When the Trouble is Double: An Assessment of CDC's Ebola Communications and Reputational Crisis Management

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Some Key Risk and Crisis Communication Principles

- Express – and often lead with – empathy and caring
- Anticipate that exotic, unfamiliar threats often bring or foster a seemingly disproportionate amount of interest, attention and concern – even when they pose a very small threat
- Acknowledge uncertainty – including that experience in one setting may or may not apply to a new or different setting or situation
- Acknowledge – *early on* -- the possibility of rapid change, differences in actions as well as expert opinions, and the likelihood of things arising that aren't easily foreseen
- Be careful about assurances and offering "reassurance" and "guarantees"
- Anticipate potential public or media questions and concerns – and don't assume laypeople and reporters know what you know about diseases, including their transmission and prevention
- Trust and credibility are critical – foster them through through timely, transparent and when possible, proactive communications
- Anticipate and foreshadow potential or likely developments, challenges, outcomes, and responses/actions
- Recognize people want information and guidance – they want to know how to protect themselves and their families – and ideally, they'd live to have options

Ebola Timeline: Some Key Dates

- **July 27, 2014** – Missionary groups report that two Americans are sickened with Ebola while helping patients in Monrovia, Liberia.
- **July 31** – In Liberia, Dr. Kent Brantly gets the first dose of an experimental drug called Zmapp.
- **Aug. 2** – Brantly is transported to Emory for treatment.
- **Aug. 5** – Nancy Writebol is transported to Emory from Liberia.
- **Sept. 20** – Thomas Duncan arrives in U.S. from Liberia to visit family. He will become the first person diagnosed with Ebola in the U.S.
- **Sept. 28** – Duncan returns to Texas Presbyterian Hospital in Dallas is isolated.
- **Sept. 30** – The CDC confirms that a patient who would later be identified as Duncan has been diagnosed with Ebola.
- **Oct. 8** – Duncan dies at Texas Presbyterian Hospital.
- **Oct. 10** – Amber Vinson, a nurse who treated Duncan, takes a commercial flight from Dallas to Cleveland to prepare for her upcoming wedding.
- **Oct. 12** – Nina Pham, a nurse who treated Duncan, tested positive for Ebola.
- **Oct. 15** - Vinson is diagnosed with Ebola and flown to Emory University Hospital that evening.
- **Oct. 16** - Pham is flown from Texas to the NIH hospital in Bethesda, Maryland.
- **Oct. 22** – Amber Vinson is declared virus-free
- **Oct. 23** - Dr. Craig Allen Spencer is diagnosed with Ebola the same day he went into isolation at Bellevue Hospital in Manhattan.
- **Oct. 24** – Nina Pham is declared virus-free

CDC Ebola Communication: Some Key "Events" along the Timeline (1)

Late Spring – Summer 2014 – increasing number of Ebola cases and deaths in West Africa (Liberia, Sierra Leone, Guinea, Nigeria)

July-August – 1) deployments of CDC personnel to West Africa; 2) patients being transported to U.S. hospitals for treatment – bringing growing U.S. media, public, policy maker interest in Ebola (what is it, how is it transmitted, prevention, etc.); and 3) Frieden trip to West Africa.

September – 1) epidemic in West Africa continues to grow (more cases, more deaths); 2) projections (including how bad it could be); 3) progress in Nigeria and Senegal; and 4) first diagnosed case in U.S.

October – 1) patient in Dallas; 2) healthcare facility/setting expectations and guidance; 3) healthcare setting exposures and infections; 4) potentially infected people traveling; 5) calls for (more) airport monitoring or screening; 6) CDC guidance for monitoring and movement of potentially infected people; and 7) deployment of CDC staff.

CDC Ebola Communication: Some Key "Events" along the Timeline (2)

November – 1) new and ongoing efforts in West Africa; 2) more patients being brought to U.S. for treatment; 3) guidance for healthcare facilities and workers, including personal protective equipment use; 4) enhanced airport screening; 5) narrowing/specifying of hospitals and airports involved in response; and 6) progress in reducing number of infected, scope of the outbreak and survival of infected patients.

December – 1) Dr. Frieden visits West Africa; 2) confirmed cases and deaths at the lowest end of the projection spectrum (i.e., ~20,000 cases vs. ~1.4 million cases); 3) continued progress in West Africa but concern regarding Liberia; and 4) December 22-23, it's discovered that a worker at CDC's biosafety level 4 lab in Atlanta accidentally sent an un-killed sample from an Ebola experiment to a lower-level lab with minimal protections potentially exposing 12 CDC scientists.

