D5.2

Networking Report

2nd Reporting period
WP5 Dissemination and Policy Dialogue

Responsible Partner: ZADIG

Due date of the deliverable: M36 (31st January 2015)
Actual submission date: M36 (31st January 2015)

Dissemination level: PU

TELL ME - Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence.
Project co-funded by the European Commission within the 7th Framework Programme – HEALTH theme

Executive summary

This document describes the networking activities carried out within the framework of Work Package 5 *(Dissemination and Policy Dialogue)*, and more particularly in the context of Task T5.2 *(Networking activities)*. This task comprised two distinct, but nonetheless equally important sub-tasks for the project: 1) the establishment of the *TELL ME External Advisory Board (ST5.2.1)*, and 2) the organisation of the *TELL ME Final Conference (ST5.2.2)*.

Networking activities constituted an integral part of the TELL ME communication strategy, not only as an instrument to sustain an open and continuous dialogue with key representative stakeholders on policy and risk management issues, but also as a process of opening pathways and moving beyond project walls, so that TELL ME could reach out and confer with a wider spectrum of stakeholders in the field of risk and outbreak communication.

The establishment and presence of an External Advisory Board (EAB) in the lifecycle of TELL ME had multiple benefits for the project. The EAB members' commitment to their role and the high level of expertise and viewpoints expressed from their respective professional fields, added another dimension on the value of TELL ME research outcomes and how could these be relevant for different audiences. Another significant contribution of the EAB had been the extensive review of key reports of the TELL ME project, and suggestions to focus our efforts to address actual and emerging challenges from a risk communication perspective, such as the case of the Ebola epidemic in West Africa. The TELL ME EAB meetings also played a pivotal role, as these events allowed for the consortium to liaise directly with experts on the board to get feedback on their work, but also to deepen discussions around certain communication issues and explore possibilities for implementation of project outcomes into practice.

The TELL ME Final Conference, which was held on the 5th of December 2014 in Venice, crowned the efforts to establish an extended network of experts, in the form of a community of professionals who seek to approach from different perspectives issues pertinent to risk communication and international public health threats. At networking level, the TELL ME Final Conference had been successful in providing a platform for representatives from different groups of stakeholders to meet and discuss, but most importantly made a decisive step for the creation of synergies and strengthen the bond between relevant EU-funded projects in the field, such as ECOM, ASSET and PHEME, in the hope that TELL ME outcomes could serve also for the future development of these projects.

The ST5.2.1 report is sub-divided into three parts. The first part presents the procedure followed for the establishment of the External Advisory Board and some information on the members. The second part presents notes and input received by the EAB from the 1st meeting that was held in Rome, as organised by the former consortium partner, CSSC. The third part presents a report based on the 2nd meeting, where TELL ME partners presented to the EAB members the various end-products with the aim to develop a better understanding about how these could be promoted and exploited by health agencies and organisations.

The ST5.2.2 report is a stand-alone document which presents information relevant to the organisation of the event and provides an overview of the presentations and discussions held in the two days of the event. The dedicated conference webpage further includes presentations and recordings from all the different sessions, which can be viewed at http://tellmeproject.eu/node/338.

ST5.2.1

The TELL ME External Advisory Board

2nd Reporting period
WP5 Dissemination and Policy Dialogue

Responsible Partner: ZADIG
Contributing Partners: -

Dissemination level: PU

TELL ME - Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence.
Project co-funded by the European Commission within the 7th Framework Programme – HEALTH theme

PART I

ESTABLISHMENT OF THE TELL ME EXTERNAL ADVISORY BOARD

TABLE OF CONTENTS

LIST OF ANNEXES

1. Introduction

The TELL ME project was created in response to European Commission Call (DG Research and Innovation - HEALTH), for the development of an *evidence-based behavioural and communication package to respond to major epidemic outbreaks*.

After the mixed results of public health campaigns aimed at preventing the spread of influenza during the 2009 A(H1N1) pandemic (including the controversies raised by vaccination and anti-viral drug campaigns), it became apparent the need to revise the current wisdom about human behaviour in pandemics, communication policies, and the involvement of health professionals in the process of risk and outbreak communication. To this end, the TELL ME project set as an overarching goal to address the challenge of the growing trend of low adherence to non-pharmacological protective measures and the increasing refusal to vaccination among different segments of the population. It is envisaged that the TELL ME outcomes and end-products can lead to better preparedness and response to future major infectious disease outbreaks.

In such context, the TELL ME project initially planned to collect and assess evidence about population behavioural responses to infectious disease outbreak, and further to identify and emerging challenges and new methods for communications. As a next step, the consortium sought to develop a new framework model for risk communication to secure optimal preparedness toward infectious disease threats, a set of strategies and recommendations encapsulated in an integrated practical guide for outbreak communication, an online course for heath workers and an innovative social simulation software for decision makers, specifically designed by the TELL ME project to allow public health officials and agencies to plan communication policies and strategies for future infectious disease outbreaks.

Having regard to these objectives and the wider vision of the project, the External Advisory Board (EAB) was conceived as an extended network of experts within the sphere of TELL ME, who could advise on scientific aspects and stay in tune with other concurrent initiatives for the duration of the project, and have a crucial role in the consortium efforts to actively promote the TELL ME brand and end-products to a wider audience of stakeholders. Furthermore, the polyphony in views and perspectives offered by members of the EAB would ensure that complex issues and challenges in risk and outbreak communication are addressed in a comprehensive and balanced manner, as reflected in the outcomes of the TELL ME work .

This report provides more detailed information on the purpose of the EAB, describes the process for the establishment of the EAB and finally, covers any activities carried out within the scope of the task. Relevant supporting material and technical documentation is provided in the form of Annexes.

2. Purpose of the External Advisory Board

As already mentioned in the introduction, the TELL ME EAB was formed as an external body of high-level professionals and experts in the field of infectious disease epidemics, risk management and public health communication. The main purpose of the EAB had been to assist in the development of two-way communication channels to facilitate knowledge-sharing and the exchange of information between TELL ME and relevant international agencies and organisations. Moreover, the role of the EAB was pivotal for the evaluation of key phases in TELL ME towards accomplishment of the project's objectives. According to the EAB Terms of Reference document, the purpose of the EAB would be achieved within the context of five main tasks which are outlined below:

a) **Liaise closely with the most relevant international agencies and organisations** to enhance our understanding of the needs, interests and priorities of key stakeholders in this field.

b) **Contribute that TELL ME stays in tune with concurrent initiatives and other projects in the field** to facilitate the creation of synergies with other professionals and networks of experts.

c) **Provide expert advice and feedback on selected TELL ME deliverables** as another formal layer in the validation process.

d) **Communicate and exchange of information with the TELL ME consortium** around any issues and areas of focus in the TELL ME project.

e) **Attend the TELL ME EAB face-to-face meetings** to ensure that members remain fully updated on the progress and constructive discussions can take place around the development of the TELL ME products.

It can thus be seen that the External Advisory Board would have a valuable role to play in TELL ME. With this in mind, in establishing the EAB it was important that an appropriate group of expert stakeholders would be chosen. The following section describes the process of selecting and establishing the TELL ME External Advisory Board.

3. Setting up the External Advisory Board

To ensure that the External Advisory Board (EAB) has an optimum impact and is useful to the TELL ME project, it was necessary to obtain a good balance between representative stakeholders and experts. In accordance with the Description of Work, the main objective was to achieve representation from institutional actors both at national and international level, but also expert stakeholders from diverse professional backgrounds. Another central issue had been to ensure there is appropriate gender balance between members of the EAB.

3.1 The call for experts

As mentioned earlier, the principal goal of this task has been the setting up of an advisory board that would comprise between 6-8 high-level members, as experts in the field of public health communication, risk management and infectious disease outbreaks. The identification of potential candidates was the first step in the process and this action was performed in three directions:

- by addressing formal request to TELL ME partners to nominate potential candidates based on their network of contacts;
- by searching online databases of European and international organisations and agencies, to identify potential other candidates;
- by retrieving names from the TELL ME Stakeholder Directory (Deliverable D2.1).

The process of nomination of potential candidates by TELL ME partners was completed in April 2012, where a total of seven experts from different professional fields were identified. The online database search was completed in May 2012, which also return some good results. Next, the responsible partner (CSSC) consolidated a list of potential candidates for the EAB, who were shortlisted on the basis of some key criteria, which included:

- Multi-sectoral representation / Inter-disciplinary group of experts
- Representation of both international and national organisations
- Representation from diverse geographic region
- Gender balance

3.2 The establishment of the EAB

Prospective members of the TELL ME EAB were contacted in early June 2012, by sending a formal *Invitation Letter* where some context was provided around the TELL ME project and some indication about the role of the TELL ME EAB (Annex 1). Overall, there was an extremely positive and enthusiastic response and a total of 10 experts finally agreed to sit on the board. The profile of the EAB members and the characteristics of the group matched the selection criteria which had been set in advance. More particularly, as shown in Figure 1, five different sectors were represented in the formation of the TELL ME EAB.

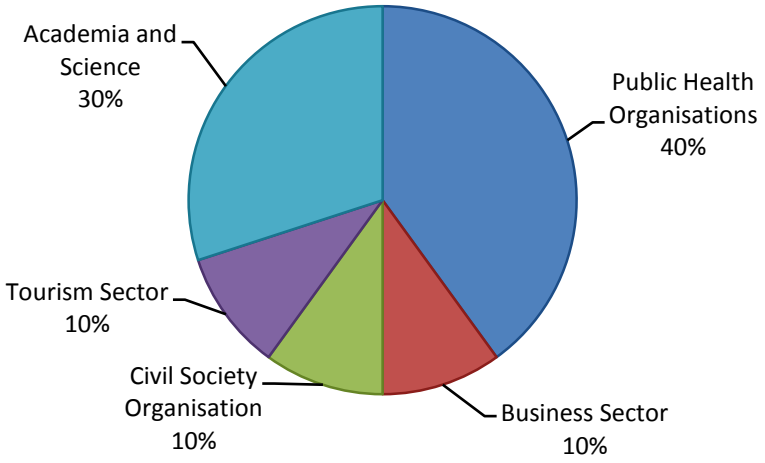


Figure 1: Sectors represented by the selected advisory board.

The gender balance of the selected advisory board can be seen in Figure 2, which was close to the ideal 50% split.

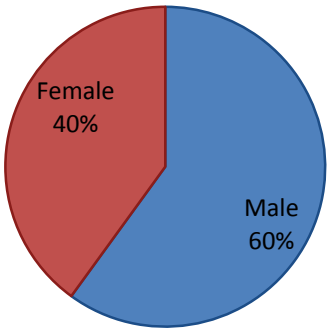


Figure 2: Gender balance of the selected advisory board.

As a next step in the process, the prospective members received the *TELL ME EAB Terms of Reference*, a document which included information on the aims and scope of the TELL ME project, as well as descriptions on the role and responsibilities of the EAB (see Annex 2). The EAB was formally established with members' agreement to sign the *Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)* (Annex 3). The 10 experts who comprised the TELL ME External Advisory Board are listed below.

Table 1: TELL ME External Advisory Board – Members List

NAME	AFFILIATION
Dr. Pier Luigi LOPALCO	European Centre for Disease Prevention and Control (ECDC) • ***Head of Vaccine Preventable Disease Programme***
Prof. Karl EKDAHL	European Centre for Disease Prevention and Control (ECDC) • ***Head of Public Health Capacity and Communication Unit***
Dr. Gaya M. GAMHEWAGE	World Health Organization (WHO) • ***Coordinator Flagship Communications***
Dr. Dirk GLAESSER	World Tourism Organisation (UNWTO) • ***Coordinator - Risk and crisis management***
Ms. Moya WOOD-HEATH	British Red Cross Society & Red Cross European Union Office • ***Emergency Planning and Civil Protection Advisor***
Prof. Bernardino FANTINI	Université de Genève • ***Professeur Ordinaire / Directeur***
Dr. Jean-Claude DESENCLOS	Institute de Veille Sanitaire • ***Director of Infectious Diseases Unit***
Dr. Virginia BARBOUR	Public Library of Science (PLoS) • ***Medicine Editorial Director, Chief Editor, PLoS Medicine (UK)***
Mr. Mark HEYWOOD	Union Bank of Switzerland (UBS) • ***Managing Director, Global Head of BCM***
Dr. Diane GOLDSTEIN	Indiana University • ***Professor and Chair of the Department***

ANNEX 1

Invitation Letter

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP
Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 – 00186 Rome – Italy
Phone: +39 0645551042/3 - Fax: +39 0645551044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

22/5/2012 **Invitation as Member of the TELL ME External Advisory Board (EAB)**

Dear

I am pleased to invite you to become a member of the External Advisory Board (EAB), in my capacity as scientific coordinator of *TELL ME - Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence*, partly funded by the European Commission within the scope of FP7 – HEALTH.

TELL ME is an international, multicentre, research project that involves experts from various fields such as social and behavioural sciences, communication and media, health professionals at various levels and specialties, and representatives of civil society organisations, to develop an evidence-based communication package to respond to major epidemic outbreaks, notably flu pandemics. The main outcomes of *TELL ME* will be incorporated into creating an Integrated Communication Kit for Outbreak Communication and Simulation Model to assess alternative communication strategies. TELL ME gathers 11 institutions from 8 different countries (Belgium, France, Israel, Italy, Latvia, UK, Hungry, US). More details are also available at the project web site (www.tellmeproject.eu).

Within the context of *TELL ME*, the European Commission has asked us to establish a high level group of external advisors which can support the project. The role of the EAB in this project is central and takes two directions; outwardly, by acting as the communication link between *TELL ME* and relevant international agencies, and inwardly, by providing the consortium with overarching advice regarding scientific results of the project as well as opinions and input during the key development phases of the project.

The EAB will meet every once a year, and each EAB meeting is foreseen to be held in conjunction with a project meeting in the frame of relevant *TELL ME* activities. Members of the EAB are entitled to reimbursement of travel and accommodation expenses incurred for the attendance of those meetings.

Please confirm your interest to become member of the *TELL ME* External Advisory Board by contacting directly Dimitris Dimitriou (E: dimitris.dimitriou@cssc.eu) by Friday 15th June 2012. After we receive your confirmation, we shall be sending you the EAB Terms of Reference, as a next step in the process.

Yours sincerely,

Emilio Mordini

ANNEX 2

Terms of Reference

TELL ME External Advisory Board

TERMS OF REFERENCE

External Advisory Board (EAB)

TELL ME Project

Grant Agreement N°278723

Transparent communication in Epidemics:

Learning Lessons from experience, delivering effective Messages, providing Evidence

7th RTD framework programme

Theme: [HEALTH-2011.2.3.3-3]

Start date of the project: 01-02-2012
Duration: 36 months
Scientific Coordinator: Emilio MORDINI, CSSC
Administrative Coordinator: Olivier DE BARDONNECHE, VITAMIB

1. Purpose

This document describes the Terms of Reference (ToR) for members of the External Advisory Board (EAB) of the TELL ME project. The purpose is to formally inform the EAB members about the overall aims and rationale behind the project and to describe in detail the scope and responsibilities of the EAB in TELL ME.

2. Background and vision behind the TELL ME project

The TELL ME project was created in response to European Commission Call (DG Research and Innovation - HEALTH), for developing an *evidence-based behavioural and communication package to respond to major epidemic outbreaks*.

The European Commission points to the fact that the 2009 influenza H1N1 pandemic has demonstrated a general underestimation of the need for evidence-based communication tools. For this reason, research in this area needs to move along two different axes. First, research that focuses on behavioural traits and ways that human behaviour influences disease transmission, vaccine acceptance or refusal, and antiviral therapy acceptance in the general population during a crisis. Second, research that focuses on developing appropriate communication methods, especially regarding complicated messages and advice based on uncertainties, a changing epidemiological picture and information gaps. Another target is to evaluate the knowledge and address attitudes towards vaccination for a better understanding of the level of acceptable risk in vaccination in relation to the perceived risk of disease. As a result of this exercise, test strategies can be developed to support vaccine uptake with special focus on new communication strategies for health professionals and agencies to engage with vaccine-resistant groups.

Overall, the outcomes of this project will lead to a better communication preparedness for the next major epidemic outbreak and minimise deviations between perceived and intended messages during the full course of the pandemic.

3. The TELL ME project

TELL ME is almost a self-explanatory acronym: **T**ransparent communication in **E**pidemics: **L**earning **L**essons from experience, delivering effective **M**essages, providing **E**vidence. This project has indeed an innovative, multi-annual, multi-national, and multi-institutional character, aiming to provide evidence and to develop models for improved risk communication during infectious disease outbreaks, notably flu epidemics and pandemics. The project is co-funded by the European Commission under the Seventh Framework Programme (FP7) for Research and Technological Development , under the HEALTH theme.

After the mixed results of public health campaigns aiming to prevent the spread of flu during 2009 pandemic (and some controversies raised by vaccination and anti-viral drug campaigns), there is a need to revise the current wisdom about people behavior in pandemics, communication policies, and the involvement of health professionals. TELL ME will develop innovative communication strategies encapsulated in an integrated Communication Kit for outbreak communication. The Communication Kit will then be tested thought the use of innovative social simulation software, specifically designed by TELL ME to allow policy makers and decision takers to plan in advance communication policies and strategies during future flu outbreaks.

The TELL ME consortium comprises of a multi-disciplinary team of professionals from twelve institutions (Universities, National Institutes of Health, Media and Communication Companies, Research Centres, Professional Organizations, Civil Society Organizations) and eight different countries (Belgium, France, Hungary, Israel, Italy, Latvia, United Kingdom, United States). As a whole, the TELL ME consortium combines the highest expertise in different fields, creating a virtual centre of excellence on public health communication during epidemics.

More specifically, the TELL ME consortium consists of:

Centre for Science, Society and Citizenship (IT)
Vitamib SAS (FR)
BMJ Publishing Group (UK)
CEDARThree (UK)
University of Surrey (UK)
Superior Institute of Health (IT)
European Union of General Practitioners (BE)
Latvian Centre for Human Rights (LV)
Free University of Brussels (BE)
National Disaster Life Support Foundation (US)
University of Haifa (IL)
Zadig (IT)

4. Key objectives in TELL ME

Further to the project aims outlined in Section 3, the key objectives of the TELL ME project are:

1. **To collect and assess evidence about population behavioural responses** to infectious disease outbreaks, and ways in which different types of communication can affect human behaviour.
2. **To identify and report emerging challenges**, new methods and tactics in communication concerning infectious disease outbreaks.
3. **To produce a series of guidance documents** on new communication strategies for health professionals and agencies to effectively engage with vaccine-resistant groups.
4. **To develop an integrated, evidence-based, communication package (TELL ME Communication Kit)**, which will offer a new participatory model for crisis communication.
5. **To design, construct and test a prototype** of a computational method for simulating the actions and interactions of autonomous decision-making entities within a virtual environment during an epidemic outbreak, in order to observe the emergence of effects at the macro level (Agent-Based Social Simulation).

5. Scope of the EAB

Having regard to the vision and objectives of TELL ME, the External Advisory Board (EAB) is expected to play an important role in this project, contributing in a number of ways. Issues related to population behaviour and communication in response to major epidemic outbreaks are highly complex to approach, having multi-dimensional extensions for the general public, health care professionals, national authorities and supranational organisations. For the duration of the project, the EAB shall provide overarching advice

regarding scientific results of the project, and to assist in establishing strong communicational channels between TELL ME and relevant international agencies and organisations.

In specific, the diverse professional backgrounds, experiences and perspectives of members in the EAB will ensure the comprehensiveness of approach made to issues related to the project and the overall validity of results, reflected on the project's deliverables. Most importantly, the role of the EAB will be facilitate communication and the exchange of information outside TELL ME, and create those necessary links between the project and relevant international agencies and organisations.

6. Role of the EAB members

As member of the External Advisory Board in TELL ME, your role will be to:

a) Liaise closely with the most relevant international agencies and organisations

This project makes an all-inclusive approach to effectively address issues of communication during infectious disease outbreaks, and to achieve these objectives we will need to maintain active links with various international organisations and agencies, to enhance our understanding of the needs, interests and priorities of key stakeholders in this field. You will be asked to disseminate concrete outputs of TELL ME to selected organisations, with the purpose of receiving feedback on the potential impact these results could have in future plans, in response to an infectious disease outbreak. You will be asked to inform the consortium of the organisations' views and positions towards the project outcomes. You will be expected to liaise closely with governmental organisations and international agencies, and inform the consortium of any innovative steps taken in the field where the TELL ME project operates.

b) Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field

The life cycle of this project is 36 months, and for this reason is important to be kept always updated regarding other initiatives and projects in the field of communication during major epidemic outbreaks. You will be asked to inform the project consortium about any concurrent initiatives and projects that strongly relate to the TELL ME project, and make an evaluation of the innovative aspects of those initiatives. Also, you will be expected to identify and/or update the project consortium about any other national or international projects in this field.

c) Provide expert advice and feedback on selected TELL ME deliverables and reports

Throughout this project, a number of key deliverables and reports will be produced by the project consortium. In principal, you will be asked to contribute with your scientific expertise in the overall evaluation of the following deliverables and reports, which are associated with specific milestones in the project:

- WP1: *Population behaviour in epidemics summary report* (D1.7)
- WP2: *Consolidated executive report on new challenges and new methods for outbreak communication* (D2.8)
- WP3: *TELL ME Communication Kit* (D3.2)
- WP4: *Prototype Software* (D4.3)

In addition, you will be receiving a finalised draft of each deliverable, open for your comments.

d) Communicate and exchange of information

The TELL ME project encourages constructive dialogue on issues relevant to TELL ME objectives; namely, the study of population behaviour during pandemics, new challenges and new methods for outbreak communication, development of new communication strategies and the development of an agent based social simulation. You are strongly encouraged to share your views and openly discuss issues related to the project by participating in our specially designed platform in TELL ME. For this, you will be provided with a unique Login and Password, so that you could access and contribute to discussions between EAB members and the project partners.

e) Attend the TELL ME EAB Meetings

To ensure an effective engagement for the EAB members, we envisage to organise a series of face-to-face and virtual meetings, for the duration of the project. Namely, you will be asked to attend each year the TELL ME EAB Meeting , and participate in virtual meetings that will have the purpose of ensuring you are kept up to date with latest developments in the project.

7. EAB face-to-face meetings

For the duration of the project, the EAB members are expected to participate in three (one per year) face-to-face meetings, also in the presence of the TELL ME consortium. This will be an opportunity to discuss and analyse more in-depth all issues surrounding the outcomes of the project in different phases. The approximate dates for the EAB meetings have been set as follows:

- **1st EAB Meeting**: November 2012
- **2nd EAB Meeting**: September 2013
- **3rd EAB Meeting**: January 2015 (+ Final Stakeholder Conference)

The EAB members will be eligible to participate also in the TELL ME Workshops and Final Conference.

The EAB members will be entitled to receive reimbursement of travel and accommodation expenses incurred for the attendance of the TELL ME EAB Meetings and/or other activities that run in conjunction with those meetings.

8. Additional information

The working language will be English.

Travel and accommodation costs will be fully reimbursed by the TELL ME project.

The views and contributions of the EAB will be highly valued and wherever possible will be incorporated to the final deliverables of the project.

Contribution of the EAB will be officially acknowledged in documents sent to the European Commission.

ANNEX 3

Commitment Letter

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

CSSC

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 – 00186 Rome – Italy
Phone: +39 0645551042/3 - Fax: +39 0645551044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012

Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)

Dear Mr Fantini,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board – Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member.

2. Your understanding of the TELL ME EAB's role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here: A Fantini *Date:* 6/8/2012

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini

E. Mordini

TELL ME Scientific Coordinator

Dimitris Dimitriou

D. D.

TELL ME Assistant Coordinator

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

CSSC

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 - 00186 Rome - Italy
Phone: +39 0645551042/3 - Fax: +39 0645551044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012	**Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)**

Dear Ms Goldstein,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board - Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member.

2. Your understanding of the TELL ME EAB's role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here: D E Goldstein Date: 1 August 2012

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini

Dimitris Dimitriou

TELL ME Scientific Coordinator

TELL ME Assistant Coordinator

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 - 00186 Rome - Italy
Phone: +39 0645551042/3 - Fax: +39 0645551044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012

Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)

Dear Mr Deserclos,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board – Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member.

2. Your understanding of the TELL ME EAB's role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here *Date:* 30 August 2012.

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini — TELL ME Scientific Coordinator

Dimitris Dimitriou — TELL ME Assistant Coordinator

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

CSSC
Centre for Science Society and Citizenship

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 – 00186 Rome – Italy
Phone: +39 0645551042/3 - Fax: +39 0645551044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012

Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)

Dear Mr Ekdahl,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board – Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member.

2. Your understanding of the TELL ME EAB's role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here: *Date:* 2012-08-06

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini

TELL ME Scientific Coordinator

Dimitris Dimitriou

TELL ME Assistant Coordinator

CSSC
Centre for Science, Society and Citizenship

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 – 00186 Rome – Italy
Phone: +39 0645551042/3 - Fax: +39 0645551044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012

Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)

Dear Mr Heywood,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board – Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member.

2. Your understanding of the TELL ME EAB's role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here: *Date:* 26/7/12

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini

TELL ME Scientific Coordinator

Dimitris Dimitriou

TELL ME Assistant Coordinator

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 - 00186 Rome – Italy
Phone: +39 0645551042/3 - Fax: +39 0645553044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012

Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)

Dear Ms Wood-Heath,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board – Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member

2. Your understanding of the TELL ME EAB's role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here: Date: 31/07/2012

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini

TELL ME Scientific Coordinator

Dimitris Dimitriou

TELL ME Assistant Coordinator

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 – 00186 Rome – Italy
Phone: +39 0645551042/3 - Fax: +39 0645551044
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012

Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)

Dear Mr Lopalco,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board – Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member.

2. Your understanding of the TELL ME EAB s role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here: _____ *Date:* 15.8.12

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini

Emilio Mordini

TELL ME Scientific Coordinator

Dimitris Dimitriou

TELL ME Assistant Coordinator

CENTRE FOR SCIENCE, SOCIETY AND CITIZENSHIP

Prof. Emilio Mordini, MD - Executive Director
Piazza Capo di Ferro 23 - 00186 Rome - Italy
Phone: +39 0645551042/3 - Fax: +39 0645551064
Email: emilio.mordini@cssc.eu Url: www.cssc.eu

24/7/2012

Letter of Commitment to sit on the TELL ME External Advisory Board (EAB)

Dear Ms Barbour,

on behalf of the whole Consortium we would like to thank you for having accepted to serve as a member of the External Advisory Board (EAB) of the TELL ME project.

You will act as an independent, external member of the TELL ME EAB, details of which you have received in the "External Advisory Board – Terms of Reference" document. By signing below, you indicate:

1. Your acceptance to join the TELL ME EAB as an independent and external member.

2. Your understanding of the TELL ME EAB's role and responsibility within the TELL ME Project.

3. Your availability to:

- Liaise closely with the most relevant international agencies and organisations
- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

4. Your understanding that this independent role is undertaken in a voluntary and pro bono form, although travel and accommodation costs incurred in attending EAB meetings will be reimbursed by the TELL ME Project, according to EU travel policy.

Please sign here: _____ *Date:* 6/9/12

We would like to express our appreciation for having the opportunity to work with you in the TELL ME Project, benefitting from your highly specialised expertise.

Yours sincerely,

Emilio Mordini

TELL ME Scientific Coordinator

Dimitris Dimitriou

TELL ME Assistant Coordinator

PART II

1st EAB Meeting in Rome

TABLE OF CONTENTS

LIST OF ANNEXES

1. Introduction

As it had been already anticipated from the TELL ME EAB Terms of Reference, the first EAB meeting was held on the 8th November 2012 in Rome, Italy. This event was convened and hosted by CSSC, within the wider scope of TELL ME activity ST5.2.1. This meeting was held in the presence of 9 in 10 EAB members. Particularly and exceptionally for this introductory meeting with the EAB members, the TELL ME partners were also invited to attend as audience, in order to effectively establish a level of acquaintance and connections with the group. Overall, a total of 31 participants were present at the 1st EAB meeting, representing 20 different European and US institutions.

The rationale for this meeting was threefold: first, to assemble the EAB for the first time in the life cycle of the project; second, to give an overview of TELL ME and all the activities carried out to date; third, to present the scope, role and responsibilities of the EAB members, and to fine-tune the work to be carried out in the future. Moreover, another aim had been to initiate a debate and fruitful discussions around policy issues and aspects of risk and public health communication during epidemics. Finally, it was aimed for this meeting to hold the election of the EAB Chair.

As presented on the agenda (Annex 1), the event was structured around two main sessions, with the first session open to TELL ME partners, while the second one was restricted for EAB members only. In sum, the first session comprised the following:

a) Welcome and opening speech by the scientific coordinator of TELL ME
b) Roll call of participants
c) Short presentation given by each EAB member
d) Open discussion with TELL ME partners

The second session aimed at fine-tuning future activities and holding the election for the EAB chair. In the following sections are summarized and presented the key issues and topics discussed during the meeting.

2. Welcome and opening speech

The introductory speeches were given by *Emilio Mordini*, director of CSSC and scientific coordinator of TELL ME, and *Dimitris Dimitriou*, assistant project coordinator, who introduced the role and responsibilities for the EAB members.

Emilio highlighted that first clear objective in TELL ME, is to elaborate better strategies for public health communication during epidemics. However the project can be also conceived in the broader scope of *how to communicate health* in a period when the contemporary concept of progress is built around periodic emergencies/crises. This consideration allowed Emilio to introduce the issue of the use of “security language” in the health sector (e.g. non-communicable diseases that are framed and communicated in of the context of a pandemic, e.g. “obesity epidemic”). Such an issue still remains to be analysed more in-depth.

Emilio suggested that the EAB members should consider themselves with a capacity of a two-way communication channel. The EAB members should perform their *channeling function* both providing advice from their institution to the project, and communicating the project’s findings and activities to their institution. In addition, EAB members serve in the board also by their personal capacity, as experts on a

specific field. The board should become an open forum, and Chatham house rules can be applied to EAB meetings, if needed. TELL ME can offer the EAB members both the opportunity to join this open informal forum and to participate to the project's research and outcomes.

Following Emilio's speech, Dimitris took the floor next and proceeded to present the project's mission and vision, the key research questions to be addressed and the key operational objectives, as well as the expected major outcomes (i.e. the TELL ME Communication Kit and the Social Simulation Software). Dimitris introduced also the purpose of the EAB and discussed expected contributions from members to the project, as specified in the EAB Terms of Reference.

This introductory presentation by the organisers of the event was followed by a roll call of all participants. EAB members provided a brief overview of their expertise in the field and responsibilities, and TELL ME project partners formally introduced themselves to the Board.

3. Policy Implications of communication in epidemics

In this first session, EAB members had also the opportunity to present their ideas and perspectives on a pre-defined set of questions, which had been sent already to them in advance.

In particular, the EAB members were requested to give a short presentation in response to the following questions:

1) What is the most relevant aspect of people behaviour in epidemics that policy makers should be aware of?

2) What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?

3) What is the most blatant and pernicious mistake that public health authorities can do in crisis communication?

The EAB members were requested to provide short presentations with the aim to identify and better understand what do the experts see as *top priority* in the field of policy-making for infectious disease outbreaks. In specific, the first question was relevant to the WP1 research objectives, while the second and the third had been conceived to collect ideas on more general issues from which the work to be implemented in the next years can benefit.

The table below (Table 1) provides a summary of the key points made by the EAB members, for each of the three questions. All presentations submitted by the EAB members are included in Annex 2 of the present report.

Table 1: Summarized responses of the EAB members across the three pre-defined questions.

EAB member	Q1. Most relevant aspect of people behaviour	Q2. Main urgent policy point	Q3. Most blatant and pernicious mistake
Ginny Barbour	- Fear - Denial - Ignorance	- Speed - Updates - Clarity of messages	- Be slow - Not present the message appropriately - Not correct errors
Jean-Claude Desenclos	- People behaviour is rational - Plans to take this principle into account and to allow for flexibility	- Be proactive, do not hide anything, present evidence and acknowledge uncertainty - Promote prevention strategies and involve health care professionals in the communication plan	- Not being proactive, not adapting to what happens, and not using a proportionate message according to the severity of the threat
Bernardino Fantini	- Intensity of the perceived risk; - Emotional response both at the individual and collective level	- To clarify the relationship between strains variability and vaccine efficacy in relation to the concept of “risk groups”	- The alternance between the under-evaluation of the risks and the excessive application of the precautionary principle
Diane Goldstein	- Circumstances of fear, distrust and information deficits are responsible for the emergence of rumors - Need to acknowledge the importance of political, cultural and societal aspects of rumors	- To provide the information and culturally trustworthy context that can actually promote public health	- Creating the association of an epidemic with locales or specific populations. Stigmatization suppresses reporting, undermine personal risk perception and can create a host of negative social, economic and health consequences for the individuals and communities
Gaya Gamhewage	- People risk perception is different from the experts’ one	- Be the first to frame the issue and speak often - Be honest - Staff training is paramount	- Focusing only on facts - Not taking into account people’s feelings and emotions - Over-reassuring

Mark Heywood	- …milling… - Fight or flight versus snap or tweet	- Classic model followed by the media during a news story: Mayhem – the scramble for facts Mastermind – expert insight and analysis Manhunt – finding someone to blame Epilogue – the longer term aftermath	- Doing or saying nothing, or being viewed as doing or saying nothing; - Being reactive
Pier Luigi Lopalco	- Trust is the crucial issue to ensure people compliance	- Set up a structured communication strategy and system to provide consistent information; - Training in risk communication and involving primary care doctors.	- Provide conflicting messages - Let risk communication be driven by political priorities - Under estimate the conflict of interest issue
Moya Wood-Heath	- Consider people behavior as rational; - Take into account public perceptions	- Be active, open, transparent, timely; - Consider the channel, tone and content; - Acknowledge the risk; - Demonstrate action and progress; - Treat people's fear seriously; - Give information that helps people to self-help	- Not providing complete information; - Not acknowledging uncertainties; - Not raising awareness during the pre-pandemic period
Dirk Glaesser	- Consider the psychological dimension of travel while dealing with public health emergencies	- Fast and sincere reporting; - Be careful when information is publicly disclosed; - Take adequate measures to assess the emergency	- Not following recommendations as per the points mentioned before

By means of a comparative analysis of the points made by the EAB members, a few interesting observations were made:

- With reference to question Q1 on population behaviour, there was considerable agreement between experts that one needs to consider the following:

  - People behaviour is rational
  - Cultural and psychological aspects, as well as emotional factors, in people's behaviour
  - The significance of 'trust'

- With reference to question Q2 on the main urgent policy points that have to be considered in public health communication strategies, the EAB experts raised four main issues:

  - Timing issue is critical: Public health authorities need to be proactive for dealing with an emergency, and promote prevention strategies
  - The need to be proportionate, honest and to acknowledge uncertainties
  - The need to consider contextual factors and people's emotions while conveying messages, and to equip people with self-helping skills
  - The need to have a structured communication strategy and to train staff on communication needs

- With reference to question Q3 on the most serious mistakes, experts generally referred to non-compliance with the previously mentioned policy requirements. The principal mistakes were identified as follows:

  - Not being proactive, not to be honest and not to be clear, proportionate and complete in the message
  - Not considering people's feelings and emotions, and the wider cultural context
  - Letting the messages being driven by (fast changing) political priorities

4. Open discussion

After the EAB members presentations, the floor was opened for further discussion on those issues. Emilio asked the experts to focus and provide more concrete suggestions on how to implement two main points:

a) the need to be proactive: what does this mean *exactly*?
b) the need to be honest: how to deal if key information is *not available*?

Mark Heywood, *Barclays*, was the first to address point (b), stating that it is important to be sincere above all and share 'what you know' if key information and evidence are not available. Honesty, can have a

significantly positive impact on people's trust toward institutional actors, and public perception of the success of the crisis management strategy.

Jean-Claude Desenclos, *Institute de Veille Sanitaire*, highlighted that an institute is simply reactive to a situation (e.g. the outbreak of an infectious disease), and from that point onwards is the Ministry of Health that needs to be the primary source of information for the public, reassuring in a way people that situation is under control. Jean-Claude also pointed out that in the context of 'sincerity', the type of information shared and communicated by the authorities should be contributing towards resolving a problem, not magnifying it.

Gaya Gamhewage, *WHO*, in response to point (a) found at least two ways to be proactive, the first being to monitor and consider the trends in social media, and the second to adequately train the responsible staff to communicate during an emergency. Gaya emphasized the need to be the first to frame the issue and to satisfy the information needs, and to take the leadership in dealing with the emergency. Seeking to reply to point (b) Gaya reported that being honest is crucial to enhance people's trust in the organization, and that, in order to be perceived as sincere, you always have to care about people's emotions and feelings.

Mark Heywood, *Barclays*, also suggested that is better for a communicator to be open and admit when they do not have the answer to a question.

Dirk Glaesser, *UNWTO*, specified the requirements of what he referred to as a "fast and sincere reporting" in communicable diseases. In a globalized world a health emergency cannot escape being reported in the media, but public health authorities have to be very careful while disclosing sensitive information, since this may affect other sectors (i.e. the touristic sector). Emilio, CSSC, pointed out that this is an evident example of the tension between individual needs and a broader community approach (aiming at the common good in this case refers to protecting tourism).

Manfred Green, *University of Haifa* and TELL ME partner, asked the EAB members to provide their opinion on the elements surrounding the conflict of interest issue, which was one of the most critical problems during the last H1N1 pandemic. Gaya Gamhewage provided WHO perspective and replied that a big mistake was that the UN agency decided not to immediately respond to the rumours on the conflict of interest and in doing so, left a critical "vacuum" that had terrible consequences on public trust towards the institution. According to Gaya, the internal/external perceptions *are the reality*, and in this case, the perceptions on how WHO handled the issue were not very good both internally and externally.

Donato Greco, *CSSC*, pointed out that the official, institutional communication is only a component of health communication and that there is the need to consider other components. First, the early information is usually provided by media, with sometimes little reference to the evidence in the hands of institutional actors'. The second problem is that in responsible national institutions, the communication strategy is usually monopolized by the press offices of the ministry cabinet, which are often politically filtered. With respect to this point, Gaya suggested that by being honest and transparent, international actors may have the opportunity to oblige also politicians to behave the same way.

5. Election of the EAB Chair

For the final session of the 1st TELL ME EAB Meeting, it was programmed to hold the election of the EAB Chair for the duration of the project. This session was restricted to the presence of the EAB members only,

and the TELL ME scientific coordinators (CSSC). All EAB members had received in advance a document entitled 'EAB Member's Bios', which included – in the form of short bios – information on the professional background and achievements of each member.

Emilio Mordini opened the session by giving a description of the role and responsibilities for the EAB Chair, including a contribution towards keeping the Board engaged and active in providing support for the life-cycle of the project, and to assist towards maintaining an efficient communication channel between the TELL ME consortium and EAB members. As a next step in the process, Emilio opened the floor to the EAB members, and asked if anyone would like to be self-nominated as candidate for Chair.

Pier Luigi Lopalco, MD Professor and Head of the Vaccine Preventable Disease Programme at the European Centre for Diseases Prevention and Control (ECDC), was the only candidate to be self-nominated. All EAB members that were present in the meeting, unanimously agreed with a round of applause to elect Pier Luigi Lopalco as the EAB Chair.

