Health Risk Communication: Reporting of Avian Influenza in New Zealand Newspapers 2002-2008

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Abstract

Those who are interested in the public mood, including politicians and economists, comment that the public are becoming ever more sceptical about many things, but health risk information should not be one of them. The notion that health risk information is up for debate has ramifications for bio-security and public health – the whole ‘cry wolf’ scenario becomes more real every time a threat appears in the media but fails to materialise. If health risk information is perceived by the public as ‘just another scary story’, or ‘more of the same we heard last month’, then the ability of risk messages to convey urgency and recommend action could be greatly diminished, or even negated.

This paper explores how avian influenza, or the H5N1 virus, as a health risk category, has been reported and represented in the New Zealand media. Risk communication theories and models, media conventions of agenda-setting and framing, and content, thematic and textual analyses are engaged to examine this case study.

This paper analyses four New Zealand newspapers over a six-year period, 2002-2008, and compared results with those found in a US study by Dudo, Dahlstrom & Brossard (2007). In doing so, this paper seeks to add to existing knowledge about the media communication of health risk messages by exploring dominant themes and discourses the media drew upon when reporting the health threat of the H5N1 virus.

Results largely mirrored those of the above U.S. study, and showed that the New Zealand media favoured episodic framing over thematic, sensationalising the reporting of avian influenza, whilst providing little in the way of scientific and contextual information. Moreover, the reporting of avian influenza revealed dominant themes that suggest that, when reporting health risks, media templates are well established.
Keywords

Risk communication, media, avian influenza (H5N1), public understanding of science

Introduction

Media communication about health scares is a responsibility with implications for public understanding of personal risk. When reporting about risk, the media have been observed to use scare language and tactics that often afford the risk a ‘threat-status’ out of all proportion to the estimated actual threat. By repeating stories, suppositions can become ‘facts’, and members of the public can react to these facts in a disproportionate way; for example changing their behaviour, becoming anxious and worrying about a distant threat that, over time, does not eventuate (Lichter & Rothman, 1999., Sandman, 2008). When this happens, the public’s perception of the threat can change, creating a resistance to fearful news with the result being that the next time the media reports a health scare, there is much more debate about the ‘truthfulness’ of this threat.

As Nerlich and Halliday (2007) point out:

“if warnings are issued too early, too frequently or in a context of heightened scientific and social uncertainty, they may also have the opposite effect, of demoralising individuals and society, neutralising urgency, producing cynicism and indifference and stifling sustained investment” (Nerlich & Halliday, 2007).

This paper explores and analyses the communication of health risk messages. It examines how the New Zealand media reported the global health threat of avian influenza during the period January 2002-January 2008, and compares research findings with the results from an American research paper published in 2007, which also investigated media reporting of the same health threat (Dudo, Dahlstrom & Brossard, 2007).

Risk Communication

Risk communication has been characterised as ‘the flow of information and risk evaluations back and forth between academic experts, regulatory practitioners, interest groups and the general public’ (Leiss, 1996). Leiss saw risk communication as a legitimate discipline and as having three phases; the first emphasizes risk, the second stresses that risk communication should persuade the audience towards a ‘correct’ point of view, and the third incorporates both elements, highlighting that this approach makes for best business practice (Leiss, 1996).
Underpinning research about risk communication is the assumption that ‘those who promote and regulate health and safety need to understand the ways in which people think about and respond to risk’ (Slovic, 1987, p. 280). Far from being straightforward, this assumption encompasses many challenges, not the least of which is how to measure the effectiveness of a risk communication, which assumes a two-way process, where both parties learn and/or negotiate knowledge.

Traditional theories of risk communication conclude that a common reason for a disproportionate reaction to risk is a perceived lack of knowledge. Early risk communicators defined the challenge of risk communication as trying to communicate or frame risk in such a way that is does not engender fear and panic. Others have seen the problem as arising from limitations in the message source or message design (Covello, McCallum & Pavlova, 1989).

According to Vincent Covello, (Davies, Covello & Allen, 1986) in a paper presented at the first ever conference on risk communication in Washington DC in 1986, problems with risk communication fall into four distinct areas: limitations of scientific method, risk communicators and experts, channels of communication and audience reception. Furthermore, Covello suggested that its purpose was to inform and educate, bring about behaviour change and ‘protective action’, warn about disasters and give emergency information. Lastly, once these things had been achieved, it was hypothesized that problem solving by all parties would result (Covello cited in Davies, 1986, p. 112).

