Description of document:	Two (2) Centers for Disease Control and Prevention (CDC/ATSDR) publications: • DRAFT Communication Plan for First U.S. Case of MERS 2013 • CDC Communication and Media Strategy for 2018 Ebola Response in Eastern DRC 2019
Requested date:	25-March-2020
Release date:	10-April-2020
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Source of document:	FOIA Request CDC/ATSDR Attn: FOIA Office, MS-D54 1600 Clifton Road, NE Atlanta, GA 30333 Fax: (404) 235-1852 Email: FOIARequests@cdc.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

April 10, 2020

SENT VIA EMAIL

This letter is our final response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of March 25, 2020, assigned #20-01037-FOIA, seeking:

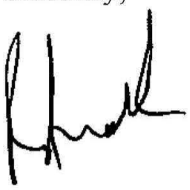
> "A copy of the SARS Epidemic Communication Plan, circa 2003. A copy of the MERS (Middle East Respiratory Syndrome) Epidemic Communication Plan, circa 2012. A copy of the Ebola Epidemic Communication Plan. The names are approximate. I agree to limit my search to the Office of the Associate Director for Communications, Director, Division of Public Affairs."

We located 29 pages of responsive records. After a careful review of these pages, no information was withheld from release. However, the CDC/ATSDR Office of the Associated Director for Communication, subject matter expert, relayed the requested SARS Epidemic Communication Plan could not be found.

In accordance with the Department's implementing regulations, 45 CFR Part 5, a fee of $46.00 is assessed (see attached invoice). Please follow mailing instructions on the invoice or your payment may not be credited.

If you need any further assistance or would like to discuss any aspect of the records provided please contact either our FOIA Requester Service Center at 770-488-6399 or our FOIA Public Liaison at 770-488-6277.

Sincerely,



Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
Phone: (770) 488-6399
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#20-01037-FOIA

DRAFT Communication Plan for First U.S. Case of MERS

Scenario

A person who has respiratory illness returns to the United States after traveling from a country in or near the Arabian Peninsula.* He is admitted to a hospital. His test results confirm that he has MERS-CoV infection. This is the first laboratory-confirmed case of MERS-CoV infection in the United States.

Communication Goal

To immediately communicate and address concerns about the first laboratory-confirmed case of MERS-CoV infection in the United States.

Objectives

- Provide timely, accurate, relevant, and actionable information (even if it is limited) to the public and health professionals, including the appropriate level of concern for this event
- Establish CDC's role as the primary official source of information on MERS-CoV infection in the United States
- Establish that CDC is responsive to the specific concerns and information needs of the public, healthcare providers, and the public health community

Key Considerations

- The first public announcement of a suspected case of MERS-CoV infection in the United States may come from the news or social media channels.

- There could be incomplete information, misinformation, rumors, and misconceptions among the public. People may take actions based on this information.

- There could be delays in obtaining and releasing verified information to the public; the longer the delay, the greater the degree of news media and public speculation.

- There will be huge immediate and ongoing demands for information and products from CDC partners, news media, policy makers, the general public, and other audiences. This demand will place significant pressure on the CDC and the state(s) to provide facts quickly.

- Social media will increase the pressure and demand for information and greatly expand the potential for rumors and misinformation to spread rapidly.

- Special consideration should be given to monitor for and avoid stigmatization of Americans of Middle Eastern descent, including returning travelers and visitors from countries in or near the Arabian Peninsula. Any communication products that delve into social or epidemiologic factors related to MERS should state that historically new diseases have emerged from all over the world, including the United States. Also, Middle Easterners and Muslims are not responsible for MERS outbreaks. Visuals in CDC communication products about MERS should not heavily use images of Middle Easterners, Middle Eastern-Americans, and Muslims.

- CDC-INFO should be aware that if the United States faces a significant outbreak, they may receive calls from Middle Eastern-Americans who feel stigmatized.

- CDC's guidance and recommendations may change as we learn more about MERS-CoV.

- Existing and new CDC guidance and recommendations may differ from other countries. It will be important to continue foreshadowing this and explaining, as needed, that this is a reasonable expectation.

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* Countries that are considered to be in or near the Arabian Peninsula are: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates, and Yemen.

- CDC will need to work closely with clinical partners to prevent transmission within healthcare facilities and ensure implementation of CDC's infection control guidance.

Messages

CDC messages should be timely, accurate, actionable, and relevant to the audience. The messages should be updated as soon as new information is verified.

Specific questions about the first U.S. case of MERS that might come up are:

1. Who is in charge and what are they doing to investigate and control the situation?
2. What is CDC doing to address this situation? State health department? Hospital? Airline? U.S. Customs and Border Control?
3. Is CDC concerned about this situation?
4. Where and how did the patient get MERS-CoV infection?
5. Did the infected patient spread MERS-CoV to other people? How?
6. What are the risks to people who had close contact with the patient?
7. What are the risks to other passengers on the airplane?
8. What are the risks to healthcare providers and other patients in the hospital?
9. Who will notify patients and families of possible exposures and risks? How?
10. What is the hospital doing to prevent spread within the hospital and to other patients?
11. What if MERS-CoV spreads and causes an outbreak in the United States?
12. What should I do if I had close contact with the patient?
13. Did (or is) the hospital follow(ing) infection control practices?
14. Did (or is) the airline crew and U.S Customs and Border Protection officers follow(ing) the appropriate steps?
15. Was the infected patient isolated?
16. Was the airplane quarantined?
17. Is CDC doing screening of incoming travelers at airports?
18. How can I protect myself and my family from MERS-CoV infection?
19. What are the symptoms of MERS-CoV? When should I see a doctor?
20. Are there antiviral treatments or other treatments? Is there a vaccine?
21. What should be done to make sure this does not happen again?
22. What is the risk to the community?

See draft messages in Appendix A.

Audiences

Initially, CDC will broadly disseminate information to the general public, healthcare providers, and the public health community to inform them of the first U.S. case of MERS and to address concerns. CDC also will disseminate information for international travelers, people working in the travel industry, partners at the port(s) of entry where the ill traveler arrived, and other CDC partners.

