COVID-19 AN INFORMATIVE GUIDE

Advice for journalists







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Since coronavirus disease 2019 (COVID-19) has spread to most countries of the world and there is currently no cure or vaccine, information is a vital tool for encouraging people to take the available preventive measures to protect and save lives.

Media outlets are key public health players, shaping perceptions of risk and targeting communities to protect health. This document offers tools to help the media play their role in the COVID-19 pandemic response through accurate, ethical and responsible reporting. It also proposes ways to approach coverage and encourages journalists to provide advice and solutions that can help reduce health risks and save lives. The priorities of the WHO Regional Office for Europe (WHO/Europe) during the COVID-19 pandemic are to save lives, protect health workers, flatten the epidemiological curve to slow the spread of disease, and prevent cases from overloading health systems so that lives will not be lost due to lack of access to needed care. WHO/ Europe supports the countries in the region in adopting the measures deemed necessary to tackle the pandemic.

Having clear, timely and accurate information from reliable sources is vital for people in various situations during this pandemic. The information that is given must acknowledge uncertainty and help people protect themselves and prepare for different possible scenarios during the pandemic. This is essential for containing the spread of COVID-19 and the fear associated with it and mitigating its impact.

I. Important points

COVID-19 is a public health emergency of international concern and a global epidemic that has rapidly spread around the world with health, social and economic repercussions.

The media play a key role in providing the public with clear, understandable information, while pro-moting behaviour that allows people to protect their health and that of their loved ones.

By disseminating accurate information, the media can also minimize rumours and misinformation, helping reduce public anxiety and fears about this new threat. The media can also help change behaviours to limit the spread of the disease and prevent an overburdening of health systems, which may have limited capacity for emergency treatment and intensive care.

Journalists have the power to tell stories and inspire people to act collectively. Solidarity among individuals, communities and organizations will be needed to overcome this epidemic.

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II. Infodemic: an information pandemic

The World Health Organization (WHO) believes that in addition to a pandemic, with COVID-19 the world faces what it calls an "infodemic".

An infodemic is an overload of information on a problem that makes it harder to find a solution. During a health emergency, an infodemic can amplify mistakes, misinformation and rumours. It can also hinder an effective response and create confusion and mistrust about the solutions or advice given to prevent the disease.

In that context, covering COVID-19 can be challenging for journalists. Moreover, since our understanding of the disease is evolving and because there is as yet neither a cure nor a vaccine, recommendations for prevention and control can change very rapidly. This creates additional challenges for journalists.

III. COVID-19 journalistic coverage should:

- 1. Be ethical and responsible.
- 2. Be socially responsible.
- 3. Refrain from being sensationalist or alarmist.
- 4. Communicate facts and truthful information on COVID-19 pandemic and the response.
- 5. Use reliable, scientific, truthful and verified sources.
- 6. Quote scientists, researchers, public health professionals, academics and specialists in other disciplines who can clarify public concerns about the situation.
- 7. Truthfully report on measures that help contain and/or mitigate the spread of the disease.
- 8. Report on the jobs performed by health workers and their situation, given their critical role in responding to the epidemic.
- 9. Report on patients recovering, communities taking measures to tackle the disease, or countries that have exemplary approaches.
- 10. Provide reporting that contributes to solutions.

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IV. Journalists who cover COVID-19 should:

- Follow official recommendations on protecting their own health and that of interviewees.
- Practice the recommended physical distancing measures while covering the pandemic.
- Respect the work of health professionals.
- Respect the privacy of people with COVID-19 and avoid revealing their identities or providing detailed information on them without their consent.
- Be familiar with the basics of epidemiology.
- Avoid amplifying the voices of those who spread misinformation that adds to people's confusion, anxiety and fears.
- Disseminate messages that counter the stigmatization of people affected by COVID-19.
- Do not politicize the response.
- Refrain from spreading rumours and fake news.

- Seek innovatite ways to cover the news and conduct interviews that avoid direct contact with patients, people with symptoms or those in quarantine and their relatives.
- Avoid congregating outside health centres, homes, or residences and stay out of restricted access areas.
- Avoid the use of background music that generates anxiety and fear.
- Avoid the use of photographs or videos that stigmatize or induce fear, such as only showing people wearing face masks, or images of health workers with personal protective equipment meant for Ebola in Africa, something that does not apply to COVID-19
- Be aware of and consult the new and regularly updated guidelines related to COVID-19 on the WHO website.



