

Finding Hope in Media Hype: The Challenges of Crisis Communications During Disease Outbreaks

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Abstract

Raging influenza, an unthinkable return of measles and the plague, and the scourge of Ebola—such deadly and miserable diseases and viruses shape real and imagined threats all around us. Nowhere does our imagination run wilder, nor does the world appear more on edge, than through news stories and broadcasts. Given this state of affairs, the public relations agenda with respect to health crisis communications planning and execution is seriously challenged. This article uses media-hype theory to examine these unique challenges by comparing what happened and why during an influenza pandemic outbreak in 2009. It draws from a larger study of news coverage and interviews with public relations practitioners, journalists and medical leaders involved with public communications during a pandemic in Canada. Certainly, media-hype was present during the outbreak with the amount and type of news coverage unevenly representing the severity of the outbreak. Findings from this analysis extend the media-hype phenomenon by looking at the triggers for such intense media attention, highlighting the role of not only the news media but public relations practitioners in our hyper health-threatened world.

Executive Summary

Times of widespread ill-health, pandemic declaration or even isolated health issues from a summer salad gone wrong uniquely challenge public relations practitioners. An enormously anxious public demands information as much as they do health solutions during these uncertain times, leaving public relations professionals scrambling to shift crisis communications actions into high gear.

Yet these actions can sometimes prove insufficient or head in a wrong direction. The rise in media intensity around health matters, in particular, calls for us to question such communications failures. Sometimes, overwhelming media attention can be traced to an underdeveloped understanding about the media's approach and interest to produce news when health crises strike. These problems also find their causes in the actions of public relations practitioners as they prepare and respond to looming or present public health issues.

This article draws from a study about one of these exceptional times: the construction of public communications during the 2009 H1N1 influenza pandemic outbreak in Canada. Key to this study was a combination of grounded theory and qualitative content analysis of the 587 front-page national news stories produced from April to December 2009 and 16 interviews with journalists who covered the outbreak and public relations practitioners and medical leaders in public health departments who managed the roll-out of crisis communications plans.

A constructivist media theory that closely relates to what happened during the H1N1 outbreak is “media-hype” which highlights journalists as reporting news and constructing reality (Vasterman, 2005). Media-hype is defined as a media-generated, wall-to-wall news wave

triggered by one specific event and enlarged by the self-reinforcing processes within the news production of the media. During times of media-hype, a problem, issue or scandal seems to reach crisis levels, forcing people, especially authorities, to take fast and often rushed actions (thus triggering yet more media coverage). Here, media-hype frames and amplifies media-generated news waves. This theory tends to focus squarely on actions by the media often in reaction to certain key events. Media-hype studies pinpoint these events as triggers (Gold, 2003; Wien and Elmelund-Praestekae, 2009; Woan-Jang, 2007).

This article examines other triggers of media-hype. The main argument is that perhaps unwittingly, public relations practitioners working in health organizations set off media-hype. Four points in this case study support this argument: public relations practitioners encouraged intense media coverage as a way of widely encouraging certain public health measures, particularly immunization; vast public relations resources and activities were assigned; longstanding crisis communications plans were triggered that did not match the circumstances; and uncertainty was used as a communications message.

By exploring the production of media-hype, we can see how public health public relations staff, in this case, unleashed journalistic tendencies. Rarely do routine public health matters command such media interest. However, in the case of outbreaks, disease and ill-health, the media are poised to find information to update the public. This study reveals that public health officials believed persuasive and pervasive communications would convince the public to participate in public health measures such as immunization, handwashing and limiting one's exposure to others when they are sick. Public communications from public health officials stuck to these familiar messages of self-care despite the uneven availability of the vaccination. Vaccine management became a large factor in the media-hype of the outbreak.

Media-hype can overwhelm public relations strategists because when issues become prominent in the news media, over a sustained period of time, news stories can appear fragmented, incorrect and contradictory. These circumstances are among the most challenging for public relations practitioners whose roles are to inform and clarify instructions for a worried and fearful public. However, practitioners must recognize these unique health dangers as extraordinary as they work with the media. This article hopes to contribute to the ongoing study of media-hype among scholars who wish to demystify and extend the theory and thus, the tactics of communicating effectively with publics during these trying times.

Introduction

Most North Americans pay scant attention to influenza seasons, despite the reported health risks and prodding from public health officials. Year after year, we barely acknowledged the annual advertisements, the posters in workplaces announcing dates and times of flu shots, and even the occasional reminder from a family doctor.

