



Tick-borne encephalities

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Key facts

- Tick-borne Encephalitis (TBE) is a viral infection of the central nervous system caused by the Tick-borne Encephalitis Virus (TBEV).
- It is transmitted through the bite of infected Ixodes ticks, which are commonly found in forested and grassy areas of Europe and Asia.
- The disease can range from mild flu-like symptoms to severe neurological conditions and long-term complications.
- There are three subtypes of TBEV, each associated with different geographical regions.
 - European (TBEV-Eur)
 - Siberian (TBEV-Sib)
 - Far Eastern (TBEV-FE)

Transmission: vector-borne (ticks)

- It is primarily transmitted through the bite of infected Ixodes ticks during their blood-feeding.
- However, in some regions, particularly in Europe, unpasteurized milk from infected livestock can also transmit the virus when consumed.

Most vulnerable to contracting the disease

- Individuals living in or traveling to regions where TBE is common, particularly in parts of Europe and Asia.
- Those who frequently spend time in tick-infested areas, such as forested or grassy environments.
- In regions where the virus can be transmitted through unpasteurized milk, consumers of such milk are at increased risk.

Symptoms

Symptoms can vary, ranging from mild to severe:

- Early Symptoms
 - Fever
 - Headache
 - Muscle aches
 - Fatigue
- Neurological Symptoms
 - Confusion

- Neck stiffness
- Seizures
- Ataxia (lack of muscle coordination).
- Long-term Effects
 - Cognitive difficulties
 - Motor impairments.

What can you do to prevent and control an epidemic?

Personal protection

- Encourage the community members to stay away from wooded and grassy areas where ticks are commonly found, especially during peak seasons.
- Encourage them to apply tick repellents containing DEET or other approved chemicals to exposed skin and clothing.
- Encourage them to wear long sleeves, long pants, and tick-resistant clothing when in tick habitats.
- Encourage them to regularly check for ticks on the body and remove them promptly with fine-tipped tweezers.

Monitoring the community and identifying sick people

- Identify community members who have suspected TBE based on the community case definition

Treatment and management

- Rapidly detect and refer severe cases to health facilities early
- Provide psychosocial support to the sick person and their family members

Social mobilisation and behaviour change

- Find out the specific advice being given by health and other relevant authorities
- Model following this advice and inform community members of current health practice advice
- Offer support and encouragement to follow the advice
- Try to gain understanding about if and why health practice advice is not being followed
- With the guidance of your supervisor and health authorities, work with communities to overcome barriers to following health advice and recommended practices

Immunization

- In some endemic regions, vaccines are available and recommended for people at high risk of exposure.

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with Tick-borne encephalitis? Where?
 - How many people have died? Where? When?
 - Who and where are the vulnerable people?
 - Where are the local health facilities and services? (include traditional healers)
- Record the following information on the back of the map:
 - When did people start to fall sick with tick-borne encephalitis?
 - How many people live in the affected community?
 - How many are children under five years old?
 - What are the usual ways of disposing of rubbish and solid waste in the community?
 - How common is it for people to live in houses with insect screens on windows and doors?
 - What are the community's habits, practices and beliefs about repellents and sprays?
 - What are the community's habits, practices and beliefs about caring for and feeding sick people? Consider any differences in roles and responsibilities between men and women.
 - When babies and infants are sick, do women continue to breastfeed them?
 - Are children badly affected by tick-borne encephalitis? Are there other groups (specific ages, occupations, geographic areas, etc.) that are badly affected?
 - Is a social mobilization or health promotion programme in place?
 - Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about tick-borne encephalitis? What are the rumours?

Volunteer actions

- [01. Community-based surveillance](#)
- [02. Community mapping](#)
- [03. Communicating with the community](#)
- [04. Community referral to health facilities](#)
- [36. Vector and reservoir control](#)
- [43. Social mobilization and behaviour change](#)
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- [45. Psychological First Aid \(PFA\)](#)

Other resources

- World Health Organization [Tick-borne encephalitis](#)

01. Community-based surveillance

Overview

- Community-based surveillance is the systematic detection and reporting of significant public health events (such as sudden illness or death in people or animals) within a community by community members and volunteers. It is a simple, adaptable, low-cost public health initiative designed to complement early warning systems for potential epidemic diseases.
- Volunteers use something called a “community-case definition” to detect and report signs and symptoms of potential diseases, health risks and events, and support in community actions and response of local health authorities. Community case definitions are designed to align with the local language and do not require medical training to report on.
- Information discovered during surveillance should be shared with the local branch and health authorities based on the agreed protocol. Where relevant, (e.g. for zoonoses or environmental health events) information should also be shared with animal health and environmental health authorities.
- Community-based surveillance (CBS) can be done alongside other health, WASH or community engagement activities in your community, and therefore is not a stand-alone activity, but one that is useful to partner with other community-based activities.
- Community-based surveillance aids in
 - Early detection of public health risks within the community
 - Complementing early warning systems, extending them to the community
 - Linking early detection to early action within the community

