



Handbook for media: the new coronavirus and COVID-19

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TRANSFORMING LIVES THROUGH MEDIA
AROUND THE WORLD

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Professional tennis player, Bhavika Gundecha, speaks to media outside a hospital in Mumbai.

PHOTO: INDRANIL MUKHERJEE/AFP VIA GETTY IMAGES

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Introduction

The new coronavirus that causes COVID-19 can spread rapidly and cause a lot of harm. But if communities respond appropriately and quickly, it is possible to limit its spread and the damage it causes. Mass media and communication have an absolutely vital role to play in this effort.

Media can:

- Provide audiences with crucial information on how to stay safe and help prevent the spread of the coronavirus
- Keep people up to date on the support services available and how to access them
- Counter dangerous rumours and incorrect information
- Hold authorities to account over their responsibility to protect the population
- Provide a platform for those affected or at risk to raise their concerns and needs, ask questions, and explore solutions
- Reassure and motivate people to help themselves and others

BBC Media Action has developed this handbook to help media support their audiences to face this health emergency.

Please note that this handbook is for initial guidance and information only. You can find the latest information about the new coronavirus and COVID-19 through the websites listed at the end of this handbook, and through your local World Health Organization ([WHO](#)) office and Ministry of Health.

Above

A production team interviews the Mayor of Freetown, Sierra Leone.

PHOTO: BBC MEDIA ACTION

1 Background and basic facts about the new coronavirus and COVID-19

This information was correct at the time of writing in May 2020.

Please keep up to date with the latest learning about the new coronavirus and COVID-19 through reliable sources of information listed at the end of the handbook.

a. What is the new coronavirus and what is COVID-19?

Coronaviruses are a group of viruses that can cause illness in animals and humans. In late 2019 a new coronavirus started passing from person to person, causing a disease now known as COVID-19.

On 11th March 2020 the World Health Organization (WHO) announced that the outbreak of COVID-19 was a pandemic. A pandemic is a global disease outbreak, which means it has reached a lot of people in large areas in a lot of different countries.

When you are talking to audiences, use the term ‘new coronavirus’, ‘novel coronavirus’ or ‘coronavirus’ when referring to the virus, and ‘COVID-19’ when talking about the illness it causes.

How does the new coronavirus affect the body?

The new coronavirus infects (gets into) a person through their eyes, nose or mouth and affects their airways – the passages that you breathe air in and out of, from your nose and mouth through the top of your throat and into your lungs.

When someone first gets the new coronavirus it causes their immune system – the system in the body that fights illness – to try to stop the virus from infecting the airways. The immune system’s reaction to the coronavirus, and the virus itself, can cause specific symptoms and signs which indicate that someone has the new coronavirus disease, known as COVID-19. If the immune system is not able to fight it strongly enough, the coronavirus infects the lungs more severely and leads to breathing difficulties, and can also cause serious complications in other parts of the body, and sometimes death.

b. Transmission: how is the new coronavirus spread?

The virus can pass from one person to another through small droplets from the nose or mouth, which are spread when a person who has the new coronavirus and has become infectious coughs, sneezes or spits. These droplets generally travel less than 1 metre. Someone else can then get the new coronavirus if:

Terminology explained

- You may come across the term ‘SARS-CoV-2’ – this is the official name for the new (or novel) coronavirus.
SARS-CoV-2 is the virus that causes the disease COVID-19.
- The term SARS-CoV-2 comes from ‘severe acute respiratory syndrome coronavirus 2’.
- The term COVID-19 comes from ‘coronavirus disease 2019’ (because 2019 was the year it was discovered).

- They breathe in these droplets.
- These droplets land on objects and surfaces and another person touches those objects or surfaces, then touches their eye, nose or mouth without washing or sanitising their hands well first. The new coronavirus can survive for several hours on someone's skin, and possibly several days on some hard surfaces, if not properly washed or disinfected. For more information on the new coronavirus in the environment see the links at the end of this document or contact the WHO.

Sometimes when people speak or clear their throat a very small number of droplets may also come out. Research is being done to find out whether or not the new coronavirus might sometimes be carried in the fine mist, known as 'aerosol', which comes out when someone breathes out normally. At the moment it is believed that it is not carried in aerosol but please see the links at the end of this document or contact the WHO for updates.

When is a person infectious?

We know that people can be infectious (in other words, they can pass the virus on) when they are showing signs and symptoms of COVID-19, as well as 1-2 days before they develop symptoms.

But there is also evidence that some people never get any symptoms – or only very mild symptoms – and yet may still be able to pass the coronavirus on. We are still learning about this.

People stop being infectious once their symptoms have significantly reduced. This can take 2-3 weeks in the case of a milder illness or longer in the case of severe illness. There is more information on how long people might be infectious for in part (e) of this section.

What creates the most risk for new coronavirus transmission?

Some behaviours and activities are riskier than others. It is important to remember that some people may show no, or only mild, symptoms – so the following can be risky even if an individual feels healthy.

Examples of more risky situations include:

- **Someone with COVID-19 coughing or sneezing without covering their face, or spitting** so that droplets containing the coronavirus spread outwards and are breathed in by people very close by, or land on surfaces that others touch. These droplets can travel almost 1 metre from a cough or sneeze, or when spitting.
- **Poor hand hygiene.** The new coronavirus often spreads when people get the coronavirus on their hands and then they touch their mouth, nose or eyes, allowing the virus to enter the body. This risk can be minimised by washing hands regularly and thoroughly with soap and water or by using an alcohol-based hand sanitiser.
- **Physical or very close contact with someone who has COVID-19**, such as caring for them or sharing close space with them, when no-one is following the hygiene recommendations that stop contact with the droplets that contain the new coronavirus.
- **Being in groups of people**, especially where people are close together, such as at a bar, restaurant, crowded market or on busy public transport.

Who is the most at risk of getting the new coronavirus?

Anyone can get the new coronavirus.

Some people may be at greater risk of developing a more serious illness if they catch this new coronavirus, but anyone of any age, gender, ethnicity, or religion can get it.

Some people may be more at risk of getting the new coronavirus because they come into close contact with a lot of people who have or might have the new coronavirus and COVID-19, for example:

- Health workers – because they have to care for people who are sick or who have just died.
- Family members or others who usually take responsibility for caring for others when they are sick – usually women.
- Anyone coming into contact with a lot of people every day and who cannot physically distance, such as people living in very over-crowded areas, people using busy public transport, people who cannot work from home, people who cannot stay at home because home is not safe, and people who do not have a home.
- People with very limited access to water or soap if it prevents them from following the recommendations about handwashing and household cleaning.

People without access to regular, accurate, clear, easy to understand, practical information in languages or formats they can understand are also at risk as they may not know how to prevent transmission or what to do if they, or someone in their household, gets the new coronavirus.

Section (f) on 'Prevention' will talk more about how to reduce these risks, even if you are living with or caring for someone with COVID-19.

c. Signs and symptoms of the new coronavirus and COVID-19

Most people who get the new coronavirus will have a milder illness with symptoms that can be managed at home. But for some people it can cause serious illness and be fatal.

At the time of writing, globally it is estimated that around 2-4% of people who get COVID-19 will die. This means that for every 50 people who get the new coronavirus, one to two people will die. But death rates vary between countries – so while it may be 2% in one country, it could be 8% in another. While the estimated death rate is lower than that of many other diseases, millions of people around the world are getting the new coronavirus and so even if the death rate stays the same it still means hundreds of thousands, potentially millions, will die if people do not act now.

More on terminology

There are different terms used to talk about the signs and symptoms of illness that someone may have:

- Symptoms – something the affected person can feel but is not visible or audible to someone else e.g. tiredness, a sore throat, aches or the early stages of breathlessness.
- Signs – something someone else can see, hear or feel, such as a cough.
- Asymptomatic – showing no signs or symptoms of illness. This may happen before an illness develops, or someone may not have any signs or symptoms throughout their illness.
- Symptomatic – has signs and symptoms of illness.
- Mild illness – means someone can be cared for at home and may still be able to move around and care for themselves.
- Serious illness – means someone is very badly affected by an illness to the point that it stops their body from working properly. They will need medical care quickly.

