Covering Outbreaks Of Infectious Diseases: A Guide To Better Journalism

Lessons learned from global coverage of the Ebola virus crisis
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Introduction

The 2014 Ebola epidemic outbreak in West Africa was as challenging for the people at its epicentre in Liberia, Guinea and Sierra Leone, as it was for the rest of humanity.

Although by no means the worst infectious disease to ravage mankind, it was by all accounts the biggest viral attack in modern times. By the end of December 2014, it had killed more than 7,300 people out of an infected population of more than 19,000, according to reports by the World Health Organisation.

Throughout history, mankind has withstood the ravages of deadly infectious diseases such as small pox, leprosy, bubonic plague, yellow fever, anthrax, syphilis, influenza, HiV/Aids, typhoid, tuberculosis, measles, cholera and malaria.

While some like small pox and leprosy have receded or been wiped out, the sporadic
outbreak and lightning spread of the Ebola virus, particularly in parts of Africa, recent outbreaks of influenza in parts of Asia and the West, and the seeming indestructibility of the HiV/AIDS virus give us reason to worry. But much more than this, the fact that scientists are yet to determine whether the world has seen the worst of these microscopic terrorists suggests a greater need to improve our level of preparedness to give us a fighting chance when disasters of this nature strike.

For journalists, coverage of the Ebola epidemic offers vital lessons that could help the media industry deliver a more public-interest oriented service geared towards combating the spread of the disease. It is these lessons that have helped shape the following guidelines.

The guidelines have been gleaned and compiled from the numerous articles, discussion forums, guidelines for health personnel, interventions by governments and non-governmental organisations, advisories for media associations in the affected countries, and anecdotes by journalists in the front lines of the epidemic.

In November 2014, the African Media Initiative convened a Consultative Forum of Media Strategies in Nairobi, Kenya. The ensuing discussions helped illuminate other critical concerns and gaps associated with coverage of infectious diseases. These guidelines attempt as well to address those gaps. They are by no means intended as the last word on how best to cover outbreaks of infectious diseases but should be seen as the starting point of an effort to create greater awareness in the realm of journalism to help improve its service to the public.
The Ebola outbreak

At the last count, the virus had spread across eight countries and four continents since it was first detected in December 2013 in Guinea when it struck down a two-year-old boy, euphemistically referred to as Agent Zero. The speed of its spread was as dizzying as it was alarming. Reports indicate that the boy died after four days of fever, vomiting and diarrhoea to be followed 10 days later by his mother and, in quick succession, his three-year-old sister, grandmother, local nurse and village midwife, all of whom had had some contact with one another.

As one journalist put it, “Since the Ebola outbreak began ..., Sierra Leone has become an authoritarian state. It’s not one dominated by politicians, religious leaders, the army or the police – it’s a dictatorship by virus. Ebola has taken over everyone’s thoughts, actions, just about everything.” — Alpha Kamara, USAToday.com, Nov 9, 2014.

Previous major outbreaks had not been anywhere near the scale of that epidemic. Between 1976, when the virus killed 280 people in Zaire, and 2007 when it struck in the Congo, with a death toll of 128, the total fatalities amounted to 1220 across five countries — Zaire, Sudan, DRC Uganda and Congo. The 2014 toll was more than four times that number.

Liberia stood out as the hardest hit with a death toll of 3,145 out of 7,635 infections (by December 8, 2014), and as the world mourned its inability to tame it, the role of journalists in the fight against the virus and, indeed, against outbreaks of a similar nature, became increasingly critical. But what form should that role assume?
More than just messengers

The Ebola crisis created a formidable global army of fighters comprising medical/health personnel, drug researchers and manufacturers, international health agencies, governments, volunteers, ordinary citizens and military personnel among a plethora of other well-meaning groups. Significantly, one group was singled out as particularly critical in combating the crisis. Consider the following statements by government officials, policy-makers, health aid agencies, medical professionals, and media supporters:

As well as health workers, journalists are on the frontline of the Ebola outbreak and have vital role in stopping the epidemic

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While “messaging campaigns" from governments and international aid workers are important, they are not enough. Unless trust has been established, getting the message “right" does not mean that it will be accepted.

