

What have we heard?

- Government and HA lacked transparency
- HA was reluctant to provide information whereas universities were more ready to do so
- Initially, the authorities' responses were passive, brief, patchy and incomplete
- Advice provided by Government was unclear, ambiguous and contradictory
- HA displayed favouritism in dealing with the media
- HA appeared unable to coordinate information from various hospitals
- Compliments to Government for standardising daily briefings on SARS (same time, same faces) but should have done so earlier
- Health officials need training in media communicating skills
- The media misrepresented some issues such as the shortage of protective equipment and the importance of 'Barrierman' suits
- An overall coordinating centre should be established to receive enquiries and disseminate information

INTRODUCTION

14.1 Maintaining public confidence is a crucial aspect of managing a serious outbreak. This requires considerable skill in working with the media, particularly early in the course of the outbreak. Ground rules about working with the media should be in place beforehand, and should be an integral part of any outbreak control plan.

COMMUNICATION WITH THE MEDIA

14.2 SHWF and representatives of DH and HA met the media daily (apart from three days on 4-6 April) from 13 March onwards to disseminate information about the outbreak. These were conducted by different persons and at different times. A standardised format for media briefings led by the Director of Health did not begin until 19 April. Some journalists also complained about the selective dissemination of information by HA, and about

insufficient direct communication from the hospitals to the media rather than via HA head office.



Daily media briefings by the Director of Health and HA's representative during SARS epidemic

14.3 The information available during the initial stage of the outbreak did not satisfy the curiosity of the media. The quality, timeliness, and consistency of information improved as time progressed, partly because more information was available after the e-SARS and the MIIDSS systems were established, and partly because the roles of HA and DH in conveying information were clarified. In general, the media appear to have been satisfied with the arrangements during the latter stages of the epidemic.

14.4 A more sophisticated communication strategy is needed as part of an overall outbreak management plan. It needs to be clear who is responsible for devising the strategy. The strategy should take account of a variety of potential circumstances, include risk assessment and risk communication, and be coherent and properly coordinated. Ideally, one lead spokesperson should be nominated to deal with the media. In order to establish

credibility, this person will have appropriate seniority, public health expertise and media experience. Potential spokespersons with appropriate professional expertise, political acumen and media communication skills should be identified beforehand. It is also important that partnerships are developed with the local media and that training is made available to journalists on aspects of infectious disease epidemiology and outbreak control. The media can also play a useful role in disseminating public health messages.

14.5 In an outbreak, a media relations department should handle all administrative arrangements in order to free up public health staff to deal with the outbreak. Where more than one organisation is involved (such as HA and DH), there should be joint press briefings in which areas of responsibility are clearly demarcated. Where HWFB is directly involved, there should be joint press conferences and a clear distinction should be drawn between the role of public health professionals to provide technical and scientific expertise and advice, and the role of politicians to implement political decisions based on these.

- ◆ DH/CHP should be given overall responsibility for devising a communication strategy (including risk communication) for communicable disease outbreaks. The strategy should –
 - Include communication with the general public, and across the public and private healthcare sectors

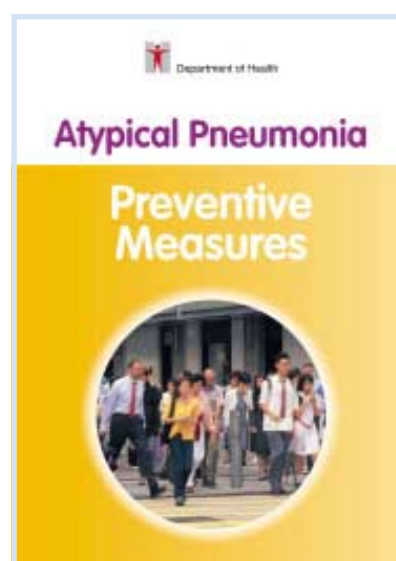
- Match the purpose, the message, the medium and the audience
- Use multiple modes of communication, including press conferences, helplines and websites, and mass publicity campaigns
- Ensure that spokespersons are appropriately trained in media skills, particularly in how best to communicate risk and uncertainty. External consultancy to support this development should be considered.
- ◆ HA should develop policies for communicating with the media that includes coordination with DH, and details of the respective responsibilities of HA head office and individual hospitals, taking into account matters such as work priorities and the level of information available at HA head office and hospitals.
- ◆ The Government should develop partnerships with the media through regular contact, communicable disease training initiatives, and other means.

COMMUNICATION WITH THE PUBLIC

14.6 Communication with the public in the early stages of the epidemic was not very satisfactory, reflecting a lack of preparedness. Thereafter, DH made great efforts to make information and advice available to the public through a variety of channels. These included a highly informative website. WHO has praised Hong Kong on a number of occasions for her

openness and transparency in the management of the SARS epidemic.

14.7 Communication with the public must be seen as a component of the public health effort, just as epidemiology, health promotion and health education are. During an outbreak it is important to use a wide variety of means to disseminate information, to ensure that the



One of the leaflets issued on SARS

public have access to personalised advice, and to establish ways by which individuals can provide their own ideas and suggestions.

COMMUNICATING WITH HEALTHCARE WORKERS, PATIENTS AND RELATIVES

14.8 HA made great efforts to communicate with staff, including the issue of a daily “Battling SARS Update” bulletin from end of March, but the level of staff anxiety suggests more needed to be done. Before the



A daily bulletin on SARS

- ◆ HA should develop a communication strategy for its staff, that includes face-to-face communication such as hospital-based conferences, and avoids over-reliance on posting information on the intranet, which may exclude some groups of staff.
- ◆ Hospitals should review procedures for communicating with patients and their families during a major outbreak, including the use of information and video technology when patients are in isolation.

SARS epidemic had begun, a document on the management of severe community-acquired pneumonia was issued by the HA Working Group to all HA hospitals and made available on the HA intranet for access by staff. Subsequently, however, mechanisms for disseminating information and advice to staff do not appear to have kept pace with the rapid development of the epidemic. Over-reliance on posting information on the intranet may exclude some groups of staff.

14.9 With visits to hospitals prohibited or restricted, the lack of communication between patients and their families was another source of great anxiety. Innovative measures were devised in some instances, but future plans will need to anticipate this problem and devise ways of dealing with it.