Following the result of the EAB Chair election, Emilio Mordini thanked the EAB members for their presence, participation and commitment to their role, and the 1st TELL ME EAB Meeting drew to a close.

ANNEX 1

1st EAB Meeting Agenda

1st External Advisory Board Meeting

CSSC
Centre for Science, Society and Citizenship

8 November 2012

The TELL ME Project

TELL ME is almost a self-explanatory acronym: **T**ransparent communication in **E**pidemics: **L**earning **L**essons from experience, delivering effective **M**essages, providing **E**vidence. This project has indeed an innovative, multi-annual, multi-national, and multi-institutional character, aiming to provide evidence and to develop models for improved risk communication during infectious disease outbreaks, notably flu epidemics and pandemics. The project is co-funded by the European Commission under the Seventh Framework Programme (FP7) for Research and Technological Development , under the HEALTH theme.

After the mixed results of public health campaigns aiming to prevent the spread of flu during 2009 (H1N1) pandemic (and some controversies raised by vaccination and anti-viral drug campaigns), there is a need to revise the current wisdom about people behavior in pandemics, communication policies, and the involvement of health professionals. TELL ME will develop innovative communication strategies encapsulated in an integrated Communication Kit for outbreak communication. The Communication Kit will then be tested thought the use of innovative social simulation software, specifically designed by TELL ME to allow policy makers and decision takers to plan in advance communication policies and strategies during future flu outbreaks.

The TELL ME consortium comprises a multi-disciplinary team of professionals from twelve institutions (Universities, National Institutes of Health, Media and Communication Companies, Research Centres, Professional Organizations, Civil Society Organizations) and eight different countries (Belgium, France, Hungary, Israel, Italy, Latvia, United Kingdom, United States). As a whole, the TELL ME consortium combines the highest expertise in different fields, creating a virtual centre of excellence on public health communication during epidemics.

The key objectives of the TELL ME project are:

1. **To collect and assess evidence about population behavioural responses** to infectious disease outbreaks, and ways in which different types of communication can affect human behaviour.
2. **To identify and report emerging challenges**, new methods and tactics in communication concerning infectious disease outbreaks.
3. **To produce a series of guidance documents** on new communication strategies for health professionals and agencies to effectively engage with vaccine-resistant groups.
4. **To develop an integrated, evidence-based, communication package (TELL ME Communication Kit)**, which will offer a new participatory model for crisis communication.
5. **To design, construct and test a prototype** of a computational method for simulating the actions and interactions of autonomous decision-making entities within a virtual environment during an epidemic outbreak, in order to observe the emergence of effects at the macro level (Agent-Based Social Simulation).

The External Advisory Board (EAB)

MEMBER NAME	AFFILIATION
Pier Luigi Lopalco 	European Centre for Disease Prevention and Control (ECDC) ***Head of Vaccine Preventable Disease Programme***
Karl Ekdahl 	European Centre for Disease Prevention and Control (ECDC) ***Head of Public Health Capacity and Communication Unit***
Bernardino Fantini 	Institut d'Histoire de la Médecine et de la Santé – Université de Genève ***Professeur Ordinaire / Directeur***
Jean-Claude Desenclos 	Institute de Veille Sanitaire ***Director of Infectious Diseases Unit***
Dirk Glaesser 	World Tourism Organisation (UNWTO) ***Coordinator - Risk and crisis management***
Moya Wood-Heath 	British Red Cross Society & Red Cross European Union Office ***Emergency Planning and Civil Protection Advisor***
Virginia Barbour 	Public Library of Science (PLoS) ***Medicine Editorial Director, Chief Editor, PLoS Medicine (UK)***
Mark Heywood 	Barclays Capital - Barclays Continuity Management (BCM) ***Global Head of BCM, Premises Risk and Health & Safety***
Diane Goldstein 	Indiana University – Department of Folklore and Ethnomusicology ***Professor and Chair of the Department***
Gaya M. Gamhewage [Observer] 	World Health Organization (WHO) ***Coordinator Flagship Communications***

Having regard to the vision and objectives of TELL ME, the External Advisory Board (EAB) is expected to play an important role in this project, contributing in a number of ways. Issues related to population behaviour and communication in response to major epidemic outbreaks are highly complex to approach, having multi-dimensional extensions for the general public, health care professionals, national authorities and supranational organisations. For the duration of the project, the EAB shall provide overarching advice regarding scientific results of the project, and to assist in establishing strong communicational channels between TELL ME and relevant international agencies and organisations.

In specific, the diverse professional backgrounds, experiences and perspectives of members in the EAB will ensure the comprehensiveness of approach made to issues related to the project and the overall validity of results, reflected on the project's deliverables. Most importantly, the role of the EAB will be facilitate communication and the exchange of information outside TELL ME, and create those necessary links between the project and relevant international agencies and organisations.

The role of the EAB

- Contribute to ensuring that TELL ME stays in tune with principal concurrent initiatives and projects in the field
- Provide expert advice and feedback on selected TELL ME deliverables and reports
- Communicate and exchange of information
- Attend the TELL ME EAB Meetings

Dates and Venue

8 November 2012, NH HOTEL LEONARDO DA VINCI – **ROME**

How to Get There

From Fiumicino Airport: train "Leonardo" to Termini train station – city center (www.trenitalia.it)
From Ciampino Airport: bus service to Termini train station – city center (http://www.terravision.eu/rome_ciampino.html)
NH Leonardo da Vinci is located 5 Km from the Termini Station in Rome. You can take the underground (Line A) and get off at **Lepanto,** which is 5 min walking from the hotel.

Contacts

Workshop Chair:	Emilio Mordini (emilio.mordini@cssc.eu)
Scientific Secretariat:	Dimitris Dimitriou (dimitris.dimitriou@cssc.eu)
Rapporteur:	Silvia Venier (silvia.venier@cssc.eu)
Host Institution:	Centre for Science, Society and Citizenship (www.cssc.eu). Piazza Capo di Ferro, 23 – 00186 Roma – Italy. Telephone: +39 06 45 55 10 42.
Information:	cssc@cssc.eu

AGENDA

Thursday 8th November – 1st External Advisory Board Meeting

12:30 – 13:30	Light lunch & Registration
Opening	Chair: **Emilio Mordini**, Coordinator of the TELL ME Project, Centre for Science, Society and Citizenship
13:30 – 13.45	*Welcome to the EAB*
13:45 – 14.15	*Introduction to the TELL ME Project, role and tasks of the EAB* **Dimitris Dimitriou**, Assistant Coordinator of the TELL ME Project, Centre for Science, Society and Citizenship
14:15 – 14:30	*Introduction of the EAB Members*
14:30 – 15:30	*Policy Implications of communication in epidemics* ***A 5 minutes presentation delivered by each EAB member*** Virginia Barbour Jean-Claude Desenclos Bernardino Fantini Diane Goldstein Dirk Glaesser Gaya Gamhewage Mark Heywood Pierluigi Lopalco Moya Wood-Heath
15:30 – 15:45	*Coffee Break*
15:45 – 16:45	*Discussion open to TELL ME partners*
16:45– 17:00	*Election of the EAB Chair (restricted to EAB members only)* *Adjourn*
17:00 – 20:00	*Free time*
20:00	*Dinner and networking*

Participants

EAB MEMBERS

Virginia Barbour - Public Library of Science (PLoS) (UK)

Jean-Claude Desenclos - Institute de Veille Sanitaire (FR)

Bernardino Fantini - Institut d'Histoire de la Médecine et de la Santé – Université de Genève (CH)

Gaya Gamhewage - World Health Organization (WHO) (CH)

Dirk Glaesser - World Tourism Organisation (UNWTO) (ES)

Diane Goldstein - Department of Folklore and Ethnomusicology **–** Indiana University (USA)

Mark Heywood - Barclays Capital - Barclays Continuity Management (BCM) (UK)

Pierluigi Lopalco - European Centre for Disease Prevention and Control (ECDC) (SE)

Moya Wood-Heath - British Red Cross Society & Red Cross European Union Office (BE)

PROJECT PARTNERS

Valeria Balestrieri - Centre for Science, Society and Citizenship (CSSC) (IT)

Matthew Billingsley - British Medical Journal Publishing Group (BMJ) (UK)

Chiara Cattaneo - Istituto Superiore di Sanità (CNESPS) (IT)

Olivier de Bardonnèche - Vitamib (FR)

Dimitris Dimitriou - Centre for Science, Society and Citizenship (CSSC) (IT)

Nigel Gilbert - University of Surrey – Centre for Research in Social Simulation (CRESS) (UK)

Donato Greco - Centre for Science, Society and Citizenship (CSSC) (IT)

Manfred Green - School of Public Health – University of Haifa (IL)

Eva Gutasi - Union Européenne Des Médecins Omnipraticiens/Médecins De Famille (UEMO) (BE)

Ferenc Hajnal - Union Européenne Des Médecins Omnipraticiens/Médecins De Famille (UEMO) (BE)

James James - National Disaster Life Support Foundation (NDLSF) (USA)

Anhelita Kamenska - Latvijas Cilvektiesibu Centrs Biedriba (LV)

Simon Langdon - CEDARthree (UK)

Emilio Mordini - Centre for Science, Society and Citizenship (CSSC) (IT)

Roberto Satolli - Zadig (IT)

Youssoufa Tahirou - Vitamib (FR)

Silvia Venier - Centre for Science, Society and Citizenship (CSSC) (IT)

The TELL ME Consortium

Centre for Science, Society and Citizenship (CSSC), Italy
Contact: Emilio Mordini

Vitamib, France
Contact: Olivier de Bardonnèche

Bmj Publishing Group Ltd, UK
Contact: Matthew Billingsley

CEDARThree, UK
Contact: Simon Langdon

University of Surrey - Centre for Research in social simulation, UK
Contact: Nigel Gilbert

National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS), Italy
Contact: Chiara Cattaneo

European Union of General Practitioners, Belgium
Contact: Ferenc Hajnal

Latvian Centre for Human Rights, Latvia
Contact: Anhelita Kamenska

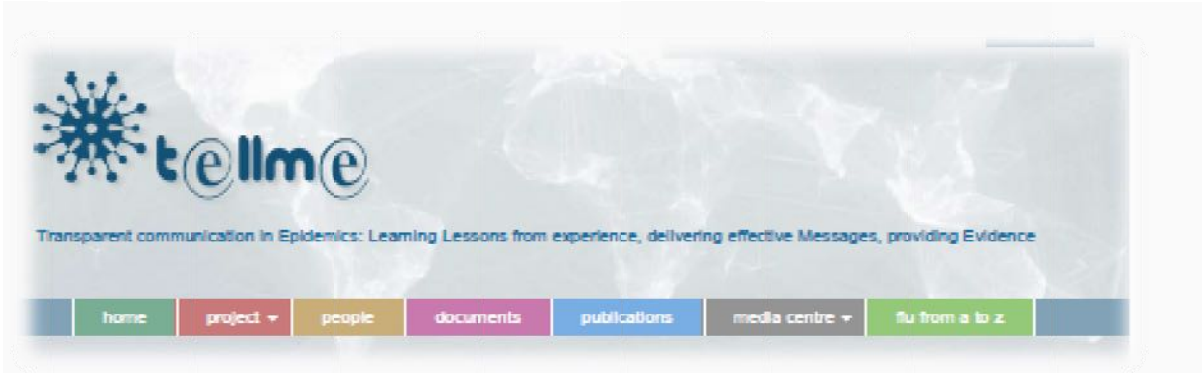
Vrije Universiteit Brussels, Belgium
Contact: Paul de Hert

National Disaster Life Support Foundation, USA
Contact: James James

School of Public Health at the University of Haifa, Israel
Contact: Manfred Green

Zadig
Contact: Roberto Satolli

MORE DETAILS ON **TELL ME** AT **www.tellmeproject.eu**



ANNEX 2

1st EAB Meeting

Presentations

Ginny Barbour, Medicine Editorial Director, PLOS
Chair, COPE

November,2012 Rome

1)What is the most relevant aspect of people's behaviour in epidemics that policy makers should be aware of?

- Fear
- Denial
- Ignorance
- Reliance on informal methods of information

2)What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?

- Speed
- Updates
- Clarity of message
  - Accuracy
  - Language
  - Age and context appropriate
- Appropriate method of communication

3)What is the most blatant and pernicious mistake that public health authorities can do in crisis communication?

- Be slow
- Not present message(s) appropriately
  - Content
  - Method of dissemination (NB social media)
- Not correct errors made by PH authorities
- Not correct rumours/inaccuracies from other sources
- Act alone

The three questions

Tell me project steering committe

Jean-Claude Desenclos

What is the most relevant aspect of people behaviour in epidemics that policy makers should be aware of?

- **Although, they may look unrationale to biomedical professional, people Behaviour follow rationale principle**
- **Need to take this principle in the planning**
  - **based on the best evidence and social understanding of epidemic and crisis management**
  - **however, plans should allow for flexibility**
  - **An epidemic, particularly a pandemic, will not behaves as anticipated from the past**

What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?

- **Have a plan for communication**
- **General issues**
  - **be proactive rather than reactive**
  - **do not hide anything**
  - **based on facts and evidence**
  - **should be proportionate to what is observed in the fields and not only to *a priori* models**
  - **aknowledge uncertainties**
- **Should promote key prevention strategies at the community level and that make sense to each cytizen**
- **Include health professional in the communication strategy from the beginning**

What is the most blatant and pernicious mistake that public health authorities can do in crisis communication?

- **Not being proactive**
- **Stick too closely to what the plan says (do not adapt fast enough to what happens !)**
- **Communication based on a « Ministry of interior » approach!**
- **Being too alarmist and not reconsidering that the pandemic is much less severe than expected (or the opposite) !**
- **Lack of communication from senior experts from public health institutions because of the theory of «one spokeman only in crisis management »**

1) What is the most relevant aspect of people behaviour in epidemics that policy makers should be aware of?

- The intensity of the perceived risks for health and social conditions (the impact on individual and family conditions), linked to the relevance of the emotional response at individual and collective levels

---

Bernardino Fantini
Institut d'histoire de la médecine et de la santé
Université de Genève

2) What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?

To clarify the relationship between strains variability and vaccine efficacy, in relation to the concept of 'risk groups'

Bernardino Fantini
Institut d'histoire de la médecine et de la santé
Université de Genève

3) What is the most blatant and pernicious mistake that public health authorities can make in crisis communication?

The alternance between the underevaluation of the risks and an excessive application of the *precautionary principle*, aiming at an impossible « zero risk »

Bernardino Fantini
Institut d'histoire de la médecine et de la santé
Université de Genève

What is the most relevant aspect of people behavior in epidemics that policy makers should be aware of?

Rumor is not an accurate epidemiological tool, as it is currently used in public health. The now popular and WHO mandated process of Epidemiological Rumor Surveillance (used heavily in the SARS epidemic) is often understood as based on the inaccurate notion that rumor follows cases within an outbreak, that rumour may provide early warnings of new clusters in advance of official notification, and that a change in the volume of rumours over time from a particular locality is a reasonable indicator of trend in disease. Without training in the discursive aspects of rumor surveillance researchers are often unable to understand rumor as cultural and political and as responsive to social concerns, not observations of outbreaks. It is not the rumors that are the problem, but the circumstances under which they grow, circumstances so often filled with fear, distrust, and information deficits.

What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?

Rumor occurs to fill a void. The focus on rumor needs to move from debunking or verifying, to providing the information and culturally trustworthy context that can actually promote public health.

What is the most blatant and pernicious mistake that public health authorities can do in crisis communication?

Creating the association of an epidemic with locales or specific populations. Stigmatization will suppress reporting, undermine personal risk perception and can create a host of negative social, economic and health consequences for the individuals and communities implicated in those reports.

Travel and Tourism, Public Health Emergencies and Communications

Travel and Tourism

- Sustainable and **resilient** tourism development
- 2000: 11 | 2010: 14 | 2030: 22
- 1 billion international arrivals in Dec 2012

Pandemic (H1N1) 2009

- High importance of targeted and two-way communications
- Balanced and consistent information
- Case management ‘Tit-for-tat’
- Complacency
- Branding problem
- International travel
- Fast and sincere reporting

Fast and sincere reporting

- Fundamental need to ensure that outbreaks can be contained
- The sensitivity of the tourism sector can impact fast and sincere reporting
- Inadequate handling of situations can have huge economic, social and political impacts

Japan 2011

- Modifying existing networks (IHR, UNSIC, IAEA)
- Ad-hoc transportation group
- 3 principal joint UN messages
- ICAO, IAEA, WMO, IMO, WHO, ILO, UNWTO

Japan 2011

Post 3.11 General Information

Earthquake

Dose of Radiation in the World's Major Cities updated

Radiation level in the world's major cities.

Radiation Monitoring Map

Information about Radiation

Prospect of the electric power situation

Information from Japanese Government

News in Foreign Languages

Message from International Organizations

World Tourism Organization (UNWTO)

International Atomic Energy Agency (IAEA)

World Health Organization (WHO)

International Civil Aviation Organization (ICAO)

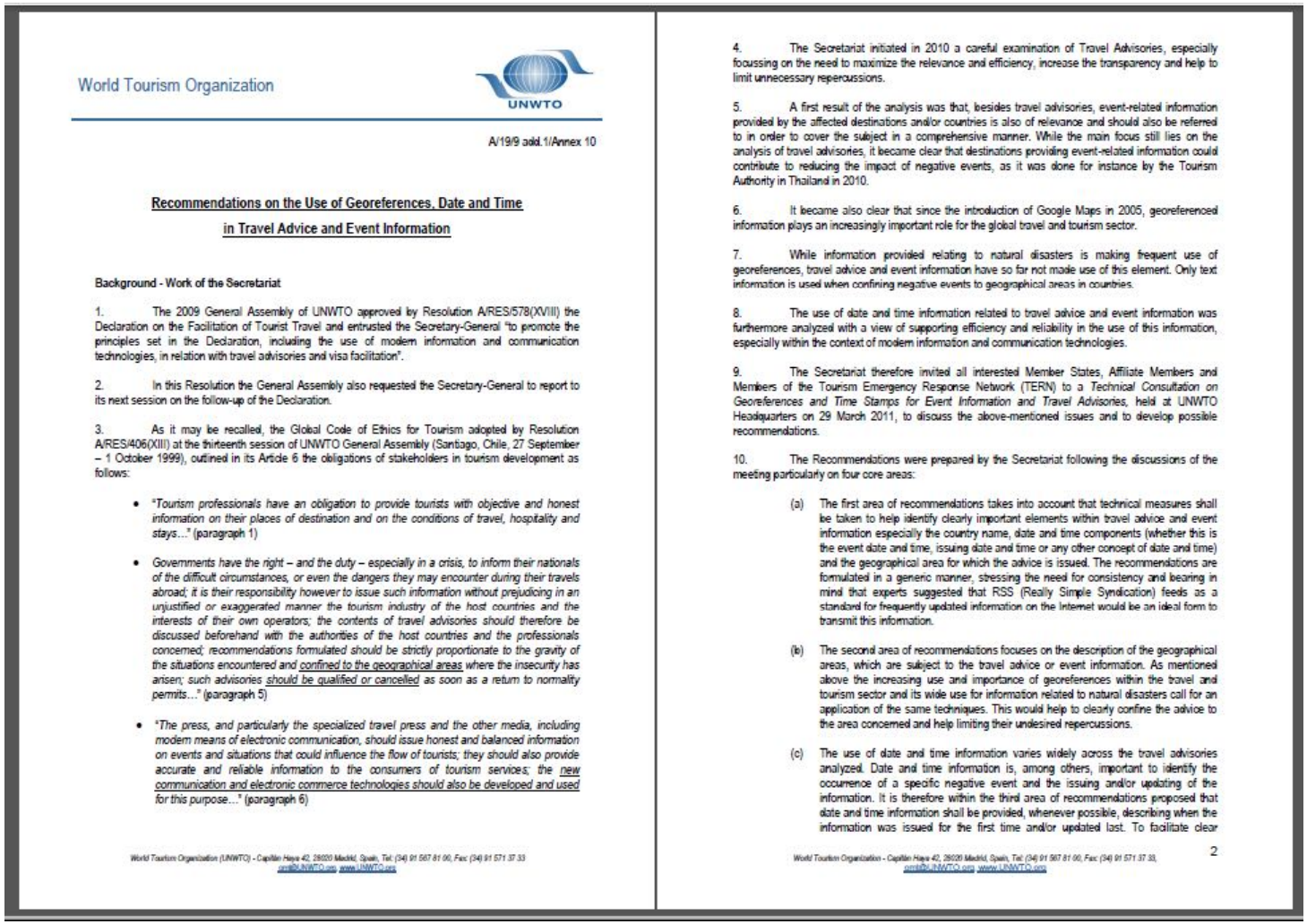
International Air Transport Association (IATA)

International Maritime Organization (IMO)

TERN

- **AAPA** Association of Asia and Pacific Airlines
- **ABTA** British Travel Association
- **ACI** Airport Council International
- **AEA** Association of European Airlines
- **AHLA** American Hotel and Lodging Association
- **ALTA** Asociación Latinoamericana de Transporte Aéreo
- **ASTA** American Society of Travel Agents
- **ATO** Arabic Tourism Organization
- **ATTA** African Travel and Tourism Association
- **CETO** Cercle d'Etudes des Tour-Opérateurs
- **CHTA** Caribbean Hotel and Tourism Association
- **CLIA** Cruise lines International Association
- **CTC** Canadian Tourism Commission
- **CTO** Caribbean Tourism Organization
- **DRV** German Travel Association
- **ECTAA** European Travel Agents' and Tour Operators' Associations
- **ETC** European Travel Commission
- **FIA** Federation Internationale de l'Automobile
- **IAAPA** International Association of Amusement Parks and Attractions
- **IATA** International Air Transport Association
- **IH&RA** International Hotel and Restaurant Association
- **ISF** International Shipping Federation
- **MPI** Meeting Professionals International
- **NTA** National Tour Association
- **PATA** Pacific Asia Travel Association
- **SKAL** International Association of Travel and Tourism Professionals
- **TOI** Tour Operators Initiative
- **UFTAA** United Federation of Travel Agents' Associations
- **UNWTO** World Tourism Organization
- **UST** US Travel
- **WTTC** World Travel & Tourism Council
- **WYSETC** World Youth Student and Educational Travel Confederation

Recommendations on the Use of Georeferences, Date and Time in Travel Advice and Event Information



World Tourism Organization

A/19/9 add.1/Annex 10

Recommendations on the Use of Georeferences, Date and Time in Travel Advice and Event Information

Background - Work of the Secretariat

1. The 2009 General Assembly of UNWTO approved by Resolution A/RES/578(XVIII) the Declaration on the Facilitation of Tourist Travel and entrusted the Secretary-General "to promote the principles set in the Declaration, including the use of modern information and communication technologies, in relation with travel advisories and visa facilitation".

2. In this Resolution the General Assembly also requested the Secretary-General to report to its next session on the follow-up of the Declaration.

3. As it may be recalled, the Global Code of Ethics for Tourism adopted by Resolution A/RES/406(XIII) at the thirteenth session of UNWTO General Assembly (Santiago, Chile, 27 September – 1 October 1999), outlined in its Article 6 the obligations of stakeholders in tourism development as follows:

- *"Tourism professionals have an obligation to provide tourists with objective and honest information on their places of destination and on the conditions of travel, hospitality and stays..."* (paragraph 1)
- *Governments have the right – and the duty – especially in a crisis, to inform their nationals of the difficult circumstances, or even the dangers they may encounter during their travels abroad; it is their responsibility however to issue such information without prejudicing in an unjustified or exaggerated manner the tourism industry of the host countries and the interests of their own operators; the contents of travel advisories should therefore be discussed beforehand with the authorities of the host countries and the professionals concerned; recommendations formulated should be strictly proportionate to the gravity of the situations encountered and confined to the geographical areas where the insecurity has arisen; such advisories should be qualified or cancelled as soon as a return to normality permits..."* (paragraph 5)
- *"The press, and particularly the specialized travel press and the other media, including modern means of electronic communication, should issue honest and balanced information on events and situations that could influence the flow of tourists; they should also provide accurate and reliable information to the consumers of tourism services; the new communication and electronic commerce technologies should also be developed and used for this purpose..."* (paragraph 6)

4. The Secretariat initiated in 2010 a careful examination of Travel Advisories, especially focussing on the need to maximize the relevance and efficiency, increase the transparency and help to limit unnecessary repercussions.

5. A first result of the analysis was that, besides travel advisories, event-related information provided by the affected destinations and/or countries is also of relevance and should also be referred to in order to cover the subject in a comprehensive manner. While the main focus still lies on the analysis of travel advisories, it became clear that destinations providing event-related information could contribute to reducing the impact of negative events, as it was done for instance by the Tourism Authority in Thailand in 2010.

6. It became also clear that since the introduction of Google Maps in 2005, georeferenced information plays an increasingly important role for the global travel and tourism sector.

7. While information provided relating to natural disasters is making frequent use of georeferences, travel advice and event information have so far not made use of this element. Only text information is used when confining negative events to geographical areas in countries.

8. The use of date and time information related to travel advice and event information was furthermore analyzed with a view of supporting efficiency and reliability in the use of this information, especially within the context of modern information and communication technologies.

9. The Secretariat therefore invited all interested Member States, Affiliate Members and Members of the Tourism Emergency Response Network (TERN) to a *Technical Consultation on Georeferences and Time Stamps for Event Information and Travel Advisories*, held at UNWTO Headquarters on 29 March 2011, to discuss the above-mentioned issues and to develop possible recommendations.

10. The Recommendations were prepared by the Secretariat following the discussions of the meeting particularly on four core areas:

(a) The first area of recommendations takes into account that technical measures shall be taken to help identify clearly important elements within travel advice and event information especially the country name, date and time components (whether this is the event date and time, issuing date and time or any other concept of date and time) and the geographical area for which the advice is issued. The recommendations are formulated in a generic manner, stressing the need for consistency and bearing in mind that experts suggested that RSS (Really Simple Syndication) feeds as a standard for frequently updated information on the Internet would be an ideal form to transmit this information.

(b) The second area of recommendations focuses on the description of the geographical areas, which are subject to the travel advice or event information. As mentioned above the increasing use and importance of georeferences within the travel and tourism sector and its wide use for information related to natural disasters call for an application of the same techniques. This would help to clearly confine the advice to the area concerned and help limiting their undesired repercussions.

(c) The use of date and time information varies widely across the travel advisories analyzed. Date and time information is, among others, important to identify the occurrence of a specific negative event and the issuing and/or updating of the information. It is therefore within the third area of recommendations proposed that date and time information shall be provided, whenever possible, describing when the information was issued for the first time and/or updated last. To facilitate clear

Thank you!

Dr. Dirk Glaesser
Coordinator
Risk and Crisis Management
World Tourism Organization

……..

Tel: + 34 91 5678 118
Fax: + 34 91 5713 733
email: glaesser@unwto.org
www.unwto.org

Thoughts on risk communications

Dr Gaya M Gamhewage

World Health Organization

What is the most relevant aspect of people behaviour in epidemics that policy makers should be aware of?

The public do not perceive risk the same way experts do.

- The danger posed by a hazard is not the only important factor in risk perception
- Risk perception is directly proportional to the levels of emotional response evoked in the public (eg: outrage, fear, apathy, etc)
- Many cultural, personal and subjective factors affect risk perception

World Health Organization

What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?

Speak first, speak often.

- Be the first to frame the issue
- Be honest about what you know and what you don't know
- Demonstrate listening
- All this can only happen if your staff are prepared, trained and ready before an epidemic or pandemic

World Health Organization

What is the most blatant and pernicious mistake that public health authorities can do in crisis communication?

Focusing only on facts is a BIG mistake:

- Not taking people's feeling and concerns into account
- Not showing that you care
- Over-reassuring

World Health Organization

TELL ME PROJECT

POLICY IMPLICATIONS OF COMMUNICATION IN EPIDEMICS

PRESENTED BY:
MARK HEYWOOD

BUSINESS PERSPECTIVE

- What is the most relevant aspect of people behaviour in epidemics that policy makers should be aware of?
  - …milling…
  - Fight or flight versus snap or tweet
- What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?
  - There is a classic model followed by the media during a news story
    - Mayhem – the scramble for facts
    - Mastermind – expert insight and analysis
    - Manhunt – finding someone to blame
    - Epilogue – the longer term aftermath

BUSINESS PERSPECTIVE

- What is the most blatant and pernicious mistake that public health authorities can do in crisis communication?
  - Doing or saying nothing, or being viewed as doing or saying nothing.
  - Effective crisis communication is proactive. Reactive communication means you never control the story, it controls you.

European Centre for Disease Prevention and Control

Communication in crisis situations

Pierluigi Lopalco
Head of Vaccine Preventable Disease Programme
Rome, 8 November 2012

What is the most relevant aspect of people behaviour in epidemics that policy makers should be aware of?

- Compliance with suggested measures (including vaccination) strongly depends on **trust**;
- Trust should be built long ahead of time and should be a priority objective of the public health programme as a whole;
- If trust in government is low, this fact should be acknowledged in order to put in place alternative communication strategies (partnership with media, use of the blogosphere, etc)

What is the main urgent policy point to be considered in media communication as far as flu epidemics and pandemics are concerned?

- **Set up a system** to provide consistent, trusted, unbiased, transparent information to the public;
- This can be done directly from public health officers and/or with the support of partners (media, social media);
- **Training** in risk communication for public health officer should always be considered a priority;
- **Involve primary care doctors** in designing the communication strategy

What is the most blatant and pernicious mistake that public health authorities can do in crisis communication?

- Provide **conflicting messages**
- Let risk communication to be driven by **political priorities**
- Underestimate the **conflict of interest** issue

Red Cross / EU Office
Bureau Croix-Rouge / UE

The TELL ME Project
1st External Advisory Board Meeting
Rome, 8 November 2012

Policy Implications of communication in epidemics

Moya Wood-Heath: Emergency Planning/Civil Protection Adviser
British Red Cross/Red Cross EU Office

Behaviour in epidemics/pandemics

- change in behaviours to reduce risk should be regarded as rational actions rather than panic
- behavioural interventions must take into account public perceptions about the:
  - event
  - efficacy of recommended behaviours
  - ease of recommended behaviours
  - cost of recommended behaviours
  - persons who are tasked with communicating the response
- generic principles of crisis communication may need some adaptation for particular contexts

Pandemic communication key points

- be active, open, transparent, timely
- consider channel, tone and content
- acknowledge the risk; frame the issue with context, examples, analogies
- treat people's fears seriously; listen well and answer the questions they want to ask
- demonstrate action and progress
- give information that helps people to self-help

Possible public health communication mistakes

Not:

- dealing with the fact that information about pandemic flu is open to misinterpretation - people not regarding flu as a serious illness, except amongst “traditional” at risk groups
- dealing with the lack of awareness of the difference between vaccines and anti-virals
- dealing with the assumption that there is medical expertise and capacity to treat pandemic flu
- taking the opportunity provided by the pre-pandemic period to build awareness and understanding of the implications of a flu pandemic
- promoting good respiratory and hand hygiene

PART III

2nd EAB Meeting in London

TABLE OF CONTENTS

LIST OF ANNEXES

1. Introduction

The 2nd TELL ME External Advisory Board (EAB) meeting was organized and held on the 22nd September 2014 in London, UK. The meeting was hosted by the British Medical Journal Publishing Group (BMJPG) at the premises of the BMA House, while Zadig Srl. led the scientific and organizational aspects of this meeting with the support of University of Haifa as the scientific coordinator of the project.

Within the context of the first meeting in Rome, EAB members were informed about the general scope of TELL ME and were presented with outcomes from the scientific work carried out during the initial phases of the project, which involved the collection of evidence and best practices in the field of risk and outbreak communication (WP1 and WP2). This comprehensive exercise that expanded over a period of 18 months, served as the basis for the development of new strategies, theoretical models and practical tools for risk and outbreak communication, presented in WP3 and WP4.

2. Objectives

Overall, the 2nd TELL ME External Advisory Board meeting had the following objectives:

- To update the EAB members about progress and future steps in the TELL ME project.
- To present to the EAB members research outcomes and end-products developed in the scope of TELL ME.
- To discuss the practical value and potential impact of the TELL ME end-products for decision makers and health professionals who operate in the field of risk communication.
- To explore any possibilities for TELL ME to link with other concurrent initiatives or projects at national or international level.
- To collect suggestions on strategies for wider dissemination and exploitation of TELL ME findings and end-products.
- To discuss communication issues and response by public health authorities, with regards to the most recent Ebola epidemic in West Africa.

3. Participants

This meeting was attended by four (4) of the External Advisory Board members since there were some last minute cancellations due to the mobilization and deployment of scientific experts and professionals from international organisations in response to the Ebola epidemic. Below, are presented the TELL ME EAB members who attended this meeting:

- **Jean-Claude Desenclos** (Director of Infectious Disease Unit – *Institute de Veille Sanitaire*)
- **Karl Ekdahl** (Head of Public Health Capacity and Communications Unit – *European Centre for Disease Prevention and Control [ECDC]*)
- **Diane Goldstein** (Professor and Chair of Department of Folklore and Ethnomusicology / Specialist in rumours and narratives surrounding epidemics – *Indiana University*)
- **Moya Wood-Heath** (Non-Executive Director – *Community Resilience UK*)

In addition, **Dr Brian McCloskey** (Director of Global Health – Public Health England) was invited to take part in the meeting as an expert from the field who leads the UK effort on Ebola in Sierra Leone.

The TELL ME consortium was represented by four partner institutions, including the British Medical Journal Publishing Group, University of Haifa, University of Surrey and Zadig Srl.

Overall, a total of 12 participants were present for the 2nd TELL ME EAB meeting, representatives of diverse professional and academic background.

4. Meeting notes

The meeting was initially structured around three parts, as seen in the agenda (**Annex I**). The first part was focussed on project partners' presenting to the EAB members main achievements, research outcomes and end-products developed in TELL ME during this time. The second part was focussed on a discussion around public health authorities' response and communication issues addressed by TELL ME with regards to the most recent Ebola epidemic in countries of the West Africa. Finally, the third part was focussed on potential for future exploitation and practical value of the project results for key stakeholders in the field of risk and outbreak communication.

The dynamic and highly interactive character of the meeting allowed for a fruitful exchange of views and comments of interest for the TELL ME project, with discussions on communication issues expanding also beyond the points set on the agenda. The next sections provide a summary of the presentations, main issues and key points that were raised during the meeting.

4.1 Welcome by the TELL ME scientific coordinator

The TELL ME project scientific coordinator, Manfred Green (University of Haifa), welcomed and thanked all participants for their presence in the 2nd EAB meeting. It was noted that presentations would be kept short deliberately in order to leave more time for discussions and feedback to be provided by the EAB members. Manfred explained that the meeting was based on three distinct concepts of particular significance to the project: 1) *present what has been done*, 2) *discuss what else should be done*, 3) *explore how to bridge theory and practice*.

In his opening remarks, Manfred noted that from a communications perspective, there are certain similarities between the more recent Ebola epidemic and other influenza pandemics in the past, and would be worth to explore these common characteristics in the future. It was also stressed the prominent role of communications in cases of major epidemics, which can be considered of equal – if not greater – importance to treating patients on the field, since effective communications can help prepare better and save even more lives.

Before providing an overview of project outcomes and achievements to date, Manfred asked from all participants to introduce themselves, with the EAB members providing a brief overview of their professional background and areas of expertise, while representative partners explained their roles and involvement in the TELL ME project.

4.2 An overview and future vision for TELL ME

The first session of the meeting continued with Manfred giving an overview of the TELL ME project. It was pointed out that a key outcome and a major strength of this project has been the formation of a

multidisciplinary and dedicated group of experts in the field of infectious disease outbreaks and communications.

The TELL ME research questions and main objectives were also presented, followed up by a short description of the project's end-products, such as the TELL ME web portal, the framework model for outbreak communication, the communication kit, the online course for healthcare professionals and the agent-based simulation model. Manfred closed this presentation with a description of upcoming tasks and activities in TELL ME, including the presence of representative partners in future international conferences and the production of the TELL ME book, with content generated directly from reports developed in the scope of the project. The full presentation can be seen in **Annex II**.

Next, Manfred opened the floor for preliminary comments or remarks by the EAB members to trigger discussion around topics of interest for the TELL ME project.

Karl Ekdahl, *European Centre for Disease Prevention and Control (ECDC)*, commented that despite the fact there is a wealth of knowledge that finds practical applications to non-communicable diseases, this has not been picked up by people who work in the field of communicable diseases. Karl proceeded to make three points in response to Manfred's presentation. First, it was emphasised the need to segment populations and meet communication requirements for different audiences on a 24/7 basis, especially during the period of the outbreak when the *timing* and *uncertainty* components are crucial for shaping public perceptions. Second, it was underlined that ECDC works together with a large amount of countries and this in itself creates a complex communication landscape to operate, and it becomes yet more challenging in cases where hard-to-reach populations need to be approached in the event of an outbreak. Last point made was about the existing firewall between public health communicators and epidemiologists and the need for each country to have a clear focal point to share reliable information for better coordination of risk communication and management, under the current leadership of the Health Security Committee.

Diane Goldstein, *Indiana University*, pointed to the fact that despite the technological advancements for two-way communications and opportunities to engage in dialogue between different actors in society, the public is still not placed at the centre of the communication process. This one-directional type of communication [from health professionals and agencies to the public] creates the conditions for misinformation to become generated, as we have seen recently also with the Ebola epidemic.

Moya Wood-Heath, *Community Resilience UK*, also highlighted key elements of risk communication that require special attention, such as producing consistent messages, ensuring transparency and continuity of information, in order to secure and maintain a relationship of trust with the public.

Manfred Green, *University of Haifa*, highlighted the gap that exists between risk communication and the practical implementation of measures, which could be attributed to lack of evaluation of the impact that such measures could have for populations in general. In addition, Manfred introduced into the discussion the dimension of terminology used to describe an event, focussing on a recent debate between expert epidemiologists of what constitutes a *pandemic*, and what implications this could have for communication of risk. A relevant point made by Manfred in this discourse was the importance to understand what connotations people make with use of each term – the word "threat" could also be added as another term in that context.

Jean-Claude Desenclos, *Institute de Veille Sanitaire*, followed up to suggest that accurate definitions about epidemics and pandemics are very difficult to achieve, since there's already a historical representation in people's conscience about events of the past, associated with an infectious disease outbreak. Then, Jean-Claude focussed the discussion back to the TELL ME project, and whether this work contains elements that could find application to the Ebola epidemic or other outbreaks in the future, given that the focus of the project had been on influenza pandemics.

In response to this last comment, Manfred stated that indeed TELL ME had been set up around influenza pandemics, however in the course of the project the consortium acquired knowledge and expertise on issues around health communication in general. In essence, the question is to explore what can we [as TELL ME consortium] do more apart from what we had been assigned to do in the first place. Karl suggested that specific to the phase of *preparedness* the communication issues have a common departure point in most cases, independent of the type of the outbreak. To this end, the TELL ME consortium members highlighted that the project has already developed some conceptual tools which could be relevant to the Ebola epidemic, and substantial work has been carried out to address the important issue of stigmatisation and discrimination in outbreak communications.

