

Crisis and Emergency Risk Communication

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Terrorism and Bioterrorism Communication Challenges

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Module Summary

- Working with new partners
- How terrorist events are different than other public health emergencies
- The differences between a regular epidemic and bioterrorism
- National Pharmaceutical Stockpile
- Quarantine

What Is Terrorism?

- U.S. regards terrorism as a potential threat to national security and a violent criminal act.
- Nature of terrorism is changing

New Partners

- Public health communicators will have new communication partners in a terrorist response.
- The FBI has the final say about information release during a criminal investigation.
- The DOJ/FBI will NOT slow the release of public safety information from health officials.

Federal Redponse Plan

- FBI leads on information release in crisis management
- FEMA leads on information release in consequence management
- Transfer lead from the FBI to FEMA by Attorney General
- Core federal response:
DOJ/FBI DOE FEMA
DOD EPA HHS

HHS/CDC Provides:

- Technical support, personnel, and equipment
- Disease detectives
- Agent identification and collection and testing of samples
- Medical management (NDMS)
- Medical supplies, drugs, and vaccinations (NPS)
- Regulatory follow-up (e.g., FDA)
- Outbreak/disease threat assessment
- Onsite safety
- Mass fatality management

What's Different in a Terrorism Response?

- Stronger reaction from the public
- Multiple events occur
- Incident location is a crime scene
- Detection is delayed
- Responders are at higher risk
- Response assets are targets

Terrorism and Risk Communication

- Outside control of individual or community
- Unfairly distributed
- From untrusted source
- Man-made
- Exotic
- Catastrophic

Terrorism and Public Information

- The FBI leads information to White House, Congress, and other federal officials.

Joint Information Center

- FBI public information officer and staff
- FEMA public information officer and staff
- Other federal agencies' PI staff
- State and local PIOs

Bioterrorism Is Different

- Medical and public health systems are usually the first to detect bioterrorism.
- A delay is likely between the release of the agent and the knowledge that the occurrence is a bioterrorist act.
- A short window of opportunity exists between the first cases and the second wave.

What We Need To Prepare for Bioterrorism

- More trained epidemiologists to speed detection
- Increased laboratory capacity
- Health Alert Network
- Medical professionals “back to school”
- National Pharmaceutical Stockpile
- Trained crisis communicators

Natural Emerging Infectious Disease or Bioterrorism?

- Encephalitis
- Hemorrhagic mediastinitis
- Hemorrhagic fever
- Pneumonia with abnormal liver function
- Papulopustular rash (e.g., smallpox)
- Descending paralysis
- Nausea, vomiting, diarrhea

Horses or Zebras?

- Outbreak of rare disease
- Seasonal disease at wrong time
- Unusual age distribution
- Unusual clinical symptoms
- Unusual epidemiologic features
- Outbreak in region normally not seen

Learning Caution From the Past

- 30 years, 30 outbreaks, 20 matched criteria for possible bioterrorism (none were bioterrorism)
- Legionnaires—Philadelphia, 1976, pneumonia of unknown origin
- Hantavirus Pulmonary Syndrome—U.S., 1993, pneumonia of unknown origin in healthy adults
- Ebola—Zaire, 1995, 99 percent genetic match to 1976 outbreak

Mother Nature or Bioterrorism?

West Nile Virus, New York City, 1999

- First time in Western Hemisphere.
- Encephalitis and paralysis of lower limbs.
- Iraq is known to possess strain.
- Virus genetic match is nearly identical to the 1998 outbreak in Israel.
- The introduction route is unknown.

Lesson Learned?

- Saying “no” sets a precedent for the future which may be hard to maintain (i.e., media will speculate if you can’t say “no bioterrorism” while investigating)
- Plan your policy now.
- Partner closely with the local FBI.
- Undeclared bioterrorism and emerging infectious diseases are a public health issue first, then a criminal investigation.

