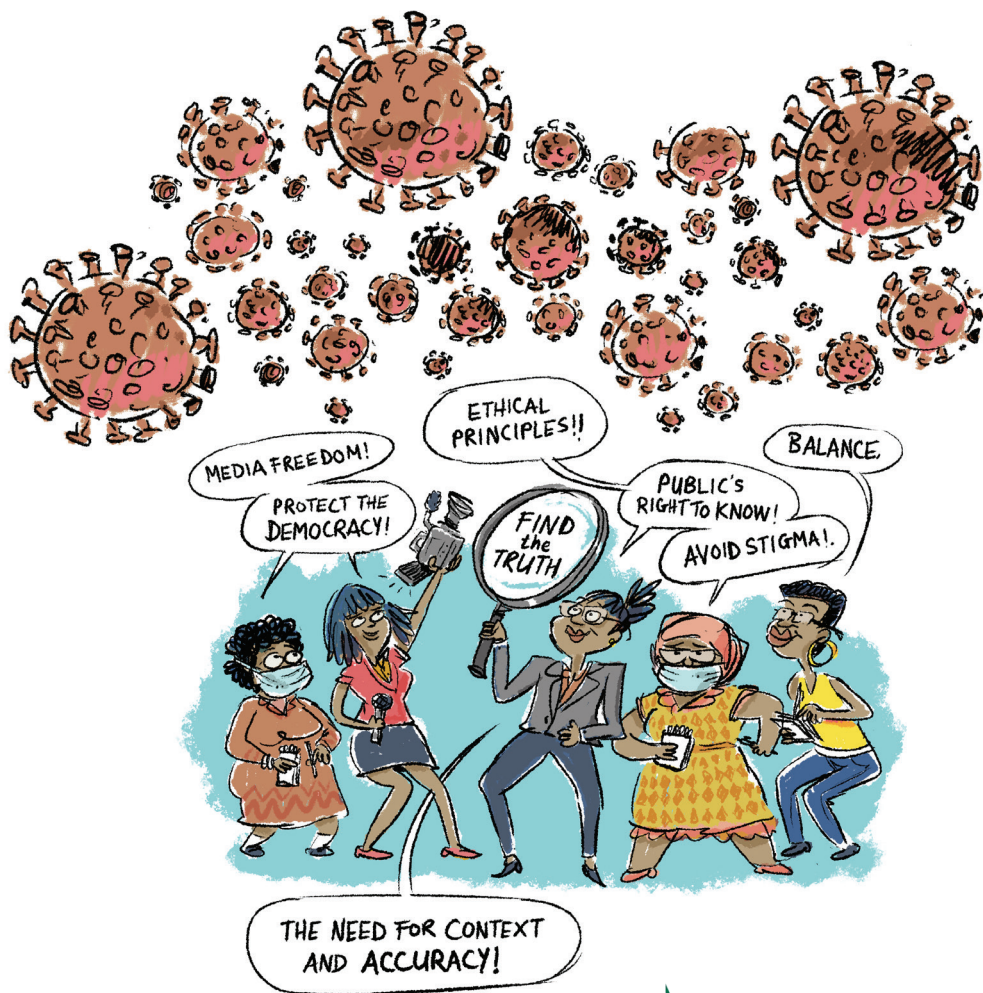


GUIDE

REPORTING IN A PANDEMIC





This guide is dedicated to the journalists and colleagues we have lost to the Corona Virus.

The pandemic has shown us that the work of journalists - and journalism - is more important than ever. We pay tribute to all those media workers who continued to bring the news into our homes at every level of the lockdown: collecting the stories, fighting disinformation, providing verified facts, advocating for political transparency, and keeping us all informed.

At community, provincial and national levels, these journalists found themselves at the frontlines of a pandemic and never waived in their commitment to journalism.

Special thanks to Paddi Clay, Wara Fana, Mduduzi Nkosi, Nicki Güleş

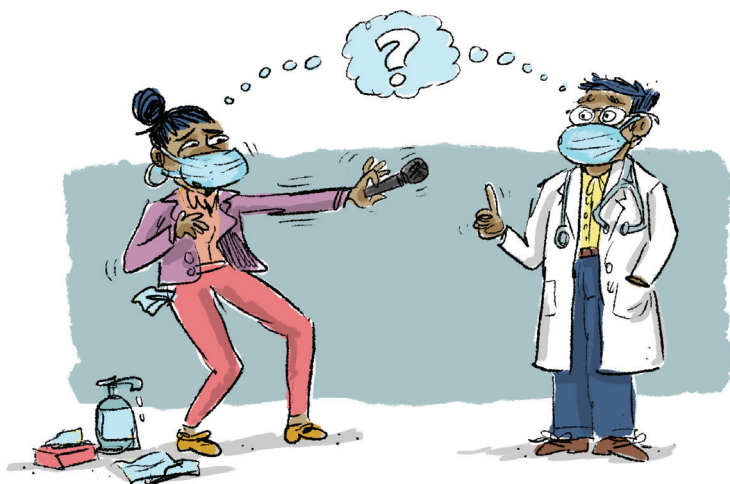
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INTRODUCTION

Journalists have always been on the frontline of crises and the COVID-19 pandemic that reached South Africa in 2020 is no exception. Suddenly, every journalist was a health journalist and media practitioners have had to adapt to changing newsrooms, shifting societies, new technology and an ever-growing understanding about the nature of the virus that was and still is, dictating the way the world works.

This meant that many journalists work outside of their comfort zones, experiencing many of the same impacts and challenges that other frontline workers face, with little of the understanding and less institutional support.

This guide has been developed by the South African National Editor's Forum (SANEF) and its partners to assist South African journalists and media practitioners to navigate the novel experience of working during a global pandemic. The resources provided are grounded in the principles of health and science to maximise accurate, ethical coverage and real-world impact, while mitigating physical and emotional harm.

We hope that this guide will help you tell rich, multi-layered stories that highlight the different impacts of the pandemic, while improving the quality of journalism that educates and informs the South African public and beyond.

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CHAPTER 1: JOURNALISTS' ROLE IN A PANDEMIC

The media fulfils certain roles within a society. The most important of these is to inform and educate the public about the world they live in, while acting as a watchdog to hold power to account. When it comes to fulfilling these duties in terms of public health, this is crucial in the midst of a pandemic.

As journalists, if we fail at this mandate, the public may be tempted to turn to informal information sources and social media, where

opinions and misinformation fuel unsafe practices and panic. When those in power are not held accountable, the systems that serve the people crumble. When we fail at this job, people die.

Pandemic conditions can serve to undermine press freedom and in the wake of states of emergency.

In these conditions, remember:

The media exist to serve society. Their freedom provides for independent scrutiny of the forces that shape society, and is essential to realising the promise of democracy. It enables citizens to make informed judgments on the issues of the day, a role whose centrality is recognised in the South African Constitution.

The South African Press Code

As all coverage, reporting in the pandemic must conform to the Press Code, which is available here – <https://presscouncil.org.za/>
<https://gfmd.info/tips-for-covering-a-pandemic-how-to-practice-ethical-journalism/>.

PANDEMIC-SPECIFIC OBLIGATIONS ON MEDIA

Additional requirements for journalists in a pandemic include:

1

PROTECT DEMOCRACY

Pandemics and natural disasters may be used by governments as an opportunity to suppress civil liberties. Journalists are a vital pillar of any democracy and should hold governments to account where freedoms are unjustifiably curtailed, such as through instating states of emergency.

2

PROMOTE PUBLIC HEALTH

Through fair and accurate reporting, journalists should ensure that the public is empowered to protect themselves and their loved ones. Coverage that does not dispel stigma can also lead to people not seeking medical attention.

ETHICAL PRINCIPLES

The rules that govern ethical journalism have not changed because of the pandemic – the media still has a duty to disseminate fair, thorough, and accurate information. Amid anti-media sentiments, the principles that guide good journalism are more important now than ever before.

RIGHTS OF THE PUBLIC

- Protect the privacy, dignity and right to reputation of ordinary citizens.
- Protect access to personal information.
- Do not publish or broadcast if you are not sure, especially where someone's dignity or reputation is at stake.
- Show compassion and don't identify someone before their family has been informed of their death.

BALANCE

- Avoid single-source journalism.
- Always allow for the right of the subjects of the story to reply.
- Stay objective in the understanding that neither side can ever tell the full story – tell both sides and allow the audience to make their own decisions.

Resources:

<https://ethicaljournalismnetwork.org/7-points-for-covering-a-pandemic-22>

<https://ijnet.org/en/story/ethical-considerations-reporting-covid-19>

ACCURACY

1

CHECK THE FACTS

Disinformation from local and international sources has been rife throughout the pandemic. Journalists have the obligation to sort truth from myth and should provide accurate and reliable facts to the public.