What to do and how to do it

- Preparation activities
 - Work with supervisors in mapping community needs and human, animal and environmental disease priorities (see Action tool [Community mapping](#))
 - Familiarize yourself with the disease that may be present in your community including signs and symptoms
 - Establish who is vulnerable in the community. Doing this will help you to identify people who are more likely to fall sick
 - Ensure referral mechanisms are clear in case community members fall sick and require referrals to health facilities for care.
 - Engage in community engagement activities such as mobile cinema, house-to-house visits, etc. to remain active and a known resource in the community.
- Recognize
 - Detect signs and symptoms corresponding to human, animal or environmental health risks or events in your community aligned with community case definitions
 - When you detect people who are sick with the disease, assess how severely ill they are and whether they need to be referred to a health facility (see Action tool [Referral to health facilities](#)).
 - Record the health risk or event you detected to ensure it can be followed-up
- Report
 - Report on the detected health risks or event in your community to your supervisor based on the methodology you are trained on (for example, SMS, phone call, or mobile application). *Remember that reporting must be systematic. To avoid confusion, everyone who reports should follow the same methods*

agreed on in the protocol and in the training.

- Your supervisor will then cross-check the report ensuring it meets the community case definition or unusual event requirements agreed on with health authorities. If matching, the supervisor will escalate the alert to the local health authorities for a response or investigation
- After verification, the supervisor will notify relevant authorities in animal and environmental health for significant animal, zoonotic and environmental health events, especially those that portend a risk to human health.
- React
 - Begin community-level activities based on the health risk following proper safety precautions
 - Referral or care at home
 - Communicate specific health messages and information, and refer sick people promptly to health facilities
 - If sick people can be cared for at home, show their families what to do and provide them with information and supplies, where possible. Use corresponding “volunteer actions” in the ECV toolkit corresponding to the suspected epidemic risk.
 - Support health authorities in their investigation or response following-up on the alert
 - Where relevant, collaborate with and support officials in the animal and environmental health sectors for joint investigation, response and information sharing.

Additional resources on community-based surveillance: <https://cbs.ifrc.org/>

Community messages



24. Finding sick people

02. Community mapping

Overview

A map of the community enables you to connect issues or problems with particular places and makes information easy to see. Maps are often easier to understand than words.

Mapping aids in:

- Identifying risks and exposure to risk
 - Who and what are most exposed
 - What are they exposed to
- Show existing problems and vulnerabilities (some might make the current threat more serious)
- Understanding resources within the community that might be useful in managing the epidemic
- Obtaining information about other sectors (such as livelihoods, shelter, WASH, infrastructure etc.) that might be influenced by the epidemic, or that might be useful in managing the epidemic
- Analysing links and patterns in the exposure and spread of the epidemic - which may include human-to-human transmission dynamics, exposure from animals, vectors or food, behavioural risks, and environmental health drivers.

It is important to create the map together with community members. This helps communities to be active and to be participating members in the care offered by the Red Cross Red Crescent and volunteers.

Community mapping is especially useful in epidemics because it helps to see where the biggest problems and needs are and helps to identify risks and resources such as health posts, emergency vehicles, access roads, shelters, water sources, and so on. Maps can be used to support prevention, preparedness and response to an epidemic.

How to make a community map

If possible, obtain or create a digital map of the community. If not available, it is possible to draw a simple spatial map that shows the community and all its key reference points. While keeping the fundamental principles of data protection, a community map should include the following:

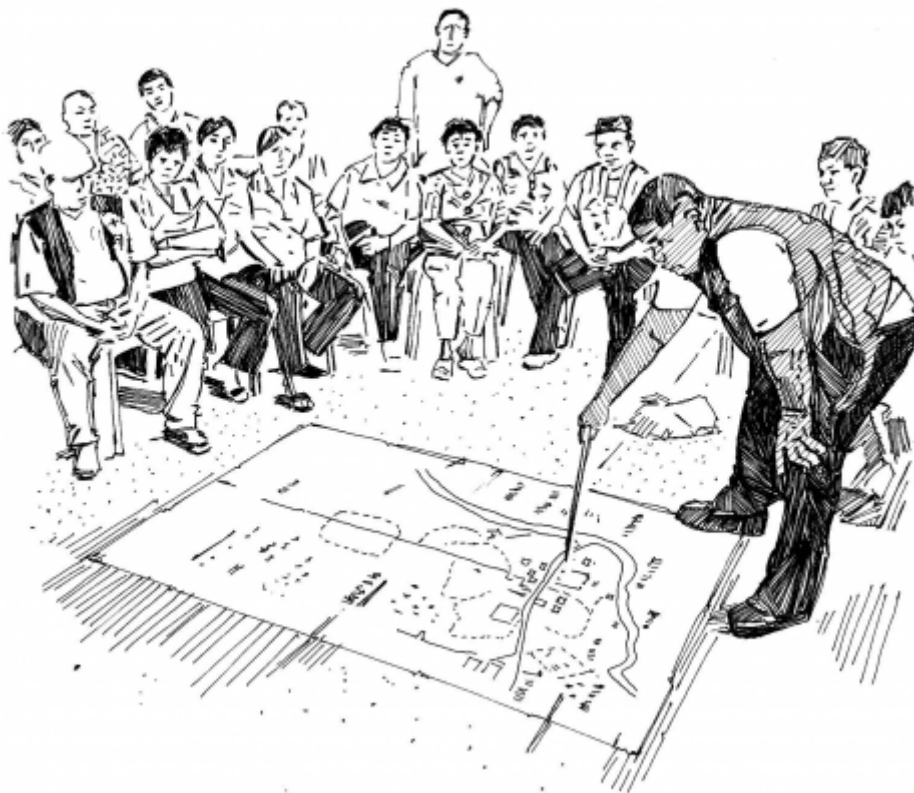
- The whole community: concentrations of people, their houses, and who lives where
- The main shared/public locations in the community, such as schools, health centres, places of worship, water sources, markets, playgrounds and community meeting centres, communal livestock farming and livelihood areas such as cattle kraal, live bird markets, abattoirs, etc.
- The location of people who are most at risk [if you can identify them]
- Where the epidemic started and how it is spreading [if known and possible to identify]
- Health hazards and risks (e.g. improper rubbish disposal sites, large vector breeding sites)

Using the community map

The map can be used to mark new cases and/or referred cases. Do as follows:

- Form teams to cover certain areas of the map.

- Ensuring the participation of members from the community, each team should find out what it can about its area (how many people are sick, who is vulnerable, how many have been referred to health authorities, any other relevant information). If a zoonotic disease outbreak is suspected or implicated, find out who among the community members is keeping animals, how many animals are sick or have died, and/or presence of vectors in households, environment or even in surrounding water bodies. Work with your manager to target and prioritize those who are most at risk. This will require targeting geographically and, within those identified areas, targeting the most in need based on a vulnerability and capacity analysis that includes a gender and diversity analysis.
- Combine the maps of different teams. In doing this, you will be able to see:
 - Which areas of the epidemic you are covering, which areas you may not be covering, and details of each area. This will help you plan your actions. Some of these actions might include: environmental clean-up; distribution of bed nets; immunization campaigns; quarantine, animal biosecurity measures and other activities associated with managing the epidemic.



Making a community map

03. Communicating with the community

Overview

Communicating during an epidemic can be difficult. Disease outbreaks, especially new ones, can cause uncertainty, fear and anxiety that can result in circulation of rumours, disinformation and misinformation. People may not trust the authorities, the health system or organizations including the Red Cross Red Crescent. They may not listen or may not believe the information they receive from people or organizations they do not trust. People may also be overcome with grief for those who are sick or who have died.

Sometimes, communities have strong beliefs that are different from the preventive and protective social measures promoted by the authorities and healthcare providers. They may believe strongly in their own cultural practices, traditional medicine, or other methods that might not prove effective against the disease. They may not accept certain treatments (including medicines and vaccines).

In many countries messages take the form of directives and one-way-communication. However, community engagement and participation have played a critical role in successful disease control and elimination campaigns in many countries

During a disease outbreak, trusted communication with the community is vital. To build trust, two-way communication is important. "Two-way" means volunteers should both *give messages to* AND *receive messages from* the community. Community members must feel respected and listened to and should have the opportunity to share their beliefs, fears and concerns. To accept volunteers' messages, community members must be able to trust you and have confidence in what you say. Once you understand the beliefs, fears and concerns of community members, you can provide them with truthful and accurate messages.

Providing health messages that are consistent, clear and easy to understand also helps to build trust. Giving accurate information to the community is critical, especially when it is necessary to persuade people to adopt safe practices (which might be different from what they would normally do). Some changes in behaviour that may be promoted are things such as:

- Accepting vaccinations or other medical treatments
- Washing hands with soap at crucial times
- Wearing personal protective equipment
- Burying loved ones in ways that are different from what they would normally do (safe and dignified burials)
- Practising social distancing
- Wearing insect repellent or sleeping under bed nets
- Agreeing to be isolated from others to avoid infecting them
- Preparing food and water differently (often by cleaning, boiling or cooking thoroughly)
- Quarantine and culling of animals (which in the case of livestock animals, is often a main source of food, nutrition and livelihood and may be difficult to accept by the farmers who own them)
- And other recommended public health measures

What to do and how to do it

Communicating in an epidemic

- Engage and involve community leaders and community members
 - Find out where the community obtains its information: Who do they trust to give them health

information (for example: health authorities, community or religious leaders, doctors, traditional healers)

