

For information

SARS Expert Committee

Severe Acute Respiratory Syndrome (SARS) Public Communications Strategy: Release of Information and Public Education

INTRODUCTION

This paper outlines the Government's public communications strategy and response during the outbreak of Severe Acute Respiratory Syndrome (SARS) in Hong Kong from mid-March to June 23, 2003.

APPROACH

2. Shortly after the first SARS cases were reported in Hong Kong in mid-March, it was apparent that the Government was dealing with a new disease. This naturally caused considerable anxiety within the community.

3. To allay these concerns, a public communications campaign was launched. The underlying philosophy of the response was to provide the public with factual information in a timely, transparent and open manner. This approach was adopted throughout the period that Hong Kong remained a SARS-affected area.

4. Initial communications efforts were necessarily reactive. This was because the Government was dealing with a dynamic situation – notably, an increasing number of patients and a paucity of knowledge about the virus, the mode of transmission, the infection footprint and treatment protocols.

5. However, as more was learnt about the disease and the infection pattern, the response, which brought into play the entire spectrum of publicity tools available to the Government, became more proactive. It was particularly so in terms of the public health education announcements that undoubtedly helped to curb the spread of the disease.

RELEASE OF INFORMATION

6. The Government has a well-entrenched, multi-pronged and effective system for releasing information to the public. This includes press briefings, press releases, the Internet, announcements in the public interest (APIs) on radio and television, newspaper advertisements, posters and leaflet distribution through a wide network of channels. The system – particularly the Internet – was used to maximum effect during the SARS outbreak.

7. The first press release on SARS was issued on March 11, the day after a local newspaper reported that 10 health care workers at the Prince of Wales Hospital had been infected with a mystery pathogen that caused severe respiratory distress. Further press releases were issued over the next two days explaining the latest situation and follow-up work being taken to identify the disease and stop its spread.

8. On March 13, the Secretary for Health, Welfare and Food (SHWF) began briefing the media on the latest SARS situation and answering questions about the disease. Between March 13 and April 9, media briefings were held on an almost daily basis.

9. From March 14, daily press releases were issued. These included information such as the number of new or suspected infection cases, discharged patients and deaths. Major breakthroughs in the fight against the disease (e.g. the identification of the virus) and public health advice were also included in press releases where appropriate.

10. All press releases and Internet webcasts (including archive footage) were posted on the dedicated website hyperlinked to the Government portal for easy access and retrieval by members of the public and surfers around the world.

11. The decision to provide daily briefings and press releases (in the case of press releases, often more than one a day) ensured the community and media were provided with the latest available information. This undoubtedly helped the public to understand more about the disease as well as precautionary measures against contracting the disease, symptoms to watch out for, and the importance of early detection and treatment.

12. From April 9 onwards, senior representatives of the Department of Health (DH) and the Hospital Authority (HA) hosted daily press briefings to provide updates on the latest situation, to clear the air on

issues of public concern and to answer media enquiries. In addition, press conferences were held to publicise and explain the rationale behind various quarantine measures before they were implemented. They were also arranged to inform the community of and to wrap up major Government operations such as the removal to isolation camps of residents of Amoy Gardens Block E.

13. Owing to practical constraints in the initial period, the daily press briefings were held at different times, sometimes quite late in the day, and sometimes at different locations. This presented inconveniences for some members of the media, particularly the television reporters, who required the latest information for their main evening news broadcasts.

14. To provide a more certain flow of information, from April 19, daily press briefings were held at a set time (4:30 pm), at a set venue and conducted by two designated spokespersons: the Director of Health, or occasionally a Deputy Director of Health if she was not available, and a Senior Executive Manager of the HA. This system worked well, with generally positive feedback from the press. The electronic media were able to carry the day's latest updates on their main evening news bulletins, while the print media were provided with better lead-in time to plan coverage for the next morning's newspapers. This move helped to maximise media coverage (and hence public knowledge) of SARS developments in the local media.

