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WHO's guidelines on outbreak communication were developed in response to the communication challenges posed by the severe acute respiratory syndrome (SARS) epidemic of 2003. The guidelines consist of five principles to guide communication during outbreaks and other emergencies: building trust, announcing early, being transparent, respecting public concerns and planning in advance. On the face of it, these guidelines are simple and straightforward. But, as the experience of SARS and the recent H1N1 outbreak has shown, outbreak control and outbreak communication is rarely a pure, clean process of winning public trust and transmitting information objectively and openly. It is more often than not a messy business requiring political decisions with winners and losers.

Communicating during an influenza pandemic is no different. Decisions on distribution of scarce antivirals, quarantines and travel and trade restrictions all have a significant political component, and so communication has to deal with opposition from those who feel that they have been deprived of drugs or unfairly quarantined or excluded. Opposing political

forces often criticize decisions made on public health grounds to score political points. Successful communication in such a charged environment requires an understanding of the broader political, social and cultural environment in which communication occurs.

Risk communication experts and practitioners are well aware of this. Following the experience of the anthrax attacks in the United States of America, the US Centers for Disease Control and Prevention (CDC) developed principles and practices to address communication in times of political and social stress under the title of Crisis and Emergency Risk Communication. WHO's outbreak communication guidelines also point to the political and social challenges of communicating during times of crisis. But tools are still needed to address the challenges of communicating in these difficult circumstances. These tools can be developed by looking at alternate paradigms of risk that exist within the social sciences.

Risk communication principles are based on the psychometric paradigm of risk pioneered by Paul Slovic et al. in the late 1970s. This paradigm focuses on individual perceptions of risk, rather than the social and cultural environment in which risk perceptions are formed. Other sociological and cultural approaches to risk take a broader approach. This paper surveys existing approaches and extracts useful lessons for outbreak communication.

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