2

INCLUDE CONTEXT

Experts and newsmakers should not be quoted out of context, and their information should be simplified and clarified, without jargon, for the public to understand.

3

INVESTIGATE RUMOURS

Journalists have an ethical obligation to uncover the truth and to provide clarity to their audiences, and this may mean examining prevalent rumours and either discrediting or verifying them. Information should help people to protect themselves, while avoiding unnecessary panic or fear.

4

GET THE LANGUAGE RIGHT

When reporting, the words chosen to convey information should be correct in terms of their medical meanings, while still being simple enough for the public to understand and avoiding stigma or prejudice.



CHALLENGE HATE AND RESPECT PEOPLE'S RIGHT TO CHOOSE

In regards to challenging hate, the Ethical Journalism Network notes:

Journalists should work to challenge hate speech, particularly ethnic or religious finger-pointing which has become an increasingly prevalent issue during the pandemic. Similarly, journalists must avoid gender stereotyping in coverage of the virus' impact. As an example, the international lockdowns have led to a steep rise in cases of domestic violence. Reporters must ensure that their coverage of this major issue does not include unfair gender stereotyping of women in these situations.

It is possible to support stigmatisation inadvertently, so be extra careful in your interviews or story telling not to:

- Stigmatise people as “spreaders” or sources of infection.
- Stereotype people who do not want to be vaccinated as anti-vaxxers (which may come with associations of right wing, anti-government leaning or other potentially negative connotations.
- While journalists should promote good practices in regard to infection, they should be wary of instructing others on what they should do when in the field regarding mask wearing etc. But journalists can question such decisions and refuse to engage with them if they think they pose a risk to them and explain this to them.

THE PANDEMIC IS AN OPPORTUNITY FOR CONSTRUCTIVE JOURNALISM

These are difficult times, but that doesn't mean the hardships need to dominate news coverage.

Some basic principles to follow:

- Focus on solutions, not only problems.
- Cover nuances, little about the pandemic is black and white, experts can provide nuance that other sources cannot.
- Promote democratic conversations through engaging people.

See some great examples of constructive journalism:

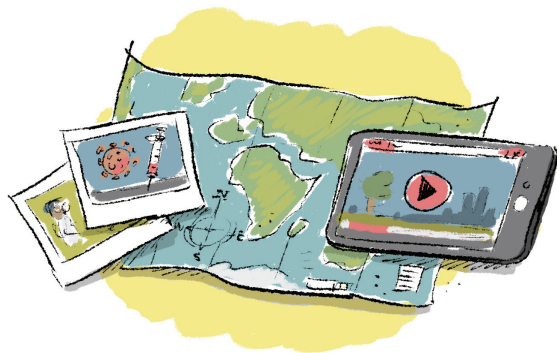
<https://constructiveinstitute.org/how/covering-corona-constructively/>

ETHICS OF IMAGES AND VIDEOS

Covering a pandemic like COVID-19 often involves the use of images, maps, and videos.

Remember:

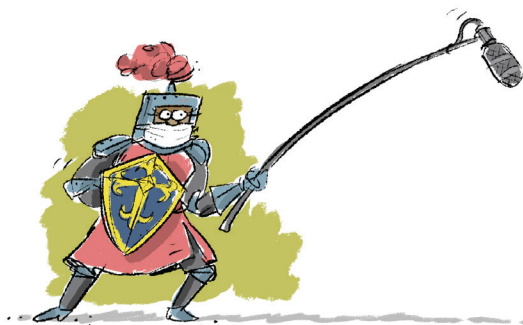
- Images should not compromise the dignity or privacy of those pictured.
- The authenticity and accuracy of these images must be checked by journalists before they are published or printed.
- Some images could provoke panic and fear. Be responsible and careful in your use of them.



INFORMED CONSENT (adapted from HIV/Aids guidelines)

To obtain informed consent, journalists, photographers and camerapersons should:

- Clearly identify themselves when requesting to interview or photograph people infected with COVID-19.
- State the purpose of the interview/photograph, the context in which these may be utilised and the potential ramifications for the individual, their children and other family members.
- Consider whether the individual person infected with COVID-19 is in a position to provide informed consent.
- Ensure that the person being interviewed has disclosed their status to their partners and families.
- Seek to obtain informed consent in the individual's home language, wherever possible.
- Remain sensitive to the dangers of implying or placing a person in a situation that may imply an COVID-19 infection.
- Avoid promises that cannot be upheld. For example, that the story will not be used within South Africa.



CHAPTER 2: PERSONAL SAFETY FOR JOURNALISTS REPORTING DURING THE PANDEMIC

Journalists have always faced physical risks while doing their jobs. Frustrated communities often turn violent and political groups and law enforcement at times interfere and try to prevent reporters gathering information.'

Avoid Violence. On top of this, as frontline workers, journalists are especially vulnerable to the virus. Here are some basic safety guidelines and special protocols to keep journalists safe.

BASIC PRECAUTIONS

The basics for everyone to keep safe are:

- Social distance (1.5m)
- Wear a mask in public that covers both nose and mouth.
- Wash cloth masks after use, dispose of surgical ones.
- Wash hands regularly with soap and water for at least 20 seconds.
- Sanitise regularly.
- Avoid touching your face.
- Cough or sneeze into your elbow when in public.
- Avoid indoor gatherings, poorly ventilated spaces, and large groups of people.
- Regularly disinfect surfaces that you are in contact with.
- Know the signs and symptoms of COVID-19 and stay home if you feel unwell.

If you are unsure about any of these safety measures, consult South Africa's COVID-19 information portal.

You can also call the hotline on 0800 029 999 or WhatsApp 0600 123456 for more information.

SPECIAL PRECAUTIONS FOR JOURNALISTS

The COVID-19 precautions set out for the public are not sufficient for journalists. Journalists, like healthcare practitioners, are frontline workers and are exposed to risky situations. While telephonic and online interviews may work in some cases, it is not always possible to avoid field reporting and interacting with subjects in the real world.

Additional safety precautions for journalists in the field include:

1

PROTECT YOURSELF

- Before going to a site like a hospital or isolation facility, check if they will provide protective gear or you should bring your own.
- Ask specialists about best practice protocols and put them into practice, along with protocols that are in line with the field site.
- Be cautious when interacting with people who are sick or who work on the frontlines of the pandemic.
- Avoid public transport. If you have to use it, avoid peak periods
- When travelling with others, wear your mask, open vehicle windows to ensure a good airflow, and sanitise before and after the trip.
- Clean and disinfect work vehicles, workspaces and equipment.

2

PROTECT THE VULNERABLE

- Be extra careful at care facilities, homeless shelters, clinics, homes with pregnant women or residential facilities for the elderly.
- Ensure you are careful in protecting the vulnerable, even if the facility or workplace you're visiting is not.

3

INTERVIEW SETTINGS

- Conduct interviews outdoors, where possible.
- If outdoors is not an option, choose well-ventilated venues or sit near an open window.
- In general, keep as much distance between you and the subject as possible. Do not be afraid to tell them where to stand.
- Avoid sitting directly opposite and facing a source during an interview. Angle yourself to the side of your subject.

4

REDUCE SURFACE CONTACT

- Tie up long hair and braids, and cover all hair where possible.
- Remove all your jewellery.
- Avoid removing or touching your glasses.
- Avoid wearing contact lenses as this can increase your chances of COVID-19 infection.
- Avoid using cash and rather make use of bank cards.
- Use a directional 'fishpole' or 'boom' mic to record sound from further away.
- Use zoom camera lenses to get photos from a safe distance.
- Use and then discard earpieces or microphone covers.
- Go wireless, if possible, as using equipment with cables is riskier.
- Change microphone covers between interviews.
- Wrap all equipment with plastic or use cases to transport equipment after assignments.
- Separate and seal equipment after use.

5

AFTER BEING IN THE FIELD

- Wash clothes, masks and microphone covers with hot water and detergent.
- Clean glasses with hot water and soap.
- Disinfect shoes and store separately.
- Disinfect your wallet and/or handbag, mobile phone, tablet, laptop, plugs, chargers, hard drives, credit/debit cards and press card.
- Use fast-acting antimicrobial wipes to disinfect all equipment.

6

AVOID VIOLENCE

Political parties, hostile communities and even law enforcement officials are often the perpetrators of aggression and violence against journalists. Police responses have been heavy-handed with the directive to curb infections.

