

Covering the Coronavirus: Reporting on local emergency preparedness

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Pandemics are fast moving and chaotic, but knowing what to ask, and who to ask it of, can help you land important investigative stories in real time.

The numbers.

In an outbreak, pay attention to what a number is telling you. In the case of testing for viruses, it can take multiple tests to diagnose one patient, and multiple tests to get a lab up and running. If an agency says a million tests are available, that often translates to far fewer patients that can be tested. Labs also have limitations on how many tests they can run each day.

Similarly, a treatment can take multiple doses, but what you want to know is how many patients can be cared for. When asking questions of officials, be aware of what you want to know.

Many infectious diseases are tracked closely, and while the CDC may ultimately be the keeper of data, there is often a lag in reporting at the national level. In an outbreak or emergency, if you just need local counts, the local or state agency involved is your best source for up-to-date numbers.

In the early weeks and months of an outbreak, epidemiologists look to understand the basics of a disease: How many people does an infected person, on average, infect? This is known as the R_0 (pronounced: R naught). And how deadly is it? This is expressed by the mortality rate, which is hard to know in the middle of an outbreak.

These numbers are crucial to responding to an epidemic, but they are also nearly impossible to know in the middle of an outbreak, and early estimates can be far off from the final statistics. For mortality rates, check what it is that is being measured for the denominator and the numerator. Is it everyone infected in the denominator? Laboratory confirmed cases? What does that tell us about who is actually infected? If we haven't rolled out testing, or some people don't get very sick and are never diagnosed, will they be counted? We also don't know the numerator - how many people will die - until a disease has run its course. Be careful when reporting statistics, and exercise caution when reporting, particularly in the first months of an outbreak.

Vulnerable groups:

This can vary by emergency, but there are some groups who often fall into the "most at risk" category. That includes the elderly, particularly those who live in nursing homes, as well as people who are homeless, pregnant women, and in a health emergency, those with existing

health issues. It also often includes children, though in the case of Covid-19, they seem to be at lower risk of illness.

People in hospitals are always at risk for infection, if hospitals don't practice good infection control. Though we can't predict how a local health care facility will handle an outbreak, we can look at their past behavior to try and understand how prepared they might be.

- The Association of Health Care Journalists has a tool to look up federal hospital inspection reports (based on data that was once only available via FOIA): <http://www.hospitalinspections.org/>. But note there are other entities and kinds of inspection reports - worth checking with state agencies that regulate hospitals as well.
- Kaiser Health News has a tool that shows infection risk at nursing homes: <https://khn.org/news/look-up-infection-risk-factors/> (made with data from the Centers for Medicare and Medicaid Services): <https://www.medicare.gov/nursinghomecompare/search.html>)

Health care workers are also on the front line, and at risk for infection if they don't have the right equipment. That risk extends not only to doctors, but nurses, medical assistants, janitorial and food service staff - just about anyone who works in a hospital. If you're investigating a particular facility, casting a wide net can help provide a more complete picture of how prepared a place is. Tip: Unionized health care workers are often more willing to speak with the media.

Supplies and equipment:

Masks are a hot topic with any infectious disease. For years, we have known the United States is vulnerable on this front: masks are essential to health care, but we manufacture very few in the United States. And during an international outbreak, these supplies can be limited. So what should you ask of your local authorities: Does your state have a stockpile? What's in it? What's the expiration date on the goods in that stockpile?

But masks aren't the only necessary equipment. Other essentials items or equipment can include things like gowns, ventilators and negative pressure rooms, which isolate viruses. You might ask health care workers what they need to protect themselves and treat patients, and then find out if those things are available. Government reports can also be a great resource -- there's almost always a report or hearing when it comes to essential medical supplies. And find out if a facility not only has these items, but if people are trained on how to use them. Donning and doffing protective equipment properly [is no easy task!](#)

Who should you talk to:

Local players - health departments, public health labs, nurses, hospitals - have state and national associations that are great resources generally, and particularly during emergencies when local departments may be too busy to respond. Those include [Association of Public Health Labs](#) and the [Association of State and Territorial Health Officials](#). Nurses, health care workers and first responders also have local and national organizations that can answer questions.