

1 **TITLE PAGE**

2 **Title**

3 What's Buzzing on your Feed? Health Authorities' Use of Facebook to Combat Zika in  
4 Singapore

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22 Zika Virus, Social Media, Policy Making, Health Communication, Public Health, Public  
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25 1,995 words.

26

1 **ABSTRACT**

2 In 2016, Singapore grappled with one of the largest Zika outbreaks in Southeast Asia. This study  
3 examines the use of Facebook for Zika-related outreach and engagement by the Ministry of  
4 Health (MOH) and the National Environmental Agency (NEA) from March 1, 2015 to  
5 September 19, 2016. Despite nearly equivalent outreach, MOH's Facebook posts received more  
6 likes ( $\mu=3.49$ ) and shares ( $\mu=30.11$ ), whereas NEA's posts received more comments ( $\mu=4.55$ ),  
7 with NEA posting mostly on prevention (N=30) and MOH on situational updates (N=24).  
8 Thematic analyses identified prevention-related posts as garnering the most likes (N=1277),  
9 while update-related posts were most shared (N=1,059) and commented upon (N=220). Outreach  
10 briefly ceased for two months after Singapore's first imported case of Zika, but increased  
11 following the outbreak of locally-transmitted cases in August 2016. Public engagement was  
12 significantly higher during Zika, compared with prior Haze and Dengue outbreak. The results  
13 indicate the value of Facebook as a tool for rapid outreach during infectious disease outbreaks,  
14 and as a 'listening' platform for those managing the situation. We discuss implications for public  
15 health communication and research.

16

17

1 **What’s Buzzing on your Feed?**

2 **Health Authorities’ Use of Facebook to Combat Zika in Singapore**

3 **INTRODUCTION**

4 Social media, such as Facebook and Twitter, have grown from being the exception to the norm in  
5 pandemic communication strategies, despite their potential to amplify risk perceptions or enable  
6 rumors to spread during infectious disease outbreaks (IDOs).[1-3] In a cost-effective and time  
7 efficient manner, social media bridge communication gaps between citizens and public officials,  
8 creating real-time mechanisms for reporting and feedback loops.[4] Research surrounding social  
9 media use for infectious disease surveillance, management, & outreach has largely focused on  
10 the West [5, 6] though most epidemics emerge in tropical regions, and pandemics are global  
11 phenomena. The existing evidence surrounding social media use during IDOs in tropical  
12 countries remains largely anecdotal.[7-9] Understanding Singapore’s use of Facebook during  
13 Zika offers a valuable opportunity to examine this phenomenon from the perspective of a  
14 technology-rich tropical country, which has been lauded for its management of the Zika  
15 outbreak.[10]

16 **Singapore: Social Media Landscape & Zika**

17 The first imported case of Zika in Singapore was reported on May 13, 2016 by the Ministry of  
18 Health (MOH) and the National Environmental Agency (NEA).[11] This case was referred to  
19 Singapore’s Centre for Communicable Diseases (CDC) and thereafter resolved, with no further  
20 cases being reported. Nearly three months after, on August 27, the first locally transmitted Zika  
21 case was reported.[12] As the count swelled to 381 over the following three weeks (September  
22 19)[13], the outbreak triggered a cascade of conversations and rumours on social media, even as

1 the MOH and NEA constantly engaged the public on Facebook.[14] Facebook is the second-  
2 most active social media channel in Singapore, a tech-savvy nation-state where nearly 65% of its  
3 5.6 million population are active social media users.[15] Despite its wide reach, Facebook's role  
4 in outbreak communication has been seldom studied[16] and its use by Singapore's public health  
5 agencies during the 2016 Zika outbreak provides an opportunity to address the evidence gap in  
6 this area. Our exploratory evaluation examined the public's receptivity (in terms of social media  
7 engagement) to Facebook outreach by Singapore's public health agencies and sought to  
8 understand the differences in outreach patterns between the preparedness and response stages of  
9 an outbreak. We compared the outreach and engagement during the global pandemic Zika, the  
10 endemic mosquito-borne disease Dengue[17], and Singapore Haze, a smog arising from regional  
11 forest fires which adversely affects respiratory health[18], in order to gain insights into how  
12 social media engagement varies in different types of public health emergencies.[19-21]

### 13 **RESEARCH QUESTIONS**

14 RQ1: To what extent has Facebook been used by Singapore's public health authorities for  
15 outreach and engagement related to Zika?

