Following the Signal: Use of Social Networking Systems, Hot Lines and other Techniques for Anthrax and Rash Illness Risk Communication in Connecticut

Alan J. Siniscalchi, MPH, MS, Maria T. Andrews, MPH, Lynn E. Sosa, MD, Alice Y Guh, MD, Katherine M. Purviance, MPH, Brenda L. Esponda, BS, Patricia A Mshar, MPH, Matthew L. Carter, MD, MPH, and James L. Hadler, MD, MPH

State of Connecticut, Department of Public Health

OBJECTIVE

This paper describes various risk communications techniques used in Connecticut to provide health information to the public following surveillance signal alerts. The use of hotlines and contemporary social networking systems to quickly communicate with targeted populations are compared to the use of news releases and other traditional approaches.

BACKGROUND

The Connecticut Department of Public Health (DPH), like all public health agencies, is constantly challenged by new health threats and emerging diseases. A major responsibility of these agencies is the rapid and effective communication of information on emerging threats to members of the public who may be potentially exposed. This responsibility for effective risk communication is critical when the public perception of risk is high. The September 11, 2001 terrorist attacks and subsequent anthrax mail attacks (Amerithrax) resulted in a new era of public risk perception and concern [1]. Many new and advanced surveillance systems, developed in response to these events, have increased the need for effective risk communication [2]. For example, the DPH developed its first syndromic surveillance system in September 2001 to monitor for possible bioterrorism events and emerging infections. This resulted in the implementation of a number of risk communication and response protocols [3]. These and other protocols were tested in responding to the recent anthrax contamination of a drum maker's residence [4] and a multistate rash outbreak [5].

METHODS

A dedicated anthrax telephone hotline was developed to respond to public inquiries resulting from the finding of anthrax contamination of a drum maker's residence in Connecticut. Information on the subject of the inquiry and the perceived value of the hotline were recorded. A dedicated rash illness information site was constructed on a popular social networking site to share information among affected student athletes. The effectiveness of this system to quickly communicate information on the multistate outbreak and gather exposure, risk, and illness data were evaluated using an electronic questionnaire.

RESULTS

Implementation of the anthrax hotline resulted in the receipt of numerous inquires from residents in the neighborhood of the contaminated home along with African drum makers and musicians in other areas of the state. Use of the dedicated social networking site helped the DPH and the various college health service offices to quickly communicate with potentially exposed student athletes.

CONCLUSIONS

While news releases and media announcements can be useful in informing the public of surveillance signals and adverse health events, use of alternate risk communication techniques can effectively reach populations that are not consumers of traditional media sources. A major social networking system was shown to be effective in providing information to a student population in a multi-college rash illness outbreak. These systems, along with use of dedicated hotline telephone numbers, provide opportunity for real-time feedback among affected populations and between exposed individuals and health department staff. Use of these alternate approaches should be considered in agency planning for enhanced risk communication during pandemic events and other public health emergencies.

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Further Information: alan.siniscalchi@ct.gov