

Review

Novel coronavirus: the challenge of communicating about a virus which one knows little about

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تحدي التواصل الإعلامي حول فيروس تندر المعلومات عنه غريغوري هارتل

الخلاصة: بعد حدوث المتلازمة التنفسية الحادة الوخيمة (سارس) في عامي 2012/2013، أعدت منظمة الصحة العالمية دلائل إرشادية للتواصل الإعلامي حول الفاشيات، ومع اندلاع الفيروس التاجي Coronavirus الجديد في أيلول/سبتمبر 2012، انطلقت استجابة منظمة الصحة العالمية للتواصل الإعلامي مع الجمهور وتم تخطيطها على ضوء الدلائل الإرشادية، والمبادئ الخمسة وهي الثقة والشفافية والإعلان الباكر والاستماع والتخطيط. وتصف هذه الدراسة استجابة منظمة الصحة العالمية في التواصل الإعلامي حول الفيروس التاجي الجديد والجهود التي بذلتها المنظمة لتقديم معلومات باكراً ودقيقة عبر مختلف الوسائل الإعلامية بُغية إبقاء عموم الناس على اطلاع على الأوضاع، إلى جانب التزام المنظمة بالاستمرار في التواصل الإعلامي على نحوٍ لا ينقطع.

ABSTRACT Following the severe acute respiratory syndrome (SARS) event in 2002/2003, the World Health Organization (WHO) developed outbreak communications guidelines. With the emergence in September 2012 of a novel coronavirus, WHO's public communications response was initiated and planned in light of these guidelines and 5 principles of trust, transparency, announcing early, listening and planning. This review describes WHO's communication response to the novel coronavirus event and its efforts to provide early, accurate information via various media to keep the public apprised of the situation, and its commitment to continued communication on an ongoing basis.

Nouveau coronavirus : difficultés de communication sur un virus encore mal connu

RÉSUMÉ Suite à l'épisode du syndrome respiratoire aigu sévère en 2002/2003, l'Organisation mondiale de la Santé a élaboré des lignes directrices sur la communication lors des flambées de maladies. Après l'émergence d'un nouveau coronavirus en septembre 2012, l'Organisation mondiale de la Santé a lancé des actions de communication publique à la lumière de ces recommandations et des cinq principes de confiance, de transparence, d'annonce précoce, d'écoute et de planification. Le présent article décrit les actions de communication menées par l'Organisation mondiale de la Santé face à l'émergence du nouveau coronavirus, les efforts pour fournir rapidement des informations exactes par l'intermédiaire de divers médias afin de tenir le public au courant de la situation. Il présente également l'engagement de l'OMS pour une communication continue et régulière.

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Introduction

The experience of communicating and the lessons learned during the severe acute respiratory syndrome (SARS) event led the World Health Organization (WHO) to develop the *WHO Outbreak Communications Guidelines* [1]. These Guidelines stipulated that all acute public health event communications should be planned, organized and executed in keeping with the 5 principles: trust, transparency, announcing early, listening and planning.

Since the SARS event 10 years ago, WHO has communicated during acute public health events according to these tenets. WHO has also conducted considerable training—both of its own and of Ministry of Health staff around the world—in the art of communicating quickly and effectively, according to these 5 principles. The benefits of early, transparent and effective outbreak communications have been seen in numerous instances, as have the pitfalls of not communicating using these 5 principles.

Of the 5 principles, trust is the key. It is the hardest to build and the easiest to lose. Trust is earned over long periods by being open and honest with one's audiences, while trust is easily lost when those same audiences believe that the communicator is hiding or being economical with the truth. The first goal, therefore, of any and all communications during an acute public health event must be to build and retain trust, for only when audiences trust the communicator, will they listen to and take the protective public health actions which the public health spokesperson is recommending.

The public communications efforts of the WHO during the novel coronavirus event were initiated and planned in this light: it was the Organization's intention to communicate openly about what it did and did not know concerning this virus so that it became a trusted

source of information and its audiences would follow its public health advice.

WHO's communication response

WHO was notified on 22 September 2012 of a Qatari national, in the United Kingdom in the intensive care unit of a London hospital, who had been found to be infected with a novel coronavirus genetically almost identical to that found in a Saudi Arabian patient in June 2012. Very little further information was available at this time.

Within WHO, a communications team was immediately established as a key component of the larger response team. The operational team consisted both of public communications and information management professionals: a communications coordinator, a full-time communications staff member seconded to the response team, 2 social media professionals monitoring the event in various media channels and putting out information via those same channels as needed, an information management manager, a report writer and an intern (the Director of Communications was a member of the Senior Policy Group on Novel Coronavirus and took decisions in policy areas when needed but was not involved in the day-to-day operational team).