V. Journalists and their coverage of COVID-19 should:

- Encourage personal and community protection measures.
- Suggest activities to do during isolation, physical distancing and lockdowns.
- Debunk myths about COVID-19.
- Promote stories of solidarity and goodwill.
- Explain complex public health concepts in a way the general public can understand.
- Educate the public about health.
- Avoid sensationalist language.
- Go beyond the numbers of cases and deaths to explain the context and give health advice to the population.
- Highlight the role of health workers.
- Treat scientific spokespersons in a dignified way and position them as authoritative sources in programmes and news articles.

- Be considerate of people who have lost a family member.
- Provide information on where to find help and when to seek medical care.
- Direct people to reliable sources where they can get more information.
- Report on progress towards new vaccines and treatments.
- Fact-check stories from social media before publishing them.
- Provide advice for the most vulnerable and atrisk population.
- Quote national, state/provincial and local authorities.
- Be one more partner in the collective response to the pandemic.
- Avoid absolutes and appreciate the uncertainty of science.





VI. How to cover the COVID-19 pandemic

Here are some suggestions for journalists covering COVID-19 in terms of content, style and type of coverage.

CONTENT:

- Avoid reporting that focuses on patient zero (first case in the country/city) and that person's behaviour or responsibility for spreading the disease. Such reporting encourages stigmatization.
- Disseminate factual information. Rumours and misinformation abound during outbreaks. Be sure to verify information and cite reliable official sources.
- Avoid false balance. Distinguish between the known truth and the believed truth and make sure that two sides of any story are reported only when they are equally valid.
- Provide clear information on basic infection prevention measures, the symptoms of COVID-19 and when and how to seek medical care.
- Help people understand that physical distancing and other prevention measures may be needed for an extended period, and they should abide by them for as long as is necessary.
- Emphasize protective measures. As the pandemic progresses, more people will follow your coverage and may have concerns about certain protective measures. Remind them whenever you can. Be clear, though it may seem repetitive.

- Prepare your audience for what is to come during the next - transition - phase. Explain the need for gradual changes and emphasize the "shift" not "lift" of measures. The transition phase will require an all-of-society response. Explain that there may be changes to the strategy as we learn more and greater restrictions may become necessary again in the future.
- Acknowledge public fears. It is normal for people to worry. Acknowledge their concerns and offer information on what people can do to protect themselves while caring for their own mental health and that of their loved ones.
- **Report when there is uncertainty.** During an epidemic of a new disease there are many unknowns, such as whether people can transmit the virus before showing symptoms of disease. Inform the population on what it is known so far and what is still unknown. Clarify that the authorities and scientists are working to find the answers.
- Think of the impact your reporting will have. Avoid fuelling fear and stigmatization. Facilitate an atmosphere in which people can discuss the disease and its repercussions openly, honestly and constructively.
- Explain the context around the facts. Most members of the public do not know how a virus works in the body, how vaccines are produced or how the immune system works. At times like this people are more willing to listen and learn.

- Make it clear to people what they should do, when reporting on new interventions or health recommendations.
- Will the epidemic be controlled? What can we expect? A pandemic does not last forever. It has a beginning, a peak and a decline until it is controlled. When possible, end your story on an upbeat note.
- Give advice and information that is useful to different population groups, including persons with disabilities, to prepare for different scenarios. This includes, for example, having two weeks of food and their regular medications on hand in the event they are required to stay at home.
- Consider public risk perception, which is often not in agreement with actual risk and is a basis for much of how people act. Be sure to effectively report on the level of risk for the population in order to promote the necessary changes in behaviour and attitude so that people follow the recommended protection measures.
- Report important controversies but avoid adding drama to an already stressful pandemic situation. Become a source of information and knowledge on all aspects of the situation. Do not exaggerate the crisis, instead provide practical advice on how the audience can handle it. Do not distort the facts. Use facts and evidence. Listen to the voices that provide evidence-based information.
- Avoid stigmatizing individuals or populations. Avoid labelling, stereotypes and discriminatory treatment, particularly towards those who contract the disease and their loved ones. Such treatment can harm them and lead people to conceal their illness to avoid discrimination, preventing them from seeking care and practicing healthy behaviour. Build trust and show empathy towards those with the disease so that people can protect their safety and that of others.