Such audiences may include the following:

General Public	• Concerned people in the United States who have not been exposed
Healthcare Providers	• Clinicians and other healthcare providers • Hospitals • Professionals associations
Public Health Community	• Public health officials, including state and local health departments • Federal, state, local, and tribal officials • Federal agencies and employees • Foreign governments and international partners • Non-governmental and faith-based organizations • Public health laboratories
Travelers	• Travelers to and from the United States and countries in or near the Arabian Peninsula

	• Travelers on the airplane who would be contacts in the contact investigation
Travel Industry	• Airlines • Professional organizations for the airlines
Partners	• U.S. Customs and Border Protection (CBP), and the Department of Homeland Security, in general • Airports • Emergency Medical Services (EMS) • ASTHO, NACCHO, NPHIC, CSTE, APHL, AHA, VA and others • CDC Country offices • Counterparts in Global Health Security Initiative Communication Network

CDC will reach out to the U.S. Department of Health and Human Services, sister agencies, and policy makers through appropriate channels and as needed. For a copy of the draft plan to communicate with policy makers, please inquire with Karen A. Mason (KMason@cdc.gov) in the CDC's Division of Viral Diseases.

Audience-Based Channels

Channel	Audience to Reach
Social Media CDC has approximately 75 Facebook and Twitter channels that can help reach various groups. For example, @CDCEmergency can reach approximately 1.5 million followers.	• All audiences
MERS-CoV, Travelers' Health, and CDC Global websites Specific information is provided for the general public, clinicians, hospitals, state and local health departments, labs, international travelers, and the airline industry	• All audiences
News Media Spokespersons for MERS have been identified. Press options include statements, releases, briefings, kits, and recording studios for interviews.	• All audiences
Clinician Outreach and Communication Activity (COCA) COCA communication options include COCA conference call and webinars, listserv, RSS feed, and health partners outreach Facebook page.	• Healthcare providers • Public health community
Epidemic Information Exchange (Epi-X) This secure communication channel can be used to communicate first-case information to federal, state, and local public health officials prior to releasing information to the general public. *Epi-X* does not directly reach clinicians, but *Epi-X* can be used to send information to health officials with guidance to pass that information on to clinicians without the *Epi-X* label.	• Public health community
Morbidity and Mortality Weekly Report (MMWR) **Health Alert Network (HAN)**	• Public health community • Healthcare providers • General public
Domestic and global CDC partners Several CDC partners will be part of communication efforts following a first U.S. MERS case and should receive updated information and key points so their members are ready to respond to inquiries.	• Healthcare providers • Public health community • General public • Ports of entry partners (CBP, EMS, airports) • Airlines • CDC Country offices • Counterparts in Global Health Security Initiative Communication Network

CDC Media Spokespersons

The primary CDC media spokespersons for the first U.S. case of MERS are the following:

- Dr. Thomas Frieden
- Dr. Anne Schuchat (NCIRD/OD)
- Dr. Mark Pallansch (NCIRD/DVD)

Arabic-speaking spokesperson:

- Dr. Rana Hajjeh (NCIRD/DBD)

Additional spokespersons will include:

- Dr. David Swerdlow (NCIRD/OD)
- Dr. Chris Van Beneden (NCIRD/OD)
- Dr. Susan Gerber (NCIRD/DVD)
- Dr. Martin Cetron (NCEZID/DHQP)
- Dr. Mike Bell (NCEZID/DHQP)
- Jeff Hageman (NCEZID/DHQP)

The U.S. Department of Health and Human Services (HHS) has also provided public affairs guidance to help with getting accurate and timely information to the news media and other audiences. For a copy of this document, please inquire with the Joint Information Center in CDC's Emergency Operations Center.

CDC Activities

Time Range	CDC Activities
First 24 hours	• Distribute key points to CDC staff and partners • Contribute messages for a state press release • Hold a CDC press briefing • Post messages on CDC social media handles • Post information on the MERS website and CDC.gov • Inform and provide guidance to clinicians, public health community and labs • Provide patient factsheet to clinicians and public health community • Update prepared responses for CDC-INFO • Update airline contact investigation communication materials • Respond to news media requests • Monitor and assess news media, social media, and public inquiries
Within first week and beyond	**New activities:** • Coordinate COCA and partner calls, including ASTHO, NACCHO, CSTE, AHA, VA, DOD, etc. • Respond to partner requests for information and products • Post information on the Travelers' Health and global websites • Provide additional materials for the general public **Ongoing:** • Post updated information on the MERS website • Update CDC travel notices and messaging at ports of entry, as needed • Share updated information with clinicians, health departments and labs • Disseminate updated key points to CDC staff and partners • Monitor and assess news media, social media, and public inquiries

Appendix A: Draft Key Points for First Case of MERS in the United States

Main key points:

- The first case of MERS-CoV infection has been reported in the United States.
- CDC knows that Americans are concerned about this situation. We are also concerned and will share information as soon as we have it.
- Right now, we know that one person in [state] was confirmed to have MERS-CoV infection.
  - The patient developed fever, cough, and shortness of breath on [date] and was hospitalized.
  - The patient had recently traveled from [country] in the Arabian Peninsula and became ill [#] days after returning to the United States.
- The [state] public health laboratory tested specimens from the patient using MERS-CoV testing kits developed by CDC. Then, CDC confirmed the test results.
- This situation is still evolving. CDC and the state health department do not yet know—
  - How the patient became infected with MERS-CoV
  - How many people had close contact with the patient and whether they became ill
- CDC is working closely with the state health department to rapidly investigate this situation and to help prevent the spread of MERS-CoV. We are currently:
  - Making sure the patient is receiving treatment and is isolated
  - Interviewing the patient and close contacts, such as family members, to obtain detailed information on their travel history and exposures
  - Ensuring the hospital uses appropriate infection control measures
  - Identifying people who had close contact with the patient and
    - interviewing them
    - monitoring them to see if they become ill
    - collecting and testing specimens from them, if needed
    - requesting that they monitor their health and seek care if they develop symptoms
  - Monitoring the health status of healthcare providers who cared for the patient
- This first U.S. case of MERS-CoV infection represents a low risk to the general public.
  - In some cases, the virus has spread from person to person through close contact, such as caring for or living with an infected person. However, the virus has not shown to spread easily from person to person.
- Currently, there is no vaccine to protect against MERS-CoV infection. Depending on the severity of the case, treatment may include care to support vital organ functions.
- CDC is concerned about MERS-CoV and recognizes the potential for MERS-CoV to spread further and cause more cases and clusters globally and in the United States. CDC is taking steps to prevent the virus from spreading in the United States.
- At this time, CDC does not recommend that anyone change their travel plans. Visit www.cdc.gov/travel for the latest advice for travelers.
- CDC advises that people help protect themselves from respiratory illnesses by washing their hands often; avoiding close contact with people who are sick; avoiding touching the eyes, nose, and mouth with unwashed hands; and disinfecting frequently touched surfaces.
- People who develop a fever and cough or shortness of breath within 14 days after traveling from countries in or near the Arabian Peninsula should see a healthcare provider and mention their recent travel. While sick, stay home from work or school and delay future travel to reduce spreading illness to others.