Media Are Sure To Ask:

- Is this bioterrorism?
- Could this be bioterrorism?
- Are you investigating this situation as possible bioterrorism?
- Is the FBI involved in this investigation?
- When will you be able to tell us whether or not this situation is bioterrorism?

Is It an Emerging Disease or Undeclared Bioterrorism?

A possible response to media from public health officials is:

“We’re all understandably concerned about the uncertainty surrounding this outbreak, and we wish we could easily answer that question today.”

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Is It an Emerging Disease or Undeclared Bioterrorism?

“For the sake of those who are ill or may become ill, our medical epidemiologists (professional disease detectives) are going to first try to answer the following critical questions: (1) Who is becoming ill? (2) What organism is causing the illness? (3) How should it be treated? (4) How can it be controlled to stop the spread?”

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Is It an Emerging Disease or Undeclared Bioterrorism?

“One question that disease investigators routinely ask is, “Could this outbreak have been caused intentionally?”

“We [organization name] must keep an open mind as data in this investigation are collected and analyzed.”

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Is It an Emerging Disease or Undeclared Bioterrorism?

“We must consider that we may never have the data to answer this important question, based on epidemiology alone.”

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Is It an Emerging Disease or Undeclared Bioterrorism?

“Any specific questions about the FBI’s involvement regarding this outbreak investigation should be referred to them. However, the FBI and [your organization] have a strong partnership regarding the investigation of unusual disease outbreaks and have worked comfortably together in the past in our parallel investigations.”

(Note: Don’t forget to coordinate this answer with the FBI.)

National Pharmaceutical Stockpile (NPS)

- 12-hour Push Pack – 100 cargo containers
- Air or ground ship
- 50 tons of medicine, medical supplies, equipment
- Nerve agents, anthrax, plague, tularemia
- Treat thousands of symptomatic and protect hundreds of thousands

NPS Communication Challenges

- Local level?
- State level?
- What must be communicated?

NPS Communication Plan

- Multi-language text
- Methods for reproducing materials
- Communication channels
 - Volunteers
 - Contractors
 - On-site interpreters
- Not all NPS events the same
- NPS communication assessment checklist

Model Emergency Health Powers Act

- Model public health law for states
- Protection of civil liberties balanced with need to stop transmission of disease
- Explain what law covers and why
- Laws address: quarantine, vaccination, property issues, access to medical records
- Model law draft – court order to quarantine someone, unless delay could pose an immediate threat

Protecting the Public from Infectious Diseases

- Detention – temporary hold
- Isolation – separation from others for period of communicability
- Quarantine – restricts activities of well persons exposed

Protecting the Public from Infectious Diseases

Two types of quarantine:

- Absolute quarantine – limits freedom of movement
- Modified quarantine – surveillance and segregation

Cordon Sanitaire – sanitary cord or line around quarantined area guarded to restrict passage

Terrorism and Bioterrorism Challenges: Summary

- New partners means new relationships
- Federal Response Plan dictates communication roles
- Emotional outrage of terrorism will be high
- Undeclared bioterrorism and emerging infectious disease outbreaks – who knows?
- NPS needs careful communication planning
- Laws protect civil liberties and stop disease spread

Healthy Psychological Responses to Terrorism

What communicators can help with

1. Never lose sight of the fact that a terrorist aims to cause feelings of uncertainty and fear.
2. Our response can serve to support the terrorist's aim or to oppose it.
3. Psychological resiliency training before the fact can help.
4. Information combats destructive rumors.
5. Do whatever is needed to restore a sense of physical safety—widely publicize these efforts.

Healthy Psychological Responses to Terrorism

6. Enlist community leaders (political, educational, medical, religious, business) to calm fears.
7. Reestablish normal routines quickly.
8. Display of symbols can help reestablish community cohesion.
9. Honor survivors, rescuers, and the dead, including carrying on with life.
10. Don't offer psychological support prematurely.