INGSA CASE STUDY: PANDERIA - WHEN PANDEMIC LEADS TO PANIC

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INGSA CASE STUDIES

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PANDERIA

WHEN PANDEMIC LEADS TO PANIC

A new highly contagious viral disease, labelled Forest Respiratory Encephalitis (FRE), is spreading. So far it has claimed 4,500 lives of which 4000 are in the country of Panderia, a relatively low-income country with the economy dominated by low labour cost-associated manufacturing and subsistence agriculture. FRE is thought to have been transmitted to people from monkeys originally, and is now spreading through human-to-human transmission. This is likely through droplet spread, as the disease starts with a respiratory infection. Within 24 hours it becomes encephalitis, which is often fatal or leaves individuals with brain damage.

Average fatality rates from FRE are around 50%, but can vary from 25% to 90%. The mortality rate is higher in women, especially pregnant, than in men. Community engagement is essential to controlling outbreaks, through a package of interventions: case management, use of face masks, surveillance and contact tracing, a good laboratory service, safe burial practices and social mobilisation. Early supportive care with rehydration improves survival. There is as yet no licensed treatment to neutralise the virus but two candidate vaccines are under development.

Efforts to tackle FRE also have to contend with the power of social media. Claims of cures and panic-inducing conspiracy theories have often followed sudden outbreaks of diseases generally. The conversations about FRE are no exception. Facebook, Instagram and Twitter are prominent in urban centres, but much of the information is wildly inaccurate.

On social media, #KickFREOut is now a rallying cry. Institutions in countries affected by FRE and their neighbours have created Facebook groups as tools for public awareness and advocacy, posting infographics on FRE prevention and sharing information. The Centers for Disease Control (CDC) and the World Health Organization (WHO) work with these groups to disseminate as much information as possible.

But for every post communicating accurate information, there seems to be another one, pushing supposed cures, or rumours that poisoned water, not FRE, are causing people to die. The social media conversation quickly becomes chaotic, with politicians, experts, NGOs and community leaders all trying to be heard.

Confusion and rumour have made it harder for health care workers and government officials to combat the outbreak. In a Panderian regional capital, Bayan, medical staff were chased away by community members who feared that their infected relatives would be taken away for treatment, but would never return.

Dr Celia Lee is the chief medical officer of Panderia and is working hard, with the help of the WHO officials, to disseminate accurate information. She acknowledges that: “People are really scared and not getting proper information about what happens in the treatment centres. They see people going into the hospitals and coming out in body bags.”

Some are turning to traditional healers in a bid to combat the disease through prayers, cleansing procedures and herbal tinctures, rather than medical science. Also, unscrupulous merchants are selling “FRE vaccines” at extortionate rates, made of little more than limes and onions.

Five days ago, a rumour began to circulate on social media that drinking hot water with considerable amounts of added salt could prevent FRE. Already, excessive salt consumption in the summer heat has led to 38 deaths and 140 hospitalizations in and around the most affected regions of Panderia.

“In situations like these you have two options”, Dr Lee says. “You can refute the rumours one at a time or you can change the overall information environment with more accurate scientific evidence delivered in appropriate ways.”

This means hosting chats on Facebook, but it also means focusing on the more traditional media. Dr Lee’s network of experts, supported by various international agencies, have appeared on local

Panderian radio stations, distributed posters and done outreach on FRE prevention, transmission and signs and symptoms. Alongside Dr Lee and her team, the mayor of Bayan has now appointed a “rumor manager” to dispel myths about fake cures that are spreading through the city.

You are the chief scientific advisor of the neighbouring country, Emergeria, a higher-income economy and up to now has been free of FRE. Emergeria and Panderia have not had the best diplomatic relations and these have worsened as their economic status diverged. A group of 12 refugees from Panderia have entered the country illegally and have been found at the central bus station. Three have respiratory symptoms. Mass panic is breaking out. You and the chief medical officer are called to an emergency meeting of the Cabinet. What are the considerations that you will have to take into account in the discussion?

Notes for the mentor and for case expansion (not for distribution)

Consider the scenario from the perspective of various stakeholders:

- The population (urban and rural)
- Traditional knowledge holders, in particular indigenous healers
- National government
- Local government
- Community health workers
- International medical organisations
- Officials in neighbouring Panderia
- Other…

Some considerations might include:

- Traditional and new channels of communication
- Disaggregation of the population to consider various ways the disease is spreading (different occupational sectors for instance)
- Social science considerations (insights about local values and practices)
- Making contact with officials in Panderia and other neighbouring countries
- Staying up to date on the evolving science (through CDC, WHO) and thinking through ways to communicate changing science.

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International Network for Government Science Advice

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- Assisting the development of advisory systems through capacity-building workshops;
- Producing articles and discussion papers based on comparative research into the science and art of scientific advice.

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