A final remark made by Jean-Claude was on the critical issue of identifying who is the most credible source to speak and communicate messages to people about Ebola, since in the case where public health authorities are perceived not to be trustworthy, the any communication strategy is destined to fail.

This opening session was concluded with Manfred drawing attention to the need for messages conveyed by health authorities to undergo constant evaluation and receive continuous feedback by several as the epidemic progresses in the next months.

The next part of the meeting included a series of presentations provided by consortium representatives, with the aim to update EAB members on the more recent activities carried out in the scope of the TELL ME project. It should be noted at this point that the presentation of a *new threat index for pandemics* could not be delivered in accordance with the schedule of the agenda due to time constraints; however, the slides from this presentation can be seen in **Annex VI**.

4.3 TELL ME Communication Kit

The first presentation was given by Dimitris Dimitriou, as a representative of Zadig Srl., on the Communication Kit currently being developed as part of Work Package 3 – Developing New Communication Strategies. Initially, the presentation provided the EAB members with some context

on the fundamental concepts used behind the development of a series of guidance documents, which offer a set of communication strategies for a range of different audiences. Namely, the four guidance documents are:

- Communication strategies for healthcare professionals and agencies
- Communication strategies for working with at-risk groups
- Communication strategies for institutional actors
- Communication strategies for preventing misinformation and addressing resistance to vaccination

As part of this presentation, key concepts and elements from the TELL ME *Framework model for outbreak communication* were presented, highlighting the links with the TELL ME *Practical guide for outbreak communication*, which document seeks to further distil information included in the guidance documents, and possibly extend to offer a set of recommendations and communication strategies to apply in other infectious disease outbreaks.

A quick overview of the objectives and highlights from the four guidance documents was presented, however it was suggested that it would only be possible for the EAB members to get a better perspective once the material is made available online. Moreover, the EAB members were provided with a timeline of the remaining activities for completion of the task, and were requested to contribute in the last phase with the validation of content of the Practical Guide.

Following this presentation, Manfred Green opened the floor for comments and questions. Karl Ekdahl commented that it constitutes a great challenge for health authorities the communication of uncertainty and issues related to vaccine side-effects or vaccines that have not been sufficiently tested but need to be introduced in the event of infectious disease outbreaks. Jean-Claude Desenclos emphasised the need to give clear indications about what happens at each phase of a pandemic in terms of communications. Moya Wood-Heath suggested that healthcare professionals can be also a source of misinformation, so the practical guide would need to address that. On the same issue, Diane Goldstein stressed that it should be also be considered that there is a cultural context behind misinformation and popular beliefs so public health authorities need to be aware of this context in order to counter emerging rumours from the onset of an outbreak. Finally, Karl Ekdahl underlined there is also a political dimension in misinformation and the generation of conflicting messages for the public, giving the example where three European countries followed a completely different strategy in ordering vaccines as a response to the H1N1 (2009) influenza pandemic.

The full presentation of the practical guide for outbreak communication can be seen in **Annex III**.

4.4 Online course for primary care staff

The next presentation was given by Roberta Villa, also a representative from Zadig Srl., on the *Online course for primary care staff*, which has been one of the first TELL ME end-products to be completed in June 2014. Roberta provided some context about the difficulties that healthcare professionals had to face during the 2009 (H1N1) influenza pandemic, mostly on their communications with the general public. It was also explained that lack of knowledge constitutes one of the main reasons that vaccine uptake by healthcare professionals remains at low levels.

The online course for primary care staff was introduced to the EAB members as a practical tool that aims to help healthcare professionals to get better acquainted with issues related to seasonal flu, vaccination and associated risk, and further to provide guidance on how to better communicate those issues to laypersons, in response to a major epidemic. Roberta also provided information on the content and sources of information used for the development of the course and different dossiers, and further presented the research work carried out in an earlier phase of the project, which constituted a milestone for the design and set up of the online course.

The participants of the meeting were presented with an example from the dossier on *Stigmatisation and Discrimination*, in order to get a better idea about the overall concept behind the online course. Further information was provided on mediums used for dissemination of the online course and next steps were presented in the process toward validation and accreditation.

Finally, it was mentioned that following the more recent developments with the Ebola epidemic in West Africa, the project team of Zadig Srl. decided to take initiative and proceed with developing an additional dossier which would be specific to Ebola, with the aim to assist healthcare professionals in the event where the virus crosses the Europe.

In the discussion that followed after Roberta's presentation, some concern was raised by Karl Ekdahl on the consistency of information that appear as part of the online course. Roberta explained that all information included derive from reliable and credible sources such as the WHO, ECDC and CDC, while the online course has yet to be validated by a number of healthcare professionals across Europe. Manfred Green suggested that it is important to make sure that information presented are clear of any contradictions and reference is made to the most up to date scientific knowledge there is available. According to Karl, the online course should not be made accessible to everyone yet until the abovementioned conditions are met, and Roberta agreed to withdraw the online course and await for the feedback provided from both the TELL ME EAB members and the healthcare professionals across Europe.

Another comment was made by Nigel Gilbert in relation to the use of appropriate language to describe or convey a message to the recipient. In particular, it was advised that scenarios on stigmatisation and discrimination issues should avoid reinforcing discriminatory language on the basis of their description. Roberta responded that words have been chosen on the basis of their frequent usage in everyday life, however it was agreed for scenarios to be revised by the expert TELL ME partner (Vrije Universiteit Brussel - VUB) on stigmatisation and discrimination issues.

The full presentation of the online course for primary care staff can be seen in **Annex IV**.

4.5 Simulation model for outbreak communication

The presentation on the *TELL ME simulation model* was delivered by Jennifer Badham, as a representative of the University of Surrey (Centre for Research in Social Simulation). Jennifer started her presentation by explaining to the EAB members what is the simulation model and how it fits in the wider context of the TELL ME project.

Jennifer continued her presentation to provide a quick overview on the design process of the simulation model, which involved drawing on scientific literature, TELL ME resources, organisation of discussion groups and workshops. Next, the *broad model logic* was presented to the EAB members,

providing explanation on the various health behaviour determinants and other factors that influence the decision-making process for an individual to adopt protective measures. Moreover, Jennifer made reference to a hybrid model used for the development of the simulation model, where different elements are employed from psychological theories on behaviour (i.e. Theory of Planned Behaviour, Health Belief Model, Protection Motivation Theory).

More context was offered on the different properties of a message (Timing – Channel – Target – Behaviour – Content) which forms part of communication plans after an infectious disease outbreak has been reported. Specific mention was made on the "content" property of messages, with an indication of the different behavioural responses and attitudes that can emerge in response to the content of a message.

A demonstration of the simulation model followed for all participants, with presentation of different types of scenarios by consideration of certain variables such as the epidemic features, behavioural responses, and communication strategy selected by decision-makers in the process. Jennifer highlighted that for the purposes of scenario-testing there was a progressive addition of elements (one at a time) in order to clearly observe the effect of each element for the communication process. Furthermore, it was underlined that the simulation model is not a predictive model but rather a prototype model to link three inherently connected components of the system of an influenza epidemic, with the aim to assist planners to assess the role of effective communication in epidemic management.

The full presentation of the social simulation model can be seen in **Annex V**.

4.6 The case of the Ebola epidemic in West Africa: A discussion on critical issues

The more recent news on Ebola virus spreading across West Africa urged the TELL ME consortium to include on the agenda a dedicated session about communication strategies and other critical issues associated with this epidemic. For that reason, Dr. Brian McCloskey CBE, *Director of Global Health*, was invited to give a talk as the leader of the UK/Public Health England effort on Ebola in Sierra Leone, with the aim to explore possible contributions for the TELL ME project in the scope of risk and crisis communications about the Ebola virus. Further to introductions with the TELL ME consortium and EAB members, Brian mentioned in his initial remarks that his speech would be divided in three main parts:

1. Provide a brief update on Ebola.
2. What have we been doing in the UK?
3. What has UK been doing in West Africa?

In the *first* part, Brian provided some context on the number of recorded cases of people who had been infected by the Ebola virus in West Africa (approx. 6,000 cases to date), and highlighted that according to available epidemiological data, at present time the epidemic is doubling every 21 days, which coincidentally is also the incubation period for the Ebola virus. The current estimation with this doubling rate is for 550,000 cases until January 2015. An Ebola virus outbreak of such magnitude has never been recorded before in the part of Africa. It is believed that main sources of the virus have been fruit bats and chimpanzees. Brian underlined that from a geographical point of view the most sensitive areas are considered those to be close to the borders with two or three other countries. Nigeria is a distinct case since the Ebola virus was transferred to some other geographical part of

Africa. According to Brian, the response to the Ebola epidemic has certain similarities to the influenza pandemic, except the fact that mode of transmission is quite different. A major factor that makes Ebola virus to be persistent and difficult to extinguish are cultural customs followed, which usually come in direct conflict with medical practices and recommendations made by scientific experts. To this end, Brian highlights the need for mobilisation of different stakeholder and community groups, while focussing at the same time on how to educate people and raise awareness about the threat of the virus.

In the *second* part, Brian noted that the UK has never had an Ebola case recorded in the past, however national public health authorities have already taken all necessary measures to be ready for such an incident. The Ebola epidemic has received a lot of attention in the UK for two main reasons: a) due to increasing concern expressed and alarming tone used by the media on the basis of worst-case scenarios being developed, and b) due to magnitude and wider implications of the epidemic in this part of Africa. As mentioned by Brian, the UK has made a lot of investments in West Africa, so there is also economic and political pressure that links to the response. To emphasise how critical the situation has become, Brian also drew to attention to the fact that the United Nations have established an Ebola crisis centre in New York, with UN Secretary General Ban Ki-moon making an appeal to the international community to increase their efforts in order to stop the spread of the virus.

Coming back to the UK preparedness plans in relation to public infrastructure, Brian said that the focus was on two main areas: a) hospitals/NH – explore options for hospitals around the country to have specialised wards for taking care of patients with haemorrhagic fever (Note: There are two hospitals in London designated for this purpose) , b) border crossings – present agencies and airport staff with information and clear instructions about monitoring and control of travellers arriving at the UK. It was noted that although some instructions will be in essence quite similar to those given during the 2009 (H1N1) influenza pandemic, it is necessary to repeat training and information since it is very easy for people to lose their perspective in the event of an outbreak, and forget even how to implement standard procedures. Also, reference was made to the difficulty of the decision whether to put up posters and leaflets or not. In the end, this proposition was rejected on the basis that such a strategy would have an impact on airline carriers since a number of people would be afraid to fly as a result, and moreover the information could be misleading for passengers arriving from West Africa as the symptoms could be similar to some other infectious disease.

In the *third* part, it was indicated by Brian that since the start of the epidemic, about a 10% of the total cases of people infected are healthcare workers and medical personnel. Most importantly, healthcare workers infected with the Ebola virus had to be transported back to their countries for treatment, and made difficult also to find replacements since there's not enough incentives for professionals to volunteer and work with patients in the affected areas in Africa. The UK has declared that a large number of fully-equipped bed-units will be built within the next weeks for healthcare workers who get infected by the virus. The message to communicate in this case is that healthcare workers will be guaranteed to receive the best possible treatment as anywhere in the world, so their decision to get to the infected areas should not be affected by a negative perception on medical infrastructure, but the opposite. Finally, Brian revealed that the initial plan for the UK was to create a total of 70 bed-units in Sierra Leone but the progress of the epidemic made the authorities realise this number would not be sufficient, so a decision was reached to go up 1,000 bed-units.

Following this presentation, Manfred Green opened the floor to initiate discussion around the issues and points raised by Brian.

Jean-Claude Desenclos asked to have a comment on the criteria or reason behind the presidential order for a 3-day lockdown in Sierra Leone, a decision that seems to have been backed up also by the WHO. Brian responded by saying that there is some ambiguity over this issue, however it is true to that the President of Sierra Leone has not been challenged for this decision. It was also mentioned by Brian that the WHO places more focus on the collection of epidemiological data and dissemination of information, instead of engaging into discussion about such type of measures implemented by governmental authorities. At this point, Brian reminded the difficulty of convincing the general public to act upon public health messages and recommendations, when even educated people cannot realise implications of their actions, providing the example of the Nigerian diplomat who escaped quarantine and infected others with the Ebola virus.

Karl Ekdahl came back to a statement made by Brian on the analogy between hospitalised patients and the number of people who are needed to attend each patient. In particular, it was mentioned that for each person there is a total of 16 people required to work around the clock to provide treatment. Karl noted that treatment of patients seems to be particularly resource-demanding and should be also considered any budget limitations. Recently, the WHO agreed that no limitations on budget apply in situation of evacuation of healthcare staff. In response to these comments, Jean-Claude argued that perhaps would be a better option to offer more financial support to NGOs that alrea7dy work in Africa, instead of attempting this “colonialist” approach with the direct intervention of Western countries.

Manfred Green asked Brian what he considers to be the most important risk communication issues for European citizens and healthcare workers in general. Brian replied that there seems to be a message that immigration and constant movements have been reasons for the emergence of infectious diseases. The greatest challenge ahead is to do more at community level and build confidence that in case a person becomes infected with the virus, there will be treatment available. In addition, people should be convinced and reminded about the risks entailed with following some particular practices, either associated with community or religion (e.g. burials).

Another question posed by Manfred was relevant to the type of messages that need to be developed for raising awareness and better instructing families on how to react, should a member of the family show first symptoms. Karl noted that when it comes to protection of others, especially members of the family or the community, we have even observed altruistic behaviour with people voluntarily leaving their home wondering aimlessly in order to avoid infecting others. Brian mentioned that some general messages have already been produced, while in Liberia people are also provided with

protective kits, a move which was met with scepticism by MSF who thinks this may prevent actually people from seeking medical assistance immediately.

The issue of information being withheld was raised by Manfred, asking to what extent could information on the Ebola epidemic be published on frequent intervals, and be provided in a context where clear messages can be crafted. Brian agreed there is no proper system set up for this, since many African countries lack sufficient resources to maintain a record that could be constantly updated. Such a system should have already been established, before this epidemic occurred. On the issue of uncertainty, Manfred expressed a question whether information that is made available from health officials means that it has been confirmed as reliable and can be traced back to the source. Brian agreed that uncertainty constitutes also a piece of information that needs to be communicated. In addition, special attention should be given to the messages conveyed and role of the mass media these weeks, as they make extensive use of upsetting images that can evoke feelings of fear and anxiety.

Diane Goldstein pointed out that the cultural context needs to be carefully considered since interventions made by other countries may be seen as intrusive and have an overall negative impact, coming in direct conflict with established norms and traditions, especially when it comes to alternative treatments. International stakeholders and organisations should avoid labelling medical interventions as “good” while rituals associated to folk religion as “bad”. Brian confirmed that such a parameter was important to address, and social anthropologists have also been employed in the communication process, to advise on how local populations could be better approached with respect to their customary practices and perceptions around Ebola and infectious disease in general.

4.7 Closing remarks

Manfred thanked all participants for their presence, especially the EAB members and Dr. Brian McCloskey who contributed to a fruitful exchange of views on communication issues surrounding infectious disease outbreaks and specifically the Ebola epidemic.

The EAB members were reminded of the upcoming TELL ME conference to which they have been formally invited. The conference has been scheduled to take place in ***Venice, Italy - 4-5 December 2014***.

ANNEX 1

2nd EAB Meeting Agenda

Agenda 02

External Advisory Board Meeting
TELL ME project

22 September 2014
London

tellme

Co-funded by the
European Union

Context

This is the 2nd EAB face-to-face meeting which is organised in the scope of the TELL ME project. The meeting is co-organised by Zadig, Leader of the 'Dissemination and Policy Dialogue' Work Package, and University of Haifa, Scientific Coordinator of the TELL ME project.

During the 1st meeting in Rome, EAB members were informed about the general scope of TELL ME and were presented with outcomes from scientific work carried out in Phase 1 of the project, which involved the collection of evidence and best practices in the field of risk and outbreak communications. This comprehensive exercise that expanded over a period of 18 months, served as the basis for the development of new strategies and tools for outbreak communications. These include:

- **A new Framework Model for outbreak communication (Completed)**
- **An Online Course for primary care staff (Completed)**
- **A Practical Guide for outbreak communication (In progress)**
- **A Simulation Model for outbreak communication (In progress)**

More information can be found on the TELL ME website: tellmeproject.eu

Objectives

Overall, the 2nd External Advisory Board meeting has the following objectives:

- **To update the EAB members about progress and future steps in the TELL ME project.**
- **To present to the EAB members research outcomes and end-products developed in the scope of TELL ME.**
- **To discuss the practical value and potential impact of the TELL ME end-products for decision makers and health professionals who operate in the field of risk communication.**
- **To explore any possibilities for TELL ME to link with other concurrent initiatives or projects at national or international level.**
- **To collect suggestions on strategies for wider dissemination and exploitation of TELL ME findings and end-products.**
- **To discuss approaches for reaching out and networking with policy makers in the field of risk communication for infectious diseases.**
- **To discuss communication issues and response by public health authorities, with regards to the most recent Ebola virus outbreak.**

Meeting date

Monday 22 September 2014

Venue

BMA House
Tavistock Square
London
WC1H 9JP

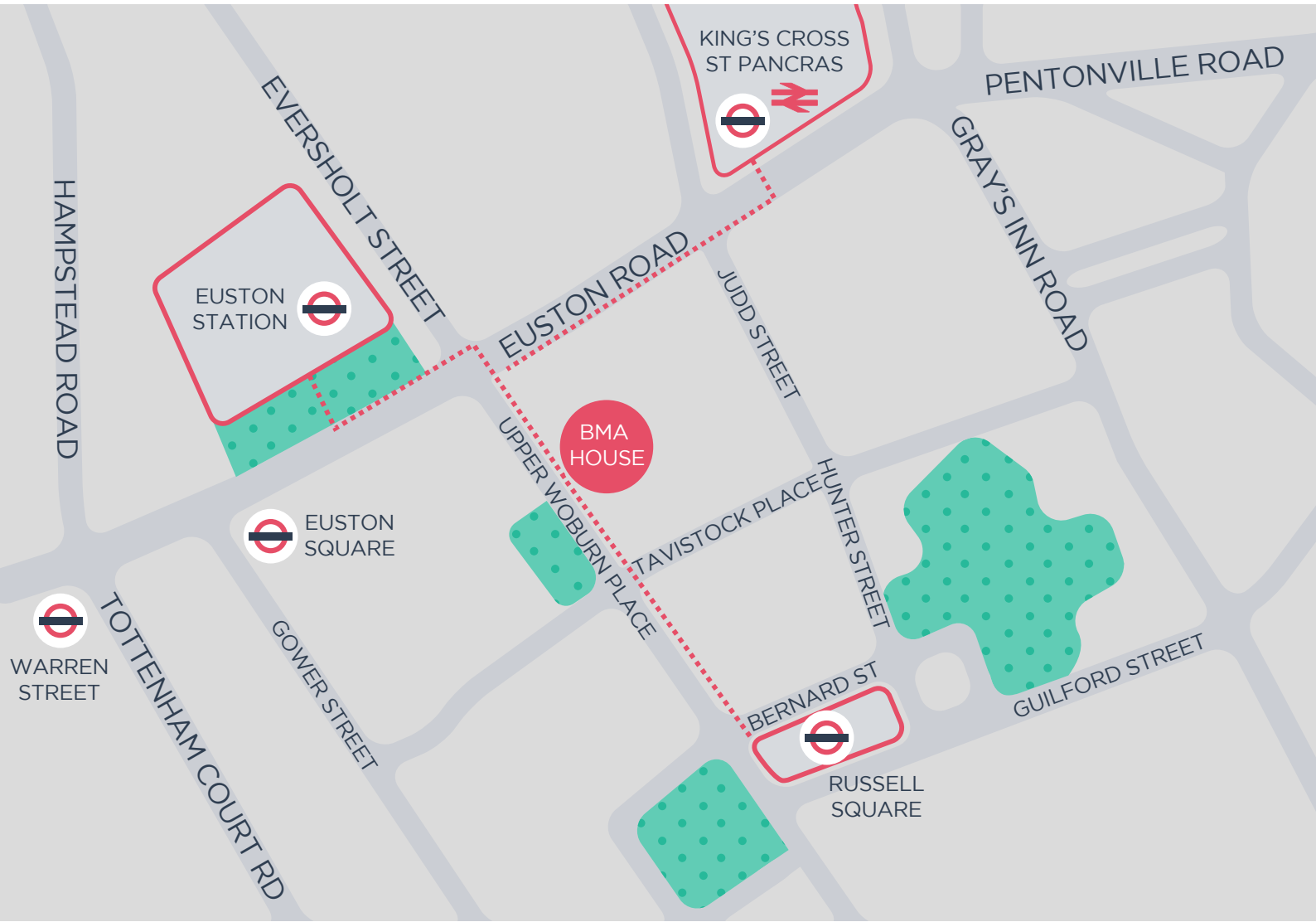
More information
bmahouse.org.uk

Contacts

Chair: Manfred Green manfred.s.green@gmail.com

Scientific Secretariat: Dimitris Dimitriou dimitriou@zadig.it

Organising Secretariat: Giorgia Von Berger vonberger@zadig.it



1. Euston Station

2. Kings Cross Station

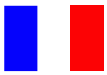
3. Russell Square Station

BMA House: **Havisham Room**

12:15 – 12:30	Meeting at the Reception of BMA House
12:30 – 13:15	Light lunch & Registration

Session 1	Chair: **Manfred Green**, Scientific Coordinator of TELL ME - University of Haifa
13:15 – 13.30	Welcome to the EAB Members by the Chair
13:30 – 13.45	Achievements to date and future vision for TELL ME **Manfred Green**, University of Haifa
13:45 – 14:00	Practical Guide for Outbreak Communication **Dimitris Dimitriou**, Zadig Srl
14:00 – 14:15	Online Course for Primary Care Staff **Roberta Villa,** Zadig Srl
14:15 – 14:30	Toward a new threat index for pandemics **Manfred Green**, University of Haifa
14:30 – 14:45	General discussion
14:45 – 15:00	Coffee Break
15:00– 15:45	Simulation Model for Outbreak Communication (Demonstration) **Jennifer Badham**, University of Surrey
15:45– 16:45	The case of the Ebola disease virus: A discussion on the communication issues that emerged in the course of the epidemic Presentation by: **Brian McCloskey**, Director of Global Health, Public Health England

Session 2	Chair: **Luca Carra**, Zadig Srl
16:45 – 17:45	Critical perspectives by the EAB members relevant to the practical value and potential for the TELL ME end-products Moving TELL ME beyond the project walls • Reaching out to policy makers • Strategies for exploitation of project's foreground • Linking TELL ME with other initiatives / Networking
17:45 – 18:00	Conclusion

Member name	Affiliation
 Pier Luigi Lopalco (Chair)	European Centre for Disease Prevention and Control (ECDC) **Head of Vaccine Preventable Disease Programme**
 Karl Ekdahl	European Centre for Disease Prevention and Control (ECDC) **Head of Public Health Capacity and Communication Unit**
 Bernardino Fantini	Institut d'Histoire de la Médecine et de la Santé – Université de Genève **Professeur Ordinaire / Directeur**
 Jean-Claude Desenclos	Institute de Veille Sanitaire **Director of Infectious Diseases Unit**
 Dirk Glaesser	World Tourism Organisation (UNWTO) **Coordinator - Risk and crisis management**
 Moya Wood-Heath	Community Resilience UK **Non-Executive Director**
 Virginia Barbour	Public Library of Science (PLoS) **Medicine Editorial Director, Chief Editor, PLoS Medicine**
 Mark Heywood	UBS **Managing Director**
 Diane Goldstein	Indiana University – Department of Folklore and Ethnomusicology **Professor and Chair of the Department**
 Gaya M. Gamhewage (Observer)	World Health Organization (WHO) **Coordinator Flagship Communications**

EAB members

Jean-Claude Desenclos
Institute de Veille Sanitaire (InVS)

Karl Ekdahl
European Centre for Disease Prevention and Control (ECDC)

Bernardino Fantini
Université de Genève

Gaya Gamhewage
World Health Organization (WHO)

Diane Goldstein
Department of Folklore and Ethnomusicology, Indiana University

Moya Wood-Heath
Community Resilience UK

Project partners

Jennifer Badham
Centre for Research in Social Simulation (CRESS), University of Surrey

Luca Carra
Zadig Srl

Dimitris Dimitriou
Zadig Srl

Nigel Gilbert
Centre for Research in Social Simulation (CRESS), University of Surrey

Manfred Green
School of Public Health, University of Haifa

Roberta Villa
Zadig Srl

Mitali Wroczynski
British Medical Journal Publishing Group (BMJ)

Consortium

Vitamib, France
Contact: Olivier de Bardonnèche

BMJ Publishing Group Ltd, UK
Contact: Mitali Wroczynski

CEDARThree, UK
Contact: Simon Langdon

University of Surrey - Centre for Research in social simulation, UK
Contact: Nigel Gilbert

National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS), Italy
Contact: Valentina Possenti

European Union of General Practitioners, Belgium
Contact: Ferenc Hajnal

Latvian Centre for Human Rights, Latvia
Contact: Anhelita Kamenska

Vrije Universiteit Brussels, Belgium
Contact: Paul de Hert

National Disaster Life Support Foundation, USA
Contact: James James

School of Public Health at the University of Haifa, Israel
Contact: Manfred Green

Zadig Srl, Italy
Contact: Roberto Satolli

This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 278723".

Design by: gary-green.co.uk

ANNEX 2

An overview of the TELL ME project (Presentation)

TELL ME

Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence

Manfred S Green MD,PhD

On Behalf of the TELL ME Consortium

EAB Meeting – London – 22-9-14

The Consortium

Partner Institution	Country
1. **Center for Science, Society and Citizenship (left)**	IT
2. **Vitamib SAS** (VITAMIB)	FR
3. **British Medical Journal Publishing Group** (BMJPG)	UK
4. **CEDARthree** (CEDAR3)	UK
5. **University of Surrey – CRESS** (SURREY)	UK
6. **Istituto Superiore di Sanità** (ISS)	IT
7. **Union Européenne Des Médecins Omnipraticiens** (UEMO)	BE
8. **Latvijas Cilvektiesibu Centrs Biedriba** (LCHR)	LV
9. **Vrije Universiteit Brussel** (VUB)	BE
10. **National Disaster Life Support Foundation** (NDLSF)	US
11. **University of Haifa - School of Public Health** (HU)	IL
12. **Zadig** (ZADIG)	IT

Six Work Packages

WP1 – **Population behaviour during epidemics**

WP2 – **New challenges and new methods for outbreak communication**

WP3 – **Developing new communication strategies**

WP4 – **Agent-based social simulation**

WP5 – **Dissemination and policy dialogue**

WP6 – **Project management**

Starting Date: Feb. 1, 2012

Duration: 36 months

Feb. 2012 to Jan. 2015

TELL ME Research Questions

- How can the general public be better motivated to take effective preventive measures during the outbreak?
- Which communication methods can deal with complexity, uncertainty, misinformation and malicious information?
- What communication strategies can maximise vaccine uptake, and assist health professionals and agencies to cope with vaccine-resistant groups?

TELL ME Objectives

- Examine evidence on population behavioural responses to ID outbreaks, and how communication affects human behaviour
- Assess emerging challenges and new methods for communication during ID outbreaks
- Develop an evidence-based communication package for health professionals and agencies to deal with vaccine-resistant groups
- Construct a software prototype, simulating actions and interactions of decision-makers and individuals during an ID outbreak

TELL ME Products

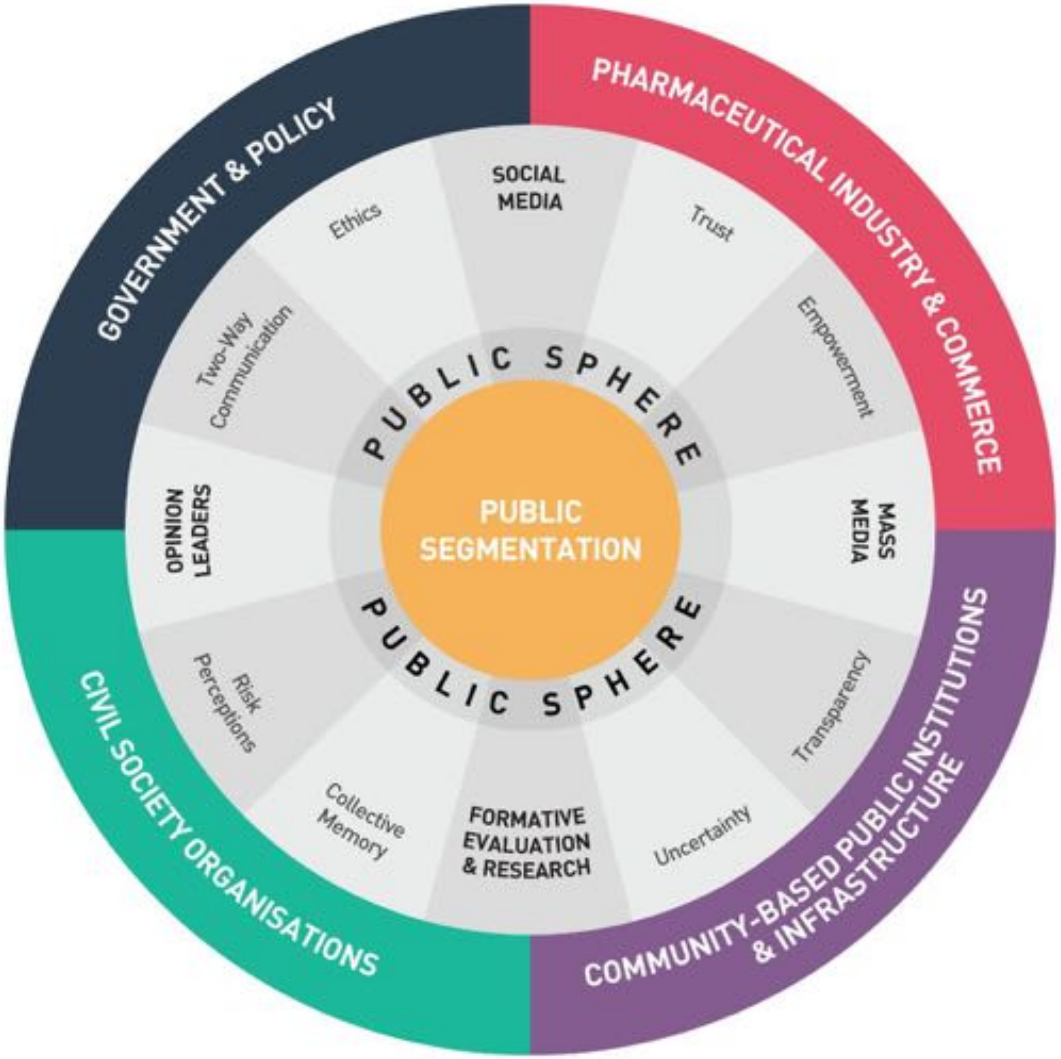
- TELL ME Website
- Framework model for outbreak communication
- TELL ME Communication Kit
- Agent-Based Simulation Model
- Online course for primary care staff

The Framework Model for Outbreak Communication

Four crucial elements determine flow of information in outbreak communication:

1. **WHO:** **Which actors are involved ?**
2. **HOW:** **What communication channels are best used by those actors?**
3. **WHEN:** **When is best to communicate messages - prior to, during or after an epidemic?**
4. **WHAT:** **What risk communication theories and tools should be used for more effective involvement of the public?**

Framework Model for Outbreak Communication



The Framework Model for Outbreak Communication

- Offers theoretical and practical tools for achieving public involvement in different stages of an outbreak
- Demonstrates the ways in which public concerns, beliefs and opinions flow between the various actors
- Shows how interactions between different stakeholders and the general public can maximize compliance

TELL ME Communication Guide

- Evidence-based, participatory model for risk and crisis communication to support health care professionals and decision makers in the different phases of a pandemic
- Aims to minimise deviations between perceived and intended messages for the public
- Uses the notion of "consensus communication"
- Examines the role of emerging communication technologies in allowing immediate public participation under crisis situations

TELL ME Communication Guide

- Four guidance documents
- A set of strategies in relation to the communication flow in the event of a pandemic
- Supports relevant actors with the development and delivery of messages to the intended audiences

TELL ME Communication Guide

1. Communication strategies for health professionals and agencies.
2. Communication strategies for working with different sub-populations and at-risk groups.
3. Communication strategies for institutional actors.
4. Communication strategies for preventing misinformation and addressing resistance to vaccination.

Agent-based Social Simulation

A simulation model to assist decision makers to understand and assess communication options in the event of a pandemic

Agent-based Social Simulation

Design methods:

- how communication affects attitudes, and how people make decisions about protective behaviour
- Participatory modelling: involves broad expertise

Build methods:

- Agent based modelling: individuals interact with their environment
- Calibration: longitudinal datasets concerning behaviour

Test methods: focus groups of health professionals

Online Course for Primary Care Healthcare Workers

- Assess the feasibility of an online course for primary care HCWs
- Develop an E-learning tool to rapidly disseminate information during a pandemic
- Examine the CME system in the EU, to identify the best open-source LMS system for the development of E-learning
- Identify the best training approach to deliver information necessary to coordinate a timely response to a ID outbreak

Online Course for Primary Care HCWs

- Most EU countries have CME systems with similar accreditation systems and recognize distance learning
- Moodle is the open-source LMS platform that meets the Project requirements
- The case-based e-learning approach is the best system to allow active learning and skill acquisition

Dissemination and Policy Dialogue - Scientific Publications

- TELL ME Website, Facebook page
- Publication in the J Disaster Medicine and Public Health Preparedness is publishing a special issue in 2014
- Publications in peer-reviewed journals such as
- TELL ME book
- Networking
- Presentation at scientific conferences

Final Tasks

- Final Publishable Summary Report (by January 2015)
- Final Stakeholder Conference (by January 2015)
- Assessment of the socio-economic impact of the TELL ME Communication Package
- Study of feasibility of “take up” activities generated by TELL ME

Thank you for your attention!

ANNEX 3

TELL ME Communication Kit

(Presentation)

TELL ME Communication Kit

British Medical Journal Publishing Group

Instituto Superiore di Sanità

CEDARThree

Zadig Srl.

TELL ME
Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence

GA 278723

01/10/2014

Where were we?

The road to the Communication Kit

2012 - Validation of WP1 findings (WP1 Summary Report)

- Review of population **behavioural responses** to the A (H1N1) 2009 influenza pandemic
- Review of **components** and issues relevant to outbreak communication
- Segmentation and specific communication needs of **at-risk groups**
- Vaccine **refusal and resistance** to vaccination
- **Urban myths** surrounding epidemics and vaccination
- Issues of **stigmatisation and risk of discrimation** against specific population segments

2013 - Validation of WP2 findings (WP2 Executive Summary Report)

- **Institutional and non-institutional stakeholders** communication requirements
- **Healthcare professionals** communication requirements
- The role of **new social media** in outbreak communications
- **Digital resources** for disease detection

Framework model for outbreak communication (D3.1)

University of Haifa

1. Theoritical concepts for public involvement in different stages of an outbreak.
2. Demonstration of the way public concerns and beliefs can flow back into the decision-making process for health organizations and agencies.
3. Escapes the frame of traditional top-down approaches and linear models, as different actors become more important with the shift of priorities in the course of a major infectious disease outbreak.

International level

1. Strengthen WHO collaboration with national focial points
2. Move up on the agenda issues of transparency and accountability
3. Cost-sharing of surveillance, especially countries with limited sources

National level

1. Integration of healthcare profesionals in the decision-making process >
2. Creation high-resolution profiles for population segments
3. Encourage research to shape public discourse and develop policies
4. Take action to prevent misinformation and rumours quickly and effectively

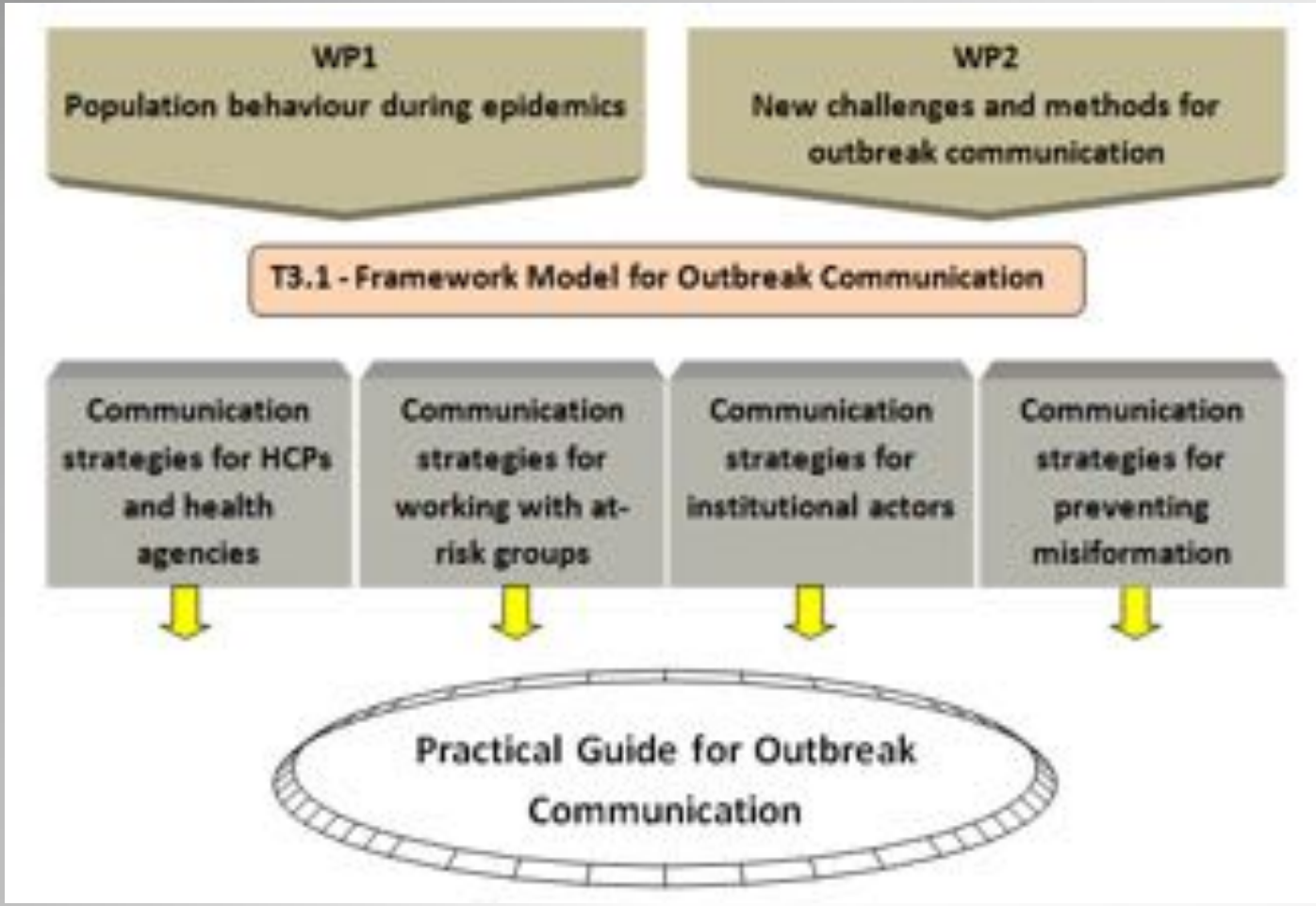
Local level

1. Health organisations to recruit opinion leaders (i.e. people with large following and presence in the community) to support the communications during campaigns > Message finds the target

Key elements of the Framework Model

Public - How to communicate effectively with the public?	Effective communications begin with "segmentation".
Mass Media - What is the role of the mass media?	Re-evaluation of the relationship with health organisations.
Social Media - How to respond to misinformation by deepening the presence of health institutions in the social media?	New technologies and techniques facilitate the analysis of trends and identification of priorities.
Opinion Leaders - How to identify and recruit opinion leaders?	The importance of interpersonal influence in outbreak communication.
Research - How to integrate research in communication procedures?	Research that formulates guidelines for health organisations' campaigns and actions.
Public Sphere - What constitutes social discourse and how can it be used to our benefit?	Understand psychological and cultural elements that form collective memory about past outbreaks.
Stakeholders - What is the best typology and what are the challenges they face?	Type of organization and level of influence its geographical implications.