16 RQ1a: What were the primary themes of this outreach?

17 RQ2: How did the use of Facebook by Singapore's public health authorities for outreach differ  
18 between the pandemic preparedness (pre-outbreak) and response (post-outbreak) phases?

19 RQ3: How did the engagement (or public response) to Facebook outreach by Singapore's public  
20 health agencies differ between Zika, Dengue and the Haze?

21

# 1 METHODOLOGY

## 2 Data extraction and coding

3 Using the Facebook API, data were extracted from public Facebook pages of the MOH and NEA  
4 for the period March 1, 2015 to September 19, 2016. The data was extracted for this period as it  
5 marked the first case of Zika in Brazil [22] to its' current state in the global pandemic. The  
6 extraction yielded 1,057 posts from NEA of which 33 were Zika-related and 520 posts from  
7 MOH of which 35 were Zika-related. The data contained no identifiers, as no personal Facebook  
8 pages were tracked. The NEA & MOH datasets were cleaned and three keywords were sought,  
9 (1) Zika, (2) Dengue & (3) Haze. The Zika posts were then coded into four non-exclusive  
10 categories adapted from Biswas [23]: (1) *investigation/diagnosis*: posts pertaining to  
11 epidemiological surveillance activities and diagnosis of symptoms, (2) *preventive and safety*  
12 *measures*: posts on preventive measures and guidelines, outreach and travel advisories, (3)  
13 *treatment*: posts on specific medication that could be used to treat Zika symptoms, and (4)  
14 *situation updates*: updates about new cases or overall Dengue case burden and other Zika-related  
15 updates. We added an additional category called '*interventions*' which pertained to posts about  
16 specific programs or measures taken against Zika (such fogging, community outreach, etc).

## 17 Data analysis

18 Data were pooled to calculate a) *Outreach*: defined as the total number of posts by the MOH and  
19 NEA and b) *Engagement*: defined as public response/interaction measured by aggregating likes,  
20 shares and comments for each post. Distribution of outreach themes were captured after all posts  
21 were coded for one of the five themes by two independent coders, arbitrated by a third. Inter-  
22 rater agreement was measured using Cohen's K and revealed substantial congruence ( $K = 0.74$ ;

1 95% CI, .531 to 1.00,  $p < .005$ ). The NEA & MOH datasets were then combined to measure  
 2 outreach for Dengue & Zika posts and plotted on a month by month basis for the year of 2016.  
 3 Finally, outreach and engagement scores for Zika, Haze & Dengue for both Facebook pages  
 4 were standardized by converting into Z-scores.

5 **RESULTS**

6 **RQ1.** As seen in Table 1, the NEA and MOH posted 33 and 35 Zika-related messages  
 7 respectively between March 2015 and September 2016. The MOH’s posts were liked nearly  
 8 twice as much (Mean = 35.49), and shared (Mean = 30.11), nearly six times as much as that of  
 9 NEA’s, on average. However, NEA’s posts were more commented upon (Mean = 4.55) as  
 10 compared to those of MOH.

11 *Table 1: Summary of Zika-related Facebook outreach and engagement in Singapore*

Agency	Posts	Likes		Shares		Comments	
		N	Average/Post	N	Average/Post	N	Average/Post
NEA	33	662	20.06	180	5.45	150	4.55
MOH	35	1242	35.49	1054	30.11	127	3.63

12

13 Thematic analyses illustrated in Table 2 shows that the NEA’s posts focused mainly on  
 14 prevention (N=30) followed by interventions (N=25) as compared to MOH’s posts that focused  
 15 mainly on situation updates (N=24) and investigations (N=19). Investigation-related posts  
 16 received most likes on average (29.19) while situation updates were most shared (N=25.21) and  
 17 commented upon (N=5.24).

