Challenges in communication during Emerging Infectious Diseases (EID) management. Eighth edition of the Val-de-Grâce School’s Seminar on EID, Paris, France, 29th March 2019

CONFERENCE SUMMARY

Authors

Paul LE TURNIER*, Jocelyn RAUDE, Catherine LEPORT, Corinne JADAND, Bruno HOEN, Didier CHE, Sylvie SARGUEIL, Patrick ZYLBERMAN and Jean-François GUEGAN

Affiliations:

- Centre Hospitalier Universitaire de Nantes, Nantes, France (P. LE TURNIER);
- École des hautes études en santé publique, Rennes, France (J. RAUDE, P. ZYLBERMAN);
- Université Sorbonne Paris Cité, France (J. RAUDE);
- Aix-Marseille Université, Marseille, France (J. RAUDE);
- IRD, Marseille, France (J. RAUDE);
- INSERM Marseille, France (J. RAUDE);
- IHU Méditerranée Infection, Marseille, France (J. RAUDE);
- Université Paris Diderot et Inserm, Paris, France (C. LEPORT);
- Assistance Publique-Hôpitaux de Paris, Paris, France (C. LEPORT);
- Centre Hospitalier Universitaire de Nancy, Nancy, France (B. HOEN), Santé Publique France, Saint-Maurice, France (D. CHE), Independent health journalist, Paris, France (S. SARGUEIL);
- Université de Montpellier, Montpellier, France (J.-F. GUEGAN); FutureEarth programme, Paris, France (J.-F. GUEGAN)

* Corresponding author: Paul LE TURNIER. Email: Paul.LETURNIER@gmail.com
Mailing address: Service des Maladies Infectieuses et Tropicales, Hôtel-Dieu, 1 place Alexis Ricordeau, 44093 Nantes Cedex 1

Phone: +33 2 40 08 31 12 / Fax: +33 2 40 08 33 30

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The 8th Val-de-Grâce School’s Seminar on Emerging Infectious Diseases (EID) was held in Paris, France, on March 29th, 2019. The goal of this seminar was to bring together, in a “One-health” perspective, scientists, experts and decision-makers interested in human, animal and plant health, social sciences, environmental sciences, prospective analysis, biosafety and defense. In the era of social networks and fake news, communication appears to be a challenging and key issue to address in the management of EID. Indeed, communicating during EID events and crises should make it possible to maintain control over the (mis)information circulating among the public and the health professionals involved, but also to promote behavioral changes in order to reduce individual and collective consequences of an EID, including dissemination. Therefore, the 2019 seminar focused on communicating during an EID crisis.

The seminar opened with a plenary conference given by Dr. Pierre Le Coz entitled "Communicating under uncertainty".

Using examples dating back to ancient times, he reminded the audience how difficult sending rational messages may be, when it comes to human being endowed with imagination and having concern and feeling. A few clues can help in transmitting rational messages, including a cautious approach, appropriate timing, trustworthiness and realism.

The first panel was entitled "Communication from field actors to decision makers". The first speakers were Pr. Bruno Hoen and Dr. Patrick Saint-Martin for "Feedbacks on the Zika experience in the West Indies in 2016".

They started with a brief summary of the Zika outbreak in French West Indies and how communication was prepared even before the first cases were identified. A community-based strat-
egy was set up at several levels to increase the chances of reaching the most vulnerable individuals, such as pregnant women. Despite this anticipation, the communication strategy had to be modulated according to the data available at the time of the outbreak, the evolution of knowledge, and the perception of prevention messages. Moreover, the speakers pointed out that as the incidence of the disease decreased, the French West Indies population felt less involved and receptivity to health messages waned. This needed real-time tuning of the communication strategy by regional and national health authorities.

Dr. Simon Cauchemez then gave the following talk, on "Mathematical models: making the results understandable". He discussed the objectives of those mathematical models, namely, contextualizing an epidemic phenomenon, and explaining the determinants of an existing situation at any given time. In doing so, this approach can help to predict the evolution of an epidemic and in fact to adjust the control and prevention strategies to an anticipatory approach. He highlighted the fact that these real-time models are limited by the availability of field data during the epidemic. Therefore, uncertainty of these results should be kept in mind throughout the data analysis, especially by decision-makers, and reinforcement of the links between surveillance, care and research should be anticipated.

Dr. Patrick Brasseur then delivered a presentation entitled "Crisis communication: principles, imperatives and needs of decision-makers." He explained the role of a communication coordinator in dealing with a decision-maker, and listed what a decision-maker needs to communicate, or not. He emphasized the principles established by WHO in the updated International Health Regulations to optimize communication by national authorities during crisis: 1) trust, 2) transparency, 3) consistency, and 4) acceptance of uncertainty. He pointed out the limits of those measures the sole objective of which is reassurance, and the risk of a "backfire" effect. Finally,
he highlighted that certain elements of communication are tailored to a given geographical context, and that they cannot be translocated to another different setting without adjustment.

The second panel addressed the following questions "What to say? To whom? When and How?". The first speaker was David Heard, on "Institutional communication". He stated that the sole providing of information is generally ineffective and even counter-productive when given without appropriate communication (e.g., vaccine defiance). The issue of the communication was addressed as well as that of the necessary preparation in advance of the epidemic crisis. The choice of the channels best adapted for communicating with the public, and the notion of hearing the response from the targeted audience, were also addressed during the presentation. The relevance and modalities of evaluating the communication after the crisis were also thoroughly discussed with participants.

The second speaker, Bernard Seytre, presented a session on the subject "What is health literacy? Building on the knowledge of the individuals to change behavior". The objectives of the communication are to achieve a change in social behavior towards greater autonomy and better health. To do this, communication must be based on an assessment of who are the “receivers”. An accurate assessment of the current situation and previously failed communication strategies is necessary in order to develop better-adapted methods of communication. He took as an example the instructions to reduce wildlife hunting to combat the spread of the Ebola virus, which he considered irrelevant in view of the modes of transmission during epidemic periods, and impracticable given the predominant role of bush meat in certain regions. Repressing bush hunting is therefore potentially counter-productive for education and communication towards human communities at risk.

Finally, Dr. Arnaud Veïsse and Joseph Rustico presented "Information for target populations (example of exiles)". These speakers raised the issue of difficulties in targeting particularly
hard-to-reach people such as exiled persons. To set relevant and efficient communication strategies targeting these vulnerable groups, in particular in complex environments marked by language difficulties or traumatic experiences, the incorporation of social determinants seems necessary. The role of the "health mediator" was discussed as a potently effective solution to foster reciprocal understanding between the vulnerable persons and the institutions (e.g. health system).

As a final message, communication in crisis situations appears essential and should be adapted over time to the evolving epidemiological situation and to the profile of targeted populations. Its many limitations must be known and anticipated by decision-makers. The use of new digitized tools such as social networks should be considered as powerful channels and used properly to guard against misinformation.

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