



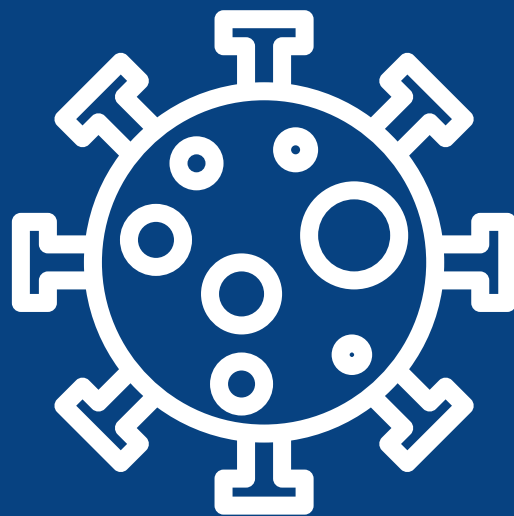
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COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



This style guide was produced by the Liberia Media Development (LMD) Program in collaboration with the Press Union of Liberia, and with funding from USAID.

It was produced to support Liberian journalists reporting on COVID-19 - to encourage the accurate use of terms and phrases while reporting on the pandemic.

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FOR LIBERIAN JOURNALISTS



Do not write or say: CONVID

WRITE OR SAY: COVID-19

Note: Do not refer to the new coronavirus without the article “the” and the word “new”. That is because there are many different types of coronaviruses. The coronavirus that causes COVID-19 [which is the name of the disease] is referred to as “the new coronavirus”. However, you may omit the article “the” when using coronavirus in the headline.

Do not say or write ‘Liberians are concerned about coronavirus’.
CORRECT: Liberians are concerned about the new coronavirus’.



Do not write: Covid-19 or Covid19

WRITE: COVID-19

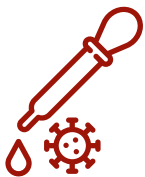
Note: It is important to capitalize each letter.



Do not write: Corona Virus

WRITE: CORONAVIRUS

Note: Coronavirus is one word, so do not separate it.
Also, do not capitalize “coronavirus” unless it appears at the beginning of a sentence, or it appears in a headline.



Do not write or say: Tested with COVID-19

WRITE OR SAY: TESTED POSITIVE FOR COVID-19

Note: People get tested “for” the virus not “with” the virus.



Do not write or say: Asymptomatic

WRITE OR SAY: NO SYMPTOMS

Note: Whenever possible, try to avoid the use of scientific or medical terminologies that may be unfamiliar to your audiences or readership (terms like “asymptomatic”). It may confuse them. Instead of “asymptomatic” it is better to write or say “no symptoms”.

For example: Some people may be ill with COVID-19, but show no signs or symptoms.

COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



Confirmed cases

WRITE OR SAY: COVID-19

Note: When describing a positive case of COVID-19 – the disease caused by the new coronavirus – use the word “confirmed” NOT “confirm”.

“Confirmed” is an adjective used to describe the word case.

For example: Liberia currently has more than 1,000 confirmed cases of COVID-19.



When referring to people do not refer to them as “cases”.

For example: do not say or write: 50 cases tested positive for COVID-19.

Say or write: 50 people tested positive for COVID-19.

Note: it is better to use a modifier when referring to cases.

For example, Liberia has recorded 10 new confirmed cases of COVID-19.

Or, there have been three suspected cases of COVID-19 reported in Montserrado County.

Just by using “cases” does not provide an accurate description of the kind of case(s) you are referring to. Remember there are also suspected cases.



Do not say or write: COVID-19 victims

When you are referring to people who have tested positive for COVID-19, **do not** say or write: COVID-19 victims; victims of coronavirus; or people affected with COVID-19.

Write or say: People who have COVID-19, people who are being treated for COVID-19, people who are recovering from COVID-19, or people who have died after contracting COVID-19. You might also say: People who have tested positive for COVID-19 (which is the disease caused by the new coronavirus).

Note: People who are being treated for an illness are not victims; they are patients.



Contacts

Contacts are people who are suspected of having being exposed to an infectious disease by physically interacting with an infected person (s).