- Be realistic and non-sensationalist. Don't speculate about future and worst-case scenarios.
- Recognize that scenarios change quickly in these situations. Scenarios change in emergencies and so do recommendations, but this does not mean that information is being mishandled.

STYLE:

- Refrain from using headlines describing the disease as "fatal" or "deadly". Any disease can be fatal. In the context of a new emergency, this term could cause some people to panic and fail to react. Avoid using hyperbolic language designed to generate fear, like "plague" or "apocalypse".
- Be sure to use the correct name of the disease (COVID-19) and the virus (SARS-CoV-2 or new coronavirus) rather than nicknames such as "the Wuhan coronavirus". Naming a virus or disease after a country leads to stigmatization and can harm people, trade and the economy.
- The official names for the virus responsible for COVID-19 is "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)". From a risk communications perspective, using the name SARS can have unintended consequences in terms of creating unnecessary fear for some populations, especially in Asia, who were worst affected by the SARS outbreak in 2003. For that reason and others, WHO has begun referring to the virus as "the virus responsible for COVID-19"or "the COVID-19 virus" when communicating with the public. Neither of these designations are intended as replacements for the official name of the virus.
- Translate technical jargon for your audience. Public health experts and officials often use language that is hard for the general public to understand. Provide a glossary or clarify certain concepts for people – such as isolation, quarantine and community transmission – to be sure they get the message.



• Choose your words carefully. Certain words can have a negative connotation and fuel stigmatizing attitudes. They can affect how people who may have the disease and how their families and communities are perceived and treated. "Social Stigma associated with COVID-19", a guide preparedby the WHO, UNICEF, and the IFRC, recommends saying "people who have COVID-19", instead of "cases" or "victims". It is better to refer to "people contracting the virus" rather than those "spreading the virus". Positive language that stresses the efficacy of preventive measures and treatment is recommended.

TRUTH, RUMOURS, AND THEORIES:

- Use reputable and official sources. Misinformation, rumours, and conspiracy theories abound, making it essential to cite reliable sources such as WHO, national health authorities, credible academic publications. Avoid non-experts expressing their personal opinions, as these may be no more than noise that minimizes or exaggerates the risks.
- Refrain from repeating false theories not supported by science. When erroneous information is repeated it can end up being perceived as true, which generates fear and anxiety in the population.
- Investigate rumours and suspicious
 information. For rumours, assess how serious they are, their source and how widespread they are before denying them or repeating the erroneous information. Sometimes, denying a rumour that has not spread gives it unnecessary notoriety. If it is a minor matter, ignore it or just provide the correct information without mentioning the rumour.
- Address prominent rumours replacing false information with facts. Do not repeat rumours, especially in headlines.

• Avoid telling the "other side of the story" when this story is not based on science or is ridiculous and not credible.

THE PROTAGONISTS OF YOUR STORIES:

- Interview those on the front lines. Government authorities, health workers, scientists, academics, virologists, infectious disease specialists, geneticists, psychologists, psychiatrists, anthropologists, people who have recovered and their relatives these are the kinds of people who can add valuable information and perspectives to your stories.
- **Engage community influencers.** Religious or community leaders, experts in various areas beyond the health sector, and famous people can provide insights into various aspects of social and economic life that may have been interrupted by the pandemic.
- Tell stories of recovery and social achievements. Stories about people working together for the common good rather than their own interests can give hope, raise spirits and motivate people to carry on; e.g., preventing the spread of the virus or helping vulnerable people such as older adults buy groceries, take care of each other, or act together for mutual support and disease containment.
- Do not focus only on high-risk groups. People of all ages have been affected by COVID-19. Focusing on only some age groups can encourage others to let down their guard and neglect the measures needed to protect themselves and others.
- Explain to the audience why the story is important and why it should matter to them.

Give recognition to the caregivers of those who become ill and stay home. Most people will recover and remain quarantined at home during their illness. Family members and friends will be key to their recovery.

Report on positive developments and news about people recovered, health care workers providing care, breadth and effectiveness of the adopted measures, flattening or declining epidemiological curves. **Ethics. The subjects of your reporting have a right** to privacy and confidentiality. Respect their privacy. If their identity is revealed, they may be stigmatized.



