ECOM

Effective Communication
in Outbreak Management for Europe

Checklist Risk Communication

in case of an Infectious Disease Outbreak

Instrument for local/national policy makers and public health workers to determine the urgency of risk communication in case of an outbreak of an infectious disease

This checklist was developed by the Municipal Public Health Service Rotterdam-Rijnmond (GGD) together with the National Institute for Public Health and the Environment (RIVM) in the Netherlands.

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SEVENTH FRAMEWORK PROGRAMME

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Preface and Summary

When controlling infectious diseases it is essential that authorities communicate well with the public. The public has an important role in the prevention and control of infectious diseases. On the one hand the public must be prepared to follow measures aimed at, for example, hygiene, prophylaxis or vaccination. On the other hand it may be the case that measures are not possible or necessary. The public will then have to cope with feelings of uncertainty and anxiety.

Communication about infectious diseases is important. Not only because the public is entitled to be informed about the risks in their area, but also because research shows that people who are well informed feel safer, are less distressed, and respond better to (an outbreak of) an infectious disease. The authorities have an important task in communicating with the public about infectious diseases. Information that should be provided to the public includes seriousness of the disease, risk of infection, control measures, and how these measures must be executed. The communication must be open, honest and reliable, factually correct and tailored to the target group.

This checklist helps those controlling the infectious disease to determine the urgency of informing the public. Communicating with the recipient in mind is key. This means that communication must be tailored to the target group as much as possible. The checklist is the result of scientific literature studies, questionnaire surveys and the pooling of practical experience.

The checklist consists of two parts:

1. Part I is a checklist to describe the characteristics of the disease.
2. Part II is a checklist to estimate the risk perception and experience of the public.

Based on these data, a broad assessment can be made of the urgency of risk communication, the target group(s), and the means and materials to be used.

In case it is difficult to estimate the risk perception and experience of the public (checklist 2), e.g. when it is a newly emerging disease, public health officials can carry out a public risk perception survey in order to identify the need for information. This will clarify what information the public wants to receive, how the public wants to receive it and how often. At the ECOM website under “toolbox” you can find a standard questionnaire for public surveys on risk perception of an outbreak of an infectious disease (http://ecomeu.info/toolbox/).

Part I: Disease characteristics checklist

Urgency of risk communication	Low	Mode-rately	High
1. What infectious disease is it?			
……			
2. Is the disease known to:			
- **those authorities controlling the infectious disease?**			
• yes, most of them know the disease	□		
• no, most of them do not know the disease			□
- **general practitioners?**			
• yes, most of them know the disease	□		
• no, most of them do not know the disease			□
- **people directly involved with the patient (social contacts)?**			
• yes, most of them know the disease	□		
• no, most of them do not know the disease			□
3. How does transmission take place? (more than one answer possible)			
• via sexual contact	□		
• via stools: feco-oral		□	
• via food			□
• via air			□
• via skin-to-skin contact			□
• unknown			□
• other (assess urgency)	□	□	□
4. How is the disease transmitted to people?			
• from animal to human		□	
• from human to human			□
• unknown			□
• other (assess urgency)	□	□	□
5. What is the incubation time?			
• shorter than 3 days			□
• 3 days to 2 weeks	□		
• longer than 2 weeks		□	
• unknown			□
6. What are the symptoms of the disease in general?			
• mostly no symptoms	□		
• mostly mild symptoms of a temporary nature		□	
• mostly serious or permanent symptoms			□
• unknown			□
7. How long do the symptoms generally last, if the disease is not treated?			
• 1 to 7 days	□		
• 1 to 4 weeks		□	
• longer than one month			□
• unknown			□
8. Can the disease lead to chronic symptoms?			
• no/very rarely	□		
• yes/often			□
• unknown			□
9. Can the disease have a fatal outcome?			
• no/very rarely	□		
• yes/often			□
• unknown			□
10. How contagious is the disease?			
• hardly contagious	□		
• moderately contagious		□	
• very contagious			□
• unknown			□

