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

Communication and Education

Key Considerations for SARS Preparedness Planning

- **Key: rapid identification of SARS cases and implementation of control measures**
  - **Required: a combination of clinical, epidemiologic, and laboratory tools to identify SARS (and non-SARS illnesses)**
  - **Expectation: Astute clinician likely to detect first case/cases**
  - **Required: up-to-date information on global status of SARS activity**
- **Key: training/education/information to guide public, public health, healthcare communities to respond appropriately**
- **Staged response strategies (probability of SARS)**

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Communications / Education Constituency

Multi-faceted

- **Public**
  - news media
  - direct inquiry
  - government publications
  - population sub-sets
    - affected groups
    - associated businesses, enterprises, vocations

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Communications / Education Constituency

Multi-faceted

- **Professionals**
  - Public Health Partners
  - Clinicians / Other Health Care Providers
  - First Responders / Public Safety
  - Legislative / Political Leaders
  - International Partners

Quality Communications

- accurate / science based
- timely and relevant
- comprehensible
- appropriately targeted
- credible
- coordinated

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SARS Communication in Practice

Be First


"All the News That's Fit to Print"

The New York Times

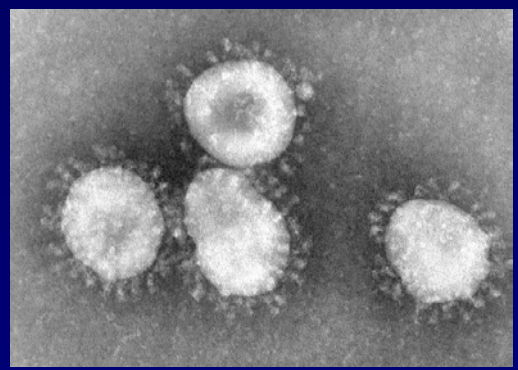
LATE CITY EDITION

VOL. CXVI No. 39347 MARCH 15, 2003 50 CENTS

SEVERE ACUTE RESPIRATORY SYNDROME

CDC ISSUES HEALTH ALERT ABOUT ATYPICAL PNEUMONIA

Be Right



Be Credible

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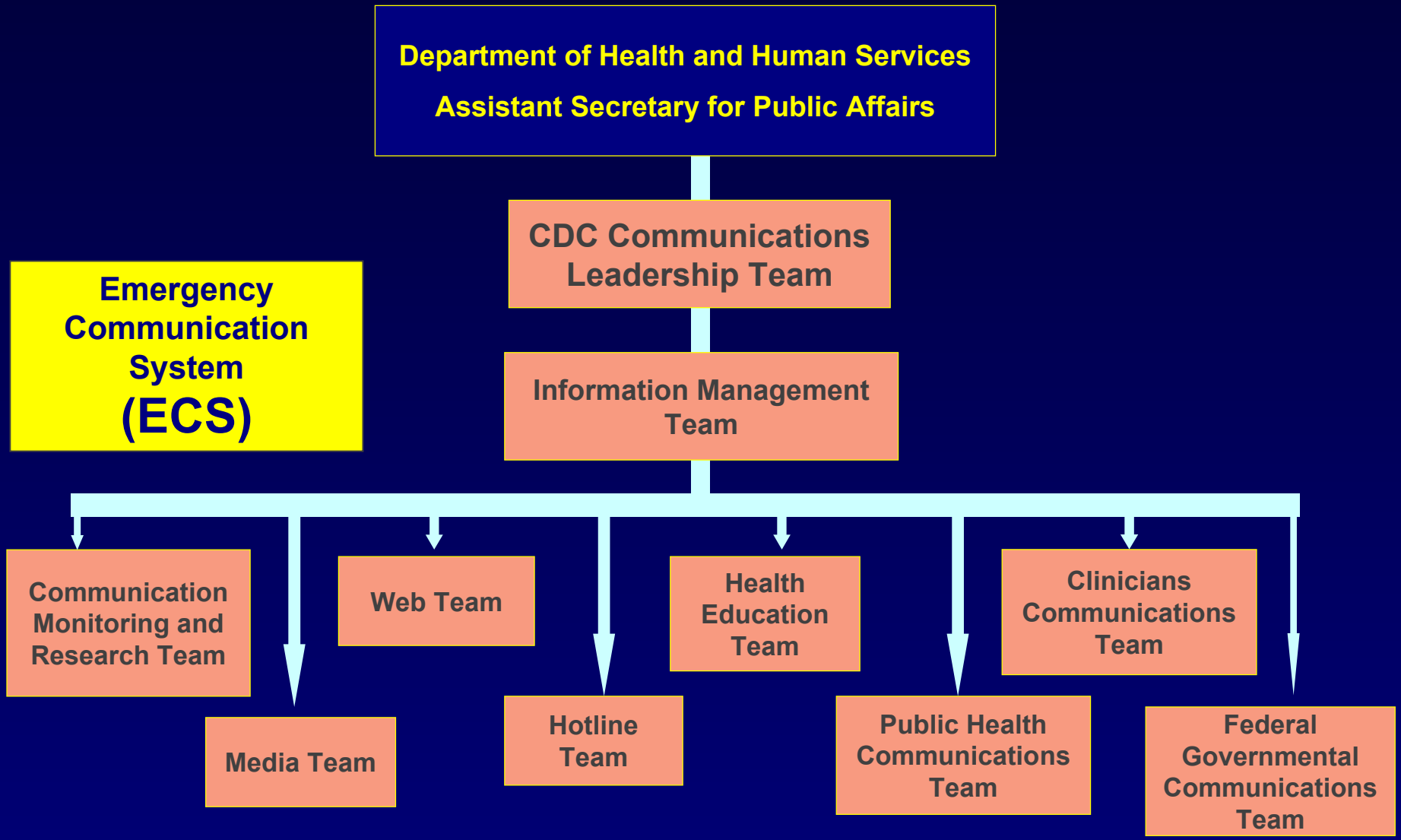
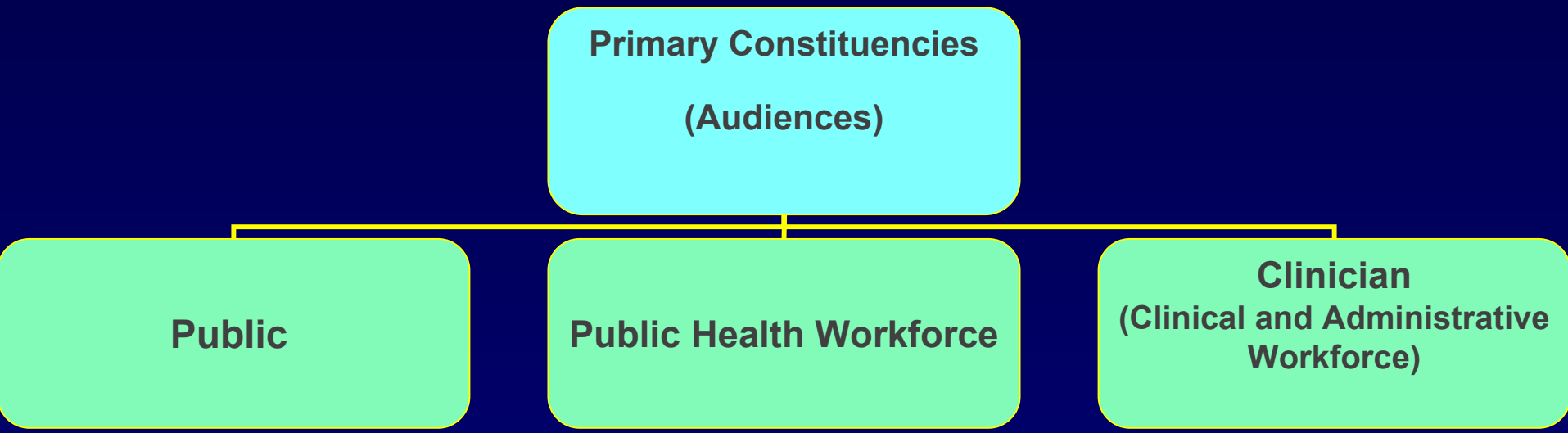
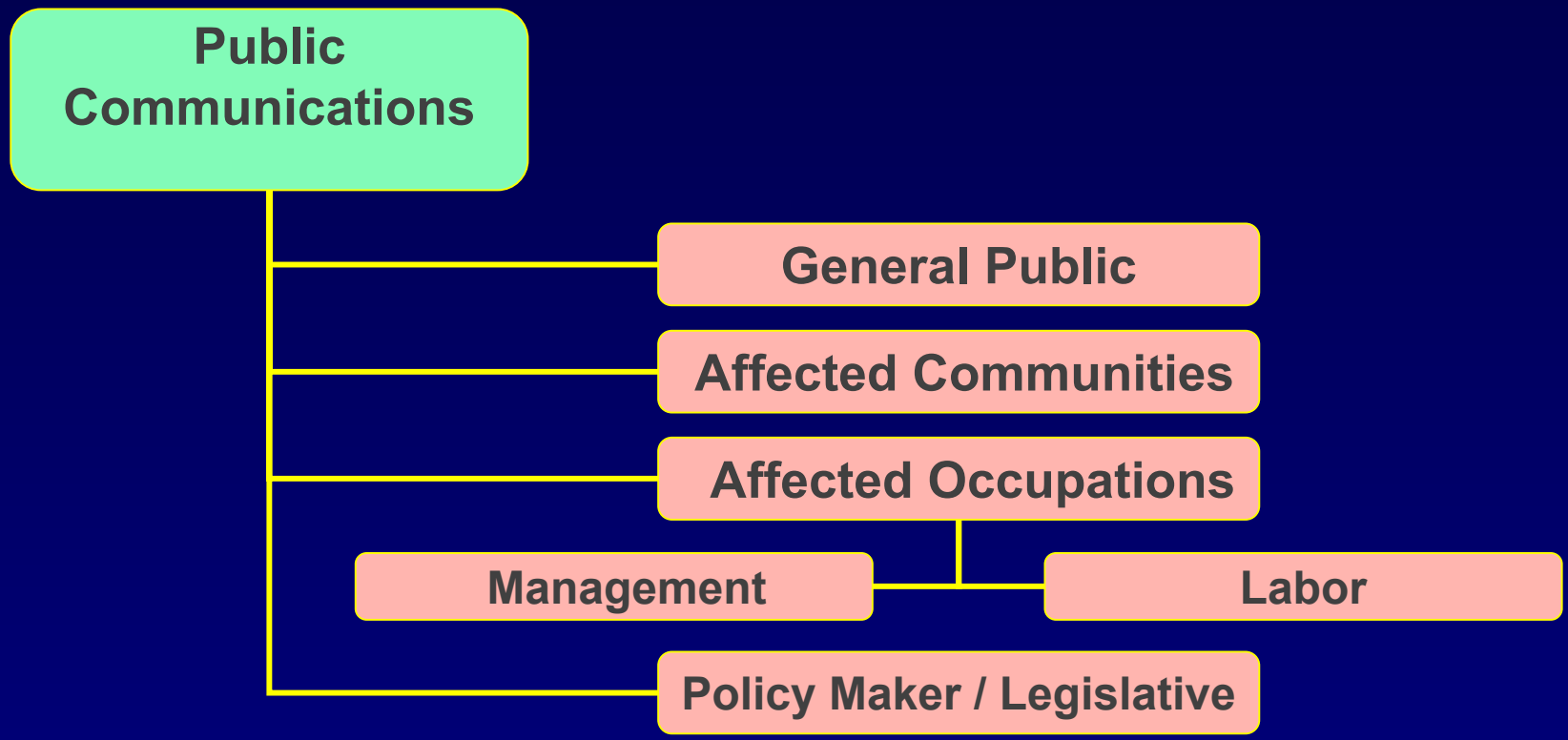