Across Canada, citizens are offered free seasonal vaccines, and immunization is especially encouraged for those most at risk, such as the elderly and health care workers (Squires & Pelletier, 2000). Despite publicized rates of illness and death and marketing efforts, Canadians have displayed a historically mediocre public response to government immunization. For example, immunization rates from 1996 to 2005 among the most at risk of getting seriously ill from the flu fell short of an 80% target set by the government (Kwong, 2008). Among the elderly, only 70% were immunized and the rate among people younger than age 65 years with chronic conditions was just 42% (Kwong, 2008). Although influenza death seems only remotely

possible to the average healthy Canadian, between 4,000 and 8,000 people in Canada still die of the flu each year (Public Health Agency of Canada, 2012).

In 2009, seasonal influenza became hard to ignore. The flu that year appeared as the H1N1 strain and followed a new pattern. Although most strains of influenza disproportionately affect adults older than 60 years, this was not the case with H1N1. A key characteristic of the H1N1 virus is that it affects teenagers (World Health Organization [WHO], 2009). Other characteristics that set off concern included an event that was critically important to shaping the outbreak media story—the death of an apparently healthy 13-year-old from Toronto—and the rapid spread of the virus among the teen population.

The epidemiological definition of pandemic is an outbreak of a virus capable of fast and widespread movement across populations. H1N1, with its rapid spread from Mexico to the U.S. then Canada in the spring 2009 in just a few weeks, was quickly termed a pandemic.

Families and societies have faced cycles of deadly diseases, including pandemics, for centuries, with profound effects on the perceptions and realities of unseen threats. Since the 16th century, influenza pandemics have occurred at intervals ranging from 10 to 50 years (WHO, 2009). In the more recent past, the 20th and 21st centuries, three pandemic outbreaks have happened: the Spanish Flu of 1918, when 20-40% of the worldwide population became ill and an estimated 50 million people died; an influenza virus in 1957 originating in East Asia that killed between one and two million; and a similar influenza virus in 1968 from Hong Kong that resulted in between one and four million deaths (Encyclopedia Britannica, 2016). In the spring 2009, this history and pattern of influenza pandemics and other widespread infectious disease outbreaks suggested that we were on the brink of a new global health crisis.

Given the historic trends in pandemics, various organizations have developed extensive emergency response plans that anticipate how communities will react to these outbreaks. Planning involves all levels of government, nongovernmental organizations and communities, and includes years of mock exercises, crisis scenarios and development and testing of public alert systems.

When the WHO announced in the spring 2009 that a new potentially deadly virus was spreading fast in Mexico and the United States, the world was rocked by yet another health crisis. H1N1 happened when the scientific and public health community and the Canadian media were primed for a pandemic outbreak. This preparation involved extensive plans given the recent experience of Severe Acute Respiratory Syndrome, commonly known as SARS, in Canada's largest city of Toronto, and the unique nature of H1N1 when it appeared: it was a virus not seen before and was spreading quickly.

After a long reprieve, a pandemic appeared with a vengeance, moving through North American with speed and efficiency. Officials were immediately concerned; the virus was unique, a combination of genes never previously seen in animals or people (WHO, 2011). Initially, because this virus's genes most closely related to swine influenza, early reports referred to it as having originated from pigs. The virus was thus named "swine flu." However, almost immediately, disease experts pointed out that this new virus was circulating among humans and not among pig herds. "Swine flu" was then renamed by its scientific categorization, "H1N1," for public use.

A few weeks after announcing its concerns in the spring 2009 the WHO declared the outbreak of this new virus an influenza pandemic. By the summer, the pandemic had spread globally, into all six WHO regions (WHO, 2011), with the media reporting on its "unprecedented speed."

H1N1, with its fast and broad spread and pandemic categorization, looked in early 2009 as though it might become a public health crisis, particularly as described in the Canadian media. Early coverage focused on the circumstances of a teenager's death of H1N1 in the fall, which triggered a flood of stories about influenza immunization clinics struggling to keep up with public demand. Articles in Canadian newspapers were unrelenting in volume and topical scope, ranging from highlighting the vaccine shortage, to criticizing the government's handling of the mass immunization program and its assurances, to warnings by officials of the dire consequences should Canadians refuse immunization and confusion about which demographics should get immunized first. All of these news stories were set against a backdrop of articles about the worldwide pandemic response.

In the end, the H1N1 pandemic spread nationally and certainly far exceeded the effects of normal flu seasons. More than 33,500 Canadians contracted H1N1 during two waves of illness and 428 died. In the previous flu season, 12,200 people got the flu and 77 died (IPAC, 2010). From today's perspective, the threat of H1N1 was real but the mortality rate was not even close to the three other pandemics referenced earlier. By the time the H1N1 pandemic was officially declared over, in August 2010, more than 214 countries and territories and communities had reported laboratory-confirmed cases of H1N1, including at least 18,449 deaths (WHO, 2011).