VII. How to cover the COVID-19 transition phase:

It is likely that the transition period of the pandemic will last several months until effective therapeutics and a safe and effective vaccine can be made widely available.

Timely, effective, evidence-based and honest communication is necessary to build, strengthen or maintain public trust. The way people are going to react to the transition phase, will contribute to driving the control or persistence of the outbreak.

It is important not to raise false expectations and find ways to help people understand that the transition phase may go through periods where restrictive measures may be removed and then implemented again in response to disease resurgence.

Journalists and the media have a critical role in framing the transition phase responsibly.

- Even if exact measures have not yet been decided, "prime" your audience for what is to come: new normal, gradual changes.
- Explain and emphasize that there will be "shift" not "lift" of measures.
- Frame the transition phase as an all-of-society approach- we are all in this together.
- Appreciate the uncertainty. We are learning as we go, using the best science to respond appropriately.
- Explain that this is an unprecedented situation. There may be changes to the strategy as we learn more and greater restrictions may become necessary again.
- Avoid feeding confusion and blame, and reporting inconsistent messages, controversies, rumours and misinformation.
- Present authoritative information as such, not confused with speculations and misinformation.



VIII. Protecting the health of journalists

- Assess your personal risks before the assignment. If you are over 60-years-old or have any underlying conditions, consider refraining from coverage that could expose you to the virus.
- Follow the same public health advice as for the general population:

 Wash your hands often and properly
 Maintain physical distancing
 Avoid touching your face
 Sneeze or cough in your elbow or a tissue
 Seek medical help in case of symptoms.
- Follow WHO guidelines on the rational use of masks. Masks are recommended for people with symptoms, caregivers and health professionals. If you use one, be sure to put it on and remove it properly and to wash your hands.
- Seek virtual or telephone options for interviews in order to reduce the risk of exposure.
- Tell your supervisors and colleagues about the risks and concerns when covering the pandemic.
- If you are going to cover a city or area that is on lockdown, be sure to have a contingency plan.
- Avoid congregating outside health facilities.
- If you are authorized to enter a health facility and it is strictly necessary, protect yourself by following all the recommendations of the health workers.

- Stay at least one metre away from people who are sick and avoid close contact.
- During press conferences, follow the physical distancing recommendations established by health officials.
- Clean any used equipment with antimicrobial wipes followed by disinfection and wash your hands.
- During press conferences, follow the physical distancing recommendations established by health officials.
- Clean your equipment with an alcohol-based solution after the assignment.
- Take care of your mental health:
 o Be aware of a potential psychological impact
 o Talk to your family or friends about your concerns
 o Try to avoid talking about COVID-19 outside of work
 o Get enough rest
 - o Seek mental health support if needed.





IX. Sources of health information

- National, state or local health authorities.
- World Health Organization (WHO)
- WHO Regional Office for Europe (WHO/Europe)
- National authorities in other government sectors
- National reference laboratories
- Institutes of public health
- Universities
- Schools of public health
- National and international institutions investigating the virus and the disease
- Research hospitals
- Research institutions
- Academic publications





X. Sources used for this document

- World Health Organization (WHO) https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019
- WHO Regional Office for Europe (WHO/Europe) https://bit.ly/whoeuropecovid19
- CPJ Safety Advisory: Covering the coronavirus outbreak https://cpj.org/es/2020/03/aviso-de-seguridad-del-cpj-la-cobertura-del-brote-.php
- Tip sheet: Covering the Coronavirus Epidemic Effectively without Spreading Misinformation https:// www.theopennotebook.com/2020/03/02/tipsheet-covering-the-coronavirus-epidemic-effective-ly-withoutspreading-misinformation/
- Gabriel Garcsia Marquez Foundation
 https://fundaciongabo.org/es/etica-periodistica/recursos/coronavirus-10-virtudes-del-periodismo-responsable-ante-la-pandemia
- Social stigma associated with COVID-19. A guide to preventing and addressing social stigma *https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf*
- Strengthening and adjusting public health measures throughout the COVID-19 transition phases http://www.euro.who.int/__data/assets/pdf_file/0018/440037/Strength-AdjustingMeasuresCOVID19transition-phases.pdf



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