The first communications actions were to monitor what was being said in public about the event, issue a Disease Outbreak News (DON), and then tweet the same information as had been released in the DON via social media channels. A dedicated website on the novel coronavirus soon followed, where all information known about the virus and the cases, and relevant guidance was posted in a single place [2].

According to the first DON posting on the novel coronavirus, on 23 September 2012, WHO had been notified

by the authorities in the United Kingdom, where the patient then was, of a 49 year-old Qatari national with acute respiratory syndrome and renal failure who had a travel history to Saudi Arabia and Qatar. The clinical sample collected from the 49 year-old Qatari patient was compared with that of a virus sequenced previously by the Erasmus University Medical Centre, Netherlands from lung tissue of a fatal case earlier in 2012 in a 60-year-old Saudi national. WHO was able to confirm that the 2 virus samples were 99.5% identical, but no further information was available [3].

Social media, Twitter in particular, have become the main means for WHO to get news out quickly. WHO's first experience with social media came during the influenza pandemic in 2009–2010, when WHO tweeted out the daily increases in case numbers and also monitored what was being said about WHO in the social media sphere, but at that time the organization's engagement did not go beyond that: it had no policy, and little experience, of how to deal with social media and how to respond when WHO was mentioned or, worse, criticised in this medium. However, this was to change when the recommendations of the International Health Regulations Review Committee on the performance of WHO during the influenza pandemic noted that one of the areas where WHO needed substantial strengthening was social media/communications.

As a result, WHO established a dedicated social media function at the start of 2012, and what had been 500 followers of WHO's Twitter feed in April 2009 had grown into more than 600 000 by the start of 2013. Many of the most active followers of WHO are journalists and public health experts and practitioners. A priority, therefore, was to re-transmit the news contained in the DON via WHO's Twitter feed: Some of the most prominent of the bloggers and tweeters who engaged with WHO and re-tweeted WHO on

the novel coronavirus issue from the outset included Mike Coston, Maryn McKenna, Helen Branswell, Tom “Treyfish” Watkins, Crawford Killian and Henry Niman.

General media interest was also high and, predictably, journalists grabbed onto the fact that the novel coronavirus is from the same family as SARS. A typical lead paragraph was the one from the BBC’s online article of 24 September 2012: “A new respiratory illness similar to the Sars virus that spread globally in 2003 and killed hundreds of people has been identified in a man who is being treated in Britain” [4]. The headlines and leads were disturbing from a public health point of view because a) very little was known about this virus; and b) what information was being relayed by media was misinformation: what public health officials did know did not indicate that the transmissibility was at all like that of the SARS virus, or that nearly as many people had been infected.

WHO, with its public partners, had to move quickly to correct these misperceptions before incorrect and inappropriate, and potentially-damaging, public health and other measures were taken in the belief that the world was facing a new SARS.

On 25 September 2012, the Head of Media for WHO briefed Geneva-based journalists, emphasizing on numerous occasions during the press conference that the only similarity between the coronavirus and SARS were that they were from the same family. Similarities, e.g. epidemiological, ended there. In addition, to reinforce this message that novel coronavirus was not like SARS, a second DON was issued on 25 September with this message (and others, including an interim case definition) [5], and WHO’s social media team distributed this information via social media channels.

A third DON was issued on 28 September. Because of the severity of the first 2 cases, WHO and its partners

remained on high alert, and investigations continued, but the fact that there had not been any new cases by this date led WHO to state that the novel coronavirus could not be transmitted easily from person-to-person [6]. By this date, with no new cases, and apparently no growing story, media interest began to wane.

Behind the scenes, WHO continued to work to try gain more information on the virus: much about its origins, its transmissibility, its virulence, its geographic spread and how it spread, remained unknown. In fact, on 10 October 2012, in the next DON which WHO published [7], it was stated that the governments of Saudi Arabia, Qatar and the United Kingdom, supported by WHO, were continuing to try to gain a better understanding of the disease and the likely source of infection. Despite WHO and other organizations having deployed teams to Saudi Arabia and Qatar, and even after careful follow-up of close contacts of the 2 confirmed cases, and with a heightened state of global surveillance in place, there was no evidence of human-to-human transmission of the virus, or even of more cases.

While public interest in general in the virus had died down (as judged by the number of stories written on the topic), some of the more specialized health journalists who were pursuing the story now turned from simply following the story to asking the questions which WHO and its partners so far had not been able to answer. Richard Knox of National Public Radio, on 5 October, speculated in an article entitled *Arabian Coronavirus: Plot Thickens but Virus Lies Low* [8] that, given the fact that 1 of the 2 cases was from Riyadh, Saudi Arabia, whilst the other was from Qatar, the virus had to be widespread and that public health investigators weren’t picking up what had to be more cases. Knox went on to do what no one else had so far done: give a name to the virus.