- You should monitor your health if you have close contact with someone who has fever and cough or shortness of breath after recent travel to a country in or near the Arabian Peninsula.

- Healthcare providers should be alert to patients who develop severe acute lower respiratory illness within 14 days after traveling from countries in or near the Arabian Peninsula, excluding those who only transited at airports in the region. They should contact their state or local health department if they have any questions.

- CDC has been anticipating and preparing for a case of MERS-CoV in the United States. We have been:
  - Enhancing surveillance and laboratory testing capacity in states to detect cases
  - Developing guidance and tools for health departments to conduct public health investigations
  - Providing recommendations for healthcare infection control and other measures to prevent disease spread
  - Providing guidance for flight crews, EMS units at airports, and CBP officers about reporting ill travelers to CDC
  - Disseminating up-to-date information to the general public, international travelers, and public health partners

- CDC is closely monitoring the MERS-CoV situation globally and working with WHO and other partners to understand the risks of this virus to the public's health.

- CDC works 24/7 to protect people's health. It is the job of CDC to be concerned and move quickly whenever there is a potential public health problem.

- CDC and [state] will post new information about MERS on their websites:
  - CDC website: www.cdc.gov/coronavirus/mers/index.html
  - Travelers' Health: http://wwwnc.cdc.gov/travel/notices/watch/coronavirus-saudi-arabia-qatar
  - [State] website: [www….].

Additional Key Points

Infection Control

- Every precaution is being taken to minimize the risk of spread among close contacts of the patient.
  - The patient is receiving treatment and is isolated.
  - The healthcare personnel who are caring for the patient are using standard, contact, and airborne precautions when interacting with the patient, as recommended by CDC. This includes a high level of personal protective equipment for healthcare professionals, including eye protection and the use of respirators for all patient-care activities.
  - People who had close contact with the patient are being monitored for infection, including respiratory symptoms, fever, cough and shortness of breath.
  - Close contacts are also being asked to seek medical care if they develop symptoms. They are also asked to report any signs of infection or respiratory symptoms to their local or state health department.
  - Other people who had less exposure to the patient should monitor their health and seek medical care if they develop signs of infection or respiratory symptoms.

Travel

- At this time, CDC is not doing enhanced screening of arriving travelers at airports.
  - The World Health Organization (WHO) also does not recommend screening of travelers at this time.
  - The virus has not shown to spread easily from person to person. There have only been a few cases of person-to-person spread through close contact, such as caring for or living with an infected person.
  - Although there has been international spread, there are still a small number of infections.
  - People ill with MERS-CoV infection on a flight to the United States would likely be sick enough to be detected and reported to CDC through routine screening.
  - CDC is advising people who develop a fever and cough or shortness of breath within 14 days after traveling from countries in or near the Arabian Peninsula to see a healthcare provider and mention their recent travel.

- CDC is focusing on enhancing our normal surveillance tools and working with our partners at U.S. ports of entry, including CBP, airlines, and EMS units at airports.
  - CDC has developed guidance to educate partners on the symptoms to watch out for and how to report illnesses to CDC's quarantine station staff.

- Together with partners at ports of entry, CDC staff are assessing ill travelers returning from affected areas who have been reported to CDC.
  - The assessment helps determine whether they are at risk for MERS infection and whether we need to take any additional public health actions like referring them to a healthcare provider or public health department for evaluation and testing.

- We are also educating travelers to monitor their own health after returning from countries in or near the Arabian Peninsula including:
  - Electronic monitors in airport international arrival areas to direct people to information about MERS-CoV.
  - Informational cards for ill travelers, which recommend that they monitor their symptoms, call a doctor to make an appointment, and take steps to protect others from infection.

- As we continue to learn more, we will assess and make changes to our response to prevent the spread of MERS-CoV in the United States

Airline Contact Investigation (only if the first case was considered infectious during travel)

- CDC is conducting an airline contact investigation to:
  - Refer any contacts, such as fellow passengers or crew, who are identified with fever, or signs of respiratory illness, for medical evaluation, laboratory testing, and medical care, as needed.
  - Provide information to exposed passengers and crew so they can recognize any symptoms of illness, isolate themselves, if needed, and seek medical care.
  - Determine whether MERS-CoV may have spread on the flight and which passengers were at risk.

- CDC is working closely with the airline(s) and federal partners to gather contact information for passengers and crew who may have been exposed to the sick passenger during flight.

- CDC is sharing contact information of exposed passengers with state and local health departments in the areas where the traveler(s) lives or is staying.
  - A number of state health departments are helping CDC locate exposed passengers and determine whether they need to be tested and treated for MERS-CoV infection.
  - CDC also is working with ministries of health in the countries where the international passenger lives to contact exposed passengers and crew in those countries.

Non-pharmaceutical Interventions (to address questions about what communities can do)

- This is the perfect time for communities to begin preparedness planning.
- Non-pharmaceutical interventions (NPIs) are actions that both individuals and communities can take to help slow the spread of MERS since vaccines or specific medicines are not available.
- Personal NPIs include everyday preventive actions you should always take to help keep yourself and others from getting sick, such as:
  - Washing your hands often with soap and water and helping young children do the same.
  - Covering your nose and mouth with a tissue when you cough or sneeze then throw the tissue in the trash.
  - Avoid touching your eyes, nose, and mouth with unwashed hands.
  - Avoid close contact, such as kissing, or sharing cups or eating utensils, with sick people.
  - Clean and disinfect frequently touched surfaces, such as toys and doorknobs.
- Germs can spread easily in places where many people are in close contact with one another, so NPIs are especially important in community settings where many people are together like schools, workplaces, and mass gatherings.
- Community leaders can take the following preparedness steps to help slow the spread of MERS-CoV in community settings:
  - Encourage everyday preventive actions through education and the provision of supplies.
    - Encourage community members to wash their hands, cover coughs and sneezes, stay home when they are sick, and routinely clean and disinfect surfaces and objects that are frequently touched.
    - Provide enough supplies for community members, including clean and functional hand washing stations, soap, paper towels, alcohol-based hand sanitizer, tissues, no-touch trash cans, surgical masks, gloves, and cleaning products with labels that say “EPA-approved” for killing viruses and bacteria.
  - Review your preparedness plans and take steps to increase space between people (known as social distancing). This might include:

- Making sick leave policies more flexible to enable sick employees to stay at home
- Offering telework or remote-meeting options
- Changing, postponing, or canceling mass gatherings
- Closing schools temporarily

- Establish and maintain relationships with community leaders.
  - Ongoing communications and preparedness planning among state, tribal, local, and territorial public health officials, school administrators, and business leaders are important.
  - Establish relationships so that if the transmission pattern for MERS-CoV changes, NPIs can be communicated and implemented early to help slow the spread of MERS in communities.