But this was a simplistic ‘top-down’ approach that did not address the complex nature of the audience, something that Peter Sandman recognised when he expounded on his theory of a four-stage risk communication. According to his interpretation of how risk communication evolved, the first stage simply ignored the public, and ‘they were content to be ignored’ (Covello & Sandman, 2001, p. 169). However, this approach ceased to work as the environmental activism of the late 1980s began and although dialogue -the third stage - had not yet happened (p. 170), companies and organizations realised that they needed to explain risk data better (the second stage). During the third stage, Sandman asserted that risk came to be viewed differently from how it had been viewed before, and could now be thought of as being a combination of two new ideas; hazard and outrage. Sandman’s fourth stage is described in hopeful terms as a stage that is yet to be fully realised, involving a full

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1 “Hazard” is the technical component of risk, the product of probability and magnitude. “Outrage” is the nontechnical component, an amalgam of voluntariness, control, responsiveness, trust and dread (Sandman, 1993).
partnership between organisations and the public, including negotiation and dialogue (Covello & Sandman, 2001, p. 170).

Public Understanding of Risk
There are different ways to understand how the ‘public’ understands scientific information; from psychologically cognitive approaches to sociological theories of interactionism, constructionism and media models of mass communication and effects. Because of the focus on media representations rather than audience reception, this paper will not use cognitive interpretations of behaviour such as causal attributions, third-person effect and accessibility bias to conceptualize the public understanding of risk (Jones & Nisbett, 1972., Nisbett & Wilson, 1977). Rather, this paper is interested in how the media reports and represents risk and the way it positions individuals within these representations.

Nelkin (1987) positions the media as an integral part of public understanding of issues and states:

“The press should provide the information and the understanding that is necessary if people are to think critically about decisions affecting their lives. For most people the reality of science is what they read in the press [and] they understand science less through direct experience or post education than through the filter of journalistic language and imagery” (Nelkin, 1987, p. 2).

Critical to the public’s understanding of health crises and to their uptake of risk messages is that the messages are easily understood, they are relevant to the audience, they are deemed credible and that they grab public attention. Moreover, it is in the use of concrete images, examples and anecdotes about specific actions that people can take, that risk messages and information become relevant (Covello et al., 1989).

Risk and fear discourses greatly influence the everyday worldview people have about what constitutes danger and hazards. Commonplace events are underestimated in terms of risk but exceptional and abnormal incidents can rouse feelings of panic and anxiety. Mary Wilson, a public-health assistant-professor at Harvard University said:

“We spend enormous amounts of money on problems that pose a trivial risk, [for example] Europe forked out $2.4 billion to defend itself against mad-cow disease
which infected 10 humans. These fears drive public policy, and picking the ‘wrong’ ones can distract us from bigger killers” (Wilson cited in Altheide, 2002: 87).

Public perception of risk depends on several factors: the level of consensus about the risk, the amount of anxiety created by the spectre of the risk, the level of personal control over the risk and the costs that may be incurred when preparing for the risk. Therefore, as different types of risk may create different stressors, more than one communication technique may be needed (Dudo, Dahlstrom & Brossard 2007).

Risk communication is the link between risk analysis, risk management, and the public body. Important elements are the trust and credibility of the message source, the quality and clarity of the message design, the effectiveness and efficiency of the delivery channel and the involvement and acceptance of the target audience (Covello et al, 1989:6).

**Framing and Agenda-setting**

One way to operationalise the meaning-making processes in the news media is through the concept of framing, which sociological theory posits is influenced by cultural narratives, symbols and stereotypes (London, 1993). Information and news needs to be embedded within a meaningful context in order to be clearly understood and a media frame organises relevant ideas, whilst also suggesting what is salient and topical.

Framing, regarded as a ‘second-level’ agenda-setting media construct, is the term that describes how news stories are constructed in the media; it can draw attention to particular issues, and can refer to what is included as well as what is excluded. Scholars have described framing in several ways ranging from ‘a subtle change in the description of a situation’ to a ‘stated or implied argument’(Callaghan & Schnell 2001; Scheufele, 2000) and have shown that a change to the wording or presentation of an issue can powerfully influence decision outcomes for those who engage in an issue through the media.

