



## 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 G2**

#### **Media Relations**

One person cannot handle all aspects of media relations in the event of a widespread SARS outbreak. A Joint Information Center (JIC) is the best way to coordinate and manage media relations activities. Public information officers from a range of federal, state, and local agencies will need to work side-by-side handling media inquires, writing releases, and providing information on their agencies and other duties as appropriate. If a JIC is not activated, the various participants of a JIC and the ECS should establish a daily briefing among participants for coordination and communication on media briefings and media materials.

The role of the state and local health department should be made clear in all contacts with the media and in other public communications (e.g., press briefings, interviews, teleconferences). Cooperation and understanding among all the involved agencies will greatly enhance the success of the media operation. It will be important that federal health personnel (i.e., CDC), local and state health departments, and transportation agencies work together closely. Together, these groups will create and manage the flow of information to the media. It will also be important to work closely with mayoral, governor, and congressional media and communication staff. Key messages should be used consistently to convey the priorities of state and local health departments and their actions. Public information officers at state and local health departments can offer valuable insights into important issues in the state and local community, as well as guidance in dealing with local media. In addition, they can provide information about media contacts, outlets, directories, and telephone and fax numbers to facilitate distribution of information to the media. State and local personnel may be able to locate facilities and infrastructure for briefings. Media offices at local hospital should not be overlooked; they generally have good relationships with the media, as does the local fire department public information officer. In most communities, fire departments deal on a daily basis with the local media and can be valuable resources.

Public health spokespersons should answer questions concerning SARS and the actions being taken to control and respond to the outbreak. Personnel dealing with the media should be trained on the type of questions they should answer and those that should be directed elsewhere. They should also be trained in strategies for emphasizing key message in all responses. Adhering to key messages will allow communication to be consistent over time. Key messages must be science-based, reflect current knowledge, and based on good public health practice.

Communication personnel should identify and create new messages and materials that address emerging questions and concerns of the media, public, healthcare providers, policy makers, and others. As appropriate and feasible, field team communication staff should tailor SARS education and communication materials to community needs, with a special emphasis on subgroups who are most directly affected by SARS and who may be subject to stigmatization.

## **Appendix G2—Media Relations**

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The ECS or Joint Information Center should implement daily routines for informing, and responding to inquiries from the media, healthcare providers, and the public:

- Establish daily or twice-daily press briefings. Once routine briefings are established, they will be invaluable in terms of relaying rapidly changing messages. As necessary and possible, without compromising the work commitments of subject matter experts, daily activities can be extended,
- 'In-person' press briefings are best for major public health announcements.
- Ideally, the same experts will conduct the media briefings to ensure continuity of messages. Experts should be reassuring about the ability of the public health authorities to respond to a crisis but should not minimize the severity of the situation in a way that could invalidate public concern.
- Limit media briefings to 30 to 45 minutes.
- The state or local public information officer representing the public health should moderate, begin, and end the briefing. The moderator should: 1) set ground rules, 2) announce times of future briefings, 3) make administrative announcements, and 3) briefly introduce each panel member
- Each panel member should speak for 3 to 5 minutes on issues related to his/her area of expertise. Questions should be held until all panel members have spoken. Questions should be directed to the moderator, who will either answer the question or refer it to the appropriate panel member.
- All spokespersons should leave at the end of the briefing and avoid participating in individual media interviews.
- The state or local public information officer (or lead communication staff person) and the CDC field liaison should be notified immediately of any potential issues (e.g., inaccurate information, reports of rumors in the community, unanswered questions) that were identified during the briefing and need to be addressed.

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)