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THE COVID-19 PANDEMIC – A CHALLENGE FOR CRISIS COMMUNICATORS

Želimir Kešetović[23]
University of Belgrade, Faculty of Security Studies

Muris Mujanović[24]
Faculty of Law and Security, Mostar

Abstract: Crisis communication is an integral and very important part of crisis management which can significantly affect the effectiveness of overall efforts to prevent, mitigate and/or manage each crisis situation. This applies to all crises and disasters, especially those related to human health in general, epidemics and pandemics in particular. Despite the scenario of a possible pandemic being at the top of the risk register of a large number of countries, the whole world was unprepared and surprised by the COVID-19 pandemic crisis that hit humanity in early 2020.

Due to a number of characteristics of the COVID-19 pandemic itself and the local/national but also global media and social environment, this pandemic has been and still is (since it is not over yet) a serious challenge not only for operational crisis managers (especially epidemiologists, but also overall national health systems) but also for crisis communicators. Factors that have made crisis communication particularly difficult in this crisis are: the unreliability/uncertainty of expert knowledge, unclear national strategies/approaches to pandemics, widespread infodemia (myths and conspiracy theories), and various national and global attempts at political instrumentalization of the crisis. All of this is happening in circumstances where trust in experts, the health care system and government institutions in general and political leaders in particular has been severely weakened ("post trust society").

Based on previous experiences, it can be concluded that there is no best and universally applicable crisis communication strategy in this crisis. What is certain, however, is the fact that this crisis represents an opportunity to learn in many segments, including crisis communication. In every state/society/community it is important to analyse particular segments of the public and understand their perception of the situation (e.g., young Afro-Americans in the US). In addition to the general rules and principles of effective crisis communication, the following factors are very important in its design: starting points and value systems, the interests and needs of those who manage the crisis; the pandemic strategy chosen; country development level, the educational level of the population, the availability of ICT; the characteristics of public opinion (critical or subject to manipulation); predominant national culture, mentality, values, tradition.

Keywords: pandemic, COVID-19**,** crisis communication

[23] Contact address: zelimir.kesetovic@gmail.com

[24] Contact address:muris.mujanovic@icloud.com

Introduction

In principle, every crisis takes place in two dimensions - in physical reality (crisis as an event) and in social, that is, at the level of perception or assessment of the event by relevant actors/stakeholders (crisis as a claim) (Spector, 2019). For a crisis manager, crisis management in both of these dimensions is a necessity. Namely, in order to successfully manage a crisis, a crisis manager must operationally manage the crisis in physical reality and, at the same time, manage the perception of the crisis in social reality.

Carefully planned, well-designed and successfully implemented crisis communication contributes to adequate risk perception, encourages crisis preparedness and increases the effectiveness and efficiency of operational crisis management measures, and the other way around. Meaningless and inadequate crisis communication can make operational crisis management significantly more difficult and become part of the problem instead of being part of the solution.

The stated findings apply generally to the management of all types of crises, and especially to those concerning human health (and life), which are at the very top of fundamental values that are undermined in crisis situations. That is why crisis communication must be an integral part of health crisis management, and sociologists, psychologists and communication experts must be part of crisis management teams in these types of crises.

Pandemics, as serious health crises, have marked the history of mankind, changed societies and cultures, caused enormous human casualties and suffering. Pandemics are, for the most part, disease outbreaks that become widespread as a result of the spread of human-to-human infection. There have been many significant disease outbreaks and pandemics recorded in history, including the Spanish Flu, Hong Kong Flu, SARS, H7N9, Ebola, Zika (WHO, 2011b). The pandemic related crises have been associated with enormous negative impacts on the health, economy, society and security of national and global communities. They have also caused significant political and social disruption (Qiu et al, 2016-2017).