Note: 'Symptoms' is often used to refer to signs and symptoms, so you might choose to use the term symptoms on its own, but it is useful to know the difference in case you need to explain it to your audience at some point.

How do you know if you have the new coronavirus?

The most commonly reported signs and symptoms of the new coronavirus and COVID-19 are:

- Fever
- Tiredness or fatigue
- A persistent cough (coughing often or more than usual) and/or difficulty breathing

For some people these signs and symptoms may be quite mild. For others they may be stronger, and they may have additional symptoms or signs, such as a sore throat, muscle aches, a congested or runny nose, headache, and sometimes diarrhoea, loss of appetite and indigestion. Some people have also reported reduced sense or loss of smell and taste, and conjunctivitis (inflammation of the eye).

Key points to note:

- It usually takes between 1-14 days for someone who has been infected with the new coronavirus to show any symptoms.
- Many people develop symptoms on the 5th–6th day after infection.
- If someone has been exposed to the new coronavirus they should NOT go about their daily activities. They must instead isolate from other people for 14 days. This is because people may be able to pass on the coronavirus 1-2 days before they develop any symptoms.

As soon as someone feels unwell with symptoms that could be because of the new coronavirus and COVID-19, they, or a family member or friend, must contact a health care facility (ideally by phone) or, if available, their local COVID-19 helpline to get appropriate advice on care as well as on how to avoid transmission to others.

Length of illness

The length of the illness varies.

- For people with mild illness, signs and symptoms of the new coronavirus and COVID-19 may last around 14 days. But even with mild illness, after the fever passes, symptoms such as tiredness, cough, mild breathing difficulties and other symptoms like loss of taste or smell may last for a few weeks longer.
- For people who develop more severe illness, some may get seriously ill quite quickly. Others may have more mild symptoms in the first few days and then start to get more seriously ill around 8-11 days after symptoms start. Sometimes a person might start to feel a little better and then get worse and get seriously ill quite quickly. For people who become seriously ill but survive, recovery from most symptoms currently seems to take around 3-6 weeks, but could take longer.

What is a fever?

A fever is a higher than normal body temperature. When someone has a fever, their forehead, and sometimes chest or back, feel hotter than usual. They may also feel shivery. On a thermometer, a fever is 37.8 degrees Celsius (just over 100 degrees Fahrenheit) or above.

TIP

Speak to the WHO and the Ministry of Health now to find out what services are planned or available and how people should access them. Find out who people can contact for advice or to get help, where and when they should go for help, and give this information to the general public. Encourage people to save emergency telephone numbers in their phones, work out travel options to a health centre, and be prepared for what to do if someone displays symptoms.

The new coronavirus does not stay in the body forever. There is some research to suggest that in mild cases the new coronavirus may have left the body once the fever and main symptoms have passed (so after around 14-21 days). For longer or more serious illness it could take several weeks. Please check the resources at the end or with the WHO for updates.

d. Who is more at risk of getting serious or severe illness if they get the new coronavirus?

Many people will only get mild illness, but others may become seriously ill and some may die if they have COVID-19. The following groups of people are more at risk of severe illness if they get the new coronavirus:

- People of any age with underlying health conditions, particularly those that affect the body's breathing process and/or weaken the immune system. These conditions include asthma, lung disease, diabetes, cancers, and conditions such as HIV (if someone is not on antiretroviral drugs), as well as severe malnutrition.
- People of any age receiving treatment that suppresses the immune system (stops the immune system from working), such as people who have had transplants or who are having treatment for cancer.
- People over 70 years old (especially people over 80 years old) – this may be because their immune system is weaker, or because of what happens to the body as it ages, and/or because older people are more likely to have underlying health conditions.
- Pregnant women up to 6 weeks after giving birth – this may be because their immune system temporarily weakens during pregnancy. Please note, pregnancy is sometimes included within definitions of 'underlying health conditions' by health experts.

Information on protecting people at higher risk from the new coronavirus is in section (f) on 'Prevention'.

Younger people and children: Children and young people can get the coronavirus, but so far younger people and children without any underlying health conditions appear more likely to only get very mild illness, recover more quickly, or be asymptomatic.

e. What can people do if they think they, or someone they know, might have been exposed to the new coronavirus or might have COVID-19?

Many COVID-19 symptoms are very similar to those of other diseases, such as colds, influenza (flu), other respiratory tract infections or the early stages of malaria or dengue fever. It can be easy for people to confuse the symptoms, ignore them or seek a treatment they would normally use. But waiting too long to find out what it might be can greatly affect someone's chances of survival, especially if they have something that has to be treated, such as malaria.

Why do some people who seem to be healthy still get seriously ill?

Sometimes people who do not seem to be in the higher risk group for serious illness with COVID-19 get seriously ill and die. This may be because they had an underlying health condition no one knew about, or it may be because they were not able to rest and recover when they needed to. In the case of health workers it may also be because they are exposed to very high levels of the new coronavirus in a short space of time. If someone was seriously ill, they may not have managed to get medical care that could have helped to increase their chance of survival (there is no cure for COVID-19 but if someone is having difficulties breathing, additional oxygen and, in extreme cases, ventilators help people to breathe and may help them to survive).

Very occasionally someone who is otherwise healthy does get seriously ill and sometimes dies due to COVID-19. It is rare but possible. It is very important to seek medical advice early if someone has breathing difficulties or starts to get worse quickly to help them have the best chance of survival.

If someone thinks they have been in contact with the new coronavirus or is starting to experience symptoms of COVID-19 it is really important that they seek medical advice early. This is so that they can:

- Check if it might be COVID-19 or a different illness.
- Get advice on what to do to protect themselves and others.
- Get advice on what to do as symptoms develop and when to seek emergency support.
- Get advice on contact tracing so that anyone they have been in contact with over the last 14 days can be contacted and asked to stay at home in case they also develop symptoms.
- Report their case so that the government can better understand where the new coronavirus is and therefore decide where they need to focus support, such as additional health service provision.

Some countries already have, or are setting up, COVID-19 helplines for people to call. Check to make sure the helpline is working and speak to the department or organisation managing the helpline to better understand its role, service and capacity. If there is no helpline, you can contact the Ministry of Health or WHO office in your country to find out what services are available and how people can access them.

If someone has been exposed to the new coronavirus they need to:

Stay at home, if possible away from others in their household, for 14 days. This is often called 'self-isolation' or 'self-quarantine' if someone is by themselves, or 'household isolation' if a whole household isolates together. This is to see if they develop symptoms of COVID-19 and prevent the spread of the new coronavirus before symptoms develop. Everyone needs to follow the recommended hygiene practices and household cleaning to prevent transmission of the new coronavirus while they are isolating.

Note: 14 days is based on WHO guidance, which most countries are following. If there are differences between government and WHO guidance, please speak to both so that you can explain the differences to your audiences and help them decide what to do.

If someone is suspected to have the new coronavirus:

- If the person **does not** have underlying health conditions that put them at higher risk, and **does not** have breathing difficulties, they will most likely be asked to stay at home for at least 14 days, self- or household isolate, cover coughs and sneezes and follow good hygiene practices, rest, drink plenty of fluids (especially clean and safe water – no alcohol), and eat as nutritious a diet as possible. Some people may be tested, some may not.
 - The person who is sick will need some help with getting food, water and may need help caring for themselves for a few days. Identify one or two people in the household who will care for the person who is sick – they should get advice on how to prevent transmission of the new coronavirus to themselves and others, such as following more careful hygiene practices, which may include wearing an appropriate facemask if available.
 - If people are living alone they may need neighbours, friends or family nearby to help deliver food (and water) to their home. They need to explain what they can and cannot manage so that people know how to help.

- If symptoms worsen or someone has difficulty breathing, they seem confused or start to get bluish or greyish lips contact medical help **immediately**.
- If the person **does** have underlying health conditions that put them at higher risk of serious illness or has breathing difficulties, they may be asked to go to a hospital, clinic or treatment centre immediately so that they can receive additional support. If they go to hospital they should be tested to confirm whether or not it is definitely COVID-19.

If it is **not** suspected COVID-19 or helplines are not available, people can go to a health centre as they may need to receive urgent treatment for an illness such as malaria. Please speak to the Ministry of Health and WHO office in your country for support on how to communicate this through media.