With no new cases, and no developments to report on from the laboratory and field investigations, the 10 October 2012 DON seems, however, to have acted as a summary to an event which apparently was increasingly being regarded as waning, or closed, or having no more media interest, because between 15 October and 20 November, not one article appeared in the English-language mainstream media on the subject.

In light of these events, the WHO operational team was wrapped up.

This was all to change rapidly, however, with the announcement to WHO on 23 November of a new family cluster in Saudi Arabia and an additional case in Qatar. WHO responded publicly by issuing a DON [9], sending an email notification to journalists and alerting its over 600 000 Twitter subscribers to the DON and its contents—as can be seen in the jump in Twitter activity on 23 November (Figure 1).

Internally, WHO reconvened its rapid response team, and the Communications Team was once again a key part of this team.

The Saudi Arabian/Qatari cases were followed rapidly by the notification to WHO of cases in Jordan: WHO issued a DON on 30 November 2012 alerting the world to the fact that Jordan had, through retrospective investigation, found 2 cases of novel coronavirus infection that had occurred in April [10].

Throughout that week, however, traditional media interest remained small. Conversation on social media, on the other hand, picked up pace, with public health commentators and health journalists carrying on a discussion around WHO’s announcements. Especially after the cases in Jordan were announced, journalists started to ask how widespread the virus was, and wondered both how likely it was that the disease could spread to other countries and even other continents, and how good the world’s surveillance systems were.

Reach: 2,005,172 people Exposure: 20,362,896 impressions Activity: 2,560 tweets Contributors: 1,615 users

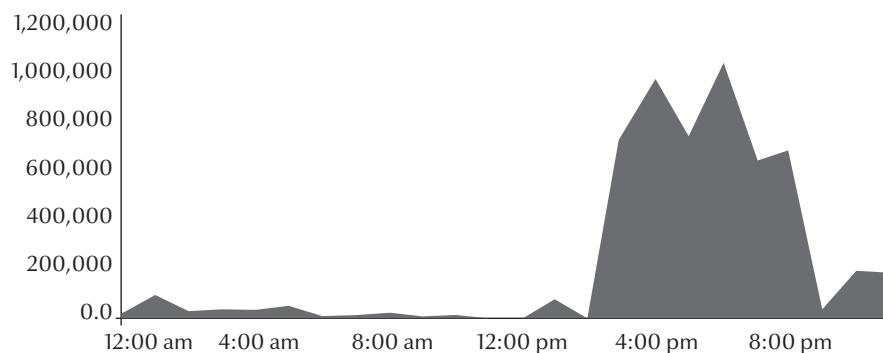


Figure 1 Twitter activity for 23 November 2012 (top hashtag was #coronavirus)

Traditional media interest between 20 November 2012 and 15 December 2012 was not as extensive as it had been in September and October. Was this because the pattern of infection was no different from the cases seen originally in Saudi Arabia and Qatar? Or was it because there was no sustained human-to-human transmission, no large events? Were the infections, and the cases, too distant and too sporadic to care about? With no sign of human-to-human transmission, maybe the cases would be isolated and people outside the region would not be affected, contrary to what the situation had been during the SARS event?

The event seems to have followed the same pattern in November and December as it had in September and October: a flurry of cases and activity, with the setting up of an internal WHO

operational team, which was then stood down as no new cases were found. WHO again stood down its operational team. Media chatter, i.e. interest in novel coronavirus continues, however: in January and February 2013, numerous scientific and specialist journalists continued to write about the virus and what is known about it. For example, Yanzhong Huang wrote in the blog of the Council of Foreign Relations on 4 February 2013 that, "SARS has had a lasting impact on our collective psyche. In September 2012, a novel coronavirus was identified in 2 patients from the Middle East, raising the spectre of a new SARS-like outbreak" [11]. Medscape cites the 9 cases and 5 deaths through 2012, and warns that, "this might turn out to be a very limited and unimportant outbreak in the global scheme of infectious diseases. However, we are

reminded that SARS was also a coronavirus of zoonotic origin that, with the help of a super spreader, became the source of a large global epidemic" [12].

Conclusion

The fact that interest is still there, that the public continues to associate novel coronavirus with SARS, and that people want answers, should serve as a reminder to WHO and its partners: the more answers public health experts can provide now, the greater the public's trust in these institutions will be if and when the virus should become easily transmissible between humans and cause more widespread morbidity and mortality. WHO, for its part, will continue to give communications primacy as a public health tool and advocate amongst its partners for gaps in information to be filled and the results of epidemiological, laboratory and other work on the virus to be communicated publicly and in a timely manner. The more WHO and its partners can communicate on an ongoing basis, even when this (or any) event is not in an acute phase, the better WHO and its partners will be able to build and maintain trust and thus be more effectively listened to when giving public health advice in the heat of an acute public health event. Good outbreak communications practices in and outside of acute public health events make communications a more effective public health tool.

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