A distillation process…



Guidance documents

Objectives

• Strategies for increasing vaccine uptake among healthcare professionals (HCPs) and engaging with vaccine-resistant groups during disease outbreaks.

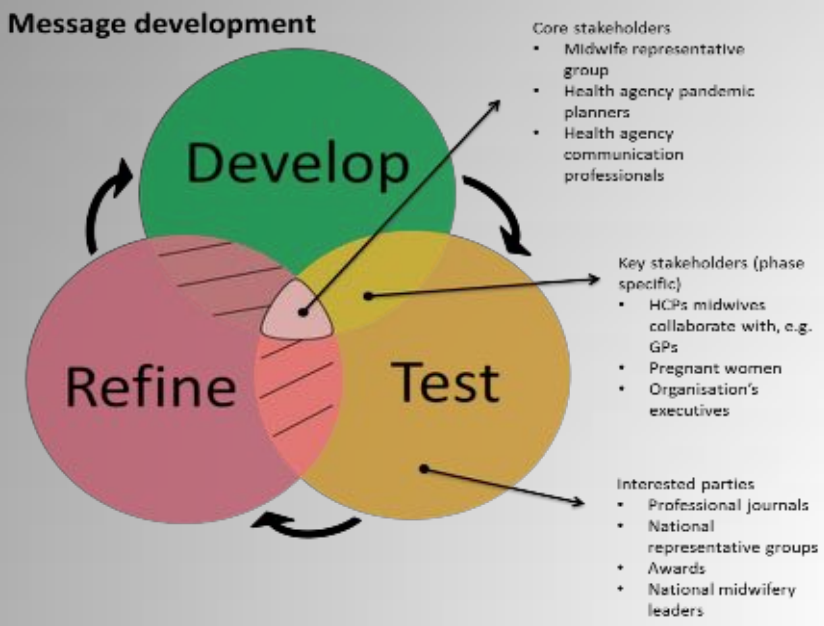
• Strategies for communicating with at-risk groups recommended for immunization in the EU countries.

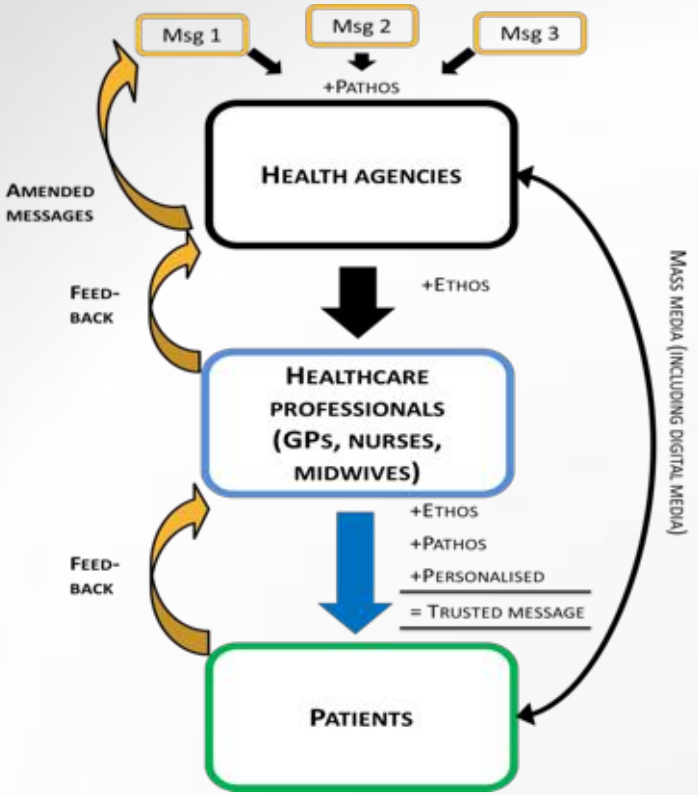
• Strategies for institutional actors to engage more effectively with populations' behavioural responses in times of an outbreak, providing both indications and tools for an efficient early warning communication of epidemic risks.

• Strategies for countering misinformation and rumours that spread in the course of an outbreak.

Guidance document #1
Healthcare professionals and agencies

Strategies for increasing vaccine uptake among healthcare professionals and engaging with vaccine-resistant groups during disease outbreaks.





TELL ME
Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence

GA 278723

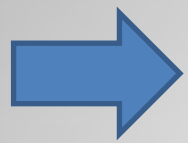
Guidance document #2
At-risk groups / Vulnerable populations

Strategies for communicating with at-risk groups recommended for immunization in the EU countries.

Key messages
(incl. ethnic, religious, cultural considerations)

Recommended style and language

Method of message delivery



At-risk groups
(e.g. Elderly people, chronically ill, HCW etc.)

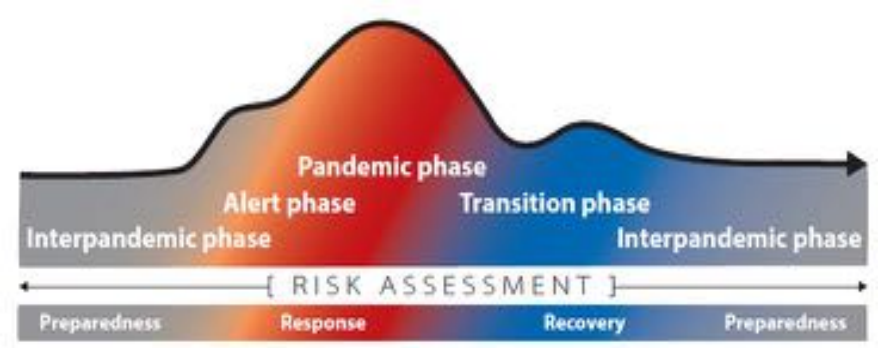
Message development tools:

A. Pandemic communication status report
B. Quick reference tool for pandemic communication
C. Guidelines for communicating with at-risk groups
D. Draft message templates

Guidance document #3
Institutional actors

Strategies for institutional actors to engage more effectively with populations' behavioural responses in times of an outbreak.

• Type of communicative tool	Flyer/Brochure/short booklet
• Communication mode	One-way
• Target(s) which is recommended for	General population or an its specific subgroup
• Phase(s) to apply	Interpandemic; Transition; Pandemic
Main characteristics	
• format	✓ consisting of four/six pages maximum ✓ name and logos of the promoting service and any reference contacts have to be necessarily indicated in order to strengthen the trustworthy relationship between institution and final user ✓ a brief summary is inserted to facilitate the identification of content thanks to titles and subtitles ✓ structured with short texts, use of many adjectives and very long sentences has to be avoided ✓ graphics should be sufficient to make it attractive and readable
• style	✓ easy to use and concise tool that allows to provide information quickly ✓ an appropriate communication means to achieve a knowledge objective (=inform) responding to specific information needs of the target that is addressed to ✓ containing few meaningful and clear messages, keywords which can be particularly highlighted ✓ language should be simple and clear, attentive to the needs of the targets, avoiding technical terms which are not very understandable
• content	✓ questions to be developed, the so-called 5W: who communicates (Who), what (What), where (Where), when (When) and why (Why) ✓ key-points to be outlined: concise picture of the health problem and its risk (What it is); definition of its importance for health (Why it is important); description of actions taken and/or will be implemented by institutions (What can be done); information about healthy behaviours to be adopted at individual and collective levels (each contribution is essential) ✓ actions which institutions have taken and/or will be undertaken in the near future can be described
• Further details	✓ effectiveness can be enhanced, however, if used in an integrated manner with other communicative interventions. It can be attached to any letters sent to citizens, even if its communicative added value is enhanced whether, for instance, it is given to people by a competent operator as part of a service at the end of a clarification meeting or in specially arranged public venues



Pandemic influenza risk management: WHO interim guidance (2013)

1. **Objectives**
2. **Key messages**

…for the general public

…for healthcare professionals

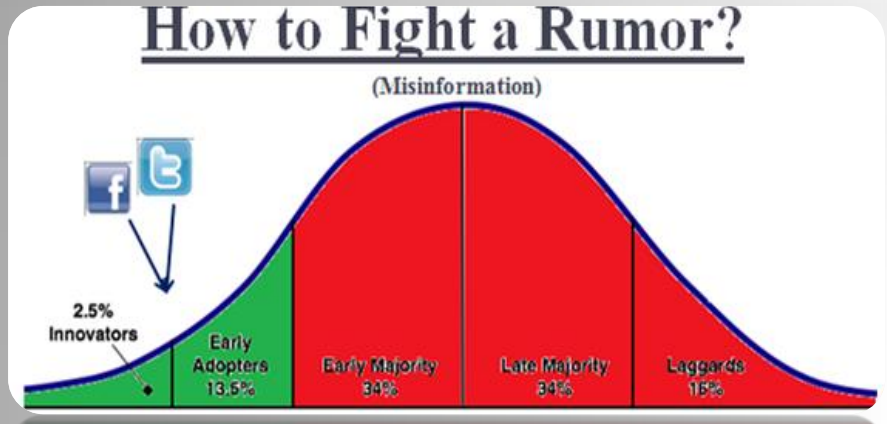
3. **Tools/Activities**

Guidance document #4
Misinformation and uncertainty

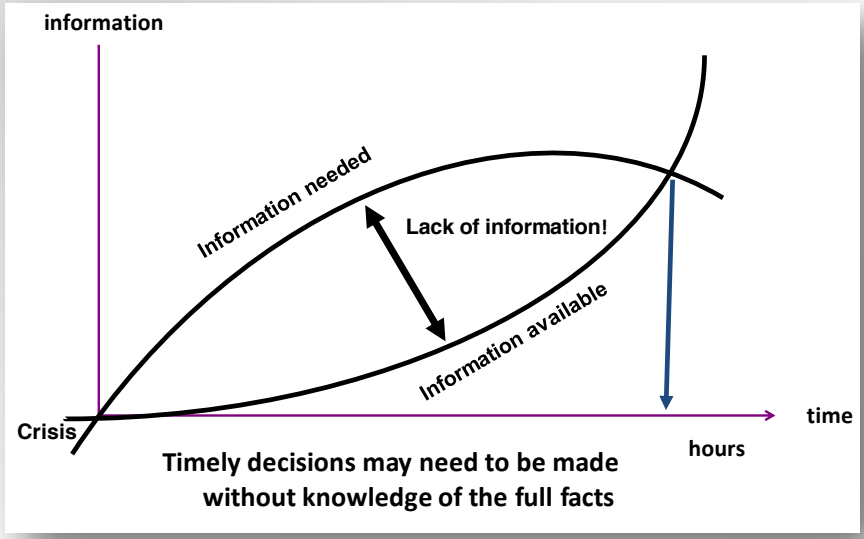
Strategies for countering misinformation and rumours that spread in the course of an outbreak.

Theoretical context on misinformation

- Origins and sources
- Content
- Re-emergence and persistence
- Contextual and situational factors



The information mismatch



Principal aims:

• Present communication strategies with a participatory approach in mind, building on concepts presented in the Framework Model.

• Highlight key aspects for effective risk and outbreak communications.

• Suggest communication strategies to meet different population segments' information needs during the course of the outbreak.

• Offer communication tools and templates to support the development of messages for communication of risk or achieve better compliance with suggested public health measures.

Validation process

- Guidance documents have been reviewed by various stakeholders.

- TELL ME EAB members to review and validate the content of the Practical Guide for Outbreak Communication.

- Validation process to take place in mid-October.

- Communication Kit (4 Guidance Documents + Practical Guide) to be submitted end of October 2014.

ANNEX 4

Online course for primary care staff (Presentation)

Online Course for Primary Care Staff

tellme learning

e-learning platform for healthcare professionals

http://elearn.tellmeproject.eu/

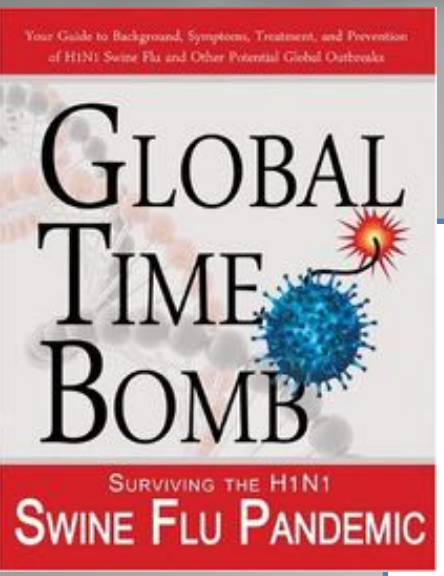
Roberta Villa, Zadig srl

TELL ME
Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence
GA 278723

- Main and most trustful source of information
- Near to the people
- Inform and act (i.e. vaccination)

- Part of the public too (fears, lack of knowledge)
- Lack skills in counselling and communication

Survey in Quebec



about 85%

GPs encountered difficulties
or experienced frustrations in their practice
during H1N1 pandemic,
mostly because if communication issues (Nhan et al 2012)

TELL ME
arent communication in Epidemics: Learnir
ience, delivering effective Messages, providing Evidence

GA 278723

HCP seasonal flu vaccination rate

< 10%-50%

- Category
- Country
- **Knowledge**
  - …

OBJECTIVES

The prototype interactive e-learning course by TELL ME project is a **practical tool** aimed to help healthcare professionals to get acquainted with **issues** related to seasonal flu, risk of epidemics and pandemics, vaccination and **how to communicate** all of this to common people, in order to respond to major epidemic outbreaks.

CONTENTS

The course provides reliable information based on TELL ME research, scientific publications and health authorities (WHO, ECDC, CDC) sources.
The contents of the course focus on **preventative measures**, from hygiene to vaccination, training health professional to convey this information to the public, according to **counseling principles** and improving their **communication skills**.

The **risk of discrimination and stigmatization** linked to infectious outbreaks has also been emphasized, as this is one of TELL ME project peculiarity

D2.4 Technical, legal and scientific feasibility of an online course for primary care staff

RESEARCH

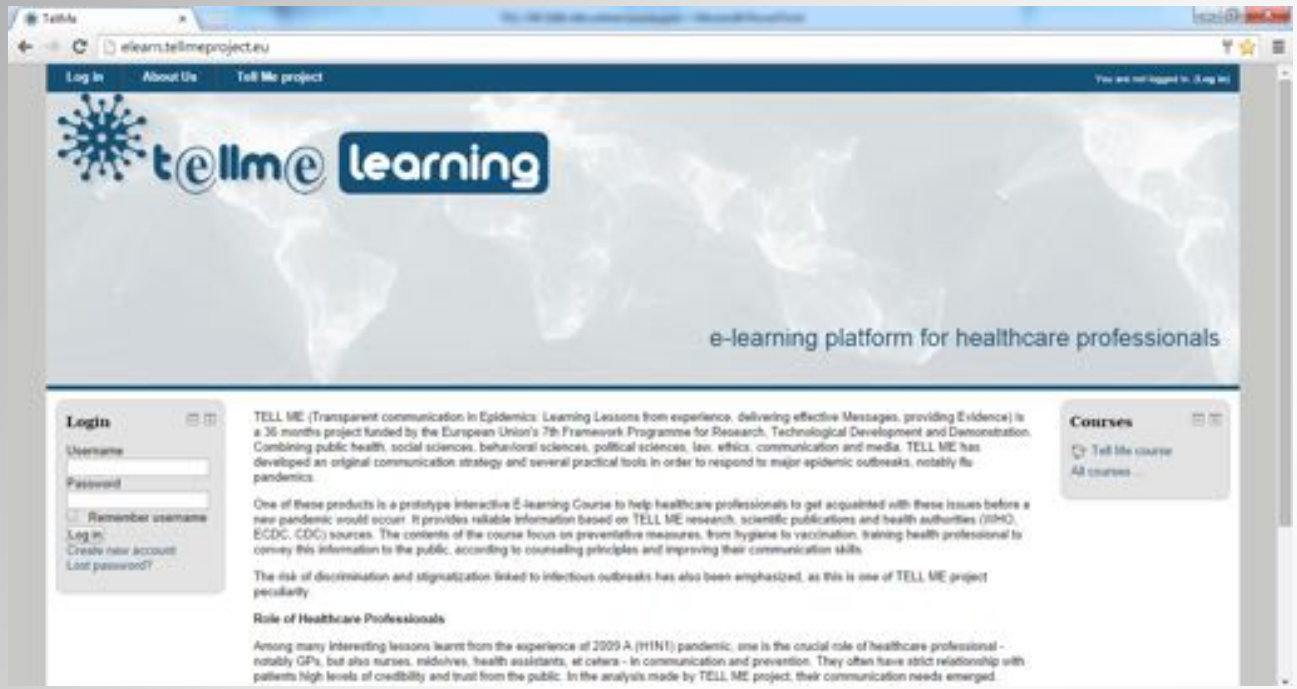
- ✓ Continuing Medical Education (**CME**) systems in the 27 EU countries
- ✓ the best open-source **LMS system** for the development of a prototype of e-learning
- ✓ the best **training approach**

RESULTS

- ✓ **Most EU countries have** CME systems, similar accreditation systems and recognize e- learning
- ✓ **Moodle**
- ✓ **Case-based** e-learning approach (theory to practical problem solving)

THE PROTOTYPE COURSE

- ✓ Open and free
- ✓ Directed to HCW (especially primary care)



http://elearn.tellmeproject.eu/

THE PROTOTYPE COURSE

3 DOSSIERS

1. Epidemics and Pandemics: general guidelines
2. Talking about Prevention
3. Stigmatisation and Discrimination

6 CASE HISTORIES

1. Is everything clear?
2. A flu lesson
3. All you need is a vaccine
4. Why we do not recognize the real enemy
5. Don't judge a book by the cover
6. Fear of whispering people

Each case history:

- has **related sources** to be read mandatory;
- is divided in **steps with multiple-choice questions with only one correct answer**;
- can be passed reaching a **score of 80%** (correct answer).
- When a case history is passed, it is possible to return to course's activities summary or proceed to the next case with the navigation menu.

- Each case history is a prerequisite to the next.
  The certificate can be achieved when all case histories have been passed.

AN EXAMPLE

Case 2 – Don't judge a book by the cover

Cartoon 1

Spring 2013. A Chinese girl, apparently in her twenties, gets on a crowded subway. She has a cumbersome luggage and it will not be easy for her to bring it within such a throng. Curiously, however, she does not even need to push or ask for some space since she suddenly finds herself surrounded by emptiness. Lucas, a male nurse who is going to work, looks at that scene and thinks: "Here we are again with these fears. Nothing has changed…"

Q1
What does Lucas likely mean by that?

- he refers to the outbreaks of avian flu in 2003 and 2013 and to their impact on stigmatisation of people perceived as related to the geographic origin of the disease
- he refers to the negative attention on the Chinese community around the world due to the frequently recurrent SARS outbreaks
- he refers to decennial cyclical regime of Mers outbreaks and to their impact on stigmatisation of people perceived as related to the geographic origin of the disease
- he refers to the fact that people coming from abroad or travelling around the world are the potential carriers of H5N1 viruses

DISSEMINATION

- banner on UEMO HP

- TELL ME newsletter (n. 1,226)
- WCDM newsletter (n. 7,000)

- News on FNOMCEO website

TEST DRIVE

Now being tested on some tens HCP (mostly GPs) with a good rate of customer satisfaction

PROBLEMS

- ✓ To make it know
- ✓ **To have it accreditated**
- ✓ To have it translated

NEW EBOLA COURSE

- **3 DOSSIERS**

1. ***Ebola virus disease: general guidelines***
2. Talking about Prevention
3. Stigmatisation and Discrimination

- ***1 Case history: A flying threat***

THANK YOU!

http://tellmeproject.eu/
http://elearn.tellmeproject.eu/

Roberta Villa, Zadig srl

ANNEX 5

TELL ME Simulation Model

(Presentation)

TELL ME Simulation Model
Design, Demonstration and Status Report

Prof Nigel Gilbert and Dr Jennifer Badham
Centre for Research in Social Simulation
University of Surrey

What is the TELL ME simulation model?

The simulation model is intended to capture the way in which communication connects to behaviour

Help health agencies plan communication

- enter details of epidemic scenario
  - severity, vaccine delay, hand washing efficacy etc
- try out communication strategy options (packages of messages)
  - see the potential effect on personal behaviour and epidemic impact

How model fits in project

- Simulation assists agencies to think through when to do what sort of message
- Communication kit and other resources assist agencies to deliver the selected messages in the most effective way

Model Design

Design process (to date)

Knowledge sources:

- reports and datasets concerning attitudes and behaviour
- literature (esp. psychology)
- TELL ME resources (D1.1 review, ISS re datasets)
- discussions with groups of experts concerning broad design elements
- selected experts concerning specific design issues

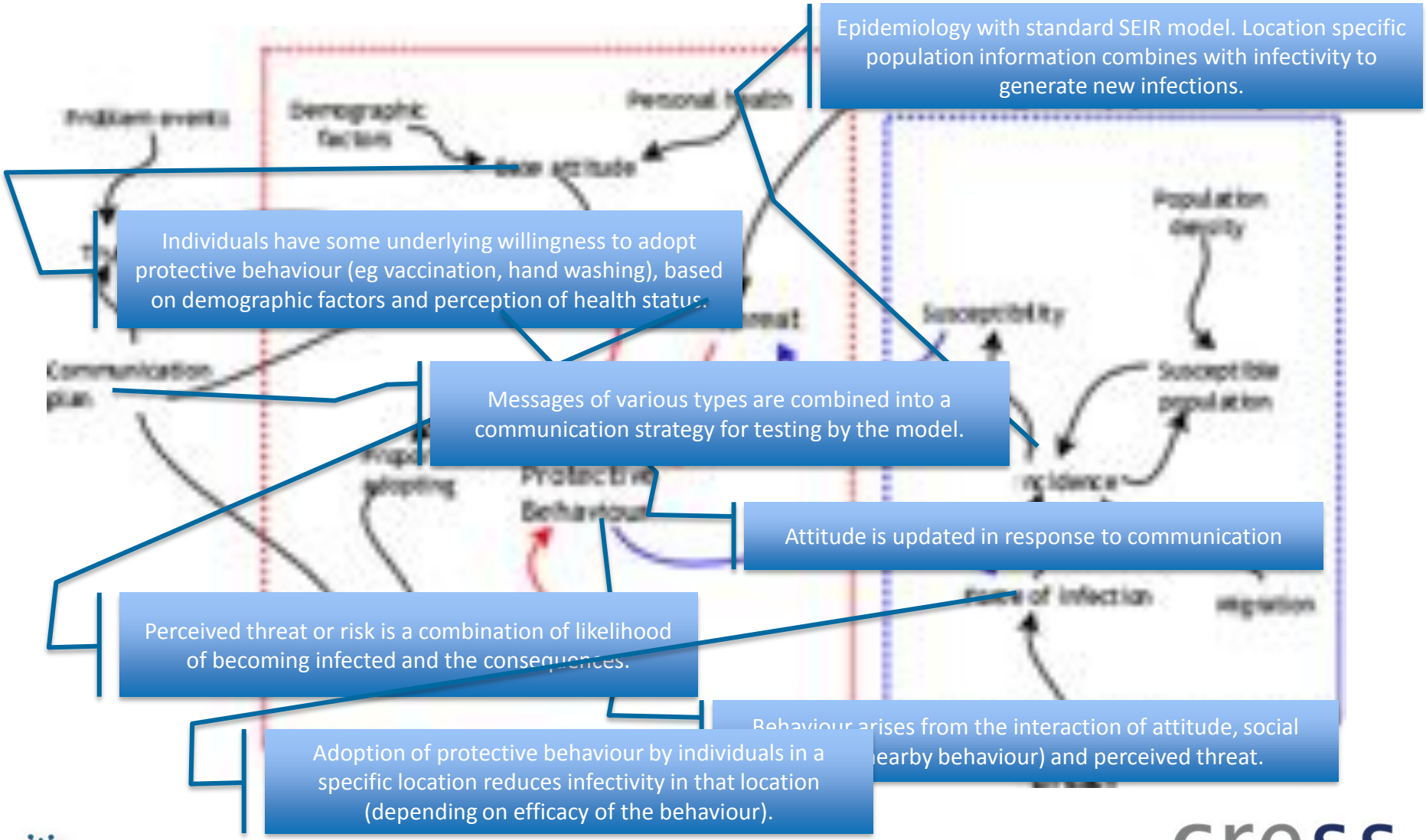
Two key groups of experts:

- TELL ME partners
- stakeholders group
  - UK officials + 2 partners + e-com project
  - communication, behaviour, epidemiology
  - workshop (Jul 2013)

Focus of broad discussions:

- demonstration model
- design documents
- communications language

Broad model logic



Implementation: Two connected models

Agent-based model for protective behaviour

- agents (simulated people) have characteristics such as attitude
- agents change characteristics in response to communication
- agents decide whether to adopt protective behaviour
  - psychological models

Mathematical epidemic model

- Standard SEIR model
- Each geographical region ('patch') keeps count of the population in each disease state (eg infected)

Two-way connection:

- behaviour to epidemic:
  - Infectivity for the patch is modified by prevalence of protective behaviour of agents at that patch and its efficacy
- epidemic to behaviour:
  - perceived risk (based on local incidence) is input to decision

Behaviour theories

Well established theories from psychology about the influences on behaviour

Three most relevant:

- Theory of Planned Behaviour
  - behaviour is a function of attitude, perceived norm, perceived control and is mediated by intention
- Health Belief Model
  - protective health decisions are governed by motivating factors (susceptibility and severity) and the benefits and barriers for each potential action
- Protection Motivation Theory
  - related to HBF, but recognises fear as an additional motivation and that perceived lack of control can lead to denial or other maladaptive behaviour

Adopting behaviour

Hybrid of TPB and HBM / PMT

- retained factors with large effect size, dynamic
- factors are:
  - attitude (score 0 to 1)
  - perceived norm
    - proportion of visible agents who have adopted behaviour
  - threat
    - susceptibility as discounted visible cumulative incidence
    - severity modifier (multiplier for weight)

Behaviour is adopted / dropped if the weighted average is above / below a threshold

$$P_i = \alpha A_i + \beta N_r + (1-\alpha-\beta) S \left(I_{t,r} + \delta I_{t-1,r} + \delta^2 I_{t-2,r} + \ldots \right)$$

Communication plans

Communication plans described as package of messages

Each message has five properties:

- When the message occurs
  - controls timing and coordination
  - frequency or trigger based
- Channel (eg mass media, delivered by health care workers)
  - who is exposed to the message
- Target (eg all, health care workers)
  - whether agent exposed acts on the message
- Behaviour: vaccinate and/or other protective
- Content (eg promote benefits, epidemic status)
  - controls the effect that the message has on the agent

Communication effect

Messages act on simulated people (agents)

If content promotes benefits

- attitude increases
- has an effect only if the message is not too far away from the person's current attitude score
  - technically - proportional within latitude of acceptance (SJIT)

If content emphasises responsibility

- for the next few timesteps, the agent adds a bit to their calculated behaviour score (through the norms component)

If content provides epidemic status information

- messages are more trusted

If content recommends adoption of some behaviour

- for the next few timesteps, the agent recalculates their behaviour score with a high risk component

Epidemic rules in practice

$$\frac{dS_r}{dt} = -\beta_r S_r I_r$$

$$\frac{dE_r}{dt} = \beta_r S_r I_r - \lambda E_r$$

$$\frac{dI}{dt} = \lambda E_r - \gamma I_r$$

$$\frac{dR}{dt} = \gamma I_r$$

$$\beta_r = \beta\left(1 - P_r e\right)$$

S, E, I, R are properties of region

- prop population in each state

β, λ, γ, *e* given by scenario

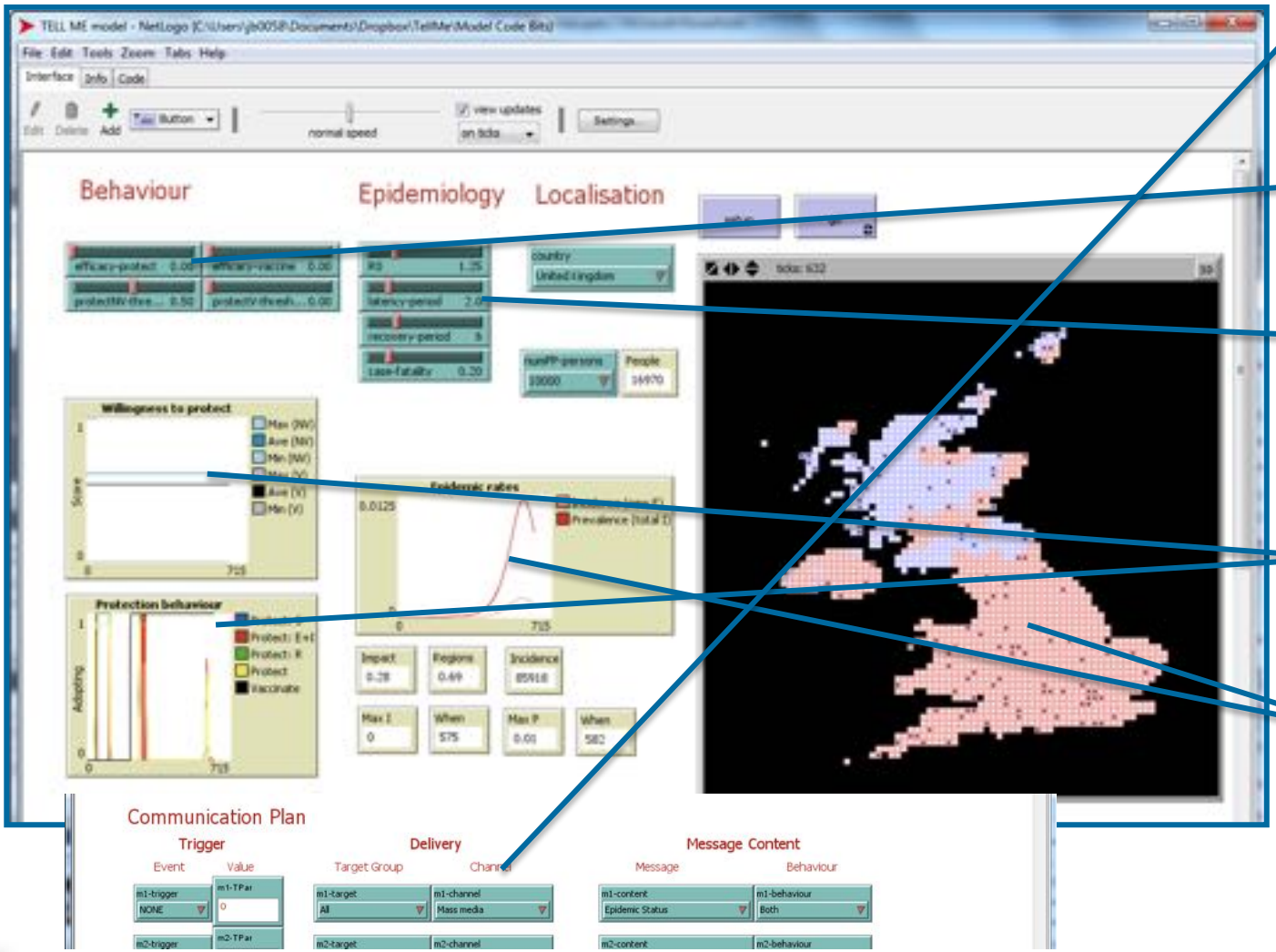
UNIVERSITY OF SURREY

Demonstration

tellme

cress

Demonstration model



Inputs

- Communication strategy
- Controls for adopting behaviour and its effect
- Epidemic features

Outputs

- Communication effect: attitude and behaviour
- Epidemic progress

Demonstration

Iterative scenarios of same epidemic: add one element at a time

- compare maximum incidence, when it occurs, and impact
- changes in attitude and behaviour curves

Scenario	Added element (s)
1. Epidemic curve	Baseline (random): no communication or behaviour adoption
2. Ineffective	Behaviour, but with no efficacy
3. Effective	Behaviour that has effect
4. Unresponsive	Higher behaviour thresholds (adoption less likely)
5. Basic communication + high thresholds	Regular messages about benefits of vaccination (attitude) plus once-off emphasis of responsibility (norms)
6. Communication plan	Combination of messages with different media and effects

UNIVERSITY OF SURREY

Status

tellme

cress

Problem: Calibration

Relationship between communication, personal behaviour and epidemic is critical to simulation results

Large number of parameters

- Communication effect:
  - trust, attitude proportionality, latitude size, ...
- Behaviour model:
  - weights, incidence discount, adoption thresholds, ...