Urgency of risk communication	Low	Mode-rately	High
11. How long is the contagious period, if the disease is not treated?			
• shorter than 3 days	☐		
• 3 days to 2 weeks		☐	
• longer than 2 weeks			☐
• unknown			☐
• varies (assess urgency)	☐	☐	☐
12. Is there a cluster/outbreak (more cases than usual)?			
• no	☐		
• not yet known		☐	
• yes			☐
14. Has the infectious disease occurred in a specific setting?			
• no	☐		
• yes, in a nursing/care home		☐	
• yes, at a company		☐	
• yes, at a child day care centre			☐
• yes, at a school			☐
• yes, other (assess urgency)	☐	☐	☐
15. What are the treatment options for the patient? (more than one answer possible)			
• no medication needed, will disappear by itself	☐		
• use of medication		☐	
• vaccination		☐	
• hospital admission			☐
• keep away from work, school, child day care centre			☐
• isolation			☐
• no known treatment			☐
• other (assess urgency)	☐	☐	☐
16. What are the preventive measures for human contacts? (more than one answer possible)			
• not necessary	☐		
• prophylaxis/antibiotics		☐	
• vaccination		☐	
• hygiene		☐	
• none (do not exist)			☐
• avoid contact with infectious source (company)		☐	
• other (assess urgency)	☐	☐	☐
+			
Total question 1 to 16 incl. (number of 'low', 'moderate', 'high' scores):			

Part II: Checklist on risk perception and experience of the public

Urgency of risk communication	Low	Mode-rately	High
17. How do the patient's affected parties* regard the disease in terms of how serious it is?			
** affected parties are the patient's social contacts who are possibly at risk of contracting the disease*			
• not serious	☐		
• slightly serious		☐	
• unknown		☐	
• (very) serious			☐
18. Do the affected parties know the disease?			
• yes, most of them know the disease	☐		
• unknown		☐	
• no, most of them do not know the disease			☐
19. Do the affected parties know what measures there are to prevent the disease?			
• n.a. (there are no preventative measures)	☐		
• yes, most of them do	☐		
• some do - some do not		☐	
• unknown		☐	
• no, most of them do not			☐
20. Do the affected parties know how these measures must be executed?			
• n.a. (there are no preventative measures)	☐		
• yes, most of them do	☐		
• some do - some do not		☐	
• unknown		☐	
• no, most of them do not			☐
21. Do the affected parties know how long these measures must be executed?			
• n.a. (there are no preventative measures)	☐		
• yes, most of them do	☐		
• some do - some do not		☐	
• unknown		☐	
• no, most of them do not			☐
22. Are there any signs that the affected parties are distrusting with regard to health agencies (such as Municipal Public Health Services, National Institute of Public Health, Ministry of Health)?			
• no, no signs	☐		
• yes, some signs		☐	
• yes, clear signs			☐
23. Do the measures have any adverse financial effects on the affected or other interested parties (such as company closures or culling of cattle)?			
• no	☐		
• yes			☐
24. Is a specific company or organisation responsible for causing the disease (for example, legionella, salmonella, Q-fever)?			
• no	☐		
• yes			☐
25. Are children at greater risk of contracting the infectious disease?			
• no	☐		
• yes			☐
26. Does the infectious disease progress more seriously amongst children?			
• no	☐		
• yes			☐
27. Are pregnant women at greater risk of contracting the infectious disease?			
• no	☐		
• yes			☐

Urgency of risk communication	Low	Mode-rately	High
28. Does the infectious disease progress more seriously amongst pregnant women?			
• no	☐		
• yes			☐
29. Is there a risk of abortion (miscarriage) or congenital deformity of the unborn child amongst pregnant women?			
• no	☐		
• yes			☐
30. What is the potential (social) media interest in this infectious disease outbreak?			
• Low interest	☐		
• Modest interest		☐	
• High interest			☐
31. Is there (potential) political interest in the infectious disease?			
• no	☐		
• possibly		☐	
• yes			☐
32. Do the affected parties have a realistic estimation of the chance of contracting the disease?			
• yes, realistic estimation of the chance of contracting the disease	☐		
• no, the chance of contracting the disease is underestimated			☐
• no, the chance of contracting the disease is overestimated			☐
+			
Part I question 1 to 16 incl. (number of 'low', 'moderate', 'high' scores):			
Part II question 17 to 32 incl. (number of 'low', 'moderate', 'high' scores):			
+			
Total Part I & II:			

Conclusion urgency risk communication

Considering the total number of questions with moderate and high scores, what is your broad assessment of the urgency of communicating with the public?

The givens answers may help you to identify whom you want to reach with the communication (for example, directly affected parties/contacts, managers, press), in what manner you want to communicate (written communication, communication through the media), and at what scale (small/local or large/national scale).

Complete these questions after the infectious disease outbreak is over:
Did the outbreak eventually lead to risk communication with directly affected parties and contacts, managers and/or press? If so, with whom and in what manner did communication take place?
Are there any questions to which the answers changed during the outbreak? If so, which ones? Has this been taken into account during communication with the public?