

5. Communication

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Appendix

- 5A. CDC SARS Guidance Supplement G: Communication

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5. Communication

Goals

New York State's goals in promoting effective communication about SARS are similar to those articulated in the CDC plan.

Key concepts

New York State's SARS communication plan echoes the key concepts described in CDC's plan.

Priority activities

In addition to the CDC-delineated priority activities, New York State Department of Health will:

- Build upon successful strategies for communicating emerging disease issues such as West Nile virus and anthrax.
- Maximize relationships with existing "key communication partners" and identify new partners to broaden communication channels.
- Ensure that key messages are delivered to special audiences, as well as the general public.

The CDC plan calls for the provision of a location where state, local, federal and emergency response personnel can work cooperatively to develop communication strategies. Should it become necessary, we would ask the NYS Emergency Management Office to establish a Joint News Center operation.

The following sections provide comments and New York State-specific details to supplement the CDC plan:

A. Rationale and Goals:

New York State's rationale and goals are similar to those described in the CDC plan. Our primary goal will be to instill and maintain public confidence in the State and local public health response and the state's health care system.

B. Lessons Learned:

New York State's plan agrees with the precepts discussed in CDC's plan, with the following caveat: While speculation is generally not a prudent communication strategy, health officials may wish to speculate under certain conditions:

- When failure to do so will result in false reassurance.
- To enhance accurate risk assessment when public perception/expectation of what *could* happen is far worse than the actual "worst case scenario."

C. Key Messages:

New York State's key messages in advance of evidence of SARS are similar to those in the CDC plan. However, some minor changes in wording should be noted:

- We have learned a great deal about SARS that is helping us prepare for the possibility that it will return.
- Obtaining a history of exposure to a patient with SARS or to a setting in which SARS transmission is occurring is key in assessing the likelihood of SARS in persons presenting with respiratory illness.
- Most exposures to SARS occur in healthcare facilities and households. Community transmission outside of these settings have been reported, but these occurred rarely, under special circumstances, and with few exceptions, after close contact with ill persons. Persons at risk in healthcare facilities include healthcare workers, patients, and visitors. In households, the greatest risk is to family members of SARS patients.
- In most instances, SARS outbreaks were localized to specific communities and often to specific locations or facilities in a community. For example, in Canada, most SARS cases occurred in Toronto, and in Toronto, most cases were acquired in hospitals.
- SARS can be controlled by rapid, appropriate public health action that includes surveillance, identification and isolations of SARS cases, infection control, intense contact tracing, and, in some circumstances, quarantine of persons who may have been exposed to SARS. These measures can be a temporary hardship to those involved but are essential for containing SARS outbreaks.
- New York State is preparing for the possible reappearance of SARS by: 1) educating healthcare workers about SARS diagnosis and reporting, 2) developing SARS surveillance systems to determine if and where SARS has re-emerged, 3) developing guidelines for preventing transmission in different settings, and 4) improving laboratory tests for SARS
- At this time, there is no evidence of ongoing transmission of SARS anywhere in the world. In the absence of SARS transmission, there is no need for concern about travel or other activities.

D. Preparing for a Communications Response:

CDC's communication plan articulates Objectives and Activities under this section that are in line with New York State's plan. It should be noted, however, that the guidance regarding requesting and utilizing federal assistance for the provision of public information is revised as follows:

- *At the direction of the Governor's office*, be prepared to make use of available federal assistance.

E. Communications Activities in the Presence of SARS:

Objective 1: Coordinate local/state and national communication efforts related to SARS.

While New York State will make every effort to work closely with CDC's Office of Communication, our health information dissemination will be conducted under the

direction of the New York State Health Commissioner. The decision to participate in a Joint Information Center/Joint News Center will be made in consultation with the Governor's office.

F. Comments on Appendices in Supplement G of the CDC plan:

Appendix G1—Joint Information Center:

While New York's State's plan does not rule out the possibility of establishing a Joint Information Center/Joint News Center, the following statement will introduce the JIC/JNC discussion contained in Appendix G1:

The decision to establish a Joint Information Center/Joint News Center will be made in consultation with the Governor's office. A JIC will be coordinated by the New York State Emergency Management Office with the participation of NYSDOH and other state and local agencies, as appropriate. The purpose of a JNC will be to facilitate a one-voice response; serve as the clearinghouse for accurate, timely information; and enhance the dissemination of health information essential to an effective SARS response.

Appendix G2—Media relations:

The following introductory statement is added to the media relations annex in the CDC plan:

New York State's plan generally agrees with the Media Relations strategies described in the CDC plan. However, the decision to establish a Joint Information Center will be made in consultation with the Governor's office. If a JIC is activated, regular briefings should take place. The precise briefing schedule will be determined as appropriate; however, ideally, JIC briefings should occur at least once a day.

Appendix G-3—Community relations/outreach

New York State's plan is similar to that in the CDC plan. New York State's community outreach strategies are as follows:

Outreach to persons who may have special needs or issues that distinguish them from the general public during an outbreak of SARS will be especially important. First responders and their families, health care providers and medical/hospital support personnel, and transportation officials will all have special needs for information – either to be able to perform their jobs or to ensure that their own concerns about exposure and protection are being addressed.

Local communications staff will need to establish a daily routine for coordinating and communicating with partner organizations regarding community education and outreach

activities and needs, with briefings arranged as needed. Cooperation and understanding among all the involved agencies will greatly enhance the success of the community outreach/community relations operation. It will be important to work closely with local health departments' education and community outreach staff members, who can offer valuable insights into issues that are relevant to the community.

Communication staff should make sure of the resources of the ECS and JIC to facilitate coordination and management of community relations activities.

- Develop and maintain a contact list of key community partners, and provide key messages regularly. Include members of health care organizations and transportation officials involved in the response.
- Establish a public response line to respond to the questions and concerns of state and local healthcare providers, pharmacists, transportation personnel, persons under isolations or quarantine, and other special populations as appropriate. Work with partners to implement a resources and referral list for phone line staff.
- Work with local partners and response personnel to coordinate communication and health education activities by identifying needs and reporting on activities that have been planned and executed. Activities may include: a) information campaigns for affected groups, b) education campaigns and activities for healthcare providers, including first responders; c) education and communication with state and community personnel involved in meeting community needs or community actions designed to prevent the spread of the disease, and d) activities to ensure that persons under isolation or quarantine have access to needed supplies or services.
- Tailor communication and education services and messages to affected communities.
- In coordination with epidemiologic and medical personnel, obtain and track information daily on the numbers and location of new cases, new quarantined persons, and hospitals with SARS cases. Use these reports to determine priorities among community outreach and education efforts.
- Provide feedback to and coordinate with the JIC for distribution of information and identification of information needs.

