

Pandemic flu 2.0: what to do

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The cases of human infection with influenza A(H7N9) virus reported in China cannot be called a pandemic. Up to now, there are no signs of human-to-human transmission, as reported by the World Health Organization (WHO). Nevertheless, there is a pandemic which is actually ongoing; we could call it web pandemic 2.0. And is something that does not come without risks.

Exactly as it happened during the previous pandemic in 2009, the Chinese avian flu was intensely followed and commented about on the internet, particularly on social media. As evidenced by an hashtag-based search on Twitter, the informative and emotional content of the tweets related to the H7N9 virus in the period from 2nd to 22nd April may be grouped into five categories: neutrality, alarm, reassurance, conspiracy, distrust. Also, the trends of the number of tweets containing the hashtag 'pandemic' in the last years and in the last twenty days are related with the spread of the H7N9 virus (more details about this analysis may be found here: <http://tellmeproject.eu/content/tell-me-press-release-24th-april-2013>).

In 2009, a series of communication mistakes from healthcare authorities cost much in terms of trust and reliability, and left the field clear for the suspect that the pandemic was just a machination arranged by pharmaceutical industries to sell more vaccines. A suspect that shattered the credibility of those institutions that are expected to plan efficient preventative measures in case of a real pandemic. "Now it is important not to ignore the flow of information that runs through the social media and that may influence the population's behavior and, as a consequence, the course of the pandemic," declare the experts of TellMe, a consortium of the main research centers around the world dedicated to elaborate new rules for an effective 'pandemic communication'.

In these days, both the World Health Organization (WHO) and the ministers of health from several countries have activated daily online updates on the evolution of the Chinese situation. Despite some early issues, the analysis carried out by the TellMe experts revealed that these authorities seemed to have learnt how to take advantage of the potential of the new technologies. The WHO, for instance, immediately and explicitly chose Twitter as a privileged tool for their update about the number of new cases, thus proving to have understood the significant advantages of this social media in terms of risk communication: 1) it is aimed directly to the reader; 2) the 140 character limit dictates the use of short messages that are more likely to be understood; 3) it helps sharing and disseminate these messages. This sober kind of communication avoided alarms on the one hand and offered transparency – even when remarking what is still unclear – on the other. In this way, it managed to ward off the accusations of plots and conspiracies that often follow this kind of situations. Until now, those movements that are used to see Big Pharma's hands behind every move made by healthcare authorities had not so much room on the social network.

The TellMe study concluded that the response from healthcare authorities to the appearance of the new avian flu virus H7N9 in China has been more proper, transparent and adequate than in 2009. "But there is still room for improvement," insisted the TellMe experts. "Communication plans that involve health workers should have been already established, and institutions should have been already active on the main channels – like Facebook, Twitter, YouTube – to report and explain facts also at the national level, to hinder conjectures and exploitations, and at the same time to monitor what is going on in the blogosphere."

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