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Credible sources of information in the local language have the greatest impact: this is why word-of-mouth is so powerful, often dangerously so. But it is also why local media can be so effective.

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Local journalists can expand the conversation beyond a one-way, top-down message from the authorities to people, and build dialogue — in addition to distributing useful information. A feeling of being heard, of having input, goes a long way towards building trust.

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Journalists alone cannot turn the tide against Ebola, but they must be part of the solution. Reporters throughout west Africa will continue to put themselves at risk to cover this crisis and to help communities to combat it. If we want to stop Ebola, we must support them.

Jeanne Bourgault, President of Internews, and Daniel Bruce, Chief Executive of Internews Europe.
“We believe, just as the medical profession has a duty to stop the spread of Ebola, we as journalists – and especially as local journalists – have a responsibility to stop the spread of fear and panic,”

Ellen Crooke, vice president of news at Gannett Broadcasting.

Media have a fundamental role in social mobilisation, critical to the success of the fight against the disease Ebola virus

Kadre Desire Ouedraogo, President of the ECOWAS Commission

The media is a very powerful tool through which we can talk about the plight of the people we help and advocate for change.

Médecins Sans Frontières

If we want to save lives in communities ravaged by Ebola, we need to send in doctors and nurses. But let’s also send in the local journalists, trusted sources of news, close to the communities they cover and trained in good journalism.


In a public health emergency like this one, people need reliable, trustworthy, and actionable information about the disease and how to prevent it.

Wednesday, October 1, 2014: https://internews.org/taxonomy/term/15?page=1

The last two statements, with their exhortation for reliable, trustworthy and actionable information, encapsulate the essence of the role expected of journalists. However, as evidenced by the criticism of the Ebola coverage, the media appeared to have fallen short of the expectations of the primary consumer of their messages.
Cheering from the sidelines

Criticism of the media coverage of the crisis assumed a common pattern: That the journalism was more obsessed with painting doomsday scenarios and framing the issue, particularly in the case of Western media, as symptomatic of the primitivity of Africans. But African media did not escape criticism either. In Nigeria, newspaper headlines like this one published by the *Daily Trust* (14 August 2014) — *Media Reports Suffer From Ebola Fever* — suggested much of the reporting on the continent was missing the real story. In the more extreme situations, governments in the affected countries imposed censorship rules ostensibly to ensure uniformity of information but in reality to control what went out to the public.

In general, the reporting was invariably seen to:

- Accentuate fear of the disease and cause panic.
- Fail to disseminate critical information that would help the people at risk make better and more informed decisions about how to respond to the epidemic and, more crucially, how to relate to the medical personnel.
- Be less attuned to exploring solutions and more inclined towards the sensational. Terrifying and scary headlines like this — “Could Ebola wipe out the human race?” — only add to the panic and do little to restore the people’s hopes for a remedy.
- Demonstrate an unfortunate ignorance of historical and medical facts about the disease.
- Be less engaging with medical and health experts.
- Be doing little to manage people’s mistrust, fear and hostility.

In general, the reporting on Ebola was invariably seen to accentuate fear, fail to disseminate critical information or explore solutions, demonstrate an unfortunate ignorance of facts, be less engaging with medical and health experts and did little to manage people’s mistrust, fear and hostility.
A guiding hand for journalists

1. When reporting on Ebola or the outbreak of any infectious disease, the primary purpose of journalism remains constant, that is, to serve the public with wholesome information to enable the citizenry to better their lives.

2. In general, the standard rules of professional journalism apply in any journalistic assignment.

3. Journalists should make every effort to tame the temptation to sensationalise as this will invariably result in an incomplete and misleading version of the facts, errors of omission and partial truths. This includes weighing the risk of crafting attention-grabbing headlines against the need for the more considered and sober variety.