- Carry your press card, essential service permits (if necessary) and a valid form of identification in the field.
- Contact the newsroom and SANEF if you experience any violence or aggression.
- Report assaults or intimidation to the police.
- If the police are the perpetrators of violence or harassment, contact law enforcement watchdog the Independent Police Investigative Directorate (IPID).

7

PROTECT YOUR SOURCES

Meeting confidential sources for a quiet, in-person chat may not be possible under COVID-19 conditions. Spending some time on digital security can protect you and your sources.

- Protect your account settings.
- Create strong passwords and use two-factor authentication.
- Keep your devices safe.
- Consider using a separate cell phone or digital service with encryption when communicating with sources.

Ensure you and your sources are fully protected. There are various digital safety guides available such as CPJ's Digital Safety Kit <https://cpj.org/2019/07/digital-safety-kit-journalists/>.



DON'T GET PARANOID; BUT KEEP SAFE!

If you have symptoms:

- Tell your editor.
- Stay at home and self-isolate.

If you experience a high-grade fever or have difficulty breathing, seek medical assistance immediately.

Common symptoms of COVID-19 are:

- fever
- a dry cough
- tiredness

Other symptoms may include:

- loss of taste or smell
- body aches and pains
- headache
- a sore throat
- nasal congestion
- red eyes
- gastrointestinal symptoms like diarrhoea or vomiting.

CHAPTER 3: MENTAL HEALTH

The pandemic has put mental strain on most people – economic recessions, restricted movement, job losses and retrenchments. Add a lack of physical contact, social isolation and fears and concerns over our own safety and the safety of others, as well as additional care duties, and the burden is a heavy one. But journalists, who are often already familiar with anxiety, depression, and post-traumatic stress disorder, now face additional struggles above those felt by others who may not be on the frontlines.



SOURCES OF STRESSORS AND TRAUMA FOR JOURNALISTS

Journalists face various stressors daily on the job. These are elevated in a natural disaster, as the stressors become almost constant.

Some sources of stressors and trauma:

- In dealing with information and bad news. While others can escape the news, journalists need to keep informed and aware, which exposes them to a constant stream of small stressors.
- As witnesses to or participants in stressful or traumatic events.
- While communicating with and showing compassion to those who have been affected by trauma, often during interviews.
- In the telling and retelling of the stories, by allowing the experiences of others to pass through them to their audiences.
- In the lead up to and following publication, when subject to retaliation, harassment, threats, and attacks from members of the public or parties with vested interests.
- When actively targeted by violence in the course of their job.
- In the event of COVID-19 exposure or infection as a result of their work.

THE WARNING SIGNS!

As frontline workers, self-awareness is important. Journalists need to recognise signs of increased stress and trauma and take note of situations that trigger an emotional response.

Several studies during the pandemic show that most frontline workers have reported an adverse impact on their:

- Physical health.
- Relationships with family members and colleagues.
- Mental health.
- Sleep-related problems, frequent headaches and stomach aches.

Journalists also admit to increasingly using alcohol or drugs because of stress, which they attribute to the pandemic.

If you or someone you love is struggling with the emotional or psychological effects of the pandemic, reach out to a colleague, manager, or friend, or contact one of these organisations:

South African Depression & Anxiety Group - SADAG (0800) 12 13 14
Lifeline South Africa - (0861) 322 322

PSYCHOLOGICAL SELF-EXAMINATION AND RISK ASSESSMENT CHECKLIST

The stories journalists report on and the situations they end up in can have a profound emotional impact on them. Before starting an assignment, it is important to do a check-in with yourself to evaluate your baseline psychological well-being.

This checklist can be tailored to specific assignments or traumatic reporting environments or can be used as a general checklist. Ideally, it should be repeated at various points of the reporting cycle. Take note of changes in your answers, and if you notice any drastic emotional shifts or if your mental health is starting to affect your day-to-day interactions, reach out to your editor or seek support.

The earlier you can spot the signs, the easier it is to restore the equilibrium of health and wellbeing.

1	Felt unable to experience other people's pain, anxiety, or trauma	
2	Avoided certain people, places, or topics of conversation because they cause you discomfort or distress	
3	Experienced intense emotions connected to a past story or event? Have these emotions disrupted your work relationships, home relationships or any other part of your day-to-day living	
4	Had to change your plans because of recent arguments, problems, difficulties, or illnesses in your family	
5	Felt increased irritability, aggression or anger	
6	Experienced any emotional or psychological challenges	
7	Experienced any personal losses	
8	Been eating poorly	
9	Been sleeping poorly	
10	Had to perform extra care duties, including home schooling	
11	Had family illnesses or loss	
12	Been feeling more physically vulnerable than usual	
13	Been feeling more emotionally vulnerable than usual	

SELF-CARE DURING REPORTING

1

GENERAL

- Take breaks at all points of the reporting cycle.
- Diversify the types of stories you work on.
- When planning your work, ensure that you also plan for regular rest and sleep, and prioritise downtime activities like swimming, exercising, yoga and safe social connection. The Dart Center for Journalism and Trauma has some great videos on Chair Yoga for Journalists.
- Know your limits and triggers.
- Schedule regular check-ins with friends, colleagues, managers, or a mental health professional.
- Plan! Plan! Plan!
- It is easy to fall into unhealthy coping mechanisms like excessive drinking or the use of substances to deal with depression, anxiety or trauma. If you or a loved one is worried about your use of substances to cope, contact one of the organisations listed at the end of this chapter.

2

BEFORE THE STORY

- Always evaluate both the physical and psychological risks of each individual assignment.
- Do a psychological self-examination and remember that your past affects your present. When doing this examination, it is important to include, not only recent experiences but also long-standing psychological wounds, inter-generational and familial conflict, as well as personal, generational, and collective traumas.
- Plan and schedule difficult work or tough interviews for the time of the day when your energy levels are at their highest.
- If you anticipate several difficult interviews or interactions, space them out to allow yourself time to recover. This helps to regulate the 'trauma load' at any given time.

AS A NEWS MANAGER:

- Diversify the types of stories you assign your staff.
- Have a newsroom coverage plan with well-defined roles and expectations to reduce uncertainty and distress among reporters.
- Actively advocate for the mental health of your staff.
- Lead from the front by practicing self-care and looking after your own body-budget.
- Appoint a mental health representative or committee for the newsroom.
- Equip middle managers and team leaders with the skills to manage mental health in the newsroom, as well as the skills to screen staff to know when further interventions may be needed.
- Focus on fostering an environment that speaks to the four key psychological needs for the optimal functioning of your staff - certainty, control, connection and consistency.

SELF-CARE DURING REPORTING

3

DURING THE STORY

- Where possible, do as much emotionally intense work early in the assignment, when you are less tired.
- Be aware of any physical signs of stress, trauma, or distress. This can manifest as a state of high alert, as if you are in danger. Other signs include a racing pulse, fast or laboured breathing, a tightness in your chest or muscles, nausea, body pain or a headache.
- If you find yourself overwhelmed by an interview or by the content you are dealing with, pause and breathe. If possible, take a break and leave the room to move around. If you are unable to leave, readjust your body. Straighten your spine, relax your shoulders, unclench your muscles. Plant both feet firmly on the floor and make use of one of the grounding or breathing exercises described in this chapter.



4

AFTER THE STORY

- In the same way that intensive exercise should be followed by a cooling-down period, you should allow a recovery period from emotionally taxing stories. This means actively building in mechanisms to distance yourself from the content you engage with.
- After a difficult interview, do not jump into transcriptions immediately. If possible, put the traumatic material aside and return to it at a later stage.
- Return to your plans for rest. Walk the dog, meditate, have dinner with friends or colleagues.
- Peer support and social connection must never be underestimated. Find a person in your work environment that you can share your experiences and concerns with and who can help you troubleshoot and debrief. Support your colleagues in the same way.
- A simple Body Scan exercise as described in this chapter can help you identify where you may be carrying stress.
- When you experience an emotional reaction after the fact, do not dismiss or ignore it. Note it. To name an emotion is often to tame it.
- Take time to reflect on the story, and on your responses to it. Ask yourself why certain content impacted you in the way that it did, how you can minimise that impact in future and what you need in the present moment to feel more balanced and supported.

PRACTICES TO REMAIN SANE AMID FEAR AND ANXIETY

SCAN FOR STRESS AWARENESS AND RELIEF

A body scan is an easy way to become aware of any physical tension in your body and help release it.