Meanwhile, the media coverage escalated to a fever pitch. The manner of this media attention involved front-page news articles and leading radio and television broadcasts tracking information about the unique qualities of this virus, the level of illness it brought and its spread being much like a runaway train.

Theoretical Framework

Media-hype Defined

The term 'media-hype' is a common expression used to describe an overreaction by the news media in its coverage of a societal issue, scandal or event. The term is pejorative to name the quantity and quality of news attention that seems out of pace with the 'real world' and dismisses coverage as exaggerated or untrue.

Vasterman (2005) defines media-hype as "a media-generated, wall-to-wall news wave, triggered by one specific event and enlarged by the self-reinforcing processes within the news production of the media" (p. 515). Vasterman identifies the following criteria for the phenomenon: an immediate onset of a steeply rising news wave among all news organizations which fades slowly and is not connected to any actual events; a key event which serves as a clear starting point; when the media make news instead of reporting events by connecting comparable incidences to the key event (reporting these elements as news, features, analyses and opinions); and increased coverage of social action triggered by the news wave and of reactions from social actors.

Times of media-hype boost the perceived risk of a new health danger. This social amplification of risk, as described by Kasperson (2012) in a study of low-level radiation exposure, is a conceptual framework that "seeks systematically to link technical assessments of health and safety impacts with assessments of individual and social risk perceptions and risk-related behaviors" (p. 59). People and groups can amplify risk as their trust is shaped or lost when they learn about what is happening around them.

Using Vasterman's criteria, H1N1 was clearly the subject of media-hype among Canadian media in 2009. News coverage across all media outlets in the country rose sharply in

the fall with the key event of a young person's death from the virus and faded slowly over a six-week period. Additionally, the news was constructed around similar spates of virus and disease and news stories involved the reaction of social actors ranging from medical experts to educators, sports association representatives, athletes and random people on urban streets.

Other studies deepen the definition and appearance of media-hype. For example, Pang (2013) extends Vasterman's analysis to include social media as a tool to both trigger news waves and media-hype and calls for organizations to monitor social media activity and respond quickly and consistently. Wien & Elmelund-Praestekae (2009) supplement the criteria of media-hype by showing that news events triggering the phenomenon often violate norms, fit within the public debate and allow for media coverage from a number of perspectives or angles. They also note that media-hypes begin with a trigger event, last about three weeks and appear in up to three news waves of decreasing intensity. Another study found that a key factor in media-hype is the messaging from sources used in news coverage. Vasterman & Ruignok (2013) analyzed news coverage during the 2009 H1N1 pandemic outbreak in the Netherlands and found that both the news media and their sources—experts and public health officials—promoted alarming messages.

Method

This study is unique in its analysis of public relations activities related to media-hype and its research methods. Two data sets informed this study: interviews and media coverage.

Public relations practitioners in public health organizations, journalists and medical officers of health from regions across Canada were interviewed from January to April 2010, shortly after the end of the first pandemic wave of contagion in December 2009 and before the WHO declared an end to the H1N1 pandemic globally in August 2010. All were recruited via email. Sixteen of those contacted (seven medical officers of health; four public relations practitioners; and five journalists) agreed to be interviewed.

Interview questions were designed to invoke recollections about the participants' involvement with public communications, their decisions about information and opinions concerning the manner and tone of the media profile. Each of the interviews was recorded and transcribed. Quotes by interview participants are anonymized in this article by type and letters (e.g. Journalist A, PR Staff A, etc.). In addition to the transcribed interviews, 587 front-page news stories were found by searching all national newspapers for the word "H1N1" from April 1, 2009 to December 31, 2009.

The interviews and media coverage were studied using a combination of grounded theory and qualitative content analysis. Both methods allowed for analysis of the large volume of interviews and media stories into categories. The grounded theory method created themes from the interview data combined with a qualitative analysis of front-page media articles. This method brought a rich understanding of the broad themes that played out in the discursive space of newspapers along with the perspectives of those involved in public communications.

Findings and Discussion

Encouraging Media Coverage to Manage Public Health

The objective of public relations activities during the fall 2009, as people started to get sick from the virus, was convincing as many Canadians as possible to get vaccinated. As discussed during interviews, for public health leaders and their public relations staff, the strategy

to achieve this objective and thus control of the outbreak, was to promote immunization through the news media.

One public relations activity, in particular, triggered the initial news wave: the death in late October 2009 of a 13-year-old from Toronto. Before his death, media articles mainly focused on the WHO tracking outbreaks around the world, vaccine development and sporadic H1N1 cases across Canada. However, the announcement of the teen’s death unleashed a flood of media attention, starting with one newspaper article carried in several Canadian dailies: “A 13-year-old minor league hockey player from Toronto has died of the H1N1 virus” (Husser & Barber, 2009). As noted in *Figure One*, his death attracted the most media attention, and front page coverage, throughout the outbreak with coverage increasing by about 40%.