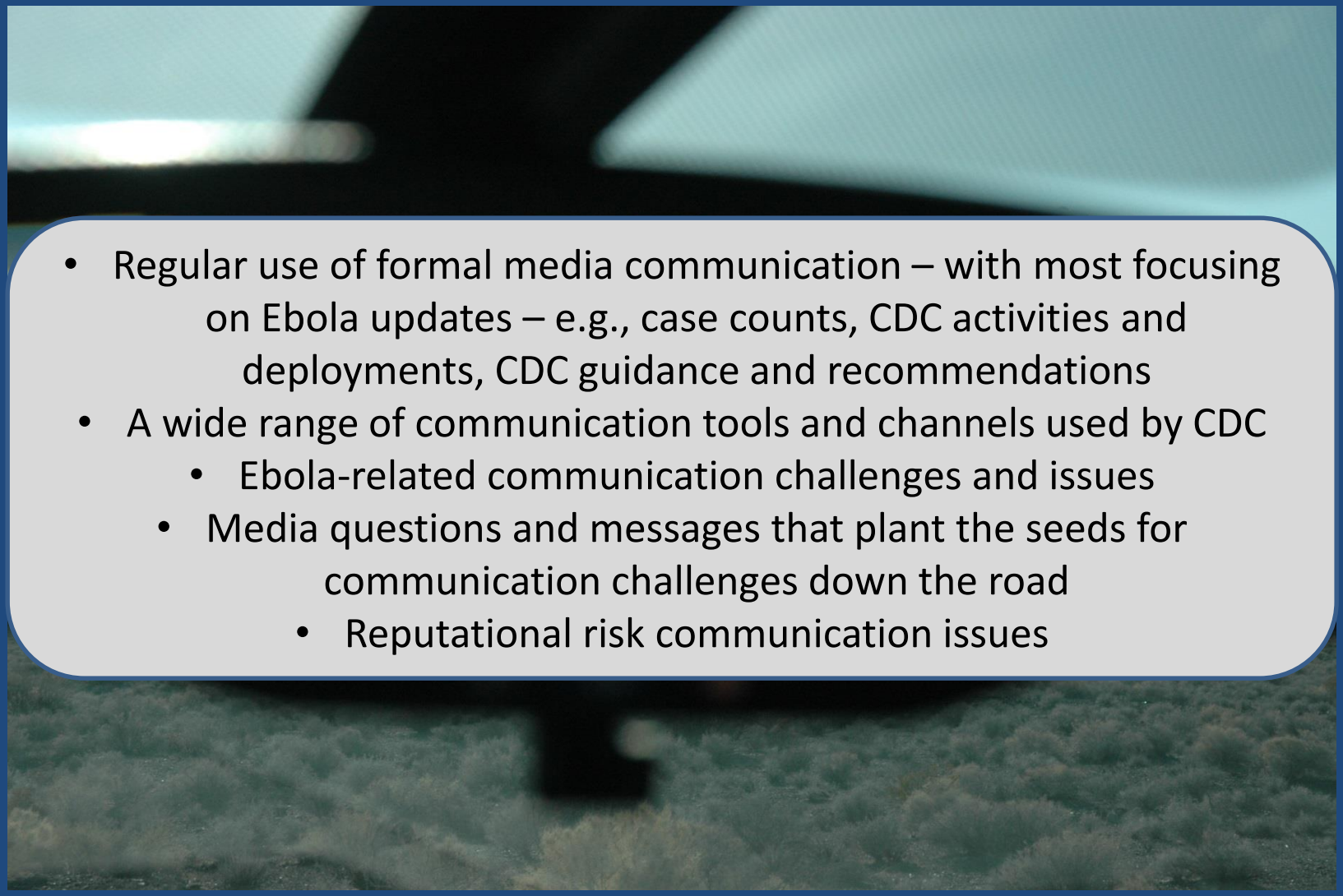
January – 1) significant progress in West Africa (i.e., new cases reaching record lows, and "tide may be turning") and 2) vaccine trials

February – 1) update on laboratory incident; 2) vaccine trials initiated; 3) containment strategy working; and 4) "Ebola may be out of the news but we're not out of the woods."

In sum, much happened and continues to happen

- Growing number of Ebola cases in West Africa
- CDC deploying people to West Africa
- Scaling up of containment and care efforts in West Africa
- People being transported to U.S. for treatment
- Experimental treatments
- First diagnosis of Ebola in U.S.
- First exposures/transmissions in the U.S.
- Some patients in U.S. recovering, some dying
- Threat of exposures in the U.S.
- New approaches – e.g., airports and healthcare facilities
- Projections of how things could play out
- Success in containment efforts in West Africa
- Vaccine and treatment development and trials

Looking back, what do we see?