15. The daily briefings continued in the same format until June 7, when the SARS situation had stabilised. From June 7 until June 19, twice-weekly media briefings were held.

16. Daily SARS-related press releases were issued until June 23, when Hong Kong was removed from the World Health Organization's (WHO's) list of areas with local transmission of SARS. Thereafter, updated SARS figures were posted on a dedicated SARS website.

17. Special media arrangements were made for coverage of SARS-related events such as the isolation of Amoy Gardens Block E, the transfer of residents to isolation camps, the return of a Hong Kong tour group by chartered flight from Taiwan, and the arrival of suspected SARS cases on a Malaysian freighter. Public relations input for these operations was tendered by the Information Services Department (ISD) at the Inter-departmental Action Co-ordinating Committee chaired by the Permanent Secretary for Health, Welfare and Food.

18. To supplement daily press briefings, senior health officials and HA representatives gave interviews to local and overseas media and took part in radio phone-in programmes, television current affairs programmes, public forums and speaking engagements.

Monitoring public and media reaction

19. To ensure public and media concerns were promptly addressed, the ISD closely monitored public and media reaction to SARS. From April 9, a daily list of concerns was compiled for the reference of health officials prior to press briefings. This included information gleaned from local and overseas media reports, radio phone-in programmes and television news broadcasts.

20. The public relations steer and key messages to be disseminated at the daily briefings were devised by the top echelons of Government in conjunction with the health authorities. To ensure co-ordinated and consistent release of information, close liaison was maintained between the Health, Welfare and Food Bureau (HWFB), the DH and other relevant bureaux and departments.

Internet websites

21. The Internet proved a direct and very effective means to disseminate SARS-related information to the public. A dedicated SARS website (www.info.gov.hk/info/sars), launched on March 14, contained all press releases, SARS updates and public health information released during the SARS outbreak. The effectiveness of the website as a valuable communications channel was seen in the massive jump in the total page views for the DH's homepage (under which the dedicated SARS website was set up) – from the usual monthly average of 500,000 to 4.56 million in March, and a peak of 48.2 million in April (an average of 1.6 million page views per day).

22. In addition to updates on the SARS website, press releases and updates for public viewing were carried on the Government homepage (www.info.gov.hk) and the Government's dedicated news website (www.news.gov.hk).

Daily SARS Bulletin

23. In order to convey key SARS messages in a consistent, co-ordinated and effective manner, the ISD started compiling a daily SARS

Bulletin, in English and Chinese, on April 11. The bulletin was sent electronically to all top Government officials, non-official members of the Executive Council, chambers of commerce, consulates, business organisations, the tourism sector, the transport and logistics sector, and Hong Kong Economic and Trade Offices overseas and in the Mainland of China.

24. The main purpose was to provide a ready source of factual information to update interlocutors, local and overseas stakeholders and overseas contacts and media on measures being taken in Hong Kong to contain the spread of the disease and at a later stage, the plans/measures to relaunch Hong Kong.

25. The *SARS Bulletin* proved a very useful channel to communicate directly with target audiences. And because it was sent via e-mail it was also convenient to forward to contacts around the world. The recipients could also help disseminate the information through their own networks both locally and outside Hong Kong. This communications tool therefore enhanced the spread of positive, Hong Kong-oriented SARS information.

26. The last issue of the *SARS Bulletin* was published on June 23.

Communication with the international community

27. Transparency and the prompt release of information were cornerstones of the Government's overseas communications strategy for SARS. Significant efforts were taken to ensure that members of the international community (including expatriates living in Hong Kong and abroad) were well informed about SARS developments here.

28. As part of our external communications efforts, senior Government officials held briefings for Consuls-General and the International Business Committee, which comprises representatives of major foreign companies in Hong Kong, to address issues of general concern. Representatives of the aviation, shipping, logistics and tourism sectors were also updated on the latest developments. As mentioned above, they were sent the daily *SARS Bulletin* via e-mail.

