



Communication and coordination mechanisms during a public health emergency

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Communication and coordination mechanisms during a public health emergency

Features of a public health crisis (through examples)

Generic Preparedness Planning

Communication

Traps & solutions

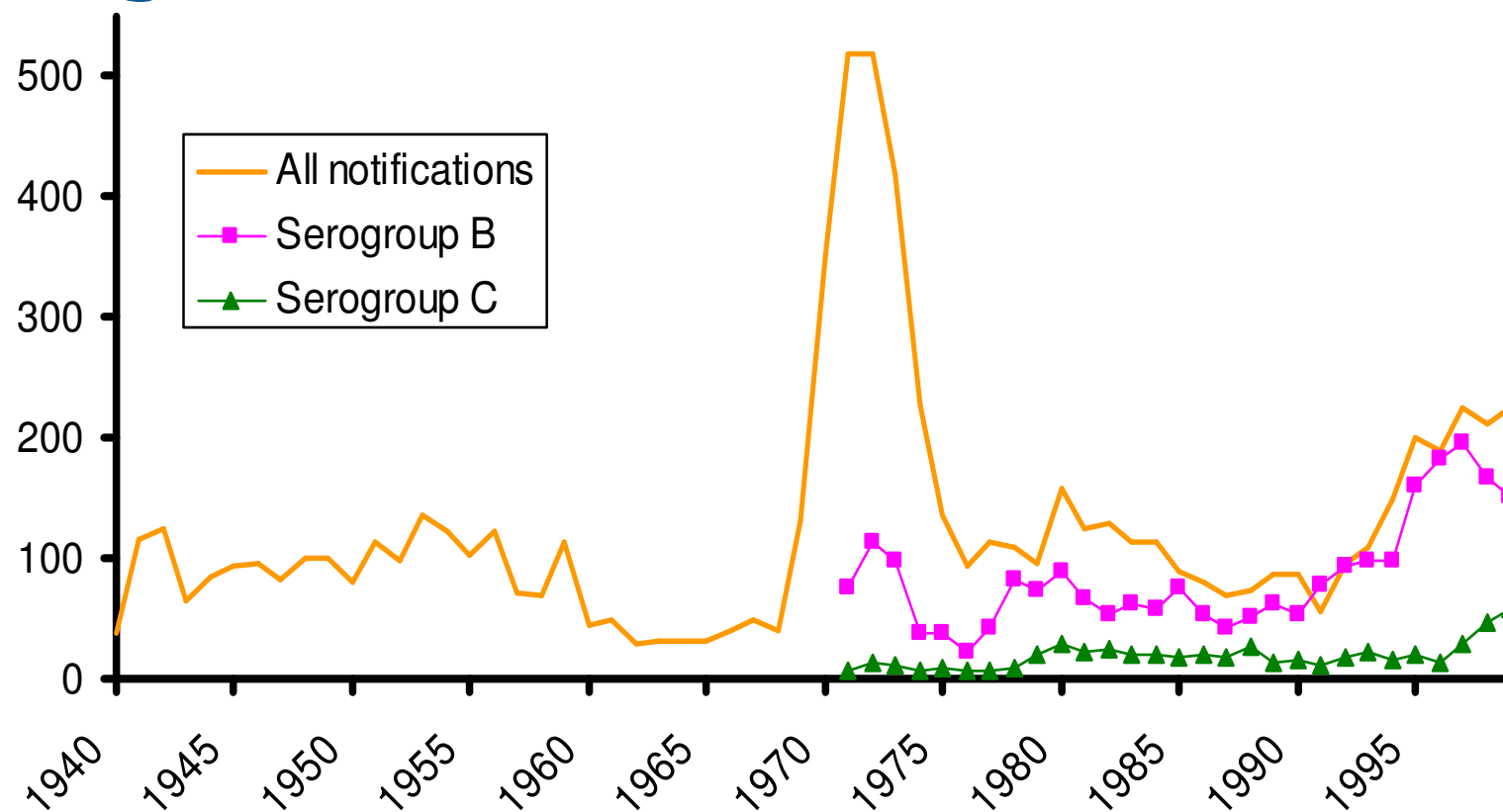
Management

Workflow or battle rhythm

Exercise Aeolus

***Serious Cross-border threat to health:
a new legal proposal***

Yearly occurrence of cases of meningococcal disease, by serogroup, Belgium 1940-1999



Feature of crisis (1): exaggerated public & media attention

“0 tolerance” for infections

- Health seen as a priority
- Infections account for dirty and uncontrollable
- Existential confrontation

Why worse than other infections?

- Previous healthy status of cases
- Occurrence among young children and adolescents
- Fear for permanent complications (15-25%)
- No perception of exposure

“Risk” = Hazard + Outrage

- Hazard = actual likelihood and seriousness of a risk
- Outrage = cultural perceptions regarding a risk
- There is a relatively low correlation between the two (i.e., between how many people are actually harmed by a risk and the number people who get upset – or how badly upset they get)
- Outrage has a far greater impact on risk perception than does hazard (e.g., when people are upset, they will think the risk is great, even if it isn't)

Perception of risk (Outrage Factors)