Department of Health and Human Services
Assistant Secretary for Public Affairs
CDC Communications Leadership Team
Emergency Communication System (ECS)
Information Management Team
Communication Monitoring and Research Team
Media Team
Web Team
Hotline Team
Health Education Team
Public Health Communications Team
Clinicians Communications Team
Federal Governmental Communications Team

CDC Director's Emergency Operations Center

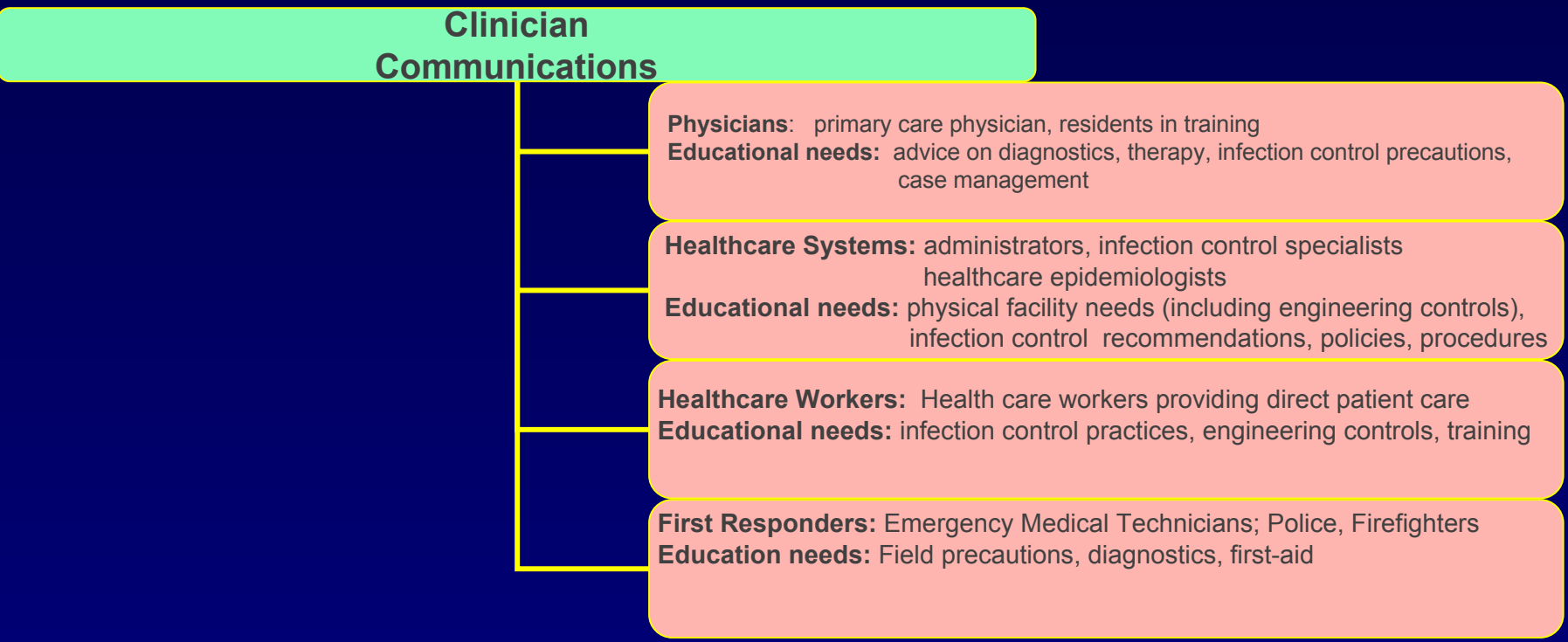
Emergency Communications Scope



Audiences



Audiences



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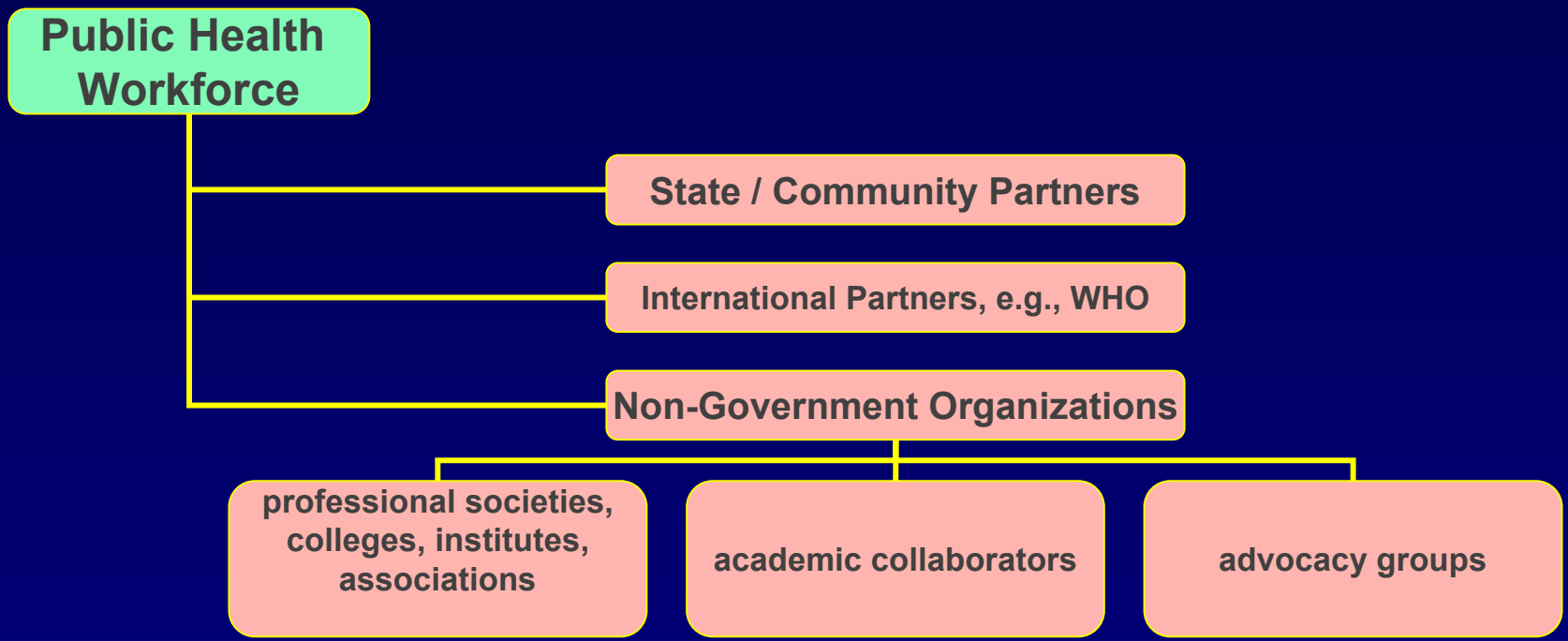
Audiences


Public Health Workforce
State / Community Partners
International Partners, e.g., WHO
Non-Government Organizations
professional societies, colleges, institutes, associations
academic collaborators
advocacy groups

SARS Communiction Plan

Goals

- instill and maintain public confidence
- contribute to order
- minimize irrational fear or panic
- facilitate public protection
  - provide consistent, comprehensive information
  - address education/information needs at all levels
  - clarify inaccuracies, rumors, and misperceptions
- mitigate stigma against individuals or groups

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SARS Communication Plan

Key Precepts

- honest, frank disclosure — transparency
- coordination of messages among all levels
- technically correct, non-patronizing explanations
- clear guidance for minimizing personal risk
- minimal speculation — science based messages
- proactive strategy — anticipate need
  - rumor control, stigmatization issues, confusion, fear
- educate/train healthcare community
  - appropriate level of SARS suspicion
  - timely implementation of infection control measures
  - personal protection practices

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2003 SARS Response

Lessons Learned

Timely dissemination of accurate and science based information about what is known and not known about SARS and the progress of the response effort builds public trust and confidence.

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2003 SARS Response

Lessons Learned

Coordination of messages and the release of information among federal, state, and local health officials and affected institutions avoids contradictions and confusion that might otherwise erode public trust and impede containment measures.

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2003 SARS Response

Lessons Learned

Information should be technically correct and sufficiently complete to support policies and actions without being patronizing.

2003 SARS Response

Lessons Learned

Guidance to community members on actions needed to protect themselves, their family members and colleagues is essential for crisis management.

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2003 SARS Response

Lessons Learned

Whenever possible, information should be based on specific data and results. Overt speculation should be avoided, as should over-interpretation of data, overly confident assessments of investigations or control measures, and comments related to other jurisdictions.

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2003 SARS Response

Lessons Learned

Rumors, misinformation, misperceptions, and stigmatization of affected groups must be addressed promptly and definitively.

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2003 SARS Response

Lessons Learned

Education and training of healthcare workers and public health staff on appropriate strategies to recognize SARS and implement control measures is vital to containing a SARS outbreak.

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2003 SARS Response

Lessons Learned

Public communications is best presented through fewer (rather than more) credible, recognizable spokespersons.