Throughout history, crisis management in the event of a pandemic, both operational and its communication support, have been conditioned by the overall socio-historical context, i.e., the degree of development of medical science and practice, on the one hand, and available means of communication, on the other.[25] We should also mention the general cultural and historical framework, which, in the middle Ages in Europe, for example, determined the dominant position of the Church and the religious view of the world and all events in it, including pandemics. In the middle Ages, there were no drugs and vaccines, and no mass media. This conditioned the operational management of these crises, which was actually reduced to measures of physical isolation, quarantine and burning the corpses of those who died from the infection and their personal belongings, and danger warnings through church bells, messengers and drummers, as the only available communication means at the time. Today, of course, both the medical scientific-professional and communication contexts are completely different. However, unlike them, the reasoning of the holders of political power have remained more or less the same.

In the following paper, we will briefly consider the most important aspects of why the COVID-19 pandemic that hit humanity in 2020 posed a serious challenge to crisis

[25] Certainly, we should not neglect the pragmatic reasoning of political powerful people and their efforts to instrumentalize crisis situations in order to increase/maintain their power.

communicators in a digital media environment where trust has virtually disappeared, and truth has been replaced by "alternative facts."

1. Crisis communication in the case of pandemics – general remarks

The term "pandemic" has not been defined by many medical texts, but there are some key features of a pandemic, including wide geographic extension, disease movement, novelty, severity, high attack rates and explosiveness, minimal population immunity, infectiousness and contagiousness, which help us to understand the concept better, if we examine the similarities and differences among them. The internationally accepted definition of a pandemic as it appears in the Dictionary of Epidemiology is straightforward and well-known: "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people" (Harris, 2000). WHO's standard definition of pandemic influenza refers to a situation in which a new and highly pathogenic viral subtype, one to which no one (or few) in the human population has immunological resistance, and which is easily transmissible between humans, establishes a foothold in the human population, at which point it rapidly spreads worldwide (WHO, 2011a).

Pandemics are severe crisis situations in which it is very important to appropriately explain to people the type/nature (scope and intensity) of the danger (disease and its cause), and the way they should behave to minimize the risk of infection, i.e., how to protect themselves and others and how to behave in case they feel the symptoms of an infectious disease. Responsibility for this communication lies primarily with the health authorities (ministries of health, reference national institutes, etc.), while the holders of the highest political positions are very rarely engaged and mostly with short messages that do not relate to professional medical issues, but represent symbolic political communication (messages of support, encouragement and unity of the community, gratitude to citizens for adhering to the recommended measures, etc.). Many countries and organizations make pandemic contingency plans that include medical, epidemiological, psychological, and ethical aspects of preparations. Other important elements of these plans are communication strategies based on established recommendations/guidelines for effective crisis communication developed by the World Health Organization and other relevant medical institutions and elaborated in the scientific literature (Kešetović, 2020).

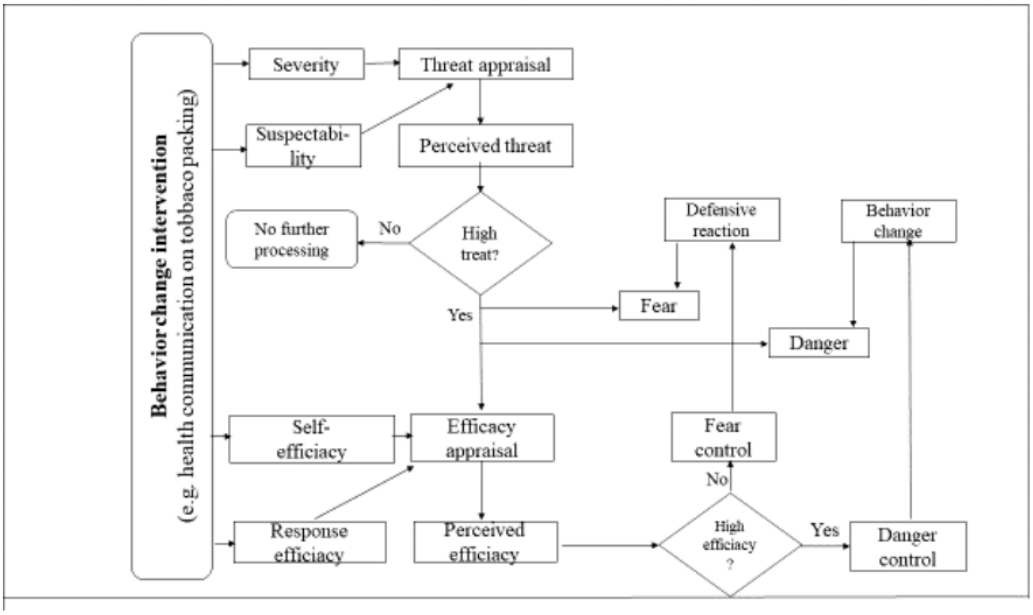
The success of crisis communication in a health crisis such as a pandemic, depends on the quality of the prepared communication plan and its implementation, i.e., on the abilities, skills and credibility of crisis communicators, but also on the overall trust of citizens in the state, its institutions in general and particularly in the health care system.