Lower Perceived Risk

Trustworthy sources

Substantial benefits

Voluntary

Controllable

Fair/equitable

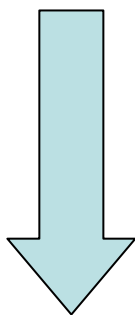
Natural origin

Familiar

Not dreaded

Certain

No children as victims



Higher Perceived Risk

Untrustworthy sources

Few benefits

Involuntary

Not controllable

Unfair/inequitable

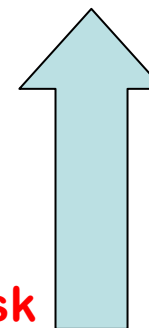
Man made origin

Unfamiliar/exotic

Dreaded

Uncertain

Children as victims



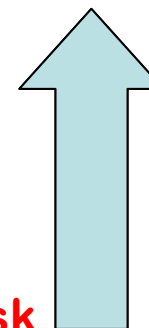
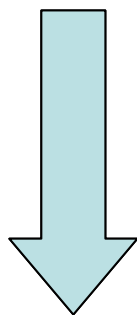
Perception of risk (Outrage Factors)

Lower Perceived Risk

Not memorable
Moral/ethical
Clear non-verbal message
Responsive
Random/scattered
Little media attention
Victims statistical
Immediate effects
Effect reversible
Scientifically well
understood

Higher Perceived Risk

Memorable
Immoral/unethical
Mixed non-verbal message
Unresponsive
Catastrophic
Much media attention
Victims identifiable
Delayed effects
Effect irreversible
Scientifically poorly understood



“Safety” = hazard - outrage

Risk acceptance is a function of

- The individual perception
- The society
- The cultural environment
- The benefits (of the hazard)
- The costs (of prevention the hazard)

Safety is relative; it is a judgment of the acceptability of risk: an activity is considered safe if it's risks are considered acceptable

Estimated risk of death to an individual

Communicable disease	1 in ?
Automobile Accident	1 in 4,000
Drowning	1 in 30,000
Air Travel	1 in 500,000
Lightning	1 in 2,000,000
Nuclear Reactor Accident	1 in 5,000,000,000

Feature of crisis (2): Questions to politicians

- How are those who are ill getting help?
- Is this thing being contained?
- What can we expect?
- Why did this happen?
- Why wasn't this prevented?
- What else can go wrong?
- When were you notified about this?
- What does this information/results mean?
- What bad things aren't you telling us?

SARS

Human toll: from 1 Nov, 2002 to 17 June, 2003

- No of Countries: 32
- Total Cases: 8464
- Deaths 799

Estimated economic loss

	Growth reduction in % of annual GDP	
China	0.6%	\$7.2 billion
Taiwan	0.9-1.9%	\$2.5-5.3
Hong Kong	1.8-4.0%	\$3.0-6.6
Rep of Korea	0.2-0.5%	\$1.3-3.0
Asia region	0.4-1.0%	\$16-30 billion

- Tourism was reduced in China by 40%
- In Hong Kong, retail sales down about 50%
- Airline bookings down by 85%
- Hotel occupancy in Asia reduced by 25%
- Visitors to Singapore down by 61%
- Canada hotel occupancy dropped 47%=\$100m
- SARS cost Canada \$30 million a day
- GDP growth of China declined by 0.6%

Feature of crisis (3):

media-transmitted epidemic of concern for personal safety

- perception of risk became function of media exposure

early containment was main measure available

rise of lobby groups from pharmaceutical and diagnostic companies

capacity for societal disruption

- Cross-sectoral approach

in the EU:

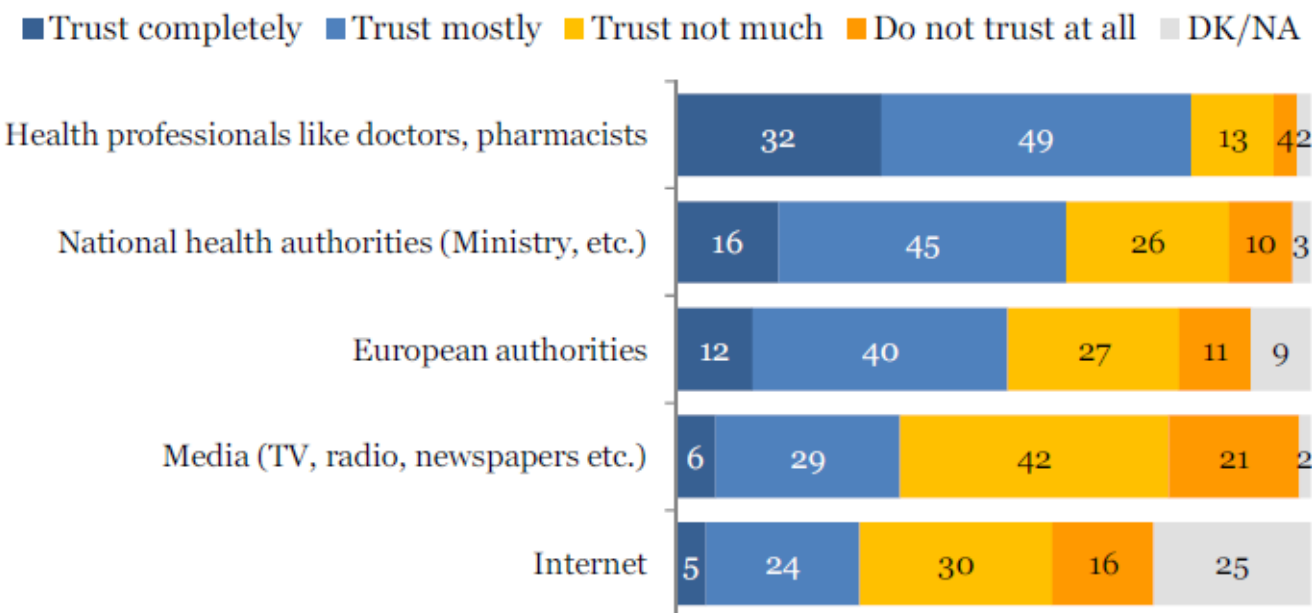
- strong collaboration through EWRS
- ECDC created as risk assessment body
- generic preparedness planning