There are currently no drugs that can cure the new coronavirus and COVID-19.

Several drugs are being trialled as possible treatments for COVID-19. Please visit the WHO website <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> for updates.

Because there is currently no cure or widely available treatment it is really important that people know how to prevent passing on the new coronavirus and what to do if they get COVID-19 before they get it. Understanding how to prevent it and what to do if someone gets ill can be lifesaving.

If you do talk about medication being trialled for treatment:

- Be careful how you talk about vaccine trials, drug trials and treatments because it is easy for rumours, misunderstanding and mis/disinformation to develop.
- Make sure that it is clear when drugs are only in trial phase, and therefore not yet available to everyone.
- There may be questions about people who take part in drug trials and do not survive. These can be challenging to answer so always ask a WHO expert to help.
- More information about the treatments in development will become available so speak with the WHO to learn more and make sure what you communicate is accurate and up to date.

When does someone stop being infectious?

It is currently believed that someone stops being infectious once the fever has gone and symptoms have significantly reduced.

If someone is in hospital because of COVID-19 they will need to be able to breathe on their own, move about on their own, have no fever, experience a reduction in any other symptoms, and should get at least two tests several days apart that are both negative for the new coronavirus before they can go home. This could mean someone is in hospital for a few weeks.

If someone has had mild illness and so has not needed to go to hospital, it is advisable to take time before they stop isolating:

Testing for the new coronavirus

Because this is a new virus and it takes time to develop tests, there are not yet enough tests globally to test everyone suspected of having the new coronavirus. Currently many countries are prioritising tests for health workers, key workers needed to keep vital services going and people ill in hospital. More tests are being developed and will hopefully become more widely available, but for now please note that:

- Many people will be diagnosed over the phone based on a description of symptoms, not a test.
- The numbers reported to the WHO are based on the number of cases of the new coronavirus confirmed through tests so may be under-estimations. This means the actual number of people who have the new coronavirus, or who have had it, could be substantially higher than the number reported.
- The accuracy of death rate figures will depend on the proportion of people who die in hospital versus those who die at home, as people will be tested at hospital but may not always be tested if they die at home.

- The WHO guidance says this should take around 14 days for mild illness to pass, but for some people it may be up to 21 days.
- Someone can tell they are getting better if they have not had any fever for 3 or more days in a row and other symptoms have clearly improved.

Note: Even when someone has stopped being infectious, many people will still experience more tiredness, may get shortness of breath or may continue to have a small cough or other mild symptoms for a few weeks and will continue to need more rest as they recover.

Can people get COVID-19 more than once?

It is believed that once someone has had COVID-19 they may now have some (at least temporary) immunity to SARS-CoV-2 (the official name for the new coronavirus that causes COVID-19). But it is not yet known if this is true for everyone or how long immunity may last.

Someone who has recovered from COVID-19 should still follow all the hygiene and physical distancing guidance for as long as the new coronavirus and COVID-19 are a risk, in case they are not immune and to avoid passing the new coronavirus between people who may not have had it.

f. Prevention

For everyone: day-to-day changes in behaviour to reduce the risk of transmission of the new coronavirus

- Always covering a cough or sneeze and not spitting
- Frequent, thorough handwashing with soap and water or an alcohol-based hand sanitiser (sometimes called hand rub or hand gel)
- Keeping a physical distance from others outside your household
- Staying at home and isolating from others if you might have the new coronavirus
- And, if recommended in your country and used correctly, wearing face masks

More on covering a cough or sneeze and not spitting (also called ‘cough & sneeze hygiene’)

- Always cover your mouth and nose with a tissue or, if you don’t have a tissue, the inside of your elbow when you cough, sneeze, clear your throat or blow your nose.
- If using a tissue, throw it in the bin as soon as possible afterwards (not on the floor).
- Wash your hands with soap and water straight away or as soon as possible (remember not to touch the inside of your elbow if you have coughed or sneezed into it until you can wash it or change your clothing).
- Avoid spitting. If you do need to spit, spit into a tissue, put the tissue into a bin and wash your hands immediately afterwards with soap and water. If you do not have a tissue, spit into the sink and clean the sink and area around it straight away as well as washing your hands with soap and water. If you are outside, go well away from others before you spit.

Frequent, thorough handwashing with soap and water for at least 20 seconds each time

You should wash your hands frequently and thoroughly throughout the day – both at the key moments listed below, but also in general, in case your hands have touched a surface with the new coronavirus on it. Always wash your hands with soap and water for at least 20 seconds. If you do not have water and soap you can use an alcohol-based hand sanitiser or hand rub to clean your hands until you are able to wash them.

List of key moments to wash hands:

- Always wash hands before touching your mouth, nose or eyes, before eating or feeding anyone else, or before touching anyone else's face.
- Always wash hands after coughing or sneezing into a tissue and putting the tissue into the bin.
- Wash hands more frequently throughout the day in case they have touched a surface that has the new coronavirus on it. This includes before leaving home and when returning home, arriving at work and before leaving, after going to the toilet, before and after preparing food, before and after eating as well as at other times in the day.

Food hygiene

While it is not known exactly how this new coronavirus moved from animals to people, it may have happened at a market where live animals and raw meat are kept close together. It is a good idea to follow proper food hygiene measures in case raw meat is a risk. Those measures include not eating raw or lightly cooked meat, using soap and water to wash any utensils and body parts that have touched raw meat, storing raw meat separately from all other food stuffs, and cooking food properly before eating.

Distancing: reducing physical contact and creating a physical distance while the new coronavirus is a risk

- Avoid physical contact with anyone outside your household – no shaking hands, high fives, kissing, or hugging.
- Physically distance – maintain a distance of at least 1 metre – from others whenever possible when going out.
- Reduce your trips outside home. This may mean working from home for those who can, and only going to buy food once or twice in a week.
- Avoid sharing drinking cups and utensils with anyone inside or outside your household.
- Avoid groups or gatherings of people who you do not live with while the new coronavirus is a risk. This includes not inviting people to your home or visiting other people at their homes.

Alcohol

A note on alcohol and the new coronavirus. Alcohol-based hand sanitisers are not as effective as soap but can destroy the coronavirus when it is on the skin.

Alcohol cannot kill the coronavirus when it is inside the body. In fact, frequent drinking and drinking a lot of alcohol can be harmful and reduces your body's ability to fight illness, which means you may get more sick if you get the new coronavirus.

TIP

If people do not have running water at home, more frequent handwashing may mean they need to store more water at home or do more frequent trips to collect water, which could be a challenge. Some people may not be thinking about this yet. You can help them decide how much extra water they may need to store, understand how to keep water containers and water clean in storage, and share stories from others about how they are managing.

Distancing: isolating if someone has been exposed to or might have or has COVID-19

If someone has been exposed to someone who has the new coronavirus, has symptoms that might be COVID-19 or is confirmed to have COVID-19, they or a household member need to seek medical guidance immediately. If symptoms are mild they will most likely be asked to stay at home and isolate. But if they have underlying health conditions, or if it might not be COVID-19 and is something else urgent such as malaria, they may be asked to go to hospital or a clinic straight away.

For people who may have been exposed to COVID-19:

- Stay at home and away from others whenever possible for at least 14 days (because it can take up to 14 days for COVID-19 symptoms to develop). This is called 'quarantining' or 'isolating'.
- Seek advice from recommended sources (such as a helpline) about how to avoid transmission to others and what to do if you get sick. This might include advice on household cleaning, distancing at home and contact tracing that is an important part of managing the coronavirus outbreak.

For mild illness, the guidance is currently to:

- Stay at home and away from others whenever possible.
- Seek help or help others who are sick to seek help by getting advice from the recommended sources (such as a helpline).
- Avoid physical contact with others if possible, even if they are in your household, and follow the cough/sneeze and handwashing hygiene measures. If physical contact is unavoidable (such as caring for a sick child or someone who is elderly or may have a disability that affects their movement), carers must also follow the recommended handwashing and hygiene guidelines, and both the person doing the caring and the sick person may need to wear a face mask. The WHO has more detailed guidance <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> on this.