For comprehensive CDC key points about the MERS-CoV situation, please inquire with the Joint Information Center in CDC's Emergency Operations Center.

CDC Communication and Media Strategy for 2018 Ebola Response in Eastern DRC

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Situation

On August 1, 2018, the Ministry of Health (MoH) of the Democratic Republic of Congo (DRC) confirmed an outbreak of Ebola virus disease in the province of Nord-Kivu, in eastern DRC. The outbreak has since spread to include the Ituri province of DRC, and has become the country's largest Ebola outbreak ever. Cross-border movement among people from DRC and neighboring countries is common, elevating the risk of the outbreak spreading to other areas. See the most recent CDC SitRep and Key Messages on the DRC Ebola 2018 SharePoint site for information about the current status of the outbreak. On June 11, 2019, the Ugandan Ministry of Health confirmed their first imported case from DRC into Uganda in the country's Kasese District. Two additional related cases in Uganda were confirmed the following day. No additional cases have been reported in Uganda since June 12, 2019. On July 14, 2019, a new case of Ebola was confirmed in Goma, DRC, a large urban center near the DRC border with Rwanda.

Operational Response Objectives in Affected Countries

- **Early Detection**: Detect all active cases through strengthening case reporting, healthcare systems, rapid laboratory testing, surveillance and data management, and tracing every chain of transmission. Early detection of cases is critical for infection control.
- **Isolate Cases**: Prevent future cases and break the cycle of rapid spread of the disease by isolating cases. Any patient under investigation for Ebola needs to be isolated until the diagnosis is confirmed or Ebola is ruled out.
- **Get Patients into Ebola Treatment Units**: Respond to cases through supportive patient care in treatment centers, protecting healthcare workers, and preventing the spread of disease.
- **Conduct Effective Contact Tracing**: Trace all contacts and monitor their health for 21 days.
- **Provide Safe and Dignified Burials:** Burial teams should quickly remove the body to be buried. The body should be treated with respect, and the family and a religious leader be able to view the burial from at least 15 feet away.
- **Provide vaccinations:** Provide vaccinations to contacts and contacts of contacts.

Communication Goals and Objectives

Most, but not all, of the following sections apply to audiences in both the United States and DRC, unless specified otherwise. While the response is centered in the DRC and surrounding countries, this communication and media strategy is also intended to meet the needs of the United States domestic situation.

- Provide timely, accurate, relevant, and actionable information and respond quickly to needs and requests for information from specific groups, including the public, healthcare providers, traditional healers, first responders, border officials, burial teams, policymakers, media, and the public health community.
- Proactively communicate accurate, timely information to state public health departments, professional healthcare organizations, members of the media, and the people in the United States to share information about the situation in DRC and help them understand the risk, even if minimal, of Ebola being brought into the United States by sick travelers.
- When possible, ensure that CDC emergency risk communication specialists with appropriate linguistic skills are available for details and deployment as needed.
- Use risk communication principles to build and maintain public trust in CDC health recommendations, messaging, and materials (see below and Appendix A), and ensure that risk communication activities and messages are informed by the latest behavioral science findings. Message development should include
    - Engaging the public, public health workforce, clinicians (especially frontline workers), and public health partners when possible in the development of response materials by using risk communication, communication research, and behavioral science.
    - Using communication science-based principles for developing communication strategies, messages, and materials, including identifying key audiences, their information needs, and best methods to meet those needs.
    - Ensuring that information intended for distribution outside of the agency receives appropriate clearance and cross-clearance.
    - Ensuring that communication materials are culturally sensitive and linguistically appropriate.
    - Protecting the privacy of patients and contacts to the maximum extent possible.
- Support the response in developing clear and consistent public health communication aimed at stopping the spread of Ebola in DRC and neighboring countries as needed.
- Coordinate communication activities with response partners, including appropriate US government agencies, US Embassy in Kinshasa, DRC Ministry of Health, ministries of health in bordering countries (Rwanda, Uganda, South Sudan), and World Health Organization and other nongovernmental organizations (such as the International Federation of Red Cross and Red Crescent Societies [IFRC]) to help ensure that CDC response-related health information is consistent and supports this communication strategy.
- Monitor speculation and rumors on the ground and in social and news media (through partnerships with IFRC and others) and, using this information, develop messages and other interventions to dispel rumors, misinformation, and misperceptions as quickly as possible.

Guiding Communication Principles

This guidance uses the following risk communication principles to establish and maintain public trust and manage the expectations of citizens during an extremely adverse situation over an extended period. These principles are based on and complement CDC's Crisis and Emergency Risk Communication (CERC) program, the WHO Outbreak Communication Guidelines, and the Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic in Congo in North Kivu. The principles are not specific to this response.

- When health risks are uncertain, people need information about what is known and unknown about the situation, their actual degree of risk, and actionable guidance to help them make decisions to help protect their health and the health of others.
- Timely and transparent dissemination of accurate and accessible science-based information about Ebola and the international outbreak response activities can build public trust and confidence, particularly when such communication efforts are guided by established principles of risk communication.
- Coordinating message development and testing and release of information among international partners is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
- Should work with CDC Social and Behavioral Science experts to incorporate community feedback into our communication messages.
- Information to public audiences should be accessible, culturally relevant, technically correct, easily understood, and complete enough to encourage support of policies and official actions without seeming patronizing.
- Information presented should minimize speculation and address rumor and fears.
- It is important to foreshadow that CDC guidance and recommendations, as well as those from other government agencies, may change as more is known about the outbreak and as the situation develops.

Key Assumptions and Considerations

The following assumptions and considerations apply to both audiences in the United States and DRC.

- People will take actions based on the information they receive, including incomplete information, misinformation, and misconceptions. Incomplete information, misinformation, rumors, and misconceptions among the public may begin to spread, and people may take actions based on this incorrect information. There could be delays in obtaining and releasing verified information to the public, including delays confirming a case of Ebola; the longer the delay, the greater the degree of news media and public speculation. Delayed information also reduces the effect of correct information released later.