internationally: a faster reaction in comparison to other diseases

- **Fear and uncertainty:** rapid geographic spread of the mysterious illness created a sense of urgency to respond
- **Stronger leadership:** WHO took a more public, activist stance in sounding the alarm and mobilizing the global response
- **Scientific Advances:** new tools and techniques allowed researchers better and faster ways to study everything from patterns of lung damage to the genetic sequence of coronaviruses

H1N1 Pandemic: who does the public believe in health questions?

Trust in information sources for the pandemic H1N1 2009



Q10. How much do you trust each of the following sources to inform you about the pandemic (H1N1) flu?

Base: all respondents, % EU27

Source: Eurobarometer 287

H1N1 Pandemic

Features of a crisis (4)

need to know where public gets opinion and trust

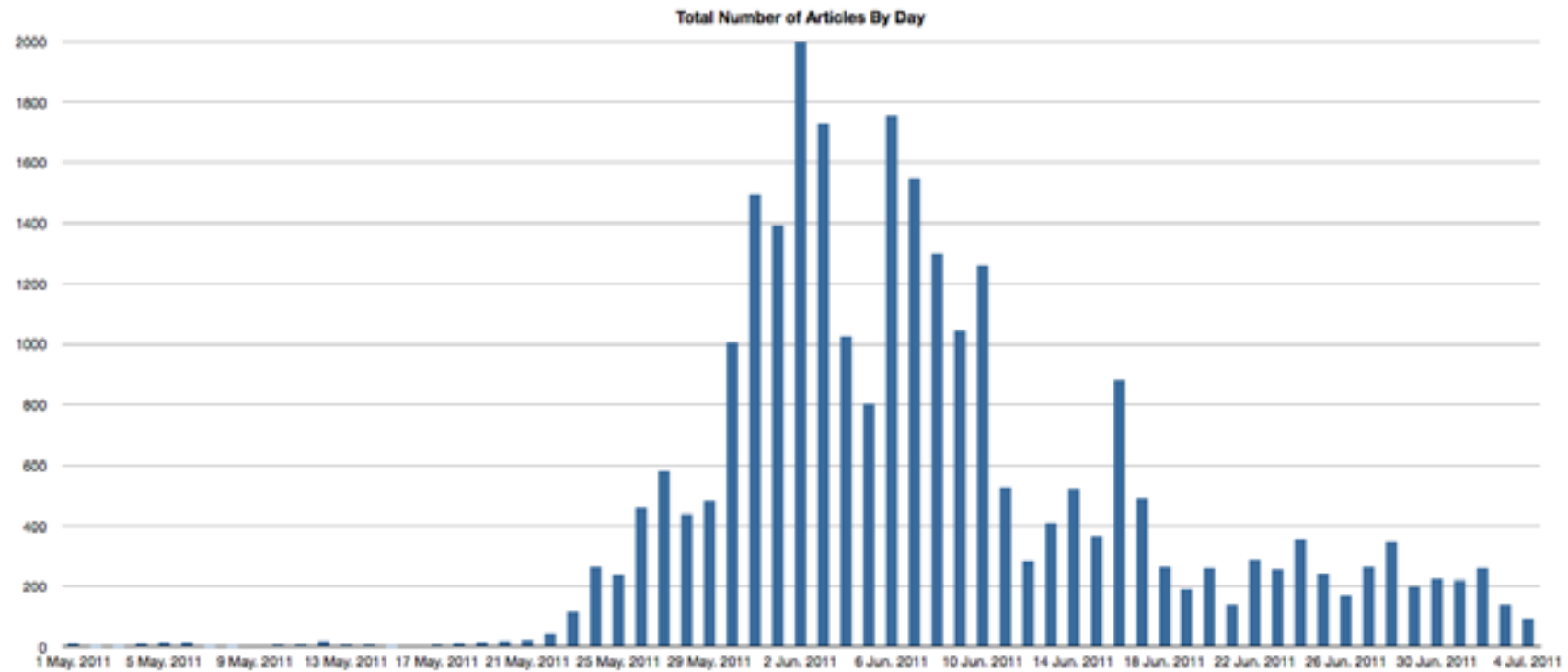
- social media are growing force in opinion making

**involving health care communities in decision making
on measures**

EHEC O104:H4

- The largest outbreak of HUS worldwide
 - > 3,800 illnesses, 53 deaths in Germany
 - Fenugreek sprouts (seeds imported from Egypt)
- early communications linked the outbreak to cucumbers
- high healthcare costs in DE
- compensation paid to farmers: 227 million €
- co-financing to the fruits and vegetables: 17 million

Tracking Media Reports on the Shiga Toxin-Producing *E. coli* O104:H4 Outbreak



Feature of crisis (5): Uncertainty, precautionary principle and biologic plausibility

- “Acting to reduce risk in advance of a complete scientific understanding, by extension of evidence and in the exercise of reasonable foresight.”
- Changing paradigm: guilty until proven innocent

Feature of crisis: Conclusions (6)