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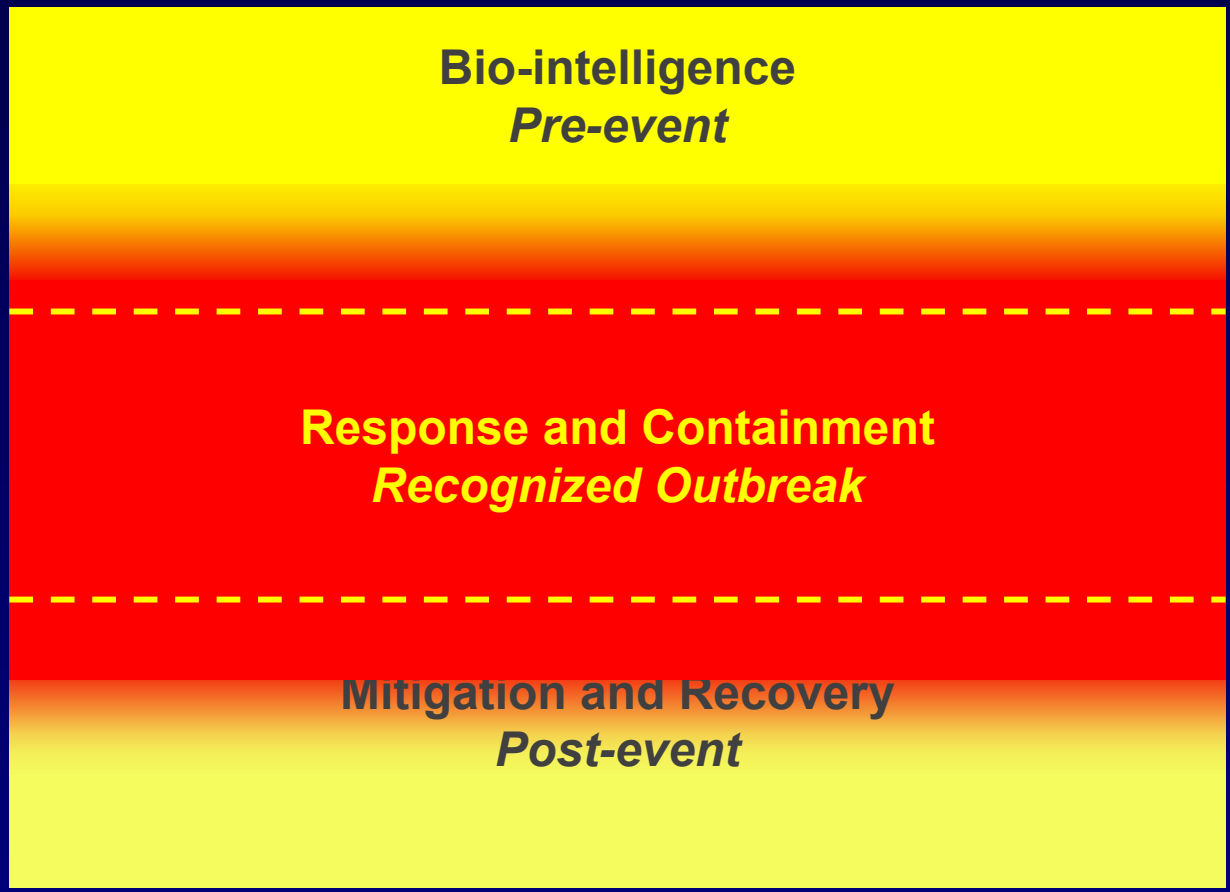
Strategy in Stages