The most important general rules of effective crisis communication are that the public should be accepted as a partner, that the communicator should know the needs of the public and various mass media and communicate information clearly, simply, in a timely manner (but not to the detriment of accuracy) and credibly (through a credible source). Accurate and true information should be provided. In crisis communication, lying, the use of half-truths or manipulation and concealment of important facts are absolutely forbidden. Especially if it is a crisis in which public health and safety is jeopardized, whilst circumstances in which the silence of important information would have harmful consequences for the life, health and safety of people and their property (Kešetović, 2018). In addition, empathy, avoidance

of professional language, jargon and abbreviations, responsibility, credibility, professional knowledge and accessibility for the media are also important. In crisis communication, the harmonization of words and deeds (behaviour) is especially important, as is the consistency of messages from all communicators. It must, therefore, be expressed with one voice, without contradictory messages, which does not mean that only one spokesperson should speak on behalf of the organization (Coombs, 2007). In addition to the appropriate content and form of communication, it is also important to express empathy, using an appropriate emotional tone, calmness and to encourage people to endure the crisis situation. Of course, we should not forget the necessity for verbal and non-verbal communication to be harmonized and for the use of means of communication appropriate to the audience, i.e., the target groups (Kešetović, 2020).

Today, the Extended Parallel Process Model - EPPM, which is graphically shown in Figure 1, is generally considered to be the best framework for communicating messages related to public health.

Figure 1. *The extended parallel process model*



Source: *Witte, 1992*

The EPPM provides guidelines for designing effective health messages. Communication of messages related to human health is effective when people act in accordance with the recommendations, which is denoted by the term "danger control." This control occurs when people take steps to avoid/reduce the threat they face, e.g., in the case of COVID-19, washing hands thoroughly, respecting measures of self-isolation and physical distance. EPPM defines the key factors that can result in people taking recommended hazard control measures or undesirable fear control (such as ignoring a threat). The first step in this model is threat perception. People first encounter the threat and then evaluate it, and this assessment determines their further actions. After a basic assessment of the nature of the threat (disease, infection), people assess whether they are vulnerable to the threat (self- perception)

and whether the threat is serious enough to attract their attention (perceived seriousness). If people feel that the threat is not relevant to them and/or that it is not so serious, it will be ignored and the evaluation process completed, which is then a problem for crisis managers. If the threat is perceived as relevant, people are motivated to evaluate the effectiveness of the proposed response, i.e., actions they can take to reduce/eliminate the threat. In EPPM, danger control reflects the desired response as it indicates that people are applying the proposed measures to reduce the threat. Efficiency assessment includes plan efficiency and response-efficacy. The effectiveness of the plan refers to whether people believe that the recommended course of action will be effective or not, that is, whether it will help them avoid the threat. People will not follow a course of action that they do not believe will be effective. Response-efficacy refers to whether people believe they have the knowledge, skills and resources to apply the measures recommended in the guidelines. If they believe they cannot implement the recommended measures/fulfil the plan, they will not even try. If both of these elements are strong, people will engage in danger control and increase resilience. If both elements are weak, people will opt for fear control and will demonstrate a lack of resilience. EPPM helps us understand how people move from threat to taking action in relation to a threat, or simply avoiding or ignoring the threat (Kešetović, 2020).