A crisis is

- Sequence of events
- Undermining normal response capacity (in medical, administrative, political and psycho-social dimension)
- With limited time available for deciding
- With large degree of uncertainty
- Leading to distrust of authorities
- Leading to search for culprit

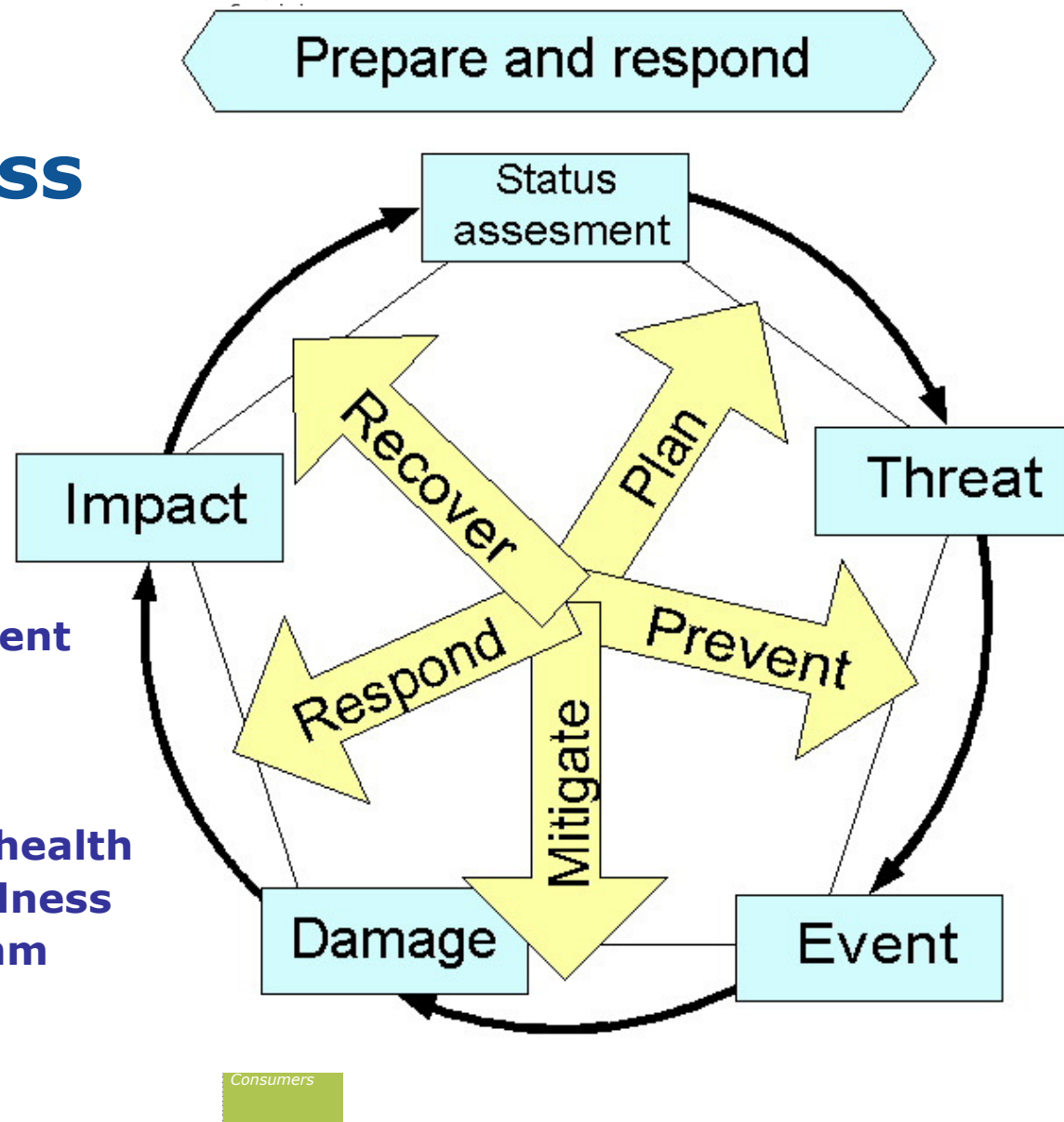
Response should include

- Information distribution
- Co-ordination
- Cross-sectoral approach
- Preparedness
- Handle massive amount of information
- Exercise and test
- Link with risk-assessment agencies
- Link authorities
- Communication



Generic Preparedness Planning

Information management
Communication
Scientific advice
Liaise and control
Preparedness beyond health
Health sector preparedness
Coordination with Comm
Management of plans