Limited data

- need longitudinal so behaviour can be related to epidemic progress

Parameters specific to:

- infection (SARS, H1N1...)
- type of behaviour (vaccination, hand hygiene, face masks…)
- culture

Response: Model use

Model not predictive but formalised thought experiment

The model implements a shared understanding of how communication, behaviour and epidemic impact are interconnected

- helps user to think through the options in the context of that understanding
- facilitates discussion about inconsistent understandings
- highlights gaps/flaws in understandings
  - for example, data shows that behaviour peak earlier than epidemic peak, which is impossible with behaviour structure used

Guides future data collection

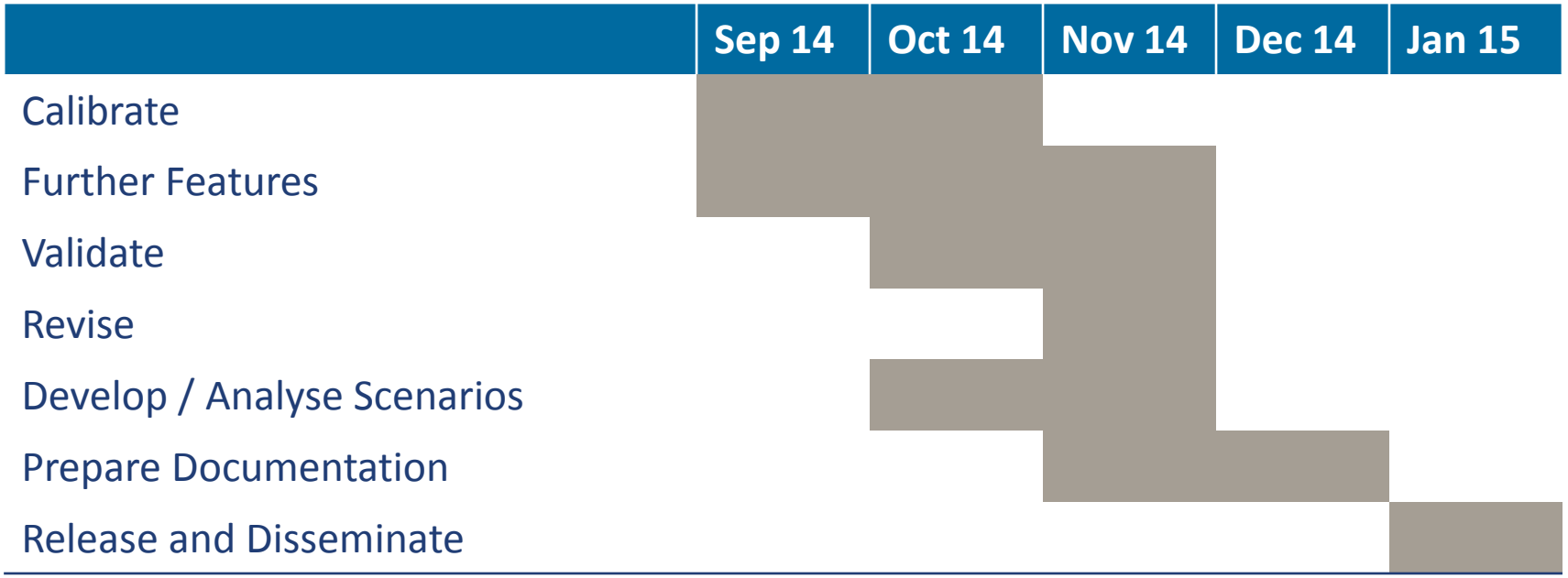
- what we need to know about connections
- which unknowns are most important

Response: Validation

Validation process will specifically consider those 'thought experiment' objectives

Criterion	Modellers	Experts	Partners	Professionals
Utility: communication strategies	Yes	Yes	Yes	Yes
Utility: output content	Yes	Yes	Optional	Yes
Utility: output comprehensibility		Yes	Optional	Yes
Utility: convenience features	Yes			
Conceptual: participation process		Yes	Optional	
Conceptual: result reasonableness		Yes	Optional	
Verification: bug elimination	Yes			
Verification: simple test cases	Yes			
Empirical: qualitative behaviour		Yes	Optional	Yes
Operational: sensitivity analysis	Yes	Yes	Optional	

Design / dissemination process (future)



Conclusion

First model to link three inherently connected components of the system of an influenza epidemic:

- Communication
- Personal protective behaviour
- Epidemic progress

Broad knowledge captured by the model:

- Theoretical connections from literature
- Empirical data (where available)
- Expert input to participatory development process

On schedule to deliver:

- Prototype model
- AND supporting materials to assist dissemination (such as a user guide and example scenarios)

Initial uses:

- Assist planners to assess the role of effective communication in epidemic management
- Guide future data collection to allow more predictive model development

ANNEX 6

New threat index for pandemics

(Presentation)

Pandemic Threat Index

Manfred S Green

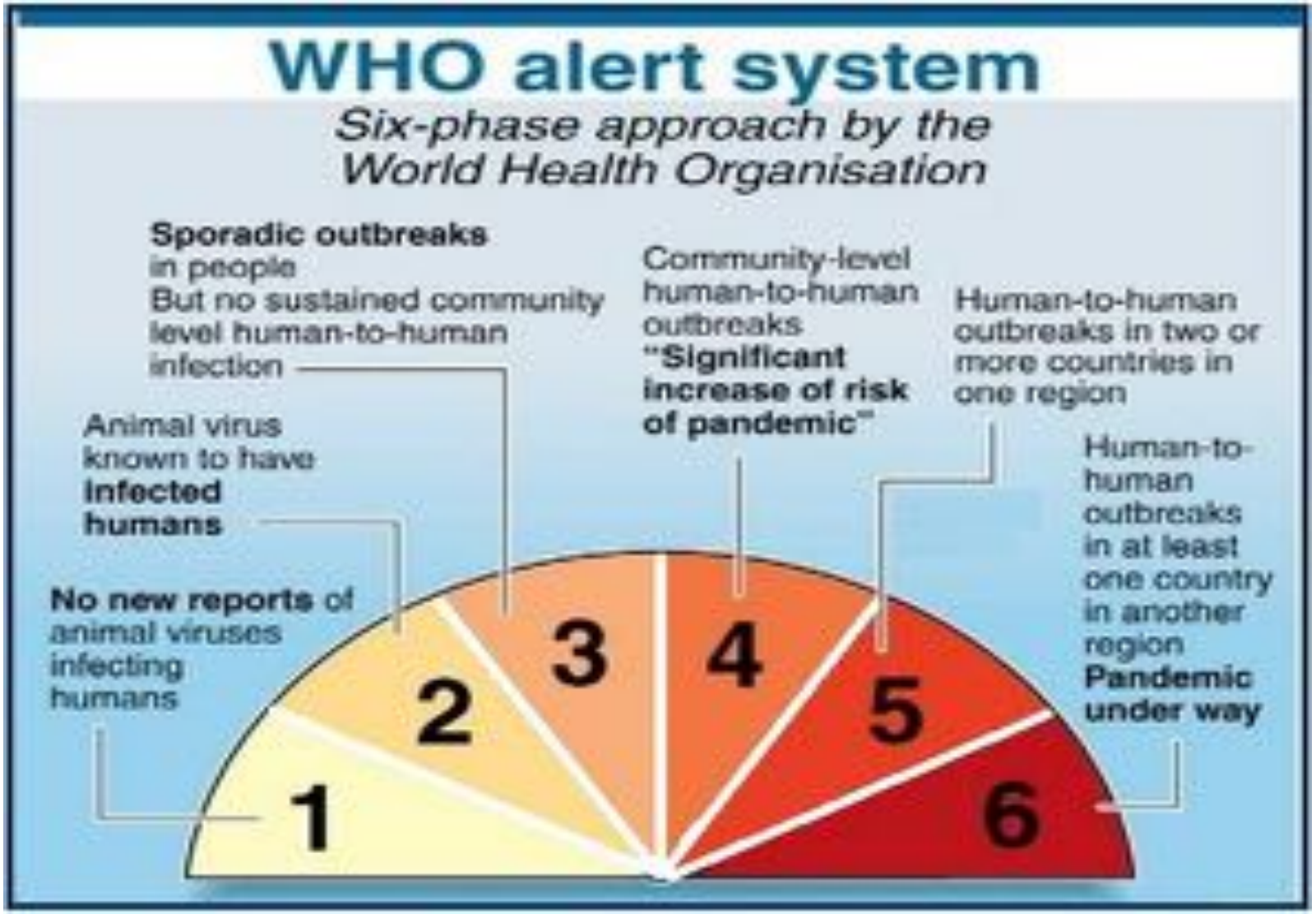
Pandemic Threat Indices

- Different transformations of the WHO threat index, its implementation and alternative influenza threat scales
- Connecting between the epidemiological and the communication aspects of an infectious disease crisis
- Development of a new integrated threat index

Aims of Threat Indices

- Each index has alert phases oriented to different aspects of the pandemic
- WHO's risk assessment is directed at updates on geographical spread
- CDC pandemic index is severity based and directed at updates on what to do to minimize risk
- Sandman's communication phases emphasize mass communication as an educating tool in times of crisis

2005 WHO Threat Index

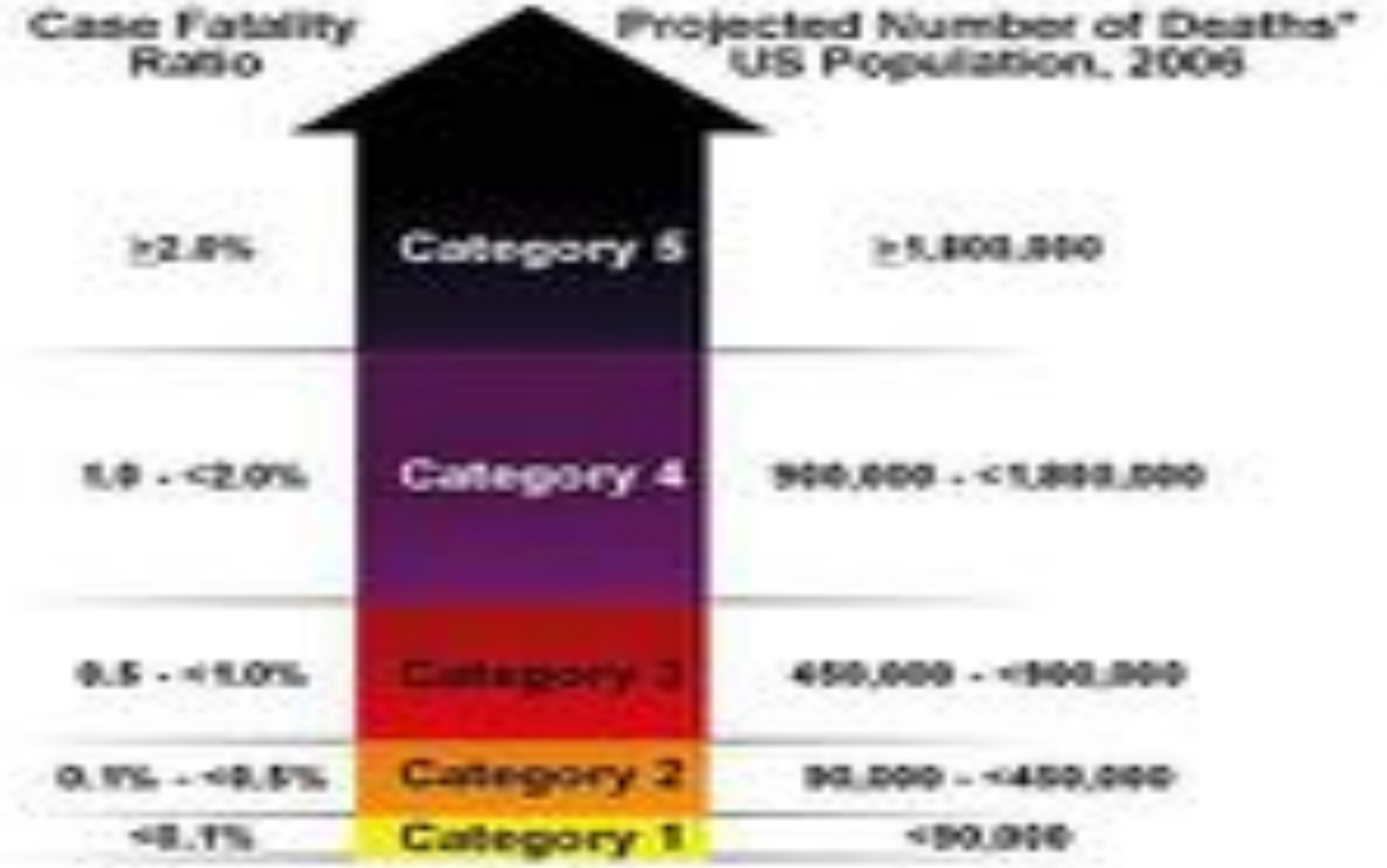


2009 H1N1 – Threat Index Lessons Learned

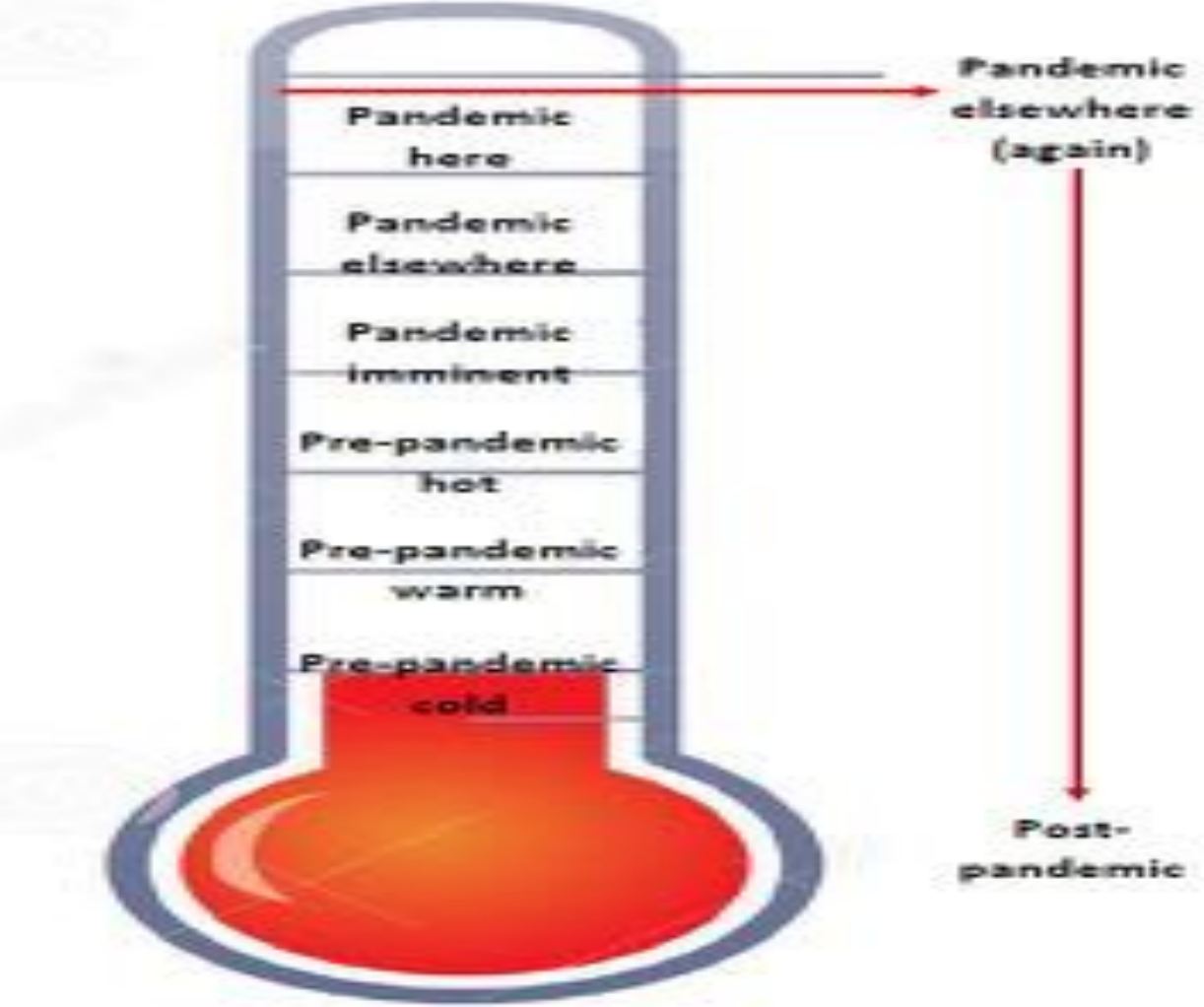
- **Inaccessible to the media and the general public.**
- **Lack of coincidence between the implementation of the influenza phases and public risk perception.**
- **Result: a growing mistrust towards health authorities at general and WHO in particular.**

Alternatives?

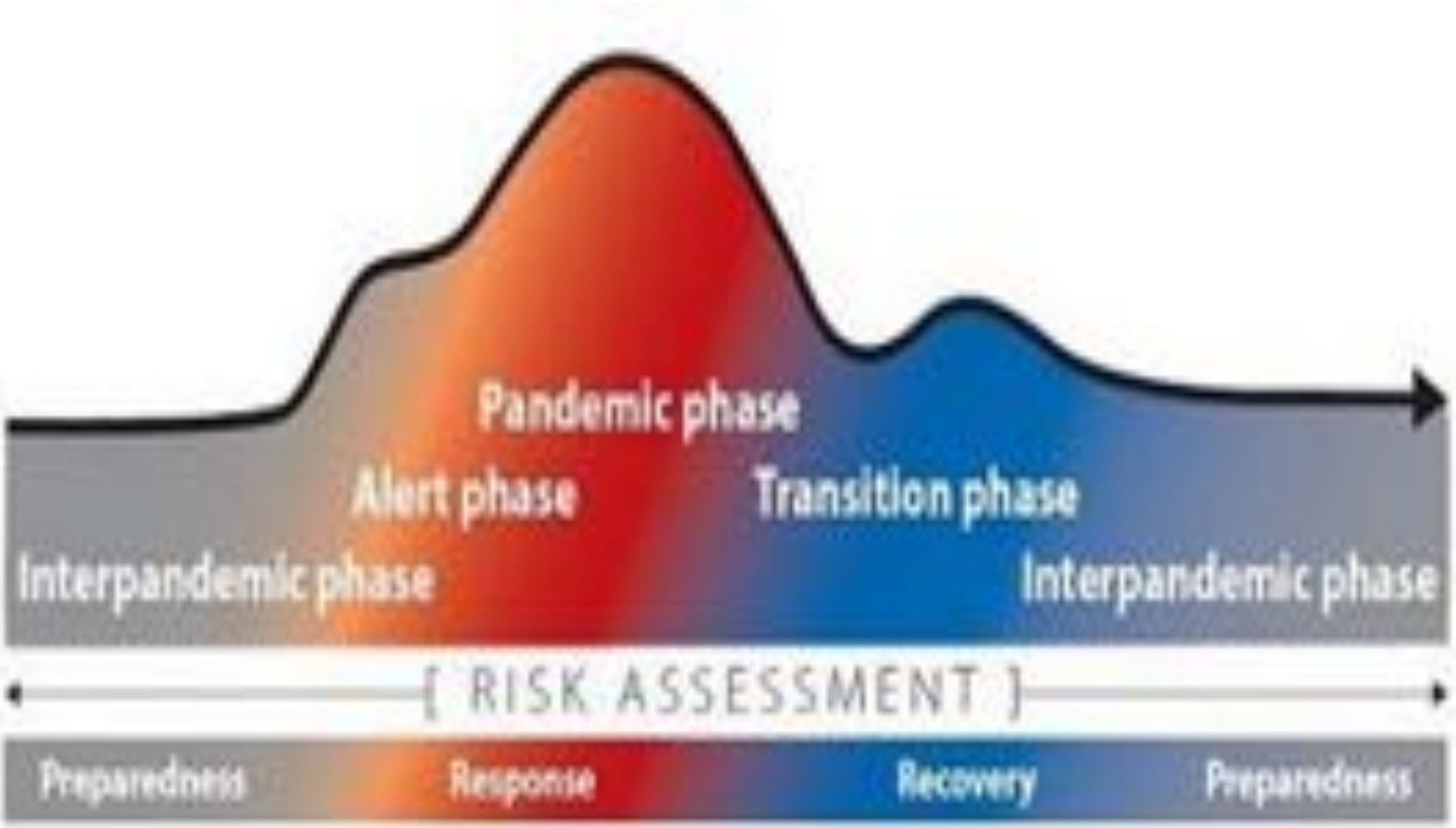
CDC Pandemic Severity Index



Risk Communication Phases 2007 (Sandman)



WHO Revised Pandemic Phases (2013)



Connection Between the Threat Indices

- These three indices do not overlap
- They can be combined into one hybrid threat index which focuses on spread, risk and communication
- Complementary nature of Sandman's threat index with WHO six-phase influenza system and CDC pandemic severity index

Three Systems - Unique Objectives and Target Populations

- The immediate recipients of the WHO threat index are the Member States (revised IHR 2005)
- The global phases (inter-pandemic, alert, pandemic and transition) describe the spread of the disease
- As the pandemic emerges, countries and communities face different risks at different times

Combining the WHO and CDC Threat Indices

- **WHO's phases are global - cannot account for local circumstances**
- **This gap should be filled with CDC pandemic severity guidelines**
- **These are more flexible phases - call for actions that could save lives by taking specific preventive action**

Sandman's Communication Phases

- Directed towards news outlets and various other media, including social media.
- Is a practical tool to establish a channel with the public
- Distances itself from professional definitions of threat and risk
- Adopts a more common language which addresses different types of risk perception

Sandman's Communication Phases

- Not merely a guideline
- An important tool to predict the most suitable episodes during a crisis for teachable moments
- Especially important if outbreaks are used to educate and help prevent or mitigate the next pandemic

PSI Intervention Guidelin

Interventions by Setting	Pandemic Severity Index 1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend	Recommend	Recommend
Voluntary quarantine of household members in homes with ill persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider	Recommend
School			
Child social distancing –dismissal of students from schools and school-based activities, and closure of child care programs	Generally not recommended	Consider: ≤ 4 weeks	Recommend: ≤ 12 weeks
–reduce out-of-school contacts and community mixing	Generally not recommended	Consider: ≤ 4 weeks	Recommend: ≤ 12 weeks

PSI Intervention Guidelines (cont.)

Interventions by Setting	Pandemic Severity Index 1	2 and 3	4 and 5
Workplace/Community			
Adult social distancing			
–decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
–increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
–modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
–modify workplace schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Integrative WHO Threat Index

Pandemic communication phases		
Communication phase	WHO pandemic phase	CDC pandemic severity
1. Pre-pandemic cold	1 or 2	
2. pre-pandemic warm (little public attention)	3	1
3. pre-pandemic hot (teachable moment)	3 or 4	1
4. pandemic imminent	4 or	2 or 3
	5	2 or 3
5. pandemic elsewhere	6	4
6. pandemic here	6	5
7. pandemic elsewhere (again)	6	4
8. post-pandemic	1 or 2 or	1
	3 or even 4 (for different strain)	

Thank you for your attention!

ST5.2.2

TELL ME Conference Report

2nd Reporting period
WP5 Dissemination and Policy Dialogue

Responsible Partner: ZADIG
Contributing partners: -

Dissemination level: PU

TELL ME - Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence.
Project co-funded by the European Commission within the 7th Framework Programme – HEALTH theme

Table of Contents

Annex List

1. Introductory notes

This report presents an overview of the TELL ME Final Stakeholder Conference that was held in Venice, on the 4th and 5th December 2014. The TELL ME conference was the conclusive event in a series of networking activities and events organised within the scope of Work Package 5: Dissemination and Policy Dialogue, with the aim to present useful communication tools and products that can have a positive impact in the field of public health communications, in response to the emergent trends of vaccine refusal and the relatively low adherence to non-pharmacological protective measures among different population segments.

The TELL ME project set as an overarching goal to develop an evidence-based communication package for improved risk and outbreak communication; an array of theoretical models and practical tools to support health officials and agencies to plan communication policies and strategies for future infectious disease outbreaks, epidemics or pandemics. The TELL ME outcomes and end-products are encapsulated below, as these constituted key objectives from the beginning to the later stages of the project:

- Collection and assessment of evidence about population behavioural responses to infectious disease outbreaks, and ways in which different types of communication can influence human behaviour.
- Identification and evaluation of new communication challenges and methods for effective communications across different population segments and stakeholders.
- Development of a new participative model for risk communication to support public health authorities to secure an optimal level of preparedness for infectious disease threats.
- Development of an online (e-learning) course for primary care staff and healthcare workers.
- Development of the TELL ME Communication Kit, a series of guidance documents that offer new communication strategies and evidence-based approaches on critical issues relevant to risk and outbreak communication.
- Development of a simulation model prototype to simulate the actions and interactions of autonomous decision-making entities in the course of an influenza epidemic.

In addition to the presentation of the TELL ME end-products to a diverse audience of stakeholders, the TELL ME conference aimed at providing a forum where experts and representative stakeholders could openly discuss various issues, concepts, ideas, and form partnerships toward an effective response to future infectious disease threats. In such a context, the TELL ME consortium wished to extend collaboration with other EU-funded projects and initiatives (e.g. ECOM, ASSET) to create a broad community of experts where knowledge could be shared and unique viewpoints could be expressed.

As a final remark, it should be noted that the TELL ME conference was organised at the peak of the Ebola epidemic in West Africa and the period when the first cases were reported in Europe and the US. As anticipated, critical communication aspects and other issues relevant to international response to the Ebola epidemic, also constituted one of the central themes of the TELL ME conference.

2. Pre-conference activity

This section presents a brief overview of the activities and procedural steps carried out with regards to scientific and organisational aspects of the conference. The date and venue of the TELL ME conference was decided after a consortium meeting held in Rome, on 5-6 May 2014. The selection of the city of Venice as a location had several symbolic extensions in relation to the TELL ME project. For centuries, Venice was the hub of many trade routes into central Europe and was marked by a series of plague epidemics which unfolded between the 14th and 16th century. At present, the Veneto region is the only region in Italy where immunisation in not mandatory by law. In addition, Venice is an example of a modern-day city where representations and folkloristic elements from past epidemics have a dominant role in society, such as the famous Venice carnival *plague doctor* mask or the religious procession of the *Santa Maria della Salute* on 21st November each year, to commemorate the deliverance of Venice from the plague of 1630 and 1631.

2.1 Drawing up the agenda

The conference agenda was drafted by Zadig Srl, as responsible partner for the organisation of the event, in close collaboration with Prof. Manfred Green, University of Haifa, the TELL ME scientific coordinator and appointed Chair of the conference. In accordance with the objectives set out from the beginning of the process, the initial format of the conference was structured around the presentation of TELL ME findings and end-products, the presentation of other EU projects and initiatives, and the involvement of high-level experts in the field of risk and outbreak communication to reflect on how could theoretical concepts and approaches be put into practice with regard to infectious disease threats of international concern.

The 2014 Ebola epidemic which broke out and spread in multiple countries of West Africa, with reported cases in several other countries around the world, received special attention by the TELL ME consortium and at a second phase steps were taken in the direction to organise a session specific to the communication aspects and behavioural responses to the Ebola epidemic at national and transnational level. Accordingly, this required to tailor the conference agenda and establish some links between the TELL ME end-products and their potential to find practical application in response to the Ebola epidemic.

The revised agenda was circulated to the TELL ME consortium for any further suggestion and improvement and final approval before external speakers and stakeholders were invited to the event.
It was agreed for the conference to unfold in two days. The welcome event (Day 1) offered an excellent opportunity for networking activities, while the keynote speech given by Prof. Karl Ekdahl, *Head of Public Health and Communication at the European Centre for Disease Prevention and Control (ECDC)*, set the tone for the conference where several issues around the communication of risk were presented with reference to the Ebola epidemic. The TELL ME conference (Day 2) was structured around 5 thematic sessions, with various perspectives and issues of risk communication being presented, from theoretical concepts and critical aspects to practical implications and strategies in response to infectious disease outbreaks.

The final version of the TELL Me conference agenda, which includes the biographical notes of speakers and more information about the conference, can be seen in **Annex I**.

2.2 Setting the scene for the conference

A principal goal for the TELL ME conference had been to bring together various representatives from identified stakeholder groups in the field of public health and risk communication, seeking to create the necessary conditions for unique viewpoints to be expressed and fruitful discussions to take place in the course of the event. More specifically, the target audience included policy makers, communication officials and representatives from public health authorities that operate at international, national and local level, healthcare providers, non-governmental organisations and the media.

A wide array of sources and channels were utilised for the announcement of the TELL ME conference. These included notifications via partner organisations' newsletters and websites, announcements through CORDIS and other web portals, and mobilisation of networks of stakeholders listed in the TELL ME directory of stakeholders, which includes more than 600 contacts. Over 200 individuals/representatives from various stakeholder groups received a formal invitation to the conference via email.

Besides the abovementioned external communication channels used for the announcement of the event, the TELL ME project press centre released in October 2014 a special newsletter about the forthcoming TELL ME conference and launched a social media campaign to raise awareness about the event and invite key stakeholders to register online for attending the conference, via the dedicated TELL ME conference web portal.[1]

The TELL ME conference web portal was established as online as a useful resource for scientific, technical and organisational aspects of the conference. The main sections that comprise the TELL ME conference web portal include:

- About the Conference
- Registration Form
- Scientific Programme
- Poster Sessions
- About the Speakers
- Accommodation
- Venue / Locations
- Recordings

[1] TELL ME Conference webpage accessible at <http://www.tellmeproject.eu/node/332>

2.3 Participation

A wide spectrum of representative stakeholders and risk communication experts attended the TELL ME conference. A total of 61 stakeholders attended the conference from 14 different countries, including representatives from various stakeholder groups at local, national and international level. The participants list can be seen in **Annex II**.

Twenty-two representative stakeholders completed the online registration form expressing their interest to participate in the conference, while another 13 stakeholders and experts in the field of risk communication responded positively to direct formal invitations sent by the organisers of the event. The participation of representative stakeholders who operate at local, national and international level was integral for the success of the TELL ME conference, since this polyphony could ensure that diverse risk and outbreak communication issues would be approached from multiple angles.

The TELL ME consortium was fully represented by all scientific partners and WP leaders, namely the *University of Haifa* (Israel), *University of Surrey* (UK), *Vrije Universiteit Brussel* (Belgium), *British Medical Journal Publishing Group* (UK), I*stituto Superiore di Sanità* (Italy), *European Union of General Practitioners* (Belgium), *Latvian Centre for Human Rights* (Latvia), *National Disaster Life Support Foundation* (USA), *CEDARthree Ltd.* (UK), *Zadig Srl.* (Italy).

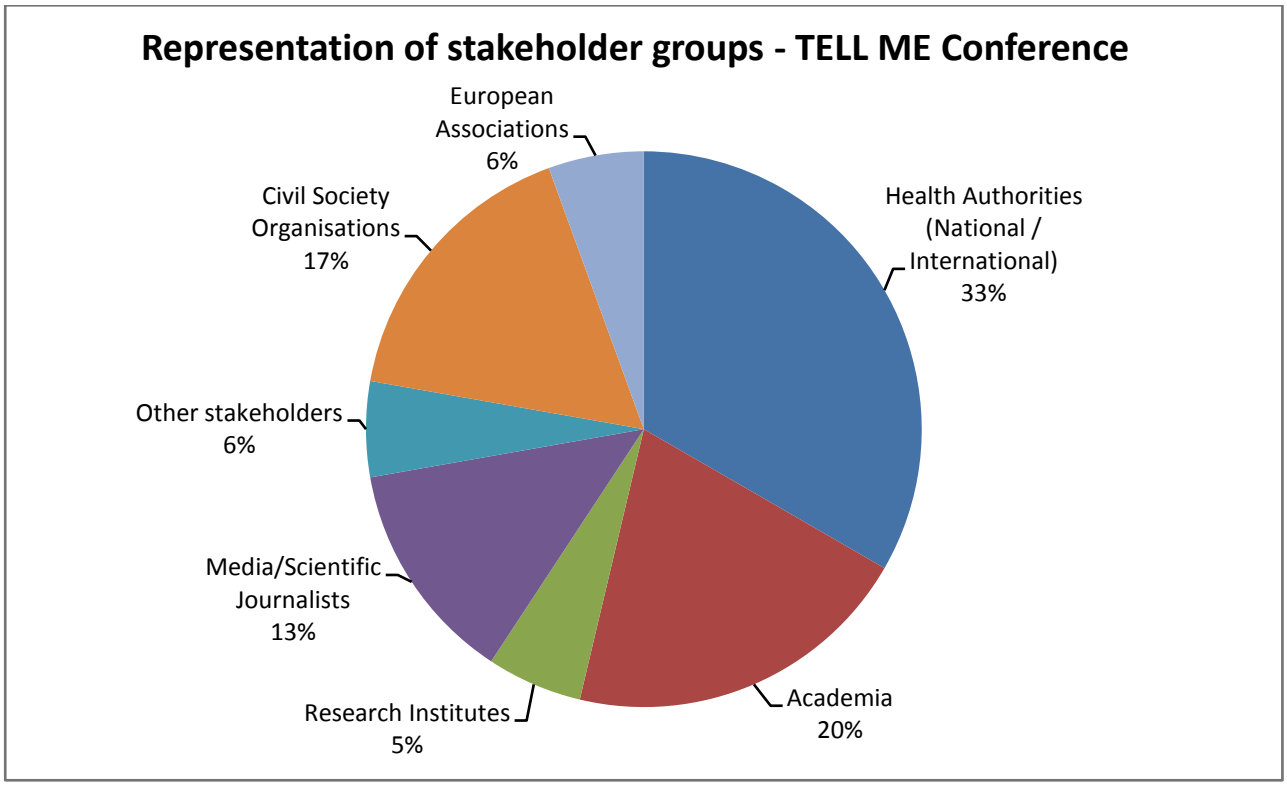
Moreover, the TELL ME External Advisory Board (EAB) had presence in the conference, the members of which contributed significantly in different phases of the project and played an instrumental role in the validation and deli very of the TELL ME end-products. The EAB members who were present with their professional capacity as representative stakeholders and speakers in the conference include: *Prof. Karl Ekdahl* (ECDC), *Dr. Pier Luigi Lopalco* (ECDC), *Prof. Bernardino Fantini* (University of Geneva), *Mrs. Moya Wood-Heath* (Community Resilience UK).

As mentioned already, one of the core objectives and main ambition for the TELL ME conference had been to reach out and create synergies with other EU-funded projects in the field of communications and public health threats, so that experiences and knowledge could be shared toward a comprehensive approach in response to infectious disease outbreaks. Representative partners from three European projects (ECOM[2], ASSET[3], PHEME[4]) participated in the conference in the context of a session dedicated for the presentation of these projects.

Based on a broad categorisation of stakeholders, the conference was attended by representatives from local, national and international public health authorities (33%), academia (20%), civil society organisations (17%), media and scientific journalists (13%), European associations (6%), research institutes (5%) and other stakeholders (6%). It is important to note that the wide participation of representatives from various stakeholder groups within the frame of the TELL ME conference created an interactive platform where

[2] **ECOM:** Effective Communication in Outbreak Management. More information at <http://www.ecomeu.info/>
[3] **ASSET:** Action plan on Science in Society related issues in Epidemics and Total pandemics. More information at <http://www.asset-scienceinsociety.eu/>
[4] **PHEME:** Computing veracity across media, languages and social networks. More information at <http://www.pheme.eu/>

everyone had the opportunity to share and learn about the efforts, challenges and approaches made at international, national and local level on the front of preparedness and response to infectious disease outbreaks.



2.4 TELL ME promotion material

A collection of items was conceived and developed especially for the TELL ME conference for the wider promotion of the "TELL ME" brand. All participants who attended the TELL ME conference also received upon registration the following three items:

- 1 conference bag
- 1 conference agenda
- 1 "TELL ME" pen

3. Conference notes

The report continues to provide a summary of the conference presentations and discussions that followed during the two days of the TELL ME conference. All presentations are available in PDF format and directly accessible via the TELL ME conference webpage at http://tellmeproject.eu/node/338.

3.1 Day 1: Thursday 4th December 2014

3.1.1 Welcome and opening speech

The conference chair and scientific coordinator of the TELL ME project, ***Prof. Manfred Green***, opened the conference by addressing a warm welcome to all participants and specially thanked the former scientific coordinator, ***Dr. Emilio Mordini***, for the conception of the TELL ME project. Next, it was explained that TELL ME has reached the last phase where there is a need to make a shift from theoretical concepts developed as part of the project to practical implications and aspects associated with infectious disease crises of global concern.

The TELL ME consortium was presented by Manfred, with brief comments on the areas of contribution for each partner. The central question for TELL ME was then introduced, which encapsulated for participants the rationale behind the project:

> *"What was the **communication gap** during the 2009 H1N1 outbreak between global and local health organisations and the public, which led to **immunisation non-compliance** and **a sense of mistrust and lack of transparency**?"*

In an effort to provide more context for participants who were not as familiar with the TELL ME project, Manfred presented the various elements that comprised TELL ME and highlighted key issues in risk and outbreak communication, which were addressed in the scope of the scientific work carried out in the life-cycle of the project. There was a brief introduction for some of the main end-products for the project, including the TELL ME web portal, the framework model for outbreak communication, the TELL ME communication guide, the agent-based simulation model and the online course for primary care staff.

The opening speech was concluded with a mention of the central themes and areas of consideration for the TELL ME conference, such as how communications be more effective between different groups of stakeholders, how could we ensure that messages reach the target population, how could we better engage with the public, how could panic be avoided, and how could we could secure transparency and trust as core elements in the communication process?

As explained by Manfred, it was envisaged for these questions to form the basis for discussions in the following day of the conference. Following this comment, he wished everyone to enjoy the conference and invited ***Dr. Francesca Russo***, *Head of Unit for Promotion and Development of Hygiene and Public Health of the Veneto Region,* to take the floor for her welcome speech.

Francesca welcomed participants to the TELL ME conference and the city of Venice, as a local representative. It was emphasised the fact that at present the Venice Directorate for Public Health concentrates efforts on communication aspects in relation to health workers and primary care staff, and from this perspective the TELL ME project appears to be particularly important. As it was noted by Francesca, the Veneto region invests efforts and resources for the training of health workers and education of citizens, in order to maintain trust with public health authorities and effectively address issues raised by the anti-vaccine movement, so that everyone can make an informed decision about immunisation.

3.1.2 Keynote speech

This session and Day 1 of the TELL ME conference was concluded as scheduled with the keynote speech delivered by ***Prof. Karl Ekdahl***, *Head of the Public Health Capacity and Communication Unit at the Centre for Disease Prevention and Control (ECDC)*, on risk communication aspects of the more recent Ebola epidemic. The point of departure for this presentation was based on the observation that two viruses have been spreading in the past few months: the Ebola virus and the *media virus*. As explained by Karl, the *media virus* largely affected public concerns and perceptions, and influenced public health authorities' response to the epidemic.

It was demonstrated that the correlation between the actual threat and the perceived risk was determined by the level of exposure and representation of the Ebola virus in the media as the outbreak unfolded in time. More particularly, while the number of reported cases continued to steadily increase since May 2014, a fluctuation was noted with regards to the level of attention the Ebola virus received by the media, across different periods of the epidemic. This "attention gap" between the cumulative cases in West Africa and the level of interest or alarm raised by the media, was associated to the characteristics of the virus which from the one hand was cynically perceived as a distant problem that could not pose a threat for the Western world, while on the other hand this epidemic comprised the right ingredients to make a good media story.

Five distinct phases were identified in the course of the epidemic, where the level of media coverage determined to a considerable extent the response to the Ebola virus and influence public perceptions. Below are presented the five phases and identified communication challenges for each phase:

Phase	Status	Specific communication challenge
Phase 1: **Ignorance**	• Ebola virus taking off – media virus still dormant • Few lone voices (MSF) from the field: - ”something else than previous oubreaks” • Scary pictures from the field, but perceived as ”just another African event” • Very little ”emotions”	• Put Ebola on the agenda: Awareness raising aimed at public health experts, policy makers and donors
Phase 2: **Waking up**	• Ebola virus spreading quickly – short flare of media virus • WHO declares Public Health Event of International Concern • Increasing awareness of Ebola as major regional epidemic • Still perceived as an African issue of little concern to the US and Europe	• Educational: what is Ebola, what are the implications regionally and globally • Advocacy for funding

Phase 3: **Distant interest**	• Ebola virus spreading exponentially – media virus slowly spreading
	• Increasingly more desperat calls from public health actors broadly for urgent action and political attention
	• Waning public interest
	• Media focus on:
	  ○ New alarming figures
	  ○ First signs of fear in West
		• Awareness raising among donors and aid providers
		• Risk reassurance to European public

Phase 4: **Hitting the West**	• First imported case • Secondary cases in Spain and Texas • Ebola virus continue to spread exponentially – media virus exploding • Epidemic of fear out of any proportion • In the US a clear political dimension	• Getting risks into proportion • Curbing public fear in Europe/US while keeping attention on Africa
Phase 5: **Fatigue**	• Ebola virus continues to spread exponentially – media virus wanes • US elections over • Less sensational media articles • Fear among public subsides • Continued fear among frontline medical staff	• Keep awareness up to ensure support to West Africa • Educate frontline staff on risks and appropriate protection

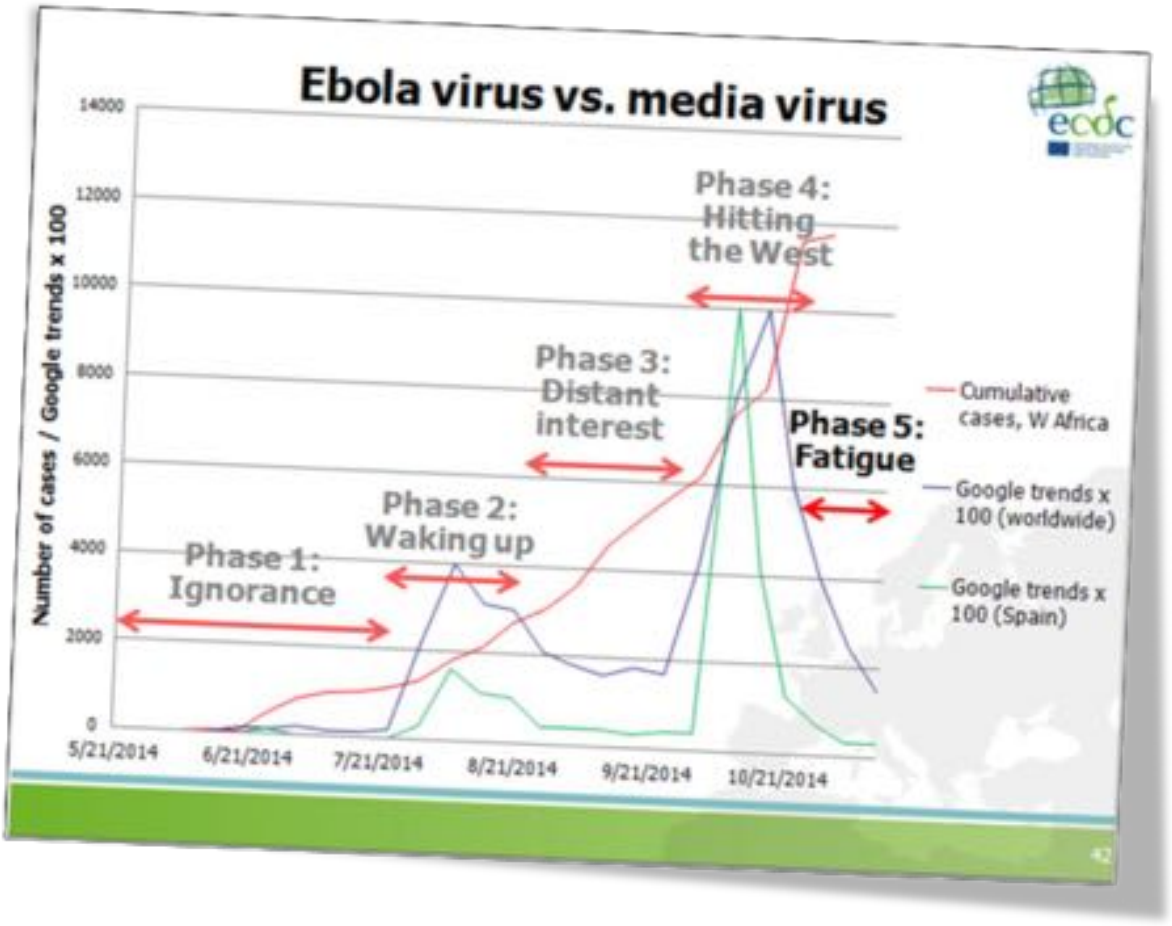
According to Karl, the main communication challenges in relation to the Ebola epidemic, from an institutional point of view, are as follows:

#1: *How to raise awareness to ensure proper action at source while at the same time reassuring European poulations?*

#2: *How to explain that the West African situation could not be repeated in Europe?*

#3: *How to make frontline European health care staff understand that the risks (and PPE) for intensive care of severely ill ebola patients may not be the same as when first assessing a slightly symptomatic patient that has been in africa?*

#4: *How to show leadership?*



The following conclusive points and observations were provided by Karl on the Ebola epidemic:

- As any crisis, the Ebola epidemic has its own challenges and dynamics that is impossible to predict.
- When national and international communication objectives are counterintuitive, the national objectives will always prevail.
- Trying to portray leadership when there is none, is destined to fail.
- Old communication lessons still hold on:
    - Build trust: Capability – Reliability – Authenticity
    - Communicate early but acknowledge uncertainties
    - Be fact-based and transparent
    - Communication starts with (true) leadership: Lead rather than follow

Following the conclusion of the presentation, the floor was opened for any comments from the audience.

