

ZIKA IN INDIA

Communication is key during a public health threat like Zika and India has fallen short

Even if an isolated case is detected, the government needs to tell the public so as to prepare for the possibility of an outbreak.

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In 2016, the National Center for Disease Control in India published a National Risk Communication Plan. The key guidelines prescribed disseminating information about uncertain health risks, including Zika, to the public before actual cases were diagnosed, in a timely and transparent manner that would engender public trust, through multiple media channels including social media, and constant sharing updates with journalists. These risk communication principles seem to have been rendered largely irrelevant when the government informed the World Health Organisation about three cases of Zika in Gujarat months after they were confirmed. More importantly, we do not know why the public was kept in the dark.

A union health ministry official's statements that the situation is under control with no further cases reported seems to be due to three related reasons:

1. The cases were isolated as opposed to an outbreak in which cases are linked to one another.
2. Consequently, the level of Zika transmission was categorized as “low”.
3. Given this, the government refrained from triggering public panic disproportionate to the level of threat.

To see how these arguments fare in a global context, however, it is worthwhile considering the case of Singapore.

Singapore’s smart strategy

In May 2016, an isolated, imported case of Zika was confirmed in Singapore. An imported case refers to a patient who gets infected outside of the country where it is diagnosed, as opposed to a locally transmitted case, which is usually considered a more urgent threat. Almost immediately Singapore’s health ministry and National Environmental Agency, institutions charged with the task of managing Zika, informed the public through traditional and social media channels.

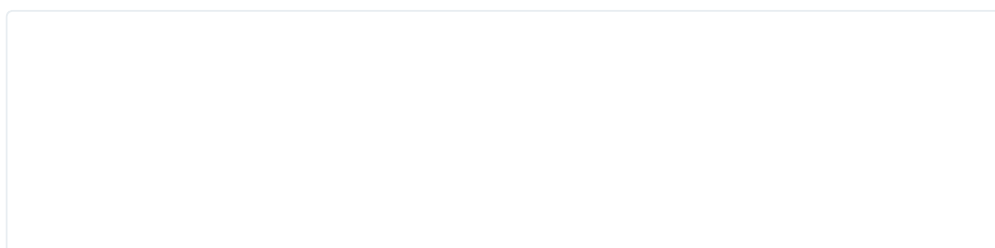
Singapore’s first Zika case was soon cured. Nearly three months later, the country experienced a large Zika outbreak that swelled to nearly 380 cases within weeks. The agencies resumed their efforts with greater vigor using social media channels to connect with citizens one-on-one, allay fears and anxieties, and make them aware of specific strategies by which to protect themselves. The most compelling story was that of a Member of Parliament, who, while being pregnant herself, assuaged her constituents’ fears on Facebook, and visited them to hand out insect repellants and posters.

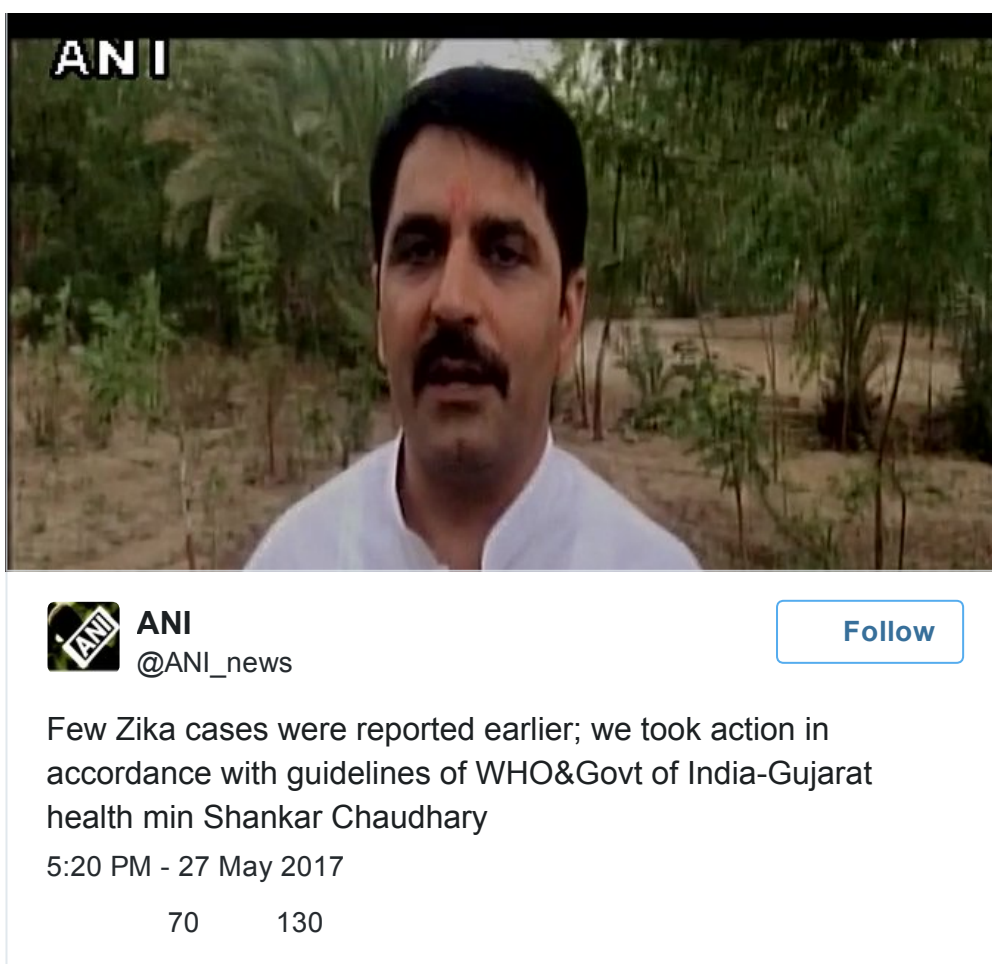
Not surprisingly, Singapore received a WHO **commendation** for efficiently tracking and containing the outbreak and demonstrating high levels of transparency in the process. Their story demonstrated the value of an efficient, transparent integrated public communication strategy during a Zika outbreak.