Objectives of Generic Preparedness Planning

Public health attention points for MS plans

- comparisons, reviews, improvements and fine-tuning

Attention points for EC in support to MS

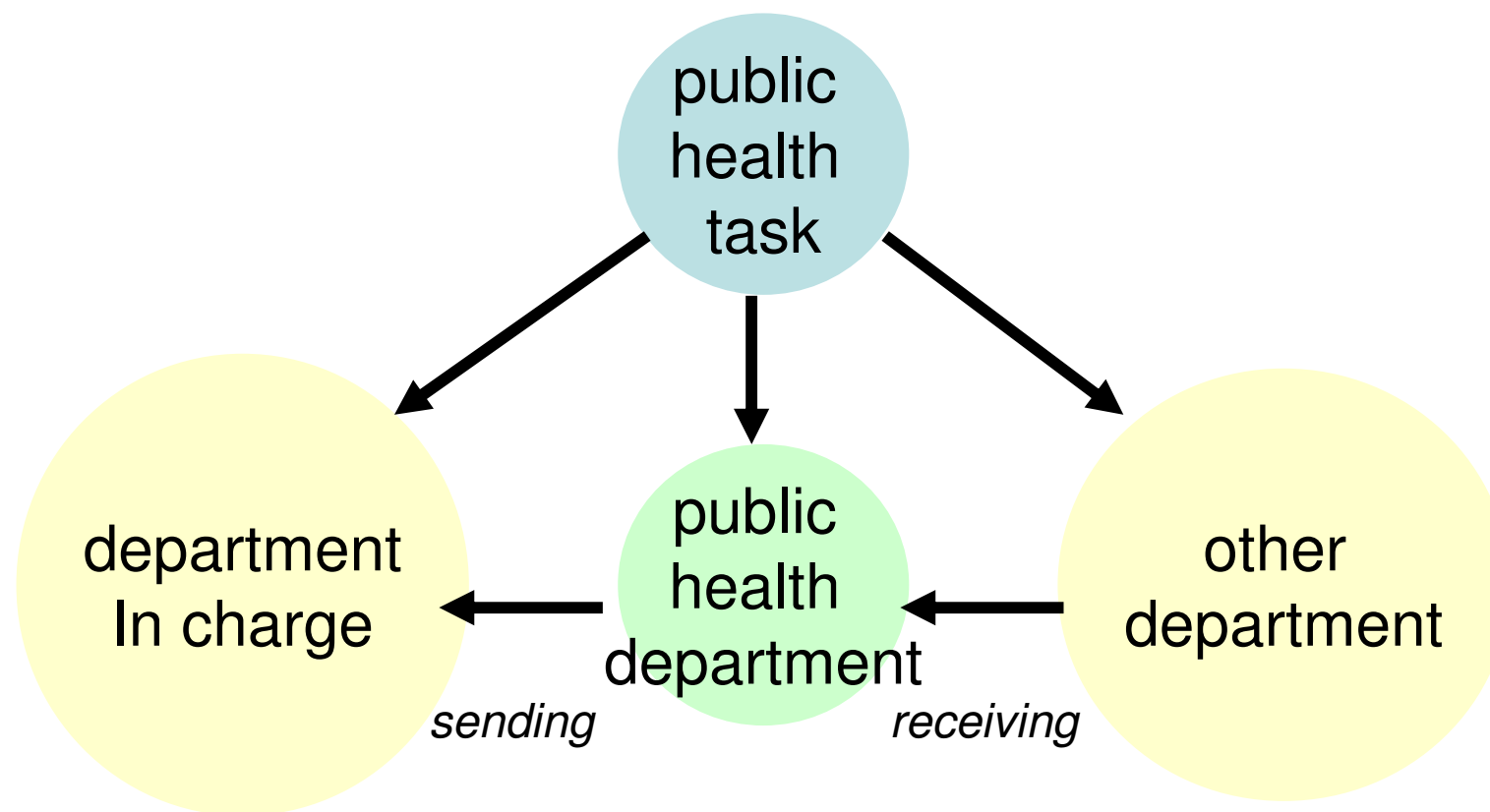
Reduce the vulnerability for the EU

- Contact points (Community - MS)
- Identification of minimal requirements in plans (Community - MS)
- Checklist

Reduce potential conflicts between the different national plans

- Mutual awareness
- Interoperability

The role of public health



Basic format of *GPP*

Outcome expected

Describe the achievement of each stated topic
The role of public health

Checklist for each player

Describe the “required” completion of actions and tasks to achieve the stated outcome by MS, Commission and Agencies