- Regular use of formal media communication – with most focusing on Ebola updates – e.g., case counts, CDC activities and deployments, CDC guidance and recommendations
- A wide range of communication tools and channels used by CDC
- Ebola-related communication challenges and issues
- Media questions and messages that plant the seeds for communication challenges down the road
- Reputational risk communication issues

CDC Formal Media Communication (1)

- July 31, press release: As West Africa Ebola outbreak worsens, CDC issues Level 3 Travel Warning
- Aug. 6, press release: CDC's surge response to West African Ebola Outbreak
- Aug. 13, press release: More than 50 CDC experts battling Ebola in Africa
- Aug. 21, CDC statement: Two U.S. Patients Recover from Ebola, Discharged from Hospital
- Sept. 2, press release: CDC warns Ebola epidemic in West Africa is outpacing current response
- Sept. 16, Fact Sheet: CDC Ebola Surge – 2014
- Sept. 23, Ebola Statement from Dr. Frieden, CDC Director, on the Ebola Response Modeling Tool
- Sept. 30, press release: Ebola Outbreak is Nearing Possible End in Nigeria and Senegal
- Sept. 30, press release: CDC and Texas Health Department Confirm First Ebola Case Diagnosed in the U.S.
- Oct. 1, press release: CDC Team Assisting Ebola Response in Dallas, Texas
- Oct. 4, CDC Update: Sick airline passenger, Newark
- Oct. 12, CDC statement: CDC Confirms Healthcare Worker Who Provided Care for First Patient Positive for Ebola
- Oct. 15, CDC statement: Texas Reports Positive Test for Ebola in One Additional Healthcare Worker

CDC Formal Media Communication (2)

- Oct. 16, media statement: CDC is expanding its outreach to airline passengers now to include those who flew from Dallas Fort Worth
- Oct. 22, press release: CDC Announces Active Post-Arrival Monitoring for Travelers from Impacted Countries
- Oct. 23, media statement: New York City Reports Positive Test for Ebola in Volunteer International Aid Worker
- Oct. 27, media statement: CDC Issues Revised Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Disease
- Nov. 7, press release: CDC Increasing Supply of Ebola-specific Personal Protective Equipment for U.S. Hospitals
- Nov. 14, press release: CDC Releases New Reports on Ebola Cases in Liberia and the United States
- Nov. 16, press release: Enhanced Airport Entry Screening to Begin for Travelers to the United States from Mali
- Dec. 12, press release: Supporting West African Ebola Survivors
- Dec. 22, press release: Ebola epidemic continues to spread, requiring intensified effort
- Feb. 4, 2015, media statement: CDC Releases Report on Recent (Ebola) Lab Incident
- Feb. 20, press release: Ebola containment strategy succeeding in Liberia

CDC Ebola-related press briefings

July 28 and July 31, 2014: Ebola Outbreak in West Africa

Sept. 2, 2014: Ebola Outbreak in West Africa
Sept. 23, 2014: Update on Ebola Response Tool
Sept. 30, 2014: CDC confirms first Ebola case diagnosed in U.S.

Oct. 2, 3, 4, 5 and 8: Updates on first Ebola case diagnosed in U.S.
Oct. 12: Update on Dallas Ebola response
Oct. 13, 14, 15: Update on Ebola response
Oct. 20: Update on Ebola response and Personal Protective Equipment (PPE)
Oct. 22: Update on Ebola response
Oct. 27: Update on Ebola response and Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Disease

Nov. 20: CDC and USAID update on Liberia Ebola response

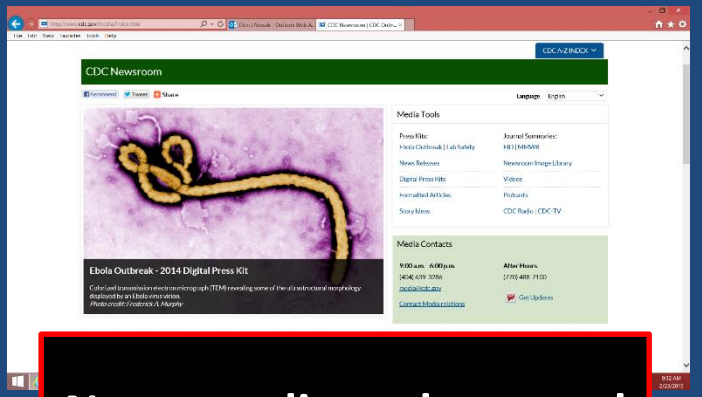
Dec. 22: Update on CDC response to Ebola outbreak in West Africa