4. As with common dictates of ethical journalism, crises occasioned by disease outbreaks call for conscientious fact-checking.

5. It is important for journalists to update themselves on the status of international health and particularly who does what. As the Ebola crisis has illustrated, criticism of the medical response to the plight of the affected countries has been predicated on the false premise that international humanitarian organisations are abundantly equipped to deal with
Ebola. The truth is that only a handful of them can actually offer Ebola treatment.

6. State sensitivities to the Ebola reporting suggest the need for more and better coordinated media reporting as witnessed in the affected countries.

7. However, care should be taken to ensure that such coordination improves reporting rather than censoring it.

8. As an imperative, journalists ought to endeavour to nurture better collaboration with health experts and organisations such as MSF and WHO in order to better arm themselves with the right information.

9. There is a need for journalists to take the lead in sensitisation campaigns the better to debunk myths and misinformation that breed mistrust and hostility in communities.

10. Equally critical is sensitisation about the absolute need to adhere to well-meaning government campaigns such as Sierra Leone’s ABC (Avoid Body Contact).

11. Journalists should spare no effort to learn the A-Z of the infectious disease they are dealing with, how it is transmitted and how to protect themselves against it. This way, they are better able to communicate the right information to the public, help them debunk any myths and superstitions about it and ultimately enable them to form the first bulwarks of defence against it.

Change behaviour, tame the virus

Even if all the resources were in the right place, that would not stop the virus. i.e. you can have as many helicopters, ships and kit here as you’d like, but unless you change behaviour, it’s not going to stop transmission.

Lt. Colonel Matt Peterson, British medical advisor

Journalists should make every effort to tame the temptation to sensationalise as this will invariably result in an incomplete and misleading version of the facts.
Ghana media looking in the mirror

“There is no need for journalists to be too eager to be the first to break a story in their community on Ebola, and thereby, rush to file reports without making adequate inquiries and cross-checking their facts on suspected cases of the disease. Such an approach could lead to unnecessary public fear and panic ... the people’s basic right to know is essential to overcoming the deadly disease. The responsible facilitation by the media of the people’s right to know is therefore critical to ensure that citizens develop the right mentality and adopt the correct hygienic conditions that medical experts prescribe for combating the disease. There is the need for circumspection and decorum on the part of the media in their coverage of the Ebola crisis in order to promote effective measures and concerted efforts at tackling threats by the disease“

Affail Monney, Ghana Journalists Association President.

Cultural barriers

Public health professionals are beginning to look harder at Sierra Leone’s culture, which is dominated by secret men’s and women’s societies that have certain rituals, especially around burials. Many people here - just like in other cultures - believe that the afterlife is more important than this one. A proper burial, in which the body is touched and carefully washed, is the best way to ensure a soul reaches its destination.


Language and medium matter

A survey conducted in Guinea in April by Foundation Hirondelle, which operates a radio production and training lab in Conakry, confirmed that ... trust in media is based on how close and familiar the source is to the population it serves. In the survey, limited broadcasting hours, and perceived censorship and self-censorship were big concerns for audiences. Government messaging campaigns were criticized with near unanimity as being ignorant of local culture and idiom, a point that helps explain the failure of much of the official communication on Ebola. Among the six community radios of the Guinean Rural Radio Network that participated in the survey was Radio N’Zerekore, which employed the journalists murdered in Womé. The on-scene reporting these journalists set out to do was the best example of why rural radios are valued in their communities. It’s the kind of reporting seen in Eastern Sierra Leone, where reporters were both collecting first hand accounts, in local languages, and serving as a bridge between the health experts and the population.

Folly of racist attitudes

In Germany, an African woman who (had) travelled to Kenya - far from the affected countries - fell ill with a stomach virus at work; the entire building was locked down. In Brussels, an African man had a simple nosebleed at a shopping mall, and the store where it happened was sterilised. In Seoul, a bar put up a sign saying, “We apologise but due to the Ebola virus we are not accepting Africans at the moment.”


