As some countries begin to ease lockdowns, many communities may be feeling anxious about the possibility of a new wave of infections. Until the development of a vaccine or medicine, the SARS-CoV-2 virus that causes COVID-19 is likely to continue circulating in our communities. Governments and health officials around the world are working to strike a balance between the need for personal freedoms and the health risks they may present.

The World Health Organization warns that several countries that have lifted coronavirus restrictions and reopened businesses, including China, have seen jumps in coronavirus cases, underscoring the challenges that may lie ahead. The recent flare-up of the number of COVID-19 cases in Beijing has stoked fears of a second-wave of the respiratory disease which emerged in the central city of Wuhan late last year.

Indonesia posted a record number of coronavirus infections at the time of writing, sparking calls from local health experts for the country to slam the brakes on easing restrictions. India, too, reported a surge in COVID-19 cases as lockdown eased with 10,000 new coronavirus cases on June 11, 2020, with hospitals swamped in the worst-hit cities of Mumbai, New Delhi and Chennai.

An analysis published in Disaster Medicine and Public Health Preparedness in May 2020 urges countries that are thinking about easing lockdown measures to take a holistic perspective, thinking not only of the rates of infection in their own country but of the entire world and to base any decision on scientific evidence. It warned that governments must be prepared for a potential second wave, “otherwise we will have to end up acknowledging that history repeats itself” – a reference to the H1N1 flu pandemic in 1918.

What is the second wave?

Second waves are a phenomenon of disease outbreaks where the number of people infected by virus may appear to decrease, and then increase again later in the same population or a different one.

Infectious diseases spread via contact between infectious and susceptible people. In the absence of any control measures, an outbreak will grow as long as the average number of people infected by each infectious person is greater than one.

We may also see a series of smaller ‘peaks’ rather than one large wave. The coronavirus pandemic hasn’t affected all parts of the country in the same way, or at the same time. Some cities went into lockdown and quarantine at different times, and many countries are easing restrictions in phases and at their own pace. Some health experts have warned the lack of a unified reopening plan might help spread the coronavirus and could actually fuel a second wave as people travel from the hardest hit areas to places with far fewer infections.

COVID-19 is not the first disease where there are concerns about follow-up waves. During the H1N1 flu pandemic, a far deadlier second wave started in the fall months in 1918, followed by a third wave in winter-spring 1919. Fifty million died during the 1918 flu pandemic, and though that flu is not the same as COVID-19, that pandemic does indicate how careful governments need to be when deciding to relax restrictions.
Will a second wave be more deadly?

Dr Ali Khan, former director of the Office of Public Health Preparedness and Response at the US Centers for Disease Control and Prevention in an interview with radio station NPR likens the second wave as a mountain range rather than a big peak, which means that there could be multiple COVID-19 outbreaks going on at the same time.

According to Dr Khan, a lot of separate outbreaks will feel like sort of a second wave coming and this could be a severe strain on a country’s health system, and if lockdowns are again imposed it will be a blow to an already battered economy.

Complicating the situation will be the start of the flu season in the southern hemisphere, already underway, where people’s immunity could be lowered due to the circulating influenza virus. In four months time, in the northern hemisphere it will be fall, and they will begin their flu season. In both hemispheres people would be highly vulnerable to the coronavirus that causes COVID-19. Because of this, the second wave could be more deadly.

This is why the implementation of additional measures is necessary to minimize the risk of a second wave via community transmission. These include ramping up testing and contact tracing as well as a continued adherence to public health practices such as washing hands, social distancing and wearing masks.

How do I recognise a second wave?

There is no formal definition for a second wave. Some experts would describe an increase in cases separated by four to eight weeks of low numbers as a second wave; however, cases that occur after a lockdown aren’t typically considered a second wave, they’d be considered part of the first wave.

Identifying COVID-19-specific deaths is a challenge for journalists across the globe. Some governments may be open about deaths due to the virus, others less so. The WHO has acknowledged that without the testing of all suspected cases, local health care providers, medical examiners and coroners will never know the actual deaths caused by COVID-19.

Several media outlets around the globe are looking into the issue.

