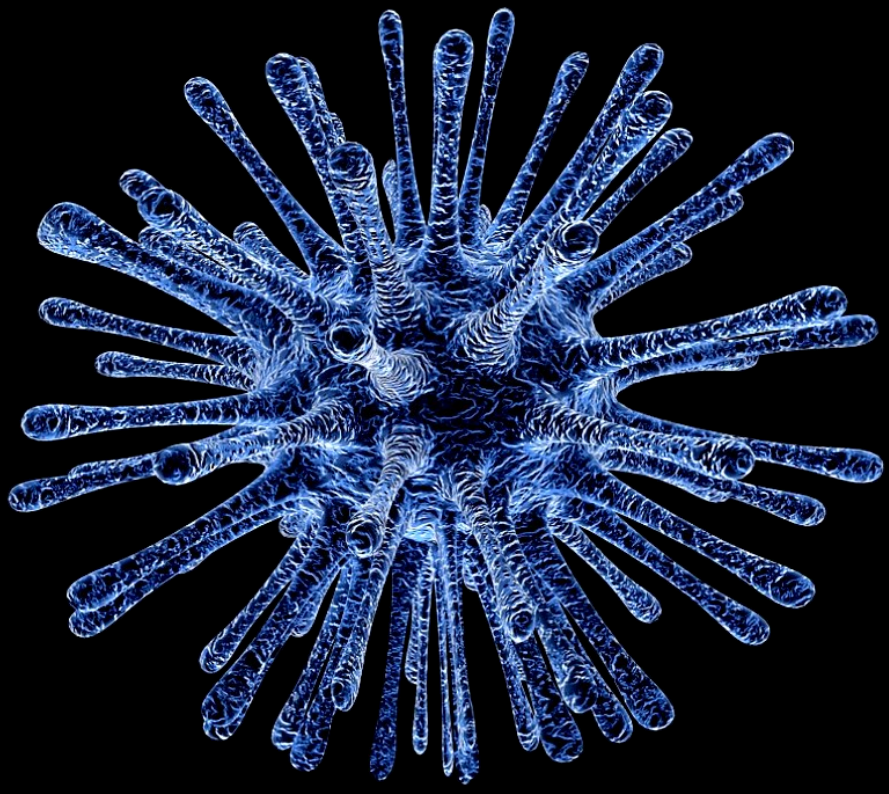
The SPARS Pandemic

2025 - 2028

A Futuristic Scenario for Public Health Risk Communicators



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The Johns Hopkins Center for Health Security works to protect people from epidemics and disasters and build resilient communities through innovative scholarship, engagement, and research that strengthens the organizations, systems, policies, and programs essential to preventing and responding to public health crises. The Center is part of the Johns Hopkins Bloomberg School of Public Health and is located in Baltimore, MD.

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Acknowledgements

The project team is grateful to Kunal Rambhia, Meredith Li-Vollmer, Shari Veil, Brad Smith, Rita Obey, Ji Sun Lee, and the members of the Expert Working Group on Medical Countermeasure (MCM) Communication Strategies for their contributions and feedback throughout the development process for this document.

Disclaimer

This is a hypothetical scenario designed to illustrate the public health risk communication challenges that could potentially emerge during a naturally occurring infectious disease outbreak requiring development and distribution of novel and/or investigational drugs, vaccines, therapeutics, or other medical countermeasures.

The infectious pathogen, medical countermeasures, characters, news media excerpts, social media posts, and government agency responses described herein are entirely fictional.

Preface

Possible Future in 2025: The "Echo Chamber"

Unbridled Global Access to Information Coupled with Social Fragmentation and Self-Affirming Worldviews

Scenario Purpose

The following narrative comprises a futuristic scenario that illustrates communication dilemmas concerning medical countermeasures (MCMs) that could plausibly emerge in the not-so-distant future. Its purpose is to prompt users, both individually and in discussion with others, to imagine the dynamic and oftentimes conflicted circumstances in which communication around emergency MCM development, distribution, and uptake takes place. While engaged with a rigorous simulated health emergency, scenario readers have the opportunity to mentally "rehearse" responses while also weighing the implications of their actions. At the same time, readers have a chance to consider what potential measures implemented in today's environment might avert comparable communication dilemmas or classes of dilemmas in the future.

Generation Purpose

This prospective scenario was developed through a combination of inductive and deductive approaches delineated by Ogilvy and Schwartz.[1]

The timeframe for the scenario (the years 2025-2028) was selected first, and then major socioeconomic, demographic, technological, and environmental trends likely to have emerged by that period were identified. Specifically, two dominant trends likely to influence regulatory and public responses to future public health emergencies were selected: one, varying degrees of access to information technology; and two, varying levels of fragmentation among populations along social, political, religious, ideological, and cultural lines. A scenario matrix was then constructed, illustrating four possible worlds shaped by these trends, with consideration given to both constant and unpredictable driving forces.

Ultimately, a world comprised of isolated and highly fragmented communities with widespread access to information technology—dubbed "the echo-chamber"—was selected as the future in which the prospective scenario would take place. From this point, scenario-specific storylines were then developed, drawing on subject matter expertise, historical accounts of past medical countermeasure crises, contemporary media reports, and scholarly literature in sociology, emergency preparedness, health education, and risk and crisis communication. These sources were used to identify communication challenges likely to emerge in future public health emergencies.

This prospective scenario is not intended to predict events to come; rather, it is meant to serve as a plausible narrative that illustrates a broad range of serious and frequently encountered challenges in the realm of risk and crisis communication.