Helping those at higher risk: People with underlying health conditions and older people who are more at risk of serious illness may be asked to stay at home sooner and longer than everyone else. You might hear this called 'shielding'. As media, you can help audiences think through and discuss how they can support family and community members who may be more at risk and who need to stay at home and physically distance sooner, or people who may need to isolate because they are sick.

There is currently no vaccine to protect against the new coronavirus and COVID-19

Vaccines help teach a person's immune system how to get rid of a particular infection, such as measles, hepatitis B or polio. Several

Social distancing

You may have heard the terms 'social distancing' and 'physical distancing'. They mean the same thing: creating a physical distance between people in order to prevent the transmission of the new coronavirus. The WHO advises staying at least 1 metre away from people when outside the home. Many governments are advising at least 1 metre distancing but some governments are advising 1.5 – 2 metres apart for distancing.

TIP

Many people may not have the money to buy or store food for several days. Share stories of how people are managing this – as households, communities, and with the support of organisations that help people in need.

A note on contact tracing

Contact tracing is an important part of preventing widespread transmission of an infectious disease. If someone starts to develop symptoms that could be COVID-19 then everyone they have been in close contact with over the last 14 days should stay at home and isolate/quarantine for 14 days to see if they get symptoms. If someone does then all the people they have been in contact with should also be contacted.

organisations and academic institutions are working on developing a vaccine that could stop the new coronavirus once someone gets it. Please see the WHO website <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> for updates.

Developing vaccines, particularly to protect against viruses, is complicated. This is because viruses can change easily. Vaccine development can therefore take a long time to ensure that a vaccine will be effective. Because of this it is really important that audiences understand that vaccine development is not a quick thing and that everyone needs to practice the known, effective prevention measures mentioned in this section.

If you do talk about vaccines being developed, remember:

- Mis/disinformation about vaccines and vaccination for other illnesses is already doing considerable harm and may be used to stop people from trusting vaccines currently being developed to stop the new coronavirus.
- Be very careful about how vaccine development and vaccine trials are talked about as it is easy for rumours, misunderstanding and mis-/disinformation to start.
- There may be questions about people who take part in vaccine trials and still get ill. These can be challenging to answer so always ask a WHO expert to help.
- Keep speaking with the WHO to learn more and make sure what you communicate is clear, accurate and up to date.

For people caring for someone who might have, or has, COVID-19

If a person is caring for someone who might have, or has, the new coronavirus and COVID-19 they will need to come into close contact with them, which means they are at greater risk of getting the new coronavirus.

Home care for mild illness: When caring for someone at home who has mild illness but needs help, there are measures people should take to reduce the risk of coronavirus transmission. In addition to keeping the person who is unwell away from others in the house as much as possible, and measures such as increased household cleaning and more frequent handwashing, it may be recommended for the carer and the person who is unwell to wear a face mask if they can. The WHO has guidelines on how to care for people at home <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Health workers will receive specific training on how to care for people with COVID-19 and how to prevent transmission of the new coronavirus. This will include:

- Training in proper care of patients with or suspected to have the new coronavirus.
- Using appropriate protective clothing when caring for others.
- Avoiding touching mouth, nose, eyes or face of self and others, unless hands are sanitised or the health worker is wearing a fresh pair of surgical gloves.
- Rigorous hygiene when removing protective clothing.
- Using disposable medical equipment, such as disposable needles etc.

Staying healthy

Currently there is nothing that is proven to deactivate or 'kill' the coronavirus once it is inside your body other than your own immune system – this is why it is important to stay as healthy as possible. This includes:

- Ensuring you manage any other illnesses and underlying health conditions well
- Eating a nutritious diet
- Drinking plenty of water
- Avoiding too much alcohol
- Trying to minimise stress, and getting plenty of rest and exercise if possible.

g. Changes to prevention measures as the pandemic progresses

The COVID-19 pandemic is likely to last for many months, and the longer it lasts the greater the impact on people's lives. It is everyone's responsibility to do as much as is possible in their circumstances to stop the spread of the new coronavirus.

As the number of new cases and deaths from COVID-19 increases in a country or in neighbouring countries, many governments have implemented restrictions on movement. These have included curfews, staying at home, working from home when possible, and closing places like schools, religious centres, restaurants and bars to reduce the risk of people coming into contact with one another. When countries have enforced staying at home, including the temporary closure of many public places, it is sometimes called "lockdown". Each government determines the kinds of restrictions implemented to help prevent the spread of the new coronavirus.

These restrictions will be lifted, usually when the number of new cases of COVID-19 decline for several days or weeks in a row. As restrictions lift it is even more important that people follow the personal prevention measures: that is properly covering coughs and sneezes and avoiding spitting when around other people, washing hands more often, and physically distancing from people they do not live with. If people do not follow these measures countries will start to see an increase in cases of COVID-19 and restrictions may need to be re-started. It may take 2 weeks (14 days) or more for the increase in cases to become obvious because it takes 1-14 days for symptoms to show. The lifting and restarting of movement restrictions could happen several times if people do not follow the prevention measures.

Even after the new coronavirus is no longer a risk it will be important to continue handwashing more often, covering coughs and sneezes and avoiding spitting around other people. This will help stop the spread of many existing illness that can sometimes be fatal as well as helping reduce the risk of future large-scale outbreaks of infectious diseases.

2 What makes for effective communication?

Good communication around the new coronavirus and COVID-19 is:

- **Clear**
Present clear facts and information on symptoms, transmission, prevention and treatment. Stick to language that people will understand. Avoid using acronyms, complicated terms and jargon. Always explain any terms or phrases that may not be immediately obvious or clear to audience members.
- **Accurate**
Know your facts. Check out the information and links throughout this handbook and listed below. Stay up to date and learn about the new coronavirus and COVID-19 so that what you write or say is accurate and does not contribute to myths and misconceptions that can hinder prevention efforts. Help people to understand actual risks versus their fears, rumours and stigma.
- **Trusted**
Be a trusted voice. As well as ensuring that your information is reliable, show that you care about your audiences' wellbeing and that you are trying to help them. Work with respected members of the community to help communicate important information. Do not sensationalise or exploit stories of suffering.
- **Consistent**
Coordinate with other communicators and responders to ensure you are not giving contradictory information to people. If there are inconsistencies in advice or information, find out why and help to correct them.
- **Practical**
Help manage demand and access to services. Find out what services are available (such as helplines, treatment centres, testing services and processes) and be specific about when and how people can, and should, access them.
- **Realistic**
Invite audiences to do things they can actually do. If people in a community do not have soap and cannot get it, find out from the WHO what people can use instead, and help people to work out what they can do to reduce their risk to the new coronavirus and COVID-19.
- **Solution-oriented**
Help look for solutions to problems. Acknowledge the challenges around prevention and treatment, while ensuring that this does not lead to stigma towards people who have, or are suspected to have, COVID-19. Talk about fears and explore solutions. For example, help find and discuss community-led alternatives to traditional, cultural or religious practices that put people at risk of the new coronavirus and COVID-19.
- **Responsive**
Directly answer the questions communities have and challenge misconceptions about causes, transmission, prevention, treatment. Challenge stigma towards people with COVID-19, people from areas with larger outbreaks of COVID-19 and health workers. Make clear what is fact, what is someone's opinion and what information is incorrect.
- **Timely**
Communicate early on. If you are in an area that is less affected by the new coronavirus you have the opportunity to help prepare the population by providing timely and accurate information and prevent the spread of the new coronavirus. Use this opportunity!

- **Adaptive**

As the outbreak evolves, new mis/disinformation may circulate, a new response to the outbreak may be introduced or a new challenge may arise. Your communication must adapt to the changing situation and to the changing needs of your audiences.

- **Engaging**

Grab the attention of your audiences. There is a huge amount of information available about the new coronavirus and COVID-19, and therefore a risk your audiences will get communication fatigue. Find new ways to keep them listening and talking about the new coronavirus and COVID-19 without creating panic.

- **Positive**

Try not to dwell on the negatives. It is very easy for fear and hysteria to spread. Communication interventions that use fear and shock as tactics may result in increases in people's awareness, but they can also result in stigma and denial, and prevent the behaviour change needed to stop the new coronavirus. When covering limitations and restrictions on everyday life, try to explore what people can do, as well as what they cannot do.

