CRISIS AND EMERGENCY RISK COMMUNICATION (CERC) AND EBOLA

Crisis and emergency risk communication combines the urgency of communication during disasters with the need to communicate risks and benefits to stakeholders and the public. Communication in emergencies is different because a decision may need to be made quickly and with incomplete information.

COMMUNICATING DURING THE EBOLA RESPONSE IS DIFFERENT

The 2014 Ebola outbreak requires communication professionals to work even harder to craft messages that meet their audiences’ needs because of the public’s fear and outrage surrounding Ebola.

WHAT DO I NEED TO KNOW ABOUT EBOLA?

- Ebola is spread through:
  - Direct contact with the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person who is sick with Ebola. The virus in blood and body fluids can enter another person’s body through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth.
  - Contact with objects (like needles and syringes) that have been contaminated with the virus or with infected mammals like fruit bats, monkeys, and apes.
  - Ebola is not spread through the air or by water or, in general, by food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.
  - There is no evidence that mosquitoes or other insects can transmit Ebola virus. Only mammals have shown the ability to become infected with and spread Ebola virus.
  - People are only contagious when they have symptoms.
  - Scientists are studying whether and for how long Ebola can be spread even after recovery.

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For More Information: cercrequest@cdc.gov
CERC Webpage: http://emergency.cdc.gov/cerc
QUICK TIPS
- Express empathy and caring
- Display honesty/openness
- Show commitment/dedication
- Use simple, short words
- Tell the truth
- Stay on message
- Acknowledge uncertainties
- Stay in your lane (scope of responsibilities)
- Give people things to do
- Don’t over-reassure
- Ask more of people (share risk)
- Avoid jargon; use humor cautiously
- Refute negatives without repeating them.
- Use positive terms
- Don’t lead with messages about money
- Discuss what you know, not what you think
- Avoid one-liners, clichés, and off-the-cuff comments
- Don’t assume you’ve made your point
- Ask whether you’ve made yourself clear

EMERGENCY MESSAGE COMPONENTS
- Present a short, concise, and focused message (6th grade level)
- Cut to the chase
- Give action steps in positives
- Repeat the message
- Create action steps in threes or rhymes, or create an acronym
- Use personal programs for the organization

STIGMA AND THE EBOLA RESPONSE
Communication that reduces stigma is especially important during the 2014 Ebola outbreak. Stigmatized groups for Ebola may include people thought to be from West Africa and travelers and responders returning from West Africa.

Stigmatization occurs when a risk is not present in an identifiable group of people, but people associate that risk with them. As a result, members of stigmatized groups may suffer from stress and anxiety of avoidance and rejection. Stigmatized people may be denied access to health care, education, housing, and employment. They may even be victims of physical violence.

Stigmatization in an outbreak, like Ebola, is highly affected by uncertainty. By communicating the steps people can take to protect themselves and their families, you can help to reduce the tendency for stigmatization.

CHECKLIST: INHIBITING AND COUNTERING STIGMATIZATION
- Use visuals (symbols, pictures, fonts) that represent all races and ethnicities.
- Distinguish between world and U.S. situations (e.g., Ebola medical care in West Africa vs. Ebola medical care in the U.S.).
- Provide scientifically accurate information.
- Include the message that Ebola, like all infectious diseases, does not discriminate by race or ethnicity.
- Avoid mentioning past outbreaks by country. Instead substitute dates (e.g., 2014 Ebola Outbreak vs. West Africa Ebola Outbreak).
- Share your concerns about stigma with the media.
- Address stigma in pre-planning community checklists and guides.
- Have a mechanism in place for people who feel stigmatized to express their concerns or ask for help.
- Ask partners who are part of the stigmatized group if proposed materials may be offensive.
- Teach response officials and communication staff about the harmful effects of stigmatization.
- Monitor misperceptions in the community regarding risk factors.
- Engage respected political and civic leaders in countering stigmatization.
- Counter stigmatization immediately with emotional appeals for fairness and justice and with sound scientific facts.
- Reach out to the stigmatized community to learn how they countered/copied with stigma. Incorporate their strategies into your plans for countering stigma.

CERC’s Pandemic Influenza manual, including Stigma chapter: http://emergency.cdc.gov/cerc/resources