Scenario Environment

In the year 2025, the world has become simultaneously more connected, yet more divided. Nearly universal access to wireless internet and new technology—including internet accessing technology (IAT): thin, flexible screens that can be temporarily attached to briefcases, backpacks, or clothing and used to stream content from the internet—has provided the means for readily sharing news and information. However, many have chosen to self-restrict the sources they turn to for information, often electing to interact only with those with whom they agree. This trend has increasingly isolated cliques from one another, making communication across and between these groups more and more difficult.

From a government standpoint, the current administration is led by President Randall Archer, who took office in January 2025. Archer served as Vice President under President Jaclyn Bennett (2020-2024), who did not seek a second term due to health concerns. The two remain close and Bennett acts as a close confidante and unofficial advisor to President Archer. The majority of President Archer's senior staff, including Department of Health and Human Services Secretary Dr. Cindra Nagel, are carryovers from Bennett's administration. At the time of the initial SPARS outbreak Nagel has served in this position for just over three years.

In regards to MCM communication more specifically, the US Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and other public health agencies have increasingly adopted a diverse range of

social media technologies, including long-existing platforms such as Facebook, Snapchat, and Twitter, as well as emerging platforms like ZapQ, a platform that enables users to aggregate and archive selected media content from other platforms and communicate with cloud-based social groups based on common interests and current events. Federal and state public health organizations have also developed agency-specific applications and ramped up efforts to maintain and update agency websites.

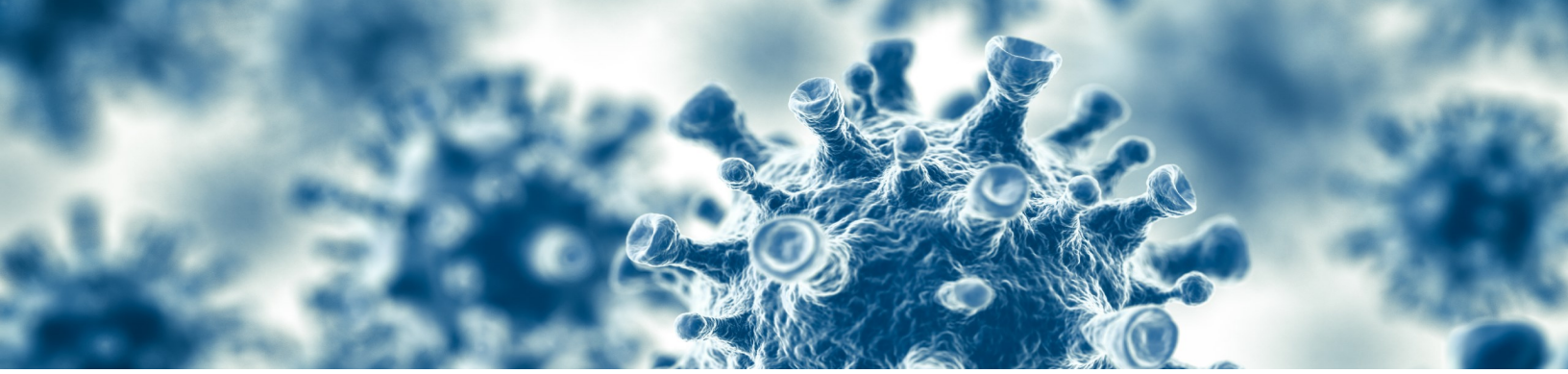
Challenging their technological grip, however, are the diversity of new information and media platforms and the speed with which the social media community evolves. Moreover, while technologically savvy and capable, these agencies still lag in terms of their "multilingual" skills, cultural competence, and ability to be present on all forms of social media. Additionally, these agencies face considerable budget constraints, which further complicate their efforts to expand their presence across the aforementioned platforms, increase social media literacy among their communication workforces, and improve public uptake of key messages.

Scenario Organization & Use

This scenario was designed to illustrate the public health risk communication challenges associated with distribution of emergency medical countermeasures during an infectious disease pandemic. The story is organized chronologically, and each chapter concludes with a treatment of key communication dilemmas and corresponding discussion questions. Some questions are targeted towards challenges faced by risk communicators representing federal agencies, while others address issues more relevant to state and local risk communicators.