Experts

Employees

Stakeholders and Key Partners

Interested Public



News media and external public affairs people

Interested parties *automatically*

A Good set of Initial Key Messages (July-August)

- CDC is actively engaged in Ebola outbreak in West Africa (several teams deployed).
- Largest and most complex outbreak in history.
- Ebola poses little risk to the U.S. general population.
- Ebola isn't contagious until symptoms appear.
- Because people do travel between West Africa and the U.S., CDC needs to be prepared for the very remote possibility that one of those travelers could get Ebola and return to the U.S. while sick.
- We know how to stop the outbreak, and that is to break the chains of transmission. ("RITE strategy") The challenge is scaling up.
- We are actively working to educate American healthcare workers about how to isolate patients and how they can protect themselves from infection (e.g., HAN).
- We don't have an end date in mind (for ending the outbreak). Even in a best case scenario, it could take three to six months or more.
- Ebola is worsening in West Africa. CDC along with others are surging to begin to turn the tide. It's not going to be quick. It's not going to be easy.


TROUBLE
AHEAD

The significance of some risk communication principles was underestimated (1)

- It wasn't really anticipated that Ebola - seen by many as an exotic, unfamiliar (deadly) threat – would bring or foster a seemingly disproportionate amount of interest, attention and concern – even if it posed little or no threat to the vast majority of the U.S. population.

But as Peter Sandman noted early on – people often "over-react" to risks of which they are newly aware. There are "adjustment reactions" – which are "natural and useful" including because they give people a reason to seek out information.

Ebola also was conducive to a priority for many news media – attracting and holding a (large) audience

To Your Health

It's highly unlikely that you'll become infected with Ebola. So what are you so afraid of?

By Abby Ohlheiser October 5, 2014 The Washington Post

RELATED READING: How the world's health organizations failed to stop the Ebola disaster

Why hasn't the U.S. closed its airports to travelers from Ebola-ravaged countries?

Dallas Ebola case spurs concern about hospital readiness

'It's positive for Ebola.' Dreaded words set CDC's emergency operation in motion.

The significance of some risk communication principles was underestimated (2)

- Too much confidence and certainty was perceived by many.

  "While Ebola is frightening, health officials know how to stop it."

  "We have stopped every outbreak of Ebola to date. I am confident we are going to stop this outbreak also."

- It wasn't recognized that experience in one setting (e.g., a CDC high security laboratory) may or may not apply to a new or different setting or situation (e.g., hospitals in America)

  "Essentially any hospital in the country can safely take care of Ebola. You don't need a special hospital to do it." – CDC

Also, as Peter Sandman noted in early October – "there has never been an Ebola epidemic anywhere near this big and Ebola has never appeared before in developed countries."

Initial Assumptions and Expectations Proved Problematic

- Assumptions, e.g.,
  - Assurances that public health and healthcare facilities had, could and would smoothly manage Ebola would be reassuring
  - Laypeople's understanding of disease would match that of experts (e.g., "infected" vs. "contagious," "airborne" vs. "droplets," "close contact vs. direct contact")
  - Infected people with fever wouldn't be out in public
- Expectations
  - Hospital and healthcare facilities had high familiarity and skill with regard to personal protective equipment.
  - Hospitals, healthcare facilities, healthcare workers across the nation would a) see, hear about, read health alerts and other materials and b) implement recommendations and needed steps
  - Personal protective equipment properly used would only help (i.e., it couldn't be a source of additional challenges)
  - Estimates from statistical models wouldn't be seen as predictions

Some (Media) Questions are “Wolves in Sheep Clothing” - Examples

- Are you tracking people who have traveled from these three countries to the U.S.?
- You just said the transmission of Ebola is through close contact. But it seems it's going beyond that – is it airborne?
- What changes are you planning on making here in Atlanta in the coming weeks and days. What are the next steps ahead and do you have any other waves of employees heading that way?
- Could you give us some specifics. You said several times of closing windows, the needs for resources, but no specifics. Could you say we have x number of labs, we need y, what's the y number? How many Ebola treatment center beds do we have? How many do we need? How many doctors do we have? How many dollars do we have committed, how many do we need?

