

A COMMUNICATION KIT FOR A PRESS CONFERENCE

BIN-SHENQ HO

Medical Officer/Commander of Global Outbreak Assistance Corps of Taiwan

Taiwan Centers for Disease Control

Republic of China (Taiwan)

Part 1 PRESS RELEASE

Joint press release: the Infectious Diseases Society of Taiwan, Nosocomial Infection Control Society of Taiwan, the Taiwan Centers for Disease Control

Taiwanese man wounded by gunshot in India confirmed to be colonized with NDM-1 *Klebsiella pneumoniae*

Taiwan CDC urges people to comply with hand hygiene and proper use of antibiotics to prevent emergence of antimicrobial resistance

05 OCTOBER 2010 | TAIPEI -- The Taiwan Centers for Disease Control (Taiwan CDC) confirmed the first isolate of NDM-1 *Klebsiella pneumoniae* in Taiwan. The case has not developed any symptoms of infection and is considered as having Enterobacteriaceae colonization, namely being an asymptomatic carrier. The case does not meet the clinical characteristics of NDM-1 Enterobacteriaceae infection listed in Category IV Notifiable Infectious Disease.

Surveillance System Works To strengthen the surveillance of NDM-1 Enterobacteriaceae infection in Taiwan, Taiwan CDC has not only monitored occurrence of international outbreaks and promptly established the mechanism for case-reporting and laboratory testing, but also actively paid close attention to the health conditions of the victim from a Taiwanese TV station who was shot and wounded in India and collected specimens from the drain site, urine and rectal swab for bacteria culture and identification. The laboratory test results showed that only rectal swab was culture-positive for carbapenem resistant *Klebsiella pneumoniae*. NDM-1 gene was detected by PCR and was confirmed by sequencing. This strain was identified as NDM-1 *Klebsiella pneumoniae*. In light of the fact that the case underwent an abdominal operation and antibiotics treatment in a country at risk for NDM-1 infection, the isolated strain is considered as imported. Currently, the patient has been recovering well and is in good health. Since there is no substantial evidence to recommend decolonization, hospital has permitted his discharge. Taiwan CDC has obtained the patient's consent for him to regularly receive follow-up testing.

Control Measures Continue Unlike other common infectious diseases that are spread through direct person-to-person contact or droplet transmission, NDM-1 infection occurs mainly through the process of invasive medical treatment such as surgery or wound treatment that could cause opportunistic infection in patients. Additionally, Enterobacteriaceae primarily colonized the intestine. As the domestic sanitary sewer system and the tap water supply system in Taiwan are very well-constructed, there should be little concern for community-acquired outbreak. Furthermore, the case returned to Taiwan accompanied by an SOS physician. All the medical wastes produced during the journey were brought back by the SOS physician and handled as regulated. The seats and toilets used by the case and the accompanying SOS physician in the aircraft have been cleaned and disinfected. Upon arrival, the case was immediately admitted to a single isolation ward in a medical center in northern Taiwan. The hospital staffs and visitors were asked to comply with contact precautions and hand hygiene.

Hand Hygiene and Proper Use of Antibiotics Are Urged Overuse and misuse of antimicrobials and the spread of resistant organisms among individuals, communities, and countries have made antimicrobial resistance become a serious public health issue worldwide. NDM-1 Enterobacteriaceae is also one of the multidrug-resistant pathogens. To tackle this issue related to antimicrobial resistance (AMR), the World Health Organization (WHO) urged countries to adopt a multifaceted strategy aiming at integrating a number of different actions to reduce AMR. These actions include continuous monitoring, adequate use of antimicrobials by clinical doctors based on the scientific evidence and laboratory findings, adequate use of antimicrobials by the general population in compliance with the doctor's prescriptions and instructions, and strengthen infection control interventions in hospitals such as contact precautions, hand hygiene, and hospital cleaning and disinfection. To control AMR, Taiwan CDC has formulated the guideline for multidrug-resistant organisms in healthcare settings, which followed the WHO recommendations and related

literatures. Moreover, Taiwan CDC has been promoting hand hygiene, conducting infection control inspection of hospitals, and setting up various education programs to facilitate hospitals in controlling AMR and to protect the healthcare workers and the citizens.

For more information, refer to NDM-1 Enterobacteriaceae Q & A <http://www.cdc.gov.tw> and contact:

Spokesperson	Liaison Officer
Taiwan Centers for Disease Control	Taiwan Centers for Disease Control
Cell Phone	Cell Phone
E-mail	E-mail

ANALYSIS

The background of the press release was some reports regarding international NDM-1 Enterobacteriaceae cases by early September this year and domestic mass media coverage with worries incurred sometimes thereafter. Upon the live news, sent back from India, reporting a worker, from a Taiwanese TV station, who was wounded by a gunshot and received an abdominal surgery and antibiotic treatment in India on Sep. 19, 2010, the situation soon aggravated concerns. On Sep. 27, the victim was sent back to Taiwan and the concerns about whether the victim was infected with NDM-1 Enterobacteriaceae caught intensive attention as anticipated.