Instructions:

- Get comfortable. Lying down is preferable but if that is not an option, you can do the scan comfortably seated.
- Take a few deep breaths before you start. Slow your breathing down and focus on drawing air in through your nose and expelling it through your mouth.
- Bring your attention to your feet. Start noticing any sensations in your toes, your heels, and the bridge of your feet. If you notice any pain, tension, or stiffness, acknowledge the feeling and any thoughts or emotions that are connected to it.
- Breathe into the discomfort. If you notice any pain or tension, focus your attention on that spot. Now actively tense the muscles in that area and hold for a few breaths. As you unclench again, visualise the tension leaving the area through your breath and disappearing like mist.
- Repeat this process. Once you feel ready, move on, and continue this process. Scan your entire body. Move up from your feet to your calves, your knees, your thighs, and your hips. Focus on your lower back, your spine, and your neck. Repeat the same exercise for your fingers, your hands, your arms, and your elbows. Finally, bring your attention to your neck, your facial muscles, and your scalp until you reach the top of your head.
- Remember to breathe. If there is any tension, tightness, pain, or discomfort, breathe through it. Clench the muscles surrounding it and exhale, and as you exhale imagine the unpleasant feeling leaving your body.
- Notice where the tension resides. This is a great way to check in with yourself and your body, to notice where you may be carrying tension and what emotions are connected to what part of your body.

This exercise does more than just release current tensions - it also brings about an awareness of how your body feels when you are stressed and how to alleviate some of that discomfort.

You can do this exercise before you go to sleep, when you are feeling stressed or at various intervals throughout the day as a part of your mindfulness routine. If you do not have a lot of time, you can do a shortened version by sitting still and noticing any discomfort in your body, rather than moving from your feet to your head.

5-4-3-2-1 GROUNDING TECHNIQUE

Anxiety is something that most people experience at least once in their lives. In certain situations, the feelings of anxiety can become overwhelming and interfere with day-to-day functioning. The following exercise can be used on yourself or on someone else who is experiencing anxiety or panic.

Instructions:

- Pay attention to your breathing. It might be difficult at first but focus on breathing in through your nose and out through your mouth.
- (5) LOOK for five things you can see around you. Maybe a pen, a chair, a ceiling, a person.
- (4) FEEL four things that you can touch. Maybe your hair, the fabric of your clothes, the chair you are sitting in, the tablecloth in front of you.
- (3) LISTEN to three sounds you can hear around you. This can be any external sound. Perhaps you can hear a ticking clock, or the sound of traffic in the distance. Maybe you can hear the birds outside.
- (2) SMELL two scents in the air around you. Maybe you can smell the cup of coffee standing on your desk, or the neighbour cooking food, or the smell of laundry detergent lingering on your clothes.
- (1) TASTE one thing. What does the inside of your mouth taste like? Perhaps the taste of gum is still lingering, or you can taste the lunch you had or the lip balm you applied earlier.

This is a great technique to help you step out of your head and ground you in the present moment.

BREATH COUNTING

If you are feeling overwhelmed and you aren't in an environment where you can take a break, focus on breath counting. Some people use the 4-4-4 method, while others prefer 5-5-5 or even 8-8-8. For this explanation, we will use the 4-4-4 method, but you will soon realise what a happy and comfortable count for you is.

Instructions:

- Breathe in through your nose as you count to four.
- Hold that breath in for a further four counts.
- Breathe out through your mouth for four counts.
-

It seems simple but repeat this for one minute and you'll feel the difference!

CHAPTER 4: WORKING AGREEMENTS

With the arrival of COVID-19, the world that we live in has changed, and so has the world that we work in. Working agreements between journalists, including freelancers, and media houses, therefore needed to change too.

While the majority of South Africans were confined to their homes during the country's early high-level lockdowns, journalists and media practitioners received permits to continue telling the stories of the day from the frontlines of the pandemic.

Many industries have since decided that working from home is the 'new normal' in response to the latest challenges. Remote work is not always possible for those in a news environment.

The 'new normal' we live in means it can't be business as usual in our newsrooms.

BALANCING CONTENT, PEOPLE, AND SAFETY

Newsroom management is always a balancing act between people and content, and the nature of the pandemic has made finding that balance even more difficult, but also more crucial. This is especially true when new considerations are added: managers now also must balance new pandemic-specific safety protocols, both in the office and in the field.

South Africa's Occupational Health and Safety Act places a duty on employers to, as far as reasonably possible:

Provide and maintain a safe and risk-free working environment for employees, while placing a corresponding duty on employees to take reasonable care to safeguard their own health and safety.

This was true before the pandemic and is more important now than ever.

MITIGATING RISKS IN THE NEWSROOM

News managers can mitigate these risks by assigning stories that can be covered outdoors, that can be completed while still adhering to social distancing, and by selecting stories that can be covered safely, where possible.

Media organisations, like other employers, must have a workplace plan which addresses:

- Screening and testing protocols.
- Provision and use of personal protective equipment (PPE).
- Social distancing and hygiene measures.
- Training of employees.
- Designating an employee as a compliance officer.
- Protocols for instances where employees display symptoms or test positive for the virus.
- Protection of symptomatic or diagnosed employees from unfair discrimination and victimisation.

Employers have a responsibility to identify at-risk employees before expecting them to return to work. They must also implement a plan and take special measures to mitigate the risks of vulnerable employees, in line with the National Department of Health guidelines, to facilitate their safe return to the workplace or otherwise allow them to work from home.

Newsroom staff are considered vulnerable if they:

- Have one or more chronic conditions like diabetes, asthma, or high blood pressure, if they are living with HIV or are immunocompromised in some way, or if they are overweight.
- Are older than 60 years.
- Are pregnant.

People who were not vulnerable initially, may become so, meaning that news leaders and editors should check in with employees often, to ensure that they are still making decisions based on the latest and most relevant information.

Remember, even when working from home or out in the field, your team leader is rarely further than a phone call away. Managers should facilitate a comfortable and open line of communication so that reporters feel free to call them should the context of the story, situation or environment change, or new information come to light that results in the terms or deliverables of an assignment needing to be renegotiated.

Freelance journalists and photographers should, especially, be having these conversations with assigning editors. Freelancers and stringers often lack subsidised medical aid, insurance cover or other benefits awarded to their counterparts who are employed full-time by media organisations. Freelance reporters should decide upfront what their boundaries and limits are and make these clear upfront when talking about assignments.

Organisations should also ensure that freelancers are given proper documentation when on assignment, including a press card and a letter from the commissioning editor.

FOR MANAGERS

- Familiarise yourself with the latest workplace risk assessment, the workplace plan and the Occupational Health and Safety Act and the latest directives and amendments.
- Be mindful of the state of employee mental and physical health when selecting staff for assignments.
- Construct work schedules and suggest stories to ensure that vulnerable members of the newsroom avoid high-risk environments or assignments that put them into direct contact with the public.
- Create a safe space for employees to voice any fears or concerns they may have.
- Facilitate a collaborative rather than authoritarian process when troubleshooting or seeking solutions.
- Encourage vulnerable employees to pitch stories that minimise contact or exposure with others.
- Ensure that all employees have the equipment and skills to perform their duties from home should it be necessary.
- Not put freelancers at risk to avoid risking staff members.

FOR EMPLOYEES

- Ask about your company's action plan to prevent and mitigate COVID-19 infections in the workplace. This includes screening protocols, physical distancing and protocols for suspected or confirmed COVID-19 infections.
- Ask management about the plans they have in place if you fall ill while on assignment, especially a remote assignment.
- Do not be afraid to discuss any fears or reservations that you may have about a particular assignment with your editor.
- Remember that stories are not only assigned; assignments must also be accepted. The process should be a two-way street that takes the newsroom requirements and deliverables into consideration, while still respecting the personal considerations and boundaries of everyone involved. that freelancers are given proper documentation when on assignment, including a press card and a letter from the commissioning editor.

SANEF QUESTIONNAIRE

Journalists can make use of a list of questions endorsed by the South African National Editors Forum when speaking to news management about COVID-specific health and safety concerns, their scope of work and the nature of their working agreements:

- ☐ Do you have a workplace COVID plan in place?
- ☐ Who is the COVID officer?
- ☐ How are you complying with Department of Labour distancing requirements?
- ☐ Is there a written list of protocols covering screening/self-assessment of staff and visitors and sanitising processes? Where can I find it?
- ☐ Does the company provide medical testing on suspicion of infection? Who is responsible for the costs?
- ☐ Is safe company transport available for assignments?
- ☐ If I do not own a car, am I expected to use public transport?
- ☐ Do you provide Personal Protective Equipment (PPE) for me, and if so, what PPE? (Or must I provide my own?)
- ☐ Will you permit me to do appropriate parts of my job at a distance from home?
- ☐ Do you provide any support/subsidy for home-working equipment and facilities, such as data and Wi-Fi link?
- ☐ Do you provide insurance cover for staff members who may be infected on duty? Does it cover my job or placement situation?
- ☐ What are the conditions/exceptions of that insurance cover?
- ☐ If I decline an assignment because of my, or a vulnerable family member's health status, what will you do?
- ☐ If I need to isolate because of a family member's health status, what provisions do you make?
- ☐ If I need to quarantine because of my own suspected exposure or positive diagnosis, what provisions do you make?
- ☐ If I contract the virus because of work-related activities, what assistance do you provide?
- ☐ Will you provide permits for after-hours work during any curfew?
- ☐ If I am arrested, or detained in a non-safe space by authorities, what will you do?
- ☐ If I find myself in a situation that turns out risky and I cannot contact the desk, will you penalise me for withdrawing?