18 **Table 2: Analysis of outreach and engagement by Zika-related themes**

Theme	MOH	Total	Likes	Shares	Comments
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	NEA Posts	Posts	Posts	N	Average/ Posts	N	Average /Posts	N	Average/ Posts
Investigation	12	19	31	905	29.19	612	19.74	153	4.94
Prevention	30	17	47	1277	27.17	806	17.15	204	4.34
Treatment	0	0	0	0	0	0	0	0	0
Updates	18	24	42	1100	26.19	1059	25.21	220	5.24
Intervention	25	12	37	627	16.95	448	12.11	168	4.54

1

2 **RQ2.** Figure 2 depicts how Facebook outreach by Singapore’s public health agencies evolved in  
3 relation to key Zika-related events. The first instances of Facebook outreach occurred in the last  
4 week of January, in proximity to the widely covered declaration by the WHO Director General  
5 (February 1) categorizing Zika as public health emergency of international concern. The  
6 outreach frequency drops in the ensuing months, only to resume briefly in May when the first  
7 imported Zika case was found. No instances of Zika-specific outreach were recorded in June and  
8 July. On August 27, Singapore announced the first locally transmitted case of Zika, an outbreak  
9 that eventually led to 381 recorded cases by September 19, 2016. The outreach resumed with  
10 vigor in August, with a steep spike in September. The Dengue outreach scores are plotted to  
11 provide a reference point to interpret the Zika data given that they are both borne by a common  
12 vector.

13 **RQ3.** Figure 3 provides a comparison of citizens’ engagement with Facebook outreach posts by  
14 the NEA and MOH during Zika, the Haze, and Dengue. Graphical analysis of standardized ( $z$ )  
15 scores demonstrates that the level of engagement consistently follows the level of outreach  
16 across all three public health issues. The only exception to this trend occurs from June 2016 –  
17 September 2016, when Haze engagement is disproportionately high, compared with the number

1 of outreach posts. Linear regressions assessed the relationship between engagement and  
2 outreach. Outreach levels explained 93% of the variance in engagement during Zika ( $F(1, 17) =$   
3  $221.84, p < .005$ ); 36% during the Haze ( $F(1, 17) = 9.577, p < 0.05$ ); and 40% during Dengue ( $F$   
4  $(1, 17) = 11.429, p < 0.05$ ) respectively.

## 5 **DISCUSSION**

6 The NEA and MOH actively used Facebook to communicate with members of the public about  
7 various issues related to Zika, resulting in active online engagement from the community. The  
8 analyses reveal that Facebook outreach by both agencies was strongly associated with  
9 engagement, and this association was strongest during Zika when compared with two other  
10 public health emergencies that have occurred over the last year. The study was constrained by (a)  
11 limited engagement data available from Facebook, (b) lack of triangulation of findings across  
12 other social media platforms like Twitter, where both MOH and NEA have a substantial  
13 following, and (c) un-weighted analysis of different engagement types driven by lack of  
14 empirical consensus.

15 In this study, we discovered that a near-identical number of Zika-related posts were made by the  
16 two public health agencies, although MOH posts were more popular and widely shared.[24] The  
17 latter could be explained by MOH's emphasis on investigations and situation updates, which  
18 informed citizens about the unravelling Zika situation. These communication strategies respond  
19 to the WHO's call for transparency in disseminating information about "the incidence, speed and  
20 containment of an outbreak" immediately after an initial case or cases has/have been found.[3,  
21 25] With respect to the different forms of engagement, the greater number of likes and shares for  
22 investigation-related posts and situation updates were likely driven by a desire for constant  
23 updates about Zika, coupled with the need to keep one's social network abreast of the situation.



1 In contrast, information about prevention received a greater number of likes but fewer shares or  
2 comments. This may be attributed to the effort required to engage in each type of interaction  
3 (where likes < shares < comments)[26] and the intentions underpinning the engagement  
4 (obtaining information or disseminating it).

5 Our results revealed how outreach activity coincided with key Zika-related events, with the  
6 initial publicity surrounding the WHO announcement giving way to a temporary lull in  
7 communications, followed by a critical resumption in May 2016 after the discovery of the first  
8 imported Zika case in Singapore. The absence of Zika-specific outreach in the two months after  
9 the May case is noteworthy, as continued communications were warranted to prepare the local  
10 population for a potential outbreak; a threat which materialized in August. A possible  
11 explanation lies in the accompanying trend-line for Dengue outreach, which prevailed during  
12 these months. This suggests that the agencies may have been prioritizing generic outreach about  
13 transmission and prevention of mosquito-borne conditions, rather than neglecting Zika. The  
14 spike in Facebook outreach when cases spiraled in August nevertheless reflects the reactive  
15 nature of outbreak communications whilst also underscoring the need for more proactivity in the  
16 preparedness phase in future.

