

The medium and the message of Ebola

Media interest in the Ebola outbreak raging through west Africa has not, so far, been widely discussed or studied. In a world online, news is available 24/7. Coverage of Ebola has, understandably, been prolific, but sometimes also narrow and unbalanced. In the USA, for example, disproportionate airtime has been given to the nine confirmed American cases of Ebola compared with the massive human crisis unfolding in Liberia, Guinea, and Sierra Leone. In even reputable news outlets—eg, CNN—a wall-to-wall “breaking news” culture has inevitably contributed to a sense of (unnecessary) domestic political panic.

In the UK, tabloid reporting has often been poorly informed by science and unhelpful coverage can contribute to public confusion and misinformation. Some sources have shared accurate guidance aimed at those most in need, such as the US Centers for Disease Control and Prevention, and the BBC’s WhatsApp Ebola service. But, overall, the media has tended to encourage substantial misunderstanding about the risks of exposure and where the real threat and causes of Ebola lie.

Analysis of social media traffic also tells a story of unbalance. During October, there were 21037331 tweets about Ebola in the USA, compared with 13480 about Ebola in Guinea, Liberia, and Sierra Leone combined. Yet around 5000 deaths and 14000 cases in west Africa show that the epidemic continues to dominate at source in these countries, contrary to the media footprint of Ebola.

But there is also a positive story to tell about the power and potential of social media to inform and assist. *The Lancet* Twitter chat held last week is perhaps one small example of this encouraging trend. Provided you are on the right side of the digital divide (not an automatically valid assumption in the case of Africa), there is no hierarchy on Twitter—anyone can join in, express an opinion, or ask a question. All voices are equal. Infectious disease experts David Heymann and David Mabey joined us at our offices in London to participate in a live Twitter conversation. We approached #LancetEbola with twelve broad questions of our own, while monitoring incoming tweets. During an hour-long discussion, we had 308818 impressions (the total number of times tweets were viewed) and, amid a serious and fast-paced conversation, new ideas emerged from our experts and our audience alike.

We opened the discussion by asking both Professors Heymann and Mabey to comment on the situation in

west Africa right now, and subsequent questions focused on Africa’s current needs, local challenges, cultural issues, and opportunities for treatment and prevention. Within the limit of 140 characters, we paraphrased our experts, who said that “the absolute key is getting the community on board: there are dangers in parachuting western health workers into countries”. And, “local solutions to local problems need Africans training Africans. DRC supporting Guinea. Good regional solidarity—a wealth of experience within Africa”. Twitter users echoed this: “co-operation and partnership between Africans”, and “we need to help Africans strengthen their own capacity”. A call for anthropological empathy towards differences between cultures was voiced, triggered by David Heymann’s observation that some “people in West Africa believe that bodies are full of evil spirits”—a valuable and helpful belief if it leads to safer infection control and burial practices.

Our experts agreed that “it doesn’t help to estimate trajectories. Watch what’s happening now, deal with it now. Focus on present, not future”. Moving onto vaccines, David Mabey said, “On GSK vaccine: getting funding for Ebola research has been very difficult in the past. Traditionally, biodefense money used [sic] to fund”, which led Twitter to discuss the use of vaccines outside the framework of randomised trials. Regarding the state of global health, and the robustness of country governance, we discussed and tweeted the need for stronger country governance, not only stronger global governance. The final question posed to our guests was “Priorities for the next 60 days?”. David Mabey said “More beds in Freetown, train doctors, nurses, higher standard of supportive care. Promote positive African activities”, and David Heymann added “and concentrate on community...while learning from local successes”.

Social media during a health crisis has the potential to bring experts together in a transparent and democratic forum with global participation to generate a mass of new and potentially helpful ideas. Scaling up the positive and constructive discussion of an informed Twitter discussion could remove boundaries between scientists, health professionals, and policy makers, creating a new diverse community that gives everyone a voice and an opportunity to contribute. To create the conditions to defeat Ebola, we need more of that kind of global engagement, knowledge, and commitment. ■ *The Lancet*



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For *The Lancet*'s free Ebola resource centre see <http://ebola.thelancet.com/>

For the Storify version of *The Lancet*'s Ebola Twitter chat see <https://storify.com/TheLancet/lancetebola-twitter-chat>