Interoperability

Describe the added value of the cooperation for MS, Commission and Agencies

Annexes

Basic concepts

Risk assessment

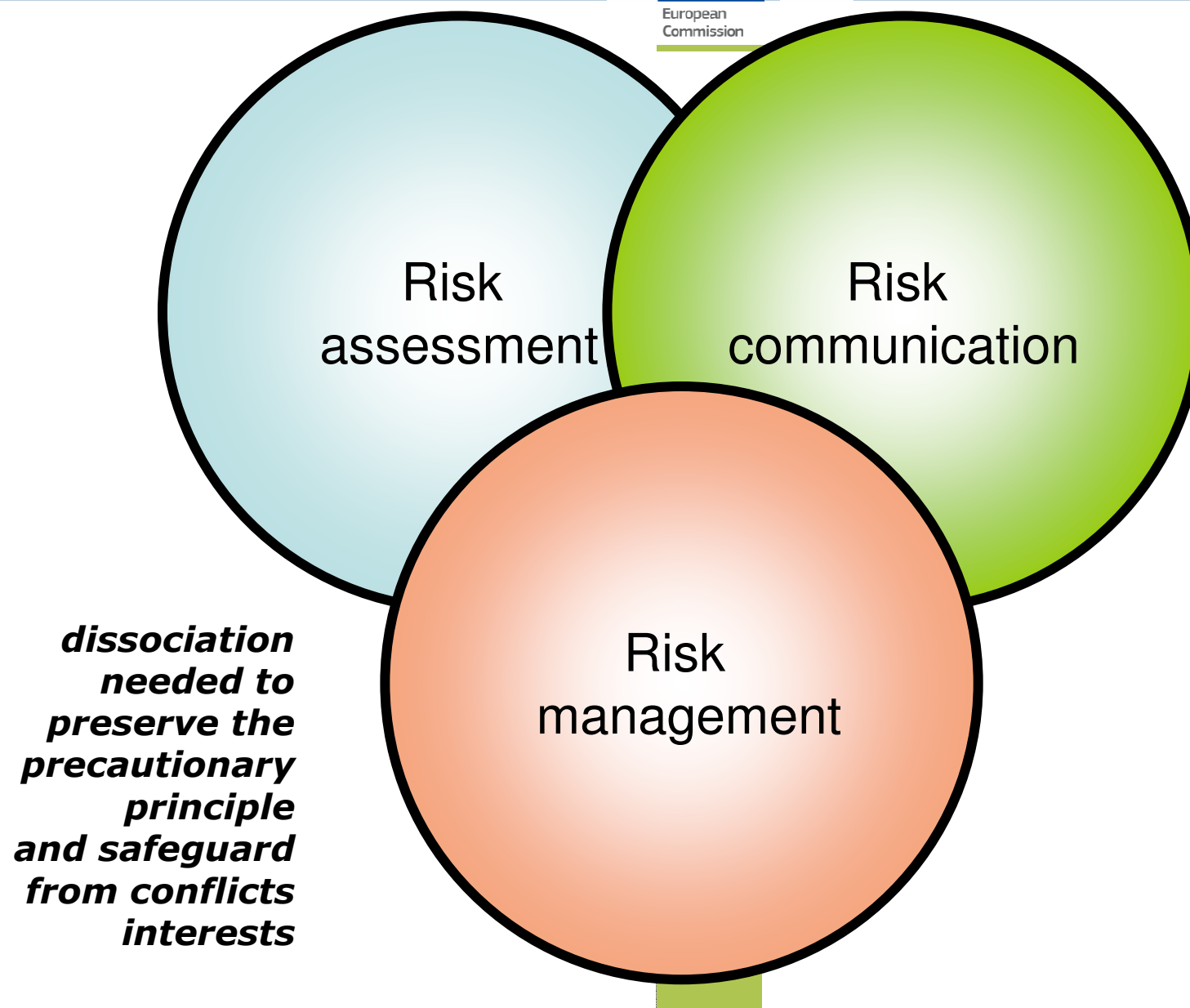
- A scientifically based process consisting of the following steps: I) hazard identification, ii) hazard characterization, iii) exposure assessment, and iv) risk characterization

Risk management

- A process, distinct from risk assessment, of weighing policy alternatives, in consultation with interested parties, considering risk assessment and other factors relevant for health protection of consumers and for the promotion of fair trade practices, and if needed selecting appropriate prevention and control options.

Risk communication

- Risk communication is a broad field with applicability across public health and other sectors and involves functions of health communication, health education, public affairs, behaviour change communication, and social mobilization. (IHR)



Risk Communication

Reporting systems and procedures

Obligation for information transmission and prior consultation / information on countermeasures

