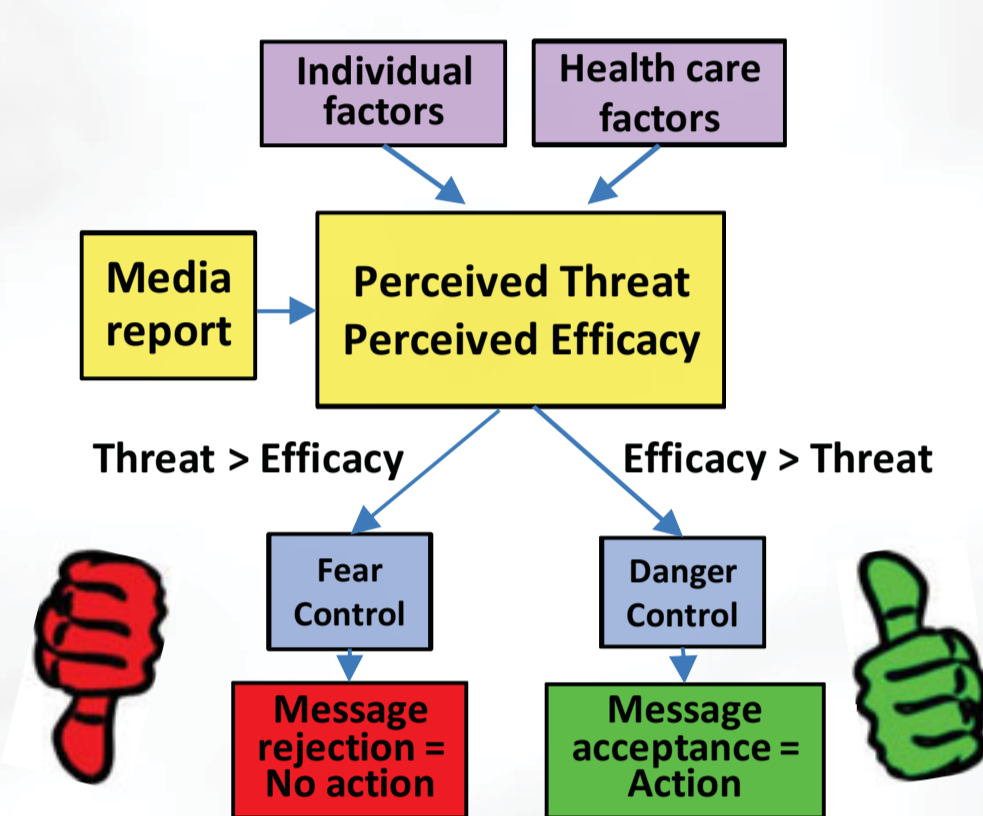


Rationale

Without intervention, chronic hepatitis B (CHB) infection can lead to severe liver disease, liver cancer and death. Antiviral therapy is available, but treatment uptake is low and almost half of all people living with CHB in Australia remain undiagnosed (1). The need to raise awareness and increase the rates of diagnosis, monitoring and treatment is clearly stated in the Second National Hepatitis B Strategy (2). Appropriate media coverage can help reach health targets and should aim to persuade people to seek testing and follow-up care. However, misinformation and the tendency to sensationalize in news reports can have the opposite effect and increase anxiety, fear and stigma instead (3). Under current government funding models, hepatitis organisations across Australia are finding it increasingly difficult to provide services that offer reassurance, accurate information and support to help people become pro-active in their care. These services are particularly important with regard to stigmatized conditions such as viral hepatitis.

Theoretical background and literature review

Health promotion theory, e.g. the health belief model (HBM) (4) or the extended parallel process model (5), suggests that a health message will be unsuccessful if the elicited fear outweighs perceived self-efficacy (the ability to manage a situation). A content analysis of US health news articles found that the majority focus on fear-eliciting aspects which is likely to prevent health-seeking behaviour (3). Similarly, Chang found that health news reports in Taiwan most commonly use an "alarm frame" despite evidence that a "coping frame" is more effective (6).



A review of 1230 health-related stories from Australian main stream media (7) also reveals poor accuracy levels, leading to "significant numbers of people stopping medications, with potentially harmful impact of that cessation". The authors suggest that changes towards an online news environment and the need for ever faster reporting by traditional journalists results in reduced quality of content. Online health information is even more lacking. A systematic review reveals that 70% of studies assessing the accuracy and completeness of online health articles conclude that there is a quality problem (8).

Examples of poor reporting ...continued

Completeness:

The reporting of the events in Victoria contains many omissions. For example, the fact that most existing CHB infections are the result of mother-to-child transmission is completely ignored which can increase confusion and stigmatization. Apart from showing a lack of awareness of vertical transmission, the similarity in the following quotes also suggests that the statements were copied without checking for completeness:

ABC news (13): "Hepatitis B is a blood-borne virus spread through unsafe sex with an infected person, and less frequently through blood-to-blood incidents such as needle stick injuries."

The Age (14): "Hepatitis B is commonly spread through unsafe sex with an infected person, and less frequently, through blood-to-blood incidents such as needle stick injuries."

Herald Sun (15): "Hepatitis B is a blood-borne virus spread through unsafe sex with an infected person and less frequently through blood-to-blood incidents such as needle stick injuries."