- **Empathetic**

Tap into people's emotions and humanise health workers, responders, people suspected to have the new coronavirus and COVID-19, people with COVID-19 and survivors. Having symptoms that could be COVID-19 can be frightening and having confirmed COVID-19 even more so. Having COVID-19 or being a survivor may also be scary due to fears of how family and community will react. The same goes for health workers. Communication activities can provide space for people to talk about their fears, build understanding and reduce harm towards others.

A note on information style

A lot of information is being shared as instructions or a 'message' to do something, without helping people understand why they need to make changes and how they can do that in their situation. Think about how you can go beyond telling people a message or instruction, and help people to engage, understand and feel able and motivated to make changes (this includes leaders as well as the wider public).

A note on interactivity

Audience interaction is critical for effective 'COVID-19 Response' programmes. It brings people together (remotely) and helps move from knowledge to motivating people to take appropriate action. Audience interaction:

- Gives people a platform to express their needs and raise their queries and concerns
- Creates a sense of community and connectedness when in-person contact is not possible
- Strengthens the public's sense of partnership with the media and each other
- Helps identify gaps in the response and holds authorities to account
- Helps identify and correct mis/disinformation
- Facilitates the flow of information between experts and people
- Helps de-stigmatise people with suspected COVID-19, people with COVID-19 and people from areas with larger outbreaks of the new coronavirus through normalisation of the issues
- Humanises the programme and the subject
- Enables you to know your audience better and to adapt your content to that audience

Consider how you can include audience interaction in your programmes without putting people at risk. Select contributors who have good questions to ask, useful ideas to share or positive stories to add. Steer clear of people who might call up to agitate or spread incorrect information.

3 Content ideas for media

The new coronavirus impacts almost every area of people's lives – from personal relationships and mental health, to jobs and access to food. The range of issues to cover in programming is vast. Here are just a few ideas:

- **The basics**

Help your audiences get to grips with the basic facts around the new coronavirus and COVID-19. Remember that even the basics may require a lot of explanation to be properly understood, so allow plenty of time to explore each of these issues in depth. Make sure the information is coming from a qualified health professional.

Key information would include:

- What is the new coronavirus, and what is COVID-19?
- Signs and symptoms
- How to stay safe and healthy and prevent transmission
- What to do in case of symptoms

Putting guidance in context

In some situations, it can be very difficult for people to follow guidelines on prevention measures. For example, isolating may be complicated in crowded households, and physical distancing may be impossible in slums or refugee camps. Explore how recommended measures can be applied in different contexts, seeking advice from local health experts.

- **Official measures and advice**

Keep audiences up to date on local, national, and international measures in place for the new coronavirus and the reasons for them.

- **Audience questions**

Invite audiences to send you their questions, and invite experts to answer them.

- **Rumours**

Alert your audiences to the fact that a lot of information being shared around the coronavirus is not correct. You could create a regular rumour-busting segment in which you explore incorrect information that is circulating and set the record straight with the help of experts.

- **Vulnerable people**

'Vulnerable people' includes not only people with a greater vulnerability to getting seriously ill if they get the new coronavirus (also referred to as 'higher risk'), but also people who are already vulnerable and whose situation may be worsened by some response measures, or people who cannot take some prevention measures. Someone may be vulnerable because of their gender or age, an existing or higher risk of violence in or around home, food scarcity, water scarcity, economic insecurity, religious or cultural beliefs, or a lack of permanent shelter or migration. Some of these issues are addressed below.

▶ **TIP**

The Ministry of Health and WHO in your country should have information on what different organisations are doing to help people. You can contact them to find out what support they are providing and how people can access it.

- **Higher risk of serious illness**

People with underlying health conditions and older people who are more at risk of serious illness if they get the new coronavirus may be asked to stay at home sooner, and for longer, than everyone else. You can help audiences think through and discuss how they can support family and community members who may be at higher risk.

- **Access to water**

We are all being asked to wash our hands more frequently, and clean our homes more frequently. This means people need more water than they usually do, which may be a challenge for many who do not have running water at home. People cannot drink less water and still need to bathe and cook, so how can people store more water and how should water for handwashing or cleaning be stored separately from water for drinking or cooking? What can media do to help communities engage with government, organisations and one another to increase access to water?

- **Access to food**

Many people cannot afford to buy a lot of food in one go or store it for several days at home. The availability of food is dependent on people being able to travel from food producers (farms) to markets. Explore how food supplies will be affected and how people can help maintain access to food, especially nutritious food. What can people (individuals, communities and government) do to support those who may lose their income because of the pandemic and so cannot buy any food?

- **Income**

Many people have already lost their jobs, either permanently or temporarily, because of the response to the new coronavirus and COVID-19. The risk to jobs and income is extremely challenging. What can governments, organisations, communities and individuals do to support people who have no income or savings, and how can media help connect people affected with people who can provide the support?

- **People who have to keep working**

Even in official lockdowns, where people are told to stay at home, many people still need to keep going out into the community to work. This includes health workers, government workers, and carers, as well as those who work for organisations that provide electricity, water, sanitation, rubbish and waste collection, street cleaning, mobile phone networks and data, internet access, and food sources. This also includes people working for organisations managing the COVID-19 response. Media can help audiences understand who needs to keep working and why, the role they play in stopping the spread of the coronavirus, and how people staying at home so that others who need to can continue to work helps everyone and reduces the wider impacts of the pandemic.

- **Staying at home**

For some, staying at home may be a challenge – they may need to work, collect water or buy food often, go out to pay bills in person (such as for electricity) or get fuel for generators. For others, home is not safe. If there is physical, emotional or verbal violence at home staying at home may not be possible. What options do people have? What services are available? Media can talk to organisations and government to find out what advice or help is available to those who cannot stay at home.

- **Other health needs**

Other health needs do not stop. That includes everything from managing chronic health conditions, seeking treatment for new illnesses that develop, or accessing vaccinations for children according to the schedule. Other challenges might be accessing sanitary products for women menstruating, getting modern contraceptive methods to prevent pregnancy, accessing condoms to prevent pregnancy and sexually transmitted infections, care during pregnancy, support when giving birth, and accessing safe abortion services. Media can help people to continue to access the support they need, such as sharing information about what services are available, when and how to access them, and what to expect when you attend those services. It could also include the actions being taken to prevent the spread of the coronavirus at those services, as there may be changes to things like handwashing before entering the building, waiting room set up, and staff wearing personal protective equipment (PPE) who normally might not be. Media can also help people to take actions to prevent them needing additional health support, such as sleeping under an insecticide-treated bed net to protect against malaria or using condoms when having sex to protect against sexually transmitted infections.

- **Managing stress**

For the majority of the world, life has changed. The speed of change, the restrictions to normal life, the mass of information (especially mis/disinformation and poor quality communication), the perceived and actual risks to people's health and lives, combined with inevitable uncertainty (lockdowns may start suddenly without a clear ending) can be very emotionally stressful. This stress can result in people doing things that may physically or emotionally harm themselves and/or others. At times of stress, violence at home often increases. Media can help reduce people's anxiety by exploring ways to stay physically and emotionally healthy and by sharing helpful stories, features and discussions with relevant experts.

► **TIP**

The WHO website also has tips on how to cope with stress <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> during the outbreak that can be adapted so that it is useful for different groups and situations.

- **Gender**

The impact of the pandemic and restrictions to movement may impact upon people differently. Women and girls often face greater risks during a disease outbreak. For example, women and girls are more likely to experience violence at home, are more likely to take on the greater quantity of housework, and are more likely to care for family members who are sick, which means they are more likely to be exposed to the new coronavirus. In some places, women and girls are also more likely to already have restrictions on their movement, which means that they may be less able to seek medical care themselves, and some families may be less likely to seek medical care for a woman or girl if she is sick. In places where schools have closed and girls' education may not be as well supported as boys' education, being at home may cause girls to be drawn into house chores while boys are given time to learn or play. Through interviews with positive role models and childcare specialists, discuss how to create equal access to time for learning, play and helping with chores amongst children. Media can help address these challenges so that everyone gets the help they need and is treated positively.

- **Children**

Children may be scared and confused about what is happening around them. If schools close, many families worry about the impact on their children's education as well as the challenge of trying to care for children all day at home. Invite childcare experts to provide tips for parents on how to talk to children about the new coronavirus and the changes to daily life. Discuss topics such as how to manage time, set routines and reduce and manage children's stress and fear.

