

## CRISIS EMERGENCY RISK COMMUNICATION

### Employ the STARCC Principle

**Simple**—Frightened people don't want to hear big words

**Timely**—Frightened people want information NOW

**Accurate**—Frightened people won't get nuances, so give it straight

**Relevant**—Answer their questions and give action steps

**Credible**—Empathy and openness are key to credibility

**Consistent**—The slightest unnecessary change in the message is upsetting and will be dissected

### An Important Reminder About Empathy, Action, and Respect

**Empathy.** Express empathy in messages early and often

**Action.** Give people things to do

**Respect.** Be respectful. To do less invites confusion, mistrust, and anger.

**COMMUNICATING DURING A SEVERE PANDEMIC IS DIFFERENT:** While the basic tenets of CERC fully apply to pandemic influenza, the very magnitude of this impending challenge requires communication professionals to delve deeper. Biological, psychological and sociological challenges will not affect all individuals or communities equally and may become more or less critical in time as preparedness strides are made (e.g., breakthroughs in vaccine development). However, our communication planning and activities should consider each of these challenges.

### CREATING YOUR CERC MESSAGES

**Present a short, concise, and focused message** (6th-grade level). It's difficult in a heightened state of anxiety or fear to take in copious amounts of information. Get the bottom line out first.

**Cut to the chase.** Relevant information only at this time. Don't begin with a lot of background information.

**Give action steps in positives.** Avoid the use of negatives.

**Repeat the message.** Repetition reflects credibility and durability.

**Create action steps in threes or rhyme, or create an acronym.** Three is not a magic number, but in an emergency, you should not expect your audience to absorb more than three simple directions.

**Use personal pronouns for the organization.** "We are committed to . . ." or "We understand the need for . . ."



### What is Different?

#### Biological Challenge

**Little or no immunity worldwide.** When a pandemic influenza virus emerges, its global spread is considered inevitable. Death rates for a severe pandemic will be high. The most daunting aspect of pandemic influenza is that it will likely occur in two or three waves of 6 to 8 weeks duration, in a community, over about an 18-month time frame. Until the pandemic unfolds, one can not predict which wave could be most severe, strictly from the biological nature of the virus, or how it does or does not mutate between waves.

#### Psychological/Spiritual Challenge

As the world remains in the third stage of the influenza pandemic alert period, the **situation is ambiguous, unpredictable, and complex.** Public health experts monitoring the global situation can not and do not know with certainty whether, or if, the H5N1 influenza strain will become more easily transmitted between humans, or which influenza A strain has the potential to become a pandemic virus strain. This uncertainty takes a toll on preparers and the public alike.

#### Sociological Challenge

**Behaviors of others impact infection rates.** When an infectious disease is transmitted easily from person-to-person, the behaviors of others can either protect or threaten your health. When people are dependent on each other's behavior for their very lives, there is the potential for conflicts. For the majority of the population, there will be no or little vaccine, especially during the first wave of the pandemic. The same will be true for antivirals. There is no communication task more difficult than telling people that there's a "fix" to a problem, but they will not receive it now nor possibly ever.



## A NOTE ABOUT ANTIVIRALS

Four different influenza antiviral medications: amantadine, rimantadine, oseltamivir, and zanamivir are approved by the FDA for the treatment and/or prevention of influenza. Influenza viruses may be resistant to one or more of these antivirals. For example, the influenza A (H5N1) viruses identified in humans in Asia in 2004 and 2005 were resistant to amantadine and rimantadine.

Pandemic influenza may come and go in communities in waves, each of which can last for 6 to 8 weeks at a time. If an influenza pandemic occurs, the virus will spread easily from person-to-person. While vaccines and antiviral medications are part of overall pandemic response planning, it also emphasizes simple hygiene habits.

- Wash hands frequently with soap and water (use an alcohol-based hand cleaner if soap and water are unavailable);
- Use a tissue to cover your mouth and nose when you cough or sneeze;
- Use your upper sleeve if you don't have a tissue; and
- Stay at home if you are sick.