2. COVID-19 pandemic – fact and figures

A highly fatal infection caused by novel coronavirus (2019-nCoV) in humans was first diagnosed in Wuhan (China) during December 2019. The initial epidemiological investigation linked the majority of suspected cases with their origin at Huanan Seafood and the Live Wild animal markets. The isolation of the virus from environmental samples collected from this market suggested the possibility of this virus crossing the species barrier from animal(s) to humans. In late January 2020, the WHO (World Health Organization) declared the coronavirus (COVs) outbreak as a "Public Health Emergency of International Concern" and the resulting disease was designated as COVID-19 and the causal virus re-named as "SARS-CoV-2." Presently, the disease has been reported on all continents. To this day, CoVID-19 has been reported in 219 countries, and the disease has been declared a PANDEMIC.

By 21st January 2021, the COVID-19 infection had been reported in 219 countries. It has caused over 200 million human deaths around the globe. Countries with very high death/infection rates include USA, Brazil, Mexico, India, UK, France, Russia and Italy. Worldwide, a total of over 96,750,700 COVID-19 cases have been reported so far. The pandemic has hit almost every country worldwide causing exceptionally high morbidity and mortality (Muneer et al, 2021).

All countries infected with COVID-19 around the globe are reporting daily progressive increases in infected cases/deaths. The actual number of cases (confirmed and reported versus unreported versus untested asymptomatic infectious cases) may probably be quite higher as there is always the limitation of either the unavailability or limited availability of COVID-19 diagnostic testing kits especially in developing and under-developed countries.

The rapidly spreading, highly contagious SARS-CoV-2 infection has had serious implications worldwide on human health: international travel restrictions, quarantine at entry points in various countries, trade and economy, business shutdowns, and lockdowns have all badly affected the liveability of humans in many countries, especially the poor ones.

Over two-thirds of the world population has been under orders either to stay home and/or under lockdown conditions. In several countries, a ban on social gatherings and freedom of movement was imposed to limit the interaction of sick or asymptomatic corona-infected populations. However, despite the adoption of such preventive and hygienic measures, public awareness and scientific guidance, COVID-19 continues to spread. WHO also recommends the above measures at global level especially in situations where there is no effective antiviral therapy, and highly efficacious anti-coronavirus vaccines are not available. Human efforts to contain the spread of this disease have not been successful so far.

After the production of the first vaccines against COVD-19 in 2020,[26] the overall context in which operational measures against pandemics have been applied has changed significantly, shifting the main focus from quarantine and physical distance measures to the vaccination campaign. This operational turnaround was accompanied by crisis communication, shifting the focus from the preventive measures applied until then to developing awareness of the necessity and importance of vaccination and dispelling myths and conspiracy theories about the alleged harmfulness of vaccines.

3. COVID-19 pandemic crisis communication – Mission impossible?

Due to a number of characteristics of the COVID-19 pandemic itself and the local/national but also global media and social environment, this pandemic has been and still is (since it is not over yet) a serious challenge not only for operational crisis managers (especially epidemiologists, but also overall national health systems) but also for crisis communicators.

Factors that have made crisis communication particularly difficult in this crisis are: the unreliability/uncertainty of expert knowledge, unclear national strategies/approaches to pandemics, widespread infodemia (myths and conspiracy theories), and various national and global attempts at political instrumentalization of the crisis. All of this is happening in circumstances where trust in experts, the health care system and government institutions in general, and political leaders in particular, has been severely weakened ("post trust society").