- With new cases in new areas, there will be immediate and ongoing demands for information and products from CDC partners, news media, policymakers, the general public, and other audiences. Public affairs or staff with risk communication training should be part of the first wave of rapid response deployment teams for any US events.
- CDC's guidance and recommendations may change as we learn more about the outbreak. It will be important to continue foreshadowing this possibility and explaining, as needed, that this kind of change is a reasonable expectation.
- Special efforts should be made to avoid stigmatization of people affected by Ebola.

The following assumptions and consideration apply primarily to audiences in the United States **only in the event of a case of Ebola diagnosed in the United States**.

- Even one case of Ebola diagnosed in the United States will be concerning and frightening for some people.
- Social media will be intense and a hotspot to gauge the public's engagement and emotions.
- CDC must signal that, in this event, CDC understands that Americans are concerned, and is taking the situation very seriously.
- CDC will work closely with the relevant state health department(s) to rapidly investigate the situation and to help prevent the spread of Ebola domestically.
- CDC will work with the state health department(s) to share information as appropriate about how the person became infected, the person's current health status, and how many people had close contact with the person once symptoms developed.
- Messages will clarify that a person infected with the Ebola virus is not contagious until symptoms appear, and that the virus is spread through direct contact with the bodily fluids (blood, urine, feces, saliva, vomit, and other secretions) of an infected person, or with objects such as needles that have been contaminated with the virus.
- Messages will clarify that Ebola is **not** spread through the air or by food or water grown and produced in the United States.

The following assumptions and considerations apply primarily to audiences in the DRC and affected countries near the outbreak, but will be of interest to global and US audiences as well.

- This Ebola outbreak in eastern DRC is occurring in a complex social and political context. The Ebola response is made more difficult because of security issues, poverty and hunger, widespread community reticence about perceived government and other outside assistance, heavy cross-border movement, and other infectious disease outbreaks (for example, cholera, measles). The outbreak-affected area has several moderately populated cities, and there is concern the outbreak could spread to a more densely populated area.
- There is refugee movement as well as every market traffic through, and out of, the outbreak area to both Uganda, Rwanda, and South Sudan, which poses a risk of Ebola spreading outside the currently affected area. The porous borders, movement between countries, and large number of refugees make containing an outbreak difficult.

- Considerable cultural and language diversity exists throughout eastern DRC (e.g., more than 200 languages are spoken in DRC).
- Not all community reactions should be interpreted as resistance; reluctance, or refusal to perform recommended behaviors or engage with response or burial teams may more accurately be understood as stemming from either a lack of understanding, fear, or mistrust in the messenger. Use recommended Risk Communication and Community Engagement Framework (Appendix A) to analyze and approach each situation.

Message Framework

CDC messages will be timely, accurate, actionable, and relevant to the intended audience. The messages will be updated as soon as new information is verified. Current CDC messages can be found in the Key Messages document.

- Ensure that people
  - Know the symptoms of Ebola
  - Know how to protect themselves from Ebola
  - Understand their risk for Ebola
    - Know when and where to seek medical care as soon as possible
    - Are aware of how Ebola can and cannot be spread
- Ensure that healthcare workers, including traditional healers, who might have contact with patients with suspected, probable, or confirmed cases of Ebola understand
  - Their risk for Ebola
  - How to prevent the spread of Ebola
  - How to protect themselves
  - How to triage, diagnose, isolate, and treat patients.
- Provide information about safe and dignified burials, why they are needed, and assure affected communities that they are taking place.
- Provide information about available treatments and vaccines
  - Provide information about treatment options that include oral rehydration solution (ORS), treatment centers, and novel therapeutic medications.
  - Ensure that people in the affected area understand who should get vaccinated (healthcare workers, response teams, contacts, and contacts of contacts).
- Ensure that US travelers know about current travel recommendations.
- Promote CDC's health communication products as science-based and data-driven.
- Explain that CDC is supporting international partners, including the ministries of health and WHO, in taking active steps to respond to this rapidly changing situation.
- Address rumors, misinformation, fear, and stigma and provide actionable steps.
- Provide information for survivors about viral persistence, sexual transmission, breast feeding, lasting effects of Ebola, and psychosocial support, including how to handle stigma.

Channels for Reaching Key Audiences for Communication and Media

CDC will use a variety of channels for distribution of information and messages to provide information about Ebola to the media and the public about Ebola. Key information channels include, but are not limited to, the following:

Audience	***Channels***	***Frequency***
DRC and neighboring countries* *Note: Social media and SMS would be sent by a CDC partner in country. The DRC MoH must approve all products and engagement in country, along with the US Embassy, and some of these channels may be accessed indirectly via cooperative agreements under OFDA	Radio	Daily
	Local news media	As needed (through opportunities identified by deployers/partners)
	Local mass media, including television if appropriate	Daily
	Social media	Daily
	SMS text messaging, videos	Daily
	Big Idea or topic of the week	Weekly
	Social mobilization (community engagement)	Daily
	Flipbooks and posters	As needed (either through needs identified by health communication or behavioral science feedback or via partner request)
	Country public health communication channels	As needed/by request from ministries of health
Global health partners (WHO, IFRC, UNICEF)	• Global Health Security Initiative partner communication channels • Social media and targeted digital outreach • Email	As needed (either identified by CDC/HHS/ASPA forecasting or by volume of global health partner requests received)
US public (includes general public, policymakers)	News media (domestic and international)	As needed (either identified by CDC/HHS/ASPA forecasting or by volume of media requests

Audience	***Channels***	***Frequency***
	• Interviews • Press briefings (in person and by phone) • Press materials (press releases, fact sheets, digital press releases)	received)
	CDC-INFO (domestic)	As needed (either identified by CDC forecasting or by volume of CDC-INFO requests)
	Website (cdc.gov/ebola)	As needed (driven by events in the response)
	Social media and targeted digital outreach (e.g., Facebook, Twitter, blogs, Instagram, Email updates)	As needed (either identified by CDC/HHS/ASPA forecasting or by volume of social media chatter/emergence of concerning trends)
US domestic partners (includes state, federal, and academic public health partners)	• Email • Conference Calls • Webinars • EPIC newsletter • DSLR newsletter • Third-party validators • *MMWR*	As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations)
	Blogs	As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations)
	Website	As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations)
African diaspora communities in the US	• Social media and targeted digital outreach	As needed (either identified by CDC forecasting or by volume of social media emerging concerns)
Non-governmental	• Social media and targeted	As needed (either identified by