BEMAWU: A CASE STUDY AT THE SABC

Hannes du Buisson is the president of the Broadcasting, Electronic, Media and Allied Workers Union (BEMAWU) and represents several employees at the South African Broadcasting Corporation (SABC). He recalls some of the interventions, negotiations, and challenges at the public broadcaster since the start of the pandemic:

WORKPLACE SAFETY

“When COVID-19 started, BEMAWU demanded that workers must be sent home. We argued it cannot be business as usual, as these were not normal circumstances. At first, we were accused of being alarmist and spreading fake news. Fortunately, due to sustained pressure the employer conceded and allowed workers who could work from home to do so.”

At the start of the pandemic, the union demanded that biometric access to the buildings be stopped due to the risk of transmission, and that signing in be automated via an app. Since then, the SABC has discontinued the use of fingerprint scanners and contact-based biometric access control measures.

Du Buisson says the union stepped in on multiple occasions when SABC staffers raised health and safety concerns. “In the early days of the pandemic a video was circulating amongst employees of a sanitiser that killed an open flame, as opposed to fuelling it, which should happen when there is the required percentage alcohol present.” He says BEMAWU sent a sample of the sanitiser to a private laboratory for analysis, an expensive but worthwhile exercise. “When the results came back confirming that the sanitiser complied, employees were at ease and comfortable to trust the sanitiser.”

He says they also intervened when workers at a temporary site tested positive for COVID-19. “We brought it to the attention of the SABC and we ensured that the site was closed and sanitised before workers were allowed back.”

He says BEMAWU has also demanded regular interactions with the public broadcaster since the start of the pandemic and continued to

engage in weekly meetings where safety concerns are raised and addressed.

‘WE’RE IN THIS TOGETHER’

Du Buisson says employees are people first, and that the COVID-19 pandemic is first and foremost a human crisis. “In these abnormal circumstances, employers must first ensure the health and safety of its employees, and put employees in a position to also deal with issues like the closure of schools and aftercare facilities,” he says. “We are all in this together; an employer cannot do business without employees, and employees need work to earn an income; somewhere between these respective interests are a midway, informed by reasonableness.”

Workers should be on a subsidised medical aid and have sufficient family responsibility leave. He says employers should also regularly assess whether the work environment, in particular the lighting and heating, are adequate for the health, safety and physical comfort of employees, particularly night workers. “Employers must conduct a risk assessment, which requires that hazards are identified and the risk that they pose to the health and safety of employees is assessed and recorded.” Employers must implement appropriate measures to eliminate or control hazards identified in the risk assessment, and keep employees informed about relevant risks and mitigation measures in place to prevent them.

Arrangements should be considered to accommodate the special needs of workers such as pregnant and breastfeeding workers, workers with family responsibilities, older workers, disabled workers or workers with health problems.

He says the workers’ personal preferences for the scheduling of their own free time should also be taken into consideration when decisions are made. “Every employer must ensure that the working time of employees are regulated in terms of code of practice on the regulation of working time, which is closely connected to the protection and promotion of the health and safety of employees and, in some cases, members of the public.

LABOUR LAW FAQs

Jahni de Villiers is the director of labour relations and human resource consultancy Labour Amplified. She says media practitioners, especially freelancers, face some industry-specific challenges due to the unique nature of their work and working environments. The responsibilities of employers, however, are not unique to the industry - they are held to the same standards as those in other sectors. She sheds some light on frequently asked questions about COVID-19 and labour relations in the newsroom.

Q: What are some of the common complaints from media workers and how can these issues be addressed?

A: Common complaints include inadequate social distancing measures due to enforced attendance at offices, mask-wearing that isn't enforced in the workplace, insufficient sanitiser or PPE, non-application for TERS benefits, poor communication and insufficient support. Safety in the workplace is a two-way street, and both employer and employee are responsible for workplace safety. The actual measures that need to be followed are in the published OHS directions. Employers and employees can also contact the Department of Labour if they have any concerns or need further clarification on anything. Communication is critical, and there are many valuable resources available to help managers manage during COVID-19, such as this one from the International Employers Organisation.

Q: I have developed symptoms and been told to enter a precautionary quarantine (or I tested positive for COVID-19) but I don't have any sick leave left. What now?

A: In this case, you or your employer would have to apply for illness benefits from the UIF. The application can be made online.

Q: I have had close contact with someone who has COVID-19 and have informed my employer that I am required to self-isolate. Do I need to put in leave or am I entitled to sick leave, even if I am not displaying symptoms?

A: In this case, sick leave and the illness benefits in terms of the UIF would not be appropriate. Ideally, an employee should work from home and if that is not possible, an employer should consider special leave for the employee.

Q: When it comes to having myself classified as a 'vulnerable employee', how much information do I have to disclose to my employer? Is it enough to get a letter from my doctor stating that I am high-risk, or do I have to specify what my comorbidities are and disclose details about my condition?

A: As an employee, you do not have to disclose anything, but it is wise to do so to ensure that your employer can plan assignments accordingly. The specifics about your conditions are not needed - the different conditions and types of vulnerabilities do not affect the steps that need to be taken to protect you in the workplace. It is enough that an employer knows who is vulnerable.

Q: There is some talk about mandatory vaccinations in my newsroom. Can my employer force me to get vaccinated?

A: Your employer cannot force you to get vaccinated. Your employer can, however, decide based on their risk assessment that vaccines are mandatory in the workplace. If they decide to implement this, there may be an operational requirement to get the vaccination, which means your services can be terminated if you decline and you cannot be accommodated elsewhere in the organisational structure.

Q: How can I negotiate safety concerns and assignment boundaries within the newsroom? When can I refuse an assignment because of safety concerns?

A: The most effective way to address any safety concerns is to raise issues in writing and insist on written responses or answers. The current OHS direction provides the circumstances under which work may be refused. It states:

An employee may refuse to perform any work if circumstances arise which, with reasonable justification, appear to that employee or to a health and safety representative to pose an imminent and serious risk of their exposure to SARS-CoV-2 virus infection.

- An employee who has refused to perform work [...] must, as soon as is reasonably practicable, notify the employer, either personally or through a health and safety representative, of the refusal and the reason for the refusal.
- [This] applies whether the person refusing to work has used or exhausted any other applicable external or internal procedure.
- No person may benefit from, or promise any benefit to any person for, not exercising his or her right[s].
- No person may threaten to take any action against a person because that person has exercised or intends to exercise the right[s].
- No employee may be dismissed, disciplined, prejudiced or harassed for refusing to perform any work as contemplated [above].

Q: At what point should I approach the newsroom health and safety representatives, HR or my union when I have safety concerns that I feel aren't being addressed?

A: As quickly as possible! The sooner stakeholders are notified of concerns or potential trouble, the better.

Q: How can employees be supported when they fall ill, or have to deal with additional responsibilities like childcare due to school closures or caring for a sick family member?

A: The Workplace Risk Assessment needs to address this, either through offering leave, the option of working from home or other appropriate arrangements. One of the most important things for employers to remember is that the pandemic has had a massively disproportionate effect on women, for exactly this reason, and that cannot be ignored in planning and policies. Communication is key to ensure adequate and ongoing support.



CHAPTER 5: THE BASICS OF HEALTH AND SCIENCE REPORTING

News media organisations are a primary source of information for the majority of the public. During a health emergency, affected communities are desperate for information and the extent of the COVID-19 pandemic means everyone is affected. Therefore information - news reports or comment pieces - must be accurate and easy to follow.

Many newsrooms do not have dedicated health or science reporters. The COVID-19 pandemic means that general reporters are expected to cover a wide range of stories, which are usually time-bound and possibly outside their beat or area of expertise.

Despite the pressures of deadlines, it is important to ensure that reporting about the pandemic is accurate. Inaccurate reporting - whether intentional or not - dents public trust and can result in real-world consequences for the audiences it reaches.