Through the process of public health emergency communication involved in the event, assessment, coordination, transparency, and learning to listen were practiced. Proactive communication and first announcement of real or potential risks were exploited as the event came up. Analysis of the stakeholders, including the public, the affected (esp. the victim), the interested (including the mass media), and the influential parties (the Infectious Diseases Society of Taiwan, Nosocomial Infection Control Society of Taiwan, and Association of Taiwan Journalists) and their concerns was made in advance and updated as the event went on. Therefore, target messages were addressed to the questions and concerns of important stakeholders with human rights protected and ethical dilemma dissolved as public security ensured.

At the beginning of the press release, facts with evidences were presented and cooking rumors were clarified. Key message was identified as the leading line for each section thereof, namely, "Surveillance System Works", "Control Measures Continue", and "Hand Hygiene and Proper Use of Antibiotics Are urged". The purposes of the messages were to build trust, to prevent panic, and to guide the public the due practices regarding the event. According to monitoring and evaluation of the communication, the press release and the press conference in company further capacitated Taiwan Centers for Disease Control (TCDC) for professional confidence and authority.

The messages were clear and concise and with pertinent basic information well presented in the press release and further information provided as reference to website. Spokesperson and

liaison officer were provided as routine for further communication and follow-up. Specifically, timely, clear, and targeted messages were delivered to maintain visibility. And, relevant partners were invited to the press conference and for future collaboration. Notably, the news was released after the international communities, among others, including WHO, were informed of the event as soon as TCDC confirmed it on Oct. 04, 2010. International standards of professionalism were adopted as a reference all through.

PART 2 COMMUNICATION PLAN FOR A PRESS CONFERENCE

To hold a successful press conference, the following general steps are recommended:

01. situation analysis, including surveillance/monitoring of the event, decision making platform, and response to the event
02. goal identification
03. strategy development
04. message design and framing
05. target audience/stakeholders identification
06. channels/networks choice
07. contact list check-up
08. partners in collaboration
09. timing consideration
10. setting organization
11. supplementary tools/instruments
12. chronology and procedures
13. communication characteristics to be taken into consideration
14. scenario simulation/practice
15. notification/announcement of the agenda
16. communication kit preparation, including press release, documents with more detailed information on the situation of the event, background information, contact list, tips for press conference, tips for spokesperson, resources as reference, etc.)
17. other ways complementary to press conference
18. monitoring and evaluation
19. follow-up and adaptation

To build up the capacity of public communication, including press conference, for, among others, a public health emergency of internal concern (PHEIC), the following shall be developed and practiced in advance and as routine:

01. signed endorsement from the Director-General
02. policies, including goals, responsibilities, emergency notification, activation of the media communication plan, information verification and approval, disclosure of sensitive information, designated spokespersons, communication roles and responsibilities, a multi-agency Joint Information Center, and web site updates, etc.
03. procedures, rosters and checklists, including emergency notification protocol, emergency response list, media contact sheet, external emergency notification roster, agency spokespersons, subject matter experts, communication checklist, communication team roles and responsibilities, communication team/function master assignment checklist, communication team individual assignment sheets, emergency communication event assessment, key messages, location and inventory of fact sheets, media kits, and other informational materials

Checklist as below is indicated to ensure the structure, probably the process, and hopefully the outcome of the press conference to go as expected.

01. resources and materials for planning
 - Communication coordinator has been assigned
 - A spokesperson has been assigned.
 - Updated contact lists are available.
 - Technical equipment and personnel are available.
 - Logistics and transport have been arranged.
 - Key health and disaster management agencies have been contacted.
 - Health authorities understand the need for information management and communication.
 - Other partner agency visibility standards are understood.

- Communication and information management activities used in previous emergencies have been analyzed.
- Best practices and lessons learned have been studied.

02. preparation of the plan

- Identify the priority needs of the population, the health sector, and the media.
- Establish objectives for responding to urgent needs.
- Ensure that objectives include communication and information management.
- Determine resources and time needed to carry out objectives.
- Map out and assign communication projects, activities or production of materials to be undertaken by the partners engaged.
- Update the inventory of available information and educational materials.
- Renew (or establish) relationships between the media and key health sector and disaster management agencies.
- Work with decision-makers to determine the type of relationships they require with communication media during the disaster.
- Manage visibility for partners engaged.
- Establish and carry out periodic reviews of mechanisms in place for monitoring and evaluation.
- Maintain a record of the planning process and of tasks in order to simplify evaluation and documentation of the work.

To further organize a press conference, esp. when facing a PHEIC, we need a road map to follow. Although the practice could be adjusted to the each context and the real situation, the general approach can be outlined. The press release cited and analyzed in Part 1 was actually part of the press conference that followed the steps organized below.