Always consider “contacts” as people -- community members, co-workers or family members of a person who have tested positive for an infectious disease.

Note: These people are ONLY considered contacts if they have had physical interactions with the infected person during a specific period of time, before the confirmation through testing that the person is infected.

COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



High Risk Contacts

A person is considered a high-risk contact if he/she falls within one of the below categories:

- A person living in the same household as a person tested for COVID-19
- A person having had direct physical contact with a confirmed COVID-19 patient (e.g. shaking hands, hugging)
- A person having unprotected direct contact with infectious secretions of a person infected with COVID-19 (e.g. being coughed on, touching used paper tissues or other surfaces with a bare hand)
- A person having had face-to-face contact (standing less than 2 metres apart) with a person who has tested positive for COVID-19
- A person who was in a closed environment (e.g. classroom, meeting room, hospital waiting room, etc.) with a COVID-19 patient for 15 minutes or more, and at a distance of less than 2 meters
- A healthcare worker or other person providing direct care for a COVID-19 patient, or laboratory workers handling specimens of a COVID-19 patient without recommended personal protective equipment (PPE) or with a possible breach of PPE
- A person in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the infected person was seated (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered high risk contacts)



Contact Tracing

The two words can be used as a modifier or as a noun.

When using as a modifier, please make sure you put a hyphen between the contact and tracing. For example, Contact-Tracing: Liberia's coronavirus contact-tracing mechanism was developed based on the country's experience with the Ebola epidemic.

And when using as a noun, you do not have to use a hyphen. For example, contact tracing is a very important aspect of responding to the pandemic because it involves tracking and tracing people who may have come in direct contact with an infected person(s).



Do not pluralize the word "equipment".

FOR EXAMPLE, DO NOT SAY: "MEDICAL EQUIPMENTS"

Write or say: Medical equipment.

For example, the clinic lacks essential medical equipment.

COVID-19 STYLE GUIDE

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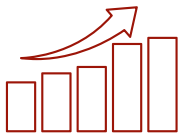
Do not write or say: Personal Protective Equipments

WRITE OR SAY: PERSONAL PROTECTIVE EQUIPMENT

Note: You do not need to capitalize the first letter in each word, because you are not using the collective words as a proper noun. And NEVER put an "S" at the end of equipment when you have to spell or pronounce the entire word, "equipment".

However, when using the abbreviation "PPE", you should capitalize each letter, and you can put a small "s" on the end when referring to more than one PPE.

For example, if you are referring to gloves, the suit, and the covering for shoes, you can say PPEs because you are referring to several different things at once. Alternatively, you can also simply say 'PPE materials'.



Using surge or spike

Use these words only when referring to a serious increase in the number of new cases reported daily or weekly.

For example: "The latest report from NPHIL shows that there is a surge in the number of new confirmed cases in Montserrado county" OR "The recent NPHIL data shows a spike in the number of confirmed cases of COVID-19 in Montserrado County".



Do not use euphemisms when referring to death.

DO NOT WRITE: FIVE PERSONS PASSED AWAY FROM COVID-19

Use "death" or "die".

Write or say: "Five persons have died from COVID-19" or "Liberia has recorded 40 deaths resulting from the new coronavirus disease".

Note: Only use euphemisms such as 'pass away' when it is a direct quote or (for radio or TV) it is being said directly (word for word) by a newsmaker.



Lock down or lockdown

Lockdown [join the two words] can be used as an adjective or a noun.

Lock down [words separated] is a verb.

Some examples:

"During the lockdown [adjective] period, many businesses were struggling to make a profit."

"The lockdown [noun] is one of the measures being taken to stop the spread of COVID-19."

"Monrovia and Kakata are being locked down [verb] because they were the first two cities to record confirmed cases of COVID-19."

COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



Isolation, Quarantine, Shelter-in-place

UNDERSTAND THE DIFFERENCE

Isolation is the process of keeping a person who has tested positive for COVID-19 (or another infectious disease) all alone, to avoid other people contracting the virus from them, while that person recovers and/or receives medical treatment or care.