17 The graphical analysis for RQ3 (Figure 3) demonstrates a direct, positive association between the  
18 volume of Facebook outreach posts and the public's engagement with them, across all three  
19 public health issues.

20 Regression analyses further demonstrate that, of the three Singapore outbreaks studied, the  
21 association between outreach and engagement was the strongest during Zika. However, it is  
22 important to note that the Haze and Dengue, while classified as public health concerns, differ  
23 from Zika in important ways. The Haze is chiefly triggered by wind movements bringing

1 emissions from burning of crops in neighboring countries[18] and affects the entire population  
2 by pervading the airspace, while Dengue is an endemic, seasonal, vector-borne disease.[27]  
3 Consistent with the availability heuristic, Zika might have prompted greater concern because of  
4 its immediate association with frightening imagery and relatively unknown nature, as opposed to  
5 Dengue – a seasonal condition familiar to Singapore. Moreover, the public’s anxiety about Zika  
6 – demonstrated by their online engagement – is likely to be higher due to the physical effects on  
7 newborns.[28, 29]

## 8 **CONCLUSION**

9 This study is among the first to demonstrate the value of Facebook in raising public awareness  
10 and sharing information during public health emergencies. Facebook provides a valuable real-  
11 time interface for public health authorities to disseminate information when an outbreak unravels  
12 and through which to monitor the pulse of social conversations (also called ‘social listening’) in  
13 real-time. These capabilities might enable them to address public anxiety, quell rumors by  
14 providing frequent updates and information, and bolster trustworthy relationships with  
15 communities during outbreaks that trigger confusion and uncertainty among societies. Our  
16 analysis surfaced findings of practical interest to risk communication experts and global health  
17 informatics scholars seeking to optimize social media use during pandemics. Future research is  
18 warranted to test these observations in other contexts, and with different digital platforms, in  
19 order to generate insights that can inform the development and evaluation of social media  
20 communication strategies in public health emergencies.

21

1 **COMPETING INTERESTS STATEMENT**

2 The authors certify that they have NO affiliations with or involvement in any organization or  
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4 discussed in this manuscript.

5

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10 **CONTRIBUTORSHIP STATEMENT**

11

12 SV - Conceptualization, analysis, writing and editing

13 RWM - Conceptualization, analysis, and writing

14 KJ - Conceptualization and writing

15 CP - Analysis and editing

16 YF - Data extraction

17

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20

21

## 1 REFERENCES

- 2 1. Strekalova, Y.A., *Health Risk Information Engagement and Amplification on Social*  
3 *Media: News About an Emerging Pandemic on Facebook*. Health Educ Behav, 2016.
- 4 2. Pagliari, C. and Vijaykumar, S., *Digital Participatory Surveillance and the Zika Crisis:*  
5 *Opportunities and Caveats*. Plos Neglected Tropical Diseases, 2016. **10**(6).
- 6 3. Vijaykumar, S., Jin, Y., and Nowak, G., *Social Media and the Virality of Risk: The Risk*  
7 *Amplification through Media Spread (RAMS) Model*. Journal of Homeland Security and  
8 Emergency Management, 2015. **12**(3): p. 653-677.
- 9 4. Merchant, R.M., Elmer, S., and Lurie, N., *Integrating social media into emergency-*  
10 *preparedness efforts*. New England Journal of Medicine, 2011. **365**(4): p. 289-291.
- 11 5. Charles-Smith, L.E., et al., *Using Social Media for Actionable Disease Surveillance and*  
12 *Outbreak Management: A Systematic Literature Review*. Plos One, 2015. **10**(10).
- 13 6. Signorini, A., Segre, A.M., and Polgreen, P.M., *The Use of Twitter to Track Levels of*  
14 *Disease Activity and Public Concern in the US during the Influenza A H1N1 Pandemic*.  
15 Plos One, 2011. **6**(5).
- 16 7. Thomas, J., *How Whatsapp provided early warning for the Zika outbreak*. 2016.
- 17 8. Barot, T., *How BBC Ebola WhatsApp service is battling virus and finding great stories*.  
18 2015.
- 19 9. Moong, C.M., *Fighting Zika: It needs to get personal*. 2016.
- 20 10. Wong, P.T., *Singapore a 'role model' in handling Zika outbreak: WHO*. Today Online,  
21 2016.
- 22 11. Nair, S., *First case of Zika virus in Singapore; 48-year-old man who travelled to Sao*  
23 *Paulo*. The Straits Times, 2016.
- 24 12. Lin, Y.C., *Singapore hit by first case of locally transmitted Zika virus infection*. The  
25 Straits Times, 2016.
- 26 13. Chew, H.M., [http://www.straitstimes.com/singapore/environment/381-zika-cases-as-of-](http://www.straitstimes.com/singapore/environment/381-zika-cases-as-of-sept-19-new-potential-cluster-in-hougang)  
27 [sept-19-new-potential-cluster-in-hougang](http://www.straitstimes.com/singapore/environment/381-zika-cases-as-of-sept-19-new-potential-cluster-in-hougang). The Straits Times, 2016.
- 28 14. *Singapore Haze and Zika and Dengue Advisory*. 2016.
- 29 15. Kemp, S., *Digital in 2016*. We Are Social, 2016.
- 30 16. Moorhead, S.A., et al., *A new dimension of health care: systematic review of the uses,*  
31 *benefits, and limitations of social media for health communication*. J Med Internet Res,  
32 2013. **15**(4): p. e85.
- 33 17. Li, M.I., et al., *Oral susceptibility of Singapore Aedes (Stegomyia) aegypti (Linnaeus) to*  
34 *Zika virus*. PLoS Negl Trop Dis, 2012. **6**(8): p. e1792.