12. Journalists/media should direct their efforts at behaviour change.

13. Journalists should examine historical data (available at Centres of Disease Control, WHO, government data bases, etc) and the chronology of the disease’s spread.

14. Journalists should familiarise themselves with health guidelines issued to health personnel by organisations such as WHO, MSF, Red Cross, Centres for Disease Control, etc, and take their cue from them in terms of how to protect themselves against infection.

15. Campaign against isolation of affected population as seen in the lock downs in Liberia and Sierra Leone. Instead, they should, advocate the establishment of humanitarian, health and economic corridors to the affected areas.

16. Report about successful containment not just sensationalising fatalities. Another way to do this is tell the stories of survivors, or meaningfully explore what it means to witness a loved one taken down by the disease.

17. Journalists should investigate, identify and address urgent information needs of the population, including how to identify early symptoms, prevent transmission, and where to seek treatment.

18. In their reporting, journalists are advised to take care to frame their stories in an empathetic manner to show that amid all the fear there is hope.

19. Avoid being used as conduits of rumours about the disease and instead aim to promote public education about the disease.

20. If the people at risk show indications of resisting cooperation with health workers and their governments, journalists should make every effort to understand the cause of the negative attitude. Dismissing it offhand feeds the misplaced narrative that the people “are unreasonable, unintelligent and unaware of the seriousness of the situation”. (Ishmael Beah, www.dawn.com

21. Identify the right medium and appropriate language for messaging.
What this shows is that rural radio is a vital lifeline across Africa, especially in the sub-Saharan regions where illiteracy is high and national electrical grids are the exception. There are a number of ways to help this work succeed. Local reporters, often poorly paid and lacking formal training, need the tools to report accurately in chaotic and dangerous situations. Technical solutions can improve access to information in communities where there is no electricity but every family has a mobile phone. We can work with local news organizations to address their biggest challenge: creating a viable business model.

1. For media owners and managers, invest in training to ensure the long-term viability of local media so that they can explain, illuminate and, in some cases, save lives.

2. In essence, in order to be stewards of information, local journalists must have tools: the skills to understand and report on complex medical issues; the ability to seek out and rely on independent, qualified sources; the deftness to hear concerns and curate useful conversations; and the technique to make stories understandable and actionable to their audiences.

3. As Dr. Julius Spencer, the head of Premier Consultancy, suggests, journalists need to avoid over reliance on press releases and workshops to report on Ebola stories. They should instead start proper research to build on their knowledge, so that they can report comfortably on issues relating to Ebola. Demystifying the disease is vital. A lack of understanding, fear and misinformation make the perfect breeding ground.


5. Promote public education on the disease instead of serving as a conduit for rumours about it. Avoid the “long and ugly tradition of treating Africa as a dirty, diseased place.

6. Avoid creating hysteria. In certain places it has fuelled racism.

7. The lesson here is to underscore discretion in information management.

8. Journalists should take care not to escalate the Ebola crisis beyond the reality of its occurrence.

9. Tap into the knowledge and experience of health experts.

**Key facts about Ebola**

Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans.

The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission.

The average EVD case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks.
The first EVD outbreaks occurred in remote villages in Central Africa, near tropical rainforests.

There are currently no licensed Ebola vaccines but two potential candidates are undergoing evaluation.

The virus family Filoviridae includes three genera: Cuevavirus, Marburgvirus, and Ebolavirus. There are five species that have been identified: Zaire, Bundibugyo, Sudan, Reston and Tai Forest. The first three, Bundibugyo ebolavirus, Zaire ebolavirus, and Sudan ebolavirus have been associated with large outbreaks in Africa.

The virus causing the 2014 west African outbreak belongs to the Zaire species.

People remain infectious as long as their blood and body fluids, including semen and breast milk, contain the virus. Men who have recovered from the disease can still transmit the virus through their semen for up to seven weeks after recovery from illness.