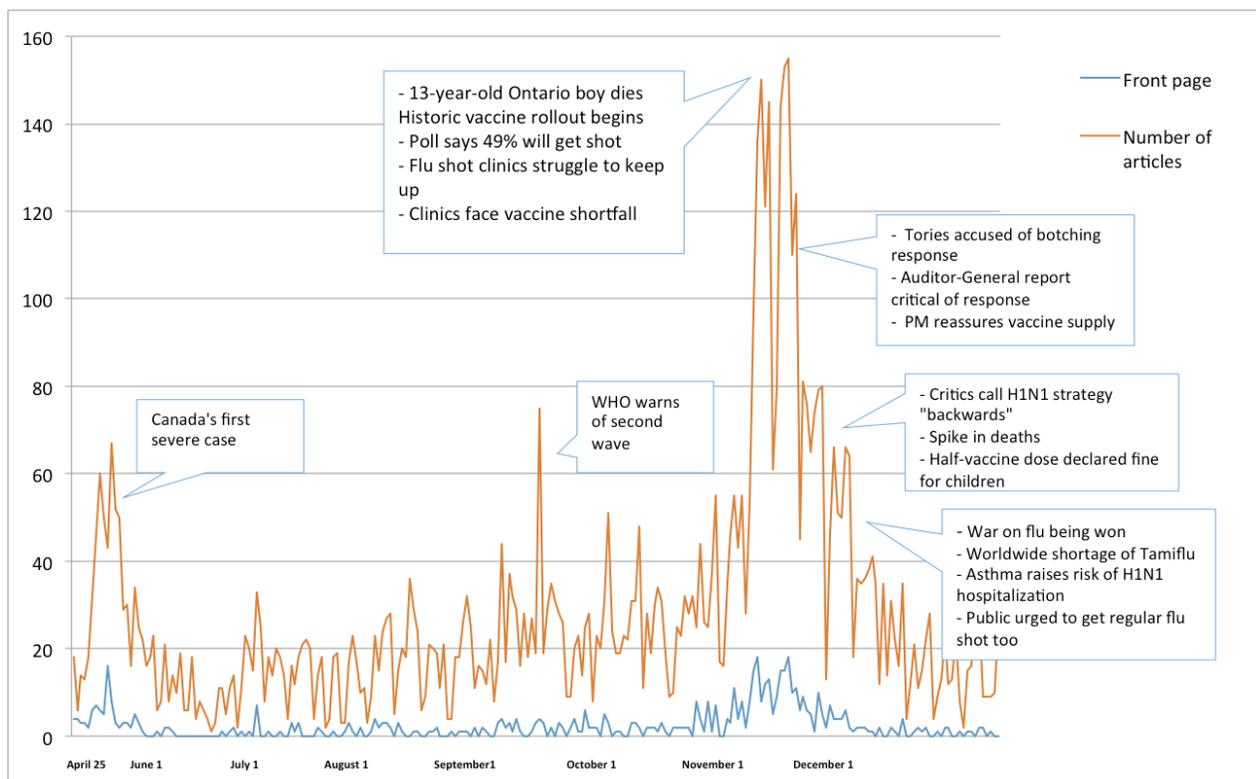


Figure 1. Canadian national newspapers: Number of front-page articles, number of articles and major events, April 25, 2009-December 31, 2009

The announcement of the teen’s death—and its link to the virus—came in a news release from Toronto Public Health along with an appeal for mass vaccination as “the best way to protect the population,” because “the H1N1 vaccine is 90% effective at preventing illness” (Toronto Public Health, 2009).

Most significantly, the teen’s death quickly came to epitomize the virus as the new health threat and in public communications was held up public health officials to construct a sense of urgency. This pivotal moment became an opportunity to communicate the need for the public to take the virus seriously by adopting measures to protect themselves.

In this case, public relations professionals and their medical officers of health created ideal conditions for the torrent of news. As tactics to achieve vaccination targets, public health officials provided news releases and made medical officers of health available to the media. Journalists followed this public relations agenda flawlessly: building a convincing argument for immunization by providing ample coverage of the teen's death, focusing on his hockey playing identity and his family's grief.

Such an approach confirms that power in the agenda-building process remains with those who initiate a story and the nature of the original story (Zoch & Molleda, 2006). From the standpoint of public relations practitioners, their best interests are served when they generate and set the stage for story ideas. Perhaps more than any other factor, public relations activities are deemed paramount in influencing the media agenda (Curtin, 1999).