- 1 18. Forsyth, T., *Public concerns about transboundary haze: A comparison of Indonesia,*  
2 *Singapore, and Malaysia.* Global Environmental Change-Human and Policy Dimensions,  
3 2014. **25**: p. 76-86.
- 4 19. Goy, P. and Koh, F., *Zika outbreak: All-out effort to protect mums-to-be.* The Straits  
5 Times, 2016.
- 6 20. Twitter.
- 7 21. Facebook.
- 8 22. Kindhauser, M.K., et al., *Zika: the origin and spread of a mosquito-borne virus.* Bulletin  
9 of the World Health Organization, 2016.
- 10 23. Biswas, M., *Health organizations' use of social media tools during a pandemic situation:*  
11 *An H1N1 Flu context.* Journal of New Communications Research, 2013. **1**(1): p. 46-81.
- 12 24. Bonson, E. and Ratkai, M., *A set of metrics to assess stakeholder engagement and social*  
13 *legitimacy on a corporate Facebook page.* Online Information Review, 2013. **37**(5): p.  
14 787-803.
- 15 25. World Health Organization, *World Health Organization Outbreak Communication*  
16 *Planning Guide* 2008, WHO Geneva, Switzerland.
- 17 26. Cho, M., Schweickart, T., and Haase, A., *Public engagement with nonprofit*  
18 *organizations on Facebook.* Public Relations Review, 2014. **40**(3): p. 565-567.
- 19 27. Hapuarachchi, H.C., et al., *Epidemic resurgence of dengue fever in Singapore in 2013-*  
20 *2014: A virological and entomological perspective.* BMC Infect Dis, 2016. **16**: p. 300.
- 21 28. Dos Santos Oliveira, S.J., et al., *Anxiety, depression, and quality of life in mothers of*  
22 *newborns with microcephaly and presumed congenital Zika virus infection.* Arch  
23 Womens Ment Health, 2016.
- 24 29. Khalik, S., *Just how worried should Singapore be about the Zika outbreak? .* The Straits  
25 Times, 2016.

26

# Singapore's Zika Story

NEA & MOH report first imported case of Zika virus  
5/13/2016

First case of locally transmitted virus confirmed  
8/27/2016

Jun

Jul

Aug

Sep

- Reported to Singapore CDC
- Resolved, no further cases reported

- Social media activity on Zika
- MOH & NEA Facebook outreach

## Singapore's Social Media Landscape (as of 2016)

Population: 5.6 million

Mobile connections: 8.22 million

Social Media Users: 3.6 million

## Social Platforms Top 10 Ranking (as of 2016)

WhatsApp (46%, #1)

Facebook (43%, #2)

Twitter (13%, #9)

