- Be prepared to immediately address questions related to the initial case(s) and to provide guidance to the public regarding disease susceptibility, diagnosis, and management. Case counts will need to be continually placed in context.
- Be prepared to address more complex questions. As is the case with most newly emerging microbial agents, most healthcare providers have never seen a case of SARS and will be relying on state/local health departments to provide needed information rapidly.
- Ensure the availability of communications products in multiple languages, based on the demographics of the jurisdiction. Health departments may choose to use or adapt translated materials on CDC's website.

V. Communications Activities in the Presence of SARS

Objective 1: Coordinate local/state and national communications efforts related to SARS.

Activities

- Make every effort to work in close consultation with CDC communications colleagues to ensure a consistent and accurate communications response.
- In the event of a widespread SARS outbreak in the United States, it may be necessary to establish a Joint Information Center (JIC) in field locations where outbreak(s) are occurring. Most state and local jurisdictions currently have plans in place to facilitate such an installation if necessary. The JIC will become operational at the beginning of an HHS-wide federal response to the outbreak and will consist of representatives from all local, state, and federal agencies involved in the outbreak response. States and localities will coordinate all communication activities through the JIC or through an emergency communications center if the JIC has not been activated. The CDC Director's Emergency Operations Center (DEOC) will coordinate CDC's interface with the JIC. Additional information on the JIC is provided in Appendix G1.
- Interact, as appropriate, with CDC's Emergency Communication System (ECS). Once SARS activity is confirmed, CDC will activate the ECS to serve as a resource to state and local communications personnel and coordinate the federal public health communication response. ECS will direct all CDC SARS-related communication activities, including communication strategy development, key message development, CDC website management, materials development and dissemination, national media relations, media monitoring, and all other national communication components. Some ECS staff will be designated to focus on national level issues, whereas others will coordinate field personnel. The ECS will fully support JIC activities.
- Interact, as appropriate, with federal communication liaisons. To better understand and to encourage a reciprocal relationship between state and local communication officials, it is important to understand the roles of the federal communication liaisons in relation to the communications portion of the SARS response plan. Additional information can be found in Appendix G2.
- Harmonize messages used at the national and local levels (see Key Messages above).

Objective 2: Keep communications staff informed and ready with accurate, up-to-date information that is relevant to the situation in the jurisdiction.

Activities

- Establish a procedure for release of daily case counts at a specified time and location (e.g., website).
- Develop a "library" of SARS-related material for reference. Local and state health departments should develop a listing of SARS resources and references that can be readily available to communications and public information officers. Although information on SARS is available from multiple sources, CDC's website offers the most up-to-date official information. Local and state health departments should visit the CDC website at www.cdc.gov/ncidod/sars/ for updated guidance, protocols, press releases, travel advisories, and educational materials in other languages.
- Equip all communications staff with a resource booklet identifying websites relating to SARS. Have the information technology department bookmark these links on staff members' workstations.

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- Maintain a library of relevant articles and publications in hard copy for use during field operations.
- Know the community. Ensure that communication materials address the language needs and cultural aspects of the affected community.
- Know your hotlines. Hotlines can provide ongoing guidance on new messages and materials that need to be developed to respond to public inquiries and concerns.
- Coordinate and maintain communication with local partners, such as:
 - Public affairs directors and information officers from local and state health departments
 - City and state government public affairs offices
 - Local congressional delegation and offices
 - Local police and fire departments and emergency management officials
 - Regional HHS health officers and regional Office of Emergency Preparedness
 - Local hospital public relations/affairs departments
 - State and local Emergency Operations Center coordinators
 - Federal Emergency Operations Centers

Objective 3: Communicate key messages, and provide up-to-date information on global and domestic SARS activity.

Activities

- Participate in and make available federal agency telebriefings and satellite broadcasts on SARS.
- Use websites as a central component in managing information requests from the public. Strategically designed websites can be used to organize and quickly provide information, updates, fact sheets, responses to frequently asked questions, healthcare provider resources, and media materials to a range of audiences.
- Provide information for travelers. SARS activity anywhere in the world will prompt immediate attention to travelers' movements to and from affected areas and will likely result in travelers' alert messages and surveillance at relevant ports of entry.

VI. SARS Educational Tools and Resources

SARS educational tools and resources focus on understanding what is known about SARS-CoV disease and reinforcing infection control practices as the key to the prevention and control.