Accurate reporting means:

- Going beyond simply repeating what was said.
- Interrogating the information before blindly reporting the information supplied.
- Making sure that the information you are providing is factual.
- Verifying information and citing reliable, official sources.

BASICS OF HEALTH REPORTING

Like any other beat, there are basics of health reporting. These include becoming familiar with key terminologies and their definitions. This is important in order to add to the understanding'. It is also useful when communicating with experts and can help convey messages to the public more effectively. When covering a breaking story there is often not enough time to familiarise oneself with these, and therefore preparation is key.

BELOW ARE A FEW BASICS OF MEASURING DISEASE:

Incidence - The number of new cases of a disease.

Prevalence - The proportion of a population who have a specific illness, for example in 2019 South Africa's HIV prevalence rate was 19%.

Case fatality rate - This is the proportion of people who are diagnosed with a disease and then die from that disease. So, the death of a person who is diagnosed with COVID-19 but dies from an injury wouldn't be included.

Infections vs cases – Infections are the number of people who get infected with a disease-causing virus. In most cases people have to get tested to confirm infection. In the case of COVID-19, it is more accurate to state the number of reported cases as it is impossible to confirm how many people have actually been infected.

Mortality – is usually expressed as a rate and refers to the proportion of people who died of a particular cause of disease.

Morbidity – refers to the rate of ill health in a population.

The novelty of COVID-19 means that there was and still is a lot to learn and to discover. The pandemic has transformed the frequency and availability of scientific research and the public's interest in it. More research is being published as scientists work to make sense of COVID-19 and better understand how it impacts people. This means that scientific research has become a regular news feature.

BEFORE GOING OUT ON A STORY OR ATTENDING A BRIEFING

- Do a quick search of who will be there and what type of information you can expect to get from them. For example, scientific researchers will not necessarily be able to provide the latest updates on the government's vaccine roll-out.
- Get an update on the latest developments so that you are not wasting the limited time you have going over established facts.
- Prepare your questions beforehand.
- Do not be afraid to ask questions to clarify what they are saying – you are also “the public”
- If you find the science confusing, ask an expert. Not every call will give you quotes or a sound bite. But understanding the context is key.

BASICS FOR REPORTING ON RESEARCH

Some basic information you'll need to report on disease research:

- Epidemiological studies seek to identify the patterns, causes, and control of certain diseases in populations.
- Randomised control trials are trials where participants are assigned to one of two groups: one (the experimental group) receiving the intervention that is being tested and the other (the comparison group or control) receiving an alternative (conventional) treatment. The findings of these trials help determine the effectiveness of a particular intervention (treatment, procedure, or service).
- In a randomised control trial, the controls are the participants who don't receive the medicine or vaccine being tested. Control groups could be receiving another drug or placebo. A placebo is a substance with no therapeutic effect.
- Risk factors and comorbidities do not necessarily cause a disease but can result in increased severity of symptoms should a person become infected.

When reading research studies, it is important to consider the following:

- Are the authors publishing in their area of expertise?
- Have the authors declared any conflict of interest? This will help identify who sponsored the research. Once identified it would be useful to describe or give background on the sponsor.
- Has the research been peer-reviewed? Research articles written by experts are normally reviewed by several other experts in the field before being published in a journal. This is a way to ensure the quality of the work published. Peer-reviewed research is an important resource when reporting on health and science.
- A preprint is a full draft research paper that is shared publicly before it has been peer reviewed. Journalists must practice extreme caution when reporting on these types of publications. COVID-19 has seen a lot of pre-print research being published without clarification of its unreviewed status.
- It is always advisable to get more than one expert opinion for your articles.

These points are compiled from course materials which can be viewed in full here: <https://www.teachepi.org/courses/epidemiology-for-health-journalists/>

TELLING PEOPLE'S STORIES

Telling people's stories is an important part of health journalism. When telling human-interest stories:

- Respect people's privacy.
- Avoid revealing their identities without the informed consent of your subjects.
- Avoid labelling, stereotypes, discriminatory language and photographs that induce fear.

GENERAL TIPS

1 Identify the authorities in charge of disseminating official information such as government responses and changes in regulations such as lockdown alert levels. In South Africa this is the role of the National Department of Health.

2 Check the official account of events against what is really happening. An important example would be keeping track of what was promised for the COVID-19 vaccine rollouts and what has since happened.

3 Avoid false balance. Distinguish between the truth based on evidence and the truth based on beliefs, and make sure that the two sides of any story are reported only when they are equally valid.

4 Avoid spreading misinformation. Don't amplify the voices of those who spread misinformation, which adds to confusion, anxiety and fear. Repeating what is said in the public domain without consideration of where it comes from is dangerous and can fuel misinformation.

5 Verify Check information before broadcasting/publishing it - it's better to be right, rather than first.

6 Provide context. This is a key component of making sense of the events that shape the world. It is important for journalists to keep abreast of important political, economic and social developments. No event happens in a vacuum. Even scientific and health developments are influenced by these factors. For example, it's not enough to tell your audience that a new vaccine has been approved for use. You need to explain what this actually means and why it matters.

Key considerations for providing context questions to ensure context include:

- Providing relevant background to the events taking place
- Examining who this affects
- Exploring how this development fits into the bigger picture

UNPROVEN INFORMATION AND MYTHS

COVID-19 is a relatively new illness, which means that there are still a lot of uncertainties. The science around the disease and its impact is moving at a fast pace. All the uncertainty has given rise to myths, which are also constantly changing.

NOTE: Some of the following treatments are subject to clinical trials. Despite this, there is no concrete evidence of their efficacy in treating COVID-19.

Below are just a few myths that have been circulating in South Africa:

VACCINES ARE UNSAFE

COVID-19 vaccines were developed at unprecedented speeds. A process that can take up to 15 years was concluded in less than 12 months. It is understandable that people are worried about the safety of vaccines that were developed so fast. But clinical testing is a part of any vaccine development. This testing helps to show that the vaccines are safe and effective in a diverse group of people living in different settings. No step in the development, testing and approval of the COVID-19 vaccines has been skipped. Vaccine rollouts are being monitored closely and clinical trials are ongoing.

IVERMECTIN IS EFFECTIVE IN TREATING COVID-19

Ivermectin is a highly effective drug used to treat parasites in animals and was later also shown to be effective in humans. Interest in the drug has spiked following laboratory evidence that it could act against SARS-CoV-2, the virus that causes COVID-19.

The use of the drug is strictly controlled. In South Africa, following a successful court process, it is now available for use in COVID-19 cases under medical supervision. But this is still an issue of contention. Some medical doctors say Ivermectin is a proven

treatment for COVID-19, but the South African Health Products Regulatory Agency maintains that there isn't enough scientific evidence available on this yet.

STEAMING INHALATION CAN HELP TO TREAT COVID-19

The inhalation of steam is usually used as a home remedy for common colds. This has been touted as a remedy for COVID-19. But the evidence for this is weak. The World Health Organisation does not recommend steam inhalation with any ingredient as a cure for COVID-19.

VITAMIN C CAN PREVENT OR CURE COVID-19

Vitamin C is known to protect against some diseases-causing organisms. Vitamin C supplementation has been evaluated in people with serious infections. Studies are underway on the potential role of high doses of vitamin C in patients with COVID-19. But there isn't any clear scientific evidence to support this yet.

IF ENOUGH PEOPLE GET INFECTED, WE WILL REACH NATURAL HERD IMMUNITY

When most of a population is immune to an infectious disease - either through vaccination or natural infection - this provides indirect protection to those who are not immune. This is known as herd immunity.

Some are arguing that since around one in three South Africans are believed to have had COVID-19, we will soon reach herd immunity without the need for vaccination. But South African scientists have shown that infection with the original strain of the coronavirus did not protect people from getting infected again.

HOW TO FACT CHECK

1

Establish what the exact claim was:

- What was said?
- Who said it?
- When was it said?

2

Get in touch with the person/institution that made the claim:

- Confirm when, where and what was said.
- Ask for the evidence that their claim is based on. This is especially important when making scientific claims where numbers or statistics are used.

3

Follow the research:

- Check the sources of the person who made the claim. This might mean getting in touch with the researcher of a study or calling experts to explain processes.

4

Weigh the evidence:

- Based on the steps above you should be able to reach a conclusion on the factuality of the original claim.
- If the claim made is inaccurate, it is important to provide the accurate information.
- If the claim is accurate, it is important to explain why.
- The third possible outcome to a fact check may be that a claim is misleading. This is when facts are provided out of context. For example, opponents to the legalisation of sex work often claim that sex work fuels human trafficking. Human trafficking is a problem - that is a fact. But people get trafficked for more reasons than to sell sex. And not all sex workers are victims of human trafficking. It is thus misleading to assume that the one causes the other.

