



# Communicating Risk from a European Perspective

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# Expanded Europe – the five freedoms in the EU

1. Free movement of people\*
2. Free movement of services\*
3. Free movement of goods\*
4. Free movement of monies\*

5. Free movement of  
microbes



# What is ECDC?

"An independent agency, named the European Centre for Disease Prevention and Control ..."  
— ECDC Founding Regulation (851/2004)

## A European Union Agency which:

- is a member of the European Union (EU) family;
- covers EU 27, EEA/EFTA countries;
- reaches out to other countries beyond the EU 27 through Neighbourhood Policy and DG RELEX;
- supports and promotes global health security; and
- is financed through the EU budget.



# What is the role of ECDC?

Identify, assess and communicate current and emerging health threats to human health from communicable diseases.

— ECDC Founding Regulation (851/2004), Article 3

- EU level disease surveillance and epidemic intelligence
- Scientific opinions and studies
- Early Warning System and response
- Technical assistance and training
- Communication

# ECDC ROLE IN RISK & CRISIS COMMUNICATION

# Communication: Mandate

'The Centre ... shall ensure that the public and any interested parties are rapidly given objective, reliable and easily accessible information with regards to the results of its work.'

— ECDC Founding Regulation (851/2004), Article 12 (1)



## ECDC's communication mandate

Objective, reliable and easily accessible information to the public and any interested parties — after having informed the Member States and the Commission.

- Promote coherence in risk communication with Member States and Commission
- Cooperate with Member States on public information campaigns
- Disseminate ECDC's scientific output

# ECDC mandate at the European level



Risk assessment  
– leading role

Risk communication  
– shared role

Risk management  
– supporting role



# ECDC Target audiences

- Public health professionals
- Policy makers
- European general public
- Media (journalists)
- Public health communicators





# Four communication challenges for ECDC

## 1. "Cultural" challenges

- Cultural differences across Europe
- Language barriers
- ½ billion people
- Top-down vs. bottom-up = reaching people where they are

## 2. "Political" challenges

- Mandate is sometimes challenged (disliked) by MS
- Different political agendas across MS
- Timeliness vs. coordination of messages

## 3. "Scientific challenges"

- Uncertainty
- Timeliness vs. accuracy

## 4. Pleasing the media

# What does the media want?

- Experts – on everything!
- 24/7 availability for 24/7 news
- Plain speaking – clear and simple
- Good sound-bites
- Drop everything to help them
- The inside story

*“The media will know within 5 minutes;  
be able to see what’s happening in 10 minutes and  
have their own pictures to air in 15 minutes”*

# What does the public want?

- Facts, facts and facts
- Reassurance that the facts also apply to them
- Information how to protect themselves
- Information from friends and family doctor often more trusted than information from authorities – big national differences
- Social media increasingly important

# What do *we* want?

*“The over-arching communications goal during an outbreak is to communicate with the public in ways that build, maintain or restore trust.”*

WHO Outbreak Communications Guidelines



# H1N1 – A CASE STUDY ON CRISIS COMMUNICATION

# Facts and perceptions pre-April 2009

- Pandemics come in all different shapes and forms
  - Only certain thing: they will continue to come
- Historically all previously known pandemics have come with substantially increased morbidity and mortality
- More people died from Spanish flu than in entire WW1
  - Peak in previously young and healthy
- Fear of mutated H5N1: high transmissibility with retained virulence  
→ new virus with Spanish flu potential
- H5N1 triggered recent years pandemic preparedness efforts
- Spanish flu scenarios used for planning purposes
  - "hope for the best prepare for the worst"
  - ... and sometimes misused for lobbying/awareness raising

# Media waves during the pandemic (I)

April-May 2009: "Hysteria" - All elements of a good story

- Something new, dramatic, unknown end
- Human touch
- Global implications – travel restrictions, geogr. spread
- High mortality among young people in first reports from Mexico
- A new Spanish flu???