Yet the public relations influence on the resulting news wave set up tensions, including issues of trust. Difficulties faced by journalists to find sources they believed, other than public health officials, compromised reporters' ability to maintain what they saw as balanced coverage. The teen's death substantiated persistent messages from public health about the importance of influenza vaccination, but the media remained wary of not having other medical professionals speak publicly about the vaccine program. Mistrust of public health officials, whose primary motivation seemed to be convincing people to get immunized, is evident in Journalist A's statements:

I had a lot of skepticism... I was wary of that information (background materials and briefings) because I wasn't sure what to believe. As far as seasonal flu virus itself, that part of it I didn't disagree with them on, I mean, they are the doctors. But I was curious about their reasoning for why this vaccine shouldn't make people nervous... I tried to go to doctors themselves as opposed to public health officials to get those things because I felt like they were an interested group... there was such hysteria and anybody who says this, wait a minute, is going to be considered to be a quack because we've had this 13-year-old kid die here and what do they think they're saying to tell you to wait (for vaccination). Well, that's a problem.

During other annual influenza seasons, public health officials struggled to garner media attention, even for the handful of deaths of young people each year. Public interest in vaccination was low even when the pandemic was declared in spring 2009. Indeed, before the teen's death, media attention—sought by public health officials with media conferences, participation in radio and television talk shows and call-in programs and advertising—achieved barely a glimmer of the media glare as with his death.

One medical officer of health, Health Official A, described the H1N1 fatality as an opportunity to rejuvenate media attention about the importance of immunization from what appeared as stale media interest:

Then we started press conferences and a lot of radio interviews at noon, news, television. For instance, on CBC and a major private network (in the province), I was there very regularly on different programs and popular programs. For some of them, I was there every day, I was every morning (on one station) and every noon (on another program) and then at night (a program at 5 o'clock), I was there every day for many weeks in fact...

Overblowing Public Relations Resources and Activities

During the outbreak, the vast amount of public relations activity by public health organizations acted much like pulling an alarm signaling widespread risk, and PR staff sought to move facts smoothly through an imagined public communications pipeline. They assumed that the media would form an essential part of a communications system during a named crisis.

By assigning enormous public relations resources, PR staff elevated the relative importance of the outbreak to the media. Public health agencies staged multiple and often daily news conferences, issued news releases and media fact sheets and placed full-page advertisements promoting vaccination. With each public relations activity, journalists came away with still more reason to generate news coverage. Even the paid advertisements generated earned media stories.

However, with media-hype fully engaged, news organizations were in top gear to use their authority and position to structure facts and ideas in ways they thought were accessible, local and immediately meaningful to their audiences. Instead of believing they were part of the solution to get the population vaccinated, the media cast doubt and found opposition to continue the news wave.

Despite the public relations activity, at least one medical officer health, Health Official A, said that the importance of media training was overlooked: “Training to speak to the media in public health should be a top priority... I didn’t have any training and I got it on the job... if you’re not an effective communicator as a public health official, it affects your credibility and your effectiveness, so it’s a very important aspect that has probably been overlooked.”

When interviewed, Health Official B questioned the volume of public relations activities generated by public health: “We had too many media briefings. We started in April probably the first week and not every day but very rapidly we had a press conference every day and even when there was no need to do a press conference.”

The public health community watched closely yet with some helplessness as media interest snowballed and veered off in myriad directions. Health Official C described the need to redouble public relations efforts as the media’s appetite moved into topics that were off-message. Strange stories started appearing in the news wave, such as those

about the conspiracy to vaccinate people and to eliminate part of the population...there was a lowering interest in the population to receive the vaccine. The media started to get things wrong and with my communications people in the ministry of health, I told them we have a major problem now; there is all this stupid information in the media. So I canceled most of my activities, and I told our public relations people to look at all of the programs on radio and so on and try to book me on. Then we started press conferences and a lot of radio interviews at noon, news, television... I was there every day for many weeks in fact.

The media also began to worry about the risks of creating unresponsive audiences because of the type and volume of stories. As one reporter, Journalist B, lamented: “There’s a tendency for people to say, ‘well, last time you told us it was going to be the worst pandemic ever and it didn’t turn out to be’ and then people tend to underplay it...The only fear I would have is that people would not be vigilant in what they need to do and to give it the right weight.”

Another reporter, Journalist C, admitted that the superficiality of news production was at play during the outbreak: “The media, often, the way we’re driven, it’s like we’re kind of shallow and we focus on what’s new. It’s the shiny penny and we run and chase it and as soon as

we find it we look for another one and we ignore the one that we already have because it's no longer shiny. It's a shame.”