3.1. Unreliability/uncertainty of expert knowledge

The crisis communication related to the COVID-19 pandemic was like shooting at a moving target. Namely, when the disease spread and caused the epidemic, relatively little was known about it. The initial assumptions were that this virus did not attack children, that it was exclusively a respiratory virus that was transmitted aerosolically, etc. Many of these assumptions later became problematic to say the least. In addition, during the pandemic, the virus itself mutated, and numerous sub variants with more or less specific characteristics emerged. With the progress of research, a mosaic was slowly assembled, that is, a picture of

[26] On 24th June 2020, China approved the CanSino vaccine for limited use in the military, and two inactivated virus vaccines for emergency use in high-risk occupations. On 11th August 2020, Russia announced the approval of its Sputnik V vaccine for emergency use, though one month later only small amounts of the vaccine had been distributed for use outside of the phase 3 trial. The Pfizer–BioNTech partnership submitted an Emergency Use Authorization (EUA) request to the U.S. Food and Drug Administration (FDA) for the mRNA vaccine BNT162b2 (active ingredient tozinameran) on 20th November 2020. On 2nd December 2020, the United Kingdom's Medicines and Healthcare products Regulatory Agency (MHRA) gave temporary regulatory approval for the Pfizer–BioNTech vaccine.

the nature of the virus and the specifics of sub variants was completed. Finally, almost two years after the outbreak of the pandemic, science still does not have a precise answer to some important questions about this virus and the disease it causes. We should also not ignore the fact that the virus began to mutate very quickly and that numerous sub-variants appeared with different degrees of infectivity and other characteristics.

The case was the same when it came to the vaccines, raising issues related to their (in)effectiveness, safety, or unwanted side effects, etc.

3.2. Unclear national strategies/approaches to pandemics

In the case of a pandemic, every communication strategy follows a specific operational strategy to combat the pandemic, if it exists at all.

Although in some countries, e.g., in the United Kingdom, the threat of a pandemic is at the top of the national risk register, and others (Germany) have developed a very realistic crisis scenario that acts as a synopsis for what will happen in Wuhan (late 2019), in the world in 2020 (Deutscher Bundestag, 2013), it can be stated that no country was ready and prepared for this pandemic.

Faced with a serious threat to human health, where practically the only responsesbefore the vaccine was invented were medieval measures and procedures like quarantine, closing state and city borders, factories, shopping centres, colleges and schools, cultural institutions, and stopping economic and social life, countries found themselves in serious dilemmas: either to impose a strict and complete lockdown with the risks it entails (drastic decline in the economy, quality of the education system, growing dissatisfaction of citizens with mass demonstrations and outbursts of anger, declining government popularity) or to turn to liberal politics without restrictions in the hope that the population would gain "herd immunity" quickly and spontaneously (Kingdom of Sweden). Between these two extreme poles, there were different mixed strategies.

Some authoritarian states, such as the People's Republic of China, have used command and control crisis management to completely lock citizens in their homes, exercising total control through information and communication technologies and imposing severe sanctions against citizens who violate government regulations.[27] Others, such as the People's Republic of Korea, did not acknowledge the existence of cases of COVID-19 infection at all.[28]

Taiwan and South Korea insisted on the intensive monitoring of contacts and extensive use of information and communication technologies, while Uruguay based its successful fight against the pandemic on low population density, a strong health system and political consensus of relevant actors. The United States and Brazil, especially in the beginning, minimized the problem until it seriously escalated.

There were also states, such as Serbia, which did not actually have a consistent strategy, but reacted situationally, guided primarily by the political interests of the ruling structures (Kešetović, 2020). It should also be emphasized that some countries, following

[27] There have been cases where the competent authorities welded the entrance doors to the apartments of infected citizens from the outside.

[28] North Korea has acknowledged cases of the disease almost two years after the outbreak of the pandemic.

the patterns of pandemic development, changed their strategies from completely liberal to relatively strict and back.

3.3. Infodemic (fake news, myths and conspiracy theories)

According to World Health Organization (WHO), an infodemic is too much information including false or misleading information in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines the public health response. An infodemic can intensify or lengthen outbreaks when people are unsure about what they need to do to protect their health and the health of people around them.[29]

The infodemic was (and still is) a serious problem that accompanied the COVID-19 pandemic. Yet on 15th February 2020, WHO Director-General, Tedros Adhanom Ghebreyesus, stated at the Munich Security Conference that "We're not just fighting an epidemic; we're fighting an infodemic." Fake news regarding the origin, preventions, cures, diagnostic procedures, and protective measures of the disease has been simultaneously spreading uninhibited on the Internet. Failure to stop the spread of fake news on the coronavirus disease of 2019 (COVID-19) has resulted in panic, fear, and chaos within society (Gupta et al, 2022). According to the Vice-president of the European Commission, Vera Jourova, the COVID-19 pandemic is just a reminder of the huge problem of misinformation, disinformation and digital hoaxes. This can create confusion and distrust, and it can undermine an effective public health response (Jourova, 2020).