- **Archived satellite broadcasts and webcasts** -- Archived satellite broadcasts and webcasts provide a comprehensive review of infection control practices, clinical diagnosis and management, quarantine and community containment, legal challenges, laboratory diagnostics, and surveillance activities. Archived webcasts include the following:
 - Public Health Community Preparedness for Severe Acute Respiratory Syndrome (SARS) www.cdc.gov/ncidod/sars/webcast/broadcast052003.htm
 - Preparing for the Return of SARS: Are We Ready? www.phppo.cdc.gov/PHTN/webcast/sars-return/
 - SARS: When a Global Outbreak Hits Home www.publichealthgrandrounds.unc.edu/sars/index.htm
- **PowerPoint slides** – CDC has developed several Powerpoint presentations based on the material in *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)* (www.cdc.gov/ncidod/sars/sarsplanslides.htm). Topics include: surveillance, laboratory diagnostics, preparedness and response in healthcare facilities, community response and containment, and communication and education.

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- **Educational tools** -- Educational materials (currently under development) focus on SARS preparedness and infection control practices. These downloadable resources include reviews of personal protective equipment (PPE) and training activities for healthcare settings. Tools currently under development include:
 - Informational PPE slide set
 - Accompanying PPE poster in English and Spanish
 - Training scenarios for healthcare settings
 - Warning signage for patients at risk of exposure to SARS-CoV (suitable for entrances to healthcare facilities).

Announcements regarding the availability of these materials will be posted on CDC's SARS website: www.cdc.gov/sars/.

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Appendix G1 Fact Sheet: Joint Information Center

What does it mean to a communications specialist when a JIC is operational?

Once a Joint Information Center (JIC) is operational, all media contacts and information should be handled through this center to ensure the distribution of consistent and accurate information. The JIC will:

- Issue local public health announcements and updated information on the outbreak and the response
- Disseminate information about SARS, its management, and the possible need for travel restrictions and isolation and quarantine
- Establish a “news desk operation” to coordinate and manage media relations activities
- Provide a location for state, local, and federal communication and emergency response personnel to meet and work side-by-side in developing key messages, handling media inquiries, writing media advisories and briefing documents
- Respond to frequently occurring questions by developing fact sheets, talking points (key messages), and question-and-answer documents
- Coordinate requests for spokespersons and subject matter experts
- Issue media credentials
- Address other local/regional information requests related to the outbreak that require distribution to the media and the general public
- Develop, coordinate, and manage local websites, as required

What activities should be carried out once a decision to activate a JIC has been made?

- Once widespread SARS-CoV transmission has been verified, activate full-scale communication activities according to the state or local risk communications plan. This may include deployment of field team(s) and assessment of staffing needs for extended hours/days at the command center. Designated staff will immediately report to the communications command center.
- Ensure that the communications command center has sufficient telephone lines to permit immediate access by field deployment teams.
- Activate or enhance a toll-free hotline, if available, and add sufficient personnel to answer incoming calls. Provide telephone response staff with resources (e.g., state or CDC website address), and direct them to provide feedback on needs for development, enhancement, or revision of current materials to meet emerging information demand. To reduce the burden on local resources, callers may be directed to the CDC information hotline if necessary. Also consider implementing a dedicated line for healthcare providers.
- Create and disseminate a media advisory that provides information on the situation, major actions taken, information about SARS, public guidance, and local resources. It will be imperative to issue information updates immediately and, as possible, to correct errors and misperceptions.
- If developed, activate the local emergency SARS website, provide links to other state government web servers, and disseminate this information widely through the media. If a website has not been developed, a link can be made available to CDC’s SARS website (www.cdc.gov/sars/). All media and public materials should be posted to the website, and all SARS-related information should provide a website address. The website should be used for media updates.

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- Provide local and external partners (e.g., medical professional associations, community leaders, community groups) with information/materials that will enable them to respond to public or healthcare provider inquiries, as necessary. Arrange to hold periodic briefings with these partners.

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Appendix G2 Media Relations

One person cannot handle all aspects of media relations in the event of a widespread SARS outbreak. A Joint Information Center (JIC) is the best way to coordinate and manage media relations activities. Public information officers from a range of federal, state, and local agencies will need to work side-by-side handling media inquiries, writing releases, and providing information on their agencies and other duties as appropriate. If a JIC is not activated, the various participants of a JIC and the ECS should establish a daily briefing among participants for coordination and communication on media briefings and media materials.