Public health leaders would normally be thrilled to attract such media attention and growing public interest in public immunization and good hygiene. But as media pressure built for pandemic information, officials quickly painted themselves into a corner. They centralized spokesperson responsibilities to medical officers of health and, at times, their delegates. In an effort to answer the flood of media questions, many larger health districts organized daily news conferences, often timed to meet the news cycle. However, the highly competitive nature of the news business means that reporters often do not want others hearing answers to their questions. So instead, journalists said during interviews that they sought information away from these organized conferences. Or, they simply had questions outside of times when these staged events were held.

Some public health organizations hired more public relations staff to deal with the media, but those staff lacked the specialized knowledge of a medical health officer and so could not always provide authoritative information. Others established media hotlines that were not always staffed and therefore went unanswered. In this climate, where public relations activities established a rigorous pace of news generation, journalists claimed that their audiences needed constant information. Any coordinated system of information dissemination became doomed as overwhelmed.

Incongruous Crisis Communications Messages

Expectations among journalists and PR staff in public health organizations about a pandemic outbreak began years before the pandemic, as recounted by all interviewed for this study. Driving media interest were historic trends in pandemics and journalists' knowledge of extensive emergency response and crisis communications plans among public health organizations and governments. Decades of planning involved all levels of government, nongovernmental organizations and communities, and included years of mock exercises, crisis scenarios and development and testing of public alert systems. Public relations staff said, when interviewed, their plans anticipated the need to communicate a range of self-care measures and reassurances to the general public, targeted groups and individuals.

One public health public relations professional, PR Staff A, described the teen's death in the fall 2009 as a trigger to set into motion years-old crisis communications plans:

And that's when all my hunches from September... I was like 'I was right.' I wasn't happy to be right but it was confirmation. So clearly this was going to be bigger than we think. So I called media relations that weekend and I said there's going to be an issue here... We immediately went into, 'okay we're going to have to go daily with these news conferences'... On the Sunday before we opened (clinics) on the Monday, we got (the) media in and walked them through how the vaccination process would work in one of our clinics. And we got really good coverage, the mayor was there, we did as much as we could.

The public relations machines attached to public health organizations included emergency communications plans that sat on a hair-trigger of anticipation. The existence of such plans kept officials poised and ready to breathe promotional life into the identification of a pandemic virus.

One public relations official, PR Staff B, spoke of the orderly nature in which these plans were set in motion: “Almost immediately when we started seeing the first cases...we decided we needed to invoke the crisis communications plan...because of the media attention that typically follows these kinds of events.”

Even before the virus was typed in a laboratory, H1N1 was a force that conjured urgent information-sharing prescribed in a crisis communications plan. The media attention activated through these plans further inspired a sense of mystery, awe and fascination swirling around the virus and its management.

However, the roll-out of these crisis communications plans was often out of sync with this type of outbreak. For example, public health officials incessantly provided information about self-care and logistics of clinic openings but did not engage with the media consistently in a two-way dialogue.

Several factors contributed to the news wave: a priority ordering for vaccination was set based on immunizing those most at-risk before the general population; and staged production of the H1N1 vaccine caused immunization management problems.

However, two elements simply did not make sense for reporters. First, the public health community failed to convince the media of its claim that H1N1 was a large public threat and second, public health deeds did not match their words. The news wave symbolizing this misalignment reached its highest level at the end of October 2009 when insufficient vaccine was produced, despite public health officials urging people to get immunized.

One story focused on this incongruity, with comments by members of the public such as one Toronto mother who, the article pointed out, “was so angry at the system Thursday that she posted a public rant titled ‘H1N1 stands for, ‘I’m in hell’ on her blog...’ Who was the brilliant thinker behind only having 10 flu clinics for a population of two million?” (Harris 2009).

As a result, when people began getting sick, the news wave poked holes in the scope of the present danger and its vaccine solution. Public health officials and their PR staff failed to account for the misalignment between information and actions, a problem that became more glaring under the media intensity. Journalists’ attention swayed wildly, with a huge volume of stories leaving an impression of an uncertain and precarious pharmaceutical answer.

PR staff interviewed said their media outreach created working relationships as they partnered to overcome a societal crisis. They said they understood the dangers of dealing with the media but thought they just needed to get the language right. As one public relations practitioner, PR Staff C, said, dealing with the media meant knowing how they work, and then filling in any blank spaces by driving the public to abundant pandemic information found on public health websites:

The nice thing is that we’re really blessed to have a provincial health officer who can dumb it down. He knows what people are looking for. We made a real effort on the website we set up to almost have too much information because... I don’t know if I could explain (the science) to people reading the news stories where it’s filtered.