Before pressing “send” check the following:

1. Have you checked spelling (names, places, medicine, etc.)?
2. Are the headline and subheading accurately describing what the story is about?
3. Are the photographs an accurate depiction of events or the accompanying images relevant and in line with the story?
4. Have the parties accused of wrongdoing been given the right of reply?
5. Have you done a check on the key facts?

RESOURCES

For official updates:

- <https://sacoronavirus.co.za/vaccine-updates/>
- <https://www.cogta.gov.za/index.php/2020/04/22/coronavirus-disease-covid-19/>
- <https://www.gov.za/covid-19/vaccine/vaccine>
- <https://covid19.who.int/>

For the latest research and expert comment:

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>
- <https://africacdc.org/covid-19/covid-19-research-tracker/>
- <https://www.wits.ac.za/experts/covid19/>

Factchecking

- <https://toolbox.google.com/factcheck/explorer>
- <https://africacheck.org/get-involved/fact-checking-tips>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://www.nicd.ac.za/>

Expert comment

- <https://quotethiswoman.org.za/>



CHAPTER 6: VACCINATIONS

Within a year of the start of the pandemic, some countries had already started inoculating their populations against SARS-CoV-2, the virus that causes COVID-19. While a vaccination alone is not enough to end this pandemic, it is an important part of the solution.

A BRIEF HISTORY

Vaccinations have formed part of one of the most important public health interventions in human history. They date back as far as 1796 - when Edward Jenner developed the first vaccine to prevent smallpox, but the children of England's Prince of Wales had already been inoculated successfully in 1722. Smallpox is the only human disease to ever be eradicated. It is now an established practice to inoculate

The field of vaccinology evolved over the next 200 years. It now includes scientists from several disciplines such as microbiology, immunology, medicine, epidemiology, statistics, policy, manufacturing, molecular biology, public health and even ethics.

In South Africa thousands of babies, children and adults over the past several decades have routinely received vaccinations from government and their doctors. There are vaccines to protect against TB, diphtheria, influenza, whooping cough, Hepatitis B, Tetanus, measles and polio. Travellers also get vaccinated against potentially fatal diseases which may be endemic to the countries they are travelling to.

Today, vaccines prevent between two and three million deaths every year.

Despite the proven positive impact of vaccines on health, anti-vaccination sentiments and vaccine hesitancy persist. These movements are robust, resilient and adapt easily to new media platforms. The World Health Organisation recognises vaccine hesitancy as a serious threat to global health.

The best way to counter the misinformation around COVID-19 and vaccines, is to provide accurate information. While we are not scientists, it is important that journalists have a basic understanding of vaccines and how they work.

VACCINE HESITANCY

- Vaccine hesitancy is the reluctance or refusal to get vaccinated. There are many factors that contribute to vaccine hesitancy. These include cultural, religious and historical factors.
- Modern day research and clinical trials are highly regulated. Despite this, people in some countries, especially in Africa, view vaccines and medical research with suspicion.
- Historically, there are many accounts of groups of people around the world who were subjected to abuse and experimentation under the guise of medical research and treatment or at the hands of unethical medical practitioners.
- Anti-vaccination groups are very active on social media to put across their arguments against vaccination and counter the Covid vaccination programme.
- Vaccine hesitancy or refusal is not new, but its continued presence has led to major outbreaks of vaccine-preventable diseases. Examples of this are the measles epidemics in Europe and North America between 2018 and 2020.

The issue is particularly pressing now, as wide-scale vaccination is an important part of ending the COVID-19 pandemic. Delays and refusals of vaccination make it impossible to reach thresholds of coverage necessary for herd immunity.

Herd immunity is the proportion of people in a particular area who need to be vaccinated against a disease to minimise the risk of person-to-person transmission. In this way everyone is protected, not just those who were vaccinated. The threshold needed to achieve herd immunity varies with each disease and between populations.

In South Africa, it's estimated that 40 million people need to be vaccinated for the country to achieve herd immunity against SARS-CoV-2.

VACCINES 101

- Vaccines work by protecting people at risk of a preventable disease from infection of severe illness.
- Vaccines reduce the risk of disease by working with your body's natural defences to build protection. Our immune systems protect us from disease-causing organisms like bacteria, viruses, and fungi.
- When someone gets infected with an organism, the immune system is triggered to attack. Each disease-causing organism is unique and the body reacts by forming antibodies unique to that organism. Antibodies are an important part of our immune systems. When someone is exposed to a particular disease-causing organism, the antibodies that develop help our bodies fight infection faster in the event of another infection.
- It is this function of the immune system that underscores how vaccines work. Vaccines "train" our immune system against organisms. Vaccines contain weakened or inactive parts of a particular virus, known as an antigen, that will elicit an immune response once it is administered. This weakened version will not cause the disease in the person receiving the vaccine, but it will prompt their immune system to respond in the same way it would have when first reacting to the actual disease-causing organism. Newer vaccines contain the blueprint for producing antigens rather than the antigen itself.

VACCINE PRODUCTION

Vaccine development is a rigorous process that must pass numerous tests before vaccines are deemed safe and effective enough for people to use. Vaccines that are under development must undergo pre-clinical trial screenings and evaluations of safety and efficacy. None of the testing in this phase is done on humans.

An experimental vaccine that triggers an immune response in these early tests will then get tested on people.

Clinical trials are a kind of clinical research designed to evaluate and test new interventions, such as psychotherapy or medications. These are often conducted in different phases. The trials at each phase have a different purpose and help scientists answer different questions.

Phases of clinical trials: when clinical research is used to evaluate medications and devices.

Phase I trials

Researchers test an experimental drug or treatment in a small group of people for the first time. The researchers evaluate the treatment's safety, determine a safe dosage range and identify side effects.

Phase II trials

The experimental drug or treatment is given to a larger group of people to see if it is effective and to further evaluate its safety.

Phase III trials

The experimental study drug or treatment is given to large groups of people. Researchers confirm its effectiveness, monitor side effects, compare it to commonly used treatments and collect information that will allow the experimental drug or treatment to be used safely.

Phase I and II trials are necessary, but do not establish a drug's efficacy. This is usually determined in phase III.

When reporting on clinical trials, journalists must explain the phase of the trial to help the reader determine what was being tested and what the expected next steps are.

When evaluating and researching findings, randomised control trials (see previous chapter) compare the findings from the group that received the intervention and the group that did not.

VACCINE EFFICACY VS EFFECTIVENESS

Vaccine efficacy and effectiveness are usually used interchangeably in news reports about the results of clinical trials. Both terms are used to describe how well a vaccine works, but they do not measure the same thing.

Efficacy refers to how well a vaccine protects people from infection. This is usually tested in a clinical trial setting where some participants received the vaccine and others received a placebo. For example, if 90% of the study participants were protected from infection after getting vaccination - the vaccine has 90% efficacy. But these findings are in a trial setting, where the conditions are controlled and participants are carefully selected.

Vaccine **effectiveness** looks at how a vaccine performs in a "real-world" setting, where people of varying ages and medical statuses are vaccinated. A vaccine that has a 90% efficacy may have a much lower effectiveness. A vaccine, however, does not need to have a high efficacy to be useful. The flu vaccine has an effectiveness of between 40-60% (saving this proportion of the population from getting sick). Some COVID-19 vaccines have shown effectiveness in protecting people from severe illness in the event of an infection.

RESOURCES

- <https://bhekeisisa.org/category/resources-for-journalists/>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>



CHAPTER 7: TELLING A GREATER RANGE OF STORIES

Journalists are in the position to be able to tell great stories about people who generally don't make the news. They write the first draft of history. For those in a media space, the COVID-19 pandemic offers a once in a lifetime opportunity to write great stories and make sure the voices of marginalised people are heard.

In the future, the journalists of today will be able to say that they were there, on the frontlines during unprecedented times, and they brought the news from those frontlines and the stories about a changing world to the homes of their audiences.

While the pandemic may have decreased newsroom funding and resources, leaving journalists and others feeling overwhelmed, the media has the unique ability to change lives and increase social cohesion. By setting the agenda, journalists shine the spotlight on important issues and vulnerable groups.

It's these stories - the stories of impact - that change the world. These are also the stories that showcase the lived realities of people on the ground, and are essential to the country, the region and the continent.

NOT ALL HEALTH

While the pandemic touches almost every aspect of our lives, it doesn't mean all stories that are told have to centre on health. The pandemic has resulted in the worsening of a number of societal ills that were already prevalent in our communities.