The communications from their Indian counterparts, in comparison ranged from non-existent to passive. For a government famed for its public relations machinery, it was indeed baffling to note that they issued no official press releases to the news media since the cases were confirmed.

Similarly, none among Prime Minister Narendra Modi who actively campaigns for Swachh Bharat, Union Health Minister JP Nadda, or the Ministry of Health and Family Welfare have provided any statement related to Zika on Twitter since news about the cases were released on the WHO website.

Gujarat’s Health Minister Shankar Chaudhary retweeted two tweets from his interview to a wire service.





As such, officials have only shared information when approached by the news media instead of reaching out to them as part of the government's communication plan. Health Commissioner JP Gupta's assertion that the situation has not yet reached **crisis** levels is reassuring, but it should also worry us if his words imply that the public only need to be informed if the situation worsens. It is also unclear if any concrete communication or outreach measures have yet been undertaken to address public concern and questioning triggered by the May 28 media reports.

Publicly available maps from the Integrated Disease Surveillance Programme website for the first three weeks in January 2017, when the Zika cases were confirmed, raise further questions about the motivations behind cases not being made public. These maps provide measles alerts in Jamnagar, Surat and Junagadh, and hepatitis B alerts in Vadodara, but make no mention of Zika. As documented by the United States National Research Council, governments sometimes choose to **withhold** disease information for various reasons including potential threats to tourism, economic costs to the private sector, and possible exposure to questioning by critics. Not surprisingly, public health scientists are now trying to use mobile and social media to directly crowdsource disease-related reports from the public globally.

Why tell the public?

These analyses beg the question: why is it important for the government to inform the public when the threat of disease appears to not be grave enough? The answer is that it is a necessary component of preparedness efforts that can influence efficient response to and swifter recovery from an outbreak if one does happen.

As seen in Singapore, an isolated case or cases does not negate the possibility of a bigger outbreak. To prepare the public for a future threat, the government should make its people aware of the level and nature of threat, and specific strategies they can use to protect themselves. In doing so, the authorities would do well to be ready to counter short-term public panic, given that outreach is bound to bear longer term benefits. Moreover, WHO experts and public health scientists have said that a Zika outbreak is inevitable in India, given that both dengue and chikungunya are endemic in the country and that all three infections are caused by the *Aedes* mosquito. Lastly, globally accepted risk communication practices suggest that greater transparency and a constant flow of information from the government to its people are vital to strengthen trust and reassure people during outbreaks like Zika. These factors might facilitate people's adherence to health-related directives from the government if and when such a situation arises.

If the government's responses listed in the WHO report are to be believed, "risk communication materials are being finalized by the Central Health Education Bureau, in consultation with UNICEF". This tells us that the government has yet to finalise risk communication materials about Zika more than 16 months after it was declared a Public Health Emergency of International Concern and despite its imminent threat to the Indian public.

The government can claim to have not violated International Health Regulation requirements to report Zika cases to the WHO within 24 hours by arguing that an outbreak had not yet occurred. But when the municipal commissioner and mayor of the city where the cases reside have been left uninformed, and the public is caught off-guard, it is clear they have fallen short on grounds of public responsibility and transparency.

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