***Dr. Donato Greco**, Zadig Srl*, noted that the case of the Ebola epidemic is yet another example of how challenging can be the communication of risk, despite the considerable improvements made on the tactical framework for outbreak communications at institutional level. As indicated by Donato, similar to the HIV epidemic, the Ebola virus emerged in rural areas but spread beyond borders to take over towns and cities. This means that more efforts are required to communicate effectively and better equip local populations with knowledge to prevent the spread of infectious diseases, before it turns into an outbreak.

***Prof. Manfred Green**, University of Haifa*, agreed to this important point and further highlighted the need to put in context and discuss the practical aspects of risk and outbreak communication on the second day of the conference.

3.2 Day 2: Friday 5th December 2014

The second day of the TELL ME conference was split into five thematic sessions, with the aim to better focus discussions around the topics and issues presented in relation to risk communication, from both a theoretical and practical point of view.

- **Session 1:** Theoretical concepts and critical aspects in public health crises
- **Session 2:** The TELL ME approach to risk and outbreak communication
- **Session 3:** Perspectives from EU projects on outbreak communication and the healthcare context
- **Session 4:** Emerging plagues in the 21st century – The case of the Ebola epidemic
- **Session 5:** Risk communication to prevent and protect against infectious disease outbreaks

3.2.1 Session 1 | Theoretical concepts and critical aspects in public health crises

The first session of the conference aimed to provide some context and prompt discussions over some theoretical concepts and critical aspects that are central in risk management and risk communication. After a short introduction by the chair of the session, ***Dr. Francesco Zambon** (WHO)*, who talked about the era of the Black Death in Venice and the effects that survive in modern times, the floor was given to Prof. Bernardino Fantini to deliver the opening speech of the session.

Prof. Bernardino Fantini
Geneva Medical School / WHO Collaborating Centre for the Historical Research on Public Health
Title of presentation: *"Figures of fear and empathy: Perception of epidemics and representation of the behavioural responses to them in literature, art and music."*

This presentation focussed on artistic representations of epidemics in the past as well as the role and influence of emotion in a historical continuum, which can determine public perceptions and assist in the evaluation of political, social and economic determinants and response to future epidemics. In his speech, Bernardino suggested that emotions play a critical role in outbreak communications since people's attitudes and behavioural response is rarely based on reason, with the example of an inherent tendency to over- or under-react to a situation, depending the circumstances. Bernardino proposed that an effective communication strategy must take into account the emotional status of individuals at the time of a severe outbreak, and efforts should be made to combine the two elements of reason and emotion.

Next, Bernardino presented examples of use of metaphoric images from the Ebola epidemic to highlight the fundamental role that images and symbols in the emotional response to an outbreak, which can have a different effect in behavioural responses depending on the symbolic messages these metaphors convey for people. Particular reference was made on the power of the image or depiction of a reality and attached symbolisms for the public, with examples

from the 16th century bubonic plague epidemic and the Ebola epidemic, where in both cases the dominant themes have been the collectors of corpses and the particular type of protective uniforms used by medical staff.

To explain in more detail the role of emotions in epidemics, Bernardino continued to present the four main families of emotions (Fear, Grief, Hope, Empathy), and associated manifestations for each emotion. It was demonstrated that different emotions evoke different attitudes and behavioural responses (e.g. fear leads to abandonment and stigmatisation, empathy produces solidarity and resilience).

For the final part of his presentation, Bernardino showed a number examples from the literature, architecture, art and music from the period of the "Black Death" epidemic to demonstrate the way artistic representations could be used as powerful communication tools to elicit and control the emotions of the general public.

Question 1: *How could we explain the role of emotions to scientists, whose arguments need to be based on evidence instead of the "irrational" dimension of emotions? (Michele Bellone, Zadig Srl)*

In communication, the emotion needs to be taken into account in all circumstances, for both the sender and recipient of the message. It is an erroneous belief that the role of emotion is not supported from scientists since there is a considerable amount of studies conducted by psychologists, anthropologists, and neurobiologists about the role of emotions in communication. It is important to consider that in every decision we make, there is present the element of emotion. To this end, a practical suggestion would be for communicators to always consider the emotional implications of messages produced.

Question 2: *Why do you think that fine arts have a focus on the communicable diseases to elicit emotions, rather than the non-communicable diseases? (Francesco Zambon, WHO/Regional Office for Europe)*

The main reason is that artistic representations were produced in a period before the epidemiological transition, where infectious diseases was the leading cause for children and adults. Furthermore, a chronic disease is a slow process which could not be depicted easily in arts. However, we see that chronic diseases receive more attention in modern times, as these are constitute themes in films and literature.

Mr. Kåre Harald Drager
The International Emergency Management Society (TIEMS)
Title of presentation: *"The role of risk communication and education and training in building resilient communities."*

The next presentation was delivered by the president of TIEMS, who offered insight from the perspective of an international non-governmental organisation for emergency and disaster management. Harald opened his presentation with an analysis of what constitutes "risk" in the modern world and further specified which are the major challenges for risk communication, in a context of a reality where everything is inter-related from the climatic changes to the increase of population density and technological risks.

It was emphasised by Harald that local, national and international emergencies have different effects on people, which can be emotional (e.g. fear, anger), cognitive (e.g. impaired concentration and decision making), physiological (e.g. fatigue, arousal) and interpersonal (e.g. stigmatisation, blame). Such effects can be the result of poor communication and therefore is important to address these by following a number of steps from the selection to the implementation and evaluation of a communication strategy, with continuous involvement of interested and affected parties in the process. Moreover, it was suggested that

to achieve effective communications with the public, it requires from decision makers and communicators to pose some crucial questions to themselves from the onset of an emergency, as well as to take into account various contextual and situational factors, such as demographics, type of emergency and other parameters.

Finally, a number of observations were made by Harald in relation to the Ebola epidemic, where he emphasised the crucial role and benefits of education and training for risk communication, and the fact that *all* stakeholders need to be trained. Moreover, it was highlighted that there is a necessity for authorities, healthcare professionals and the general public to establish a framework of communications that will be based on scientific grounds and will be sensitive to the local context and social infrastructure.

Comment 1: *We should consider that it becomes more and more difficult for people these days to accept the presence of risk in society, with the progress of science and technological developments (Manfred Green, University of Haifa).*

Mr. Simon Langdon
CEDARthree Limited
Title of presentation: *"Are risk and trust related in a public health emergency? Who will you trust?"*

Simon opened his speech by expressing a consideration that "*…there's so many variables that contribute to trust and so many variables that influence the perception of truth, so who will you trust?*". Attention was called to the fact that where trust ends, uncertainty may follow so we need to be ready for the unexpected at all times, especially in the field of crisis management.

Following these introductory remarks, Simon presented the key aspects that make up *trust* in the case of an infectious disease outbreak, with more emphasis put on the need to keep messages consistent. Also, various aspects that may lead to *distrust* were discussed such as inconsistencies among experts, negative media reporting and systematic neglect or ignorance of public concerns, under the prism of the information mismatch that may occur at the early phase of an outbreak, where there is an information gap and timely decisions need to be made without knowledge of all the evidence.

Next, the audience was presented with a description of a standard crisis management process, where information obtained from various stakeholders and emergency teams is absolutely crucial for the successful implementation of the action plan, which needs to be constantly reviewed and updated in the course of a crisis, on the basis of feedback made available by the stakeholders. Additionally, Simon described that crisis communications are performed at three different levels – strategic, tactical,

operational – and presented a model which could be implemented as such at international, national or local level. Emphasis was put on the fact that people from the local community are the most suitable to deliver the message, as they understand better the culture and needs of local populations. The presentation was concluded with a description of a set of different actions and strategies for effective communications in different phases of a pandemic.

Question 1: *In the field of crisis management, there's a variability of factors depending on the type of the emergency. How do you adopt the crisis management model to different emergency situations? (Francesco Zambon, WHO/Regional Office for Europe)*

You need to start with a generic process and plan, as it is important to get the basics first. For specific situations there is a need to produce tailored material such as the various checklists, however is crucial to keep the plan at a generic level which can be adopted in different emergencies and at different scales.

Question 2: *How you felt about the WHO response to Ebola, with the development of an action plan to deal with the epidemic? (Anne Gulland, British Medical Journal)*

I think it is getting better and better, especially the presence of the internet allowed interested parties and stakeholders at local and regional level to have a direct take on what the actual status is and what measures are taken by international organisations, such as the WHO. Standardisation has been an issue, since different nations and different cultures have their own mechanisms, operating in different contexts.

Question 3: *Considering the importance of message consistency in outbreak situations, how can we deal with the problem that national governments may take actions that undermine the messages produced by the WHO? (Nigel Dowdall, Civil Aviation Authority)*

I think there's no simple answer. There is a need to create more space for dialogue between representative stakeholders from the wider spectrum of society, as suggested in TELL ME. This would require to combine top-down and bottom-up approaches, so that considerations and particular concerns could be openly expressed in a stakeholder meeting, and responsibilities could be allocated for each stakeholder group.

Mr. Paul Quinn
Vrije Universiteit Brussel (VUB)
Title of presentation: *"Stigmatisation and discrimination: The inevitable social companions of public health crises."*

The final presentation for this session had a focus on the issues of stigmatisation and discrimination in international public health crises, which has been a point of concern also in the case of Ebola epidemic. Paul opened his speech by providing some theoretical context about the cognitive and sociological components of stigma and further explained the conditions under which it can arise. Paul suggested that depending on the cultural context and popular beliefs, certain cognitive elements can either accentuate or attenuate impulses that may lead to stigmatisation. However, this could be reversed through education or experience where people learn that some of their fears are unsubstantiated and therefore can reduce stigmatisation. Specific to infectious diseases, a point was made about the fear of stigmatisation and people's hesitance to disclose they have been infected with a virus so that they can avoid to be the victims of stigmatisation.

The concept of discrimination was also addressed in the context of Paul's speech, where it was stated that similar to stigmatisation it involves stereotyping and although some forms of discrimination are prohibited by law, it may as well create problems in the public health context. Paul explained that both stigmatisation and discrimination commonly occur in epidemic contexts where the fear of infection stimulates powerful affective responses, while in the case where an information vacuum exists, an array of stereotypical views can emerge toward the more vulnerable groups of society.

Some practical examples of stigmatisation and discrimination which occurred in the context of recent epidemics and pandemics (i.e. SARS, H1N1, Ebola) were presented next by Paul, on the basis of his work carried out for the TELL ME project. Moreover, the negative effects of stigmatisation were emphasised both at individual level (e.g. treatment avoidance, denial) and societal level (e.g. marginalisation of vulnerable groups). The importance of consultation with stakeholders and community representatives was highlighted once again in the context of Session 1, and some practical points were offered to avoid unnecessary stigmatisation (see below).

Before	During	After
Intervention in planning stages prior to epidemic events can be used to avoid potential stigmatisation. Many myths can be debunked during before and after an epidemic has begun.	The decisions of public health authorities to pursue certain courses of action should be explained with adequate reasoning in order to avoid incorrect conclusions being drawn that could lead to stigmatisation.	Where stigmatisation occurs it should be examined after the crisis has subsided so that lessons can be learned and plans made to avoid similar problems during future epidemics.

Question 1: *The element of "empathy" has been central in the other presentations of Session 1, as it constitutes a powerful tool for communication and can be distinguishing characteristic of "leadership". Do you think that empathy could be an important element also in the battle against stigmatisation and discrimination? (Thierry Mertens, World Health Organization)*

This is particularly relevant in the case of community representatives who are able to relate more with the issues and concerns of their people, and therefore any expression of empathy from their side would be expected to have a positive impact.

3.2.2 Session 2 | The TELL ME approach to risk and outbreak communication

The second session was geared towards presenting the main outputs and end-products that were developed as part of the TELL ME project, to a diverse audience of stakeholders who were present in the conference. This session was chaired by ***Dr. Luca Carra*** (Zadig Srl) who explained that the TELL ME products, tools and prototypes comprise a package for risk and outbreak communication that could find direct application to real-life situations.

Dr. Anat Gesser-Edelsburg
School of Public Health - University of Haifa
Title of presentation: *"A new framework model for outbreak communication"*

This presentation provided an overview of the *TELL ME framework model for outbreak communication*. The framework model provided the theoretical basis for the development of some of the end-products in TELL ME and is representative of the concepts that have driven the project.

Anat opened her speech with an observation that even in present times the tactics for outbreak communication are based on outdated theories and models, where the information flow remains unilateral as organisations still follow a top-down approach in their communications. It was noted that WHO textbooks still call for "engagement" of the public, a concept which still reflects a passive audience that needs to be engaged, when the social media revolution has actually transformed the public into a *partner*, and not merely the recipient of the message.

Following these introductory remarks, Anat presented a visual representation of the framework model, and explained that one of the innovative aspects has been the idea to position the public sphere at the heart of the model and the centre of communications. The various components of the framework model were analysed, starting from the need for *public segmentation* to provide tailored messages by taking into account the various socio-economic, cultural, educational and other contexts, which could determine the success of a public health intervention. As suggested in the framework model, each nation should move in the direction of establishing the population profiles by conducting systematic research.

The core components that comprise the framework model were analysed, which include the social and mass media, formative evaluation and research, opinion leaders and the various stakeholder groups which openly interact with each other. The role of each component was discussed in relation their potential impact at different phases of an infectious disease outbreak, and popular misconceptions were presented with regard to communications. Anat concluded her presentation by highlighting that the principal goal for the proposed framework model had been to integrate various concepts and theories into a model of practical value for public health officials and communicators.

Question 1: *"There's a set of facts that form the basis for a message to be developed, so if we talk about consistency of messages then perhaps it contradicts that the "one size fits all" approach is a misconception." (Simon Langdon, CEDARthree)*

The model supports the idea that in order to get the message through, so you have to feed tailored information to different sub-groups according to their needs, in order to have the desired results.

Question 2: *"Communicating scientific uncertainty to the public is a very delicate issue. How do you think uncertainty should be communicated?" (Toby Merlin, Centers of Disease Control and Prevention)*

The public needs to have the entire picture when there is an outbreak, even if the picture includes uncertainties, in order to make informed decisions about how to respond.

Mr. Alexander Talbott

Representing British Medical Journal Publishing Group (BMJ)

Title of presentation: *"The role of social media in risk communication for healthcare professionals."*

This presentation looked to summarise some of the lessons learned from the 2009 H1N1 pandemic, providing real life examples of social media use in risk communications, before considering the skills and knowledge healthcare professionals need to use social media in an efficient way for risk communications. Additionally, part of Alex's presentation was dedicated to the *TELL ME Communication Kit* and the guidance documents, since *Mr. Dimitris Dimitriou (Zadig Srl)* could not be present in the TELL ME conference due to unforeseen circumstances.

Alex opened his speech by providing a broad definition for social media, described as "*network-based communication platforms that enable two-way communication, independent of position, location, gender, age or education*", and noted that these platforms enable the build up of dense networks between profiles; which in turn coalesce around topics of interest to form communities. These communities are highly dynamic and may last a matter of minutes or persist for years at a time. In the sphere of public health, it was suggested by Alex that healthcare agencies and professionals are no longer the sole provider of information to media outlets and the public. Healthcare professionals are now competing with a multitude of individuals and groups online to get their information across to their audiences.

The presentation continued to provide some examples about the use, impact and open avenues for social media in the field of public health. It was presented the power of social media users to spread a health message and share information with a much wider audience than can be reached by national organisation for public health. According to Alex, the tone and language used to accompany the message play a crucial role in the decision to relay a message to others. In another example, Alex showed the influence and power of online hubs in the quick dissemination of messages, which however work the same in the spread of rumours and misinformation. It was suggested that online information should always be approached critically and be challenged by the users.

In the final part of this presentation, some considerations were discussed in relation to the use of social media for monitoring purposes. Alex argued that by monitoring what is said during an outbreak, an organisation needs a standpoint on what to do when it encounters a rumour online (via a member of staff). Some further questions were posed, such as what privacy issues may healthcare professionals come across, or where should healthcare agencies draw the line between monitoring those who are infected or at risk and those who are not? Alex concluded that monitoring should not be left to just a national organisation to "oversee" online chatter, but should be used across a healthcare system to ensure local and national issues are captured.

The presentation ended with the introduction of the TELL ME Communication Kit and the four guidance documents that comprise this kit, which present new communication strategies for healthcare professionals and agencies, sub-populations and institutional actors, including a set of practical recommendations and tools for communication in the event of a major infectious disease outbreak.

Question 1: *How you think the process of standardisation can materialise for social media, in a similar fashion as the institutional websites, so we could inform those people who rely only on social networks to receive their information. (Alberto Tozzi, Pediatric Hospital Bambino Gesù)*

It should be stressed that social media is not the death of the website, which remains the primary source to retrieve any information – social media simply link back to this information. However, it requires a clear strategy about who provides information in the event of an outbreak. The website is a very important source of information and needs to be updated regularly. We should not forget the element of "personality" for social media, so communication needs to be less institutional from the side of health organisations.

Dr. Roberta Villa
Zadig Srl.
Title of presentation: *"Online course for healthcare professionals for communications in epidemics."*

In this presentation, the o*nline course for primary care staff* was introduced to the audience as an end-product of the TELL ME project. Before getting into the details of the online course, Roberta provided some context about the difficulties and limitations that healthcare professionals had to face during the 2009 (H1N1) influenza pandemic, in their communications with patients and the general public. It was emphasised the fact that healthcare professionals are typically in the middle of a storm in the case of an infectious disease outbreak, since they form part of the public sphere and constitute one of the at-risk groups from the one hand, while they are also recognised as an important stakeholder group, in accordance with the TELL ME framework model for outbreak communication. Roberta stressed the importance to recognise also the fact that healthcare professionals are among those stakeholders who are direct recipients of misinformation and rumours that spread within the community, so they need to be well-equipped with knowledge and accurate information in order to counter these rumours. This is particularly significant as studies have shown that healthcare professionals are thought to be a trusted source for information, however it has also been noted the lack of professional skills in counselling and communication that the online course seeks to enhance.

Next, the *online course for primary care staff* was presented as a practical tool which at first level aims to help healthcare professionals to get better acquainted with issues related to seasonal flu, vaccination and associated risk, and further advance their skills in counselling and communication on issues that emerge in the course of an epidemic or pandemic. Roberta provided detailed information on the content of the online course and explained the various type of sources that have been consulted for the set up and development of the different dossiers, which include: 1) *Epidemics and Pandemics: General Guidelines*, 2) *Talking about Prevention*, 3) *Stigmatisation and Discrimination*.

As explained, the course can be completed in several sessions, while the reading of related and specified sources is mandatory to respond to the questions in any of the six case histories presented. Roberta mentioned that the most recent online course on Ebola was reviewed by the Istituto Spallanzani and the ECDC, while it received accreditation by the Italian Federation of Doctors and Nurses' Associations

(FNOMCeO). The audience was informed that upon successful completion of the prototype online course, a certificate is awarded to participants. In the conclusion of her speech, Roberta revealed that another online had been prepared by Zadig in response to the Ebola epidemic, including the following three case histories: a) *Threats in flying?*, b) *Fears and prejudice*, c) *Coming back home*.

Dr. Jennifer Badham
Centre for Research in Social Simulation – University of Surrey
Title of presentation: *"A prototype simulation model for communication during major influenza epidemics."*

This presentation aimed at introducing yet another end-product of the TELL ME project, a *prototype social simulation model for communication*. In the opening minutes of her presentation, Jennifer explained the unique features and innovative aspects of the simulation model. More specifically, the question asked was

"Why the need for another simulation model?" and the answer is in *communication,* which is another element that interacts and can be inter-connected with the elements of *personal behaviour* and *epidemic spread*. It was further indicated that this prototype model serves for planning communication in advance to minimise the epidemic impact.

Jennifer continued her presentation to provide an overview on the design process followed for the development of the simulation model, which involved drawing information from the scientific literature, TELL ME research outcomes and resources, discussion groups and workshops. The main interface of the prototype was presented, with descriptions on the various components which either represent inputs to the model (i.e. communication effects, behaviour adoption, epidemic features) or outputs in the form of graphic representations (i.e. communication effects, epidemic progress). An important point about the simulation model was that two models exist within that interact with each other: the mathematical (epidemic) model and the agent-based (people) model.

Next, the *broad model logic* was presented to the EAB members, providing explanation on the various health behaviour determinants and other factors that influence the decision-making process for an individual to adopt protective measures. Moreover, Jennifer made reference to a hybrid model used for the development of the simulation model, where different elements are employed from psychological theories on behaviour (i.e. Theory of Planned Behaviour, Health Belief Model, Protection Motivation Theory). In addition, some context was provided on the different properties of a message (Timing/Trigger – Media Channel – Target Group – Behaviour – Message Content) which forms part of communication plans after an infectious disease outbreak has been reported. Specific mention was made on the "content" property of messages, with an indication of the different behavioural responses and attitudes that can emerge in response to the content of a message.

A demonstration of the simulation model followed, based on a pre-defined scenario developed for the purposes of this TELL ME activity, where certain variables had been considered such as the epidemic features, behavioural responses, and communication strategy selected by decision-makers in the process. Jennifer highlighted that for the purposes of scenario-testing there was a progressive addition of elements in order to clearly observe the effect of each element for the communication process, and calibrate

accordingly the response. Furthermore, it was underlined once more that the simulation model is not a predictive model but rather a prototype model to link three inherently connected components of the system of an influenza epidemic, with the aim to assist planners to assess the role of effective communication in epidemic management.

Question 1: *Is it difficult to calibrate the model for another infectious disease outbreak instead of influenza, like Ebola for instance? (Luca Carra, Zadig Srl)*

It would be possible to calibrate for another airborne disease, but would be impossible to calibrate for Ebola. The reason is that any fundamental assumptions made for people's behaviour in the case of an influenza epidemic, would greatly differ in the case of Ebola or any other disease that have a different mode of transmission.

Question 2: *Wouldn't it be valuable to use this kind of modelling to look backwards, epidemics from the past, to understand them better, in order to achieve more accurate predictions in the future? (Paul Quinn, Vrije Universiteit Brussel)*

To some extent, this is what we do when we calibrate. It's just that H1N1 was the only pandemic that there's been any real data collected to allow us to do that. For the other epidemics in the past, you can probably can get good information on most of them about the number of cases, but there's no real information about what sorts of behaviour people followed, or what their attitude might have been.

3.2.3 Session 3 | Perspectives from EU projects on outbreak communication and the healthcare context

This purpose of this session was to present perspectives from other EU projects in the field of risk communication and public health (i.e. ECOM, ASSET, PHEME), with the aim to extend collaboration and create a community of experts in the area of infectious disease outbreaks. This session was chaired by ***Ms. Mitali Wroczynski*** *(British Medical Journal Publication Group).*

Prof. Jeff French
Strategic Social Marketing Ltd.
Title of presentation: "*Beyond information transmission to behavioural influence: An update from the EU WP7 Project ECOM."*

The opening speech was given by a representative partner from the "sister project" of TELL ME, entitled *ECOM (Effective Communication in Outbreak Management)*. Jeff provided some context around ECOM, explaining that the project brings together social, behavioural, communication management and marketing sciences together to develop an evidence-based behavioural and communication package for health professionals and agencies throughout Europe. An ECOM video was presented to give an overview of the objectives and outcomes of the project, including key suggestions for risk and outbreak communication, followed by a presentation of the seven major conclusions in the project, which are summarised below:

1. Risk perception and recognition of personal risk status can be influenced by "trustworthy" sources of information.
2. Mass media / digital media have a spotlight effect that increases perception of risk but moves on in advance of later advice about appropriate action.
3. There is a need to target communication and behavioural programmes for different groups.
4. A dominant current characteristic of many existing programmes is a focus on rational decision making and the transmission of accurate advice.
5. Disease characteristics, perceptions of efficacy of advice and personal risk perception have a big impact on decision making and compliance.
6. Healthcare workers are key sources of information and public opinion, but are often not optimally used in such roles due to their lack of accurate risk perception and understanding about risks .
7. Under-vaccinated groups (UVG) are often as diverse in their opinions and actions as the rest of the population; however, they do have distinct information, access and support needs.

The presentation then focussed on the work carried out in the context of Work Package 3 (Social marketing analysis of vaccination behaviour, audience segmentation and service delivery), with Jeff putting emphasis on the importance to adopt a social marketing approach in pandemic events in relation to the uptake of protective measures. Jeff introduced the social marketing tools that had been developed and concluded with some points on the complex environment of pandemic preparedness behavioural programmes (e.g. multiple agencies, speed of impact, weak insight and segmentation etc.).

Question 1: *We see the proliferation of mobile technologies and healthcare apps. How do you think we can use and harness these to impact on behaviour changing combat what you call conventional communication? (Mitali Wroczynski, British Medical Journal)*

The majority of these apps run for commercial purposes and are not very well-researched. I think one of the best things we can do is to start point out to people through health literacy programmes how to navigate their way through and assess whether apps are useful or not.

Ms. Valentina Possenti
National Centre for Epidemiology, Surveillance and Health Promotion – Istituto Superiore di Sanità (ISS)
Title of presentation: *"ASSET: A way ahead?"*

This presentation introduced another EU project in the field of infectious disease outbreaks and pandemic management, entitled *ASSET (Action plan on Science in Society related issues in Epidemics and Total pandemics)*, which is considered as the project to provide the operational framework for the exploitation and implementation of the TELL ME research findings and end-products. Valentina opened her speech by introducing to the audience some information about the identity of ASSET, and discussed the fundamental concepts that drive the project. More specifically, it was mentioned that as an MMLAP Programme, the ASSET project has a strong focus on *connection*, *communication* and *democratisation* and further explained that ASSET will seek to integrate the newly introduced H2020 SWAFS concept, i.e. Science With and For Society. The aims of the ASSET project were summarised as follows:

1. Forge a partnership with complementary perspective, knowledge and experiences to aaddress effectively scientific and societal challenges raised by pandemics and associated crisis management.
2. Explore and map SiS-related issues in global pandemics.
3. Define and test a participatory and inclusive strategy to succeed.
4. Identify necessary resources to make sustainable the action after the project implementation.

Valentina explained that ASSET will broaden the TELL ME information and/or communication aspect, and raise it to the wider socio-political level. Since pandemics and other infectious disease crises impact on mortality/morbidity as well as on socio-economic elements, several issues enter ASSET research: governance of flu pandemics; unsolved scientific questions regarding influenza and pandemics; ethical, legal and societal implications of pandemics; gender issues – vulnerability, vaccines; research and innovation; risk of intentionally caused outbreaks. As suggested, ASSET products are supposed to be both practical tools, for enhancing partnership with policy makers and health professionals and for upholding compliance and resilience in the public, and scientific publications. Beside validating the main TELL ME outputs, ASSET could establish international and local infrastructure for communication between stakeholders.

Another important point in relation to the ASSET project was the establishment of the Community of Practice (CoP) platform for communication. Valentina highlighted that through the CoP it was envisaged to make mutual learning operational within the consortium and beyond, as the three inter-related dimensions of the platform (domain, community, practice) provide the appropriate context for generation of new knowledge, expertise and practice. The presentation closed with a remark by Valentina that if the project's payoff (*"Share and move to face nasty bugs"*) is successfully put into practice, then ASSET could really be the way ahead in the field of outbreak communication.

Question 1: *You talked about the consultation and creation of networks as part of the ASSET project. Have you considered the involvement of patients in those networks and the ASSET project in general? (Mitali Wroczynski, British Medical Journal)*

In the context of a specific Work Package on citizen consultation, it is our intention to have also representatives from patient groups. However, we consider a perspective where all representatives' feedback from different groups of society participate and contribute for the development of science.

Dr. Anna Kolliakou
King's College London
Title of presentation: *"Social media platforms and clinical records in PHEME: Trend detection and intervention for mental health."*

Session 3 was concluded with a presentation of *PHEME (Computing veracity across media, languages and social networks)*, a project that aims to track, identify and verify information that spread across social networks and online media, to enable real-time detection of speculation, controversy, misinformation and disinformation. To achieve this, a special computational platform and prototype model will be used for the analysis of content *veracity*, which is one of the greatest challenges of the big data.

An example was provided in the form of a visual representation of how rumours spread on Twitter, and was emphasised the fact that rumours can spread out of proportion within a very short period of time. Anna pointed out that PHEME aims to create a computational framework for automatic detection of rumours in real time, as the next step to present research which assessed the impact and diffusion of

rumours after conclusion of an event. Four case studies were presented briefly by Anna, which focussed on how the online exchange of information can influence decisions and behavioural responses, both from the side of the patient and the practitioners, considering the possibility for diffusion of inaccurate portrayals of a situation in the social media.

From the perspective of an infectious disease outbreak, it was noted that social media deserve special attention from the side public health agencies when there is a need to communicate risk. In particular, Anna suggested that people who access information online out of curiosity may accidentally be influenced in their behaviour, while people who have an interest to collect as much information as possible may come across a number of unreliable sources. Since rumours can easily create a false perception of risk, it is envisioned for a system like PHEME to be developed in the form of communication tool, which could alarm agencies and public health authorities about any controversies that arise in real time and therefore support an early intervention.

Question 1: *I was concerned about this idea of monitoring people's health data on social media. In terms of data protection it goes a level above, because it involves sensitive data. Would it work on a basis of explicit consent for every user? (Paul Quinn, Vrije Universiteit Brussel)*

The data will be aggregated, and anonymity rests on users depending the kind of information they have decided to share as part of their profile. The collection of data will be based on a randomised selection process.

3.2.4 Session 4 | Emerging plagues in the 21st century: The case of the Ebola epidemic

The TELL ME conference was organised at the peak of the Ebola epidemic in West Africa and the period when the first cases were reported in Europe and the US. Thus, critical communication aspects and other issues relevant to international response to the Ebola epidemic received special attention since practical implications for risk communication and lessons learned could be provided from experts in the field.

The chairman of the session, ***Dr. James J. James*** *(National Disaster and Life Support Foundation)*, made a short introduction on the Ebola epidemic, stating that currently in the US there are two epidemics that unfold: Ebola and the so-called "Fearbola". According to James, the response to Ebola can be described as a failure from a medical and public health perspective, since there is still no vaccine or effective treatment, while we have been witnesses of the poor medical infrastructure that exists in the affected countries. The Ebola epidemic has been a failure also from a communications perspective, since there was no "vaccine" to administer the effects have set in, and prevent the occurrence of "Fearbola" and mass hysteria among the public. With these opening remarks the speakers of the session were invited on stage and were presented to the audience.

Questions and comments from the audience were taken only after conclusion of all speakers' presentations.

Dr. Toby L. Merlin

Centers for Disease Control and Prevention (CDC)

Title of presentation: *"The US domestic response to Ebola: Risk communication and new lessons learned."*

The opening presentation of this session offered an insight from the US experience and response to the Ebola epidemic. As Toby said, "[…] *this presentation is not only about risk communication and new lessons learned, but also about old lessons painfully relearned*". Toby opened his speech by providing some background information on his role as a manager at a CDC Division that is responsible for the domestic US epidemiology and laboratory capacity to support emergency response. Moreover, it was noted that CDC has in fact a structured response for outbreaks, and specifically for the Ebola response, more than 600 people have been involved since the beginning.

The presentation continued with a description of the information and messages that US citizens had been exposed to (through the media) during the Ebola epidemic. Toby stressed that the key message he wished to communicate to the audience was about the extraordinary power of visual images in driving humans' emotions and responses to an outbreak. As noted, the US public viewed in a period of a few weeks a constant demonstration of images of burial removal teams in Africa, which were horrifying images. Toby provided an example of an incident that constituted a communication failure; this was the case of the first US patient who was evacuated from Africa, and images showed members from the medical staff wearing a respirator apparatus, which image was in direct contrast with CDC claim that the Ebola virus disease is not transmissible through air. A similar case was described by Toby, where news media showed images of decontamination of apartments and people who had been in contact with Ebola-infected patients. Again, this produced a conflicting message for the public since in the CDC website is specified that there is no scientific evidence available that items from the physical environment pose a significant risk to acquire the Ebola virus disease. Toby concluded that there's an enormous gap between our science-based communication and what is established in people's mind from what they have seen.

Next, a number of lessons learned were presented from the US experience of Ebola in Dallas (TX), which are summarised below:

- Public fear of lethal contagion is powerful
  - Deeply emotional
  - Disproportionate to actual relative risk
  - Very difficult to mitigate through rational argument
- 24-hour media strongly influences (determines?) public perceptions
- Visual images strongly influence (determine?) public perceptions
- Media usually choose most powerful visual images
- Media/visual images can drive public health response
- Evidenced-based public health messages are necessary, but not sufficient to mitigate public fears
- Need powerful images –as well as messages – to mitigate fears

Finally, Toby emphasised that we can achieve powerful and effective public health communication when images are also used appropriately. The example of nurse Nina Pham was presented in that case, with press events being held at her discharge from the NIH hospital, showing images of the NIAID Director Anthony Fauci and US President Barack Obama, both embracing the nurse as a way to communicate this person is no longer infectious.

Dr. Brian McCloskey
Public Health England
Title of presentation: *"Ebola home and away: Risk communication challenges."*

The second presentation of Session 2 focussed on the UK experience and response to the Ebola epidemic. Brian set the scene for his speech by saying that his presentation would connect the three main themes that reflect the objectives of this session: a) the reality of Ebola, b) the media presentation, c) the communication challenges. As explained by Brian, a brief overview and update on the situation would be provided, with particular emphasis on the difficulty of producing health messages for the public in different contexts.

According to Brian, there is a mixed picture of progress of the Ebola epidemic. the UN is cautiously optimistic about the future as there is a belief that the epidemic could be controlled and the virus be beaten, however there is some caution as the strategy implemented hasn't worked completely. At this point, Brian made a remark about the need for targets in order to proceed and deliver the work. In the case of the Ebola epidemic response, it is difficult to present to the media and the public which of the targets have been achieved since these are not easily quantifiable and so progress is not measurable. However, it was stressed that remains an important challenge to be realistic and open at the same time, of what can and cannot be done in an emergency situation.

Next, Brian provided a snapshot from the situation in West Africa and the involvement of Public Health England since August 2014. The main focus of the Ebola response has been the isolation and treatment of cases. The increasing number of treatment centres being set up and availability of hospital beds in some parts of West Africa contributed significantly in the decrease of number of reported Ebola cases in Liberia and Sierra Leone. This would be the time to make the shift to the traditional approach of identifying those infected and tracking people who had been in contact with the infected person, so all could be taken care of and prevent from coming in contact with anyone else.

Behavioural change was identified as one of the greatest challenges in West Africa, and more specifically in relation to safe burials, a widespread tradition in the region which involves a lot of contact with the deceased person and participation of entire communities, so a burial could easily generate a number of cases. Brian explained that the cultural context is really crucial in communication, as this practice is deeply rooted for people in Africa with the belief that at the moment of death the spirit leaves the body, but if that spirit is properly looked after the moment of death it stays to support the community afterwards. This ritual cannot be challenged by anyone external from the Western world, and need to find alternatives for communication.

Another communication challenge presented was relevant to conspiracy theories that flourish in the area, with cases of people who deny the existence of Ebola, to others who believe the virus was created in laboratories as a weapon of mass destruction, or as a method for population control.

Following the description of the situation in West Africa, Brian concluded with the UK reality and the need to recognise that politicians and public health people can have different priorities or be divided over an issue, and so we end up with mixed messages produced. Professionals assume that all government decisions are based on evidence, however there is a political dimension which requires careful consideration, since there are cases where government is thought to be doing too much or too little, depending on the context.

Dr. Nigel Dowdall
Aviation Health Unit - Civil Aviation Authority
Title of presentation: *"Ebola: Global aviation and public health working together?"*

The final presentation of this session on Ebola offered another perspective and provided a wider context for discussions, as a very important stakeholder group was represented, such as the commercial aviation industry. In his presentation, Nigel presented some numbers which were indicative of the huge number of people who travel to any destination worldwide, within a matter of hours. The public health issue in this case is that international air travel is an effective and efficient way of rapidly spread contagious diseases across the globe, while only a few measures, if any, have been shown to be effective in preventing such spread. However, as it was argued by Nigel, even in long-distance flights it would be difficult to detect and control the spread of a disease, since early symptoms (e.g. high temperature) could be associated with a number of other infectious diseases.

A question posed by Nigel concerned the reasons behind people's choice to travel even when they feel sick. Some of the reasons provided include that people want to get back home or because they believe this is only a mild illness. The bottom-line is that people find always a personal justification for travelling when sick, which becomes a major issue for the aviation industry as a number of additional precautionary measures are implemented by governments, such as travel restrictions and airport screening. To provide some additional context on this issue, the roles of the Ministries of Transport and Aviation Authorities in the UK were discussed, to emphasise the fact that "safety" is a concept that relates more to the transport infrastructure rather than issues of public health.

Some lessons learned and the impact of different outbreaks for the aviation industry were presented next by Nigel. Specific to SARS back in 2003, it was highlighted the inconsistent approach followed by different airlines and the role of media and "experts" in raising public fear, which had a major impact regarding the financial costs. According to Nigel, the case of the 2009 H1N1 pandemic proved to be different, as the good cooperation between WHO, ICAO and IATA contributed in avoiding any major disruption for air travel at that time.

In the case of the Ebola epidemic, it was highlighted the fact that much progress has been made since the 2009 H1N1 pandemic considering the presence of an ICAO medical adviser in the IHR Emergency

Committee or the production of guidance documents by WHO on travel and screening at points of entry. Nonetheless, some problems and challenges still remain, such as the impact on direct flights to affected areas due to airline carriers' concerns or state restrictions. At the level of communications and liaison with UK public health authorities, it was indicated the initial frustration with the lack of documented policies and procedures for coordination, however the close collaboration with the Department helped to overcome any issues and succeeded in the standardisation of procedures to manage a suspect case either on board or in the airport.

Nigel express his concern about the presence of mixed messages and their impact on both aviation staff and the general public or passengers. The importance of consistency of messages was demonstrated in the SARS epidemic, while the importance of following guidance of trusted bodies (e.g. WHO, ECDC) was demonstrated during the H1N1 pandemic. Another point made was the challenge for medical experts working in government advisory roles, where they may find themselves in a position where there is a need to support, explain or challenge an action they may not necessarily agree with. A few conclusive points were presented at the end, which are summarised below:

- Global aviation and public health authorities can indeed work together both nationally and internationally.
- How can we do better next time?
    - Make sure that the networks and working groups we have built in responding to Ebola are followed up, to become cross-departmental and cross-organisational policies and procedures.
    - Work with experts in risk communication to ensure that our message is heard / listened to at all levels of both government and media.
    - Find effective ways to challenge actions / decisions that threaten the consistent message.