People unequally impacted include people:

- In developing countries.
- In the informal sector.
- Who are lesbian, gay, bisexual, transgender and intersex.
- In rural areas.
- Parents and caregivers.
- Who live alone.
- With large families.
- Women.
- Children.
- Immigrants.
- The poor.

Storytelling during COVID-19 has been a challenge for every journalist, no matter the beat they cover. The pandemic has impacted so many aspects of life, and therefore impacts so many different stories and topics. In the same breath, however, there are also stories that the pandemic has negligible impact on.

SOME STORY IDEAS:

- How has the pandemic impacted different peoples' food security?
- What has the impact on educational achievement been?
- How has the pandemic impacted people of different occupations like construction workers, retail shop assistant and waiters?
- How the pandemic has impacted different businesses or industries such as paper and pulping, mining etc?
- What measures are in place to prevent an economic recession? What countries have good measures in place?
- Has the COVID-19 pandemic boosted or depressed entrepreneurship, and how?
- How is the government assisting the business community in these trying times?
- Are children with learning difficulties assisted during school closures and periods of remote learning? How?
- How are rural/poorer communities dealing with the digital divide and issue of internet access for online learning during school closures?
- Are people from poorer communities who have recovered from COVID-19 receiving follow-up care and are they informed about possible re-infection?
- Who are the "silent heroes" in your community in the fight against COVID-19?
- What programmes are making an impact to decrease pandemic-related gender-based violence and how are they impacting peoples' lives?

Take advantage of this opportunity to tell amazing stories about people from all walks of life.

TIPS TO GET GREAT STORIES:

- Build a strong contact network with primary sources, including doctors, medical personnel and other workers in clinics and hospitals.
- Stay in regular contact with primary sources.
- Ensure that “off the record” stays “off the record” when quoting your sources.
- Find a unique lead in every story to ensure that you tell it differently.
- Do regular follow-ups, own your story, and tell it better than anyone else.
- Find the angles and stories that no one else is covering, don't only chase the big stories.
- Ensure that your coverage is accurate, fair, and truthful.
- Ensure you cover people's stories, not just politicians' statements.
- Read widely especially coverage from other countries, to draw comparisons and get inspiration for local stories.

AVOID FALLING INTO CHURNALISM

In an ideal world, news professionals would provide unbiased coverage of facts. Official spokespeople, however, don't have the same objectives; they want their information and views to make headlines. Simply rehashing stories from press releases that have already appeared elsewhere also makes your media house look like a follower, rather than a front runner and pack leader.

But, more concerningly, using press releases and stories from other media without putting in the work often also means that fact-checking is deprioritised - or, worse, not done at all.

Source to check for churnalism:

A useful news tool for journalists and news managers is Media Monitoring Africa's churnalism detector:

<https://www.newstools.co.za/churnalism/search>

HOW TO AVOID CHURNALISM











- **Press releases are only step one:** All information gathered should be checked, sources should be verified and where possible stories should be followed up.
- **Determine the newsworthiness of a press release:** Ask yourself whether the information contained in a press release, or any pre-packaged news is worth reporting on or in the public's interest.
- **Take the news a step further:** Try to make the story your own by finding a strong, new angle and contacting the sources directly for fresh, newsworthy quotes.
- **Always remain transparent when using press releases:** Make sure you are honest with your audience about the source of the information published.

CHAPTER 8: MISINFORMATION

The UNESCO Handbook for Journalism Education and Training defines misinformation or misleading information as false information, which was created, but without intent to cause any harm. The spread of misinformation about science, especially in the current pandemic, is regarded as a major public health crisis. It not only poses a risk to international peace, but also interferes with democratic decision-making. In the case of a pandemic, it threatens public health and interferes with collective decision-making. During a pandemic, misinformation can have long-term health consequences, or even prove fatal.

Below are ten examples of misinformation as illustrated by Groundviews:

10 TYPES OF MIS- AND DISINFORMATION

 <p>FALSE CONNECTION When headlines, visuals or captions don't support the content</p>	 <p>FALSE CONTEXT When genuine content is shared with false contextual information</p>
 <p>MANIPULATED CONTENT When genuine information or imagery is manipulated to deceive</p>	 <p>SATIRE OR PARODY No intention to cause harm but has potential to fool</p>
 <p>MISLEADING CONTENT Misleading use of information to frame an issue or individual</p>	 <p>IMPOSTER CONTENT When genuine sources are impersonated</p>
 <p>FABRICATED CONTENT Content that is 100% false, designed to deceive and do harm</p>	 <p>PROPAGANDA When content is used to manage attitudes, values and knowledge</p>
 <p>SPONSORED CONTENT Advertising or PR disguised as editorial content</p>	 <p>ERROR When established news organisations make mistakes while reporting</p>

STOP THE SPREAD OF MISINFORMATION.
THINK BEFORE YOU SHARE, REACT OR RESPOND.

GROUNDVIEWS
journalism for citizens



CHAPTER 9: STIGMA

The COVID-19 pandemic, as with many epidemics and public health crises before it, has brought new and renewed stigma to a number of regions, countries, communities and individuals. This stigma often builds on pre-existing perceptions and prejudices about already-marginalised groups. Journalists have the power and the responsibility to break this stigma and changes how communities are perceived and how people are treated.

STIGMATISING COUNTRIES AND COMMUNITIES

Initially, the naming conventions around different strains of the virus were attached to the countries in which the virus-variant was first detected. This resulted in widespread use of terms like “the South African strain” or the “Indian strain” when talking about new viral mutations. This led to many negative outcomes for the countries involved in detecting these strains. The World Health

Organisation (WHO) has since tried to mitigate these repercussions by introducing new naming systems for different strains of the virus, which until then had (often unfairly) been associated with the country that first detected or reported the new variant.

Reactions to the pandemic from policy makers have also served to stigmatise certain communities, especially those with fewer resources at their disposal. Banning alcohol on certain days implies that alcohol consumption is a working-class pursuit, and that the real danger is binge drinking in a single sitting. The implication is that people who can afford to stock up on alcohol supplies are not part of the problem. Perpetuating these types of beliefs through the policies and protocols put in place might not be intentional but will persist if not challenged. The media has an important role to play in this.

STIGMATISING INDIVIDUALS

Individuals who are experiencing symptoms, whether from COVID-19 or unrelated conditions, may be stigmatised and be further isolated from loved ones and communities. While this may be necessary in the short term, long-term isolation is harmful to individuals, families and society at large. Journalists must also take care not to inadvertently stigmatise individuals who may have infected others as this will prevent people who get a positive result from alerting people they may have been in contact with.

People also may opt not to get vaccinated. It is the right of people (at present) to refuse vaccination. They should not be labelled in a derogatory way as they may have religious, personal or political beliefs for refusing vaccination. Laws may come into being that discriminate against unvaccinated people, but this is not yet the case. And it is not journalism's job to promote any type of discrimination.

THE IMPACT OF STIGMA

Stigma, or the fear of stigmatisation, may deter individuals from accessing testing services and adequate healthcare if they

fall ill. This hesitancy and fear can result in negative long-term health outcomes or death. Other people may ignore symptoms or continue to interact with others, which can result in further transmission to their loved ones and communities.

The media may also contribute to stigmatisation of certain people or communities through their reporting. One way to prevent stigmatising anyone or a community is to provide context for the stories they tell. Journalists can also focus on reporting on continued efforts to find solutions, rather than creating the impression that there is little hope of finding a cure or improving outcomes for the future.

Most journalists strive to be trusted sources of accurate information, and as such are able to influence discussions on social media. This can be done by providing facts and information about prevention, treatment, vaccines and healthcare. It is also a useful tool for community journalists to ensure that smaller communities are kept informed about the latest developments about the pandemic, and to shift certain narratives that may be harmful or further stigmatise vulnerable groups.

THE EFFECTS OF COVID-19 STIGMA:

- People who may have COVID-19 deliberately leave their homes and go to work so that the community does not think they are sick.
- People self-isolate and self-medicate instead of visiting doctors for fear of discrimination.
- People are blamed for infecting others, leading to harassment and intimidation.
- Children are bullied at school if they or family members have had COVID-19.
- Families burn beds and bedding when someone dies of COVID-19.
- Restaurants refuse to deliver food to hospitals.
- Taxi drivers refuse to drive medical staff or healthcare workers.
- Workplace discrimination leads to mental health issues.

Stigma, discrimination and prejudice are often fuelled by misinformation and ignorance. Journalists have a duty to inform and educate the public, and in doing so can fight harmful beliefs that affect individuals and communities.

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