- **Age**

Elderly people are at greater risk of getting seriously ill if they get the new coronavirus. Younger people and children seem to be less likely to get very ill or even get any noticeable symptoms. This has caused some young people and parents to think young people and children are immune and therefore think they do not have to follow any distancing measures or stay at home. Meanwhile, many older people are either very frightened and isolate themselves too much, or assume the worst will happen to them and ignore the guidance, putting themselves and others at risk. Think about ways your programmes can help people to understand the actual risks and motivate them to make changes that support everyone as well as themselves.

- **Relationships**

People living together can isolate together, but relationships where people live apart will need to temporarily adjust during times when distancing and staying at home is recommended. Your programmes could look at different ways people can stay connected and communicate with each other if they are not together. Consider sharing positive stories of loved ones managing to keep in touch from afar, or you could even have a segment where people who are separated from each other share their messages over the airwaves.

- **Access to soap, hand sanitiser and tissues**

Guidance around covering a cough or sneeze or washing hands is linked to other products that may be difficult or impossible to get. Most factory-produced soaps and liquid soaps (e.g. hand soap, or liquid soap for doing dishes or hard soaps used for doing laundry) will be effective at deactivating or 'killing' the new coronavirus, but this means needing to buy more, which may be difficult. Hand sanitiser is much less commonly available. Ash, which has traditionally been promoted when soap is not available, has some antibacterial properties but there is no evidence it is also antiviral (kills viruses). Tissues may not be commonly used or may be too expensive to buy – so people's spending, as well as beliefs around what is 'clean' and what is 'dirty', will be challenged. Media can talk with governments, organisations, communities and individuals to help support access to these products and help people to use them.

Advice from the Centers for Disease Control and Prevention (CDC) on talking to children

This is the kind of guidance you could look at in your programmes, with the help of a childcare professional. *For the full advice, see: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>*

Remain calm and reassuring.

- Remember that children will react to both what you say and how you say it. They will pick up on cues from the conversations you have with them and with others.

Make yourself available to listen and talk.

- Make time to talk. Be sure children know they can come to you when they have questions.

Avoid language that might blame others and lead to stigma.

- Remember that viruses can make anyone sick, regardless of a person's race or ethnicity. Avoid making assumptions about who might have COVID-19.

Pay attention to what children see or hear on television, radio, or online.

- Consider reducing the amount of screen time focused on COVID-19. Too much information on one topic can lead to anxiety.

Provide information that is honest and accurate.

- Give children information that is truthful and appropriate for their age and developmental level.
- Talk to children about how some stories on COVID-19 on the Internet and social media may be based on rumours and inaccurate information.

- **Accountability**

Supporting accountability of government, responders and leaders is important during a public health emergency. As media, consider how you can help people to have a clear understanding about the new coronavirus and governments' and organisations' responses to it. This includes understanding the services and infrastructure needed to cope with the new coronavirus, and reducing as much as possible the immediate and long-term harmful impact on food, water and income security as well as health and wellbeing. Media also has a role in supporting people's rights, particularly those of the most vulnerable, and making it clear what restrictions on freedom of movement may be needed while challenging potential abuses of power. How can media address accountability issues in a way that is supportive and helpful to audiences in a practical way? The tips on communicating highlighted in section 2 can be applied to accountability content as well. Further information can be found in the resources section at the end.

- **Lifting of movement restrictions**

As the pandemic continues, governments will plan when to lift restrictions on movement, including reopening schools, businesses and places of work. As restrictions on movement are lifted it is even more important that everyone follows the personal measures of covering coughs and sneezes, avoiding spitting when near others, frequent hand washing, and physical distancing when around people they do not live with. If people do not follow these measures we are likely to see further increases in the spread of the new coronavirus and so more cases of COVID-19. This could mean re-starting restrictions on movement as well. As media, we can help our audiences understand what happens at each stage in the pandemic, what they need to do to continue to prevent transmission of the new coronavirus, and how these actions will help prevent the need for further restrictions. Helping audiences understand and cope with this uncertainty will be really important for ending the pandemic.

Possible formats

Different people engage with different media formats. The following are suggestions for different format styles you could use:

- Information bulletins – a presenter simply explains what has happened and offers clear instructions on what to do. This is often suited to the immediate aftermath of a sudden major emergency.
- Interviews – suitable subjects might be experts involved in the response such as doctors and psychologists. The voices of those directly affected can be included if appropriate (see the next section on 'Programme contributors').
- Illustrated bulletins – including packages and interviews.
- Spots or public service announcements – short segments of information on single topics, interspersed with regular programmes.
- Magazine programmes – with a range of the above, perhaps including phone-ins if appropriate.
- Drama – a useful tool for dealing with complex or sensitive themes, usually best suited to longer-term programming.
- Discussion or Q&A style programmes – these can be useful for helping audiences engage with government and organisations working on the response.

4 Programme contributors

Choosing the right contributors is crucial to producing media content that can help people.

It is important for all journalists to know the basics about prevention, transmission and management of the new coronavirus and COVID-19 – but journalists are not the experts. Find qualified, appropriate experts who can provide the accurate, clear information that audiences need. Also see the last section in this handbook, which provides a list of authoritative sources of information on the new coronavirus and COVID-19.

As well as seeking subject-matter experts, you should seek contributors who have the trust and influence to motivate people to change their behaviour, and who can offer insight into the everyday realities people are facing.

Institutions

The World Health Organization (WHO) is the main source for health information and guidance on what actions people need to take to prevent the spread of the new coronavirus and manage when people get sick. Additional useful sources include Ministries of Health and organisations such as UNICEF and the International Federation of the Red Cross and Red Crescent Societies. Other United Nations agencies and local and international NGOs may also be able to provide helpful contributions. Remember, in particular, those organisations that may be able to offer specialist advice in relation to vulnerable groups, such as the elderly or people with disabilities. A range of government institutions are likely to be your first port of call for wider questions around government measures and response.

Frontline teams

People directly involved in the new coronavirus and COVID-19 response. This could include health workers, community workers, as well as the police and military. They will be in a position to provide a perspective from the frontline and help people understand what is happening around them and why.

Figures of influence

Religious leaders, community leaders, youth leaders, celebrities and leaders of local groups may all have influence and the trust of audiences. Including their voices may help increase audience support for preventative measures, as well as give reassurance and motivation during difficult times. Just be sure to select people who are positive role-models who endorse the correct information and lead by example – not those who may be spreading misinformation or causing harm.

Ordinary people

People directly or indirectly affected by the outbreak. Personal stories can be very powerful and help people to realise the changes they need to make, overcome challenges they may be having, feel less alone, and take the pandemic seriously but without being frightened. Include voices of people from the audience you are trying to target. Showcase positive stories and role-models to help give people a sense of hope.

▶ TIPS FOR WORKING WITH CONTRIBUTORS

On-air access is very powerful and can be used for good change or bad change. It is our responsibility to ensure that our airwaves are used for good.

- Selection: Make informed choices about your selection of sources. Find out more about them from trusted partners, or through desk research.
- Pre-interviewing: Talk with each guest or interviewee for a few minutes off-air as a way to get a sense of their point of view, to vet them for their agenda or if they carry any potentially damaging viewpoints.
- Pre-recorded interviews: If in doubt, pre-record. Especially for sources that command wide respect and following, if you have any doubt about them, pre-record the interview.

Remember to make sure you are not the one spreading misinformation:

- Do desk research in advance.
- Verify reliability of sources.
- Prepare for interviews and discussions – being aware of possible myths, misinformation and rumours that may be raised and have the right source / expert to debunk them.

You may want to speak with someone or a family affected by COVID-19. But you do not want to put yourself or others at risk of getting or passing the new coronavirus on to others. See the section below on safety for more suggestions on this topic.

5 Questions to ask a health specialist in an interview

It is essential that the specialists you interview are specialists on the topic you need to get more information about. Some health specialists are very good at using clear and simple language to talk about health, but some find it quite difficult not to use complicated medical terminology. Please make sure you ask your health specialists to explain any terms or phrases that are not immediately obvious or clear to your audience.