Fake news usually mingles with real news, making it difficult for people to distinguish truth from the untruths. As fake news quickly becomes viral in information society, it becomes difficult to keep pace with real news, as a recent study has shown that fake news spreads faster than real news. Research efforts to identify and control COVID-19 fake news have been hampered by a combination of factors such as a lack of deeper understanding of the specific COVID-19 fake news topics at the human level and ineffective Artificial Intelligence (AI) tools for COVID-19 detection at the system level (Gupta et al, 2022).

Bearing all this in mind, the World Health Organization has devoted special attention to educating the public and debunking myths and prejudices related to the virus itself, the disease it causes, precautions and self-protection measures, as well as the (in) effectiveness of vaccines and their potential side effects. On the WHO website there is even a special link *Coronavirus disease (COVID-19) advice for the public: Mythbusters*.[30]

Inundated by the COVID-19 infodemic, more has yet to be accomplished in the battle against the COVID-19 infodemic to address issues related to COVID-19 causes and treatments, vaccine adoption and post-COVID symptoms both now and in the years to come (Gupta et al, 2022).

3.4. Political instrumentalization of the COVID-19 pandemic

Dealing with any crisis always takes place in a concrete socio-political context in which elected political officials and decision-makers often balance between the general

[29] See more on https://www.who.int/health-topics/infodemic/the-covid-19-infodemic#tab=tab_1

[30] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters

interests (safety, health and well-being) of society/citizens and their own particular interests related to staying in power and even eventually consolidating and/or improving one's own political position (crisis as an opportunity) and concentrating authority in the hands of the central government. This, *mutatis mutandis*, also applies to crises that pose a serious threat to human health, which is certainly the case with pandemics. This is also true during the COVID-19 pandemic. Faced with the challenge of such a serious health crisis, politicians have had to deal with a multitude of questions, choices and dilemmas. They are, *volens nolens*, forced to make choices and prioritize values such as the protection of life and health, the protection of the economy, the consistent application of the principle of separation of powers, the respect or limitation of certain human rights (freedom of movement; freedom of assembly; free reporting by the media and access to information), control of eventual citizen dissatisfaction, respect for the principle of solidarity as one of the pillars of the EU, etc. On the other hand, their real interest is to preserve their own legitimacy and present themselves as professional and efficient in the eyes of the public. A significant part of their communication activities is aimed at convincing the public that they are keeping things under control and that they are acting in the best interests of the citizens. It would be naive to believe that the holders of political power apply the advice of expert epidemiologists and consistently implement all the measures they propose to protect public health. In reality, there are always smaller or bigger compromises between the opinions of experts based on expert knowledge and the actions of politicians who calculate between a complex of various interests and interest groups. In authoritarian political systems, the interests of the rulers will exclusively determine the strategy for dealing with the pandemic, which can either be denial (Kim Jong Un in North Korea) or a strict command and control system which includes harsh, uncompromising, even a cruel application of lockdown and other measures (Xi Ji Ping's regime in the People's Republic of China). In democratic political systems, the strategy for dealing with a crisis has been the subject of professional and political debates and collective reasoning in search of the best solution. At the same time, the approach can be changed if the situation requires. So, for example, Sweden, with its liberal system, almost without any restrictions, with the belief that the population will gain herd immunity over time, was later replaced with the introduction of certain restrictions. The chosen strategy for combating the COVID-19 crisis and the socio-political environment (critical reasoning or a public susceptible to manipulation; free or controlled media; a culture of dialogue, etc.) and relationships also determine the strategy of crisis communication. In addition to medical experts, political power holders also appear as communicators, and there may be minor or major differences in the manner and goals of crisis communication of these actors.[31]