## Public Health Agencies' Facebook Audience (as of November 15, 2016)

NEA Facebook Page Likes: 69,190

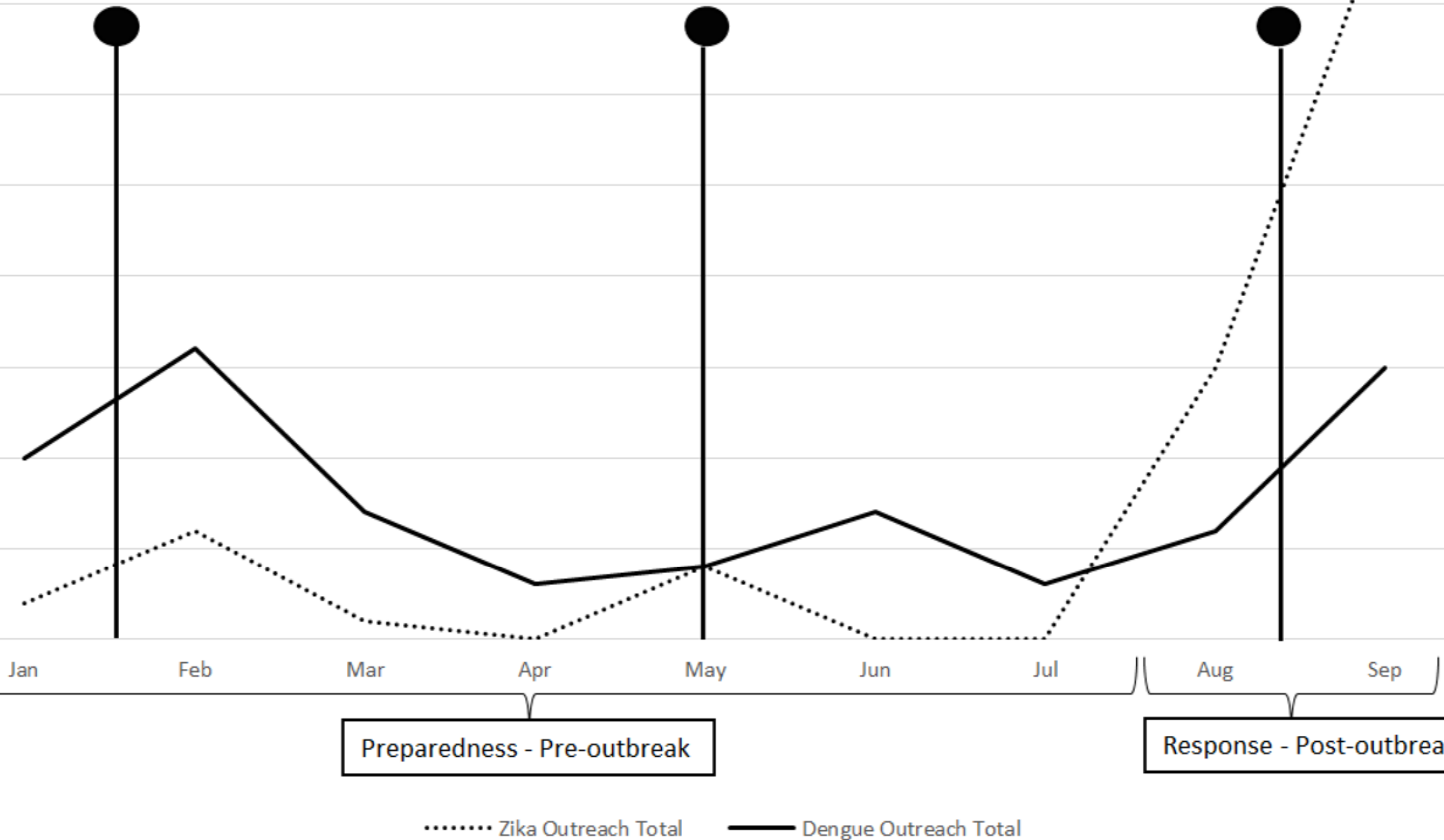
MOH Facebook Page Likes: 49,598

# Facebook Outreach in 2016

Feb 1st:  
WHO directive of Zika  
Outbreak worldwide

May 13th:  
First imported Zika  
case in Singapore

August 27th:  
First locally-transmitted  
Zika case in Singapore



# Haze

Jul-16  
Aug-16  
Sep-16

Mar-15  
Apr-15  
May-15  
Jun-15  
Jul-15  
Aug-15  
Sep-15  
Oct-15  
Nov-15  
Dec-15  
Jan-16  
Feb-16  
Mar-16  
Apr-16  
May-16  
Jun-16  
Jul-16  
Aug-16  
Sep-16

--- Haze Outreach — Haze Engagement