Can you tell us what you are instructing health care officials, hospitals and so on, airlines, here in the U.S. to do, to be on the lookout for if patients who might be showing signs of having the sickness, of having symptoms of Ebola, if they were to show up with that? How do you communicate this to people?

- The key issue for health care providers is if someone comes in with fever or other serious illness and they have had travel within the past three weeks to any of the three countries, to think that it could be Ebola to get a detailed history, contact local health department, contact us, to isolate the patient. And then we will work with them to arrange rapid testing to see if the patient has Ebola and do a follow up. The number of travelers from these three countries to the U.S. is relatively small. Nevertheless, we want to ensure that health care providers are aware and on the alert.

- We have something called the health alert network. It goes out to a very wide range of physicians, other clinicians, health care organizations.

Messages that fueled challenges – What was said

- CDC along with others are surging to begin to turn the tide. It's not going to be quick. It's not going to be easy. But we know what to do.
- By way of background, Ebola virus disease is very frightening. It is frankly a dreadful and merciless virus.
- Remember, this is limited to three countries.
- It's not easy to do but we will have experts from our division that does airport screening assist these countries to screen and try to ensure that people who shouldn't be traveling aren't traveling.
- We recognize that there will be concerns in the U.S. Ebola poses little risk to the U.S. general population.
- In this country, we are confident that we will not have significant spread of Ebola, even if we were to have a patient with Ebola here. We work actively to educate American health care workers on how to isolate patients and how to protect themselves against infection. In fact, any advanced hospital in the U.S., any hospital with an intensive care unit has the capacity to isolate patients. There is nothing particularly special about the isolation of an Ebola patient other than it's really important to do it right.
- We have strong systems to find people if there is anyone with Ebola in the U.S.

Messages that fueled challenges – What was heard

- CDC along with others are surging to begin to turn the tide. It's not going to be quick. It's not going to be easy. But *we know what to do*.
- By way of background, Ebola virus disease is very frightening. It is frankly *a dreadful and merciless virus*.
- Remember, this is *limited to three countries*.
- It's not easy to do but we will have experts from our division that does airport screening assist these countries to screen and try to *ensure that people who shouldn't be traveling aren't traveling*.
- We recognize that there will be concerns in the U.S. *Ebola poses little risk to the U.S. general population*.
- In this country, *we are confident that we will not have* significant spread of *Ebola*, even if we were to have a patient with Ebola here. We work actively to educate American health care workers on how to isolate patients and how to protect themselves against infection. *In fact, any advanced hospital in the U.S., any hospital with an intensive care unit has the capacity to isolate patients. There is nothing particularly special about the isolation of an Ebola patient other than it's really important to do it right*.
- *We will find anyone who is infected with Ebola in the U.S.*

Dr. Tom Frieden
@DrFriedenCDC

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CDC & @TexasDSHS confirm 1st #Ebola case diagnosed in US. Hospitalized patient recently returned from W. Africa.

5:41 PM - 30 Sep 2014

644 RETWEETS **90** FAVORITES

Dr. Tom Frieden
@DrFriedenCDC

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Local public health officials in TX have begun identifying close contacts of #Ebola patient for further monitoring. 1.usa.gov/1rEeVPe

6:25 PM - 30 Sep 2014

231 RETWEETS **66** FAVORITES

Dr. Tom Frieden
@DrFriedenCDC

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US has a strong health care system & dedicated public health professionals to ensure TX #Ebola case can be limited. 1.usa.gov/1rEeVPe

6:30 PM - 30 Sep 2014

149 RETWEETS **53** FAVORITES

CDC
@CDCgov

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US patient did not exhibit symptoms of #Ebola during flights from W. Africa; Ebola only contagious if the person is experiencing symptoms.

6:57 PM - 30 Sep 2014

432 RETWEETS **110** FAVORITES

CDC
@CDCgov

Follow

CDC doesn't recommend people on same commercial airline flights w/US #Ebola patient undergo monitoring. 1.usa.gov/1nHgD2K

6:38 PM - 30 Sep 2014

223 RETWEETS **56** FAVORITES

CDC
@CDCgov

Follow

CDC recognizes that even a single case of #Ebola diagnosed in US raises concerns, but we've been preparing to respond 1.usa.gov/1nHgD2K

6:54 PM - 30 Sep 2014

596 RETWEETS **198** FAVORITES

Opinion The CDC can't seem to get its Ebola messages straight

SHARELINES

No big chance of an Ebola outbreak, just an outbreak of mixed messages from the CDC