In his exploration of how television frames political issues, Shanto Iyengar (1991) hypothesized that each story could be classified as using either an ‘episodic’ or ‘thematic’ news frame and found that whilst few news reports were exclusively episodic or thematic, for most stories, one frame or the other clearly predominated (p.14). An episodic news frame is one that focuses on particular cases or specific events and depicts concrete instances, whereas a thematic news frame situates events and issues within a generalised context, and involves more abstract information.
In relation to health risk reporting, it has been found that episodic framing can represent an issue in the following ways: with sensational reporting (emotive language), non-contextual statements (‘35 died’) and little or no self-protection or self-efficacy information (Dudo et al., 2007., Roche & Muskavitch, 2003., Friedman et al., 1987). Conversely, thematic reporting is factual, contextual and situational, and gives self-protection and/or self-efficacy information. Furthermore, this paper takes the view that thematic framing also includes the provision of scientific and medical information.

**Avian Influenza (H5N1) – Pathology and Timeline**

Medical research since 1918 has revealed that the influenza virus can be classified as having three strains or types - A, B and C - with the A strain responsible for influenza outbreaks not only in humans but also in wild birds and pigs. It is when two or more viruses combine in such a reservoir that a new virus evolves; this process is called an antigenic shift, as opposed to antigenic drift, which is natural mutation over time. This new virus can be extremely dangerous as the human immune system may not recognise it, and so will have no immunity or defence to it. The Spanish flu was an Influenza A virus strain of subtype H1N1 and appears to have been completely avian in origin; however two subsequent influenza outbreaks (in 1957 and 1968) were a combination of genes from both an avian and human influenza virus. Additionally, the swine flu outbreak of May 2009 was an Influenza (A) H1N1 strain, and appears to be a combination of human, avian and pig viruses.

Avian influenza is an infectious disease of birds caused by type A strains of the influenza virus. Wild aquatic birds are believed to be the primary reservoir for bird and mammals and until recently, could carry the disease without succumbing to it\(^2\). The H5N1 virus has been shown to spread, not only via wild birds, but also from farm to farm through movements of people and transportation of cages. In faecal matter, it can survive for several days in both low and high temperatures but this transmission still requires direct contact with the virus. The H5N1 avian influenza is still the greatest threat to birds, and culling on a mass scale has been shown to control the outbreaks.

The avian influenza virus (H5N1), has been closely monitored by the World Health Organisation (WHO) since 1997, when H5N1 was first reported to have infected humans in Hong Kong. By June 2008, according to the World Health Organisation, there had been 385

\(^2\) These birds are known as animal vectors.
reported cases and 243 deaths from avian influenza worldwide\(^3\). This represents a 63 percent case-fatality rate\(^4\), and when compared to the 2003 SARS outbreak which had a case-fatality rate of 15 percent, or the flu or common cold which kills less than 5 percent of those who catch it every year, H5N1 has the potential to be the most lethal flu virus yet.

To date, the impact on humans of the H5N1 virus is not well understood, and there remain some concerning issues. Scientists have discovered that, in terms of antigenic drift, the H5N1 virus has gone through five of the ten gene sequence changes necessary for it to transmit easily from human-to-human (Jennings, Monto, Chan, Szucs & Nicholson, 2008). However, although there is worldwide scientific consensus that H5N1 has the potential to mutate from its present form to one that easily transmits from human-to-human, the virus, in its current form, does not easily cross over to humans and as such, there is no guarantee that the present threat will result in the predicted lethal pandemic.

**Methods**

Content analysis was used to analyse the newspaper articles, as this method combines both qualitative and quantitative processes and enabled data to be gathered over the entire 6-year period to identify trends and observe broad patterns.

Examples of health risk communication about avian influenza for this paper were sourced from the New Zealand print media through the electronic database Factiva (n = 953), and came from four regional daily newspapers that were based in New Zealand’s four largest cities: Auckland; Wellington; Christchurch; and Dunedin. These newspapers reach the majority of New Zealand’s news-reading public, with a combined readership\(^5\) of 1,734,000 and circulation of 638,172\(^6\). More importantly, these four newspapers represent three different media publishing companies; Fairfax Media, Allied Press Limited and APN News Media.