29. Foreign media based in Hong Kong were invited to every press conference and briefing held during the outbreak. Arrangements were made for individual interviews with health officials and site visits. Assistance was given to visiting overseas journalists and TV crews who came to Hong

Kong to report on the SARS outbreak.

30. Hong Kong's network of overseas Economic and Trade Offices (ETOs) played a major role in keeping the media and their key contacts in Government, business and academia informed of the situation in Hong Kong. The channels used included the distribution of background information, the daily *SARS Bulletin*, ETO newsletters, media interviews, press briefings, letters to the editor to clarify inaccurate reports and meetings with/calls to opinion formers. ETO websites also created hyperlinks to the SARS website in Hong Kong.

31. The ETOs further assisted in helping the Government maintain contact with the major international health organisations to discuss measures to combat SARS. This was done through video conferences conducted between senior officials of the HWFB and the DH, and senior representatives of the WHO in Geneva and the Centers for Disease Control and Prevention in the USA.

32. Efforts by ETOs also helped to reduce the scope of discriminatory measures imposed by foreign Governments and individual organisations on the flow of travellers, students and goods from Hong Kong.

PUBLIC HEALTH EDUCATION

33. Within days of the SARS outbreak, the Government launched a massive public health education campaign. The main focus was to raise awareness about the way in which SARS was transmitted, to highlight groups at risk of infection and to publicise simple and effective ways to prevent the spread of the disease.

34. The campaign included a series of leaflets, pamphlets, radio and television APIs, newspaper advertisements, posters, outdoor advertising and publicity on public transports. The campaign was implemented by the ISD, in conjunction with the DH and other departments and bureaux.

APIs

35. The Director of Health recorded her first bilingual (English and Chinese) TV API in the ISD studio the week after the first confirmed case. This API was broadcast in parallel with another multi-slide API to provide

general advice on preventive measures. They were followed by a number of other SARS-related APIs by medical professionals from the DH.

36. To enable urgent messages to be disseminated to the community as quickly as possible, many APIs were produced in-house by the ISD with facilities that had previously not been used for such purposes. This proved to be an effective method to communicate with the community over the TV and radio. With the co-operation of TV and radio stations, new announcements could be broadcast within 24 hours if needed – an unprecedented undertaking for APIs.

37. Some APIs allowed the Government to convey specific messages to special target groups, such as appeals to Amoy Garden Block E residents, who left their apartments before the isolation order was implemented, to contact the DH. Others were deployed to appeal for understanding and support of the entire community to tackle this public health threat.

38. In another unprecedented move, the Government decided to devote all of its TV and radio API airtime for SARS-related publicity matters. This ensured saturation coverage during peak and off-peak periods.

39. By end-March 2003, six TV and five radio APIs had been given saturation airtime to convey SARS-related messages. During the course of the SARS outbreak, 17 TV APIs and 20 radio APIs were broadcast over 12,000 minutes of TV airtime and 16,000 minutes of radio airtime.

Media Partnership

40. To maximise publicity mileage, the Government also forged partnership with the media by fielding public health officials on special “fight SARS” programmes produced by the commercial TV and radio stations as well as Radio Television Hong Kong.

41. The importance of personal and environmental hygiene was highlighted in all publicity materials. Key messages included the need to wash hands frequently, symptoms of infection and household or workplace disinfection guidelines. Where possible, catchy phrases in English and Chinese were used to help imprint messages into the community’s mind (e.g.

“Cleaning is fine with 1 to 99”, and “Just say ‘Hi’ and wave ‘Goodbye’”).

42. The “1:99” API, which urged householders to clean homes with a 1:99 solution of diluted household bleach, was so well received that the Federation of Hong Kong Film Makers has used the phrase as the title of a series of 11 short films on SARS now being produced by top directors in Hong Kong.

Printed Publicity Materials

43. Printed information was an essential component of the public communications efforts. Some 20 million copies of 18 bilingual leaflets (Chinese and English) and 13 multi-lingual leaflets were produced by ISD and distributed to different sectors of the community such as tourists, households, schools, building managers and domestic helpers.

