Supplement G: Communication and Education

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.

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.

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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 responsibilities of the different sectors involved, and reasonable expectations regarding the scope and effect of public health actions.
    - 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 (http://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.

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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.

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)