a blend, not abrupt



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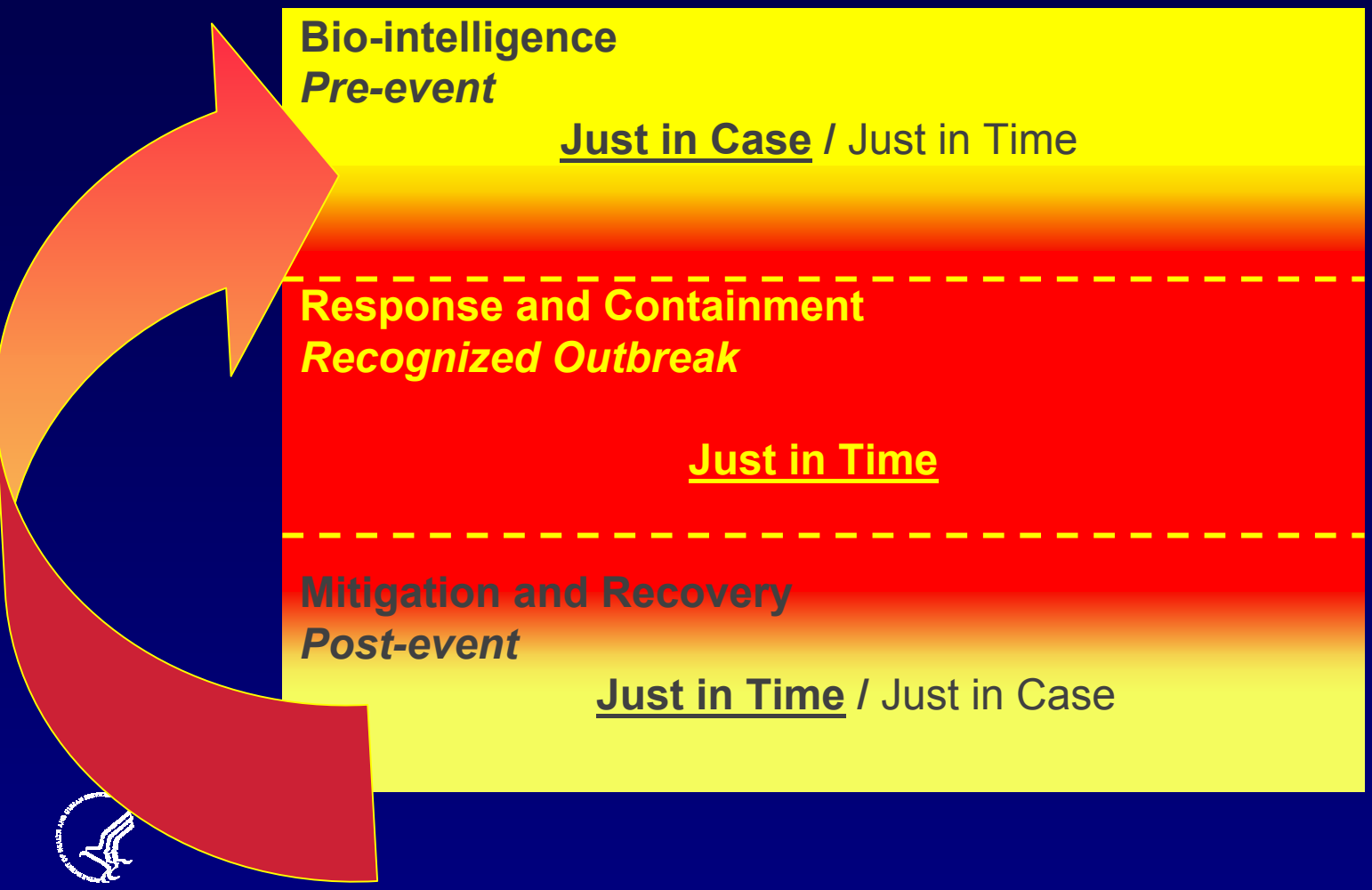
Communication Relevance

A matter of timing



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SARS Communication Preparedness

Pre-event Messages

- We have learned a great deal about SARS that is helping us prepare for the possibility that it will return.
- A SARS diagnosis is guided by history of exposure to SARS or a setting in which transmission is occurring.
- Most SARS exposures have occurred in healthcare facilities or households. Community exposures have been rare, with most linked to contact with specific ill persons.
- Persons at risk in healthcare settings include healthcare workers, patients, and visitors. In household settings, family members of persons with SARS are at elevated risk.
- In most instances past SARS outbreaks were highly localized

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SARS Communication Preparedness

Pre-event Messages

- SARS can be controlled by rapid, bold, and appropriate public health action, including surveillance, identification and isolation of SARS cases, infection control, contact tracing, and quarantine of persons likely exposed to SARS.
  - Though posing temporary inconvenience to those affected, such measures are essential for community protection and containment of SARS outbreaks.

- The United States is preparing for the possible return of SARS by:
  - educating healthcare workers about SARS diagnosis
  - developing SARS surveillance systems
  - developing guidelines for preventing transmission in various settings
  - Improving laboratory tests for SARS
  - developing better guidance for treating SARS patients.

- Presently, there is no evidence of ongoing SARS transmission anywhere in the world.