Data communication and management

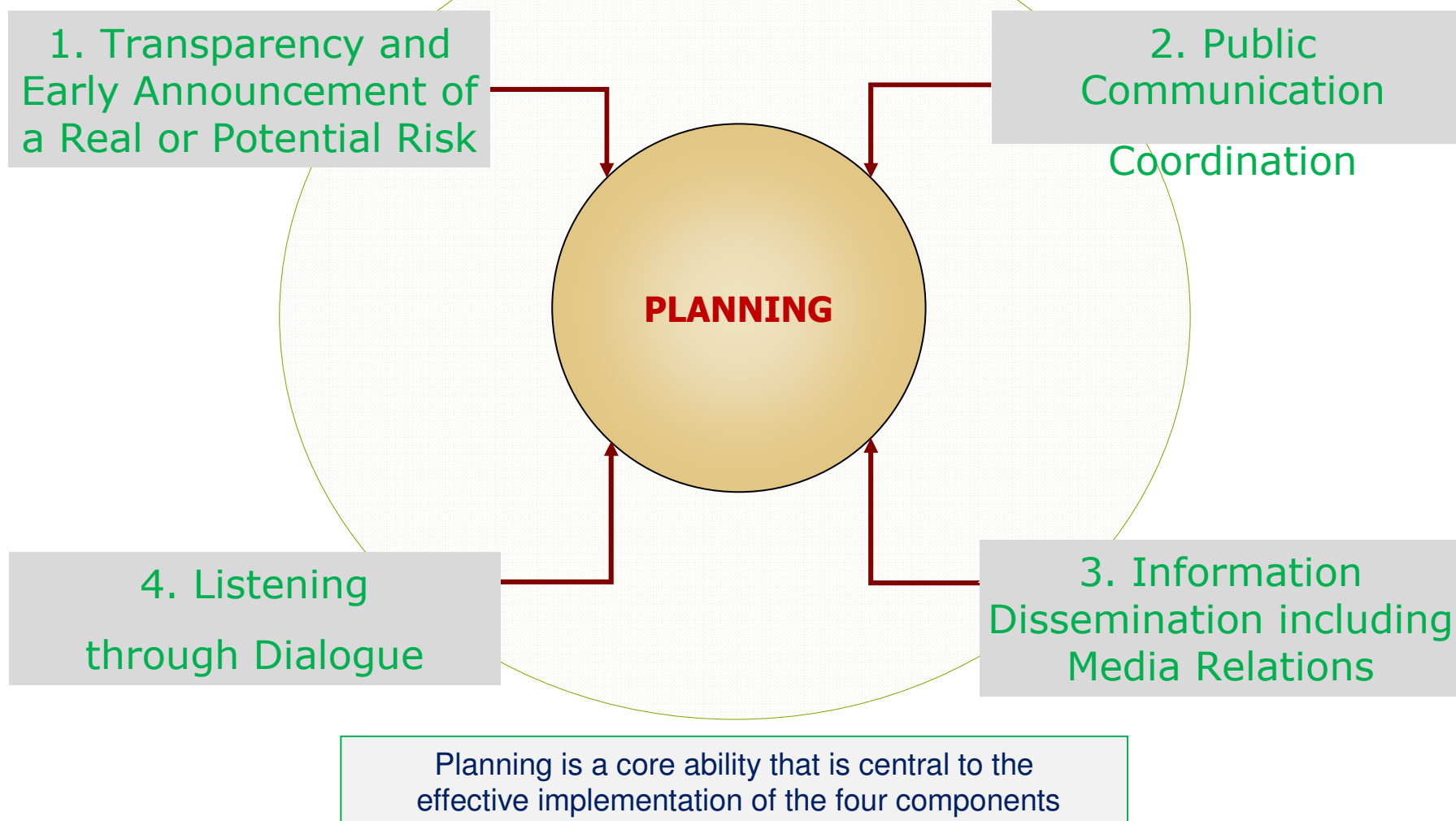
Communicating among actors

Risk-communication with media

Risk-communication with social groups

Political advocacy

Risk Communication Capacity under the IHR defined through 4 Components and 19 Abilities



Emergency Communication Plans

- Plans must build on/from ***day to day*** approaches
- Experience has clearly shown that the ***planning process*** has proved to be more valuable than a plan in itself.
- Plans need to ***flexible, scalable, and testable.***
- Should be ***integrated*** into the broader national public health and emergency management systems.

Core Capacity	6	Risk Communication
Component	6.1	Policy and procedures for public communications
Indicator	6.1.1	*Mechanisms for effective risk communication during a public health emergency are established and functioning

6.1.1.1 Have risk communication partners and stakeholders been identified?

6.1.1.2 Has a risk communication plan⁵⁸ been developed?

6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?

6.1.1.4 Are policies, SOPs or guidelines developed on the clearance⁵⁹ and release of information during a public health emergency?

6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination⁶⁰?

6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population⁶¹?

6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?

6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency⁶² and appropriateness of communications, been carried out?

6.1.1.9 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?



EU Health Security Communicators network

Network exists and operates under Health Security Committee

Is integrated into the broader public health and emergency management systems?

Coordination of messages, day to day

Harmonisation of « Lines-to-take »

WHO – linked

Risk communication versus crisis communication



Dilemma's in communication



Candor

Speculation

Tentativeness

Being alarming

Being human

Being apologetic

Decentralisation

Individual control

Planning for denial

Erring on side of caution

Secrecy

Refusal to speculate

Confidence

Being reassuring

Being professional

Being defensive

Centralisation

Expert decision making

Planning for panic

Taking chance

Evolution of legal thinking

1998

- Decision 2119/98/EC of the European Parliament and of the Council
- Network for **surveillance** of communicable diseases
- Network of public health authorities responsible for **public health measures**

2001

- **EU Health Security Committee**

2005

- **European Centre for Disease Prevention and Control (ECDC)**
- Surveillance
- Threats and risk assessment

2007

- **International Health Regulations (IHR)**
- All-inclusive threats approach; Core capacities

Evolution of legal thinking

2009

- **Lisbon Treaty** – Article 168 - Monitoring, early warning of and combating of cross-border health threats