The original search resulted in 953 articles. Articles less than 60 words, editorials, opinion columns, duplicate articles from multiple editions of the same newspaper on the same day and articles that were not primarily about avian influenza were excluded (n = 445). Stories about

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\(^3\) Cumulative Number of Confirmed Human Cases of Avian Influenza A (H5N1), World Health Organisation, http://www.who.int/csr/disease/avian_influenza/country/en/

\(^4\) Case-fatality rate is the percentage of people who died after being infected.

\(^5\) Readership is defined as an estimation of how many people in each household will read the paper and for the newspapers accessed for this thesis, this number is 2.5.

\(^6\) http://www.nzpa-online.co.nz/statistics.php
issues not directly related to avian influenza (n = 133) and articles that had two or less codeable variables (n = 114) were not coded using the coding schema, but were included for thematic analysis. The remaining articles (n = 261) were coded for a total of 21 variables including emotionally loaded words, phrases and worst-case scenarios, use of risk comparisons. Each newspaper story comprised a unit of analysis.

The method used for this paper was based on a similar method used by Dudo, Dahlstrom and Brossard in their 2007 article. However, as the research for this case study developed, several main differences in emphasis emerged so that the research methods used were similar but not identical to the methods used in the U.S. study.

Dudo et al (2007) utilised, as an overarching criterion, the concept of quality and chose to explore this with a five-dimension conceptualization that included variables of risk magnitude, self-efficacy, risk comparison, sensationalism and thematic and episodic framing. They underpinned their analyses with two assumptions: first, that in order to understand public perceptions of risk related to avian flu, an assessment of the quality of risk-related information in newspapers was necessary and second, as McCombs and Reynolds (2002) describe, intermedia effects were likely. Unlike the U.S. publication (Dudo et al., 2007), this paper’s approach to the analysis was exploratory, so there were no overarching assumptions of quality or efficacy; nonetheless, the five-dimension conceptualization, with similar variables, was employed.

**Coding**

As described by Friedman et al (1987), the variables of loaded words, phrases and worst-case scenarios give a good indication of the level of sensationalism in each news story (Friedman, Gorney & Egolf, 1987), and were coded as ‘episodic’. Placement of loaded words, phrases and worst-case scenarios were coded to see whether they appeared in the headline, first four sentences or elsewhere. Self-efficacy information was coded as a thematic variable and included symptom information\(^7\) and personal protection information\(^8\), and a third self-efficacy variable was added, that of scientific information. Therefore, if an article attempted to educate the reader with research or knowledge about avian flu, or used scientific language, it was coded as ‘thematic’.

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\(^7\) Information that describes how readers can evaluate if or when they may have been infected with avian influenza and when or how to get medical help

\(^8\) Information on how readers can protect themselves against, or have control over, contracting avian-flu.
Risk comparison information\(^9\), other risk scenarios (SARS, past influenza outbreaks, earthquakes) and references to the 1918 Spanish influenza pandemic were coded as thematic. Risk-magnitude information\(^{10}\) was evaluated using three variables: qualitative (words that describe risk) and two categories of quantitative information (use of numbers to convey meaning). The quantitative information was divided into information that did or did not use a contextual denominator\(^{11}\) (Roche & Muskavitch, 2003). Both qualitative and quantitative risk-magnitude information, quantitative with a contextual denominator and quantitative without a contextual denominator were evaluated the same way: major if it appeared more than the other, minor if it appeared less and minor if it appeared the same.

**Content analysis**

Despite avian influenza being in the world public arena since 1997, the New Zealand press did not begin to report it widely until 2005. Media reports about avian influenza and its potential for disaster began with just one story in February 2002, increasing to the highest incidence of reporting in 2005 with 189 articles.

![Figure 1. Number of articles printed in each of the four major newspapers between 2002 and 2008](image-url)

\(^9\) Information that compares the likelihood of contracting avian flu with other health risks.

\(^{10}\) Information about how likely it is that individuals could contract, or become ill and die from avian flu

\(^{11}\) Number, percentage or other information that is used to put the news story, in particular fatalities or casualties, in context
Figure 1 shows that the Auckland newspaper (The New Zealand Herald) was the only newspaper for the first two years of this analysis (2002 and 2003) to print any avian influenza articles and generally there was very little coverage in the first three of years.