- CDC maintains current SARS information at: www.cdc.gov/ncidod/SARS

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State / Local Communications Plan

Pre-event objectives

- Assess readiness to meet communication needs during a SARS outbreak
  - determine information needs of healthcare providers
  - assess general public information needs
    - misunderstandings? fears? indifference?
    - consider focus groups, surveys, professional/civic group contacts
  - complete a logistical inventory of communications resources
    - printing / graphic design contracts in place?
    - "go kit" / availability of tools (cell phones, laptops, etc.)?
    - surge capacity for hotlines, WEB servers?
    - status of media relations?
    - adequate trained personnel? (trained in SARS features & risk communication)

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State / Local Communications Plan

Pre-event objectives

- prepare for a rapid, appropriate communications response to a global, U.S. or local SARS outbreak
  - prepare for media onslaught
    - consider CDC communications assistance
  - increase range and type of educational materials to use in outbreak
    - for efficiency, consider coordination with other agencies/organizations
    - maintain portfolio of information sources on relevant topics:
      - clinical/laboratory diagnostics, infection control, isolation / quarantine, stigmatization, travel control authority, legal issues, agency roles
  - develop and present formal education curricula for professional audiences
  - coordinate communications response with partner agencies
  - establish protocols for data exchange and timely reporting of data

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State / Local Communications Plan

Pre-event objectives

- establish mechanism for clearing SARS-related messages/materials
- identify and train, as necessary, public spokespersons
- develop websites (store materials on server—may adapt CDC materials)
- consider proactive measures to improve understanding of SARS management issues
  - disseminate messages and materials to stakeholders
    - healthcare community, policymakers, news media, civic leaders
  - anticipate questions to initial outbreak and necessary guidance messages
  - access state/local need for multiple language communications and provide for rapid efficient translations as necessary

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State / Local Communications Plan

Active outbreak objectives

- **coordinate local/state and national communications efforts**
  - **if necessary establish Joint Information Center (JIC) in field locations**
  - **as appropriate establish formal interaction with CDC ECS**
  - **coordinate activities with federal communication liaison**
  - **coordinate message development with local/state/national partners**
- **maintain internal communications with staff**
  - **develop library of SARS reference materials**
  - **provide staff with SARS information inventory/reference list**
  - **use hotline to close information feedback loop**
  - **maintain coordination of activities with local partners**

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State / Local Communications Plan

Active outbreak objectives

- **communicate key messages / remain current on global and domestic SARS activity**
  - **participate in / share with colleagues federal telebriefings and satellite broadcasts on SARS**
  - **provide web-accessible materials on SARS**
  - **engage local resources, e.g., American Lung Association**
  - **provide information for travelers**
  - **coordinate communications with law enforcement and other officials involved in quarantine enforcement**
  - **establish early contact with leaders of groups subject to stigmatization to inform response strategy**

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SARS Preparedness Planning Teams

All inform development of SARS Communication plan

- Laboratory
- Special Studies
- Clinical
- Surveillance
- Response/preparedness for community/public health/healthcare systems
- Informatics
- Communication and Education

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SARS Educational Tools

Internet links to archived webcasts

September / October series:

- **Infection Control for Hospitals/Healthcare Facilities**
- **Quarantine: Community Response / Containment**
- **Legal Challenges to Quarantine and Isolation**
- **Clinical review: Basic Diagnosis and Case Management**
- **Laboratory Diagnosis**
- **Surveillance — Preparing Clinicians for Early Recognition and Diagnosis**
- **Public Health Grand Rounds Series**
  - **Case Study: *The Toronto SARS Experience***

SARS Educational Tools

Internet links to additional resources

- Fact sheets for archived webcasts
- Public Health Grand Rounds Series
  - Case Study: *The Toronto SARS Experience*
- Slide sets from previous partner conference calls

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SARS Educational Tools

In development

- **Poster / slide set on Personal Protective Equipment (PPE) Use *(donning and removal)***
- **Scenarios for healthcare facilities to help prepare for incoming SARS patients *(both recognized and unrecognized cases)***
- **Documents in "downloadable" format**

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SARS Educational Tools

In event of SARS outbreak, expect:

- Frequent postings of updated documents, for download
- Conversion of select, basic, concise, documents to PDA formats
- Website format instantly referencing updates and new postings

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SARS Preparedness Plan (Draft)

Communication and Education Team

Full Text (including communication/education components) available at:

http://www.cdc.gov/ncidod/sars/sarsprepplan.htm

Please send comments/suggestions to:

sars-plan@cdc.gov

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