

Editorial

Putting SARS in Perspective: A Communication Challenge

While war raged in Iraq, consuming televisions and front pages of newspapers throughout the world, a more personalized and immediate threat traveled around the globe. SARS—Sudden Acute Respiratory Syndrome—became a new household acronym, with thousands concerned about their personal health from this atypical pneumonia.

As of this writing, SARS is believed to be caused by a Coronavirus originating in China. While it spread unabated and was termed an epidemic, cases were identified with nearly 100 deaths, including the World Health Organization (WHO) physician who characterized and named the disease. In Hong Kong, one of the endemic regions, about a third of the 2,400 cases in Asia were identified with people presenting with the basic symptoms of fever, headache, body aches, and a dry cough. This sounds like a large number, but it merely doubles the usual number of cases of atypical pneumonia symptoms expected in the Hong Kong population during a similar period of time. Luckily, SARS does not seem to have a high mortality with a rate close to the norm for certain populations with pneumonia in the region. Was this fortunately weak pathogen sent as a warning signal? Are all cases of potential pneumonia or respiratory disease categorized as SARS?

Clearly, there is a real threat here as SARS pneumonia has spread in clusters. Perspective and political pressure are necessary for the appropriate response to ultimately advance the prevention and treatment of atypical pneumonia in the epicenter—China. Surveillance and epidemiological measures require a functioning public health system along with honesty and transparency. Media and communication in China that follow the Chinese heralded mantra, “[news reporting] close to reality, close to the masses and close to life,” are key to an informed public that would respect good decisions to protect the public health through appropriate measures.

Meanwhile, outside China, the international media fulminates with the day-to-day increases of the disease and the threat to the Southeast Asian economy due to fear of exposure. It has been a challenge for the WHO, along with other credible counterparts, to place SARS in perspective by exhibiting clear concern, caution, and the means for controlling the spread of SARS. Unnecessary focus and fear of exposure can divert attention from communicating the challenges we face each day—prevention of deaths from non-communicable diseases, prevention of other infectious diseases as well as diseases of poverty—such as HIV/AIDS, Malaria, TB, and diarrheal disease—and the most obvious acute preventable health threat, deaths due to armed conflict.

Academically, we know that there are a number of major obstacles in the way of achieving effective health communication between expert advisers, officials, and decision-makers. These include the growing lack of public trust in experts (particularly

scientists), policy-makers, and politicians. Oftentimes we blame the messengers, while we do not acknowledge the lack of competence of many experts, public officials, and health intermediaries in effective risk communication techniques. Furthermore, the proliferation of the range of sources—from traditional media to the scaremongers—presents policy-makers, decision-makers, and citizens with information of questionable credibility and value.

With each “new” outbreak and health crisis, we have an opportunity to use this teachable moment to enhance rather than detract from our trustworthiness as health communicators. SARS may increase public health hygiene, if we can stress the need for hand washing, explain the infectious nature of disease and vector control, and reinforce the value of public health and epidemiologic measures. However, if we are not careful, we could instill a fear that diverts attention and resources from the larger threats to our health and well-being.

It is incumbent upon all of us as health communicators to design strategies and messages that resonate with those wanting information at the lowest common denominator, but also tailored in different formats to satisfy the concerns of patients, caregivers, physicians, health intermediaries, and others who demand more. SARS is yet another exigent issue to remind us of the hazards we face; it is not *whether* another health threat develops, but *when* it will occur.