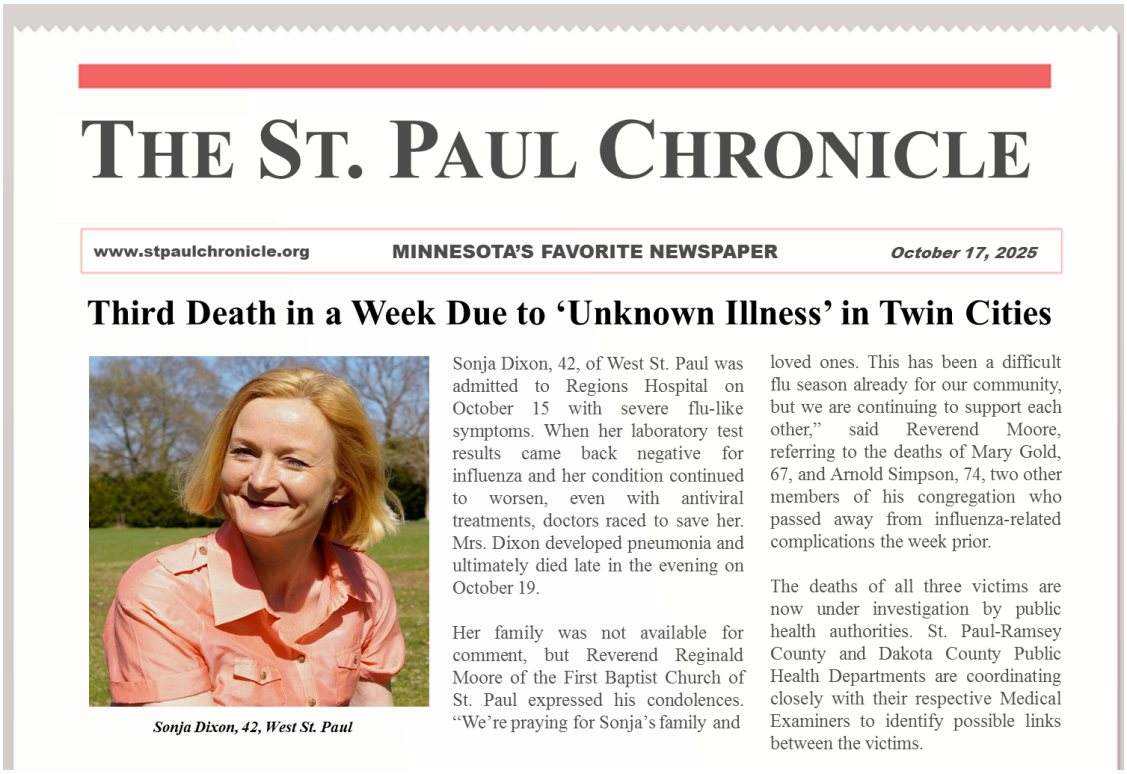
As such, users may find it most helpful to run the scenario as a tabletop exercise. Alternatively, if users prefer to examine select communication dilemmas rather than proceed chronologically through the entire scenario, they may refer to Appendices A-D, which contain the timelines for the response and recovery phases of the story, as well as indices of the communication dilemmas and their corresponding page numbers.

RESPONSE



The SPARS Outbreak Begins

Chapter One



THE ST. PAUL CHRONICLE

www.stpaulchronicle.org MINNESOTA'S FAVORITE NEWSPAPER *October 17, 2025*

Third Death in a Week Due to 'Unknown Illness' in Twin Cities

Sonja Dixon, 42, West St. Paul

Sonja Dixon, 42, of West St. Paul was admitted to Regions Hospital on October 15 with severe flu-like symptoms. When her laboratory test results came back negative for influenza and her condition continued to worsen, even with antiviral treatments, doctors raced to save her. Mrs. Dixon developed pneumonia and ultimately died late in the evening on October 19.

Her family was not available for comment, but Reverend Reginald Moore of the First Baptist Church of St. Paul expressed his condolences. "We're praying for Sonja's family and loved ones. This has been a difficult flu season already for our community, but we are continuing to support each other," said Reverend Moore, referring to the deaths of Mary Gold, 67, and Arnold Simpson, 74, two other members of his congregation who passed away from influenza-related complications the week prior.

The deaths of all three victims are now under investigation by public health authorities. St. Paul-Ramsey County and Dakota County Public Health Departments are coordinating closely with their respective Medical Examiners to identify possible links between the victims.

In mid-October 2025, three deaths were reported among members of the First Baptist Church of St. Paul, Minnesota. Two of the church members had recently returned from a missionary trip to the Philippines, where they provided relief to victims of regional floods. The third was the mother of a church member who had also traveled to the Philippines with the church group but who had been only mildly sick himself. Based on the patients' reported symptoms, healthcare providers initially guessed that they had died from seasonal influenza, which health officials predicted would be particularly virulent and widespread that fall. However, laboratory tests were negative for influenza. Unable to identify the causative agent, officials at the Minnesota Department of Health's Public Health Labora-

tory sent the patients' clinical specimens to the Centers for Disease Control and Prevention (CDC), where scientists confirmed that the patients did not have influenza. One CDC scientist recalled reading a recent ProMed dispatch describing the emergence of a novel coronavirus in Southeast Asia, and ran a pancoronavirus RT-PCR test. A week later, the CDC team confirmed that the three patients were, in fact, infected with a novel coronavirus, which was dubbed the St. Paul Acute Respiratory Syndrome Coronavirus (SPARS-CoV, or SPARS), after the city where the first cluster of cases had been identified.

The CDC monitored the situation closely, working with partners in Southeast Asia to quickly develop a case definition for SPARS. Within four weeks of CDC publishing a working case definition on its website, nearly two hundred suspected cases of SPARS were reported across Minnesota and in six other states. Given that flu season was just getting underway and that a rapid diagnostic test for SPARS-CoV infection was not yet available, CDC officials could not be sure if these were, in fact, true cases of SPARS. Nevertheless, on November 17, HHS Secretary Dr. Cindra Nagel notified the World Health Organization (WHO) about the US cluster of SPARS cases, concerned that the outbreak might constitute a Public Health Emergency of International Concern (PHEIC).

As transmission of SPARS was determined to occur via droplet spread, the CDC initially recommended that everyone diligently maintain hand hygiene and frequently disinfect potentially contaminated surfaces. CDC officials further urged anyone with severe flu-like symptoms to seek immediate medical attention. Public health officials were concerned that the upcoming Thanksgiving holiday and Black Friday shopping activities would facilitate the spread of SPARS, but they remained confident that the aware-

ness and prevention messages disseminated annually for seasonal influenza, combined with isolation procedures for suspected cases, would be effective at countering the spread of SPARS. These messages were spread via a variety of traditional and social media sources, including Facebook, Instagram, Reddit, Twitter, and ZapQ.