- Work with communities to identify, choose and plan appropriate solutions for stopping the spread of disease
- Talk to members of the community about their ideas, fears, beliefs and actions
 - Try to understand how much they know about the disease and its transmission
 - Try to understand beliefs and practices that might impact the spread of the epidemic
 - Try to understand what motivates or helps them to change behaviours
 - Try to understand what stops them from changing their behaviour
- Use different methods of communication
 - Use two-way communication when possible
 - When you understand the community's beliefs, fears and concerns, try to address these in your own messages
 - Sometimes, one-way communication methods are used to spread health messages to large numbers of people quickly
 - One-way communication methods should always be accompanied by two-way communication methods to ensure the community perspectives are known and listened to
 - People learn and retain information differently. It is important to use different methods
 - Communities are composed of different people and groups who may have different communication preferences or needs.
 - Think about how to target different groups, especially those who are hidden, stigmatized or considered "different" because of their religion, sexual orientation, age, disability, illness, or for any other reason:
 - Think about where you will go to reach them
 - Find out if they trust the same or different sources than other groups within the community
 - Discover if they have different access needs, such as language translation or in case of a disability – a different method of communication
 - When choosing methods of communication, consider what people prefer, trust and can access easily
 - Think about the characteristics of your target groups (for example, do they have access to media, such as radio or television? Can they read if they receive pamphlets of information and in what language? Are they accustomed to getting information from social media? Etc.)
 - Think about the resources you have access to (for example: do you have access to poster printing? Is there an appropriate location within the community where you can offer to answer questions or give out information? Etc.)
 - Consider the content of your message(s) and think about the most appropriate way to share that content in the specific context (for example: targeting men and women separately)
- Communication should be:
 - **Simple and short.** People should be able to understand messages easily and be able to remember and repeat them accurately and without difficulty.
 - **Trusted.** Delivered by people the community trusts, by a method the community trusts (for example: radio, television, posters, town-hall discussions, market meetings etc.).
 - **Accurate and specific.** Always provide correct and precise information. Messages should be consistent and should not be cause for confusion. *If* messages must change (due to new and advancing information about the epidemic), be honest and clear about what has changed and why.
 - **Focused on action.** Messages should be action-oriented and should advise members of the community about what they can do to protect themselves and others.
 - **Feasible and realistic.** Make sure that people have the capacity and resources to carry out the actionable advice you give.
 - **Context-specific.** Information should reflect the needs and situation of the specific community. In all your messages, take account of social and cultural factors that might encourage community members to

adopt safer behaviours (such as accepting vaccines) or prevent them from doing so.

Different ways of communicating

There are many, many ways to communicate with communities. The following one and two-way methods of communication are some examples you might consider. Methods can (and should) be combined to ensure accessibility to as many community members as possible.

- One-way communication methods
 - Video, films, television commercials
 - Songs, poems, drama, role-play or theatre, or other edutainment methods
 - Community announcements such as: community town-criers, loud-speaker announcements, SMS or WhatsApp, mass messaging, social media messages, radio broadcasts
 - Posters, billboards
- Two-way communication methods
- Door-to-door visits
- Meeting with key informants such as: community or religious leaders; traditional healers or midwives; teachers; elders, etc.
- Community discussions encouraging participatory methods such as: three pile sorting, voting charts, mapping, polling, barrier analysis, community planning
- Use of feedback and suggestion boxes or presence of trusted focal persons to receive anonymous feedback or messages from community members.

Pay attention to rumours

Rumours can cause panic and fear or can promote unsafe practices. Under the influence of the rumours, communities can lose trust in the health authorities, and they may lose belief in the ability to stop the epidemic. Rumours sometimes cause people to reject interventions that could prevent the spread of disease. Volunteers must:

- Listen for rumours or incorrect information.
 - Note when and where a rumour was heard and report it to your volunteer supervisor or National Society focal point immediately
 - Try to understand why the rumor is spreading fast and of what importance it is to the community. For example, is it just based on lack of knowledge or fear of the unknown, or is it associated with certain socio-cultural beliefs or associated with the stigmatization of a certain demography of people?
- Correct the rumour
 - Give the community clear, simple facts about the disease
 - Reiterate and explain clearly what they can do to protect themselves and others

04. Community referral to health facilities

Overview

During an epidemic, sick people frequently cannot be treated at home or by volunteers or family. They require medical care and need to go for treatment to a health clinic or hospital.

When carrying out epidemic prevention and control activities in the community, always keep the idea of referral in mind.

A community referral is a recommendation (often made by a community volunteer) to seek services at a health facility or from a health care professional. This recommendation is usually based on the identification of signs of disease or the risk that a disease poses to a person, family or community. A community referral is not a confirmation of illness, nor is it a guarantee that any specific treatment will be given. A diagnosis, and any subsequent treatment, is determined by a health professional and not by the community volunteer.