# Some important considerations in risk communication

- Very low correlation between how dangerous a risk is and how upsetting it is
- Perceived threat has much higher correlation to fear/concern than actual threat has
- The decision to take (or demand) precautions is much more an outcome of fear/concern (and threat perception) than of actual threat



# Two viruses were circulating:

- The pandemic virus and a media virus
- Public concerns and perceptions were based on the media virus, rather than the real one
- Governments and the public reacted to the media virus as much as the real virus
  - Non-evidence based actions to show control
- Public health authorities tried to respond to the real virus but were influenced by the media virus
  - Case-counting long after it had no value

# Media waves during the pandemic (II)

## June-July 2009: More realistic coverage

- Stories on sick persons (ICU, ECMO...)
- School closures
- Vaccine speculations (mainly when)

## August 2009: Flu fatigue

- Vacation period
- Waiting...



# Media waves during the pandemic (III)

## September-December 2009: Uncertainty and growing scepticism

- The pandemic that didn't come - waiting
- Increasingly more stories on effects of pandemic
- Focus on vaccines
  - Growing vaccine opposition – “vaccines are dangerous”
  - Continuous stories on AEFI – “girl walking backwards”
  - Vaccine purchase policies (buying too much/too little)

# Communication around pandemic vaccines was extremely complex!!!



- Vaccine development – When? How much?
- Vaccine strategies / procurement - Why differences between countries?
- Analysis of risk/benefit balance
- Authorization of vaccines – liability?
- Different producers and vaccines - Adjuvanted yes/no? 1 or 2 shots?
- Effectiveness of vaccines?
- Risk groups vs. target groups – Who are these groups?
- Post-marketing follow up – Whose responsibility? AEFI related or not related to the vaccination?
- Seasonal vaccine – When? To whom?
- Different vaccines and licensing in Europe and US
- Risk groups – Who? Why not the others Who's getting it first?
- Solidarity issues - Sharing of vaccines? Developed vs. developing nations
- Perceptions of vaccine – related to perceptions of overall risk

# In addition: Lacking support from many health professionals

Recent survey tells that almost 30% of UK nurses don't intend to be vaccinated to to fear of side effects

A 2008 Survey on Dutch GPs...

Reasons for not being vaccinated (%)

- I have no medical indication for vaccination (52%)
- I am protected against influenza by frequent professional exposure to the virus (28%)
- I doubt whether vaccination will be effective (16%)
- I forgot the vaccination (14%)
- I fear adverse effects from vaccination (6%)

Scepticism over vaccine roll-out  
By Julian Sturdy  
BBC Look East

**BBC NEWS**

**Scepticism among front line health staff has led to a "mini crisis" over the roll-out of the new swine flu vaccine, BBC Look East has revealed.**  
Last year only one in five doctors and nurses chose to have the seasonal flu jab. But in some hospitals, such as Northampton, less than 6% of nurses had the jab. Front line health workers are among the "at risk" groups being offered the vaccination when it arrives this week.  
Hospital managers in the East are trying to persuade NHS staff to be vaccinated to protect themselves and reduce the risk to vulnerable patients.  
But an NHS action plan adopted across Essex states: "In effect we are facing a mini MMR crisis where people are being influenced by negative media coverage (and in this case, reinforced by staff scepticism) to believe it is safer to suffer the illness than take a chance with immunisation."

# Outcome from a Canadian focus group study

*Governments that have relied heavily on assuring their population that the impact of H1N1 is 'minor", and that have been advocating personal hygiene measures as a way of keeping safe from the flu, have undermined their own ability to sell people on getting vaccinated !*

# Media waves during the pandemic (IV)

2010:

- Conspiracy theories
  - "Fake" pandemic
  - Business driven declaration of pandemic
  - Lack of transparency
- Public health authorities (especially WHO) lost credibility

# Wide spread (false) perception it was a "mild pandemic"

- We were victims of planning for a pandemic with a highly lethal H5N1 virus – anything in comparison is "mild"
- Mix-up between "epidemiology" and "individual disease"
- Focus on a majority of fatal cases having underlying diseases rather than that more than 20% of young people dying had no known underlying disease
- Frail elderly "protected" → excess mortality low
- Health professionals were talking about "number of deaths" rather than "lost life years"
- Media virus: Mild pandemic
- Real virus: Moderate pandemic with severity similar to 1968 Hong Kong flu





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STARHS (SEROLOGICAL TESTING ALGORITHMS FOR RECENT HIV SEROCONVERSION) - PROGRESS TOWARDS ESTIMATING NEW HIV INFECTIONS IN EUROPE  
Today Eurosurveillance is publishing a special issue dedicated to the widespread advances made in Europe in estimating the real number of newly acquired HIV infections based on an innovative approach called STARHS

EUROSURVEILLANCE PUBLISHES A SPECIAL ISSUE ON HEPATITIS B AND C  
To tie in with World Hepatitis Day on 19 May, the scientific journal Eurosurveillance is today publishing a special issue on viral hepatitis, highlighting issues and challenges related to hepatitis B and C.