44. To ensure all sectors were well informed, the leaflets were printed in more than a dozen languages. Information for visitors was provided in French, Italian, German, Dutch, Japanese, Korean, Tagalog, Indonesian and Thai. Information leaflets for ethnic minority groups and migrant workers were provided in Nepali, Urdu, Hindi, Sinhala, Malay, Thai, Indonesian and Tagalog. Translation was arranged with the help of consulates and local community organisations. These leaflets were distributed through consulates, community groups, supermarkets and District Offices.

45. Radio and TV APIs in various Asian languages were produced for broadcast on the English channels. As mentioned earlier, posters, newspaper advertisements, a dedicated SARS website, advertising on public transports and outdoor giant screens were also part of the saturation publicity campaign.

Hotlines

46. Apart from conveying our messages through the mass media, the Government set up a 24-hour education hotline and a hotline designated to answer enquiries from the public. In collaboration with other local organisations, we organised health talks to keep the community informed of the disease and preventive measures. More than 150 health talks have been

organised throughout the 18 Districts in the territory. To effectively contain the disease in the light of changing circumstances, updated guidelines and services were provided to the public whenever necessary.

EXPERIENCE GAINED

47. Faced with the unprecedented outbreak of a new disease, the Government's initial communications efforts were by and large dictated by the need to respond to a growing public health threat caused by an unknown agent.

48. From the beginning, the Government decided to ensure maximum transparency and openness in the dissemination of information, even during the initial stages when little was known about the disease. Throughout the period under review, it has been the Government's conviction that the timely release of factual information was essential to help alleviate community anxiety and to provide a proper perspective on the threat posed by the disease. Such an approach proved effective in garnering public support and understanding for preventive measures, including isolation orders, health declarations and taking of body temperature.

49. The Government's transparency and openness in the flow of information, and close liaison with international health authorities such as the WHO, allowed for the quick dissemination of information in Hong Kong and abroad. This also helped to win international understanding and confidence in our resolve and capability to fight the disease. A case in point was the sharing of scientific information released by doctors, researchers and academics in Hong Kong with the global scientific communities.

50. Engagement of the local and overseas communities also helped to spread accurate and updated information on the Hong Kong situation around the world.

51. The 'standardisation' of daily press briefings (same place, same time, same spokespersons) provided the media with a greater degree of certainty to plan coverage. The timing was deliberately fixed to facilitate coverage on prime-time TV and radio news bulletins, as well as provide the print media with enough time to plan story placement for the following day's papers.

52. The public education blitz – in particular the use of the Internet

and the in-house production of APIs – proved effective in disseminating much needed information about the disease, as well as raise community awareness about the urgent need for better personal and environmental hygiene. A positive spin-off from the campaign was the high degree of social cohesion, which paved the way for the revitalisation programmes by Team Clean and economic relaunch efforts.

53. Looking ahead, the formulation of the public communications strategy outlined above provided valuable experience for the Government, as the multi-pronged model developed during this trying period could be fine-tuned for implementation in the unfortunate event of major public health outbreaks in the future.