Follow-up discussion

Question 1: *When Ebola is no longer headline news by the mainstream media, do you think there is a risk that pledges for money and resources to support Africa will disappear? This, as part of the discussion that media can affect responses at all levels. (Karl Ekdahl, European Centre for Disease Prevention and Control)*

BM: There is such a risk, especially since what we need to do in the next months will be less visible, so we need to find the right mechanisms to maintain the international interest and to ensure that money continues coming in.

TM: In the US, there has been a proposition by the President to make available a total of 6.2 billion dollar as emergency Ebola fund, and this proposition is under review by the Congress. Almost half of this budget will be invested in support of the international response to Africa.

Question 2: *In your presentation, a strong appeal was made for use of powerful images to communicate messages. I would like to hear some guidance about how could we better respond to this appeal for suitable images? (Cham E. Dallas, University of Giorgia)*

TM: I agree with you. I think people outside of communications don't realise just how hungry the media is for images to fill time, and that's why the images I showed were presented over and over again. I think filling them [the media] with timely images is a major challenge to overcome, and should be careful as you end up giving them stock.

Question 3: *Let's imagine a scenario where a person is travelling back home after having visited one of the infected countries in West Africa. At some point, this person complains to the air-stewardess about feeling unwell and also seems to have some fever. What kind of instructions must the crew follow in such a case? Would it be required to share or hide from other passengers this suspect case? (Manfred Green, University of Haifa)*

ND: There are actually internationally agreed procedures by WHO and IATA, on how crew should manage a suspect case on-board. Air-stewards receive training on the type of procedures that are followed to handle a suspect case, which involves notifying the flight crew, and then on to the air-traffic service to provide support. All information about the suspect case should be transmitted to the destination airport, where the local health authorities will be mobilised and take care of the suspect case. Most international airlines will have access to medical advisory services in order to obtain health professional input. From a communications perspective, the main priority is to clarify the level of risk. It is not recommended to alarm people while on board, as there could be a false alarm with unknown consequences.

Question 4: *Do you think the CDC communication failed in the US, since there was an elevated perception of fear among the public? (Anne Gulland, British Medical Journal)*

TM: No, I don't think it was a communication failure. The CDC made extensive efforts on risk communication and management, but there have been these "black swan" events for which we had not planned for. For instance, we did not plan for an issue to be made about regulatory constraints in cleaning up an apartment that a patient had occupied – you can't plan for everything, in every major event there will be black swans. You need to be prepared to respond. I think that if the overall expectation in an international disease outbreak is that nothing bad will happen with a zero-risk effect, then you are setting public health up for something impossible to achieve.

3.2.5 Session 5 | Risk communication to prevent and protect against infectious disease outbreaks

The chairman of the session, ***Dr. Donato Greco*** *(Zadig Srl)*, made a few introductory remarks to underline the fact that issues around *risk communication* have moved up on the policy agenda at both national and international level. It was noted by Donato that under the Italian presidency of the EU, a meeting was called to approve the publication of an EU document on vaccination which includes a list of 27 point on communication. On a separate note, Donato refused to consider this conference to be the *final* event of the TELL ME project, as the project is destined to continue with the various tools that have been developed.

Dr. Pier Luigi Lopalco
European Centre for Disease Prevention and Control (ECDC)
Title of presentation: *"How bad communication can destroy a well-planned vaccination programme"*

Pier Luigi opened his speech with a remark about the title of his presentation, where he highlighted the contradiction between the words "bad communication" and "good planning" that exist in the same sentence. According to Pier Luigi, it is the quality of communication that determines the success of a well-planned vaccination campaign. Such was the case of the HPV campaign, which started off as a success story as it was implemented quickly by the majority of European countries. However, after a short period of time there were reports on the news about cases of sudden death after vaccination. This has been a communication failure since the public never received information on this possibility, and in the addition of rumours that started to circulate about the HPV vaccine, caused the vaccination campaign to stop at national level.

The first point made by Pier Luigi was that *good communication needs good evidence*. In the absence of evidence, communications cannot be carried out properly. In the specific case of vaccination campaigns, it is also important to plan carefully and communicate any adverse events before the vaccines are administered. Another case presented was the withdrawal of two batches of the FLUAD vaccine in Italy, due to reported adverse events. The observation made by Pier Luigi was that newspapers made a balanced approach to the issue, however the titles that appeared on the article and front page of newspapers were quite alarming and scary. In the next slide, it was presented the way that information had been picked up and misinterpreted by the media of another EU country, with negative effects on the flu vaccination rates in the days that followed.

Another point made was that communications are ineffective in the case where there is a clash of opinions between different authorities. This can raise suspicion and negatively affect behavioural responses of the general public, or even generate rumours and conspiracy theories. The last example provided by Pier Luigi concerned a correction made by the WHO in the definition of influenza pandemic, in the aftermath of the 2009 (H1N1) pandemic. With this correction, WHO intended to provide a more accurate definition for influenza pandemic by removing the part related to severity. This change triggered reactions from the anti-vaccine groups and provided new grounds for conspiracy theories to grow.

As a conclusion to his speech, Pier Luigi suggested that in addition to be based on good evidence, communication needs to be *timely*, *authoritative* and *unambiguous.*

The members of the panel were invited to take the floor to respond to the presentation and offer their perspectives and ideas around the theme of risk communication and protective measures against infectious disease threats.

Dr. Francesca Russo
Unit for Promotion and Development of Hygiene and Public Health, Veneto Region

Francesca provided insight into the experience and effects of non-compulsory vaccination for the Veneto region. The decision to make vaccination non-compulsory in the entire region, aimed at the investment of more efforts on providing informed decision-making and raise awareness among parents. The audience was informed by Francesca about a recent ad-hoc study carried out to determine the reasons behind parents' refusal to have their children vaccinated. It was reported that parents have a fear for any adverse events of the vaccine and also think that children are too young to receive vaccination. Interestingly, the study revealed that parents are not firmly fixed in their views, which can change with the right evidence.

This intervention was concluded with a point on the importance to provide various types of resources for communication and the need for both health professionals and citizens to receive training on issues related to infectious diseases.

Dr. Alberto Tozzi
Pediatric Hospital Bambino Gesù

In his speech, Alberto stated that he wished to make three points based on what had been discussed already during the conference. The first point made was on the difficulty to identify which evidence and tools are the appropriate ones to use for guiding the communication processes, since the variations in the setting and timing of an outbreak require a different parameters to be taken into account. To this end, Alberto emphasised that in the event of an outbreak it is crucial to keep making efforts to calibrate better the communication process on the basis of epidemiological or other data that is made available, following the example in the field of engineering and laboratory testing.

As a second point, Alberto stated that he has always been impressed by the way commercial firms and companies organise successful campaigns, without the need to implement some scientific approach. Instead, companies are careful to listen and obtain feedback from their audience, and then develop their interventions on the basis of this information received. It was pointed out that the some of the speakers in the conference raised the issue and identified efficient ways to listen. Alberto mentioned an example of medical doctors who do not always have time to listen their patients' concerns and doubts expressed over a medical issue, such as vaccination, and so people turn to online resources to find answers to their questions. From a broader perspective, this trend to search for information online offers the opportunity to a establish a system of "surveillance" through Google analytics for instance, for health professionals to become aware and target communications more efficiently to meet different concerns expressed by the public over a specific issue.

The third point raised by Alberto concerned the systematic exclusion of members from the public sphere in such discussions and events. According to Alberto, in these events the public should be well-represented otherwise it becomes an echo chamber, where the same things are repeated by representative stakeholders. Alberto suggested that we need to recognise the fact that people could contribute significantly to the dialogue on public health issues.

Prof. Itamar Grotto
Israeli Ministry of Health

The last intervention for this session was made by the Director of Public Health Services in Israel, who talked about the polio outbreak that hit Israel in 2013. First, Itamar provided some context around the polio outbreak and how it was decided to put forward a nationwide campaign to introduce the OPV vaccination once again in an effort to control the outbreak. It was noted that from the onset of the outbreak, the public health authorities had to face a number of communication challenges in relation to vaccination.

More specifically, one of the major risk communication challenges had been the "silent" nature of the virus; for most people the virus existed only on the news as they had no direct experience of anyone getting

infected by the virus, so people wondered why the need for vaccination. The second communication challenge was about finding a way to re-introduce the OPV on the vaccination schedule for children, since this vaccine had been removed almost 10 years ago and was labelled by many as dangerous. Another important challenge noted by Itamar was relevant to communicating to parents that the OPV vaccines were not intended to protect the children who would receive it – as they were covered already by the IPV vaccine – but the family members instead.

Next, Itamar analysed the type of initiatives and actions taken by the Ministry of Health in order to handle efficiently these communication challenges, and prevent the emergence and circulation of misinformation and conspiracy theories from the side of anti-vaccine groups. The first action for the Ministry of Health was to assemble representatives from various medical communities, to explain the situation and on which basis certain decisions were made, with ultimate goal to reach consensus on the need to implement the proposed vaccination plan. This had been an important step, as the anti-vaccine groups had difficulty in finding a reputable expert to give an opposite view. The second action was to ensure transparency also towards the media, so they received regular updates and reported on the basis of information presented by the Ministry. Also, much attention was given by Ministry to build presence in the social media so that they could respond to the questions, concerns and any other issues raised by the public. Finally, the engagement of volunteers in the communication process played a key role in the successful implementation of the vaccination programme, whose focus had been to engage into discussions with anti-vaccine bloggers and provide evidence provided by the Ministry to offer arguments against the anti-vaccinist positions.

The final session of the TELL ME conference was concluded with this presentation. Donato thanked all speakers for sharing their experiences from the field and for their valuable contributions in the discourse around vaccines and risk communication. Next, the TELL ME Scientific Coordinator was invited to take the floor and deliver the closing speech of the conference.

4. Conclusive remarks by the TELL ME Scientific Coordinator

This section presents the closing speech and final remarks made by the TELL ME Conference Chair, ***Prof. Manfred Green***.

“I would like to first thank all the speakers for their presentations and chairpersons for managing the different sessions. I think this conference was very stimulating for everyone in the room. I would like to go back to what I said at the start of this meeting, about the question of how could theory be translated into practice.

As Alberto said in his presentation, I think we may end up talking to ourselves and not really getting a message out. I think we really need to define for ourselves what exactly is the objective of effective communication. Do we need good communication to make the public feel that recommendations are reasonable or to ensure that public will adhere to recommendations?

When we talk about infectious diseases, we talk about something that is particularly frightening for people. A virus is something that moves from one to the other without you seeing it, you are very suspicious of how is transmitted, you are very suspicious of recommendations to prevent it, and frequently you are suspicious about recommendations for treatment because frequently treatment is not very effective.

We live in this world of infectious diseases, and we start off at a disadvantage since there is the element of mistrust toward the health establishment that we need to overcome, and when it comes down to the delivery of messages the components of trust and transparency are very important. If there is no transparency, then there is no trust. And then we are led to this question of how can we have transparency when we are dealing with uncertainty. How do we actually convey uncertainty, especially when uncertainty is something that we all have difficulty understanding? The real challenge is our difficulty to understand what is *risk*; it is a word that we use freely, but is a complex concept to understand. So when we talk of the population not understanding risk, we have to recognise that we are not entirely comfortable with the term ourselves.

Ultimately, people try to reduce risk into something that is easier to live with. Even if we say that there is no risk, we know at the back of our mind that some risk still exists. In the case of vaccines, when a person comes up and asks "*Is this vaccine associated with risk?"* a general response is usually given that there is a small risk. But what is a small risk? For some reason, the 1/1,000,000 probability seems to be a very small risk. Why? There's no logic behind this, but one in a million sounds very low. The perception of risk is contextual and not necessarily objective.

The risk communication issue covers particularly complex subjects for all of us, and what we have been trying to do is to put risk communication into a framework that we can use in practice, to make sure that the public acts rationally under circumstances where irrational acts would actually be damaging. For instance, if someone who is not ready to be vaccinated or vaccinate their child, they may then be causing damage to others.

This is why I think that what we should be doing next in this project is to shape and apply these concepts we have developed by means of incorporating these concepts into case studies. As we move forward with the ASSET project, and hopefully other projects as well, I would us to use some case studies to challenge the practical application of our concepts in different kind of situations. We need to be put in the situation where we need to make the decision.

I also like the idea of trying to involve people from the public, which is again a very complex process. How do we get people from the public to join us? There's many patient groups organisations around Europe, which run campaigns for the protection of patients' rights. We could also be representatives from this group, as we all are ordinary people. But I think we do need to bring ordinary people into our discussions and let them give their input.

We need to make an effort to bring theory into practice, but can be done in collaboration with the other projects presented today in the conference.

I would like to thank all of you, it was really wonderful, I enjoyed it and I hope you enjoyed it, and I hope that we meet again soon. Thank you!".

5. Post-conference impact

The TELL ME conference was digitally covered by BMJ representatives, whose frequent tweets on the Twitter platform allowed individuals to link with the conference and discussions carried out in real time. A separate report was produced which reveals the impact and reach of the TELL ME conference to a large audience of stakeholders (see **Annex III**).

Moreover, the TELL ME project was further promoted as the TELL ME conference received particular mention by columnists from the BMJ group and another EU-funded project on pandemics communication, ASSET (see below).

Ms. Anne Gulland

"Quarantining health workers returning from Ebola affected countries is "bad science" , says public health adviser." (08 December 2014)

Direct Link: http://www.bmj.com/content/349/bmj.g7559

The ASSET project

"TELL ME Conference: Between theory and practice." (22 December 2014)

Direct Link: http://www.asset-scienceinsociety.eu/news/tell-me-conference-between-theory-and-practice

Ms. Claire Bower

"Social media during epidemics: a poisoned chalice?" (05 January 2015)

Direct Link: http://blogs.bmj.com/bmj-journals-development-blog/

ANNEX 1

TELL ME CONFERENCE AGENDA

Conference Agenda

TELL ME, tell you:
bridging theory and practice for effective
communications during infectious disease crises

4-5 December 2014
Venice, Italy

Co-funded by the
European Union

Contents

The TELL ME project

TELL ME is almost a self-explanatory acronym: **T**ransparent communication in **E**pidemics: **L**earning **L**essons from experience, delivering effective **M**essages, providing **E**vidence. This 3-year project was initiated back in 2012 and is characterised by the innovative, multi-national, and multi-institutional dimension. The main objective for TELL ME is to develop evidence-based models and tools for improved risk communication during major infectious disease outbreaks, epidemics or pandemics.

After the mixed results of public health campaigns aimed at preventing the spread of influenza during the 2009 A(H1N1) pandemic (including the controversies raised by vaccination and anti-viral drug campaigns), it became apparent the need to revise the current wisdom about human behaviour in pandemics, communication policies, and the involvement of health professionals in the process. The TELL ME project sought to develop a new framework model for communication, a set of strategies and recommendations encapsulated in an integrated practical guide for outbreak communication, an online course for heath workers and an innovative social simulation software for decision makers, specifically designed by the TELL ME project to allow public health officials and agencies to plan communication policies and strategies for future infectious disease outbreaks.

The TELL ME consortium comprises a multi-disciplinary team of professionals from twelve institutions (Universities, National Institutes of Health, Media and Communication Companies, Research Centers, Professional Organizations, Civil Society Organizations) and eight different countries (Belgium, France, Hungary, Israel, Italy, Latvia, United Kingdom, United States).

The main objectives of TELL ME since the beginning of the project:

- **Collect and assess evidence about population behavioural responses** to infectious disease outbreaks, and ways in which different types of communication can affect human behaviour.
- **Identify and report emerging challenges**, new methods and tactics in communication concerning infectious disease outbreaks.
- **Develop a new framework model** for outbreak communication.
- **Develop an online course** for primary care staff.
- **Develop an integrated communication package** including a series of guidance documents for different actors and a practical guide for outbreak communication.
- **Develop a simulation model prototype** for simulating the actions and interactions of autonomous decision-making entities in the course of an influenza epidemic.

About the conference

TELL ME about the goal of this conference

During this conference, we will present advances in the approach to risk communication and major infectious disease outbreaks. We will present new communication tools and strategies to better involve the public and healthcare providers in the communication process, to ensure that messages reach their target during all phases of the epidemic or pandemic.

TELL ME about the project objectives

TELL ME is an EU-funded project funded, headed by a consortium of a multi-disciplinary team of experts from prestigious institutions in eight countries. The TELL ME project has a strong focus on risk and outbreak communications and population behavioural responses to messages produced by health authorities in the course of a major infectious disease outbreak. An important goal of the project has been to address the challenge of low adherence to non-pharmacological protective measures by people and increasing refusal to vaccination among different segments of the population, a growing trend which could become a major challenge in future epidemics and pandemics.

TELL ME about the project's innovative aspects

TELL ME has proposed a new participative model for risk communication, which would help public health authorities to secure optimal preparedness for infectious disease threats. This will be achieved by increasing the resilience of all communities during epidemics and pandemics. As part of the products of the TELL ME project, we created a series of guidance documents for professionals in the field of public health and a practical guide for outbreak communication, developed an agent-based simulation model for public health officials and decision makers, and prepared an e-learning course for primary healthcare workers.

TELL ME about who should be attending this conference

The target audience for this conference are health policy makers, communications officials and representatives from public health authorities that operate at a international, European, national and local level, healthcare providers, civil servants, the pharmaceutical industry, NGOs and the media.

TELL ME about what is expected from this conference

We expect to present useful communication tools and products that will have an impact in the field of public health and the society at large. Secondly, we will demonstrate how these tools have practical value and potential for use by professionals in the field. Thirdly, we genuinely wish to create a community where knowledge from similar initiatives can be shared and unique viewpoints can be expressed, with the aim of refining our defenses against the continuing threats posed by infectious diseases at regional and international level. Last but not least, we aim to provide messages that will help inform people about the critical aspects of communication for both pharmacological and non-pharmacological interventions during infectious disease threats.

Dates and meeting venues

WELCOME EVENT
Thursday 4th December 2014

Don Orione Artigianelli
Dorsoduro 909/a,
30123 Venezia

T: +39 041 5224077

More information at
www.donorione-venezia.it

CONFERENCE
Friday 5th December 2014

Palazzo Cavalli-Franchetti
S. Marco 2842,
30124 Venezia

T: +39 041 2407755

More information at
http://www.palazzofranchetti.it

Registration and contacts

Registration

There is no registration fee for attending the TELL ME conference.

Early registration is strongly recommended, as a limited number of participants can be accommodated for this conference.

If you wish to attend the conference, please register online at:

http://www.tellmeproject.eu/node/330

Alternatively, you can send a short bio note and a letter of motivation to the conference chair, Prof. Manfred Green.

Contacts

Conference Chair:
Manfred Green
manfred.s.green@gmail.com

Scientific Secretariat:
Dimitris Dimitriou
dimitriou@zadig.it

Organising Secretariat:
Angelo Todone
todone@zadig.it

Giorgia von Berger
vonberger@zadig.it

Host Institution:
Zadig S.r.l.
Via Ampère 59 – 20131 – Milano, IT
T: (+39) 02 7526131
www.zadig.it

Conference programme
- Don Orione Artigianelli

WELCOME EVENT
Thursday 4th December 2014

18:00-19:00	Registration
19:00-20:00	Welcome address & Keynote speech
19:00-19:15	**Manfred Green -** School of Public Health, University of Haifa Welcome speech by the Chair and Scientific Coordinator of the TELL ME project.
19:15-19:30	**Francesca Russo -** Venice Prevention Directorate, Region of Veneto Welcome speech by the Head of Unit for Promotion and Development of Hygiene and Public Health.
19:30-20:00	**Karl Ekdahl -** European Centre for Disease Prevention and Control (ECDC) Risk communication aspects of the more recent Ebola outbreak.
20:15-22:30	Dinner and networking at the "San Trovaso" restaurant (By invitation only)

Conference programme
- Palazzo Cavalli-Franchetti

CONFERENCE
Friday 5th December 2014

08:00-08:45	Registration
08:45-10:45	**SESSION 1** : Theoretical concepts and critical aspects in public health crises Chair: **Francesco Zambon -** World Health Organization / Regional Office for Europe
08:45-09:15	**Bernardino Fantini -** Geneva Medical School Figures of fear and empathy: Perception of epidemics and representation of the behavioural responses to them in literature, art and music.
09:15-09:45	**Kåre Harald Drager -** The International Emergency Management Society (TIEMS) The role of risk communication and education and training in building resilient communities.
09:45-10:15	**Simon Langdon -** CEDARthree Are risk and trust related in a public health emergency? Who will you trust?
10:15-10:45	**Paul Quinn -** Vrije Universiteit Brussel Stigmatisation and discrimination: The inevitable social companions of public health crises.
10:45-11:00	Coffee break
11:00-13:00	**SESSION 2** : The TELL ME approach to risk and outbreak communication Chair: **Luca Carra -** Zadig Srl.
11:00-11:20	**Anat Gesser-Edelsburg -** School of Public Health, University of Haifa A new framework model for outbreak communication.
11:20-11:40	**Dimitris Dimitriou -** Zadig Srl. A practical guide for risk and outbreak communication.
11:40-12:00	**Alexander Talbot -** Representing the British Medical Journal Publishing Group (BMJ) The role of social media in risk communication for healthcare professionals.

12:00-12:30	**Roberta Villa -** Zadig Srl. Online course for healthcare professionals for communications in epidemics.
12:30-13:00	**Jennifer Badham -** University of Surrey A prototype simulation model for communication during major influenza epidemics.
13:00-14:00	**Lunch break**
14:00-14:45	**SESSION 3** : Perspectives from EU projects on outbreak communication and the healthcare context. Chair: **Mitali Wroczynski -** British Medical Journal Publishing Group (BMJ)
14:00-14:15	**Jeff French -** Strategic Social Marketing Beyond information transmission to behavioural influence: An update from the EU WP7 Project ECOM.
14:15-14:30	**Valentina Possenti -** Istituto Superiore di Sanità ASSET: A way ahead?
14:30-14:45	**Anna Kolliakou -** King's College London Social media platforms and clinical records in PHEME: Trend detection and intervention for mental health.
14:45-16:00	**SESSION 4** : Emerging plagues in the 21st century: The case of the Ebola epidemic Chair: **James J. James -** National Disaster Life Support Foundation
14:45-15:00	**Toby Merlin -** Centers for Disease Control and Prevention (CDC) The US domestic response to Ebola: Risk communication and new lessons learned.
15:00-15:15	**Brian McCloskey -** Public Health England Ebola home and away: Risk communication challenges.
15:15-15:30	**Nigel Dowdall -** UK Civil Aviation Authority Ebola: Global aviation and public health working together?
15:30-16:00	**Open discussion**
16:00-16:15	**Coffee break**

16:15-17:45	**SESSION 5** : Risk communication to prevent and protect against infectious disease outbreaks. Chair: **Donato Greco -** Zadig Srl.
16:15-16:30	**Pier Luigi Lopalco -** European Centre for Disease Prevention and Control (ECDC) How bad communication can destroy a well-planned vaccination programme.
16:30-17:30	**Panel discussion** Panelists: **Francesca Russo -** Venice Prevention Directorate - Region of Veneto **Alberto Tozzi -** Pediatric Hospital Bambino Gesù **Itamar Grotto -** Israel Ministry of Health
17:30-17:45	**Open discussion**
17:45-18:00	Closing remarks by the Conference Chair.
18:00	**End of Conference**

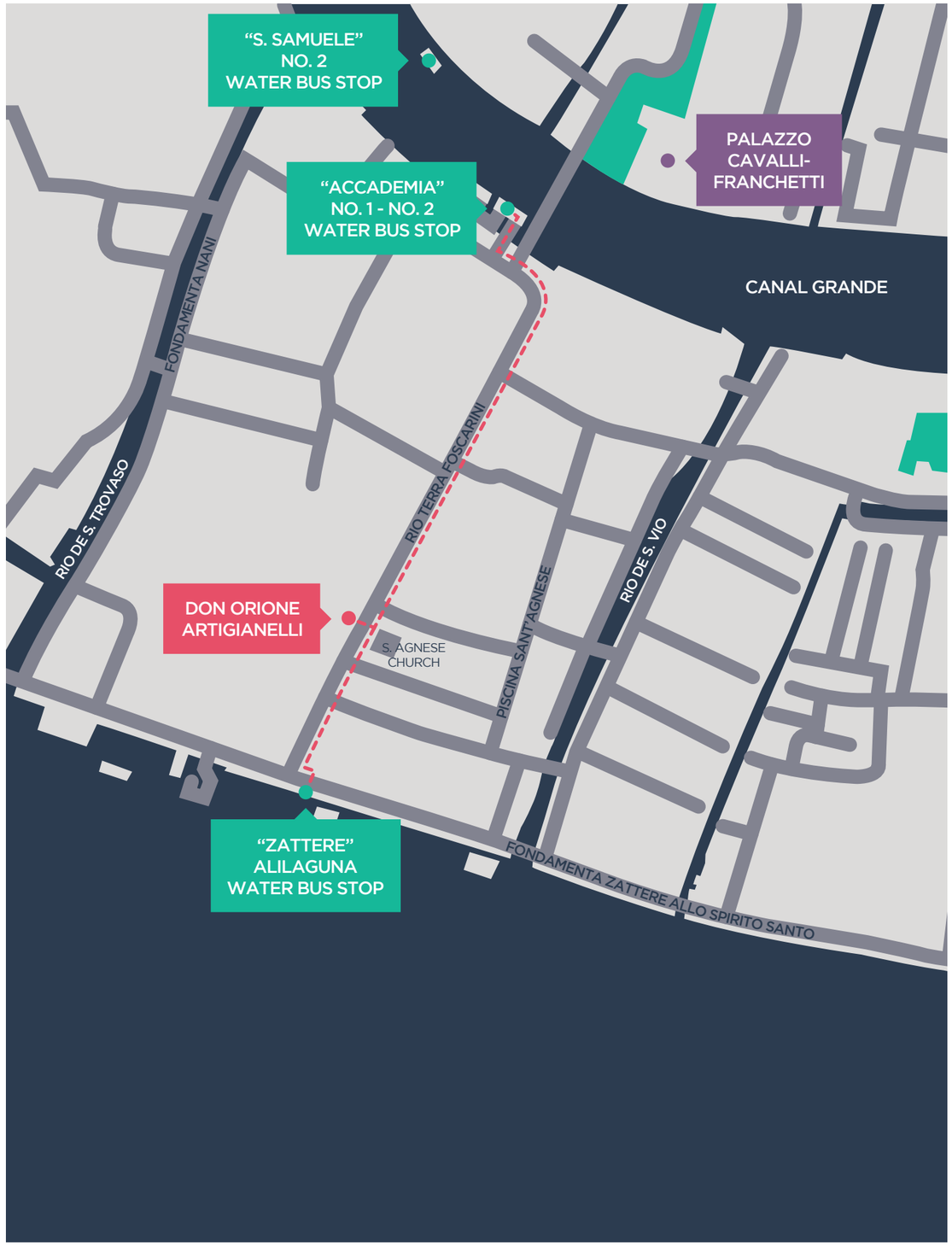
Directions and maps
- Don Orione Artigianelli

From “Santa Lucia” Railway Station

Take the water bus line No. 1 or No. 2 (direction S. Marco) along the Grand Canal and get off at the stop **"Accademia"**. The duration of the journey is about 30 minutes. Upon arrival, keep on the left side and walk along Rio Terà Foscarini. After about 200 meters the entrance will be on the right hand side at No. 909/a in front of the S. Agnese church.

From “Marco Polo” Airport

Take the water bus “ALILAGUNA” (Blue line) and get off at the stop **“Zattere”** and walk along Rio Terà Foscarini for about 150 meters. The entrance is in front of the S. Agnese church. The duration of the journey is about 1h 45’.



Directions and maps
- Palazzo Cavalli-Franchetti

From “Don Orione Artigianelli” Hotel

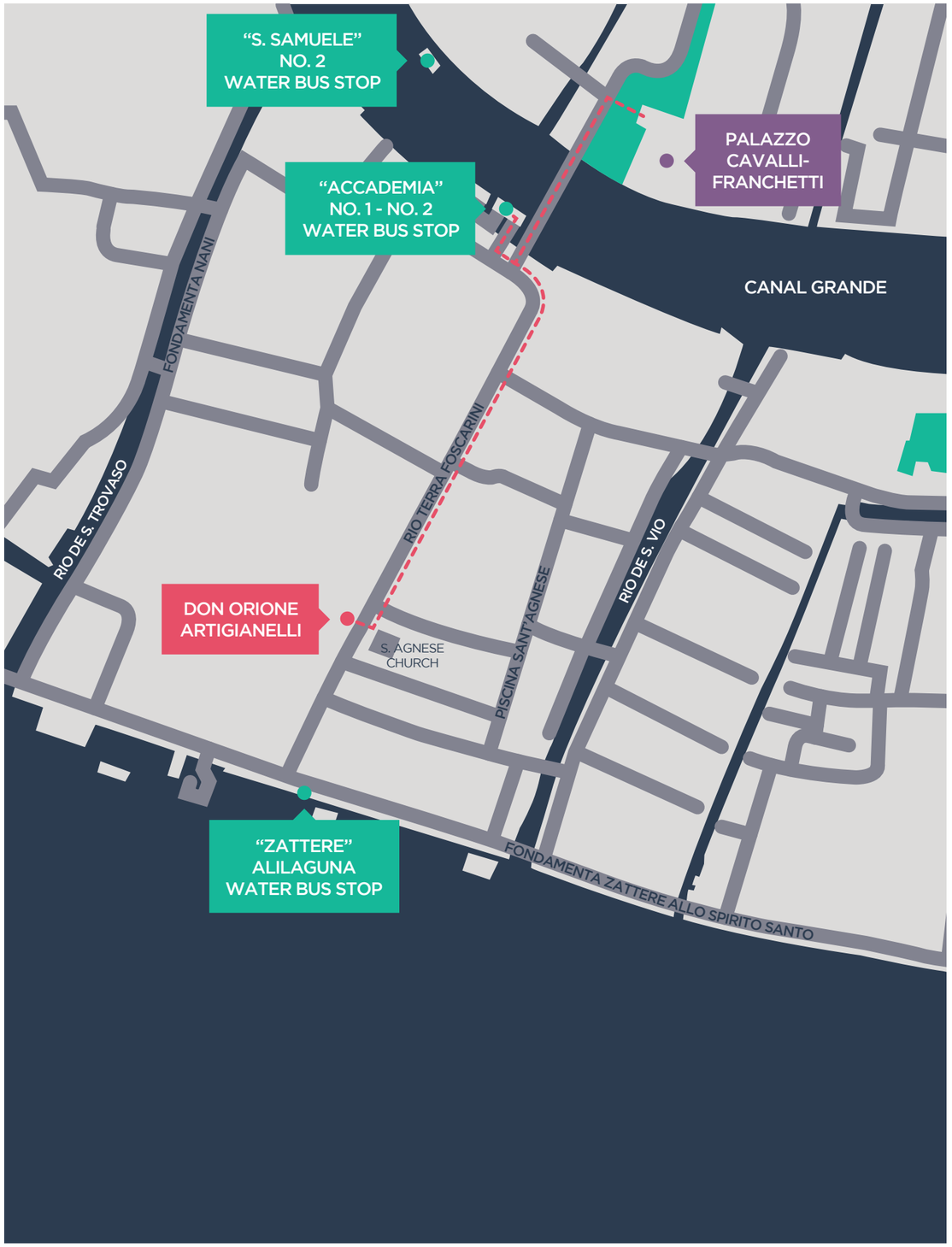
Walk along Rio Terà Foscarini, direction toward the Grand Canal. Cross the Accademia bridge to get the other side of the Grand Canal. The Palazzo Cavalli-Franchetti is situated on the right hand side.

From “Santa Lucia” Railway Station

Take the **water bus line No. 1** or **No. 2** (direction S. Marco) along the Grand Canal and get off at the stop **"Accademia" (bus line No. 1)** or **“S. Samuele” (bus line No. 2)**. The duration of the journey is about 30 minutes.

- From the **“Accademia”** stop, turn left and cross over the Grand Canal using the Accademia bridge, go past the garden of the Palazzo Cavalli-Franchetti and into Campo S. Stefano.

- From the **“S. Samuele”** stop, walk past the Palazzo Grassi, then take Calle delle Carozze. Continue along Salizada S. Samuele, turn left and follow Calle delle Botteghe, which leads to Campo S. Stefano and the garden of the Palazzo Cavalli-Franchetti.



Speaker biographies

Jennifer Badham, PhD
Centre for Research in social simulation – University of Surrey, UK

Dr. Jennifer Badham is a Research Fellow at the Centre for Research in Social Simulation (CRESS), at the University of Surrey. CRESS is developing the TELL ME simulation model to investigate the effect of different communication plans on adoption of protective behaviour and hence the impact of a hypothetical influenza epidemic. Jen originally trained as a mathematician and developed an interest in applying mathematical modelling methods to social policy while working for government and nongovernment health organisations in Australia. Before joining CRESS, she was developing materials about using models for multidisciplinary and participatory policy development with the Integration and Implementation Sciences program at the Australian National University, while completing the studies necessary to convert to social science. Her main research interest concerns the way that social structures affect transmission – of disease, information, beliefs and behaviour. This brings together aspects of social simulation, network science and social psychology.

Dimitris Dimitriou
Zadig Srl., Italy

Mr. Dimitris Dimitriou holds an MSc in Health Psychology (City University of London) and a MSc in Environmental Psychology (University of Surrey). After having served as a researcher in various non-governmental organisations in Greece and the UK, he joined the British Standard Institution (BSI) in London in 2006, where he served as a policy analyst and consultant in large-scale projects. In 2010, he joined an association for the social support of youth (ARSIS) in Greece, as a principal investigator in an EU project entitled "Sexual abuse against children in residential institutions", funded within the scope of the DAPHNE III Programme. For three years, he served as a research fellow at the Centre for Science, Society and Citizenship (CSSC) in Rome, where he participated in various FP7 projects as scientific researcher, assistant project coordinator and member of ethical advisory boards. Presently, Dimitris serves as senior researcher at Zadig Srl, and is involved in two public health and communications related projects funded by the European Commission within the scope of FP7. His current research interests include risk and crisis communications under an ethical, societal and psychological perspective, as well as ethical and legal implications in the use of new surveillance technologies.

Kare Harald Drager
The International Emergency Management Society (TIEMS)

Mr. K. Harald Drager is the founding member of the worldwide acting society TIEMS (The International Emergency Management Society - www.tiems.org), which he took the initiative to establish in 1993. He was the International Vice President of TIEMS since its inauguration until 2002, when he took over as TIEMS President, a position he was re-elected to for the 5th time in 2013. He has brought in new ideas and new people in TIEMS and succeeded the organization to span worldwide. TIEMS has under his leadership become the well recognized organization with growing activities in Asia and Europe and now TIEMS activity in Americas, Africa and Oceania is emerging. TIEMS has developed to a global well known

organization with local chapters in many regions/countries, and TIEMS arranges each year workshops and conferences all over the world with focus on disaster risk reduction. TIEMS has also initiated development of a global education, training and certification program and a research coordination service for its members, and recently several Task Force Groups. He has an extensive experience from industry and research activity, especially in emergency and risk management and he acts as the Managing Director of QUASAR Invest AS in Norway, a consultancy in global safety, emergency and disaster management. He has a Master's degree in control engineering from the Norwegian Technical University in 1966 and a Master's degree from Purdue University in USA in industrial engineering in 1973. His specializations are international organizational development, emergency, disaster and risk management and project management. He has done consultancy work for numerous clients internationally amongst others the World Bank/International Finance Corporation, NATO and the European Commission, and he has been project manager of several international research and development projects for methods and software development in risk, emergency and disaster management. He was employed by Det norske Veritas, http://www.dnv.com/ in 1967 and a member of the Board of Directors of the company for 5 years until he left the company in 1983 and founded his own consultancy, AS QUASAR Consultants and later QUASAR Invest AS. He has published numerous papers internationally on emergency, risk and disaster management. He was appointed Professor Chair in 2014 at King Abdulaziz University in Jeddah, Saudi Arabia.

Nigel Dowdall, MSc MBChB MFOM MRCGP Dip Av Med DRCOG
Civil Aviation Authority, UK

Dr. Nigel Dowdall joined the Royal Air Force as a medical cadet in 1979 and during his service completed training in General Practice, Aviation and Occupational Medicine. He retired from the Royal Air Force and joined British Airways (BA) as an occupational physician in 1996 and was appointed Director Health Services in 2004. After leaving BA in 2010, he held part-time appointments as CMO to AXA Assistance UK and as a medical officer at the Civil Aviation Authority (CAA), before being appointed to his present role as Head of the Aviation Health Unit at the CAA in 2011. During his career he has been actively involved in the response to a number of major public health events, including the SARS outbreak, polonium contamination of aircraft, the H1N1 pandemic and the current Ebola outbreak.

Karl Ekdahl, MD, PhD, MSc, DTM&H
European Centre for Disease Prevention and Control (ECDC)

Prof. Karl Ekdahl is head of the Public Health Capacity and Communication Unit at the European Centre for Disease Prevention and Control (ECDC), where he is responsible for the Centre's activities related to preparedness, training and communication. In ECDC, he was the first expert in place at the start-up of the agency in 2005 and he has since then held various senior positions including acting Director. He is a specialist in infectious diseases, and prior to joining ECDC he was Deputy State Epidemiologist for Sweden. In 2007, he was appointed Adjunct Professor in Infectious Disease Epidemiology at the Karolinska Institutet in Stockholm. He is also the former Editor-in-Chief of the scientific journal Eurosurveillance.

Bernardino Fantini, PhD
WHO Collaborating Centre for the Historical Research on Public Health - Geneva Medical School, Switzerland

Prof. Bernardino Fantini is Honorary Professor of History of Medicine and Health, Faculty of Medicine, University of Geneva, and Director of the WHO Collaborating Centre for the Historical Research on Public Health. Since 2009 he is co-responsable of the Focus Music and Emotion of the National Center of Competence in Affective Sciences, Geneva. After a PhD in biochemistry in Rome, he has got a PhD in History and Philosophy of Life Sciences at the EPHE-Sorbonne, Paris, in 1992. Full Professor of the History of Medicine at the University of Geneva from 1992 to 2013. His main research subjects are the history of infectious diseases and international health, the epistemology of biology and medicine and the history of relationships between medicine, science and music.

Jeff French, PhD, MBA, MSc, DipHE, BA, Cert.Ed.
Strategic Social Marketing Ltd, UK

Prof. Jeff French is a global leader in Social Marketing and social programme planning and evaluation and health communication. Jeff has published over 90 papers and three books. Jeff is a Professor at Brighton University and a Fellow at Kings College London University. Previously Director of Policy and Communication at the UK Health Development Agency and a senior civil servant in the UK Department of Health. In 2005 Jeff led the UK government review of Social Marketing and set up the National Social Marketing Centre in 2006. In 2009 Jeff became the CEO of Strategic Social Marketing Ltd. Jeff has worked on behaviour change, health communication and social policy programmes in over 29 countries and has just completed a planning guide on social marketing for the European Centre for Disease Control. Jeff has worked on many occasions for WHO on health promotion and communication issues and is a member of the E-Com pandemic communication project funded by the EU.