Audience	***Channels***	***Frequency***
organizations (NGOs), including faith- and community-based partners	digital outreach	CDC forecasting, a potential US case, or by volume of social media emerging concerns)
State/local health departments	• Email, newsletters • Health Alert Network (HAN) and Epi-X • Partner and stakeholder group conference calls (CSTE, NACCHO, ASTHO, NPHIC, COCA) • Webinars • Blogs • *MMWR*	As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic partner organizations)
Clinicians	• HAN and Epi-X • COCA Calls and Clinical Update • Partner newsletter (e.g., DHQP, DSLR, EPIC) • Email notifications • Trainings (in person and webinars) • *MMWR*	As needed (either identified by CDC/HHS/ASPA forecasting or by requests from domestic clinician organizations)
Travelers	• Website (cdc.gov/travel, including travel health notices) • Notices at ports of entry (POEs), including airports and other POEs, electronic message boards, TSA displays) • Social media	As needed (identified by CDC forecasting)
U.S. Policymakers, including USG (embassies, Congress, HHS Office of Global	• Briefings, hearings • Response to inquiries • Hill Alerts, targeted email communication • *MMWR*	As needed (either identified by CDC/HHS/ASPA forecasting or by requests from Congress)

Audience	***Channels***	***Frequency***
Affairs, DoS, DoD)		
CDC Employees	• CDC Connects • Internal emails to staff • Briefings at staff meetings	As needed (identified by CDC and driven by staff concerns, need for additional deployers)
US Domestic and Global Media	• Press conferences • Telebriefings • Press releases/materials • Social media • *MMWR*	As needed (identified by CDC/HHS/ASPA forecasting or by events of clear public concern)

Audiences for Communication and Media

International

- General public
  - Affected areas
  - Border provinces and countries
  - Areas at high risk for cases
  - Travelers
  - Vulnerable/special target populations (e.g., women and children)
  - International audiences, including US-based audiences
- Ministries of health, both in affected and in neighboring countries
- Partners
  - WHO
  - Nongovernmental organizations and humanitarian aid groups (Doctors Without Borders, International Red Cross, Samaritans Purse)
  - Community leaders and influencers
- Border agents, screeners
- Airport agents and workers
- Clinicians and health workers and other first responders
- Laboratories
- CDC
  - Deployers
  - Country offices
- Media

Domestic

- General public
- International travelers
- Travel industry
- Partners
  - Public health (ASTHO, NACCHO, CSTE)
  - Community organizations and NGOs
  - State, local, and territorial health departments
  - Federal agencies (USAID, US Customs and Border Protection)
- Healthcare providers
  - Clinicians
  - Hospitals
  - Health professional associations
- Laboratories
- CDC Staff
- Policymakers
- Media
- USG staff (coordination with policy channels)
- Congolese diaspora living in the US

- Visiting friends and relatives from affected country or countries
- US consulates

Messaging

Messaging for DRC and nearby at-risk countries should address

- How Ebola spreads
- Signs and symptoms of Ebola
- Steps to prevent Ebola
- Importance of getting early treatment
- Understanding outbreak status and response efforts
- Infection control
- Hand hygiene
- "Do not touch"
- Physically distancing from sick/dead
- Safe and dignified burial practices
- What to do if sick or dead person has been removed from your home, has been on your moto-taxi or in your workplace
- Chlorine safety
- Sex, breastfeeding
- Contact tracing
- Vaccine information and availability
- Recovery and survivors (stigma/avoidance)
- Health care workers, protections (PPE, other)
- Travel and exit screening

Messaging for U.S. should address

- Current situation (daily updates as available)
- What CDC is doing and our work with others at HHS
- Whole of government response
- Risk, threat to United States
- How Ebola is and is not spread
- International travel and entry screening
- Vaccines and therapeutics here in the US
- Stigma/avoidance
- Health care workers and protections (PPE)
- What to do if a sick person has been on your plane/taxi or in your workplace/home
- What we don't know
- Next steps

Social Media Strategy

DRC and Neighboring Countries

- Work with partners (UNICEF, USAID, US Embassy, OFDA contractors, other in-country partners) in country to disseminate social media and SMS messages to the affected areas
    - Messages should be targeted toward frontline workers and community leaders who are trusted sources and who can share the messages with community members
- Coordinate with partners and Congolese diaspora living in the United States to send messages through their WhatsApp networks

United States

- As needed, use CDC social media channels (CDC, CGH, Emergency, NCEZID) on Facebook, Twitter, and other platforms to share:
    - Accurate and timely information and updates about the situation
    - Information on how Ebola is and is not spread
    - Information about what CDC is doing

Proposed channels:

Facebook - CDC

Twitter - @cdcgov, @cdcdirector, @cdc_ncezid, @cdcglobal, @cdcemergency

Instagram - CDC

- Work with HHS and USG partners to amplify and elevate key messaging around timely topics on other social media handles (NSC, OASH, NIH, FDA, SG, ASPR, State, USAID)
- Work similarly with influential international partners (WHO, Red Cross/Red Crescent, UNICEF)
- Work similarly with external third-party validators (academic leaders, foundation partners, influencers)

Goals and Sample Topics:

- Provide outbreak updates (milestone case counts, 1 year since outbreak began, major changes in the situation, or if there was a potential US case)
- Highlight CDC activities (e.g. meeting with @ASTHO and @NACCHOalerts)
- Counteract misconceptions if needed (e.g. feature “Ebola 101”-style facts; possibly rotate between CIO SM handles)

Scope and Timing:

As needed depending on CDC activities/milestones and changes in the situation.

News Media Strategy

While the response is centered in the DRC and surrounding countries, CDC's media strategy must also meet the needs of the United States domestic situation, especially in the event of a case of Ebola diagnosed in the United States.

Media Background for DRC

Media channels can be an effective tool for communicating rapidly with large audiences, making their effective use crucial during an outbreak. As of July, 2019 (nearly a year into the outbreak), there appears to be no systematic mechanism in DRC for engaging journalists and mass communication about the outbreak. This lack of strategy leads to missed opportunities for consistent, coordinated communication between response partners and the media. Community feedback since the beginning of the outbreak has consistently reported misunderstanding of the disease, the vaccine, and Ebola treatment centers, and distrust of the government, responders, and the overall response. Community members have repeatedly asked for more complete and understandable information about the response, including information delivered by radio.

