



## SEVERE ACUTE RESPIRATORY SYNDROME

# NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.



## Supplement G: Communication and Education

### Appendix G1

#### Fact Sheet: Joint Information Center

##### What does it mean to a communications specialist when a JIC is operational?

Once a Joint Information Center (JIC) is operational, all media contacts and information should be handled through this center to ensure the distribution of consistent and accurate information. The JIC will:

- Issue local public health announcements and updated information on the outbreak and the response
- Disseminate information about SARS, its management, and the possible need for travel restrictions and isolation and quarantine
- Establish a “news desk operation” to coordinate and manage media relations activities
- Provide a location for state, local, and federal communication and emergency response personnel to meet and work side-by-side in developing key messages, handling media inquiries, writing media advisories and briefing documents
- Respond to frequently occurring questions by developing fact sheets, talking points (key messages), and question-and-answer documents
- Coordinate requests for spokespersons and subject matter experts
- Issue media credentials
- Address other local/regional information requests related to the outbreak that require distribution to the media and the general public
- Develop, coordinate, and manage local websites, as required

##### What activities should be carried out once a decision to activate a JIC has been made?

- Once widespread SARS-CoV transmission has been verified, activate full-scale communication activities according to the state or local risk communications plan. This may include deployment of field team(s) and assessment of staffing needs for extended hours/days at the command center. Designated staff will immediately report to the communications command center.
- Ensure that the communications command center has sufficient telephone lines to permit immediate access by field deployment teams.
- Activate or enhance a toll-free hotline, if available, and add sufficient personnel to answer incoming calls. Provide telephone response staff with resources (e.g., state or CDC website address), and direct them to provide feedback on needs for development, enhancement, or revision of current materials to meet emerging information demand. To reduce the burden on local resources, callers may be directed to the CDC information hotline if necessary. Also consider implementing a dedicated line for healthcare providers.
- Create and disseminate a media advisory that provides information on the situation, major actions taken, information about SARS, public guidance, and local resources. It will be imperative to issue information updates immediately and, as possible, to correct errors and misperceptions.
- If developed, activate the local emergency SARS website, provide links to other state government web servers, and disseminate this information widely through the media. If a

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website has not been developed, a link can be made available to CDC's SARS website (<http://www.cdc.gov/sars/>). All media and public materials should be posted to the website, and all SARS-related information should provide a website address. The website should be used for media updates.

- Provide local and external partners (e.g., medical professional associations, community leaders, community groups) with information/materials that will enable them to respond to public or healthcare provider inquiries, as necessary. Arrange to hold periodic briefings with these partners.

For more information, visit [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars) or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)