Anat Gesser-Edelsburg, PhD
School of Public Health – University of Haifa, Israel

Dr. Anat Gesser-Edelsburg is the Head of Health Promotion Department, Haifa University School of Public Health, an adjunct lecturer at the Sammy Ofer School of Communications, IDC, and a senior researcher at the Participatory Social Marketing Program, Tel-Aviv University. Anat received her B.A. (Summa Cum Laude) and Ph.D. (with Distinction) degrees from Tel-Aviv University, and The Wolf Foundation Award for Ph.D. Students. She completed her postdoctoral research at The Minerva Center for Human Rights, the Hebrew University of Jerusalem's Faculty of Law following being awarded the Vidal Angel Postdoctoral Fellowship for Research against Hate and Bigotry. Anat research has been supported by many academic, NGO's and governmental institutions. She has co-authored Talking Pupils, a recommended textbook for criminology and sociology studies and Peace and Tolerance Encouragement among Youth by Using Theatre: Are Educational Plays an Important and Effective Tool? Which treats the multifaceted issue of peace through entertainment-education and theories of psychological health and wellbeing. Research interests: Health and risk communication, social marketing, entertainment-education, health promotion and persuasive communication.

Donato Greco, MD
ASSET Project – Zadig Srl., Italy

Dr. Donato Greco is a medical doctor specialized in Communicable disease, hygiene and public health, epidemiology and medical biostatistics. Working for 32 years in the National Institute of Health (ISS) of Italy where directed the Lab. Of epidemiology and biostatistics, then Director general of prevention at Minister of health for four years . As DG of Prevention at the Ministry of Health of Italy he was in charge of the Influenza Pandemic preparedness and as National Epidemiologist at ISS he investigated some hundred of epidemics in Italy and in several other countries, including a severe Ebola outbreak. He has intensive collaborations with WHO and the European Union , namely with the European Centre for Disease Prevention and Control. Actually, he is a senior research fellow on two large EU FP7 projects, TELL ME and ASSET as quality officer. He is author of more than 150 scientific publications and from many years teaching epidemiological methods in Italian universities. He was awarded of Italian gold medal for public health.

Manfred Green, MD, PhD
School of Public Health – University of Haifa, Israel

Prof. Manfred Green holds a BSc (Hons) in mathematical statistics from the University of Witwatersrand, an MSc degree in operations research and an MBChB (MD equivalent) from the University of Cape Town, and MPH and PhD degrees in epidemiology from the University of North Carolina at Chapel Hill. He is board specialized in public health, occupational medicine and medical administration. Between 1994 and 2008, he was director of the newly established Israel Center for Disease Control and was a full professor in the Sackler Faculty of Medicine, Tel Aviv University, headed the department of epidemiology and held the endowed Diana and Stanley Steyer Chair of the Prevention and Control of Cancer. Between 2008-2014, he was head of the School of Public Health at the University of Haifa and is currently a professor in the school. Research interests include epidemiology methodology, the epidemiology of chronic diseases, emerging infectious diseases, the prevention and management of potential bioterrorism incidents and health effects of climate change. He is member of a number of national councils, including those for the control of heart disease, vaccine preventable diseases, cancer and preparedness for emerging infectious diseases, bioterrorism and pandemic influenza. In addition, he is chairman of the scientific committee of the regional Research and Development Center in the Arab town of Kfar Kara. He is currently the coordinator of the TELL ME project.

Itamar Grotto, MD, MPH, PhD
Ministry of Health, Israel

Prof. Itamar Grotto is the director of the Public Health Services in the Israeli Ministry of Health. He is responsible for the operation of all preventive services and health promotion programs operated by the Israeli Ministry of Health. These activities include primary and secondary prevention programs, outbreak response, environmental health, food safety and health promotion among all health suppliers. Prof. Grotto is also affiliated with the Public Health Department of Ben-Gurion University in Israel. His main research activities are in the fields of infectious diseases epidemiology and health behaviors among adolescents and young adults, as well as public health policy development.

Anna Kolliakou, PhD
King's College London, UK

Dr. Anna Kolliakou has a BA (Hons) in Psychology (University of Essex) and an MSc in Clinical and Public Health Aspects of Addiction (Institute of Psychiatry, Psychology and Neuroscience - IoPPN, King's College London). After having served as a researcher on health services, genetic and addiction projects at the IoPPN, she joined the Psychosis Studies Department in 2008 where she completed a PhD on patterns of cannabis use in first-episode psychosis. Since the beginning of 2014, she has been working as a post-doctoral researcher on PHEME, an EC-funded project, which aims to model, identify and verify rumours as they spread across media, languages and social networks. Anna's role at the NIHR-SLAM Biomedical Research Centre at the IoPPN focuses on developing the mental healthcare branch of the project, where PHEME's new veracity intelligence methods will be tested and validated, through a series of case studies on legal highs, medication, self-harm/ suicide and stigma.

Simon Langdon
CEDARthree Ltd, UK

Mr. Simon Langdon, director of CEDARthree Limited, is an acknowledged authority on Crisis and Incident Management and is a winner of the CSI Business Continuity Consultant of the Year Award. Simon was part of the British Standard Institute (BSI) Working Group which developed the new standard for Crisis Management BS11200 which was published in May 2014. Simon has operational experience of responding to major incidents, including terrorism, in UK and internationally. He has worked with a number of major organisations including central and regional government, the European Commission, the Bank of England, the Financial Services Authority (FSA), the Bank for International Settlements (BIS), British Airways, the BBC, the UK Strategic Rail Authority and the European Patent Organisation. He has also worked in the oil and gas industry in the Middle East, in telecommunications, the Health Service and on the impact of climate change in South East Asia. Simon was chairman of the International Disaster and Emergency Resilience conference (IDER) which was held in April 2014 in Malmo, Sweden. (www.iderweb.org).

Pier Luigi Lopalco, MD
European Centre for Disease Prevention and Control (ECDC)

Prof. Pier Luigi Lopalco is Associate Professor of Hygiene and Preventive Medicine at the University of Bari (Italy). In 2005 he joined the ECDC, where has been Head of the Vaccine Preventable Disease Programme and is currently leading the Scientific Assessment Section. His research activity has been focused on infectious disease epidemiology and prevention. He is co-author of about 120 scientific articles in peer reviewed journals and several chapters in scientific textbooks. Recently he has co-authored a chapter in the textbook Vaccines 6th Edition by Plotkin S., Orenstein W., and Offit P.

Brian McCloskey, MD, FFPH
Public Health England, UK

Dr. Brian McCloskey has worked in public health at local, regional, national and international level over a period of 25 years. A director of public health in successive local health

authorities in England from 1988 to 2002, Brian then worked as Deputy Regional Director of Public Health in the Regional Government Office, West Midlands, with an interest in health protection. In 2004 he joined the Health Protection Agency with a remit for emergency planning and responsibility for cross government aspects of the agency's response to major emergencies. Brian was involved nationally in the HPA's response to the London bombings in 2005, and the Buncefield Oil Depot fire in 2005, as well as flooding incidents in 2007, and pandemic flu in 2009. In September 2008, Brian became Regional Director for the HPA in London where he had the lead role in planning for the 2012 London Olympics. Brian has been working with WHO's Mass Gatherings Advisory Group since 2008, helping develop their public health guidance and planning toolkit and is head of the WHO Collaborating Centre on Mass Gatherings working with mass gatherings such as the World Cup in South Africa as well as the London Olympics. Brian took on the role of Director of Global Health for Public Health England in April 2013. Brian acted as PHE's National Incident Director for Ebola when it became a national incident in 2014 and in October 2014 was seconded to work with the UN Special Envoy on Ebola, based in Geneva. In the January 2013 New Year's Honours List, Brian was awarded a CBE (Commander of the Most Excellent Order of the British Empire) for services to public health.

Toby L. Merlin, MD
Centers for Disease Control and Prevention (CDC), USA

Dr. Toby L. Merlin is Director of the Division of Preparedness and Emerging Infections in the National Center for Emerging and Zoonotic Infectious Disease at the US Centers for Disease Control and Prevention (CDC). In this role, he is responsible for the CDC's Laboratory Response Network (LRN), infectious disease emergency response coordination, and Emerging Infections Epidemiology and Laboratory capacity programs, Health Economics and Modeling Unit, and Arctic Investigations Program. He previously served as Deputy Director of the Influenza Coordination Unit and served as Deputy Incident Commander of CDC's Response to 2009 H1N1 Influenza. Dr. Merlin received his Bachelor of Arts degree in philosophy from Yale College and his Doctor of Medicine from the University of Florida. He served an internship at Stanford University Hospital and completed his training in pathology at the University of New Mexico. From 1984 until 1992 he served on the faculty of the departments of Pathology and Internal Medicine at the University of New Mexico School of Medicine, where he performed research in the molecular mechanisms of antibiotic resistance and was Associate Professor of Pathology, Vice-chairman of the Department of Pathology, and Chief of Laboratory Services at the Veterans Administration Hospital. Dr. Merlin has been a member and Chair of the Clinical Laboratory Improvement Advisory Committee (CLIAC). He has also served on the editorial boards of Human Pathology and the International Journal of Surgical Pathology, as well as various test committees on the National Board of Medical Examiners and committees of Clinical and Laboratory Standards Institute. Dr. Merlin joined CDC in 2003 from Lovelace Health Systems in Albuquerque, New Mexico, where he served as Senior Vice-President and Chief Medical Officer and an officer of the Board of Directors. Dr. Merlin also served as Chair of the Department of Laboratories and an elected member of the Medical Practice Board.

Valentina Possenti
Istituto Superiore di Sanità (ISS), Italy

Ms. Valentina Possenti is a researcher at the National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS) of the Italian Institute of Public Health (Istituto Superiore di Sanità; ISS) since 2006. She finalized graduated studies in Communication and post-graduated in Health Economics. To date she has gained ten years of experience in working on national and international projects about epidemiology, surveillance and prevention, health promotion and communication which are based on wide-ranged professional networks. She is author and co-author of several articles, papers and contributions in reviews and conferences/congresses either nationally or internationally.

Paul Quinn
Vrije Universiteit Brussel, Belgium

Mr. Paul Quinn is currently a PhD candidate, and hopes to finalise his PhD in the coming year. His thesis concerns the Justiciability of Stigmatizing Public Statements Made by the State. Paul Quinn started as a researcher at the VUB in 2010. Since then he has worked on a number of European FP7 Research Projects including REACTION (involving the development of remote monitoring systems for diabetes), Moving Life (the creation of Roadmaps for the deployment of mHealth in Europe) and TELL ME (the development of strategies for vaccination communication). Paul has actively published in the last few years in the areas of cross border healthcare, privacy and safety in eHealth/mHealth and also on issues of stigmatisation. Paul is a (non practicing) Barrister in England and Wales and in addition to his legal degrees (LLM, MA) also has a bachelor degree in biochemistry (BsC).

Francesca Russo, MD
Hygiene and Public Health Promotion and Development Unit – Veneto, Region Italy

Dr. Francesca Russo is medical doctor specialized in Hygiene and Preventive Medicine, with 11 year-experience as Head of Infectious Diseases at the Local Health Authority Ulss 4 Alto vicentino. Since 6 years she is Director of Hygiene and Public Health Promotion and Development Sector at Veneto Region. In particular she is responsible for the surveillance and control of communicable and non communicable diseases. She is in charge of vaccination programs, coordination of cancer prevention programs, development and implementation of healthy life style programs for the population, coordination of action plans during emergencies and control of infectious disease outbreaks (e.g. West Nile disease, Flu, Ebola, etc.) or for environmental emergencies (e.g. contamination of drinking water by perfluoroalkyl substances). She sees to the development of training and communications plans as well as to the budget and human resources management allocated to her Sector". She is also responsible for coordination of interregional public health activities at ministerial level.

Alexander Talbott
Representing the British Medical Journal Publishing Group, UK

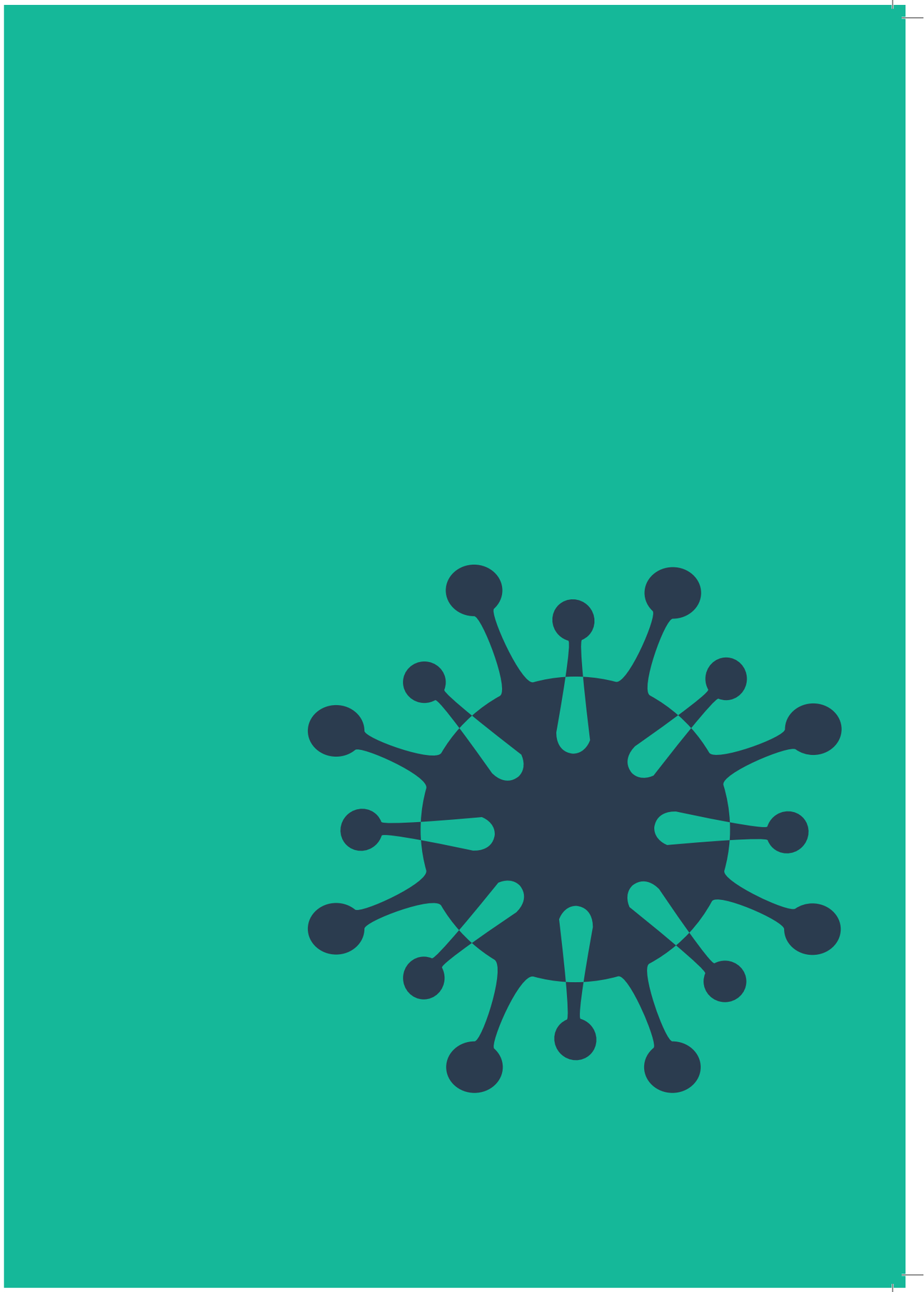
Mr. Alexander Talbott has a BSc in Biological Science and a Postgraduate Diploma in Strategic Communications in Healthcare and has interests in science communication, healthcare communication and genetic modification in agriculture. He has worked in NHS communications departments across healthcare commissioning and provider organisations. While working for the NHS Alex started the Twitter account @nhssm which brings together NHS staff and the general public to talk about social media use in the NHS. He now works as a freelance communications consultant with NHS and healthcare related organisations on a range of digital and writing projects.

Alberto E. Tozzi, MD
Bambino Gesu Pediatric Hospital, Italy

Dr. Alberto Tozzi is a pediatrician and an epidemiologist with experience in vaccine trials and in surveillance of infectious diseases. He has worked as a researcher with the Italian National Health Institute for more than 15 years. In this period he has worked in several projects concerning the prevention of nosocomial infections, HIV infection in children, and surveillance of transmissible diseases. In this area he had responsibilities in surveillance of enteric bacteria and haemolytic uremic syndrome, in surveillance of pertussis at the European level, and in supporting recommendations on immunization in cooperation with the Italian Ministry of Health. He has been part of the coordination group of a large clinical trial on acellular pertussis vaccines that involved nearly 16000 Italian children. He was also responsible for a study on the effect of thimerosal contained in vaccines on neuropsychological development of children, funded by the US Centers for Disease Control. In 2004 Dr Tozzi moved to the Bambino Gesu Pediatric Hospital, a large clinical and research centre where he joined the epidemiology unit. In this period he continued to work in vaccine preventable diseases with studies on the epidemiology of rotavirus, on conjugate pneumococcal vaccines and pneumococcal infections, on immunization of children with chronic diseases, on determinants of carrier state for MRSA in children, and on the immunological memory in children who received hepatitis B vaccines. He has been also a consultant for WHO for activities on polio eradication and for the investigation on a cluster of severe adverse events to vaccines in India. He is also a component of the Expert Vaccine Group of the European Center for Diseases Control. Dr Tozzi is associate editor of Frontiers in Public Health for Digital Health. He performed several KAP studies in different segments of the populations relevant to vaccine attitudes. He has been appointed as scientific responsible for communication of the Italian Pediatric Society and has used web social platforms for communication of scientific information to the general public. He is currently running a study entirely based on an internet platform, for the promotion of preconception counselling. His research activities are currently focused on mathematical models for explaining social contacts in a community and predicting the spread of infectious diseases. He has been affiliated to the American Medical Informatics Association, the Council for Communication and Media and the Council on Clinical Information Technology of the American Academy of Pediatrics. He has served in 2009-10 the Medical University of Tanzania as a professor in Clinical Epidemiology and preventive medicine for students in pediatrics. Dr Tozzi is currently responsible of the research area of Multifactorial Diseases and Complex Phenotypes and of the Telemedicine Unit of the Bambino Gesù Children's Hospital.

Notes

TELL ME Conference



For more information on the TELL ME project or to access the guidance documents and tools, please go to **www.tellmeproject.eu**

Alternatively, you can contact us on the details below.

facebook.com/pages/TELL-ME/313012712090705

twitter.com/TellMEProjectEu

villa@zadig.it

Vitamib (France)
Website: www.vitamib.com
Contact: Olivier de Bardonneche, Gérard Brugal, Youssoufa Tahirou

BMJ Publishing Group Ltd (UK)
Website: www.bmj.com
Contact: Mitali Wroczynski, Luisa Dillner

CEDARthree Ltd (UK)
Website: www.cedarthree.co.uk
Contact: Simon Langdon

Centre for Research in Social Simulation, CRESS (UK)
Website: http://cress.soc.surrey.ac.uk
Contact: Nigel Gilbert, Jennifer Badham

National Centre for Epidemiology, Surveillance and Health Promotion, CNESPS (Italy)
Website: www.iss.it
Contact: Barbara De Mei, Valentina Possenti, Chiara Cattaneo

European Union of General Practitioners, UEMO (EU)
Website: www.uemo.org
Contact: Ferenc Hajnal, Renata Papp

Latvian Centre for Human Rights (Latvia)
Website: www.cilvektiesibas.org.lv
Contact: Anhelita Kamenska

Vrije Universiteit Brussels, VUB (Belgium)
Website: www.vub.ac.be/infovoor/onderzoekers/research/team.php?team_code=LSTS
Contact: Paul De Hert, Paul Quinn

National Disaster Life Support Foundation, NDLSF (US)
Website: www.ndlsf.org
Contact: James J. James, Italo Subbarao, Jack Horner

School of Public Health at the University of Haifa (Israel)
Website: http://hw.haifa.ac.il/index.php/facultydeps/publichealth
Contact: Manfred Green, Anat Gesser-Edelsberg

Zadig Ltd (Italy)
Website: www.zadig.it
Contact: Roberto Satolli, Luca Carra, Roberta Villa, Dimitris Dimitriou

Designed by **Ross Harrington** & **Gary Green**

This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 278723

ANNEX 2

LIST OF PARTICIPANTS

TELL ME CONFERENCE 4-5 DECEMBER 2014

LIST OF PARTICIPANTS

Name	Affiliation	Country
Jennifer Badham	Centre for Research in Social Simulation, University of Surrey	UK
Eva Benelli	Zadig Srl	IT
Michele Bellone	Zadig Srl	IT
Claire Bower	British Medical Journal Publishing Group (BMJ)	UK
Kjersti Brattekas	Norwegian Defence Research Establishment	NO
Annalisa Buoro	WHO European Office for Investment for Health and Development	INTL
Ilaria Capua	Istituto Zooprofilattico Sperimentale delle Venezie (IZSV)	IT
Luca Carra	Zadig Srl	IT
Mario Cuccia	Catania Regional Health Authority (ASP Catania)	IT
Cham E. Dallas	Institute for Disaster Management, College of Public Health, University of Georgia	US
Olivier de Bardonnèche	AbsisKey	FR
Barbara de Mei	Istituto Superiore di Sanità (ISS)	IT
Dimitris Dimitriou	Zadig Srl	IT
Nigel Dowdall	Civil Aviation Authority	UK
Kare Harald Drager	The International Emergency Management Society (TIEMS)	INTL
Karl Ekdahl	European Centre for Disease Prevention and Control (ECDC)	INTL
Anat Gesser-Edelsburg	School of Public Health, University of Haifa	IL
Bernardino Fantini	Institut d'Histoire de la Médecine et de la Santé, Université de Genève	CH
Lorenza Ferrara	Alessandria Local Health Agency	IT
Jeff French	Strategic Social Marketing	UK
Juan Manuel Garrote	General Council of Medical Associations of Spain	ES
Nigel Gilbert	Centre for Research in Social Simulation, University of Surrey	UK
Donato Greco	Zadig Srl	IT
Manfred Green	School of Public Health, University of Haifa	IL
Itamar Grotto	Ministry of Health	IL
Anne Gulland	British Medical Journal Publishing Group (BMJ)	UK
Kailash Gupta	The International Emergency Management Society (TIEMS) – India Chapter	INTL
Ferenc Hajnal	European Union of General Practitioners (UEMO)	INTL
Hessam Hessami	Université Grenoble Alpes	FR
James J. James	National Disaster Life Support Foundation (NDLSF)	US
Anhelita Kamenska	Latvian Centre for Human Rights	LV
Pania Karnaki	Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis	GR

Anna Kolliakou	King's College London	UK
Sally Langdon	CEDARthree	UK
Simon Langdon	CEDARthree	UK
Pier Luigi Lopalco	European Centre for Disease Prevention and Control (ECDC)	INTL
Rita Machado	World Health Organization (WHO)	INTL
Thierry Mertens	World Health Organization (WHO)	INTL
Brian McCloskey	Public Health England	UK
Toby L. Merlin	Centers for Disease Control and Prevention (CDC)	US
Javier Nespereira	Universidad de Valladolid	ES
Alice Pace	Zadig Srl	IT
Renata Papp	European Union of General Practitioners (UEMO)	INTL
Claudia Perelli	Venice Local Health Agency (ULSS)	IT
Vladimir Petrovic	Institute of Public Health, Vojvodina	SB
Alessandra Piatti	Lombardia Regional Health Authority	IT
Valentina Possenti	Istituto Superiore di Sanità (ISS)	IT
Paul Quinn	Vrije Universiteit Brussel (VUB)	BE
Thomas Robertson	The International Emergency Management Society (TIEMS) – USA Chapter	INTL
Elena Rocchegiani	Istituto Zooprofilattico Umbria e Marche	IT
Francesca Russo	Venice Prevention Directorate - Region of Veneto	IT
Angela Simone	Formica Blu Srl. – Science communication	IT
Alexander Talbott	Representing the British Medical Journal Publishing Group (BMJ)	UK
Elizabeth Tamang	Venice Prevention Directorate - Region of Veneto	IT
Alberto Tozzi	Bambino Gesù Children's Hospital	IT
Maria Rosa Valetto	Zadig Srl	IT
Roberta Villa	Zadig Srl	IT
Moya Wood-Heath	Community Resilience	UK
Mitali Wroczynski	British Medical Journal Publishing Group (BMJ)	UK
Francesco Zambon	WHO European Office for Investment for Health and Development	INTL
Francesca Zanella	Venice Prevention Directorate - Region of Veneto	IT

ANNEX 3

TELL ME CONFERENCE ON TWITTER

TWEETREACH SNAPSHOT FOR

#tellmefinalconf

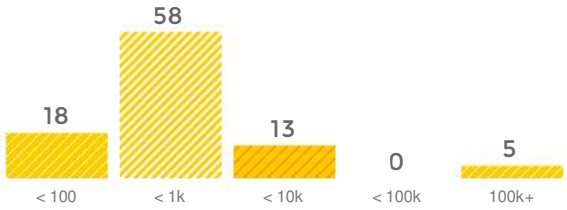
ESTIMATED REACH

154,245

ACCOUNTS REACHED

EXPOSURE

795,009 IMPRESSIONS



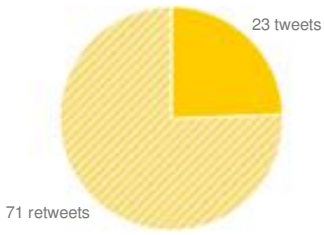
Bars show number of tweets sent by users with that many followers

ACTIVITY

94 TWEETS

57 CONTRIBUTORS

2 DAYS



TOP CONTRIBUTORS

750.8k IMPRESSIONS — @bmj_latest

33 RETWEETS — @TELLMEProjectEu

33 MENTIONS — @TELLMEProjectEu

MOST RETWEETED TWEETS

26 TELL ME @TELLMEProjectEu
Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf http://t.co/uU1nhAkZut

13 The BMJ @bmj_latest
MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #tellmefinalconf

8 clairebower @clairebower
Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http://t.co/P9OZh7X2kj

CONTRIBUTORS

	Tweets	RTs	Impressions
bmj_latest	5	13	750.8k
TELLMEProjectEu	17	33	5.5k
clairebower	7	21	5.2k
a_double_tt	3	4	5k
PromotionGOD	1	0	3.9k
Nudge2health	1	0	2.1k
Dottor_T	3	0	1.6k
KateAlvanley	1	0	1.5k
greenbergepi	2	0	1.5k
Turing2014	1	0	1.3k
trialia	1	0	1.3k
nordicgeo	1	0	1.3k
LordBexar	1	0	1.2k
DrDhaferKamal	1	0	1.2k
keelpno_gr	2	0	1.1k
MattDouglasVail	1	0	1.1k
Clairewynn	1	0	1k
Alterwired	1	0	796
tweetsdistilled	1	0	636
Paul_Barach	2	0	574
scientist05	1	0	546
fichetechnique	1	0	533
RVarmaMD	1	0	491
MwangiMartyn	1	0	467
Lineegrigie	1	0	301
HealthUKTD	1	0	300
kidney_md	1	0	300
PaulQuinnBxl	4	0	260
JuanxusMagnus	1	0	259
DrPhilipBraude	1	0	234
JimmyFinlayson	1	0	230
KhayyamAmer	1	0	226
MediSub	1	0	223
ppenttin	1	0	216
SuzanneJSchultz	1	0	208
Drazrael	1	0	194
hazetemple	1	0	183
Ezzoef	1	0	166
Furstrand	1	0	143
garden4u_wa	1	0	138
anabanana_1000	1	0	136
borthersi	1	0	116
LeonoreBarthel	1	0	108
ANWICU	1	0	101
RSiliquini	1	0	89
senji	1	0	86
IMYanXu	1	0	66
theonlinegp	1	0	63
amil_rios	1	0	61
MichielDamhof	1	0	47

TWEETS TIMELINE

Dec 5, 2014 at 10:06pm UTC

Paul DeOrd @LordBexar
RT @TELLMEProjectEu: Karl Ekdahl (@ECDC_EU) shows us how big is Africa with respect to #ebolaoutbreak #tellmefinalconf http://t.co/T2R95870…

Bahar Gholipour @Alterwired
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http…

Nordic Geospatial @nordicgeo
RT @TELLMEProjectEu: Karl Ekdahl (@ECDC_EU) shows us how big is Africa with respect to #ebolaoutbreak #tellmefinalconf http://t.co/T2R95870…

Philip Braude @DrPhilipBraude
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http…

Paul Quinn @PaulQuinnBxl
RT @TELLMEProjectEu: Karl Ekdahl (@ECDC_EU) shows us how big is Africa with respect to #ebolaoutbreak #tellmefinalconf http://t.co/T2R95870…

Paul Quinn @PaulQuinnBxl
RT @clairebower: Social media is key in debunking myths and providing early & accurate info to prevent myths in first place - Paul Quinn #…

Paul Quinn @PaulQuinnBxl
Innaccurate reporting by @guardian concerning vaccination at the #tellmefinalconf in #vennice concerning #vaccination http://t.co/o1BA9K9daQ

Paul Quinn @PaulQuinnBxl
A mask worn by Venitian doctors during the great 15th century #plague at the #tellmefinalconf in #venice #vaccination http://t.co/82ZiLpDGFX

Ana Mootoosamy @anabanana_1000
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http…

Dorthe Furstrand @Furstrand
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http…

Theonlinegp.ie @theonlinegp
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http…

Claire Anderson @Clairewynn
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http…

Rú-dána @fichetechnique
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http…

The BMJ @bmj_latest
RT @clairebower: Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf

pneumo_iasi	2	0	46
TonyMucc	1	0	27
lianne_grant	1	0	25
GlezNachogi	1	0	21
KristelDeG	1	0	8
71mdf	1	0	8
racimurphy	1	0	4

http…

clairebower @clairebower
Most searched qu re: folic acid -will it make me fat? Google reveals unexpected concerns of patients #tellmefinalconf http://t.co/P9OZh7X2kj

Martyn Mwangi @MwangiMartyn
RT @clairebower: Practical tips on social marketing and influencing people - findings from ECOM EU project: youtube.com/watch?v=_u5B-Q… #tellmef…

Rajeev Varma, MD @RVarmaMD
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

Yan Xu @IMYanXu
RT @clairebower: Practical tips on social marketing and influencing people - findings from ECOM EU project: youtube.com/watch?v=_u5B-Q… #tellmef…

Bahrain Vascular @DrDhaferKamal
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

NEED PROMO? @PromotionGOD
RT @clairebower: Practical tips on social marketing and influencing people - findings from ECOM EU project: youtube.com/watch?v=_u5B-Q… #tellmef…

Ian Borthwick @borthersi
RT @clairebower: Practical tips on social marketing and influencing people - findings from ECOM EU project: youtube.com/watch?v=_u5B-Q… #tellmef…

Clinica Pneumologica @pneumo_iasi
RT @clairebower: Practical tips on social marketing and influencing people - findings from ECOM EU project: youtube.com/watch?v=_u5B-Q… #tellmef…

Clinica Pneumologica @pneumo_iasi
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

The BMJ @bmj_latest
RT @clairebower: Practical tips on social marketing and influencing people - findings from ECOM EU project: youtube.com/watch?v=_u5B-Q… #tellmef…

clairebower @clairebower
Practical tips on social marketing and influencing people - findings from ECOM EU project: youtube.com/watch?v=_u5B-Q… #tellmefinalconf

TELL ME @TELLMEProjectEu
Roberta Villa @RobiVil presents our 2nd online course about #communicating #Ebola #tellmefinalconf http://t.co/JkL0eajzVx

TELL ME @TELLMEProjectEu
Roberta Villa @RobiVil: "nearly 85% of GPs are frustrated due to communication problems" #tellmefinalconf

Turing2014 @Turing2014
RT @clairebower: Social media is key in debunking myths and providing early & accurate info to prevent myths in first place - Paul Quinn #…

clairebower @clairebower
Great e.g. of influencers repurposing an official message for max engagement from @a_double_tt #tellmefinalconf http://t.co/m7kwHThcdh

Donna Maher @garden4u_wa
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

Michael Greenberg @greenbergepi
This looks up your alley #tellmefinalconf @ThomsonAngus

Michael Greenberg @greenbergepi
RT @clairebower: Human emotion is fundamental to all communication - particularly when dealing with epidemics - Bernardo Fantini #tellmefin…

TELL ME @TELLMEProjectEu
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

TELL ME @TELLMEProjectEu
RT @clairebower: Human emotion is fundamental to all communication - particularly when dealing with epidemics - Bernardo Fantini #tellmefin…

TELL ME @TELLMEProjectEu
RT @clairebower: Best practice for #riskcommunication from Kare Harald Drager (TIEMS) #tellmefinalconf http://t.co/b08vwGXKqn

TELL ME @TELLMEProjectEu
RT @clairebower: Social media is key in debunking myths and providing early & accurate info to prevent myths in first place - Paul Quinn #…

TELL ME @TELLMEProjectEu
RT @clairebower: #Stigmatision is an evolutionary social antenna - receptive to signals denoting disloyalty, selfishness, weakness & diseas…

TELL ME @TELLMEProjectEu
RT @a_double_tt: K. Harald Drager - "the first lesson is we never learn". How can we help improving learning from past crises? #tellmefinal…

clairebower @clairebower
Social media is key in debunking myths and providing early & accurate info to prevent myths in first place - Paul Quinn #tellmefinalconf

clairebower @clairebower
#Stigmatision is an evolutionary social antenna - receptive to signals denoting disloyalty, selfishness, weakness & disease #tellmefinalconf

Alberto Tozzi @Dottor_T
RT @TELLMEProjectEu: Bernardo Fantini (Geneva Med School): "Emotion is a fantastic way to communicate" #tellmefinalconf

Alberto Tozzi @Dottor_T
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

Alberto Tozzi @Dottor_T
RT @TELLMEProjectEu: Bernardo Fantini (Geneva Med School):"Emotions r everywhere,in each kind of communication, scientist have to remember …

TELL ME @TELLMEProjectEu
Simon Langdon (CEDARthree) at #tellmefinalconf http://t.co/VSKzaLOISV

Paul Barach, MD, MPH @Paul_Barach
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

Esther van Zuuren @Ezzoef
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

Alex Talbott @a_double_tt
K. Harald Drager - "the first lesson is we never learn". How can we help improving learning from past crises? #tellmefinalconf


Jose Antonio Ruiz A. @Drazrael
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…


clairebower @clairebower
Best practice for #riskcommunication from Kare Harald Drager (TIEMS) #tellmefinalconf http://t.co/b08vwGXKqn


roberta siliquini @RSiliquini
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

TELL ME @TELLMEProjectEu
K. Harald Drager: "Messenger & receiver have to understand the same message" = effective #communication #tellmefinalconf


clairebower @clairebower
Human emotion is fundamental to all communication - particularly when dealing with epidemics - Bernardo Fantini #tellmefinalconf

Yossef @hazetemple
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

TELL ME @TELLMEProjectEu
Bernardo Fantini (Geneva Med School):"Emotions r everywhere,in each kind of communication, scientist have to remember this" #tellmefinalconf


Victor Wallace @JimmyFinlayson
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

Tonsil Stone Removal @LeonoreBarthel
RT @bmj_latest: MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #…

The BMJ @bmj_latest
MT @a_double_tt: Venetian plague doctor mask is symbol of communication, as Ebola overalls are now http://t.co/eVPfyvu485 #tellmefinalconf

TELL ME @TELLMEProjectEu
Bernardo Fantini (Geneva Med School): "Emotion is a fantastic way to communicate" #tellmefinalconf

TELL ME @TELLMEProjectEu
2nd day #tellmefinalconf: Bernardo Fantini (Geneva Med School), talks about perception of epidemics in literature, art & music

Michiel Damhof @MichielDamhof
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus

#tellmefinalconf h…

Paras Dedhia @kidney_md
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Dec 5, 2014 at 12:00am UTC

ANWICU @ANWICU
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Rachel Murphy @racimurphy
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Senji @senji
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Pasi Penttinen @ppenttin
RT @TELLMEProjectEu: Karl Ekdahl (@ECDC_EU) shows us how big is Africa with respect to #ebolaoutbreak #tellmefinalconf http://t.co/T2R95870…

Tony Mucciarone @TonyMucc
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Kristel De Gauquier @KristelDeG
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Nacho Glez Iglesias @GlezNachogi
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Κ Ε Ε Λ Π Ν Ο_HCDCP @keelpno_gr
RT @TELLMEProjectEu: Karl Ekdahl (@ECDC_EU) shows us how big is Africa with respect to #ebolaoutbreak #tellmefinalconf http://t.co/T2R95870…

Κ Ε Ε Λ Π Ν Ο_HCDCP @keelpno_gr
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

AMILCAR @amil_rios
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Juan Antonio Serrano @JuanxusMagnus
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Dra.Beatríz Alvarado @71mdf
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Lourens Prins @MediSub
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Paul Barach, MD, MPH @Paul_Barach
RT @a_double_tt: Prof Karl Ekdahl: The human side of any infectious disease story is what brings the media. Need to work with pathos #tellm…

Tweets Distilled @tweetsdistilled
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Kate Ardern @KateAlvanley
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Suzanne Schultz @SuzanneJSchultz
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Trialia @trialia
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

amazing_amir @KhayyamAmer
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Lianne Grant @lianne_grant
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Matt Douglas-Vail @MattDouglasVail
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

TELL ME @TELLMEProjectEu
RT @a_double_tt: Prof Karl Ekdahl: The human side of any infectious disease story is what brings the media. Need to work with pathos #tellm…

The BMJ @bmj_latest
RT @a_double_tt: Prof Karl Ekdahl: The human side of any infectious disease story is what brings the media. Need to work with pathos #tellm…

The BMJ @bmj_latest
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Alex Talbott @a_double_tt
Prof Karl Ekdahl: The human side of any infectious disease story is what brings the media. Need to work with pathos #tellmefinalconf

Michele Bellone @Lineegrigie
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

TELL ME @TELLMEProjectEu
Karl Ekdahl (@ECDC_EU) shows us how big is Africa with respect to #ebolaoutbreak #tellmefinalconf http://t.co/T2R95870xv

HealthUKDistilled @HealthUKTD
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

FahadArab @scientist05
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Abdul Razzaq @Nudge2health
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

Alex Talbott @a_double_tt
RT @TELLMEProjectEu: Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf h…

TELL ME @TELLMEProjectEu
Karl Ekdahl,@ECDC_EU,says there R 2 viruses involved in #ebolaoutbreak: #ebola virus + #media virus #tellmefinalconf http://t.co/uU1nhAkZut

TELL ME @TELLMEProjectEu
Karl Erdahl, EuropeanCDC, introduces the risk communication aspects of #ebola outbreak at #tellmefinalconf http://t.co/v4fdrknlEP

Dec 4, 2014 at 6:27pm UTC