Can Ebola be spread by a sneeze? CDC seems to change its mind

U.S. medical workers receive training on working with Ebola-infected patients. (Elaine Thompson)

By KARIN KLEIN

HEALTH

246 COMMENTS

Ebola Cases Could Reach 1.4 Million Within Four Months, C.D.C. Estimates

By DENISE GRADY SEPT. 23, 2014

A Red Cross team removed the body of a woman believed to have died of Ebola in Monrovia, Liberia, last week. Officials urge caution in handling victims' bodies. Daniel Berehulak for The New York Times

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Yet another set of ominous projections about the Ebola epidemic in West Africa was released Tuesday, in a report from the Centers for Disease Control and Prevention that gave worst- and best-case estimates for Liberia and Sierra Leone based on computer modeling.

Ebola Outbreak: Estimate of 1.4 Million Victims Never Materialized; Now, CDC Rethinks How It Talks About Disease Outbreaks

INTERNATIONAL BUSINESS TIMES
MONDAY, FEBRUARY 23, 2015 AS OF 8:46 PM EST

At the height of the fear last September, when Ebola was sweeping across West Africa and seemingly threatening the world with a deadly pandemic, the professionals tasked with battling such perils issued a warning that resonated with chilling effect: Absent effective action, the globe could wind up confronting as many as 1.4 million Ebola cases by late January. So estimated the researchers at the Centers for Disease Control and Prevention in Atlanta.

But as January came and went, the CDC reported a minute fraction of that scary estimate. There were only 22,369 cases, the agency said last week. The World Health Organization (WHO) said new cases were emerging at a rate of fewer than 100 a week — the slowest the disease has spread since June.

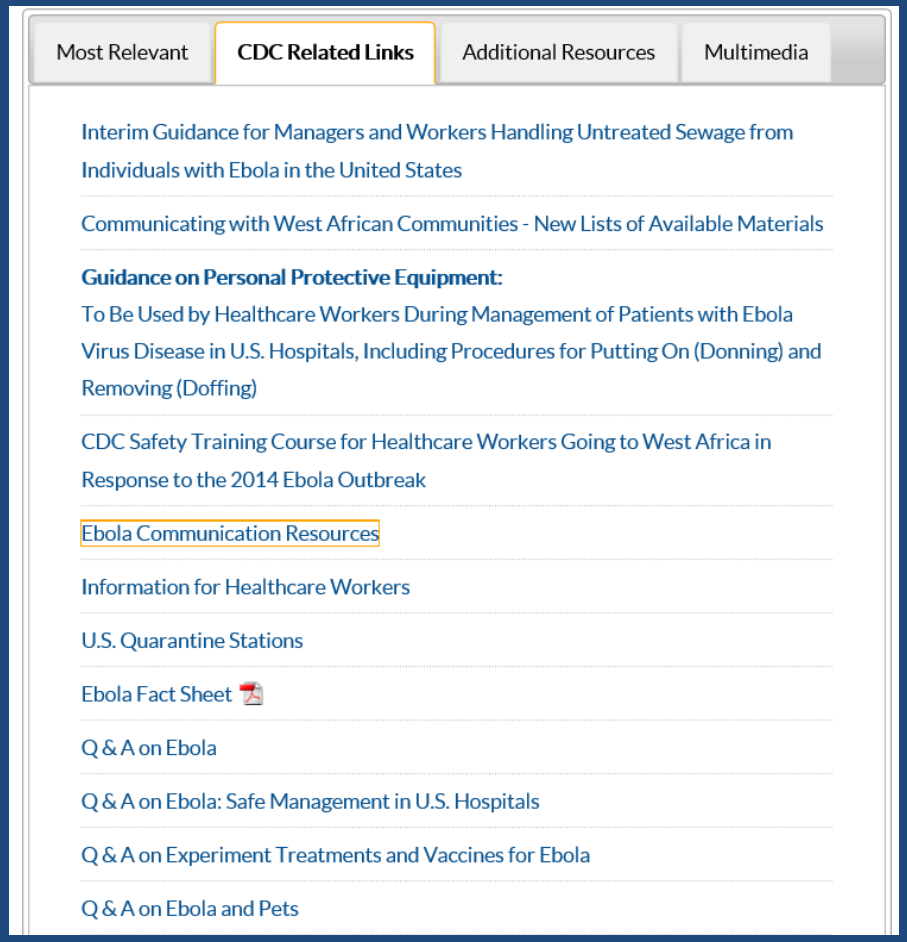
In a sign of the growing sense that Ebola has been effectively contained, the pharmaceutical company Chimerix last week halted trials of one of two drugs that were being tested on actual patients to treat Ebola in Liberia, saying only "a handful" had enrolled in the trial.

