

WHO's SARS Communications Strategy

by

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WHO/Geneva

**“Building a boat...
and sailing it at the same time”**

D.L. Heymann

Strengths

- Senior managers were committed believers in rapid, full communications as part of the overall outbreak response.
- Broad expertise in communication -- existing web team, strong technical writer, audio-visual facilities and former journalists who know what reporters need.

Weaknesses

- Many of these areas were handled by one or, at most, two people. So they were quickly overworked.
- Communication expertise outside Geneva was spotty and even non-existent in places which became critical, like Hanoi and Beijing.
- Little expertise in risk communication.

Risk Communication Concerns

- How candid should we be?
- Should we speculate based on incomplete information?
- How to convey complex messages?
- How reassuring should we be?
- Should we provide information not cleared through the WHO bureaucracy?

Advisers

- Sandra Mullin, Director of Health, New York City Department of Health
- Carol Fox, Vice Chancellor for Communications, USSF Medical School
- Peter Sandman, consultant, Princeton USA
- Paper: “Dilemmas in Emergency Communication Policy” psandman.com



The first global epidemic of the 21st century

BY STEVE CONNOR
Science Editor

A HOSPITAL in China is surrounded by police, officials in Toronto meet in emergency session and airline chiefs discuss the billion-dollar losses from the collapse of international travel - welcome to the first global epidemic of the 21st century.

Panic was spreading as fast as the virus responsible for severe acute respiratory syndrome (Sars) as governments and health authorities around the world struggled yesterday to contain public anxiety over a disease that has so far killed 364 people and infected thousands more.

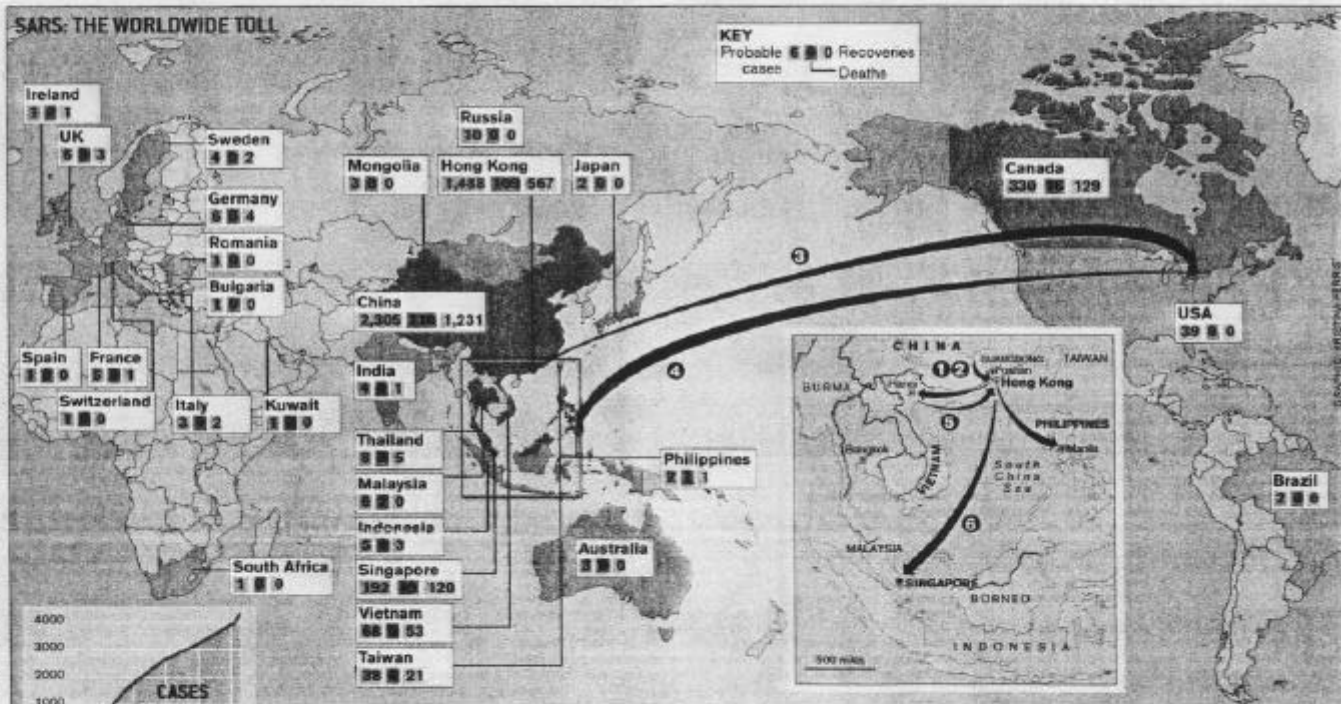
In Britain, the Chief Medical Officer, Sir Liam Donaldson, resisted intense pressure to make Sars a notifiable disease alongside cholera and smallpox, a measure that would allow health authorities to detain people suspected of being infected.