- Reuters reporters, for instance, in scrutinising closely data from Jakarta’s city and parks department found that burials remained close to record highs in April. The data indicated there may have been many more deaths from COVID-19 in the city than have been officially recorded.
- According to the Financial Times’ analysis of overall fatalities during the pandemic in 14 countries, the death toll from COVID-19 may be almost 60% higher than the official reported statistics.
- The New York Times has also done some interesting investigative journalism on this issue.
- The Global Investigative Journalism Network offers these tips and tools for journalists to go beyond government statistics when researching COVID-19 death tolls.
Dashboards for journalists to keep a close eye for confirmed COVID-19 cases globally are run by WHO and John Hopkins University. For journalists reporting in low-income countries where a significant proportion of deaths occur outside of a formal health care setting and levels of civil registration of deaths are low, it is important to investigate at the community-level any unusual levels of an increase in deaths.

What about herd immunity?

Herd immunity is a concept in epidemiology that describes how the spread can be slowed if some percentage of the population has immunity to a disease. Usually, when someone catches a virus, and recovers, their body builds up an immunity to protect them from that virus in the future. As we explained in this previous guidance to journalists, scientists are still unsure whether people who have recovered from COVID-19 can be reinfected.

But in theory, if 80% of a population is immune to a virus four out of every five people who encounter someone with the disease won’t get sick (and won’t spread the disease any further). In this way, the spread of infectious diseases is kept under control.

The WHO has recommended lifting movement restrictions in stages to test the effect of each before moving to greater openness. However, experts say, the key to keeping infections low without locking down everyone is to increase testing and contact tracing. Health authorities need to find infected people, isolate them and identify their recent contacts, so they can be tested as well and isolated if necessary.

Eventually, it’s possible that enough people will become exposed to the coronavirus that herd immunity will develop and it will stop spreading, or that a vaccine against it will be released.

If you have recovered from COVID-19, can you be reinfected in the second wave?

Because SARS-CoV-2 was only discovered a few months ago, scientists are still trying to answer many big questions related to the virus and the disease it causes. As we explained in this previous guidance to journalists, scientists are still unsure whether people who have recovered from COVID-19 can be reinfected.

Why?

There have been no human studies directly investigating whether infection with SARS-CoV-2 results in immunity and protection against re-infection.

Results from a study on rhesus macaque monkeys suggest it could be possible, but the study was small and did not determine whether the immunity may ‘wear off’ over time.

The World Health Organization (WHO) said at a press briefing on Monday 13 April, that it is still ‘unclear’ whether people that have recovered from the disease may be immune to reinfection.

Although most people who have been infected develop protective antibodies, it is still unknown how long they last in the human body and whether they protect against reinfection. A non-peer reviewed study indicates that people who have recovered from COVID-19 may have antibodies for at least two weeks. A study that has not had a peer review means it has not been checked and verified by the scientific community. It could mean the findings are not reliable or the research methods were flawed.
Finding balance when reporting on the second wave

Without doubt, governments will be hard pressed to find the right balance between restarting their deflated economy and suppressing a recurrence of the virus. So how can you, as a journalist, find the right balance between some who are pushing for an easing of restrictions for economic reasons and others asking for restrictions to be eased more slowly to safeguard public health security.

The following facts can be made clear to your readers and viewers:

• The short-term benefits of reopening the economy could cause significant longer-term political, economic and social costs.
• However, the longer the restrictions are in place, the greater the likelihood of economic hardship, business failures, mortgage defaults, domestic violence, mental health impacts, and long-term unemployment, particularly for the young.
• Even if the deaths from reducing restrictions are smaller than expected, we still have no idea of the long-term health consequences of exposing more people to COVID-19.

You can advocate the following to create a balance in your reporting that could help reduce the anxiety of reopening businesses:

• The need for imaginative proposals. Researchers at the University of Cambridge, for example, have identified 275 non-pharmaceutical approaches to reducing the virus transmission, from virtual schools to online queues telling people when to go to a shop or surgery, and banning background music in public places so people don’t have to get close in order to hear each other.
• State the need for strong government leadership now and the need for a proactive COVID-19 strategy to contain the virus while easing lockdowns. While many businesses cannot afford the economic damage caused by COVID-19, the post-lockdown if mishandled will be worse than the lockdown stage.

How to advice your audience to stay safe in the second wave

As lockdown measures are relaxed and people start to interact more, dealing with caution fatigue will be the biggest challenge. Differences in risk-taking behaviours will play out every day. Each person will decide whether and when to travel by plane, visit with friends, shop in malls, or eat in restaurants.

The Journal of the American Medical Association (JAMA) in an editorial states this will complicate how individuals will interact with others who may not share the same sense of risk, potentially straining relationships between family members, friends, and colleagues.