Another missed opportunity to educate the public about hepatitis B is demonstrated in a follow-up article in the Herald Sun about potential HBV transmission from a health worker to patients. A brief mention that HBV is NOT transmitted through breastfeeding could have prevented considerable anxiety in new parents. Instead this quote from a panicked father was printed without any clarification: "It's alarming because my partner is still breastfeeding our youngest child ...we're panicking thinking could she be harming our child?" (12)

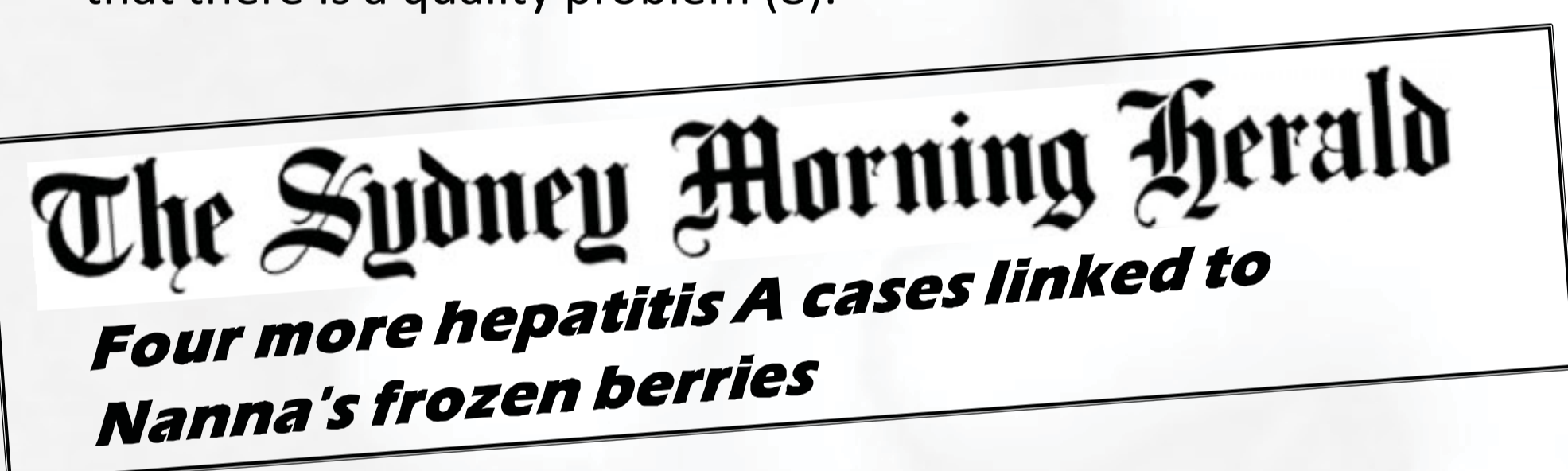
Accuracy:

In addition to omitting information, facts are often misconstrued through paraphrasing. For example, a statement about staff vaccination went from this in the Herald Sun (15):

"Healthcare workers are obliged to know their own blood-borne virus status and declare it to authorities every year. Most health facilities also require staff to be vaccinated against hepatitis B" to this in International Business News (16):

"Victoria laws mandate healthcare workers to know their blood-borne virus status and inform the state government annually. Yearly vaccination against hepatitis B is also required by many health facilities among employees in the Australian state."

The latter is misleading as it suggests that people should be re-vaccinated every year. This is clearly wrong as the vast majority of people will be immune for life after only one course of vaccination.



Examples of poor reporting

Sensationalism:

- Hepatitis A in frozen Berries (Feb, 2015): Highly alarming reporting; frequent use of the words "potentially deadly"; initial exaggeration of the extent of the outbreak → consumer panic; devastating losses to the berry industry (9). Also, association with dirty practices and food contamination (10) increases misconceptions and stigmatization of viral hepatitis. Attempts to prevent confusion with hepatitis B or C are rarely made.
- Hep B transmissions in Victorian hospitals (Apr, 2016): Transmission of any infectious disease in a health care setting should not occur when universal precautions are adhered to. Therefore, a public outcry and corresponding media coverage is inevitable when it does happen, for example when a patient passed away during haemodialysis after contracting hep B from another patient (11), or when over 600 patients were put at risk by a health worker who failed to disclose their positive hep B status (12-16). Unfortunately, helpful information is often omitted (see next paragraph) in favour of more attention-grabbing content such as emotional quotes (12), harsh criticism, or politicized views of the issue (12,13). It seems that the latter case was blown out of proportion as none of the potentially affected patients subsequently tested positive for hep B. Overly aggressive media reports can cause considerable damage which often requires public clarification or assurance by well known experts in the field (11).



Recommendations

When communicating with media personnel regarding an interview, we can:

- ensure the interviewer learns and understands the basics of viral hepatitis
- ask to review the article before publication and correct inaccuracies
- insist on the omission of wording that reinforces stigma and misconceptions or may impact on the self-worth of people from the affected community in any way

When misinformation is published outside our control, we can:

- challenge the news outlet in question to publish a corrected version or an addendum
- offer advice to improve future reporting of issues related to viral hepatitis
- seek opportunities to publicly clarify poorly covered issues
- offer support or assistance to people affected by reading misinformation

Reporters and journalists:

- take the time to research and get the facts right, especially when copying from elsewhere
- include more information related to coping and self-efficacy to outweigh the alarm factor of the news story

Funding bodies:

- provide sufficient funding to relevant organisations, so they can offer support services to people negatively affected by poor reporting



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Thank you to all people who have given us opportunities to be part of and involved with all sorts of media appearances, and who have helped us develop a critical awareness of the issues presented in this poster, as well as a desire to improve the way how viral hepatitis is portrayed in the media.



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