Timeline for NZ Newspaper Coverage of Avian Influenza

Figure 2. Frequency of H5N1 articles in New Zealand media

Figure 2 shows the frequency of articles over the six-year period and shows a marked increase in flu-related stories in mid 2005. Interestingly, the article peaks (2003 and 2005) mirrored similar peaks (2004 and 2006) in the U.S. data.

Figure 3. Frequency of H5N1 articles in US media (Dudo et al, 2007, p. 442).
The largest peak in reporting is because, in the 6 years following 1997, there had been just 7 avian-flu related deaths, but within a few months and by the end of 2004, 43 people had died from the H5N1 virus.

![Avian Influenza Case and Death Timeline](image)

Figure 4. Number of H5N1 deaths by year, 1997-2008

This pattern of reporting is similar (but not identical) to what was found in the US study. Dudo et al (2007) found a predominance of the use of episodic framing with minimal self-efficacy information. In their conclusion, the authors suggest further research be carried out to build on their results and to examine ‘how the identified content might be participating in the shaping of public perceptions of the risk related to avian flu’ (Dudo et al, 2007, p. 451).

In the New Zealand media the majority of articles appeared in 2005, and following are some of the major findings.

The New Zealand newspaper articles contained a myriad of loaded words, with emotionally-charged adjectives and/or adverbs appearing at least once in 85 percent of all stories. The US study found that 73 percent of their articles contained loaded words so the New Zealand result is quite comparable.
What is meant by loaded words and sensational language can be illustrated by the opening paragraph of this article entitled ‘One plague for rich and poor’, published in the New Zealand Herald on 28th April 2005:

“First war, now pestilence. In these days of high tech-doom, the riders of the apocalypse (plague division) have switched from horseback to airline business class”.

Overall, the results from my analysis were almost identical with what was found in the U.S. study. The dominant frame that New Zealand newspapers used to report the avian influenza was episodic. Sensational and emotive language was used to frame avian influenza in over half of all stories, whereas thematic framing was used only 17 percent of the time. Moreover, episodic framing was dominant in framing the first four sentences in two-thirds of all articles whilst only 10 percent framed the first four sentences thematically.

![Bar Chart: Comparisons of Article Framing – entire article and first four sentences](image)

**Figure 5. Comparisons of Article Framing – entire article and first four sentences**

Some other differences in results (see figure 6), showed that the New Zealand media referred to the 1918 pandemic less than the U.S. media, but to other past health scenarios more; with worst-case scenarios that used wording such as ‘millions die’, or ‘potential global tragedy’ also appearing more often than in the U.S. stories.
Comparison of NZ and US Results

The New Zealand media used emotive and sensational language more than twice as often in the opening paragraphs than the U.S. media.

The U.S. newspapers provided symptom information twice as often as the New Zealand newspapers, yet the other self-efficacy variable (self-protection), was reported more in New Zealand papers. Self-efficacy information was uncommon, and 97 percent of all H5N1 articles in both New Zealand and the U.S. newspapers provided no self-efficacy information at all.

Thematic and textual analysis

Analysis of the coded articles revealed themes, categories, tropes or voices that were used to ‘paint the risk picture’ of the impending health threat. There were five main areas of content or topics that the media used to report the issue of avian influenza were: Notification, Planning and Preparedness, Impacts, Biosecurity and Antiviral medications. Within these topics were related content areas, which have been illustrated with excerpts from the newspapers articles. Additionally, there were stories that functioned as interpretive frameworks through which the threat of avian influenza was communicated: expert/authority, sensationalism, dissenting views, social control and notions of social responsibility, ‘the good citizen’ and ‘othering’. These are also highlighted with examples from newspaper articles.
A common way to report the threat of avian influenza was to draw upon the discourse of the expert or authority, the most common expert being a virologist, a scientist or a World Health official. In fact, the first word in the very first article12, (that could be regarded as introducing the threat of avian influenza to the New Zealand public), was ‘Virologists’. Early use of ‘the expert’ defined the terms of the debate around avian influenza, as is common when the subject matter is largely scientific and facts are not readily available to the lay public. In the same way that opinions of experts were often used in a factual way, statistics in the form of how many people have died, or predicted numbers of infections, were powerful symbols:

“The projected worst-case scenario for New Zealand in a pandemic 33,000 potential New Zealand death toll if the pandemic is as severe as the 1918-1919 Spanish Flu. 10,000 deaths possible during the worst week. 40% of the population could catch the flu, some 1.6 million people. 200 children could be orphaned, [and] 800 children could need alternative care because their parents would be in hospital. 15 to 27 weeks [is] the time required to fill New Zealand’s vaccine needs with stocks from Australia. 2 million to 7.4 million is the potential international death toll, as forecast by the World Health Organisation” (‘If Bird Flu Hits NZ’, 2005)

The effect of priming (how the public understanding present issues because of how past issues have been presented) was evident in the frequent use of past contagions and plagues, the most common of these were the 1918 pandemic and SARS. A typical example is as follows: (note also the use of ‘expert’ in both the text and headline)

“Then the mutated virus could spread among humans in a world that has no immunity to this strain of flu. That, experts say, could lead to a pandemic that could kill people worldwide, much like past super-epidemics in 1918, 1857 and 1968. The key question in controlling the outbreak is what is casing the flu to hop all over Southeast Asia when previous outbreaks were controlled in Hong Kong in 1997, 1999 and last year”(‘Experts track down avian flu culprits’, 2004)

In articles that had an abundance of sensational content, the use of past epidemics was particularly noticeable:

12 ‘Researchers detect threat of Flu Pandemic in Dairy Cattle’, 2002 01
“‘If the next pandemic virus is a very virulent strain, deaths could be dramatically higher’, said WHO. The 1968 pandemic is thought to have killed between one million and four million people. The 1918 Spanish flu pandemic killed between 20 million and 50 million people. Eight thousand of them died in New Zealand” (‘World ‘closer’ to pandemic’, 2004)

Social control and notions of governmentality were evident in how the media framed appropriate responses to the threat. Governmental news releases had, to date, revolved around infrastructure planning and ensuring antivirals were available to those most in need. However, increasingly, news stories appeared outlining social controls and measures that the government, in the event of an epidemic, would put into effect. Several of these suggested measures were adopted as policies and passed into legislation in response to recommendations from health advisors, resulting in changes to the Health Act (1956), Criminal Justice Act (1985) and the Immigration Act (1987). A political reporter filed this story:

“New legislation gives medical officers powers of detention in an epidemic…..The bill gives medical officers of health the power to detain people suffering from pandemic flu and keep them under surveillance for up to 28 days…..People who refuse to follow medical officers’ orders could be arrested and imprisoned for six months or fined up to $4000….Medical officers of health will be able to commandeer land, buildings and vehicles to deal with a pandemic outbreak” (‘Jail among bird-flu measures’, 2006).

The same article also evoked social responsibility as its rationale:

“Mr Adam said the bill tried to balance an infected person’s rights to freedom against a person’s right not to become infected”

This way of talking about the pandemic in terms accountability to the whole community drew upon social responsibility discourse:

“Christchurch virologist Lance Jennings said the healthcare professionals had a social responsibility to be vaccinated against flu to protect patients and fellow staff. Infection control nurse specialist Julianne Toop said ‘I would like people to consider [the vaccination] in relation to protecting their patients, their colleagues and their own families’” (‘Expert wants compulsory flu jabs’, 2006)
Elaborating on this theme were stories that constructed the notion of a ‘good citizens’ as shown in this excerpt:

“Watching their welfare Carmel Gregan-Ford, mother of Angus, five, Molly, four and Rosa, 10 months, nurse and education manager for the New Zealand Kidney Foundation: ‘I have a food pack ready in case we have to isolate ourselves for a period of time…I feel that with three young children it is my responsibility to make sure their welfare is taken care of…I’m going to store water in airtight containers and I will get masks next’ (“Experts advise on Flu survival’, 2005)

Scientific language and medical references were used in many differing stories: from in-depth scientific explanations about the avian influenza to medical solutions (antivirals, antibiotics, temperature-reducing drugs). Articles explaining correct hygiene procedures illustrated preventative methods and described how to recognise symptoms:

“Classic influenza usually has a sudden onset with a headache, cough, sore throat and high fever….however, there are ways to avoid infection. When a person with influenza sneezes or coughs, tiny droplets, each containing many viral particles, are projected into the air. It is important to keep sneezes and coughs covered and to dispose of tissues safely. Hand washing is a very important way of reducing your personal risk” (“Prevention the best defence’, 2005)