What to do and how to do it

Identifying people who need to be referred

- Learn the symptoms of the disease that is causing the epidemic and the signs that indicate that affected people should be referred to health facilities
- Always keep your own safety and protection in mind
 - With the advice of your supervisor, find out how you can tell when a person is severely ill and needs to be referred

Map and visit referral facilities

1. Unless there is only one referral facility in the community, the selection of a health facility for volunteers to which to send community referrals should be done by a health professional supporting or working at the National Society and validated by the National Society leadership. Volunteers cannot decide alone to which facilities they can send referrals.
2. Once a health facility has been identified and validated by the National Society, with the support of your manager, visit health facilities and talk to doctors and nurses to coordinate referrals
 - Inform them about Red Cross Red Crescent branch activities in which you are involved and how this may lead to community referrals from branch volunteers trained in epidemic prevention and control
 - Discuss the best method for sending sick people from the community to the health facilities:
 - Public transport?
 - Can people access it? Pay for it?
 - Can sick people use it?
 - Is there a risk of disease transmission to other passengers?
 - Ambulance services?
 - Does the health facility have ambulances?
 - Does the Red Cross Red Crescent branch have ambulances?
 - Can people access them? Pay for them?
 - How do you contact the ambulance?
 - Is the disease highly infectious and requiring special transport?

- If the disease is highly infectious (like Ebola or Marburg), special transport must be arranged so that there is no risk that other people could not be infected
- Tell them about your activities and how you plan to do referrals. Take advice from them

Plan and prepare to make referrals

1. Plan how referrals will be made and facilitated
 - Can the National Society provide transport?
 - Do people have money to pay for transport?
 - Does the health facility require prior notification of the referral? If so, how will the health facility be informed of the referral?
2. Always carry the relevant disease tool with you when you are doing community-based referrals
 - This will help you remember what you should know about the disease and its symptoms.

Making a referral

1. Volunteers act on behalf of their National Society and must have the consent of the National Society before undertaking activities. They should be trained in the principles of the Red Cross Red Crescent Movement and should have appropriate training and supervision before making community referrals.
2. Volunteers should obtain the consent of the person to the referral, or of the guardian if it is a child.
3. Volunteers should work to uphold these principles:
 - Confidentiality – It is important to keep information about community members private and not to discuss people's health, healthcare or other private details with others in the community. Remember that breaches of confidentiality often happen unintentionally, for example, when discussing the day's work with friends or family members.
 - Respect – It is important to respect people's choices and decisions, even if you do not agree with their choices.
 - Safety – If you have concerns about the safety or security of a person (in relation to the community referral, or any other aspect of their situation), you should discuss it with your supervisor to find a safe solution if possible.
4. When you refer, always explain clearly to the family concerned what the disease may be, what its symptoms are, and why you think referral is necessary.
 - Give the family information about the health facilities available and how to reach them by different means of transport
 - Help the family if special transportation is needed



Community messages



24. Finding sick people

36. Vector and reservoir control

Overview

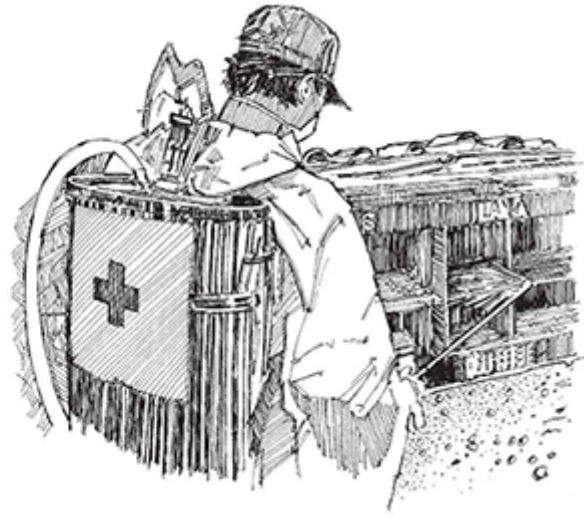
- Vectors are insects or animals that spread infectious diseases through a bite, or contact with their urine, faeces, blood, etc. Many diseases are spread by vectors. Some of these diseases include malaria, dengue fever, Zika, chikungunya, yellow fever, Lassa fever, Rift Valley fever and plague.
- Vectors sometimes live and thrive on other host animals, called reservoirs, before they reach the human population. To protect people from disease, it is important to control both vectors and reservoirs. Vectors and reservoirs include animals and insects such as mosquitoes, ticks, rodents, fleas, etc.