The role of the state and local health department should be made clear in all contacts with the media and in other public communications (e.g., press briefings, interviews, teleconferences). Cooperation and understanding among all the involved agencies will greatly enhance the success of the media operation. It will be important that federal health personnel (i.e., CDC), local and state health departments, and transportation agencies work together closely. Together, these groups will create and manage the flow of information to the media. It will also be important to work closely with mayoral, governor, and congressional media and communication staff. Key messages should be used consistently to convey the priorities of state and local health departments and their actions. Public information officers at state and local health departments can offer valuable insights into important issues in the state and local community, as well as guidance in dealing with local media. In addition, they can provide information about media contacts, outlets, directories, and telephone and fax numbers to facilitate distribution of information to the media. State and local personnel may be able to locate facilities and infrastructure for briefings. Media offices at local hospital should not be overlooked; they generally have good relationships with the media, as does the local fire department public information officer. In most communities, fire departments deal on a daily basis with the local media and can be valuable resources.

Public health spokespersons should answer questions concerning SARS and the actions being taken to control and respond to the outbreak. Personnel dealing with the media should be trained on the type of questions they should answer and those that should be directed elsewhere. They should also be trained in strategies for emphasizing key message in all responses. Adhering to key messages will allow communication to be consistent over time. Key messages must be science-based, reflect current knowledge, and based on good public health practice.

Communication personnel should identify and create new messages and materials that address emerging questions and concerns of the media, public, healthcare providers, policy makers, and others. As appropriate and feasible, field team communication staff should tailor SARS education and communication materials to community needs, with a special emphasis on subgroups who are most directly affected by SARS and who may be subject to stigmatization.

The ECS or Joint Information Center should implement daily routines for informing, and responding to inquiries from the media, healthcare providers, and the public:

- Establish daily or twice-daily press briefings. Once routine briefings are established, they will be invaluable in terms of relaying rapidly changing messages. As necessary and possible, without compromising the work commitments of subject matter experts, daily activities can be extended,
- 'In-person' press briefings are best for major public health announcements.
- Ideally, the same experts will conduct the media briefings to ensure continuity of messages. Experts should be reassuring about the ability of the public health authorities to respond to a crisis but should not minimize the severity of the situation in a way that could invalidate public concern.
- Limit media briefings to 30 to 45 minutes.

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- The state or local public information officer representing the public health should moderate, begin, and end the briefing. The moderator should: 1) set ground rules, 2) announce times of future briefings, 3) make administrative announcements, and 3) briefly introduce each panel member
- Each panel member should speak for 3 to 5 minutes on issues related to his/her area of expertise. Questions should be held until all panel members have spoken. Questions should be directed to the moderator, who will either answer the question or refer it to the appropriate panel member.
- All spokespersons should leave at the end of the briefing and avoid participating in individual media interviews.
- The state or local public information officer (or lead communication staff person) and the CDC field liaison should be notified immediately of any potential issues (e.g., inaccurate information, reports of rumors in the community, unanswered questions) that were identified during the briefing and need to be addressed.

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Appendix G3 Community Relations/Outreach

Outreach to persons who may have special needs or issues that distinguish them from the general public during an outbreak of SARS will be especially important. First responders and their families, healthcare workers and medical/hospital support personnel, and transportation officials will all have special needs for information -- either to be able to perform their jobs or to ensure that their own concerns about exposure and protection are being addressed.

Local communications staff will need to establish a daily routine for coordinating and communicating with partner organizations regarding community education and outreach activities and needs, with briefings arranged as needed. Cooperation and understanding among all the involved agencies will greatly enhance the success of the community outreach/community relations operation. It will be important to work closely with local health departments' education and community outreach staff members, who can offer valuable insights into issues that are relevant to the community.

Communication staff should make use of the resources of the ECS and JIC to facilitate coordination and management of community relations activities. Community outreach staff, health education, and public health information officers from a wide range of federal, state, and local agencies will need to work side-by-side to appropriately handle community information needs. Suggested community relations activities include the following:

- Develop and maintain a contact list of key community partners, and establish regular briefings, ideally on a daily basis. Include members of healthcare organizations and transportation officials involved in the response.
- Work with healthcare providers and other affected workers (e.g., transportation personnel) to identify and address relevant issues. Staff members are much more likely to feel confident in carrying out their duties if they feel that their risks, and the risks to their families, are being addressed and minimized.
- Establish a community telephone line to respond to the questions and concerns of state and local healthcare providers, pharmacists, transportation personnel, persons under isolation or quarantine, and other special populations as appropriate. Work with partners to implement a resource and referral list for phone line staff.
- Work with local partners and response personnel to coordinate communication and health education activities by identifying needs and reporting on activities that have been planned and executed. Activities may include: 1) information campaigns for affected groups, 2) education campaigns and activities for healthcare providers, including first responders; 3) education and communication with state and community personnel involved in meeting community needs or community actions designed to prevent the spread of the disease, and 4) activities to ensure that persons under isolation or quarantine have access to needed supplies or services.
- Tailor communication and education services and messages to affected communities. This may include meeting with community partners to identify specific community resources that can be utilized and secured.
- Develop a list of healthcare facilities in the community that can be used for information dissemination and health education activities. Coordinate with CDC staff in initiating contact with healthcare workers. Cross-train key partners to assist in education and outreach efforts.
- In coordination with epidemiologic and medical personnel, obtain and track information daily on the numbers and location of new cases, new quarantined persons, and hospitals with SARS cases. Use these reports to determine priorities among community outreach and education efforts

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- Provide feedback to and coordinate with the JIC for distribution of information and identification of information needs.