**Eurosurveillance, Volume 13, Issue 39, 25 September 2008**

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**RAPID COMMUNICATIONS**

**Nationwide outbreak of Salmonella enterica serotype Give infections in infants in France, linked to infant milk formula, September 2008**  
by N Jourdan, S Le Hello, G Delmas, J Clouzeau, C Manteau, B Désaubliaux, V Chagnon, F Thierry-Bled, N Demare, FX Weill, H de Valk  
On Thursday 18 September 2008, the hospital of Nantes in the northwest of France informed the District Health Office of a case of salmonellosis in an exclusively bottle-fed infant. On Monday morning 2(...)

**West Nile fever in a patient in Romania, August 2008: case report**  
by F Popovici, A Sarbu, O Nicolae, A Pistol, R Cucuiu, B Stolica, F Furtunescu, M Manuc, MI Popa  
On 25 August 2008, the National Institute of Research Development for Microbiology and Immunology (the "Cantacuzino" Institute) in Bucharest, Romania reported the detection of IgM antibodies against W(...)

**Detection of West Nile virus infection in horses, Italy, September 2008**  
by P Machi, G Squintani, AC Finarelli, P Angelini, E Martini, M Tamba, M Dottori, R Bellini, A Santi, L Lodi Piccolomini, C Po  
Six confirmed and five suspected cases of West Nile virus infection in horses have been reported in the vicinity of Ferrara in Italy. To verify the diffusion of viral circulation and to prevent the sp(...)

**Increase in VTEC cases in the south of Ireland: link to private wells?**  
by MB O'Sullivan, P Garvey, M O'Riordan, H Coughlan, P McKeown, A Brennan, E McNamara  
High levels of verotoxigenic Escherichia coli (VTEC) have been recorded to date in 2008 in the Republic of Ireland. One hundred and forty-eight VTEC cases were notified up to the end of August 2008.

Pdf versions of all articles in 2008 now online!

EpiNorth



Print edition and website

# Eurosurveillance : Emerging themes during the 2009 pandemic



## Themes and topics

WHO phase level and implications for public health  
Origin of virus and sequencing results; naming  
Early epidemiological findings  
Transmission of the virus incl. modelling reproduction nos.  
Experiences from the southern hemisphere  
Community transmission  
Communication  
Laboratory testing  
Control measures  
Mitigation vs. containment  
Outbreaks in closed settings  
Case fatality  
Use of antivirals  
Immunity  
Specific risk groups  
Vaccination  
Vaccines  
Co-circulation of respiratory viruses  
Severe acute respiratory infection (SARI) monitoring  
Viral shedding  
Mutation associated with severity

## Time

Apr and early Jun 2009  
Apr to May 2009  
Apr to Jul 2009  
May to Sep 2009 and Jun 2010  
May 2009, mainly after Aug 2009  
end of May to mid-Aug 2009  
Jun to Jul 2009  
Jun to Sep 2009  
Jun to Nov 2009  
Jul to Aug 2009  
Jul 2009 to present  
Jul 2009 to present  
end of Jul 2009 to May 2010  
Aug 2009 to present  
end of Aug to Dec 2009  
Sep to May 2009  
Oct 2009 and May 2010  
Oct 2009 to Feb 2010  
Nov 2009 to present  
Dec 2009  
Mar 2010

# Communication lessons learned from the pandemic



- Risk communication needs to be better aligned to common risk perceptions – but global, national, local variations
- One size doesn't fit all – messages need to be tailored to local needs
- We need to learn from social media: "bottom-up"
- Get to know your audiences better
- Flexible coordination mechanisms:  
Global <--> European <--> National <--> Local
- Greater need for flexibility to adapt messages
- Always full transparency
- Need to address social media – at least on local level



Thank you!