Source: Centres for Disease Control and Prevention.
Staying safe

Key issues for journalists covering the Ebola outbreak or that of any infectious disease

The following guidelines have been adapted from a longer list of procedures or regulations recommended by the International News Safety Institute, MSF, individual doctors, journalists and other well meaning individuals. Although motivated by the Ebola outbreak, the guidelines are applicable in any situation involving coverage of infectious disease outbreaks.

1. **Knowledge is power**: Before venturing out, journalists should take time to learn as much as they can about things like how the disease is transmitted. In the case of Ebola — through bodily fluids, which can include mucus from a sneeze.

2. **Insurance/evacuation**: Journalists are advised to ensure their travel health insurance will cover every aspect of their intended assignment and will not be invalidated by any travel restrictions or government warnings. They should ensure that this also covers the cost of medical evacuation.

3. **Careful travel health preparation**: Journalists should ensure all recommended vaccines are up to date (including flu vaccination), taking careful precautions against malaria and travel with a full medical kit. The risk of common travel-related
illnesses is very much greater than the risk of Ebola infection.

4. **Have a plan in place**: Journalists should prepare themselves adequately for the assignment by asking themselves questions such as: What would I do if were to fall ill? Where would I go? They should think carefully about worst-case scenarios, and plan for them on the basis that there are unlikely to be any reliable local resources available.

5. **Personal protective supplies**: If high-risk exposure is deemed essential, personal protective measures need to be tailored and adapted to the task in hand, including the extent of exposure likely. Examples of the type of equipment that might be considered include: face masks, goggles, eye care, protective coveralls, overboots, antiviral disinfectant, sponge or spray bottles, nitrile gloves, clinical waste bags, alcohol gel hand wash, hard surface wipes, transparent plastic pouch.

6. **Training**: An introduction to the use of personal protective equipment against biohazards is essential as it’s foolhardy to take along personal protective equipment unless you know how to use it correctly.

7. **Restriction on travel**: Journalists should familiarise themselves fully with travel restrictions to avoid making a wasteful effort.

8. **Once on the ground**: Remember transmission generally requires direct contact with an unwell, symptomatic, infected person and/or their body fluids or the dead bodies of victims of the disease.

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**Quick reference to keep you safe**

1. Learn as much as you can about the disease

2. Ensure you have health insurance that covers medical evacuation

3. Make sure all recommended vaccines are up-to-date, take careful precautions against common travel related illnesses and carry a full medical kit.

4. Have a plan in place that considers all possibilities

5. Ensure you carry your own personal protective supplies

6. Train on how to properly use each of the personal protective supplies.

7. Familiarise yourself fully with travel restrictions

8. Follow professional advice to avoid transmission/infection.
Avoiding infection

- **Standing back** at least two metres when interviewing a patient. In other words, avoid going within breathing distance of the infected persons.

- Frequently **washing your hands** and boot soles with alcohol-based sanitisers.

- **Listening to the doctors** and other health workers and taking their advice. Above all using your common sense. This is particularly important when inside a hospital. Follow the doctor’s advice; if he says “don’t touch the walls”, please don’t.

- **Avoiding touching** anybody who has been in contact with Ebola patients. Doctor’s advice: “Don’t get close to them. Don’t shake hands in the Ebola zone.”

- **Avoid crowded places**

- Establish whether there are any local **security rules** and follow them.

- If desperate, **invest in your own protective gear** of the kind used by health workers. Remember, getting sick might mean having to go to a hospital where the risk of infection is real depending on the status of the medical facility.

Sources/references/resources

1. healthjournalism.org
2. World Health Organisation website
3. MSF website
4. cdc.gov
5. International News Safety Institute — news safety.org
7. Various press reports
9. CDC Ebola Fact sheet
10. Various newspaper articles
A brief on the African Media Initiative (AMI)

The African Media Initiative (AMI) is an unprecedented pan-African effort to promote democratic governance, social development and economic growth by strengthening the continent’s media sector.