Note: Under the President of DRC's multi-sectoral Ebola response committee, the Minister of Communication and Media is responsible for DRC Ebola response media and communication activities. These include inviting and integrating communication partners and experts into related technical commissions and response activities, and potentially unveiling a new strategy for media, public affairs, and communication technical support. Media activities in DRC involving US staff and US press personnel are coordinated through the public affairs office of the US Embassy in Kinshasa.

See the most current talking points on the DRC Ebola 2018 SharePoint site to access updated, cleared talking points.

Media Goals and Objectives for the Outbreak Affected Areas

- Provide timely, relevant, and accurate updates on the outbreak and response efforts.
    - Establish trust and credibility in the media as a source of Ebola information by saying what we know, what we don't know, and what we're doing to find out.
- Disseminate education and actionable prevention messages about Ebola.
    - Communicate about specific response areas (for example, vaccines or the importance of getting early treatment).Reduce misinformation and rumors.
- Support DRC's communication commission in developing a country response media plan and establishing a process for ongoing engagement and coordination with journalists.
- Demonstrate CDC's commitment to supporting DRC in ending the outbreak.
- Obtain greater visibility, awareness, and interest for global health security and public health preparedness.

- Maintain and extend agency and public health credibility through proactive communication and anticipatory guidance (e.g., by anticipating/forecasting issues, interests, concerns, and likely questions) and by acknowledging uncertainty and unpredictability and foreshadowing potential challenges.
- Adopt and implement expedited or abbreviated clearing and coordination processes to meet the increased demand by media both in military and other field environments.

Media Channels and Audiences

Please refer to the Channels for Reaching Key Audiences for Communication and Media and the Audiences sections.

Media Activities for Outbreak Affected Areas

- Identify trusted sources to deliver key messages, including CDC/HHS spokespeople, third-party validators, responsible reporters with major networks/outlets, and develop and send information to these trusted sources as frequently as needed.
- Use Congolese community members to deliver Ebola messages on the radio or television and demonstrate CDC's commitment to helping end the outbreak.
- Use Congolese celebrities or other known and trusted influencers to deliver Ebola education and prevention messages.
- Use collected social science data to understand informational needs and guide media strategy.
- Coordinate with DRC communication commission and appropriate workgroups, sub-commissions, and partners to ensure consistent messaging.
- Coordinate with the DRC MOH, WHO, CDC headquarters, US Embassy, and other partners to plan and implement response-related media activities (e.g., topic of the week strategy).
- Work with in-country partners to deliver Ebola messages over radio and TV in DRC and neighboring countries.
- Support CDC field teams with experienced, professional media relations and risk communication.
- Communicate CDC's activities and commitment to the response.
- Work with partners to deliver Ebola messages through media channels.
- Plan and coordinate telebriefings and press conferences.
- Write press releases, talking points, and supporting media materials.

Key Assumptions and Considerations for Media in Outbreak Areas

- The DRC Minister of Communication and Media is responsible for DRC Ebola response media and communication activities.
- Media activities in DRC involving US staff and US press personnel are coordinated through the public affairs office of the US Embassy in Kinshasa.

- People will take actions based on the information they receive, including incomplete information, misinformation, and misconceptions. Erroneous information and rumors among the public may begin to spread, resulting in inappropriate actions by people and adverse consequences to the response, such as delays resistance to response teams and delays in case identification and isolation.
- People will be more likely to believe trusted sources known to them; where audiences are not being reached we will need to work quickly to fill gaps in third party influencers and trusted channels.
- This Ebola outbreak in eastern DRC is occurring in a complex social and political context. The Ebola response is made more difficult because of security issues, poverty and hunger, widespread community reticence about perceived government and other outside assistance, heavy cross-border movement, and other infectious disease outbreaks (e.g., cholera). The outbreak-affected area has several moderately populated cities, and there is concern the outbreak could spread to a more densely populated area.
- There is refugee movement through and out of the outbreak area to Uganda, Rwanda, and South Sudan, which poses a risk of Ebola spreading outside the currently affected area.
- Considerable cultural and language diversity exists throughout eastern DRC (e.g., more than 200 languages and dialects are spoken in DRC).
- There will be immediate and ongoing demands for information and products from CDC partners, news media, policymakers, the general public, and other audiences.
- CDC's guidance and recommendations may change as we learn more about the outbreak. It will be important to continue foreshadowing this possibility and explaining, as needed, that this kind of change is a reasonable expectation.
- Special efforts should be made to avoid stigmatization of people affected by Ebola.
- Not all community reactions should be interpreted as resistance; reluctance or refusal to perform recommended behaviors or engage with response or burial teams may more accurately be characterized as due to either a lack of understanding, fear, or mistrust in the messenger. Use recommended Risk Communication and Community Engagement Framework (Appendix A) to analyze and approach each situation.

Potential DRC Media Interests/Topics

The following topics may be of interest to DRC media channels and their audiences.

- Cases confirmed in large city, or one distant from the current outbreak (Goma or Kinshasa)
- Introduction of new vaccine
- Data from treatment randomized control trials
- PHEIC declared by WHO
- New cases of confirmed Ebola outside of DRC [already happened in Uganda, but might still be news]
- Additional threats against or harm to response and aid workers
- Damage or destruction to facilities or treatment centers

- New milestones in case count or deaths

Media Background for the United States

Before the 2014-2016 West Africa Ebola epidemic, Ebola was perceived in the United States as a distant yet dramatic threat. When two infected U.S. clinicians who had worked in Liberia were brought to the United States for treatment in August 2014, there was widespread panic and fear in the United States, reflected in widely-read media reports and intense traffic to the CDC Ebola website. Around-the-clock news coverage of the escalating Ebola crisis reinforced and heightened public concern to the point of alarm when these patients came to the United States for treatment. Although the risk for Ebola transmission in the United States was low, the U.S. public began to view the disease as a serious threat to the nation's health and security. The fear of a U.S. epidemic required a massive communication effort by CDC, larger than for any previous emergency response. To address this fear, messages intended to reassure (e.g., U.S. hospital capacity to manage a case of Ebola) and reduce anxiety actually increased confusion and mistrust when Ebola developed in two U.S. hospital workers. [Sourced from the *MMWR* chapter *Lessons of Risk Communication and Health Promotion — West Africa and United States*.] As shown in recent social media trends, concerns expressed by some in the U.S. public about immigration on the southwestern border of the United States have in some cases become conflated with fears about the re-introduction of a new case of Ebola from the DRC.

Key Assumptions in the Event of a Case of Ebola Diagnosed in the United States

The following assumptions and consideration apply primarily to audiences in the United States **in the event of a case of Ebola diagnosed in the United States**.