Examples of questions to ask your specialists during an interview include:

- What is the new coronavirus?
- What is COVID-19?
- How is the new coronavirus transmitted?
- How can people help prevent the coronavirus from being transmitted?
- What about in situations where it is difficult to follow the guidelines, for example, if you live in a small, crowded space, or if you don't have easy access to soap and water for handwashing?
- How can someone know if they might have the new coronavirus or COVID-19?
- What should someone do if they think that they, or someone they know, might have the new coronavirus?
- From where and how can people get help and advice?
- What are the chances of survival if you get COVID-19?
- Is there treatment available?
- How can people support those who have recovered from COVID-19?

For further ideas and information take a look at the Frequently Asked Questions provided by the WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub>

6 Rumours and incorrect information

We're in the middle of an 'infodemic' (information epidemic) – a word the WHO has used to describe the immense amount of information about the new coronavirus.

While some of this information is accurate, the facts swim in a vast sea of more dubious content – rumours, misinformation, disinformation, conspiracy theories, unproven cures and bad health advice. It is increasingly difficult for people to identify what is fact and what is myth or rumour, especially when it may be coming from people we trust.

This is where journalists can play a key role – helping audiences understand what is true and what is not, and being a source of trusted, accurate information for communities.

So, what can we do to stop the spread of misinformation to friends, family and contacts? This applies to us both as journalists and programme-makers, but also as individuals in our private communications. Here are seven key tips from the BBC:

1. Stop and think:

You want to help family and friends and keep them in the loop. So when you receive new advice – whether by email, WhatsApp, Facebook or Twitter – you might want to quickly forward it on to them. But the number one thing you can do to prevent misinformation spreading is to simply stop and think. If you have any doubts about the information you have received, pause, and check it out further.

2. Check your source:

Before you forward it on, ask some basic questions about where the information comes from. It is very suspicious if the source is “a friend of a friend” or “my aunt’s colleague’s neighbour”. Even a message that claims to be from “a friend of a friend who’s a doctor” or another government may be false.

3. Ask yourself, could it be a fake?

Appearances can be deceptive. It is possible to impersonate official accounts and authorities, including BBC News, the World Health Organization and the government.

4. If you're unsure whether it's true... don't share.

Don't forward things on 'just in case' they might be true. You might be doing more harm than good.

5. Check each fact individually.

When you get sent long lists of advice, it's easy to believe everything in them just because you know for certain that one of the tips (for instance, about hand washing) is true. But that's not always the case.

6. Beware of emotional posts.

It's the stuff that gets us fearful, angry, anxious, or joyful that tends to really go viral. Urgent calls for action are designed to ramp up anxiety – so be careful.

7. Think about biases

Are you sharing something because you know it's true – or just because you agree with it?

Coronavirus misinformation is flooding the internet and experts are calling on the public to practise 'information hygiene'. Think of it as the digital equivalent of washing your hands.

You can read more about each of the seven tips here: <https://www.bbc.co.uk/news/blogs-trending-51967889>

And this is a link to the WHO (World Health Organization) where you can find a regularly updated list of COVID-19 myth (or rumour)-busters: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>



7 Production safety for programme-makers and contributors

Your health and safety and that of your production teams and contributors are the most important factors when considering production during the COVID-19 outbreak. You must ensure that all your activities avoid exposing people to risk and do not cause harm.

This section sets out the best health and safety advice as it is understood today. The COVID-19 response is evolving all the time, so please try and keep up to date with the latest guidance from WHO and your Ministry of Health.

Working remotely

This new coronavirus is making us redefine how we work. Many working in the media are having to work from home. The ambitions of your programmes and content gathering may therefore be severely limited.

- Think of different ways to produce content. Can you use audio and stills instead of video?
- Conduct interviews on free apps which are available to your audience such as Facebook Messenger, WhatsApp, Telegram, Skype or Zoom. Remember to consider digital security and data privacy when using these kinds of tools in order to protect you and your contributors.

Above

A journalist films a nurse at an intensive care unit for COVID-19 cases in Italy.

PHOTO: ALBERTO PIZZOLI/AFP VIA GETTY IMAGES

Working in the office/studio

If your team continues to operate from the office or studio, here are some recommendations for ensuring safety in your workplace

- Ensure all team members declare themselves fit to attend work and that they do not have any symptoms, nor have they been in contact with anyone who has symptoms within the past 14 days.
- If any team member reports symptoms make sure they go home immediately and report to the station manager via text or phone.
- Ensure all team members follow the preventive measures explained in section (f) and regularly wash their hands. This means on arrival at the office (before touching door handles etc.), regularly throughout the day and before leaving. Encourage visitors/contributors to do the same. Provide plenty of water, soap and hand sanitiser so that people can do this.
- Wipe down all equipment immediately before and after use with soap and water (if electrical use a damp cloth with a little soap) or household cleaner/disinfectant if appropriate (be careful as some cleaners can damage touch screens and some materials), especially if sharing equipment. Be careful not to allow water, cleaners or disinfectants to get inside electrical equipment.
- Cover your mouth and nose with a tissue or the inside of your elbow (not your hands) when you cough or sneeze.
 - Put used tissues in the bin straightaway.
 - Wash your hands with soap and water or use a hand sanitiser before touching anything.
- Avoid close contact with people who are unwell.
- Avoid touching your eyes, nose or mouth with unwashed hands. Wash your hands before eating or smoking.
- Observe physical distancing: think of keeping as far away from others as possible to prevent the spread of the coronavirus – the World Health Organization (WHO) advises at least a 1 metre distance and so some countries advise 1.5 or 2 metres. You may need to rearrange the office furniture accordingly.

This link contains guidance from WHO on keeping the workplace safe: <https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf>

Using transport for work

- Try to avoid crowded public transport or vehicles where you are in close contact with the driver e.g. motorbike taxis.
- Think about how your contributors are getting to the studio/location. **Do not ask them to put themselves at risk.**
- If you have a shared office vehicle: all surfaces inside should be wiped down using soap and water or a household cleaner or disinfectant at regular intervals, including at the beginning and end of a journey. This includes door handles, steering wheels and driving controls.
- Vehicle hygiene kits: if possible, your vehicle should carry a hygiene kit containing antibacterial and antiviral wipes, gloves and hand sanitiser. If none of these are available, carry soap and water for people to wash their hands and the vehicle, or carry water and a household cleaner to clean the vehicle with (do not use household cleaner to wash hands).

Mobile phone hygiene

- Mobiles can carry the new coronavirus if they are touched with unwashed hands.
- Don't forget to keep your mobile phone clean by wiping it down with antibacterial and antiviral wipes or with a damp cloth or tissue and soap.
- Watch this video from the BBC to see the best way to do it: <https://www.youtube.com/watch?v=XwPVqXrjtl&feature=youtu.be>

Studio discussion programmes

If a lockdown is in place, studio programmes in front of live audiences should not go ahead. If you are not in lockdown and choose to do some form of studio programme, make sure:

- A minimal number of staff present.
- There is no studio audience (you could use social media or call-ins instead).
- Physical distancing of at least 1 metre (or the distance recommended by the government where you are working) is observed.
- Hygiene measures as set out in section (f) in this handbook are followed.

Working on location

Going out to record will not always be an 'essential journey' so you need to carefully consider whether or not this recording is necessary or could be obtained by other means.

You should also think about local attitudes and perceptions to people arriving and producing content on location. Due to the pandemic, perceptions of people from outside a community may change. Accreditation may be necessary to prove to the authorities why you are on the streets.

Audiences have been complaining when they think that the media have broken physical distancing rules or are otherwise setting a bad example, so be mindful to always set a good example.

If you are working on location, the following steps are recommended:

- Check that everyone in the team is aware of the risk and is up to date with the latest guidance or policies and are complying with government policy locally e.g. wearing a face mask, lockdown, physical distancing.
- Check that no member of the team is showing symptoms of COVID-19.
- Check that no member of the team has been in contact with anyone who has, or is suspected to have, COVID-19 within the past 14 days.
- Ensure adequate hand cleaning facilities are within easy reach.
- Respect physical distancing requirements.
- Wipe down all surfaces at the beginning and end of the session. Be aware of any shared surfaces that have been touched such as door handles, tables, desks – these also need to be cleaned.
- Wipe mics before and after each use – as they may be used by many different people during the day. If wipes and sanitisers are not available, you should clean mics with soap and a wet cloth or tissue, which you can bin immediately after use.
- Use boom mics if you have them, to help you keep a safe distance from contributors.

