IMS Covid-19 task force: Guidelines for reporting on Covid-19 (v2 – April 3 2020)

This is based on reporting guidelines put together by the [Ethical Journalism Network](#) and [First Draft](#), and reflect the [ethical principles of journalism IMS subscribes to](#).

Be accurate and report facts – Apply usual journalistic techniques for checking facts and verifying sources, including those provided by official sources.

Provide context and point people to authoritative and credible information sources and resources (see Sources below).

Sources - Seek the view of experts with relevant credentials, but do not rely only on experts and official sources. Always try to talk to more than one expert, as people with different expertise will see the disease from different angles. Also remember that scientific advice is frequently changing, so correct and update the coverage if necessary. Where possible, balance expert opinions by also reporting on the experiences of people infected and directly affected by the disease while respecting the following point (Protect affected people) and without compromising their and media workers' safety. The experiences of people infected and affected by the disease help audiences relate to the disease and its consequences.

Protect affected people - Do not identify names, images or identifying material without the permission of the relevant people. High-profile individuals who reveal publicly they have been personally affected by Covid-19 can be deemed to have given their permission. However, consent should be sought from people who are not usually in the public eye, even if they have spoken about their personal experience of the disease on social media, to other media outlets or with other people.

Reflect diversity – Disease [affects men and women in different ways](#), while different sections of society may experience a disease in various ways, depending on factors such as their age, health, economic status, religious and cultural beliefs, where they live and how they self-identify. Always look for and try to explain these differences and find sources who can identify with and speak about these varied experiences with credibility.

Be mindful about imagery and design - Think carefully about photos or images and put them into context. Try to steer clear of stock images that feed stereotypes. Before using a photo of an Asian person wearing a face mask, for example, ask how this image is relevant to your story. Are the subjects of your story Asian? Is your story about the efficacy of face masks in preventing the spread of the virus? The Asian American Journalists Association has issued [helpful guidance](#) on avoiding fuelling xenophobia and racism in Covid-19 reporting. Visualisations should be accurate and avoid stoking fear. (See Kenneth Field's ArcGSI blog post about [mapping coronavirus responsibly](#) and First Draft's recent article on [misleading maps](#)).

Direct audiences to trustworthy official sources of information - Expert sources like the [World Health Organisation](#) will have the best information for audiences. Build up reader confidence in [verified](#) and trustworthy health organisations and health professionals, so your audience knows who to turn to for future recommendations.

Provide audiences with specific actions they can take - Uncertainty can makes audience members uncomfortable, which in turn makes them more vulnerable to confident-sounding misinformation. Highlight expert-approved actions to prevent the spread of the virus, as well as constructive action taken by individuals, groups and communities to address challenges posed by the disease.

Be cautious about the research used to inform your reporting - There has been a proliferation of "pre-prints" on Covid-19 since the outbreak began - scientific papers that have not yet been peer reviewed. While some pre-prints can provide useful information on the latest research, some promote spurious claims that should not be amplified. If using pre-prints to inform your reporting, ask an independent expert for their opinion of the findings.

Think about the [tipping point](#) when deciding which rumours to address - Avoid drawing attention to rumours if they are circulating only in niche communities or have received little engagement. Here are five questions for determining whether a rumour has reached the "tipping point":

- How much engagement has the rumour received, and how do these numbers compare to similar content on the platform?
- Is the discussion around the rumour limited to one community online?
- Has the rumour jumped platforms?
- Did an influencer or verified account share the rumour?
- Have large media outlets covered the rumour?

If you do decide to debunk a rumour, focus on the facts, particularly in headlines and tweets

Avoid

Sensationalism and scaremongering in language and images that could heighten anxiety, for instance pictures of empty supermarket shelves, stockpiling which can inflame tensions and create more panic. Emotional phrases such as "no end in sight", "turmoil", "killer" and "catastrophe" might draw clicks, but they can also contribute to a sense of growing panic, which [health](#) [officials](#), [epidemiologists](#) and [virologists](#) warn is exactly the opposite of the calm that is needed.

Stereotyping - Avoid using images, sources and story angles that re-enforce stereotypes. E.g. be mindful not to always chose exhausted or desperate female nurses and authoritative male experts and doctors. Be conscious not to portray female health care workers in a way that detracts from their professionalism, as in the case of the "beautiful warriors" in China: https://qz.com/1804040/chinas-coverage-of-coronavirus-nurses-provokes-backlash/

Racial profiling – You don't need to repeat where the virus was generated each time you report new cases. The geographic focus of the virus has moved and continues to move, but there are still examples of racism and discrimination in reporting against certain groups of people.

Ridicule or derogatory language - People's fears about the virus are genuine, even if some of the theories are misguided. A false cure may seem irrational but calling it "bizarre" or "outlandish" might alienate readers or cause them to double down on their beliefs. Anxiety is a

very normal reaction in uncertain situations, which journalists can better address with empathy rather than judgment.

Speculating or asking experts to speculate about worst-case scenarios - Similarly, encouraging experts or sources to give speculative or sensational quotes does not always help readers. Focus on what is known about the disease.