Quarantine is the process of keeping a person, who is suspected of being ill with an infectious disease, away from others so that the person can be tested and observed, to determine whether the person has in fact contracted the disease.

Shelter-in-place is the process of staying home for a period of time as a precautionary measure, to avoid being exposed to an infectious disease.



Pandemic and Epidemic

UNDERSTAND THE DIFFERENCE

Epidemic: The United States' Centers for Disease Control and Prevention (CDC) defines an epidemic as an unexpected increase in the number of disease cases in a specific geographical area. A disease outbreak is considered an epidemic based on the following:

- when an infectious agent (such as a virus) suddenly becomes much more prevalent in an area where it already existed
- when an outbreak spreads throughout an area where the disease was not previously known
- when people who were not previously susceptible to an infectious agent suddenly start getting sick from it

For example, the 2014-2016 Ebola outbreak was an epidemic because it spread in a specific geographic area - West Africa. As the months went by, the virus spread in new communities in parts of West African countries that already had cases, and new people became sick.

Pandemic: The World Health Organization defines pandemic as the worldwide spread of a new disease. The WHO states that the "impact or severity tends to be higher in pandemics in part because of the much larger number of people in the population who lack pre-existing immunity to the new virus. When a large portion of the population is infected, even if the proportion of those infected that go on to develop severe disease is small, the total number of severe cases can be quite large".

Note: The difference between an epidemic and a pandemic is not the severity of the disease, but the degree to which the disease has spread. When a disease spreads unexpectedly throughout a geographical region, it is considered an epidemic. When a disease spreads to multiple countries and continents, it can be considered a pandemic.

COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



Health Protocol

Health protocol is an agreed upon framework approved by health authorities, outlining how care will be provided for patients, and what people are advised to do during health emergencies or outbreaks.

For example, during the Ebola epidemic, people were asked to report anyone who was sick in the community. Health facilities were ordered to set up triage centers to assess new patients, and all health workers were to wear PPE when caring for sick people.

A health protocol announced in Liberia as part of the state of emergency during COVID-19 was the restriction on the movement of people between counties.



Preventive Measures

Preventive Measures refer to the measures (or actions) taken to prevent illness and/or decrease the burden of disease and associated risk factors.

For example, washing hands, practicing social distancing, and wearing face masks are all preventive measures being recommended to protect against COVID-19.



What is Antibody Testing?

Antibody tests are a kind of “check” done on your blood, which involves looking for antibodies. If antibodies are found in your blood, that tells you that you may have had a past infection with the virus that causes COVID-19.

Antibodies are proteins that help your body fight off infections, and can potentially provide you with some protection against getting that disease again in future. Antibodies are disease-specific. For example, measles antibodies will protect you from getting measles if you are exposed to the disease again – but they cannot protect you from cholera.

In the case of COVID-19, it is still unclear if having COVID-19 antibodies will effectively prevent individuals from being re-infected again in future – and if so, for how long that protection may last. This is something scientists are still studying. Note: Antibody tests are not used to diagnose current COVID-19 infections, because it can take 1-3 weeks after infection for your body to make antibodies. To check whether you have a current COVID-19 infection, a “viral test” must be conducted.

COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



Double check the spelling of words that are similar.

Please double check the spelling of any words that sound alike. If you spell words incorrectly, or accidentally misplace one for another, you might confuse your reader.

For example, be sure to write “Nose” mask and not “Noise” mask.
Write “patients” when referring to a sick person, and not “patience”.

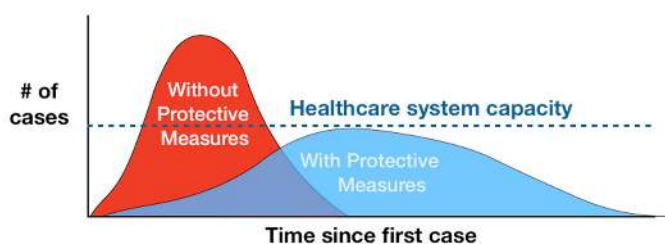


Immunity

Immunity refers to your body’s ability to protect itself from outside invaders, such as bacteria, viruses, fungi, and toxins (chemicals produced by microbes).