A discourse of ‘othering’ was reflected in stories that blamed the bird flu outbreak on other cultures in two specific ways. The first way was to describe the culture and infer irresponsibility on the part of people from Southeast Asia:

“[people were heartily sick of reading about] people who get bird flu from cuddling up to birds and then wondering how it happened” (“Queenstown Lakes’, 2006)

“Come December the build-up to the Lunar New Year, known as the Tet Festival, sees poultry overload the dinner plates and backyards of Vietnam and Thailand. Among the poultry-feasting during the Tet festival months is a dish that scientists have linked to some of the early bird-flu deaths: duck’s blood pudding. This soup is a staple, made from simmered duck innards and raw duck’s blood, and provides ample opportunity for the virus to jump from bird to human in the often bloody unsanitary preparation and consumption conditions” (“The Breeding Ground’, 2005)
The second way was to lay the blame for spreading the disease outside of Asia’s borders to the governments of infected countries:

“The doomsday scenario is that the Chinese will use a poor quality vaccine that does nothing more than force the virus to mutate into something more lethal” (‘Doomsday Scenario’, 2005)

“It’s not really surprising in countries like Indonesia that there are possibly unrecognised pockets of infection still bubbling away….quite frankly, Indonesia probably doesn’t enjoy First World public health services” (‘Blackout Threat to Bird-Flu Analysis’, 2006)

Lastly, in mid 2006, as the media interest in avian flu started to wane, articles began to appear questioning whether bird flu was really a serious threat:

“However, board member and Central Otago Mayor Malcolm Macpherson raised concerns about being caught up in the ‘hysteria’ of it all, likening it to the over-reaction to potential computer problems at the turn on the 21st century’(‘Signs of Y2K Hysteria over bird-flu Outbreak’, 2005)

“Given that there has not been one case of person-to-person transmission, then for health officials to be advancing the worst-case pandemic scenarios is irresponsible, Laws said” (‘Bird-flu Warning Rejected’, 2006)

Conclusions
It seems that there was a great deal of similarity between the way avian influenza was framed in the news reporting in both U.S. and New Zealand newspapers. However, because of the inclusion in the New Zealand study of additional variables of the public understanding of science, overseas and local content, risk comparison context and the widened scope of the loaded words, a direct comparison cannot be made.

In terms of the differences found between the New Zealand and US media reporting, a reason for the higher sensationalism content in New Zealand newspapers could be that New Zealanders consider themselves to be protected by two geographical realities: New Zealand is isolated by water and is theoretically capable of completely closing its borders. Therefore, the New Zealand public may consider that they possess a geographic invulnerability, resulting in
health threat messages having to be higher in sensationalism to penetrate this sense of security.

The dearth of scientific information may be because, compared to the US media, New Zealand newspapers are much smaller and have fewer resources in terms of specialised medical and scientific journalists. Access to medical and scientific personnel may be problematic, but as the relationship between New Zealand journalists and the scientific community has not been examined, this hypothesis remains speculative. A lack of thematic framing highlights that news reporting of avian influenza contained little scientific information, social contextualisation and self-efficacy content. Risk communication literature suggests that these types of information are important to readers when wanting to assess their personal risk to impending threats and in terms of Covello et al.’s (1986) four purposes of risk communication, the New Zealand media only ‘warned about the impending disaster’ and ignored the other three.

The thematic and textual analysis revealed that the media reflected a number of topic or content areas and used several interpretive frames, which operated as media templates for the reporting of avian influenza, and as such, are now well established. I suggest that any subsequent articles printed the New Zealand media about H5N1 (or indeed, any predicted health threat) will fit into one of these templates, or ways of talking about the issue, and will draw upon discourses of ‘the ‘expert’, ‘othering’, social responsibility and social control.

A way to answer some of the anomalies that have arisen when comparing the New Zealand and US results would be to repeat this examination of media reporting about avian influenza, in a country that has experienced it first-hand, in order to explore if proximity to a health threat changes how newspapers report risk.

This paper recommends further research to examines attitudes and perceptions about avian influenza held by members of the New Zealand ‘public’ and the relationship between these perceptions and media reporting.

References