The public relations apparatus sputtered and lumbered along. Despite planning for maximum publicity in support of H1N1 immunization, officials remained confused about why their information failed to launch during the intensity of the outbreak. Instead, even with their vast resources, the architects of these machines missed understanding that journalists were receiving conflicting information from them about vaccine availability and scientific predictions about how many people would get sick or die.

Public health officials thought they knew the answers and that their organizational systems were fail-safe. However, the design of public communications during this particular crisis missed taking into account reporters' hyperactive tendencies and how public health PR actions were only fueling the fire.

The Perils of Uncertainty as a Message Strategy

The different ways that journalists and scientists built, resolved and communicated uncertainty contributed to the media-hype during the H1N1 outbreak.

Generally, scientists conduct experiments or perform other empirical studies to establish or disprove a theory or practice, thus creating or relieving doubt. Scientists also tackle uncertainty by re-using solutions. When faced with various strains of a seasonal influenza virus each year, for instance, scientists use the certainties of previous vaccines to produce a workable version (Centers for Disease Control and Prevention, 2016).

Complications, however, arise when the uncertainties of science become public relations messages. Unknown solutions to medical problems have news value. However, scientists may either celebrate the airing of uncertainty as advancing the role of science in society or criticize the media's superficial treatment of the questions they confront.

In the case of H1N1, medical officers of health said when interviewed that in the months leading up to the outbreak, they reached a degree of certainty about the influenza strain and its predicted path through the population; after all, public health officials in Canada and elsewhere deal with influenza every year. Once public health scientists understood the pathology of H1N1 influenza and developed a vaccine, the usual public health measures applied (e.g. vaccination, handwashing and coughing and sneezing into one's arm).

Under the media spotlight, however, public health organizations communicated uncertainty about the strength of the virus and its likely spread across the country. This message of uncertainty combined with reporters' tendencies during the outbreak to generate news by questioning sources and types of information. Nelkin (1995) notes that these practices happen because journalists present opposing scientific opinions to maintain the appearance of a fair and balanced description of an issue.

But the need for many voices about scientific matters has consequences. For example, as noted by Stocking (1999), the use of multiple spokespeople creates uncertainty about science in general, and not just about the claims of any one scientist.

During the H1N1 outbreak, the extended time period of the news wave also lengthened the appearance of a confused public health community with conflicting answers to the perplexing problem of a pandemic. Doubt surfaced at each turn, with journalists writing stories questioning the type of influenza virus, its mysterious link to pigs, how many vaccines people should get, when the vaccine would be manufactured, who would get sickest and potentially die and when people would get vaccinated.

The somatic uncertainties of a named widespread disease set off journalistic alarm bells as reporters used this unknown terrain to construct their rights and claims to information and knowledge. Even before the outbreak appeared in Canada, the media interviewed for this study said that they began using unattributed information to construct stories, and—as happens during news waves—reported on each other's coverage. They stood in for scientists when they failed to find information, particularly as reporters enlarged and prolonged the pandemic story.

Sparse information for a now fast-moving news wave left the media to use guesswork to construct stories, reporting on what they believed was going on. Faced with limited information,

reporters, when interviewed, said they wrote stories that lacked verification. They could never fully get answers to their questions—questions they believed represented the concerns and fears of the public. Such speculative coverage also left the impression that the pandemic was being poorly managed. Left with limited choices for information sources and a paucity of information, the media lurched from one pandemic-related uncertainty to the next.

One issue illustrates how some journalists began to question their own hyperactivity about the uncertainty message. In the middle of the outbreak, some media reported on a scientific study that people immunized against the flu in the previous year were at greater risk of contracting the H1N1 virus. One reporter, Journalist A, said that the study

created a lot of panic with all these people saying, “oh my Grandmother got seasonal flu vaccine (so) she’s going to get H1N1.” And it’s one of those studies where you have to say, “hold on, it’s the same populations at risk, of course they are more likely to get it.” It’s not anything different, there’s nothing new in that it was just the framing of it that made the vaccine sound like it was giving people more risk and the reality was that the underlying risk is the same regardless of the kind of flu.

Early in the outbreak, before the first Canadian case was confirmed, media reports connected a list of probable evidence that the new virus strain was uncontrollable under the headline of: “New swine flu impossible to contain, experts say” (The Ottawa Citizen, 2009). An article the next day, just as news broke about the virus touching down in Canada, included the reporter’s editorial speculation about how public health officials should inform the public: “For starters, officials must keep the public informed. They must admit what they know and don't know. They must have a plan ready should the health threat become dangerous. And they must soothe everyone's nerves with reassurances that there is no need to worry in the meantime” (Roan, 2009).