Concern among many Americans about the severity of SPARS at this point in the outbreak was moderately high. The public's concern was compounded by the apparent virulence of the pathogen. At the outset of the SPARS outbreak, physicians' understanding of the disease stemmed primarily from extremely severe cases resulting in pneumonia or hypoxia that required hospitalization and extensive medical treatment. Mild cases of the disease, which produced symptoms including cough, fever, headaches, and malaise, were often perceived as the flu by the people who had them and consequently often went untreated and undiagnosed by medical personnel. As a result, early case fatality estimates were inflated. By late November, the CDC reported an initial estimated SPARS case fatality rate of 4.7% (By contrast, WHO reported that the overall case fatality rate for SARS was 14-15% and over 50% for people over the age of 64. Later in the SPARS outbreak, data that included more accurate estimates of mild SPARS cases indicated a case fatality rate of only 0.6%).

Two additional features of the SPARS virus that were not appreciated at the beginning of the pandemic, but that impacted how the outbreak played out, are also important to consider in a review of this event. First, the virus had an extended incubation period (seven to ten days) compared to its latent period (four to five days). Thus, infected persons could spread the virus for up to nearly a week before showing symptoms of the disease themselves. As a result, isolating sick SPARS patients proved to be less effective than isolating patients infected by other, better-characterized respiratory diseases. Second, morbidity and mortality from SPARS were both significantly higher in children than adults. Pregnant women and those with chronic respiratory conditions like asthma and emphysema were also at a higher risk for both disease complications and death.

COMMUNICATION DILEMMA

Engendering Public Trust and a
Sense of Self-Efficacy When a Crisis is Still Evolving
and Health Information is Incomplete

FOOD FOR THOUGHT

1) How can health authorities best meet public demands for critical information, such as, "What is the health threat?" and "What do I know about it?" when the crisis is still unfolding and not all the facts are known?

2) What benefits does monitoring trends in social media postings confer on efforts to meet people's information needs during an evolving health crisis?

3) What medical and morale-boosting purposes does sharing information about self-protective actions (eg, infection control measures) serve for the public during an uncertain and fear-instilling situation?

A Possible Cure

Chapter Two

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
December 15, 2025, 13:00 ET (1:00 PM ET)
CDCHAN-00528

Summary

The Centers for Disease Control and Prevention (CDC) and state health departments are investigating the emergence of the St. Paul Acute Respiratory Syndrome Coronavirus (SPARS-CoV), now reported in 26 states and several other countries. The purpose of this HAN Advisory is to update public health departments and healthcare facilities about this epidemic and to provide guidance to healthcare providers. At this time, the FDA and NIH are evaluating potential treatment options. Evidence indicates that antiviral pharmaceuticals may provide benefit. Based on previous trials in other coronavirus patients, the antiviral Kalocivir is the leading candidate; however, neither the efficacy nor safety profile has been determined for SPARS cases. Further guidance regarding personal protective equipment (PPE) and clinical care protocols are delineated below.

Early in the SPARS pandemic, public health and medical professionals were hopeful that the outbreak could be contained through case identification and isolation. It quickly became clear, however, that this strategy was not as effective as initially hoped. First, challenges in identifying mild cases limited the impact of isolation programs. Because the initial symptoms of SPARS closely resembled influenza, many who contracted SPARS did not immediately seek care, assuming they merely had the flu. Fortunately, some who thought they had the flu chose to isolate themselves at home, thereby prevent-

ing the spread of SPARS outside their households. Over the Thanksgiving holiday and Black Friday, however, fewer infected persons remained home, thereby enabling the spread of SPARS beyond the Midwest. Second, SPARS transmission was accelerated by infectious individuals who had not yet become symptomatic. Together, these factors led to significant spikes in the number of reported cases.

By mid-December, SPARS cases were reported in 26 states, and the Ministries of Health in Mexico, Canada, Brazil, Japan, and several European countries had notified the WHO of dozens of imported cases. There was widespread concern in public health circles that travel over the Christmas and New Year's holidays would spark a global pandemic. The WHO, which had declared the SPARS epidemic to be a PHEIC on November 25, was actively engaged in preventing further spread of the disease internationally. However, the WHO's efforts promoted interventions originally designed for influenza and other similar respiratory pathogens, such as hygiene, social distancing, and isolation of suspected cases, all of which were less effective against SPARS.

The CDC initially followed a similar strategy. The spike in cases in November and December, however, led to increasing public concern about the disease. By late December, public concern about SPARS in the United States was extremely high, and there was intense public pressure to identify treatments for the disease.

At that time, no treatment or vaccine for SPARS was approved for use in humans. The antiviral Kalocivir, which was initially developed as a therapeutic for Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), was one of several antiviral drugs authorized in the United States by the FDA to treat a handful of severe SPARS cases under its Expanded Access protocol. Kalocivir had shown some evidence of efficacy against other coronaviruses, and a small inventory of the drug was already a part of the Strategic National Stockpile (SNS) in anticipation of FDA approval, despite some concerns about potential adverse side effects. The lack of concrete information regarding potential treatments in the face of the increasingly rapid spread of SPARS prompted demands from the media, the public, and political leaders for the FDA to be more forthcoming with information on potential treatment options.