The “immune system” – which works together to fight off and/or destroy these outside invaders – is made up of different organs, cells, and tissues inside your body.

Immunity to a disease is achieved through the presence of antibodies to that disease, in a person’s system.



Adapted from CDC / The Economist

Flattening the curve

This is an idea that relates to the goal of slowing down the infection rate of a virus, so that there are fewer people suffering from a disease at any one time. This concept is often demonstrated through an “epidemic curve” or graph, as seen here.

When a country implements strategies to slow down the spread of a virus – such as physical distancing and/or the wearing of face masks in public places – there should be fewer people getting ill. The smaller the number of people who are ill at any one time, the more likely it is that a nation’s health facilities can keep up with the demand, and provide better care to patients.

This collection of response efforts – aimed at ensuring that the rate of infection does not outpace the resources available to fight against the disease – is termed as “flattening the curve”.

COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



Always Fact Check

Always verify any message you receive via SMS, WhatsApp or on social media – even if they claim to be from a trusted source (Government, UN agency, etc.).

Be aware that some fake messages containing misinformation about COVID-19 are being circulated using the name of UN agencies and/or other trusted sources. Therefore, any information you receive via SMS, WhatsApp, or social media must always be fact-checked to ensure that it is correct and does come from a valid source, before you report on it or share it further.

As a journalist, you can verify information either by checking on the official website or social media account(s) of the source mentioned, or by contacting an official representative of the organization(s) in question, to confirm the validity of the information. Remember that sometimes, fake news is also spread through social media pages that appear to be the official account or website of these trusted sources – so always double-check that you are indeed looking at the correct online address for any “source” you are considering.



Privacy of people who test positive for COVID-19

Ensure you protect affected people. The privacy of people who have tested positive for COVID-19 – as well as the privacy of their families, friends, and colleagues – should be respected by all journalists and media outlets.

The identities, addresses, family backgrounds, personal and/or medical records of any person who tests positive for COVID-19 should not be disclosed, or even hinted at, unless a journalist has received permission directly from the individual(s) in question. Additionally, photos and videos of patients should not be printed or broadcast without direct permission from them – as well as from a parent or guardian, should the person in question be under the age of 18.



Avoid using "Loaded Words"

Refrain from using headlines describing the disease as “fatal” or “deadly”. For example, the “deadly coronavirus disease is creating economic hardship”.

Many diseases can be fatal. In the context of a new emergency, using “loaded words” could cause some people to panic and this could undermine response efforts, including community mobilization and prevention awareness.

COVID-19 STYLE GUIDE

FOR LIBERIAN JOURNALISTS



Case Fatality Rate (CFR)

Case Fatality Rate or CFR is an estimate of the risk of mortality (death) from a contagious disease.

For example, if Liberia has recorded a total of 1,300 confirmed COVID-19 cases, and 80 resulting deaths during the same time period, then the CFR will be 6.1%.

To calculate CFR, divide the total number of deaths caused from a disease (during a specific period of time) by the total number of confirmed cases of that disease (recorded during the same period of time), and then multiply the result by 100 (in order to turn it into a percentage).

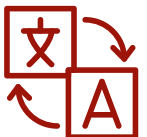
$$\text{CFR} = 80/1,300 \times 100 = 6.1\%$$



Underlying Conditions

Underlying conditions are already existing health conditions or diseases that a person may have, which makes him/her more susceptible or vulnerable to becoming severely ill or dying, should they contract COVID-19.

Those who are at an increased risk of developing more severe illness from COVID-19 include people with lung disease, heart disease, high blood pressure, diabetes, kidney disease, or liver disease, as well as people who are severely obese (overweight) or immunocompromised – such as those who are living with HIV/AIDS and/or undergoing cancer treatments.



Translate Technical Jargon for Your Audience

Public health experts and officials often use technical language that can be hard for your audiences to understand.

This is why as a journalist, it is important to always simplify or put into context words or phrases that are not widely understood. As part of your reporting, always try to explain any technical terms you are using – such as “asymptomatic”, “community transmission” or “isolation”. This will help the public to better understand, and learn from your reporting.