Sources of Reputational Risks included:

- Perceived mismatches between CDC's projections of how things would play out versus how they played out;
- Overlooking the "adjustment reaction" period
- Guidance – e.g., hospital, passenger screening, advice on potential exposures – that was ambiguous, confusing, perceived as inconsistent or incomplete
- Dallas nurse traveling to Cleveland
- Internal CDC laboratory incident
- Estimates from statistical models


SUCCESSES!

Developing and providing lots of resources and materials for a wide range of audiences.



Efforts to foster media, public understanding – and transparency

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News & Comment > News > Explainer > 2015 > February > Article

NATURE | NEWS: EXPLAINER

How disease detectives are fighting Ebola's spread

Rapid 'contact tracing' will be key to containing the disease in west Africa.

Declan Butler

02 October 2014

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Tony Gutierrez/AP

Neighbours of a man diagnosed with Ebola in Dallas, Texas, are being warned about the risk of exposure to the deadly virus.

On 30 September, the US Centers for Disease Control and Prevention (CDC) confirmed the first case of Ebola to be diagnosed outside of Africa since the start of the current epidemic in Guinea, Sierra Leone and Liberia. The patient is a man who flew to Dallas, Texas, from Liberia after helping to transport a pregnant woman with Ebola to a hospital there.

Disease detectives help contain Ebola in Dallas

Rick Jervis, USA TODAY 7:59 p.m. EDT October 12, 2014

(Photo: Michael Mulvey, for USA TODAY)

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DALLAS — The Centers for Disease Control and Prevention confirmed the first known case of Ebola in the U.S. at around 4 p.m. on Sept. 30.

Five hours later, Charnetta Smith, a CDC staffer, was on a flight from Atlanta to Dallas, where the Ebola patient lay in an isolated room at Texas Health Presbyterian Hospital. She was traveling with nine other CDC staffers deployed to Dallas.

Smith is one of five Epidemic Intelligence Service, or EIC, officers, also known as "disease detectives." Their mission: contain the disease carried to Dallas by Thomas Eric Duncan, a Liberian national, who contracted the virus in Monrovia. Duncan died at the Dallas hospital Wednesday.

Smith, the other CDC disease detectives and hospital staffers have been tasked with finding and monitoring the four dozen people who had direct contact with Duncan, known as "contacts," and keeping the disease from spreading. There's no template for containing Ebola in a U.S. city, since there's never been an outbreak of the virus here. Much of what they do is on the fly.

PBS NEWSHOUR

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Meet the disease detectives tracking Ebola at the CDC

October 8, 2014 at 6:45 PM EST

SUPPORT FOR PBS NEWSHOUR PROVIDED BY

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A look at the challenges threatening the health of Obamacare

Hot flashes can strike for more than a decade, study finds

Will the White House hit their health care enrollment goal?

Go inside the Emergency Operations Center at the CDC, the information hub where doctors and scientists are at the front lines of the effort to contain and control the Ebola virus. Special correspondent Kathleen McCleery reports from Atlanta on the challenges of keeping up with the fast-moving epidemic.

RELATED

What's on the minds of those heading for Ebola's front lines?

These six diseases should worry you more than Ebola

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CDC Director Tom Frieden on the Fight to Control Ebola

Tailored Messages and Materials

CDC unveils videos to help with Ebola, infectious disease ID, handling

U.S.

By Steven Ross Johnson | February 17, 2015

The Centers for Disease Control and Prevention on Tuesday unveiled its latest weapons for fighting Ebola and other infectious diseases—a series of video training modules developed by Johns Hopkins Medicine.

The videos are designed to better prepare emergency department health workers to safely identify and manage a patient who potentially has the Ebola virus or some other infectious disease. The four modules are part of a series titled Ebola Preparedness: Emergency Department Guidelines.

"We thought it was a great idea to make videos that would actually take doctors, nurses and emergency department administrators through the process step by step of what it looks like when someone comes into an emergency department and screens positive for Ebola and also how they could implement these CDC guidelines," said Dr. J. Lee Jenkins, assistant professor of emergency medicine at The Johns Hopkins Hospital.