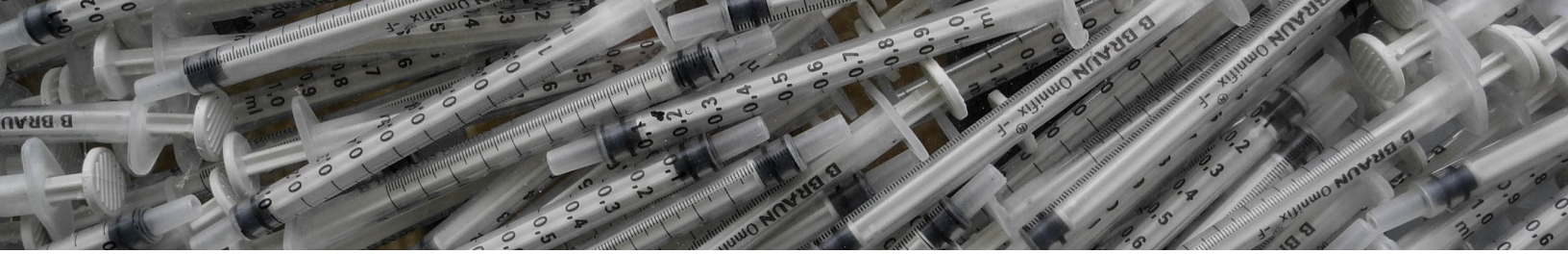
COMMUNICATION DILEMMA

Responding to Public and Political Pressure to Share Information about Potential MCMs in the Development Pipeline Even Though Information May be Incomplete or Proprietary

FOOD FOR THOUGHT

1) What risks do public health agencies face if the public, media, and/or political leaders feel that information about potential treatment options is being withheld?

2) What kinds of outreach could public health agencies perform in advance of a crisis to mitigate any perceived lack of transparency? If such a perception emerges in the crisis, then how might it be defused?



A Potential Vaccine

Chapter Three

GMI

MEMORANDUM

TO: Gretta Smithson, Vice-President for Animal Health
FROM: Dr. Marcus Thompson, Director, Vaccination Research Branch
RE: Hooved Mammal Respiratory Virus Vaccine Number 14 (HMRV-vac14) Use in Human Populations
DATE: December 30, 2025
ATTACHMENTS:
1. HMRV-vac14 Efficacy and Side Effects
2. Hoofed Mammal Respiratory Coronavirus Outbreak Model Estimates (2021)

PROBLEM BACKGROUND
Your office requested information regarding any previous SPARS-like illness in GMI animal populations and potential immunization or treatment implications for the ongoing SPARS pandemic.

SUMMARY
In 2021, a coronavirus caused an outbreak in Region 7 (Southeast Asia) hoofed mammal populations. Our researchers developed and produced in-house an effective vaccine against the infection (HMRV-vac14). Its subsequent approval and use successfully ended the outbreak in the region. While largely effective in preventing infection, severe side effects—including swollen legs; severe joint pain; and encephalitis potentially resulting in seizures, seizure disorders or death—occasionally occurred (Attachment 1). Given the millions of vaccinations required for Region 7, this resulted in measurable losses to the animal population; however, these were acceptable compared to those from the respiratory infection itself (Attachment 2). Each of the severe side effects was accompanied by physical presentation such that the affected animal was removed from the population and culled to prevent processing affected animals for sale.

It is unknown at this time how similar the two coronaviruses are or whether HMRV-vac14 (or a similar vaccine) would be effective in human populations. Due to its development for internal use only, HMRV-vac14 has not been tested or authorized by any governing agency for use in animals or humans.

Shortly after authorizing expanded access to Kalocivir for select patients, the FDA received reports of an animal vaccine developed by GMI, a multinational livestock conglomerate operating cattle and pig farms in, among other places, Southeast Asia. Since 2021, ranchers had been using the vaccine to prevent a SPARS-like respiratory coronavirus disease in cows and pigs in the Philippines and other Southeast Asian countries. Data provided by GMI suggested that the vaccine was effective at preventing SPARS-like illnesses in cows, pigs, and other hooved mammals, but internal trials revealed several worrisome side effects, including swollen legs, severe joint pain, and encephalitis leading to seizures or death. Because any animals experiencing these side effects were immediately killed, and because animals were typically slaughtered within a year of vaccination, further information regarding the short- and long-term effects of the GMI vaccine was unavailable.

Lacking a viable alternative—and considering the potentially high morbidity and mortality associated with SPARS (at the time the case fatality rate was still considered to be 4.7%)—the United States government contacted GMI in regards to the vaccine. After laboratory tests confirmed that the coronavirus affecting livestock in Southeast Asia was closely related to SPARS-CoV, the US began an extensive review of GMI's animal vaccine development and testing processes. Shortly thereafter, federal health authorities awarded a contract to CynBio, a US-based pharmaceutical company, to develop a SPARS vaccine based on the GMI model. The contract included requirements for safety testing, ensuring the vaccine would be safe and effective for human use. It also provided considerable funding from the National Institutes of Health (NIH) and included provisions for priority review by the FDA. Additionally, HHS Secretary Nagel agreed in principle to invoke the Public Readiness and Emergency Preparedness Act (PREP Act), thereby providing liability protection for CynBio and future vaccine providers in the event that vaccine recipients experienced any adverse effects.

COMMUNICATION DILEMMA

Maintaining Trust in Government Processes for Ensuring the Timely Development of Safe and Effective Vaccines When Novel Threats Arise

FOOD FOR THOUGHT

1) How might federal health authorities avoid people possibly seeing an expedited SPARS vaccine development and testing process as somehow "rushed" and inherently flawed, even though that process still meets the same safety and efficacy standards as any other vaccine?

