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Middle East respiratory syndrome in the Republic of Korea: transparency and communication are key

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The 2015 outbreak of Middle East respiratory syndrome (MERS) in the Republic of Korea is the largest outbreak outside the Middle East since MERS was discovered in 2012. Its origin was a single imported case after the patient travelled to endemic countries.¹ Together with Ebola and avian influenza epidemics, MERS has presented yet another threat to global health security.²

Risk communication is one of the core capacities identified by the World Health Organization (WHO) for the implementation of the International Health Regulations (2005).³ According to WHO outbreak communication guidelines, the five key points for outbreak communication are: (1) build, maintain or restore trust, (2) announce early, (3) be transparent, (4) understand the public, and (5) incorporate risk communication into preparedness planning.⁴ In addition, in the event of an outbreak, the role of risk communicators is to align the public risk perception with the scientific view.⁵ They must maintain the visibility and legitimacy of their message, understand the political and social environment and understand the specific cultural milieu.⁵

Risk communication in the early stage of the MERS outbreak in the Republic of Korea could have been improved. For example, the decision of the Korea Centers for Disease Control and Prevention to turn its Twitter account (@KoreaCDC) private for a day on 4 June 2015 triggered an outcry from the scientific community.⁶ The Twitter account was made public again on 5 June.

Meanwhile, Korean digital media platforms, such as pressian.com and newstapa.org, challenged the Republic of Korea government to take a more transparent

approach in handling the MERS outbreak. For example, *The Pressian* was the first to release the list of hospitals with MERS-positive cases, as the government initially did not disclose them to avoid panic in the community.⁷

Before the Republic of Korea government released the names of the hospitals,⁸ citizens turned to self-help solutions and created their own website to map confirmed and suspected cases of MERS in the Republic of Korea.⁹

However, it is fair to say that the government seemed slow in communicating facts because they were attempting to confirm the cases before publicizing them. Public health officials have a duty to strike a balance between the public's right to know and the individual's right to privacy.¹⁰ Nevertheless, the key to successful health communications is trust between the health authorities and the citizens, and there is still room for improvement.

The 2015 MERS outbreak is reminiscent of the 2003 SARS epidemic when many citizens of mainland China and the Hong Kong Special Administrative Region (SAR) turned to self-help initially as there was denial about the seriousness of the outbreak by mainland Chinese authorities. Insufficient outbreak control measures in a Hong Kong SAR hospital also contributed to an outbreak that spread as far as Canada.¹¹

Lessons learnt 12 years ago made mainland China and Hong Kong SAR acutely aware of the importance of timely health communications and transparency in outbreak information. Since then improvements have been made as evidenced by the transparent

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handling and efficient risk communication of human infections of influenza A(H7N9) in China in 2013. Additional examples are the effective isolation of the Korean MERS-positive traveller in Huizhou, Guangdong province of China, and the efficient contact tracing and quarantine of the traveller's contacts by the Hong Kong SAR authorities.¹ All suspected MERS cases in Hong Kong SAR, including those inbound travellers who have fever or lower respiratory symptoms and have recently visited the Republic of Korea and the Middle East, are taken to public hospitals for isolation and management until they test negative for MERS-coronavirus (MERS-CoV). Information on the number of suspected cases are updated daily on the website of the Centre for Health Protection, Department of Health, Hong Kong SAR, China.¹²

Timely and transparent information release to the public is key for successful health communications.¹³ Since the MERS-CoV outbreak, a joint mission of WHO and the Republic of Korea's Ministry of Health and Welfare has been conducted;¹⁴ the Republic of Korea has improved its health communications, including a dedicated website with updates on case statistics and list of hospitals. As the MERS outbreak in the Republic of Korea has now apparently subsided and probably will end soon, we believe that the lessons learnt about outbreak communication will help the Republic of Korea and other countries better prepare for any future imported cases of MERS and other emerging diseases.

Conflicts of interest

None declared.

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