

COVID-19: An Urgent Call for Coordinated, Trusted Sources to Tell Everyone What They Need to Know and Do

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the publication of this Commentary), and this extreme disruption of both traffic and commerce to and from the world's second largest economy has had a growing and potential seismic effect on global production, supply chains, and financial markets.

On January 30, 2020, WHO declared the outbreak of COVID-19 a PHEIC [1]. A day later, the U.S. Department of Health and Human Services (HHS) declared COVID-19 a national public health emergency [2]. The U.S. Centers for Disease Control and Prevention (CDC) implemented enhanced border screening and a 2-week quarantine of passengers traveling to the United States from the outbreak's epicenter, including evacuees from Wuhan; the U.S. Department of State banned foreign nationals who had recently been to Hubei province from entering the United States; and U.S. airlines and other foreign carriers indefinitely suspended flights to China.

COVID-19 is an especially mysterious PHEIC, and in today's 24-hour media environment, is covered continually and in real time. All of the developments above were broadcast globally on television, radio, newspapers, and news sites as they occurred, with sites sometimes reporting conflicting information simultaneously. Social media outlets were also active participants, and quickly became home to ample misinformation—so much so that Facebook vowed to block all but official health pronouncements on COVID-19 posted to the site, and Pinterest made all of its searches for coronavirus connect to posts created and approved by WHO, the search displaying a banner stating that all of the pins that appear are from verified medical sources.

COVID-19 Communication Challenges

The rapid escalation of the virus has been associated with confusing and sometimes contradictory communication about its spread and what individuals need to know and do about COVID-19. As information becomes available at unpredictable times and in unpredictable ways, it has been challenging to report on the status of the outbreak in a manner that is always consistent with the reporting that has come before.

These sometimes contradictory messages are confusing to the general public and may undermine both the public health response and public trust in official information sources. Increasingly, people may wonder how transparent, honest, and up to date the information they are receiving is—and whether they should believe it. The authors of this Commentary agree that a responsible public health and health communication response to this pandemic is critical, but wonder if it

can be achieved if the public does not believe what they are being told.

Need for Reliable and Effective Communication

COVID-19 is a test of the global health polity's credibility in addressing a legitimate public health threat with an unknown trajectory. This sort of an emergent threat requires government, media, technology platforms, and the private sector to step up. A responsible communication response to the pandemic requires cooperation and coordination among all sectors. The public needs reliable and actionable information to help them understand their risk of exposure as they go about their lives in apartment complexes, airports, schools, supermarkets, or at health clinics. The public needs clarity and transparency about travel bans, quarantines, personal protection efforts, and social distancing (e.g., closing mass transit, closing schools, or canceling sporting events). Moreover, the public needs the assurance that as more is learned about this emerging infection, the information they get from trusted sources reflects both accurately and clearly what the health care establishment does and does not know about COVID-19. Indeed, there are data voids and the public health community does not have all of the evidence needed to reliably predict the trajectory of this infection. Unfortunately, this uncertainty creates a ripe environment for both fear and misinformation.

Policy makers, health workers, and the business community need to agree on what information to communicate, as well as the channels of communication and specific, credible spokespeople they use. Messages must be updated as soon as new information is validated by public health authorities, and where there is little new to report, the opportunity should be utilized to reiterate basic infection control information consistently and often (e.g.: "Protect yourself and your family. Wash your hands frequently. Avoid exposure to people who have flu-like symptoms. Stay up to date with all vaccinations").

Health communication professionals have learned valuable lessons from previous public health threats, such as HIV/AIDS, "mad cow disease", anthrax, H1N1, SARS, and MERS, and these lessons should also be applied to COVID-19. One of the most important of these lessons is the use of a trusted, known public health source, such as the U.S. Surgeon General or others, to be the "face" and "voice" of evidence-based, up-to-date, trustworthy information that everyone can obtain, process, and understand in order to make appropri-

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