Sir Liam said that all six cases in Britain have so far been detected quickly and brought under control and there is no need, at the moment, to introduce further draconian measures.

"We are in very, very close daily contact with the World Health Organisation and the other countries involved and, far from being feeble and complacent, we are working very, very hard," Sir Liam said.

The WHO has warned travellers not to visit Toronto, the only epicentre of the virus outside Asia, as well as Beijing and Hong Kong, and the provinces of Guangdong and Shaanxi in China where the Sars virus is thought to have originated.

City officials in Toronto reacted with horror as they witnessed a collapse in confidence among tourists and business people who had planned to visit the Canadian city. They



THE SUPER SPREADERS

- 1 Patient:** 11 16 November 2002. First recorded case of Sars - a 40-year-old businessman in Foshan, rural Guangdong province, China
- 2 Dr Liu:** 21 February, 2003. Dr Liu Jianlin, who treated a number of Sars patients in

in Hong Kong suffering from cough and fever, and stays at the Metropole Hotel. Infects 12 people and dies on 4 March

- 3 The Canadian grandmother:** 23 February, 2003. 78-year-old Kwan Su-Chu flies home to Toronto after

Hotel, Hong Kong. Dies on 5 March after infecting son and daughter-in-law and others.

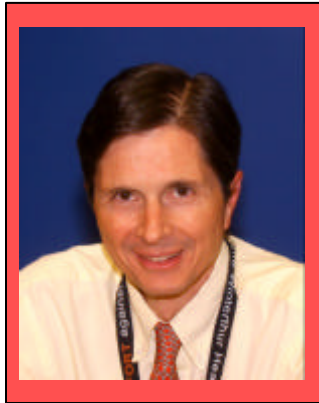
- 4 The Filipino nurse:** A Filipino medical assistant from Toronto travels to Manila, Philippines, and apparently infects her family with Sars
- 5 Johnny Cheng:** An American businessman flies to Vietnam after staying at the Metropole Hotel in Hong Kong. Infects staff at his offices there, plus 22 nurses at a local hospital. Airlifted to Hong Kong, where he infects 22 more nurses, plus Cane Urbani, an Italian nurse in Philadelphia
- 6 The Flight attendant:** Esther Mok, 26, goes to Hong Kong in February to shop and stays at the Metropole hotel. She returns to Singapore and infects more than 100 people with Sars. Miraculously she remains fit and well

Expanding Communications

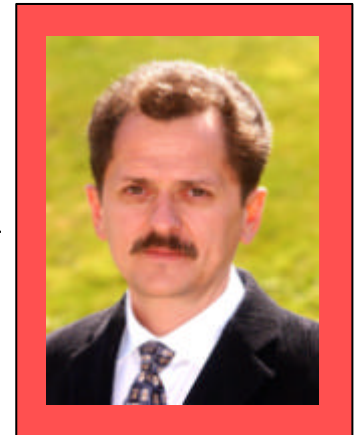
- Two media people added in Geneva.
- Technical people from CDS who spoke other languages were drafted.
- A media officer from Geneva was sent to Beijing, and replaced by a team from DC.
- Press officers were identified for Hong Kong, Hanoi and Manila.
- GOARN network tapped for spokespeople.

Technical Spokespeople

Dr D.L. Heymann



Dr K. Storh



Dr M. Ryan





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Communicable Disease Surveillance & Response (CSR)

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Severe Acute Respiratory Syndrome (SARS)

[- Update 28 - Affected areas, status of SARS outbreaks in individual countries, 12 April \(Archives\)](#)[- SARS epidemiology to date, 11 April](#)[- Information to Member States regarding goods and animals arriving from SARS-affected areas, 11 April](#)[- Severe Acute Respiratory Syndrome - Press briefing, 11 April](#)[- Management of Severe Acute Respiratory Syndrome \(SARS\), revised 11 April \(French\)](#)[- Cumulative Number of Reported Probable Cases, 12 April \(Archives\)](#)[- Map of Cumulative Number of Reported Probable Cases, 12 April](#)[- Affected Areas, 12 April \(Archives\)](#)[- Epidemic curves](#)

SARS, an atypical pneumonia of unknown aetiology, was recognized at the end of February 2003. The World Health Organization (WHO) is co-ordinating the international investigation with the assistance of [the Global Outbreak Alert and Response Network](#) and is working closely with health authorities in the affected countries to provide epidemiological, clinical and logistical support as required.