According to Jan-Werner Müller, populists are likely to benefit from the COVID-19 Pandemic. First, the populists who are currently in power are likely to benefit from the rally-around-the-flag dynamic that usually gives a boost to incumbent politicians in times of crisis. Second, this emergency is a good opportunity for populists to turn to their usual playbook, blaming foreigners, migrants, and minorities for all the problems that arise. Sowing division and even hatred is a strategy that will undoubtedly make an impact, especially in times that feel precarious and uncertain. Müller is convinced that rhetoric at the very top will have long-term effects on the ground, and thus he sees the vicious language of terms like "Chinese

[31] In this sense, the example of Serbia is illustrative. See in Kešetović, 2020.

virus" as one of the most evil implications of populism: we have already seen the language used by those in power leading to physical violence against Asian-American communities in the United States, for example. Adopting a term from philosopher Kate Manne, he calls this effect "trickle-down aggression." It is not too difficult to imagine this rather bleak scenario as the outcome of the COVID-19 crisis. Yet, much will depend on how successful the left is in mobilizing citizens behind a counter-agenda of solidarity and stronger state capacities (Hagedorn, NA).

3.5. Post-truth and post-trust society

We live in postmodernity, which is characterized by epistemological and axiological relativism, in which not only has certainty been lost as a measure of truth, but so has certainty in the evaluation of moral actions. If we recognize the equal value of all opinions, it means that false opinions are equated with true ones: thus, the question of truth is removed from the agenda in favour of different views of the same reality. If there is no standard of truth and meaning, good and evil, then there is no error or sin: every scoundrel can think and do what he wants without questioning the consequences for others and without a guilty conscience. From a postmodern point of view, we could not say that someone is lying, but only that he has a different opinion, that he observes the world from a different perspective (Sušnjić, 2008).

It is, therefore, no wonder that in this context, the *Oxford Dictionary* declared "post-truth" the word of the year in 2016, defining it as "relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief."[32]

All of this significantly determines the overall framework of crisis communication, which, when it especially comes to the holders of political power, is less and less based on objective facts and data, and related to moral values and principles. The logical consequence is the loss of trust in institutions, politicians, and even experts. We live in a post-trust society, and trust is the key to any, especially crisis communication.[33]

Besides abovementioned, the following points should also should be kept in mind. In a number of countries, crisis communicators, especially at the very beginning of the crisis, vulnerable social groups - e.g. persons with autism were neglected. Also, there were communication problems in multilingual communities. In some communities crisis communicators lacked sensitivity for cultural specificities of certain national/ethnic/race groups or for groups difficult to reach with public health information.

Finally, the duration of the crisis (more than two years) caused fatigue of both the audience and the communicators.

Concluding remarks

Human health crises present, in and of themselves, a special challenge for crisis communicators. The COVID-19 pandemic that hit humanity at the beginning of 2020 made effective and efficient crisis communication difficult, both due to the rather unclear nature of

[32] See https://languages.oup.com/word-of-the-year/2016/

[33] See more in Löfstedt, 2005.

the virus itself and the disease it caused at the very beginning of the pandemic, as well as due to the social, political and information environment in which that communication took place.

Based on previous experiences, it can be concluded that there is no best and universally applicable crisis communication strategy in this crisis. What is certain, however, is the fact that this crisis represents an opportunity to learn in many segments, including crisis communication. In every state/society/community, it is important to analyse particular segments of the public and understand their perception of the situation (e.g., young Afro-Americans in the US). In addition to the general rules and principles of effective crisis communication, the following factors are very important in its design: starting points and value systems, the interests and needs of those who manage the crisis; the pandemic strategy chosen; country development level, the educational level of the population, the availability of ICT; the characteristics of public opinion (critical or subject to manipulation); predominant national culture, mentality, values, tradition, etc.

It is also of utmost importance to re-establish public trust in policy-making for our modern societies. Institutional structures, such as systematically enforced laws, procedures attempting to ensure fair and just decisions, institutionalized accountability, and effective opportunities to voice one's view provide assurances that risk assessments and mitigation plans can be relied on.

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