What to do and how to do it

Vector and reservoir control in the community

- Promote hygiene, sanitation and protective practices (** the specific practices you will encourage are dependent on the type of vector or reservoir of concern **). Talk to people in the community about environmental protection strategies against mosquitoes:
 - Repair and close any holes in windows, walls, roofs
 - Use insecticide-treated screens on windows and doors, if available
 - Drain stagnant and standing water, cover water containers
 - Find professionals to spray or larvicide against vectors - spraying chemicals to get rid of vectors can be dangerous, especially if you do not have the proper equipment or materials and do not know how to spray safely. (Only help if you are trained or guided by a trained person.)
 - Outdoor spraying
 - Indoor-residual spraying
- Talk to people in the community about environmental protection strategies against rodents, other small animals and the ticks or fleas that live on them:
 - Store food and water properly, in rodent-proof containers
 - Keep shelters and houses clean
 - Repair and close any holes in windows, walls, roofs
 - Clean the environment of rubbish and waste
 - Keep livestock outside the household (to prevent humans and animals sharing living space)
 - In communities and households infested with rodents, engage environmental health professionals to conduct deratisation exercises
- Talk to people in the community about personal protection strategies against mosquitoes:
 - Use insecticide-treated bed nets to prevent diseases like malaria (not for general use in diseases transmitted by *Aedes* mosquitoes)
 - Wear protective clothing (for example, with long sleeves)
 - Get vaccinated
 - Chemoprophylaxis (preventive treatment)
- Talk to people in the community about personal protection strategies against rodents, other small animals and the ticks or fleas that live on them:
 - Wear protective clothing (for example, with long sleeves)
 - Chemoprophylaxis (preventive treatment)

- Sleep on raised platforms or beds



Community messages



04. Storing water properly



06. Using a clean latrine



07. Protecting yourself against mosquitoes



11. Cleaning up places where mosquitoes breed



12. Good food hygiene



17. Sleeping under mosquito nets



20. Collecting and disposing of rubbish



27. Keeping rodents out

43. Social mobilization and behaviour change

Overview

There are many reasons why people practise unhealthy behaviours. People are affected by access to services or facilities, social norms and influences where they work, live or play. Behaviour change is the study of how and why people change some habit or action in their life. As volunteers, we need to understand WHY the behaviour is happening and WHAT actions will lead to change to create healthy behaviours. Examples of healthy behaviours include handwashing, breastfeeding, immunizations, consistent condom use and use of bed nets.

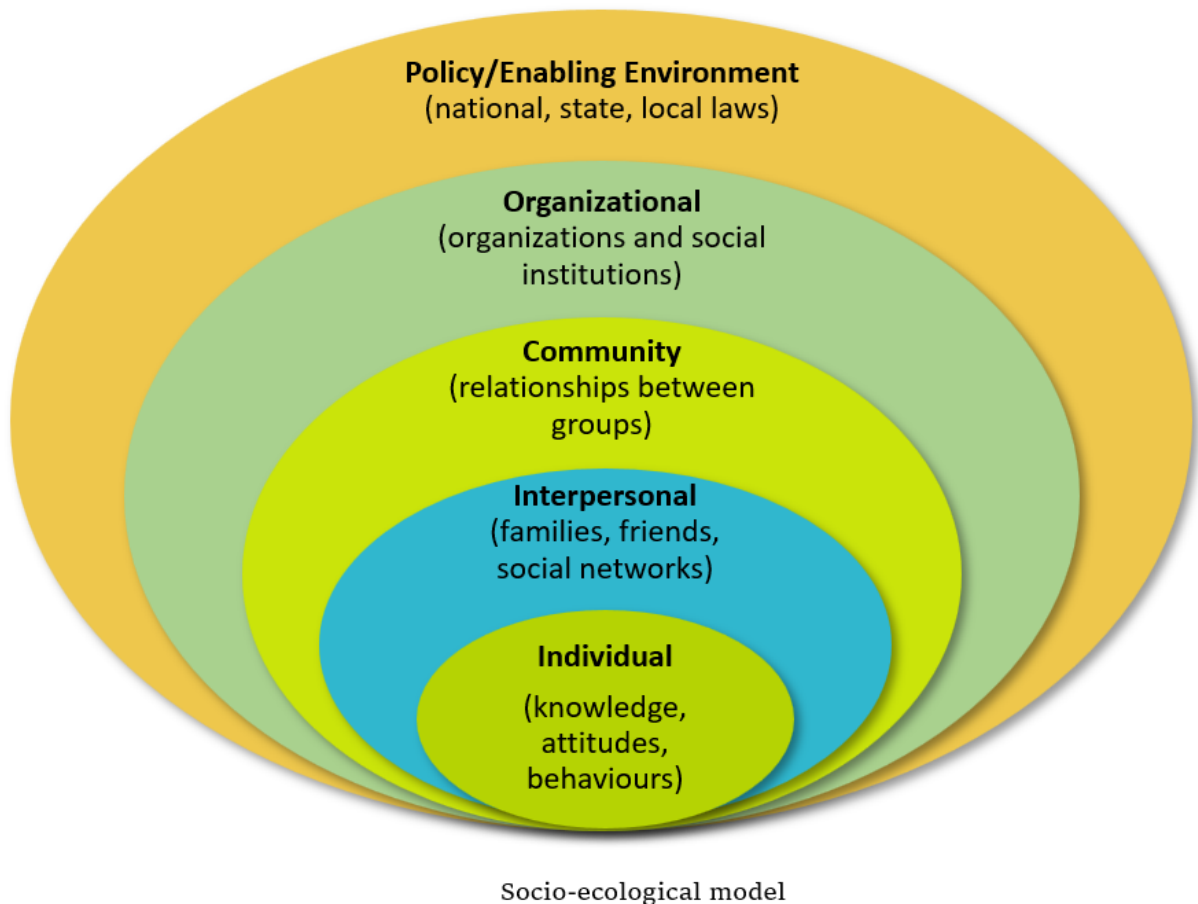
In any culture and context, behaviour change involves three elements. Before people will change their behaviour:

1. They need to know what, why and how they should change. They need knowledge.
2. They need to have the right equipment, access and capacity. They need an enabling environment.
3. They need to be motivated to change.



The social-ecological model below shows how each person's behaviours are affected by many different levels of influence including the individual level, the interpersonal level, the community level, the organizational level and the broader policy level which includes laws and policies that allow or restrict a behaviour. In order to promote health, it is important to consider and plan behaviour change activities across multiple levels at the

same time. This approach is more likely to result in successful behaviour change over time. As a volunteer, it is helpful to understand that behaviour change is difficult for many people because of these many levels and the complex interactions and expectations across the different levels. If you consider how each of the levels affects the behaviour of the person you want to help, you can try different interventions at each level that is specific to their needs.



What do to and how to do it

The general process for developing a behaviour change intervention includes staff and volunteers working through the general steps of:

1. Sensitizing the community to the behaviour change process using the theory of change model.
2. Assessing the problem behaviour – why it is practised, who practises it, when it is practised and what factors in the environment or society encourage the behaviour. Assess this information at the different levels of the social-ecological model for each community you serve.
3. Identifying an appropriate behaviour goal based on your assessment.
4. Reviewing the causes or barriers at each level that allow the behaviour to continue. Identify interventions that align with each cause or barrier and that can be used at different levels.
5. Discussing the suggested interventions for each social-ecological model level with the community.
6. Identifying appropriate interventions for the context at each level. Interventions should be planned to address the stages of the theory of change by first giving knowledge and addressing environmental factors, motivating key people to gain approval and intentions, and ultimately inciting people to action that contributes to the overall goal.
7. Implementing the interventions at each level.

8. Monitoring to see if change is happening. Change takes time but it must be monitored to ensure that it is happening, even slowly. Additionally, as people go through the change process, their barriers and causes will change. The behaviour change interventions should adjust to these changes to ensure that change can continue.
9. Recognizing that when change is not happening as intended, further assessment and intervention tweaking is needed.
10. Continuing to implement, monitor, assess and adjust as the change process happens.

For more information, please consult the eCBHFA Manual for volunteers on [Behaviour Change](#), including:

1. Principles of behaviour change
2. The social ecological model
3. The stages of behaviour change
4. Activities for behaviour change

Community messages



23. Encouraging healthy behaviours in a community

44. Dealing with rumors

Overview

- Rumours are stories of uncertain truth. They often spread in communities during epidemics when people feel fear or anxiety about the disease. Rumours often provide an explanation for what is unknown about the disease, even if the explanation is not true.
- Rumours include *misinformation* or *disinformation*. Misinformation is when incorrect information is spread, without the intent to deceive, through a misunderstanding or a mistake. An example of misinformation is the rumour that Ebola is caused by witchcraft. In truth, Ebola is spread by a virus, but people often mistake it for witchcraft because they cannot see the virus or have never heard of the Ebola virus before.
- Disinformation is when incorrect information is spread intentionally to deceive or manipulate, such as “fake news”, which is disinformation disguised as news and is often spread for political or economic gain. An example of disinformation is when someone who sells multivitamins advertises that the tablets “cure” HIV, even though they know it is not true.

In epidemics, we often see two kinds of rumours:

- Rumours about possible cases
 - These rumours can violate community members’ privacy and right to confidentiality and may put them at risk
 - Rumours can often reflect pre-existing fears and prejudices within the community. This may lead to placing blame on different people or groups. This type of untrue belief can give community members “permission” to discriminate against someone or a group without feeling guilty, because of untrue beliefs.
 - They may also cause the unnecessary use/waste of health resources when rumoured cases must be followed up
- Rumours about the causes or treatment of the disease
 - Can distract from public health messaging
 - May conflict with the behaviours and practices recommended to fight the epidemic
 - Can create a dangerous situation for volunteers and healthcare providers if they cause mistrust

Paying attention to rumours can help us to understand the beliefs and perceptions that influence people. Using this information, we can make our messages specific to the community, the context and the beliefs. Rumours may also serve as a warning sign of hazards such as violence or risky behaviours so these can be managed quickly.