- Even one case of Ebola diagnosed in the United States will be concerning and even frightening.
- CDC must signal that, in this event, CDC understands that Americans are concerned, and is taking the situation very seriously.
- CDC will work closely with the relevant state health department(s) to rapidly investigate the situation and to help prevent the spread of Ebola domestically.
- CDC will work with the state health department(s) to share information as appropriate about how the person became infected, the person's current health status, and how many people had close contact with the person once symptoms developed.
- Messages will clarify that a person infected with the Ebola virus is not contagious until symptoms appear, and that the virus is spread through direct contact with the bodily fluids (blood, urine, feces, saliva, vomit, and other secretions) of an infected person, or with objects such as needles that have been contaminated with the virus.
- Messages will clarify that Ebola is **not** spread through the air or by food or water grown or produced in the United States.
- Messages should clarify the screening at the US border, acknowledging limitations if someone is not showing symptoms.

Potential US/International Media Interests/Topics

The following topics may be of interest to US or international media channels and their audiences.

- American HCWs volunteering in DRC return to U.S. ill, possible Ebola (PUI)
- Americans with travel to DRC or region return to U.S. ill (no connection to outbreak), possible Ebola (PUI)
- CDC staff member deployed to region injured/killed/kidnapped
- In light of PHEIC declaration, preparing CDC staff deploy to "hot zone
- POTUS/Administration disagrees with public health/scientific decision about risk of Ebola to U.S.
- Return of ill HCWs for treatment
- Returned volunteer (with no patient exposure) takes cruise and develops symptoms
- Isolation of exposed healthcare worker for 21-day incubation period
- Reconstructed Ebola virus falls into hands of "bad actor"
- Contaminated vaccine causes injuries/illness/death in DRC
- Natural disaster or second infectious disease outbreak further complicates DRC response

Message Framework for a First New Case of Ebola Diagnosed or Managed in the United States

CDC messages will be timely, accurate, actionable, and relevant to the audience. These messages should include information on the level of risk for different audiences, on how Ebola is spread and not spread, on protective measures, on public health and medical response activities being undertaken by the various agencies involved, on medical countermeasures, on non-pharmaceutical interventions, and on other general and educational information regarding Ebola. The messages will be updated as soon as new information is verified. Current CDC messages may be found in the Key Messages document.

- Ensure that people
    - Understand their risk for Ebola
    - Know the symptoms of Ebola
    - Know how to protect themselves from Ebola
    - Know when to seek medical care
    - Are aware of how Ebola can/cannot be spread
- Ensure that healthcare workers who have contact with patients with suspected, probable, or confirmed Ebola understand
    - Their risk for Ebola
    - How to prevent the spread of Ebola
    - How to protect themselves
    - How to triage, diagnose, isolate, and treat patients.
- Provide information about available treatments and vaccines.
- Ensure that US travelers know about current travel recommendations; make sure that organizations or employers sending personnel to the outbreak area are also informed.

- Ensure that the public knows that although we have a case of Ebola, the risk to people in the United States is low. We have a strong health care system that can properly isolate patients with Ebola and prevent further spread of the disease, in part because of extensive planning and training done since the 2014-2016 Ebola outbreak.
- Promote the health information in CDC's health communication products as science-based and data-driven.
- Explain that CDC, along with other U.S. government agencies and international partners, is taking active steps to respond to this rapidly changing situation.
- Address rumors, misinformation, fear, and stigma and provide actionable steps.
- Provide information for survivors about viral persistence, sexual transmission, breast feeding, lasting effects of Ebola, and psychosocial support, including how to handle stigma.

Key Public Messages for Media Engagement at USG Level

- **WHOLE OF GOVERNMENT EFFORT:** The United States is mobilizing a broad cross-section of federal departments and agencies to ensure the safety and health of the American people and global publics.
- **FINANCIAL AND TECH SUPPORT:** The United States is the largest single bilateral donor to the DRC outbreak response. Since August 2018, the US government has provided ongoing financial and technical assistance to the DRC and neighboring countries.
- **EXPANDING INTERNATIONAL ENGAGEMENT:** The United States is actively engaging the international community to sustain and increase efforts to halt the spread of Ebola and help those affected.
- **RECOGNITION:** The United States appreciates the leadership of the DRC government, the World Health Organization, and the United Nations to contain the outbreak.

Addendum A: Risk Communication and Community Engagement Framework

The following risk communication and community engagement framework was developed by CDC and shared with UNICEF.

COMMUNITY SIGNALS[1]	ISSUES[2]	RECOMMENDED ACTIONS
RECEPTIVE to perform recommended behaviours and to engage with response teams	• Concern about the health threat facing the community • Understanding and agreement with recommended behaviors and response activities • Commitment to action	• Involve community leaders and members in promoting recommended behaviors and response activities • Provide regular information to community about behaviors/activities and their effects. (progress reports)
RELUCTANCE to perform recommended behaviors/ reluctance to engage with response teams	• Lack of understanding • Emotional reactions to events • Uncertainty • Lack of confidence in the actors of response (the "Foreign")	• Active listening and understanding community concerns • Explanation about disease, signs and symptoms, prevention • Provide recommendation on the basis of local perceptions and come to mutual agreement about actions to take • Reinforce individual and collective choice • Highlight local actors in the response
REFUSAL to perform recommended behaviors/refusal to engage with response teams	• Fear and mistrust in the response • Firm rejection of recommended behaviors • Rejection of services (e.g. safe and dignified burials, vaccines) • Inability to take on different view points • Information to diffuse Ebola outbreak by some influential local actor (nurse, opinion leader)	• Seek understanding on community understanding/reason for mistrust • Prioritize listening to understand point of views to reduce negative emotional reactions • Demonstrate empathy and establish alliance • Come to mutual agreement about actions to take in a participatory manner • Raise awareness and introduce influential local actors in the information loop on the epidemiological situation and the community response actions
RESISTANCE to engage with response teams	• Aggressive resistance, disruptive action in the community towards responders or response activities with real threat of violence • Protests and demonstrations • Threats and violence	• Prioritize protection of responders • Reduce potential for harm to responders • Link with adequate national/provincial authorities, leaders and so on (in a safe place) to try to negotiate access and identify ways forward. If possible invite a representative of the community to represent the community • Inform local leaders before going to their areas of responsibility

[1] Multiple signals can co-exist in one community at the same time and can change over time.

[2] Local contextual factors influence every response where "outsiders" participate so responses must take time to understand the local context (politics, economics, conflict, power structures, trust of authorities).