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Appendix G4 CDC Field Communications Liaisons

The CDC response to a major SARS outbreak will take place through CDC's centralized Emergency Communications System (ECS) and through the deployment of field communication personnel. The responsibilities of CDC field personnel are to: 1) inform and advise federal efforts about the local situation and developments, 2) coordinate federal activities in such a manner that they do not contradict or otherwise impede local efforts, and 3) support state and local communication efforts, as necessary. To facilitate this coordination between state and local health department personnel and CDC communication personnel, CDC has designated two critical positions -- Field Communication Media Liaison and Field Communication Community Liaison (described below). These two roles correspond to the media relations and community relations/outreach response functions described above.

CDC Field Communication Media Liaison (FCML)

Among the activities of the CDC Field Communication Media Liaison are to:

- Work with state and local officials to facilitate the effective management of local communication efforts and the on-site communications center
- Support state/local officials in facilitating the provision and management of accurate, timely, and relevant information to the public and media (and timely and appropriate responses to errors and misinformation)
- Help enhance state and local communication efforts (e.g., obtain or verify information, prepare and debrief subject matter experts)
- Provide information to the federal (CDC and HHS) communication centers regarding local issues and developments, and coordinate federal and state/local communication.
- Serve as the principal CDC media advisor in the field, and assist the CDC ECS Leadership Team by serving as a media spokesperson when appropriate
- Assist state and local officials in preparing statements and materials to inform the public about a possible or known case of SARS-CoV disease in the jurisdiction, explain that health officials are working with CDC to confirm or rule-out the diagnosis (or to prevent further transmission), and inform the public about measures underway to prevent the spread of infection.
- Work with the lead CDC Center for SARS (NCID) to determine the most appropriate messages and timing for the notification of the news media and general public and to ensure proper clearance of messages and materials
- Act as CDC representative for coordination with the JIC for factual and consistent distribution of information and identification of information needs
- As necessary, help locate authorized public health spokespersons, and assist in directing local media to previously identified reliable state and local subject matter experts on SARS (e.g., local health officers and infectious disease physicians)
- Assist state and local officials in preparing for media interviews, developing media materials, and scheduling and managing media interviews. This includes assisting with logistics and working with local, state, and local officials to lease space as needed for briefings and other communications activities.
- Provide regular updates to CDC's ECS regarding local developments, concerns, and issues.

CDC Field Communication Community Liaison (FCCL)

CDC's communication plans include a Field Communication Community Liaison to serve as a CDC community relations advisor in the field. This person can assist local/state health department officials and

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work with the ECS in serving as a contact point to local hospitals and infectious disease specialists. The liaison can play an important role in assisting with communication tasks relevant to the implementation of control measures (e.g., use of personal protective equipment, isolation and quarantine). The liaison will attend all CDC response team meetings and provide updates to the team leader and media liaison regarding community outreach and education activities.

As most community relations activities are state and local responsibilities, the liaison should coordinate with state and local officials to assess the need for assistance. Among the activities of the CDC Field Communication Community Liaison are to:

- Assist in identifying key community partners, developing and maintaining a contact list of these partners, and scheduling and participate in daily briefings
- Assist in the management of the [local] Joint Information Center
- Assist in the management of community outreach staff
- Assist in coordination and management of training and education outreach activities for healthcare professionals
- Assist with communication and educational activities for quarantined persons
- Participate in daily staff meetings held by the CDC field team leader.
- Send a daily community outreach activity report to the CDC DEOC and, if identified, the CDC SARS response team
- Request the DEOC to send new materials as updated and to provide information on new and emerging questions and issues identified from hotlines and other sources
- In coordination with local authorities, maintain a daily log of community information activities to facilitate the subsequent evaluation of the outbreak response
- In coordination with local authorities, write, edit, approve, and initiate clearance procedures for customized community outreach materials. To avoid confusing or contradictory messages, materials should be cleared by the JIC, program or content expert, state/local health departments.
- Assist HHS, CDC, and state and local officials in working with state and community groups.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)