What to do and how to do it

Listen for rumours and capture information

- Establish a system for listening to rumours: Listening for rumours involves more than just hearing the words people use. To effectively listen to rumours, you need to:
 - Build trust with community members: Identifying rumours is not as simple as asking people about any rumours they have heard. This will not necessarily uncover rumours because people may believe a rumour to be true and therefore not consider it a rumour. Also, people may not trust you as someone to discuss their beliefs with, in this way.
 - Listen to the language the community is most comfortable using

- Tune into social and traditional media to understand what people are hearing and what they are saying
- Engage in open and unstructured conversations with diverse groups of people to understand the beliefs they hold and why they hold them
- Host group discussions with community members and members of community groups (such as women's or youth groups)
- Pay attention to what you hear during your work as a volunteer, but also during your personal time
- Establish a method of collecting information about rumours: Use a rumour log where you can record:
 - Details – what is the rumour?
 - Date - when was the rumour heard?
 - Location - where was the rumour heard?
 - Channel – how is the rumour being shared/spread?

Report and help to verify rumours

- Report rumours to your supervisor: Ask them to verify if the rumour is true or false
 - Sometimes parts of a rumour are true and other parts are false. It is important to understand the facts
 - Follow the guidance of your supervisor in uncovering more information about the rumour if possible
 - You may be asked to find out more information about the rumour from community members. You may also be asked to speak to the source of the rumour to understand more about what is being said and why
 - Explain that you are verifying a rumour, which may or may not be true, and repeat the rumour that you have heard
 - Ask them what is true/untrue about the rumour you heard and to state in simple terms the facts and how they know them
 - Repeat what you have heard, to check that you have understood them correctly. You should finish with a clear understanding of what they are describing – if you are not sure ask again
 - Try to find out what triggered the rumour. For example, did the rumour start because of a badly worded message? A government announcement? Etc.

Plan a response to rumours

- With your supervisor, develop a plan to address and prevent rumours. Do not ignore or deny rumours.
 - Rumours usually do not go away on their own and can cause big problems if they are not addressed
 - Replace rumours with accurate information
 - Respect local customs and beliefs and align messages with pre-existing beliefs and customs. For example, a common rumour might be that Ebola is caused by witchcraft; the conventional response is to refer to Ebola as a virus. However, rather than deny this pre-existing belief, it may be more useful to accept that this is what people believe and to create recommendations and messages that align such as: do not touch this person unprotected but feel free to provide food [and prayers] as a token of empathy
 - Use communication channels/people that community members trust
 - Use language that people understand and are comfortable with
 - Continue to engage in conversation with communities to make sure you are being understood

45. Psychological First Aid (PFA)

Overview

PFA is...

- Comforting someone who is in distress and helping them feel safe and calm.
- Assessing needs and concerns.
- Protecting people from further harm.
- Providing emotional support.
- Helping to provide immediate basic needs, such as food and water, a blanket or a temporary place to stay.
- Listening to people but not pressuring them to talk.
- Helping people obtain information, services and social support.

PFA is not...

- Something only professionals do.
- Professional counselling or therapy.
- Encouraging a detailed discussion of the event that has caused the distress.
- Asking someone to analyse what has happened to them.
- Pressing someone for details on what happened.
- Pressuring people to share their feelings and reactions to an event.

What to do and how to do it

PFA is about comforting someone who is in distress and helping them feel safe and calm. It provides emotional support and helps people to address immediate basic needs and find information, services and social support. The three action principles of Look, Listen and Link indicate that PFA is a way to approach someone in distress, assess what help he or she needs, and help him or her to obtain that help.

LOOK (pay attention to a situation)

- Establish what has happened or is happening.
- Establish who needs help.
- Identify safety and security risks.
- Identify physical injuries.
- Identify immediate basic and practical needs.
- Observe emotional reactions.

LISTEN (pay attention to the person)

- Introduce yourself.
- Pay attention and listen actively.
- Accept others' feelings.
- Calm the person in distress.

- Ask about needs and concerns.
- Help the person(s) in distress to find solutions to their needs and problems.

LINK (take action to help)

- Find information.
- Connect with the person's loved ones and social support. Tackle practical problems.
- Obtain services and other help.

Active listening is a key component of PFA

- Actively concentrate on what the affected person says.
- Do not interrupt or try to assure them that everything will be all right.
- Make frequent eye contact (if culturally appropriate) and ensure that your body language signals that you are listening.
- Gently touch the hand or shoulder of the affected person, if appropriate.
- Take time to listen when people describe what happened. Telling their story will help people understand and eventually accept the event.