FOR MORE INFORMATION

- [WHO Guidelines/Recommendations/Descriptions](#)
- [WHO Collaborative Networks](#)
- [Travel](#)
- [Media](#)
- [Other Information Resources: links, images](#)

HIGHLIGHTS

Severe Acute Respiratory Syndrome (SARS)

12 April 2003

Cumulative Number of Reported Probable¹ Cases of Severe Acute Respiratory Syndrome (SARS)
[Full text](#)

12 April 2003

Update 28 - Affected areas, status of SARS outbreaks in individual countries
[Full text](#)

11 April 2003

[Severe Acute Respiratory Syndrome - Press briefing](#)

11 April 2003

[Information to Member States regarding goods and animals arriving from SARS-affected areas](#)

7 April 2003

[Lab testing; major findings on SARS aetiology; PCR primers](#)

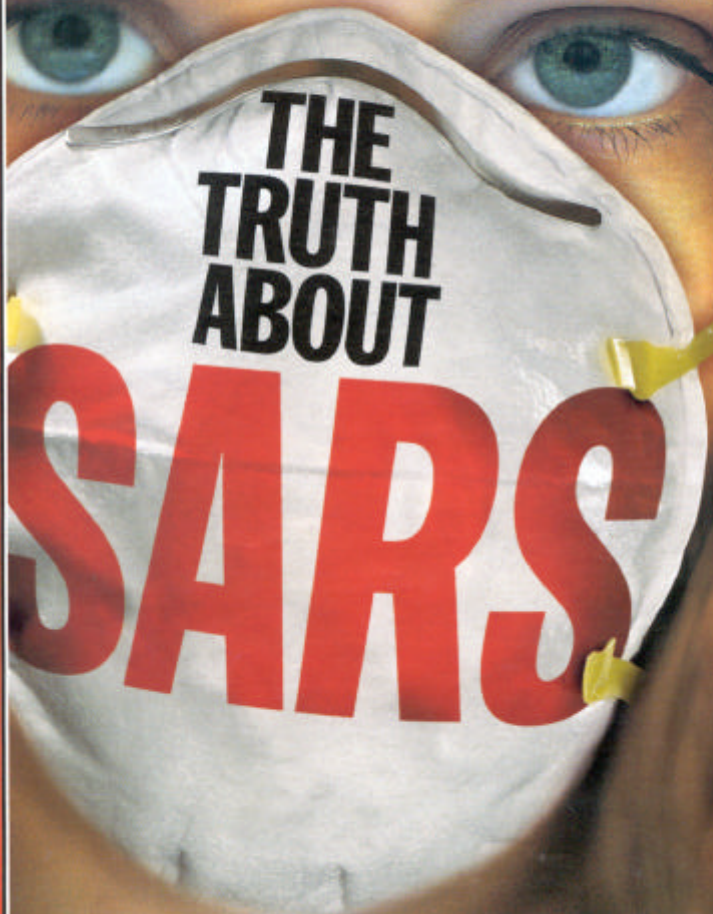
[for more information](#)

DISEASE OUTBREAKS

Severe Acute Respiratory Syndrome (SARS) - multi-country outbreak - Update 28
[Full text](#)

Severe Acute Respiratory Syndrome (SARS)

TIME



THE
TRUTH
ABOUT

SARS

WHY
the virus
spreads

China's
COVER-UP

How
SCARED
should
you be?



PHOTOGRAPH BY [unreadable]

Critiques Along the Way/Toronto

- “(Y)our stakeholders need to see the dilemmas and agonies the WHO goes through before deciding in favor of such painful, costly advice (and that deciding against such painful, costly advice could have an even higher price, in SARS transmission terms -- you just can't be sure). ***In risk communication terms, letting the public in on expert dilemmas, showing how expert disagreement and debate are a necessary and obligatory prelude to decision-making, is a way of treating the public as adults, rather than patronizing them.*** So describing the internal process is one way of letting us learn how your world works. This makes you less mysterious, more knowable. Being more knowable, less monolithic in the eyes of the outside world helps build your alliance with the public...It is hard for critics to attack a decision as obviously wrong when you are not claiming that it is obviously right -- only that on balance it seems the better course of action.” -- from an April 25, 2003 email from Peter M. Sandman and Jody Lanard

Lessons Learned

- “People are at their best when collectively facing a difficult situation straight-on. Things get much more unstable when people begin to feel ‘handled,’ misled, not leveled with. That’s when they are likeliest to panic or go into denial, likeliest to ignore instructions or develop paranoid hypotheses...”
- “Make it clear what you know and what you don’t know. -- Both excerpts from Peter M. Sandman in *Dilemmas in Emergency Risk Communication*

The Next Boat.....