Before the press conference

01. Analyze the situation of the public health event.

02. Identify the target audience and stakeholders.
03. Decide the goal of the press conference.
04. Define the objectives of the press conference.
05. Develop the strategies of the press conference.
06. Design and frame the main message.
07. Choose channels/networks.
08. Develop the specific press conference case kit.
09. Invite representative stakeholders and professional experts to attend the press conference.
10. Choose the date and the time to hold the press conference.
11. Secure the location, usually the press conference room of TCDC, sometimes the press conference room of Ministry of Health, and occasionally an outreaching setting, for the press conference room.
12. Issue the press conference invitation/announcement to both the media and the contact persons through the channels updated as required, which includes e-mail, fax, telephone, web instruments, and any other complementary channels as agreed upon.
13. Contact the media, esp. the key players, to make sure that the concerned issues will be covered.
14. Orient the setting to the press conference. Usually, the Liaison office leads the logistic team to arrange the details of the setting. When indicated, e.g. during an epidemic, outsourcing could be considered.
15. Simulate the press conference if possible. Anticipate questions and answers, e.g., about the evolution of the crisis and unfolding of the events.
16. Update the information before the press conference and remember bringing the communication kit.

During the press conference

01. The Liaison Officer shall be in the press conference room, say, 3 to 5 minutes before the start of the press conference.
02. The press release could be distributed with the assistance of the Liaison Office 1 to 3 minutes before the start of the press conference.
03. The Spokesperson, along with the invited stakeholders and professional experts, shall attend the press conference on time, though 30 seconds to 1

minute ahead would be preferable.

04. The Liaison Officer shall be responsible for the agenda of the press conference and announce the commencement of the press conference after consulting the media, the Spokesperson, the invited stakeholders, and the invited professional experts.
05. The Liaison Officer shall introduce the Spokesperson, the invited stakeholders, and the invited professional experts to the media, and, if indicated, vice versa.
06. The Liaison Officer shall announce the subject and the agenda of the press conference and invite the Spokesperson to address the issue of the press conference.
07. The Spokesperson, after the short opening remark, could follow the flow of the press release to deliver the message in line with the single overriding health communication objective (SOHCO) to address the main concern(s) of the public and the media.
08. The Graphs, tables, photos, video/audio images/messages, and properties prepared in advance could be helpful to demonstrate the main message of the press conference.
09. Before the closure of the message delivery, the Spokesperson shall express being willing to answer questions.
10. The Liaison Officer shall open the floor and request questions from the media.
11. The Liaison Officer shall introduce the media person who raises the question. The Spokesperson shall write down the question raised.
12. In response to the question from the media, the Spokesperson shall first salute the media person and repeat the question. The Spokesperson could answer the question by self and/or refer the question to the pertinent stakeholder/professional expert. The latter case would be preferable when the media consults the opinions of the relevant stakeholders and professional experts.
13. The Spokesperson shall lead the press conference in line with the main message and practice the SOHCO strategy. The invited stakeholders and professional experts shall deliver the main message through, though possibly totally different but, coherent approaches so that the main

message could be cleared communicated.

14. Rumors should be clarified and errors/corrections should be acknowledged.
15. The Liaison Officer shall take care of the agenda of the press conference and prepare the closing of the press conference in time. After consulting the media, and the Spokesperson, and if indicated, the invited stakeholders, and professional experts, the Liaison Officer shall appreciate the attendance of the media after the short closing remark of the Spokesman.

After the press conference

01. Post the factual record of the press conference on the website.
02. Clarify any questions raised during the press conference and promised for further reference.
03. Evaluate the press conference and monitor the reactions of the public and the media.
04. Exploit other ways complementary to the press conference
05. Adapt to the future unfolding of the public health event.

Annexes

01. Contact list of partners/actors (internal document updated on a routine basis)
02. Contact list of communication (internal document updated on a routine basis), including phone number, fax number, and email of contacts for newspapers, radio and television, web/mobile news, and magazines.
03. Press conference logistics, outsourcing contracted on a yearly basis, also consulting <http://www.prhelper.com/publicity/press-conferences-planning-1.php>

REFERENCES

Communication I: Strategies for communication in public health. Dr. Astrid Stuckelberger, Professor Philippe Chastonay, Satyajit Sarkar and Dr. John Rainford, 2010.

Communication II: Tools for communication in public health. Dr. Astrid

Stuckelberger, Professor Philippe Chastonay, Satyajit Sarkar and Dr. John Rainford, 2010.

World Health Organization Outbreak Communication Planning Guide (2008)
<http://www.who.int/ihr/elibrary/WHOOutbreakCommsPlanngGuide.pdf>

News Conference: Tips and Tools
<http://www.bordc.org/involved/newsconf.php>

Effective Media Communication during Public Health Emergencies: A WHO Handbook (2005)
<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK.pdf>

Information management and communication in emergencies and disasters.
http://new.paho.org/disasters/index.php?option=com_content&task=view&id=997&Itemid=1