Ebola (Ebola Virus Disease)

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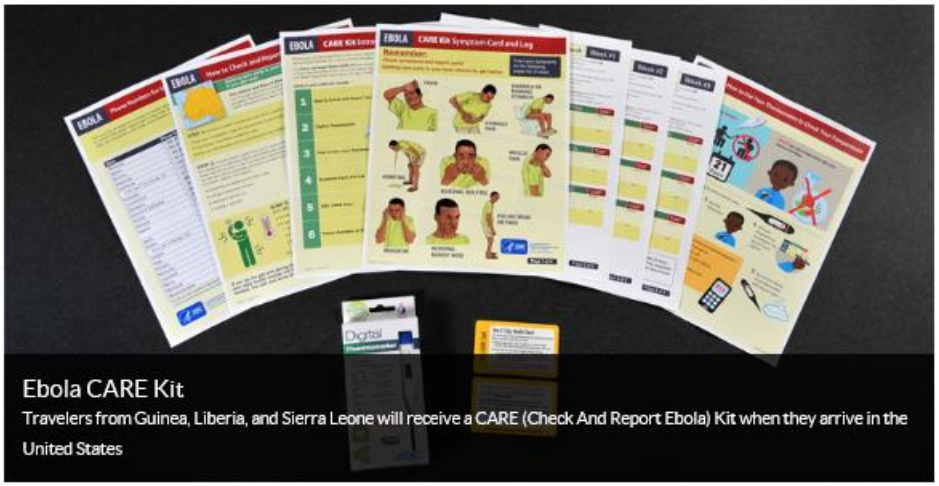
Language: English



Ebola CARE Kit

Travelers from Guinea, Liberia, and Sierra Leone will receive a CARE (Check And Report Ebola) Kit when they arrive in the United States

SIGNS AND SYMPTOMS

Symptoms may appear anywhere from 2 to 21 days after exposure to ebolavirus...

FOR HEALTHCARE WORKERS

Updated guidance for managing or preparing for Ebola in the U.S. and abroad...

TRANSMISSION

Spread through bodily fluids of a person who is sick with or has died from Ebola...

PREVENTION

Those at highest risk include health care workers and the family and friends of an infected individual...

RISK OF EXPOSURE

During outbreaks of Ebola, those at highest risk include health care workers and family...

DIAGNOSIS

Diagnosing Ebola in an individual who has been infected for only a few days is difficult...

OUTBREAKS

List of all current and past outbreaks, outbreak chronology and references...

TREATMENT

The treatment of Ebola presents many challenges... there are few established prevention measures...

2014 West Africa Outbreak

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. Two imported cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. CDC and partners are taking precautions to prevent the further spread of Ebola within the United States.

Latest CDC Outbreak Information

Updated February 26, 2015

What's New

- February 26, 2015: Updated Case Counts (From WHO SitReps)
- February 25, 2015: Updated Case Counts (From WHO SitReps)
- February 25, 2015: Key Messages for Safe School Operations in Countries with Outbreaks of Ebola [PDF - 16 pages]
- February 24, 2015: Partnering with West African Communities Call

What's New (Continued) >

More >

Information for Specific Groups

- Travelers
- U.S. Healthcare Workers and Settings
- Laboratories
- Ports of Entry
- Airports
- Airlines
- Cargo Ships
- Parents, Schools, and Pediatric Healthcare Professionals

CDC website and use of social media

CDC.gov

CDC Holds Twitter Chat to Discuss Ebola Crisis

Oct 03, 2014

160,000,0
140,000,0
120,000,0
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80,000,0
60,000,0
40,000,0
20,000,0

14,632
14,206
12,177
8,175
6,464

71,244
19,865
17,247
16,422
14,686

This chat had the largest reach of any CDC twitter chat – it had 7,484 participants, 9,246 mentions, 155 question answered and an estimated reach of 24 million.

defined bodily fluids as vomit, feces, saliva, sweat, vaginal fluid, semen, and breast milk. Any of these substances could carry the virus, and if someone with Ebola were to sneeze on someone and the saliva/mucus made contact with the person's eyes, nose, or mouth, the disease could spread.

The CDC also continued to reiterate the fact that a patient is contagious only when he has symptoms, attempting to quell any worry about the potential spread of the disease when patient zero traveled on multiple flights. The patient did not show any signs of illness until after traveling, therefore eliminating the potential for the disease to spread on the flights.

Final Thoughts

- Initial messages are critical – including because they help set and guide expectations;
- Be mindful of assumptions and expectations – yours and “theirs”;
- Ambiguity, lack of specifics can quickly become problematic ;
- “Managing” an infectious disease outbreak is more challenging than most imagine. . .
- . . . And it’s important to quickly identify gaps and learn from mis-steps and mistakes.