ANNEX

Titles of all leaflets and APIs produced during the SARS period

**Health, Welfare and Food Bureau
Government of the Hong Kong Special Administrative Region
August 2003**

Leaflets on SARS

<u>Date of Publication</u>	<u>Title</u>
24.3.2003	Prevention of Atypical Pneumonia
27.3.2003 (31.3.2003) (2.4.2003)	Information for Visitors to Hong Kong (Versions in English, German, French, Italian, Dutch) (Versions in Japanese, Korean, Tagalog, Indonesian, Thai, Malay, Hindi)
27.3.2003	Guidelines for Crowded Places
28.3.2003	Guidelines for the Workplace
30.3.2003	<i>Preventive Measures</i> (in Indonesian, Sinhalese (Sri Lankan), Tagalog, Thai)
3.4.2003	Wash Hands
4.4.2003 (9.4.2003) (23.4.2003)	<i>Preventive Measures</i> (Version in Japanese) (Versions in Nepalese, Urdu (Pakistani))
4.4.2003	Advice for Employers of Domestic Helpers
7.4.2003 (26.5.2003)	Guidelines on Disinfection of Households (Versions in Tagalog, Thai, Indonesian, Nepalese, Urdu (Pakistani))
7.4.2003	Guidelines on Inspection and Disinfection of Common Parts of Buildings
8.4.2003	Wear Your Face Mask Properly
9.4.2003	Guidelines for Employers and Employees
14.4.2003	Toilet Hygiene
25.4.2003 (26.5.2003)	A Reminder for Parents (Versions in Tagalog, Thai, Indonesian, Nepalese, Urdu (Pakistani))
6.5.2003	Be a law abiding citizen

<u>Date of Publication</u>	<u>Title</u>
23.5.2003 (26.5.2003)	Health advice for people who have been in contact with SARS patient <i>(Versions in Tagalog, Thai, Indonesian, Nepalese, Urdu (Pakistani))</i>
30.5.2003	How Drainpipe Traps Protect your Health

APIs on SARS (Television)

<u>Date of Broadcast</u>	<u>Title</u>
21.3-31.3.2003 24.5-29.5.2003 30.5-9.6.2003 10.6-22.6.2003	Prevention of Atypical Pneumonia (General) <i>Version in Hindi</i> <i>Version in Indonesia</i> <i>Version in Urdu</i>
21.3-4.4.2003	Director of Health on the preventive measures against SARS
27.3-8.4.2003	Dr L Y Tse of Department of Health on Environmental Hygiene
28.3-31.3.2003	Appeal from the Secretary for Health, Welfare and Food: high-risk groups to report to the Department of Health
29.3-9.4.2003	Dr Cindy Lai of Department of Health on health declaration forms
2.4-10.5.2003	Wash Hands
4.4-7.4.2003	The Isolation of Block E of Amoy Gardens
8.4-14.5.2003	Household Cleaning – 1:99
16.4-10.5.2003	Director of Health on Early Treatment
25.4-27.5.2003	Prevention of Atypical Pneumonia (for Students)
26.4-27.5.2003	Permanent Secretary for Education and Manpower on the prevention of SARS in Schools (for Parents)
14.5-22.6.2003	Director of Health on Personal Hygiene
26.5-14.6.2003	Quit Smoking
3.6-22.6.2003	Director of Social Welfare on acceptance of SARS victims and their Families

APIs on SARS (Radio)

<u>Date of Broadcast</u>	<u>Title</u>
19.3-4.4.2003	Prevention of Atypical Pneumonia (General)
28.3.2003	Wearing Masks
28.3-8.4.2003	Environment
29.3-9.4.2003	Health Declaration Form
1.4-10.5.2003	Wash Hands
4.4-8.4.2003	Isolation of E Block, Amoy Gardens
8.4-17.4.2003	Prevention of Atypical Pneumonia (for public transport drivers)
8.4-3.6.2003	Household Cleansing – 1:99
9.4-18.4.2003	Prevention of Atypical Pneumonia (for public transport passengers)
16.4-25.4.2003	Taking Body Temperature I
16.4-10.5.2003	Director of Health on early treatment
18.4-17.5.2003	No Spitting
23.4-26.4.2003	Taking Body Temperature (Lowu)
25.4-27.5.2003	Prevention of Atypical Pneumonia (for students)
26.4-8.5.2003	Taking Body Temperature II
26.4-27.5.2003	Permanent Secretary for Education and Manpower on prevention of atypical pneumonia in schools (for parents)
14.5-22.6.2003	Director of Health on personal hygiene
15.5-3.6.2003	Taking Body Temperature III
11.6-27.6.2003	Prevention of Atypical Pneumonia (for outbound travellers)