Framing, as a media theory, helps explain what happened when public relations actions painted H1N1 with such uncertainty. The basis of framing is that the media focuses attention on certain events and then places them within a field of meaning (Gitlin, 1980; Gamson & Modigliani, 1989). During a controversy, media frames explain the essence of the issue as “a central organizing idea or storyline that provides meaning to an unfolding strip of events” (Gamson & Modigliani 1989, p.143). Media frames also serve as working routines for journalists to identify and classify information and “to package it for efficient relay to their audiences” (Gitlin, 1980, p. 7).

The frame of a pandemic outbreak in 2009 was new to Canadian journalists. Previous influenza seasons contextualized illness and immunization, but the media had little exposure to the idea of an uncertain influenza “pandemic.” In the WHO definition, pandemic means an illness is widespread but does not indicate its severity. Faced with new information and little background knowledge, no one should have been surprised that the media jumped at the chance to treat the ambiguity of the H1N1 pandemic as persistent front-page news.

Fear and doubt enlarged the news wave, giving the media ample time to speculate and judge the outbreak’s effects. The long timeline also highlights how uncertainty served conflicting goals by the media and public health. In this case, public health used the ambiguity of disease threat to follow known boundaries of population protection, to convince people to get immunized, wash their hands and cough and sneeze properly. The media, however, afforded news value to the unresolved danger by emphasizing a lack of definitive answers.

Journalists claimed the right to understand and translate uncertainty to explain the population effects of H1N1. Journalist D described being surprised that some people were so ill from H1N1 that they needed care in a hospital intensive care unit. However, for the medical staff, this was a non-story because the unit had the capacity for the critically ill; it would have been a story had their ICU become filled and overflowing with virus victims. Similarly, other reporters were shocked with the level of contingency planning in provinces, regions and cities, involving multiple levels of emergency services. These plans, they believed, were newsworthy because they proved officials were preparing for the worst. However, officials saw this planning as highly contingent on a serious pandemic outbreak and a responsible, proactive move to protect communities.

One national reporter, Journalist C, told a story about the different perspectives on display during a news conference among reporters and public health officials about the known effects of influenza:

Most of us are not health reporters. We don't know the severity of what they're (public health officials and scientists) talking about and what's really important... You almost invariably during these news conferences had a question: "Do you think people will die?" And, of course, (health officials) would say, "of course, someone else is going to die." And that's not the way it should be working, it should be, "well, what we should be doing is to prevent people from dying." That should be the story. We're not only reporting the news, we're providing a public service to help people make good decisions but I'm not sure that necessarily happened.

Generally, public health PR used uncertainty and fears of the new virus to promote an annual vaccine program waning in popularity. The media did not need to look far for changing circumstances and big questions, starting with an uneven vaccine manufacturing and distribution process and dire messages about the need for vaccination. Journalists encouraged the uncertainty by demanding clear information as part of their professional practice and perceived role for their audiences.

Conclusion: Rethinking Public Health Public Relations

Did the media-hype during the 2009 H1N1 outbreak really matter? This hyper-attention ended up mattering a great deal to public health organizations as the din of news stories risked misrepresenting the strength of the virus and its actual threat. Perhaps most important, in the long run, the sustained attention may have called into question the credibility of public health in making such health risk claims.

As ironic as it seems, despite the intimacy of health issues, interpersonal communication was decentered, limited and highly mediated. How could these relations change if public relations activities were instead more direct and two-way with the public? When health is at risk, we could think of other communications technologies that would create more primary and direct relationships. For example, had public relations staff anticipated the media's appetite for longstanding uncertainty, as fuel for media-hype, one could imagine these plans decentering the mass media's role.

This study thus raises questions about the connection between the management of health threats through the almost exclusive use of the news media. Public health officials vastly underestimated the media interest and thus, as this case study illustrates, an important direction for public relations is to anticipate journalistic tendencies to media-hype health matters.

The declaration of a pandemic automatically started the rollout of crisis communications plans authored by public health organizations. However, the manner of illness did not match the work being asked of the media, nor the actions requested of the public. When news coverage overwhelmed officials, they appeared surprised and unprepared for the resulting news wave.

Years of pandemic planning created rigid templates and officials rested with the knowledge that these documents could be pulled from a shelf as ready responses to involve the media in shaping public behavior. Instead, officials should ensure execution of these plans aligns with the present circumstance. They should also reflect on how their level of involvement and encounters with the media may signal the need for a media-hype response characterized by sustained volumes and types of news stories.

The media are now not only attuned to the possibility of these widespread illnesses but, as this study reveals, also possess a deep structural wariness about the reality of these threats. Health leaders and their PR staff may have worn out any mass media welcome to play along with messages about the need for immediate public action in the face of even declared pandemics or epidemics.

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