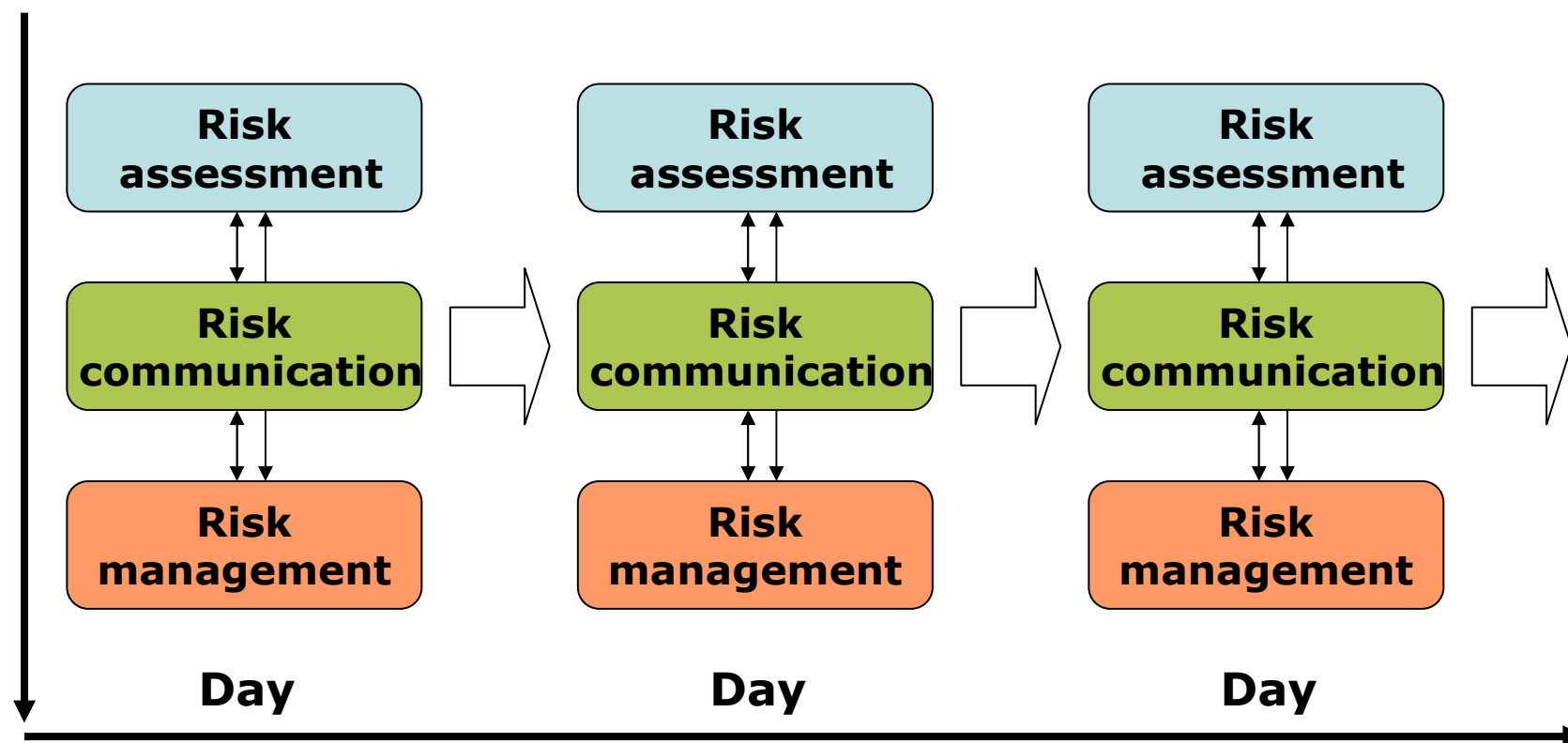
2011

- **European Commission's legal proposal on serious cross-border threats to health**

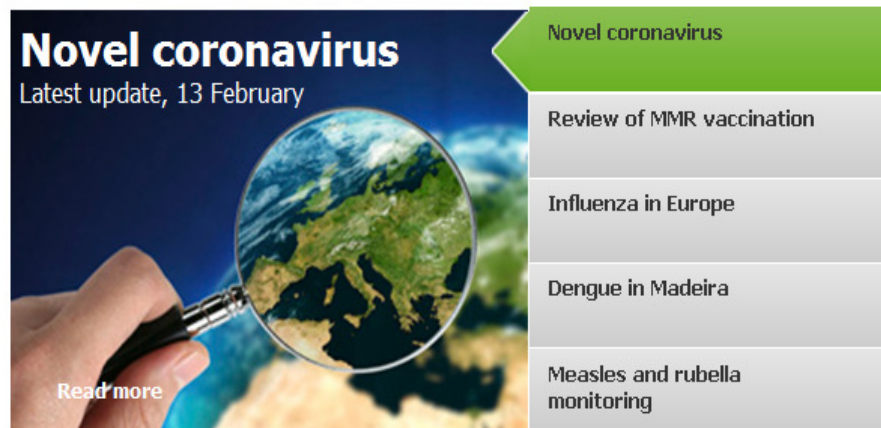
Future

- **Implementation** of the legal proposal once adopted EU assessment and management of serious cross border threats to health, including threats other than communicable diseases

Risk Management workflow: a battle rhythm



An example: the new coronavirus challenge



Coordination:

- 1. Case definition**
- 2. Active surveillance**
- 3. Supporting in sample sharing and laboratory diagnostic procedures**
- 4. Contact tracing (- in and outside EU)**
- 5. Infection control measures**
- 6. EU reporting function accessible to MS in EWRS**



European Commission's Proposal for a Decision of the European Parliament and of the Council on **Serious Cross-Border Threats to Health**

Main objectives:

- Treaty legal basis (Article 168 TFEU)
- To provide for coordination to ensure adequate level of preparedness planning for pandemics and other types of serious cross border health threats across the EU
- To adapt the communicable disease legislation to take account of creation of ECDC
- To provide for risk assessment and risk management for serious cross border health threats from chemical, biological and environmental origin

Content

- **Preparedness planning and joint procedure on procurement of medical counter-measures (Art. 4 and 5)**
- **Epidemiological surveillance and ad hoc monitoring networks (Art. 6 and 7)**
- **Early warning and response (early warning, assessment and risk management; Art. 8-11)**
- **Recognition of emergencies at EU level (Art. 13)**
- **Coordination of response via the Health Security Committee (Art. 19)**

Aeolus: aim of the exercise

examine capability of departments and institutions at MS and Commission level to work together and share information during a fast evolving health threat which cuts across departmental responsibilities

Overarching objective:

- explore use and functionality of systems and communication tools in sharing information at national, EU and international level



Aeolus: specific objectives

examine the **transfer, access and management of secure information**

explore the **role and functionality of all currently available communication systems** in an environment where secure and non-secure information needs to be exchanged

explore the use and utility of **HEDIS in providing a situational overview** and an information repository for MS

explore the **role of the Commission** in co-ordinating measures and MS

➤ **Active role for press officers and communicators' network**

Resources

European Commission:
generic preparedness planning
guidance for use of social media

ECDC: risk assessment methodology
guidance risk communication

WHO: outbreak communication
planning guide





Thank you for your attention.