Regardless, there will be risks and in the interests of public service journalism you have a responsibility to ensure the safety of your readers and viewers as they relax their guard as though the threat of COVID-19 infection has decreased. Your audience must be reminded of the following:

- Keep listening to national advice and guidance

Advice from your national Ministry of Health and the WHO will give you the latest information about COVID-19, including what the symptoms are, what to do if you think you have it and how to reduce your chances of getting it.
- Do not be complacent about hand hygiene

Your readers and viewers might be tired of hearing it, but the fact remains: touching surfaces, then your face, is likely to get you sick, and handwashing (or using hand sanitizer) is key to reducing spread of the virus. Scientists have found that the coronavirus could stay up to four hours on copper, up to 24 hours on cardboard, and up to two to three days on plastic and stainless steel.

The US Centers for Disease Control and Prevention (CDC) has the following 5 steps to wash hands the right way:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

- Do not get complacent about social distancing

While it is important to support local businesses struggling to get on their feet after the lockdowns, it is also important to make smart choices to limit person-to-person contact, which is the way the virus spreads.

The World Health Organization states that COVID-19 spreads mostly through close person-to-person contact and respiratory droplets produced when an infected person coughs or sneezes. That’s why social distancing is one of the best measures to limit its spread.

The guidelines include:

• Keeping two metres apart from people from outside your household when in public
• Wearing a face mask in situations where social distancing might be harder to maintain, such as in a supermarket

- Avoid throwing big parties

After staying in touch with your family and friends virtually through Zoom, FaceTime, Skype, Google Hangouts or WhatsApp, it’s only natural that you can’t wait to meet them physically with the easing of lockdowns. But to be safe, you can advise your readers and viewers to defer, for the moment, hosting big reunion parties with family or friends to be safe.

This will lower their chances of getting infected and passing the virus on to their loved ones, especially if they are elderly and in the high-risk category.

Wear a mask when using public transport

Advice your media audience to use face masks if they have to use public transport because social distancing would be difficult. This follows the latest guidance from the WHO which advises that face masks should be worn either for protection of healthy persons (worn to protect oneself when in contact with an infected individual) or for source control (worn by an infected individual to prevent onward transmission).
The WHO's guidance on how to wear face masks safely include:

• Avoid touching the mask when it’s on your face
• Cleaning your hands before removing the mask
• Removing the mask by the straps behind the ears or head
• Storing the mask in a clean, resealable bag if it is not wet or dirty and you plan to reuse it
• Clean your hands after removing the mask

However, you have to remind your audience that while masks potentially offer some additional protection to them and others, it’s still critical to follow physical distancing and other hygiene measures.

**What about journalists themselves? How can you stay safe in the second wave?**

Journalists are among the important frontline workers who have been making sure the public stays informed of the dangers posed by the pandemic. The Geneva-based Press Emblem Campaign (PEC), a nonprofit focused on press freedom and journalist safety, is attempting to track confirmed COVID-19-related deaths among journalists globally, and they had recorded 146 deaths in 30 countries by June 16.

Even when the lockdowns have been eased several months on, the risk of acquiring COVID-19 will never be zero. The risk might decrease but it will still persist. So how do journalists then balance this risk with personal choice? Is the task worth the risk we’re taking?

Internews has produced this guide for journalists to protect themselves while on the job. It is now available in English, Vietnamese, Hindi, Bangla and Thai.

Internews has developed this handy risk assessment you can use to check how safe/unsafe our actions will be:

When we leave the sterile confines of our own home, that could mean we’re going into an area where the virus is present, but not visible.

**Self-assessment of ourselves and our team:**

• What is our age, are we in the vulnerable age bracket?
• Do we have any underlying ailments that make us more vulnerable?
• Where is our headspace at the present moment? If we had been dealing with a particularly traumatic story, do we have the headspace to tackle this assignment?
• Have we done enough research on the issue we’re about to cover and do we know what we’re getting ourselves into?

**Assessing the environment for the story:**

• Is the environment we’re going into large enough and safe enough to maintain the protocols of social distancing to get the job done?
• What is the number of people at the venue?
• Does the venue have hand sanitisers, wash-basins with soap?
• Evaluate the transport: how are we going to get there? Are we going to self-drive, are we going to take a taxi or car service? Are we going to take public transport? If so, we need to adhere to the self-protection protocols.
What to do when you get home?

1. How do you dispose of contaminated items? Do you have a systematic approach of decontaminating yourself?

1. Be sure to develop a logical and systematic sequence for this, otherwise there will be a loop of recontamination. Example: when you enter your home, wash your hands or sanitise them. Then wipe down your equipment and clean all devices you’ve used in the field. Then remove your work clothes and wash them. Avoid touching anything else and head for the shower.