

Coronavirus: From Outbreak to 'Infodemic'

PART 2: Insights from North America and Europe



The spread of the COVID-19 coronavirus has caused shockwaves around the world since initially being reported to the World Health Organisation (WHO) on 31 December. In the past week we've seen a surge in reported cases of the disease and corresponding deaths, leading many countries to continue to isolate from China and those who have traveled there.

Coronavirus Outbreak in Numbers

At the time of publication, 13 February, the outbreak had already caused¹:

1,370 fatalities

59,826 confirmed cases in mainland China

363 confirmed cases across **27** countries outside of mainland China

As media outlets across the globe churn out thousands of stories, the outbreak and subsequent response has been accompanied by an epidemic of information—or, as aptly coined by the WHO, an 'infodemic'. Some of this information is accurate and some is not, making it difficult for people to seek out trustworthy sources and reliable advice at a time when they need it most.

With this as the backdrop, GLOBALHealthPR has developed Part 2 of its series with local healthcare communications experts in countries where cases have been confirmed. In this edition, we feature agency leaders from North America and Europe, who share insights about the impactful aspects, topics and evolution of this ongoing media conversation.



Canada

Carol Levine
Co-Founder and CEO,
energiPR

From Alarmist to Evidence-Based

At the onset of the outbreak, media coverage in Canada focused on deaths attributable to the disease as well as ensuing travel bans – instilling fear and unease among Canadian citizens. While the news was frightening, it appeared to be very localised and remote in terms of its impact on Canadians. COVID-19 misinformation then began to spread rapidly online and through social media channels. These messages were frequently driven by thinly veiled racism and xenophobia rather than science. As a result, conversations about discrimination against Chinese Canadians emerged as an important concern and are receiving considerable coverage.

The tone has since shifted as the disease spreads to countries outside of China, including Canada. Efforts are being made by the Canadian government and public health officials to provide Canadians with evidence-based prevention measures backed by scientific experts, while simultaneously debunking common misconceptions about the disease. Recent reports emphasize that Canada's Chief Public Health Officer is in close contact with provincial and territorial Chief Medical Officers of Health to ensure that any cases of COVID-19 occurring in Canada continue to be rapidly identified and managed in order to protect the health of Canadians.



Germany

Elisa Marie Rinne
Consultant,
fischerAppelt

Tone and Accuracy Matter

Overall, media coverage of the coronavirus in Germany has been very diverse, ranging from information on the first cases in China to articles on the possible global health consequences and enacted safety measures. Coverage increased exponentially once cases of the disease emerged in Europe and Germany.

Tonality has been a key aspect of COVID-19 reporting. Depending on the medium, the tone has ranged from objective and sober to emotional and sensational. As an example, the tabloid media frequently refers to COVID-19 as a pandemic. The outbreak would first need to reach epidemic status, a clearly defined term by the World Health Organisation (WHO), then pandemic status, which is another official designation, for this statement to be accurate.

Although the media have been steadfast in reporting cases of COVID-19 and have kept the public informed as the virus continues to spread, some German media outlets have been quick to report suspected cases without any official confirmation. Further, social media outlets and tabloids have fueled the spread of conspiracy theories, fake news, and misinformation. To ensure the safety of all German citizens, it's critical that the media only report on facts that have been verified by scientific experts or health officials.



United States

Andrew Bailey
Director,
Spectrum Science
Communications

Three S's of Coronavirus Coverage

Here in the U.S., COVID-19 coverage has been characterized by three words that begin with S: Speculation, Size and Solutions.

Across the U.S., *speculative* stories have run rampant about possible cases in small towns and cities alike, causing confusion and worry. In Kansas, for example, one newspaper ran a lead story for three full days entitled, "Local hospital has potential coronavirus patient," with coverage appearing in the "Public Safety" section of the site, where crime reports are listed! On day 4, the patient tested negative.

There's also a disconnect in reporting the *size* of COVID-19's local impact vs. that of the seasonal flu (influenza) virus, which will kill at least 12,000 Americans this year.² This is a missed opportunity to remind the public about vaccinating against the flu. In Washington, D.C. this week, media reported the deaths of two healthy children, ages 16 and 5, due to flu. These stories rarely make regional/national headlines and quickly fade as the news cycle continues. In contrast, COVID-19 continues to dominate national headlines day after day.

Lastly, the search for *solutions* is gaining traction in U.S. media coverage. Global pharma and biotech companies, along with research institutions, are racing to develop therapeutics and vaccines to enter human trials in as little as 2.5 months. Information and data sharing, much improved since SARS, has enabled this rapid deployment of expertise and technology.

References:

1. Johns Hopkins (2020) <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
2. CDC (2020) <https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm>

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