



LETTER TO THE EDITOR

# Rationale of the WHO document on Risk Communication and Community Engagement (RCCE) readiness and response to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and of the Italian Decalogue for Prevention Departments

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Dear Editor,

According to the interim guidance on Risk Communication and Community Engagement (RCCE) readiness and response to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), published on 26<sup>th</sup> January 2020 by the World Health Organization (WHO), “One of the major lessons learned during public health events of the 21<sup>st</sup> Century – including outbreaks of Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), influenza A (H1N1) and Ebola – is that RCCE is integral to the success of responses to health emergencies” [1].

At the end of January, the diffusion of the SARS-CoV-2 and the impact of the novel Coronavirus (COVID-19) were mainly limited to China, especially the Hubei Province, with 9,826 confirmed cases worldwide (9,720 of which in China) and 213 deaths [2]. In Italy, only three imported cases (a couple of Chinese tourists and a university researcher back from the Hubei Province) were laboratory confirmed, the patients being hospitalized at the “Lazzaro Spallanzani” Hospital in Rome [3]. The Working Group for Communication in Public Health of the Italian Society of Hygiene, Preventive Medicine and Public Health (S.It.I. - the main Italian Scientific Society for Public Health professionals, with over 2000 members) was created at the end of April 2019, one of its objectives being to conduct technical and scientific investigations into community engagement in public health [4].

For these reasons, the working group unanimously started the translation and adaptation to the Italian context of the WHO’s “Risk communication and community engagement (RCCE) readiness and response to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)” Interim Guidance v2 [1].

The process lasted around 7 days and the final version was shared on the principal website of the S.It.I. (“Igienisti Online”) on 17<sup>th</sup> February 2020.

After an introductory section supporting the rationale of including risk communication and community engagement (RCCE) as part of a national public health emergency response, the document is divided into three main sections [5]:

- an RCCE readiness checklist for countries preparing for a possible imported case of COVID-19 (i.e. no cases yet identified in the country);
- an RCCE initial-response checklist for countries in which one or more COVID-19 cases have been identified (such as Italy at the time when the WHO document was published);
- an RCCE crisis-and-control checklist for countries with ongoing COVID-19 transmission (such as China at the time when the WHO document was published).

Just one week after the publication on “Igienisti Online” of the translated WHO document, the Italian *scenario* changed (21<sup>st</sup> February 2020), when two main outbreaks of COVID-19 were identified and laboratory confirmed in two of the largest and most populous Northern Italian administrative Regions (Lombardia, and Veneto) [6].

Thus, according to the WHO’s RCCE document, Italy passed from status “b” (one or more imported cases of COVID-19) to “c” (local ongoing COVID-19 transmission) [1, 5].

The WHO’s RCCE document could constitute a useful tool for all Italian public health professionals working at universities, hospitals or the Prevention Departments of Local Health Units, in order to prepare, improve or modify the risk communication system of every organization involved in the management of the outbreak [1, 5]. Indeed, with regard to all the possible scenarios, the document describes the steps to be taken in order to ensure coordinated communication between internal actors and external partners, and the strategies for improving public communication and

community engagement and managing uncertainty, false perceptions and misinformation [1, 5].

Finally, during the coming weeks, the Working Group for Communication in Public Health will extrapolate the main messages from the WHO RCCE interim guidance, and publish a risk communication and community engagement “Decalogue” for public health professionals working in the Prevention Departments of the Italian Local Health Units.

The Decalogue will be organized as follows:

1. Proactive communication strategies.
2. Periodic and continually updated communication guidelines.
3. Adaptation of messages to all literacy levels.
4. Strategies to prevent a SARS-CoV-2 “infodemic” (excessive amount of information on SARS-CoV-2 and COVID-19, which makes it difficult to identify a solution).
5. Community engagement policies.
6. Actions for appropriate public communication of COVID-19 cases.
7. Strategies for rapid risk perception analysis among the general population.
8. Preparation of posters, flyers or news on institutional websites.
9. Actions for monitoring and responding to “fake news”.
10. Periodic update of the risk communication plan for public health professionals.

In conclusion, we hope that the documents made available by the S.It.I Working Group for Communication in Public Health will help those health authorities that are currently facing the COVID-19 emergency to draw up adequate, standardized and evidence-based RCCE strategies. In this context, public health professionals must play a leading role in ensuring correct communication and strengthening community engagement.

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## Conflict of interest statement

The authors declare no conflict of interest.

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