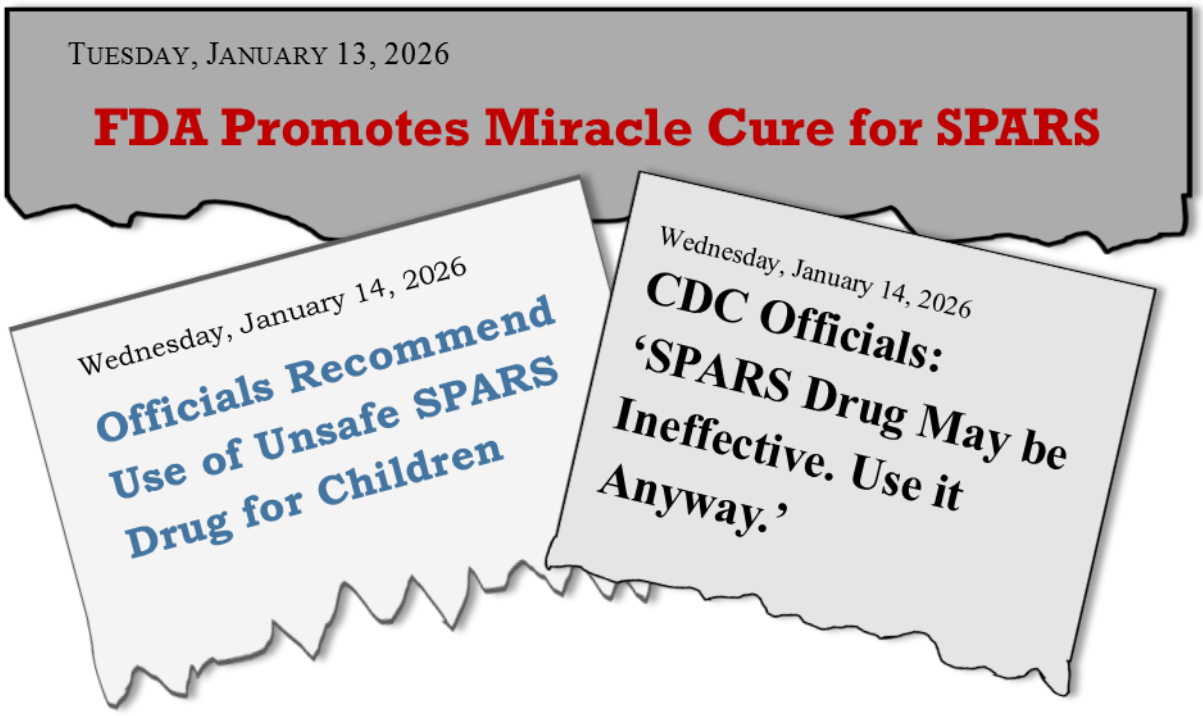
2) How might federal health authorities respond to critics who propose that liability protection for SPARS vaccine manufacturers jeopardizes individual freedom and wellbeing?

3) Once the vaccine becomes broadly available (see the chapter, "Head of the Line Privileges"), how might public health communicators implement the "best practices" principle of enabling people to make their own informed decisions about whether to accept the novel SPARS vaccine?

4) What are the potential consequences of health officials over-reassuring the public about the potential risks of a novel SPARS vaccine when long-term effects are not yet known?

Users Beware

Chapter Four



Following limited evidence of success in treating SPARS patients with Kalocivir, the FDA issued an Emergency Use Authorization (EUA) for this drug as a SPARS therapeutic in the United States. While Kalocivir had a positive impact against SPARS, preliminary data indicated it also caused intense stomach cramping in a statistically significant number of adult cases. Additionally, while initial hopes had been that Kalocivir would, in addition to treating the disease, prevent or reduce transmission, this was not the case. Nevertheless, due to high public demand for access to viable SPARS treatments, public health and healthcare agencies drew from existing SNS inventories of Kalocivir (several million doses) until further production of the drug could begin.

Official announcements about the use of Kalocivir to treat SPARS were made in early January 2026. Although extensive interagency efforts were made to coordinate messages, slight differences were emphasized by the media, leading to the appearance of diverging messages. The FDA, for example, explained that Kalocivir was being authorized under emergency use protocols as a treatment for SPARS and recommended that healthcare providers and other interested persons review the FDA-approved drug insert, which included information about potential side effects. The CDC's announcement contained similar information, but when a CDC spokesperson was asked direct questions on air, he explained the preliminary nature of the Kalocivir trials and stressed that the efficacy of the drug against SPARS remained unknown. The NIH announcement, meanwhile, also echoed the FDA announcement, but when the NIH spokesperson appeared on a widely viewed interview on a popular morning news show, the interviewer focused primarily on the possible benefits of Kalocivir for adults only.

In addition to the government agencies' official channels of communication, messages about Kalocivir were also distributed by national and local media organizations. Depending on the particular government source(s) these news agencies used, their reports differed slightly. When these messages were, in turn, shared via social media, they continued to diverge. Some individuals on social media, citing the CDC spokesperson's interview, claimed that Kalocivir had not been thoroughly tested and was potentially unsafe. Others, citing parts of the CDC and NIH announcements, incorrectly claimed that while Kalocivir was safe for adults, it was possibly unsafe for children. Yet others wondered why the drug was not being administered preventatively to the entire US population. Because little actual data on the safety and efficacy of Kalocivir existed at the time, government agencies had a difficult time responding to the ever-diverging public responses on social media.

After Kalocivir was in public use for three months, the FDA was able to release updated information about the drug's effectiveness and the incidence of side effects. This information came too late, however, for large portions of the general public. In Wisconsin, where many individuals were treated with Kalocivir, local citizens posted, Tweeted, chatted, and Zapped real-time impressions of the drug. While some claimed the drug was effective and even life-saving, most reported no effect and claimed that the drug had caused additional side effects, such as headaches, nausea, and body aches. The social media reports of these side effects were so ubiquitous in the Milwaukee area that local news reporters

openly questioned the FDA's updated safety information, with one reporter even asking live on air if the FDA even knew what side effects were. In Lawrence, Kansas, on the other hand, local media—again using social media responses as a source—focused on how successful Kalocivir was at treating SPARS.