Visit [www.pandemicflu.gov](http://www.pandemicflu.gov) for more safety information

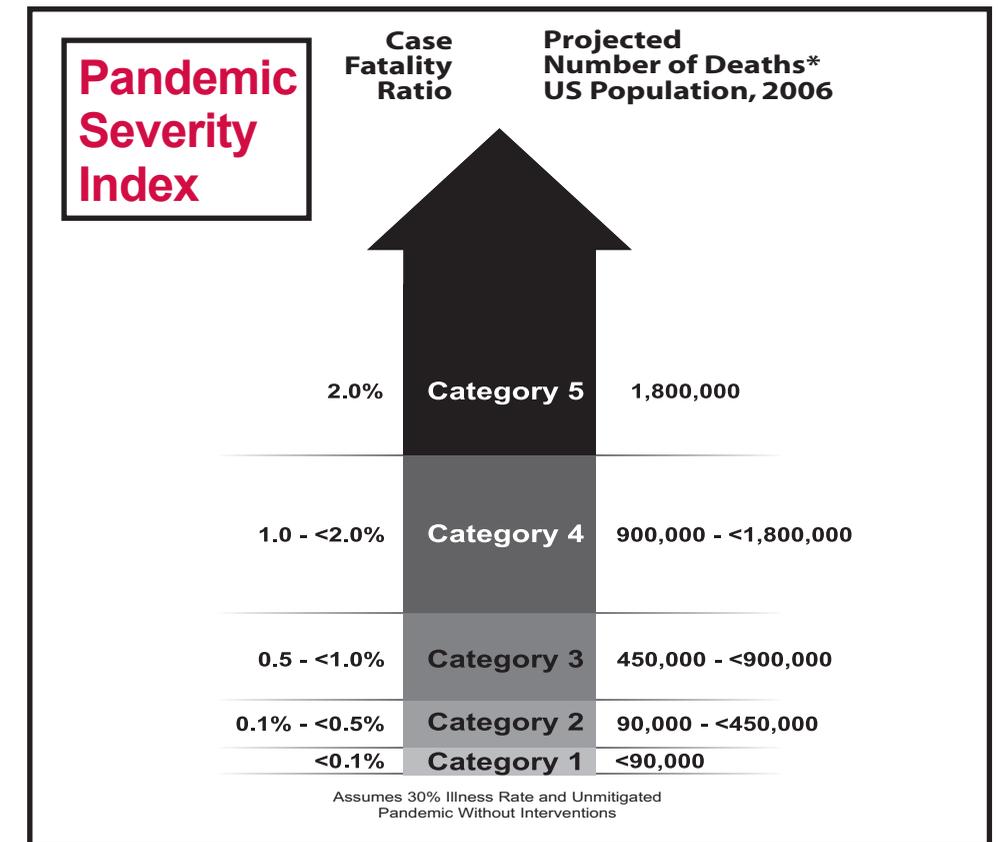


## COMMUNITY MITIGATION STRATEGIES

How can you help people during the early phase of a pandemic when vaccine and antivirals are in extremely short supply? Initiate a community mitigation strategy that will slow the growth of cases in the community, decrease the epidemic peak and reduce the overall number of illness and deaths in the community. The four primary mitigation interventions are: 1) isolation of ill people and treatment (as appropriate), 2) voluntary home quarantine, 3) dismissal of students from school (public, private and colleges/universities), and 4) social distancing measures to reduce contact among adults in the community and the workplace (e.g., cancellation of large public events and implementing telecommuting work schedules). See [www.pandemicflu.gov](http://www.pandemicflu.gov)

# CERC NINE-STEP PLAN

1. **Verify** situation.
2. Conduct **notification**.
3. **Activate** crisis plan.
4. **Organize** assignments.
5. **Prepare information**, obtain approvals.
6. **Release information** via pre-arranged channels.
7. **Obtain feedback**, conduct crisis evaluation.
8. Begin additional **public education** activities.
9. **Monitor** events.



For More Information about CERC: [CERC\\_info@cdc.gov](mailto:CERC_info@cdc.gov)

To request CERC training tools: [CERC\\_request@cdc.gov](mailto:CERC_request@cdc.gov)