Mandated to operate on behalf of 600+ of Africa’s most important media companies and other stakeholders, AMI seeks to strengthen the media’s watchdog capacity by focusing on the ‘business of news’ challenges that undermine media professionalism, sustainability and independence.

AMI has been shaped by the most comprehensive research and consultation process ever conducted on the media in Africa. Founded in 2009, AMI consulted widely with the media itself to identify core priorities, before building a world-class Board and institutional partnerships.

It launched its first programmes in 2011 following its incorporation the previous year in the Republic of Kenya as a non-profit, nongovernmental organization.

In a very short period of time, AMI has been able to rally around it all significant regional and international stakeholders working on improving human development, greater democratic governance and transparency, economic development as well as the improvement of the African media landscape.

All relevant regional stakeholders, through to every significant African media structure (owners, editors, journalists) have formally endorsed AMI, suggesting a powerful consensus that a healthy media sector is a requirement for improved growth, governance and accountability. These include regional professional organizations like the Media Institute of Southern Africa (MISA), The African Editors Forum (TAEF), the West African Journalists Association (WAJA), the World Association of Newspapers (WAN-IFRA), the African Union, NEPAD, the African Development Bank, the United Nations Economic Commission for Africa, UNESCO, and the African Capacity Building Foundation, among others.

The respect and confidence given to AMI by such prestigious and long established institutions is due to a large extent to the high calibre of its board members and management but also to the critical importance and great impact of its projects.

In the first phase of operations, which ran from its inception to June 2014 under the leadership of Amadou Mahtar Ba of Senegal, AMI focused on carving its niche in the African
media landscape. It launched programmes to encourage technology adaptation, support digital migration, encourage good reporting and storytelling, and promote leadership and ethics in media.

It conceived and launched the African Media Leaders Forum (AMLF), a concept developed by both Mr. Ba and his successor, Cameroon-born Eric Chinje. Having celebrated seven years, AMLF has grown from just 50 key decision-makers at its inaugural Forum in 2008 to over 1,000 at the 2013 Addis Forum. AMLF’s hard-hitting plenaries have featured everyone — from presidents to agenda-setting activists. AMLF also anchors important parallel conferences, including the annual Ibrahim Forum on governance, the Africa 2.0 Summit and the Africa 2.0 Forum.

In July 2014, Mr. Chinje returned to an organization he helped found and was charged by Board Chairman Trevor Ncube with moving the organization into the next phase of operations. That phase would be marked by a strategic shift in priorities and a rectification of its trajectory. Most importantly, the new leadership would have to wean AMI away from total donor dependency, strengthen ongoing programmes, and refocus its work on initiatives that ensure that media in Africa play a more significant, if not central role in the continent’s development.

The new three-year strategy and work programme emphasize data collection and market research along with excellence and ethics in media, efforts to narrow the gap between media and the continental development agenda, and a partnership to establish a multimedia platform for shared experiences across Africa.

The three-pronged strategy includes:

i) A market research and members-only network, ZIMEO, which will carry out and publish regular surveys on media in Africa, and bring together media professionals, houses and organizations that subscribe to a set of agreed principles of fairness, balance, and informed reporting on Africa;

ii) Media Services that will seek to establish, with relevant sector support, networks of specialists on issues critical to development in Africa; and

iii) An African Media Cooperative (AMC) to which media houses will be invited to contribute, on a weekly basis, an hour of airtime (by broadcasters), two pages of print space (by newspapers) and space on members’ websites for the publication of issues of regional interest. The concept includes major incentives for all members.

Successful implementation of the strategy will
result in improved media content and technology adaptation, a monitoring of performance and trends, closer media interaction with key development sector actors, enhanced sharing of knowledge and experience across Africa, and a lot more respect for and recognition of the media’s contribution to citizen participation and overall development in Africa.