By late January 2026, the WHO reported sustained transmission of SPARS in 42 countries across the globe. The disease proved to be particularly devastating in low-income countries where weak health systems, malnourishment, and co-infections greatly exacerbated the impacts of SPARS. In the United States, the situation was much less dire, but public concern about SPARS remained high. This anxiety resulted in extensive use of Kalocivir across the country and led many citizens to actively seek out medical attention for even minor SPARS-like symptoms. Though taxing for local hospitals and clinics, increased self-reporting of SPARS-like symptoms provided data that clarified certain epidemiological features of the disease. The CDC published analyses of this data, which indicated a much lower case fatality rate of 1.1%, compared to the initial 4.7% estimate. While this information was a relief to public health officials, it did little to quell public concern.

In addition, not all members of the public responded to the SPARS in the same way. Small groups of individuals spread throughout the country, for example, who felt that natural cures such as garlic and vitamins would be more effective at treating SPARS than an "untested" drug, were much less likely to accept Kalocivir as a treatment option or even seek medical attention for SPARS-like symptoms. Similarly, some ethnic minorities, and particularly ethnic groups who lived close together in large, tight-knit communities, also rejected Kalocivir.

Some of this resistance—particularly among select ethnic minority groups—was attributable to questionable messaging on the part of public health agencies. While news reports and press releases were provided in multiple languages, not all of the messages were culturally appropriate for the populations receiving them. One of the best examples of this occurred among the Navajo tribe in the southwestern United States.

In early February 2026, the newly instated director of the Navajo Area Indian Health Service (NAIHS) took messaging provided by the CDC and modified this so it was more fear-based. His methods

included taking the tagline from a CDC message — "See your health care provider if you experience SPARS-like symptoms"—and adding the phrase "SPARS can kill you" at the end. While the intent of the director was to increase the number of Navajo seeking treatment for SPARS, the modified message, which was widely distributed throughout tribal areas, backfired. Fewer Navajo came forward in the following weeks for treatment from the NAIHS for SPARS-like symptoms. Sensing a mistake had been made, the director reached out to tribal leadership. After intensive dialog the messaging of the NAIHS was changed to reflect Navajo beliefs in sustaining life and eschewing a focus on death. Specifically, the fear-based messaging was replaced with positive messages including "Seeing health care providers for SPARS-like symptoms can help you and your family members live long and happy lives."

Due to the variation in local responses to Kalocivir and persisting anxiety around the outbreak itself, local public health agencies actively tried to address controversies and coordinate public health outreach with local populations. While many of these local public health outreach efforts successfully increased compliance with recommended health actions, they were not effective at reaching some special interest groups, including the growing national anti-Kalocivir/natural medicine movement, which was dispersed across the country and not concentrated in local areas.

COMMUNICATION DILEMMA

Harmonizing Inconsistent Messaging Across Health Agencies

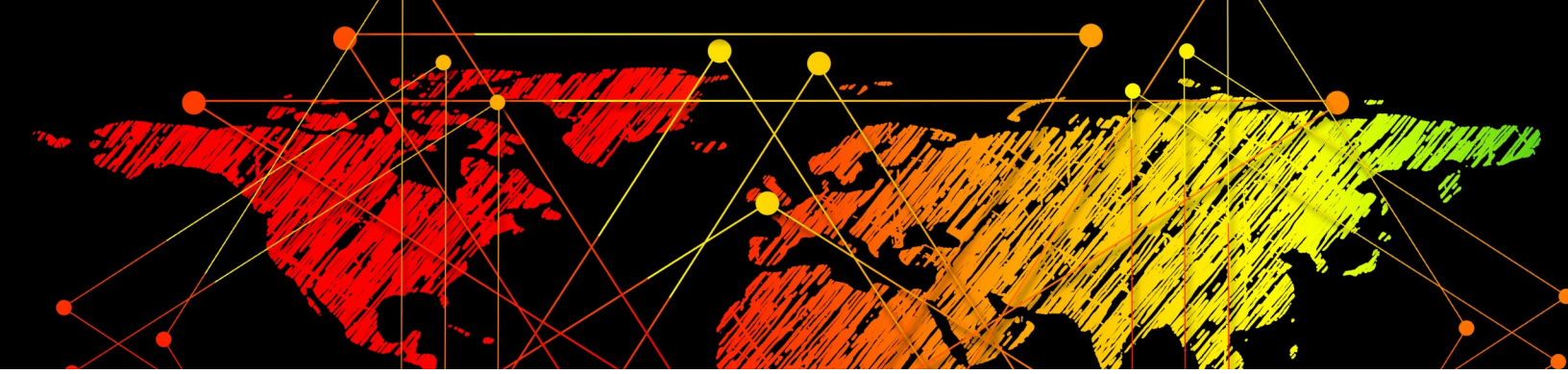
Appropriately Tailoring Public Health Messages to Address the Concerns and Cultures of Specific Communities

FOOD FOR THOUGHT

1) How could pre-crisis partnerships and alliances have averted the potential for inconsistent messaging around Kalocivir safety and efficacy? What are the potential effects of unaligned official messages about MCM safety and efficacy?

2) How could social media have been used to supplement traditional methods of collecting data about Kalocivir's effectiveness and side effects?

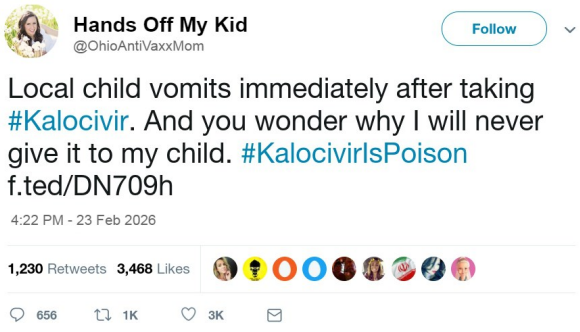
3) What is the difference between word-for-word translation and culturally competent MCM messages? What are the potential social and public health impacts of failures to deliver culturally competent MCM guidance?