High risk sites

If you intend to go sites that are high risk for the new coronavirus (e.g. hospitals, care homes for the elderly, the home of a sick person) to gather material, you will need to undertake extremely thorough preparation. Make sure you obtain the necessary authorisations to be present, and seek guidance from local health authorities on what protective measures are required, including personal protective equipment (PPE). If you have any doubts about your ability to ensure the safety of yourself or others, do not go to these locations.

Working with contributors

All contributors and guests should be asked before an in-person interview if they have symptoms that could be the new coronavirus, such as a high temperature and/or a persistent dry cough. You or the contributor may feel embarrassed or awkward, but explain that each team member has been asked the same question and that it is to help protect everyone.

Ask: Do you have a fever or a new continuous cough, or have you been in contact with anyone who might have or has the new coronavirus within the past 14 days?

If the answer to this is “yes” or the contributor refuses to answer, you will probably need to cancel the interview – or undertake it remotely – as that person should be self-isolating.

When you undertake interviews in-person:

- Ensure adequate handwashing facilities are within easy reach for use immediately before and after the interview.
- BBC advice is to stay 2 metres away from all contributors. WHO guidance is that people should stay at least 1 metre apart, and some organisations and governments are suggesting at least 1.5 or 2 metres distance. The further the better.
- Only use boom mics held at a suitable distance. Again, the BBC recommendation is at least 2 metres. If no boom pole is available, you can improvise using a broom handle or pole and some gaffer/sticky tape.
- If possible, keep a barrier (e.g. window, glass door) between the interviewer and the contributor.
- The mic must be used without a windshield and wiped down before and after use.
- Avoid filming and recording vox pops in crowded places.
- Stand at an angle to the contributor rather than face on.
- If you use an earpiece or headphones, wipe them down before and after use. Do not share them.
- Never make any physical contact with the contributor. Do not pass/receive objects or documents to/from them or touch shared surfaces (e.g. door handles, table-tops etc.). If you do need to use documents place them in a cleanable plastic wallet.
- If you accidentally touch the contributor or a surface/object that could be contaminated, wash or sanitise your hands as soon as possible.
- If the contributor has access to a face mask, encourage them to wear it.

Consent

It is good practice to ensure that contributors or people appearing in your programme fully consent to participating, particularly if they are in a situation which makes them vulnerable, for example if they have COVID-19 or are recently bereaved.

- Patients should not be identifiable without their consent – and medical staff who may feature should also give their consent to be included.
- Don't ask individual doctors/nurses to record video diaries from their workplace without consent from the medical facility.
- When seeking contributions from children, parental consent is a must. A parent or guardian should be present during any recording.

Working with people who are at higher risk if they get the new coronavirus

The new coronavirus poses significant risks for everyone. Older people and people with underlying health conditions are most vulnerable to serious and fatal illness if they get the new coronavirus. It is essential that your activities do nothing that could expose contributors, participants, freelancers and staff to any increased risks posed by the new coronavirus and COVID-19.

In addition:

- Medical and related support services for many people with underlying health conditions may be seriously compromised during the COVID-19 outbreak, affecting both staff and contributors, as health services become overwhelmed with cases. This means that they have to be even more careful about protecting their health.
- Many people with disabilities rely on close personal contact from carers which can make some safety measures more challenging to apply effectively.

You should never do anything that puts anyone at increased risk of harm.

Please consider these factors when planning editorial and production activities that might involve different groups of people, particularly those more vulnerable to COVID-19 complications.

This is a guide from the Committee to Protect Journalists on safety while covering the coronavirus outbreak, which contains further, useful advice: <https://cpj.org/2020/02/cpj-safety-advisory-covering-the-coronavirus-outbr.php>

8 For further information

The sources listed below are reliable and can be taken as the final word on the subject. Please note that because of the fast pace of learning, information and developments related to the new coronavirus and COVID-19, some organisations are reorganising their websites more often than usual. If one of the links does not work, please use a search engine to find the website. There are links to training courses at the end.

Information and fact checking

World Health Organization – COVID-19 websites

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Links to the latest news updates, global situation updates, advice for the public, technical advice, downloadable posters and infographics, ‘mythbusters’ and FAQs about the new coronavirus, COVID-19 and related issues such as COVID-19 and breastfeeding are on this site.

‘Mythbusters’ – graphics explaining some of the misinformation and giving correct advice for the public:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Frequently asked questions:

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

WHO’s Information Network for Epidemics (EPI-WIN) website provides resources and regular updates, answering pertinent questions as epidemics unfold:

<https://www.who.int/teams/risk-communication>

WHO guidance on steps employers can take to make workplaces safe:

<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

International Federation of the Red Cross and Red Crescent (IFRC)

<https://media.ifrc.org/ifrc/emergency/global-covid-19/>

Scroll down for infographics, guidelines and resources for media and communities.

IFRC are also leading webinars for people working in the media who are communicating about COVID-19. These webinars are in partnership with WHO, Internews and BBC Media Action and UN agencies. For more information, please contact your local IFRC office – they can contact HQ for more information and to plan a webinar.

London School of Hygiene and Tropical Medicine

<https://hygienehub.info/covid-19>

New website containing resources, information and access to experts on COVID-19.

Social Science in Humanitarian Action

<https://www.socialscienceinaction.org/>

For research and updates on community needs and engagement.

UNICEF

<https://www.unicef.org/coronavirus/covid-19>

For updates on activities and resources aimed at supporting children and helping adults talk with children about the new coronavirus and COVID-19.

UN Refugee Agency (UNHCR)

<http://reporting.unhcr.org/covid-19>

Updates and resources to support organisations working with people who are displaced.

ReliefWeb

<https://reliefweb.int/topics/covid-19>

Updates, resources and information on COVID-19, particularly for countries with humanitarian situations.

You may also find these **BBC Media Action** handbooks (available in multiple languages), which include guidance on broadcasting in public health emergencies and in humanitarian crises, useful:

<https://www.bbc.co.uk/mediaaction/publications-and-resources/brochures/lifeline-programming>

Additional resources**UNICEF**

Guidance on fighting stigma:

<https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>

Connect: COVID-19 newsletter

<https://internews.org/resource/connectcovid-19>

Weekly newsletter providing fact-checked information and resources to counter misinformation about COVID-19 and the response. Produced by BBC Media Action, Evidence Aid, Internews and Translators without Borders.

First Draft resource hub

https://firstdraftnews.org/long-form-article/coronavirus-resources-for-reporters/?fbclid=IwAR3fMehePhQF0oNs-HbVZ5_iUzy1Efy_yEuUUYVyBYdOV7igoSbiaBzK8

Resource hub for journalists reporting on the new coronavirus.

Additional resources on accountability during the COVID-19 pandemic**UN Inter Agency Standing Committee**

<https://interagencystandingcommittee.org/covid-19-resources-relating-accountability-and-inclusion>

List of resources related to accountability and inclusion.

International Committee of the Red Cross (ICRC)

https://shop.icrc.org/accountability-to-affected-people-institutional-framework.html?store=default&_ga=2.145518324.1164511831.1588283793-1721433783.1588283793

ICRC's framework on accountability to people affected by crisis.

IMF

<https://www.imf.org/~media/Files/Publications/covid19-special-notes/en-special-series-on-covid-19-keeping-the-receipts.ashx?la=en>

Report on transparency and accountability related to government spending on the COVID-19 response.

UN

https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf

Report on the role of human rights and responsibilities within the response to the coronavirus and COVID-19.

Training courses

London School of Hygiene and Tropical Medicine

<https://www.futurelearn.com/courses/covid19-novel-coronavirus>

Free short course (12 hours over 3 weeks) on COVID-19 and the new coronavirus by the London School of Hygiene and Tropical Medicine on the Future Learn website.

WHO

<https://openwho.org/courses/eprotect-acute-respiratory-infections>

Short course on the new coronavirus and respiratory tract infections (multiple languages).

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