

## **Best Practices**

### **ADENOVIRUS IN A GROUP HOME**

#### **Crisis description/synopsis**

During the last week in May 2003, the New York State Department of Health was notified that 48 of 102 residents of a group home in Yonkers, New York, had become ill with respiratory illness linked to infection with adenovirus. At the time, seven residents had been hospitalized and one person had died. Although adenovirus is a common, and typically mild virus, it can cause much more severe illness in people who are medically compromised. The residents of this group home were profoundly disabled children, adolescents and young adults, and their underlying medical conditions, coupled with the congregate living setting, allowed the virus to sweep through the facility. Although the general public was not at risk for anything more serious than a cold—adenovirus is responsible for about 20 percent of all colds—this outbreak of a “mystery” respiratory illness coming on the heels of the SARS scare had the potential to greatly alarm the community.

#### **Goals/Objectives/Communications strategy**

Our goal was to provide sufficient information to explain the situation, without sensationalizing it. Our objective was to convince residents of Yonkers and Westchester County that this situation was in no way mysterious, nor did it pose a serious risk to the general public. Our communication strategy was low-key, and relied greatly on personal interaction with reporters who were covering the story and with opinion leaders (Yonkers Deputy Mayor, School Superintendent, union representatives) in which we provided subtle education about adenovirus and addressed their specific concerns. We also issued a news release in the format of a statement from the State Health Department to reinforce key messages. Talking points were prepared for the State Health Commissioner and for Dr. Karen Southwick, a NYSDOH epidemiologist in the regional office serving Yonkers, to ensure a “one-voice” response. Although our policy is that all media interviews must be authorized by the Public Affairs Group, we realized that reporters who were staking out the group home might approach Dr. Southwick with questions during her site visits, which happened.

#### **Strategies/Pre-crisis phase**

The communications infrastructure within NYSDOH assisted us in the pre-crisis phase. A specific press officer (myself) had long been assigned as liaison to the Division of Epidemiology to ensure that the public information office knows of pending health crises – and attendant press inquiries—before they actually happen. Moreover, we have developed good communication channels with our key communication partners, including other state agencies, so I also received word of this situation before it became public knowledge via the PIO at the NYS Office of Mental Retardation and Developmental Disabilities (OMRDD) which regulates group homes for the developmentally disabled. Working with the Governor’s press office, we determined that the State Health Department would take the lead on any press inquiries. I also contacted my counterpart at the Westchester County Department of Health, alerted her to the situation and confirmed that she would refer reporters who called about the outbreak to NYSDOH.

At this time I conferred with staff from the Bureau of Communicable Disease Control (BCDC) to expand my knowledge of adenovirus and also obtained journal articles about a previous, similar outbreak of adenovirus in a group home. I also prepared talking points and a press statement and sent it through the clearance process.

# **CRISIS EMERGENCY RISK COMMUNICATION**

Finally, it is important to note that we had already established good relations with the health writer from the *Journal News*, Westchester County's main daily newspaper.

## **Strategies/Initial phase**

When the story broke, we distributed the prepared statement to ensure that all reporters got the exact same information. The statement was provided to reporters who cover Westchester County (News 12 Westchester, Westchester bureaus of New York City network affiliates; AP Westchester bureau and the daily newspaper, the *Journal News*) and any other reporters who called. I also provided talking points to the New York State Health Commissioner, in case she should be asked about the situation by reporters covering an unrelated public event, and to Dr. Karen Southwick, the Regional Epidemiologist, and conferred once again with my counterparts at OMRDD and at the Westchester County DOH. I arranged for BCDC to provide me with a daily update of case counts, hospitalizations and deaths.

## **Strategies/Maintenance phase**

Throughout the course of the next week I spoke daily with reporters looking to advance the story; providing them with numbers; explaining what strategies the home was taking to reduce transmission and reinforcing why the general public was not at risk. When an AP reporter told me that some of the home's neighbors were alarmed I reiterated that the virus did not present a risk to someone just because they live nearby and that, even if infected, most people would only get a cold. Similarly, when we learned from reporters that local parents were worried because some of the group home residents used the same school buses as their children, our epidemiologists contacted the School Superintendent and commenced an investigation to ensure that none of those children were sick. We then contacted the local newspaper to report that we would be addressing the parents' concerns, and reiterated our key messages.

## **Strategies/Resolution phase**

After a few days infection control strategies began working and case numbers started dropping. Reporters soon lost interest, except to try to place blame for the outbreak—and whether it could have been prevented. Since it is not one of NYSDOH's regulated facilities, I did not comment except to say that the home had cooperated fully with the strategies NYSDOH recommended to reduce transmission and explained again that this particular virus circulates frequently in the community. However, I immediately contacted the press officer at OMRDD to alert her that reporters were now starting to play the blame game.

## **Strategies/Evaluation phase**

During this phase I conducted an "after action" brief with my program contacts and learned that they had sent me an electronic alert about the outbreak which I had not received prior to my learning of the problem from OMRDD. We agreed that, in the future, I would be contacted by phone about outbreaks in addition to receiving the e-mail "problem alerts." I also learned that reporters had been referred to the Department's Regional Epidemiologist by the Westchester County DOH, so I contacted their press office and explained our policy that all press inquiries are referred first to the NYSDOH Public Affairs Office, and requested that they not volunteer names of our staff as possible interview subjects.

## **Strength of message and delivery**

We were very satisfied that the reporters who covered this story got the message. Despite the underlying concern over emerging diseases such as SARS, and the headline writer who couldn't resist calling it a "Killer Cold," for the most part the media presented responsible reports and tried to put the outbreak in context. In addition, our strategy did not rely only on media relations to reach the general public, but incorporated outreach to internal publics, special publics (the Yonkers school system) and key communication partners. Also, our message, while remaining consistent, was continually fine-tuned to address new concerns.

# **CRISIS EMERGENCY RISK COMMUNICATION**

## **Postmortem/lessons learned**

It is apparent that when reporters hear the word “outbreak,” they will fear the worst. We should try to find another way to describe a number of related illnesses in a congregate setting. As stated above, an electronic “problem alert” can have its limitations, so it is important to keep in close communication with program contacts to ensure prompt notification of potential press issues. Finally, we learned that the communication feedback loop is vital. By discussing with reporters what their readers/viewers/listeners were saying, we were able to adapt our response strategy from a program perspective and refine our key messages.

As noted above, it is also crucial to have existing good relationships with reporters. Melissa Klein, health reporter for the Journal News, attended a West Nile Virus Media Day presented by the Department in 2000, and also participated on a media panel at a bioterrorism risk communication workshop sponsored by the Department this past February. Because she knew me, and knew me to be credible, she accepted my explanation for what was happening and why, and that was reflected in her reporting.

## **Creativity/Use of resources**

This crisis communication response was enhanced by existing internal and external relationships (with program staff, agencies and media) and by a one-voice response. We used our key communication partners as resources to help us take the temperature of the community while the crisis unfolded and to help cool things down.