

The Role of Journalists in Reporting on Emerging Infectious Diseases

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Last year, months before Zika became a household name, Donald G. McNeil Jr, science and health reporter for *The New York Times*, talked about the arbovirus with Dr. Scott Weaver, director of the Galveston National Laboratory at the University of Texas in Galveston. McNeil recalled Weaver mentioning that French Polynesia had reported an increase in the number of cases of the Zika virus, accompanied by an uptick in Guillain-Barré syndrome. That conversation piqued McNeil's interest, but as he told me, the story went into his "head-scratcher pile" (oral communication, May 2016).

In late November 2015, the Brazilian Ministry of Health confirmed the relationship between a Zika virus outbreak and occurrences of microcephaly in the northeast part of the country [1]. "Guillain-Barré is always with us," McNeil told me, "whereas a huge surge of microcephalic kids is news" (oral communication, May 2016). McNeil called a friend working on diagnostic tests in Brazil and asked if the reports of microcephaly associated with Zika were real. "Nobody knows what's going on," his friend said. That prompted McNeil to file the first *New York Times* story on the outbreak on December 28, 2015. A longer story from Brazil bureau chief Simon Romero followed 2 days later.

What makes a journalist jump on a story about an emerging infectious disease? The answer is simple. "Whatever makes my ears go up and prompts me to say, 'Damn! I didn't know that,'" McNeil wrote in an e-mail (written communication, May 2016).

Journalists evaluate the newsworthiness of stories with a different lens than do public health practitioners. "What's new is news," said McNeil. In contrast, public health practitioners aim to influence behavior by crafting messages to raise awareness about specific issues or problems. At times the missions of the media and public health align. At other times, they can be in conflict.

Daily journalists operate under multiple constraints. They must deliver stories under time pressure, which is made worse by rolling website deadlines. They work in a competitive industry where falling revenue from print ads (down 5% in the past 5 years) has outpaced rising digital advertising revenue (up 3%). This has resulted in declines in the newsroom workforce, falling 11% in 2008, 6% in 2012, and 3% in 2013 (the last year for which figures were available, according to the Pew Research Center) [2]. The bottom line is that fewer journalists have to do more in less time with less support.

"I think Zika has been covered extensively and well," said medical journalist Dr. Claire Panosian, professor of medicine and infectious diseases at the David Geffen School of Medicine at UCLA. But she added that sometimes news media fail to provide context. "You don't have much choice except to write about what's new and alarming," said Panosian, a past president of the American Society of Tropical Medicine and Hygiene. "If all of a sudden you just hear a great lot about Ebola, you tend to worry about Ebola as opposed to a thing that is more likely to

kill you which could be an antibiotic resistant organism in the hospital or standard influenza" (oral communication, May 2016).

That lack of context concerns science journalist David Quammen, whose book *Spillover* is about emerging infectious diseases. Quammen said that news media should devote more space to what he calls the ecology of disease, how changes in the natural environment from deforestation and other pressures lead to spillover of pathogenic agents from animal reservoirs to humans. "Where and how do outbreaks begin? What are the broader, driving factors? What's the big pattern? Zika is not an isolated event. Ebola 2014 was not an isolated event," wrote Quammen in an e-mail. "But the news organizations have no patience, assuming their audience has no patience, for the unfolding cause-and-effect over time" (written communication, May 2016).

Media coverage has focused on acute threats rather than long-term patterns of diseases, said research scientist Brian Southwell, who directs the Science in the Public Sphere Program at RTI International in Research Triangle Park. He has studied Zika-related news coverage and online behavior in the United States, Guatemala, and Brazil [3]. Southwell said his team has found "a surprising amount of interest in the deeper story, the science, the epidemiology," but he said sometimes journalists underestimate audience interest. "There are moments when we sell the audience short," said Southwell. "We may be missing an important opportunity to improve scientific literacy in the role of infectious diseases" (oral communication, May 2016).

Journalists might counter that improving literacy, scientific or otherwise, is not their job and that they need

to meet readers and viewers at their level, by translating scientific jargon and cutting through media relations hype from government, academic, and private sources. As *The New York Times'* McNeil told me, "I'm doing the best I can to deliver the right amount of panic without too much panic and with a lot of accurate information" (written communication, May 2016). That's not a bad place to start. **NCMJ**

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References

1. De Carvalho NS, De Carvalho BF, Fugaça CA, Dóris B, Biscaia ES. Zika virus infection during pregnancy and microcephaly occurrence: a review of literature and Brazilian data. *Braz J Infect Dis*. 2016;20(3):282-289.
2. Barthel M. State of the news media 2015. Newspapers: fact sheet. Pew Research Center, Journalism & Media website. <http://www.journalism.org/2015/04/29/newspapers-fact-sheet>. Published April 29, 2015. Accessed May 14, 2016.
3. Southwell BG, Dolina S, Jimenez-Magdaleno K, Squiers LB, Kelly BJ. Zika virus-related news coverage and online behavior, United States, Guatemala, and Brazil. *Emerg Infect Dis*. 2016;22(7):1320-1321.

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