Going Viral

Chapter Five

Reports of negative side effects associated with Kalocivir began gaining traction in February 2026. Despite the negative response, public health agencies continued to make progress until February, when a video of a three-year-old boy in North Carolina — who was hospitalized with SPARS and began projectile vomiting immediately after taking a dose of Kalocivir — went viral. In the video clip, the boy's physician administers a pediatric dose of liquid Kalocivir; a few moments later, the boy begins vomiting profusely, chokes, and then faints while his mother shrieks in the background.



This clip was widely shared across the United States with a variety of captions including *#NoKalocivir* and *#NaturalIsBetter*. The hashtags, in turn, provided a way for people sharing these views to find one another and band together on social media. They formed ZapQ and other online discussion groups, which allowed them to receive any messages from group members via smart phones and internet accessing technology (IAT) instantaneously as they were posted. Some members of these ZapQ groups even began to use full-sized (12"x12") IAT screens on backs of their jackets, coats, and backpacks to loop the vomiting video for all in their immediate vicinity to see.

The social media groundswell quickly overwhelmed the capacity of local, state, and federal agencies to respond, and compliance with public health and medical recommendations dropped considerably. The

FDA and other government agencies quickly attempted to remind the public that correlation does not equate to causation, and that vomiting was not a known side effect of Kalocivir. This message, while scientifically accurate, lacked appropriate empathy and failed to assuage the public's mounting fears. As a result, it was largely ignored, and public concern continued to grow.

In the following weeks, officials from the FDA, CDC, and other government organizations attempted to promote positive, accurate information about Kalocivir on several traditional and social media platforms in order to quell public fear. This messaging, however, was less than optimal both in terms of timing and dissemination. While the government took several days to provide an emotionally appropriate message, the spread of the viral video on social media was exponentially faster. By the time the government responded, most people across the country had already seen the vomiting video and formed their own conclusions. Additionally, in their responses, governmental organizations were not able to effectively access all social media platforms. ZapQ groups, for example, had closed memberships and typically could only be accessed via invitations from group members.

Both of these issues prompted government organizations to improve the timing and impact of their social media responses. While most government agencies including the CDC and HHS had long-established offices that were directed to coordinate social media and other communication efforts, the protocols of individual agencies and different agency cultures led to delayed and sometimes uncoordinated messages. Compounding this situation was the social media outreach conducted by individual members of the government. Several members of Congress were very active on sites like Twitter where they could leverage their office to spread their own personal beliefs under the guise of public positions.

In late May, one of these individuals, a former doctor and current Senator from Iowa, responded to a second vomiting video by tweeting, "Don't be buffoons! Kalocivir is 100% safe and 100% effective. Correlation does NOT equal Causation!" After being shared tens of thousands of times, the tweet was

picked up by traditional media outlets. This led to multiple awkward news interviews with FDA and CDC officials who had to clarify that while the sentiment of the message was correct, Kalocivir did have potential side effects and was not completely effective at treating SPARS.

Despite the many outreach efforts by various government officials and entities, the government was ultimately unable to develop a suitable response to the initial vomiting video. By early June 2026, the video had become the most shared Zap clip among junior high and high school students across the country who appreciated the shock factor of the video. As a result, the public was continually re-exposed to the anti-Kalocivir message for several months after the initial incident and subsequent responses.

COMMUNICATION DILEMMA

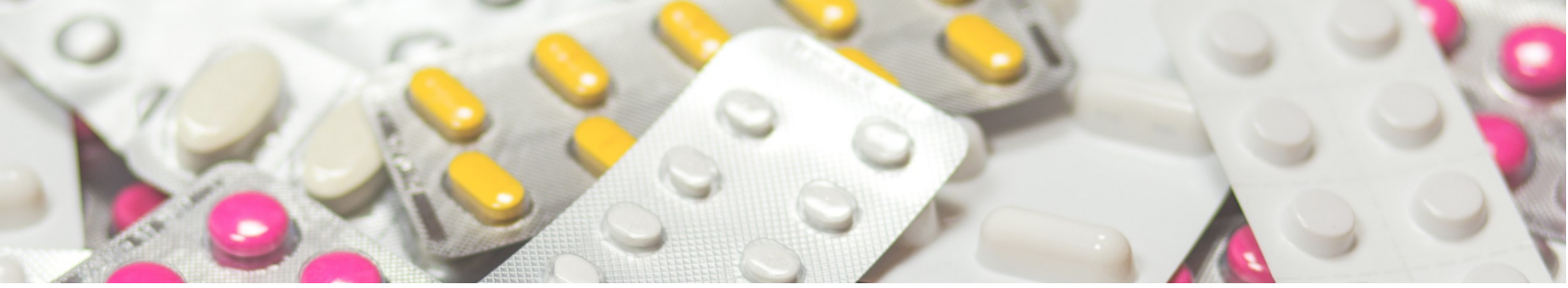
Responding to the Power of
Graphic Images of a Child in Distress:
One Story is Elevated to a Population-Level Problem

FOOD FOR THOUGHT

1) Why might communicating the science around MCM adverse effects alone not be enough to address the public's fears and concerns about a MCM like Kalocivir? Why is it also important to communicate with compassion, concern, and empathy?

2) To what extent is having sufficiently skilled staff and organizational capacity to communicate via traditional media and social media platforms critical to influencing public debates and awareness about a MCM like Kalocivir?

3) What MCM communication challenges and opportunities are likely to emerge among up-and-coming youth audiences who are avid consumers of interactive and visual forms of information?



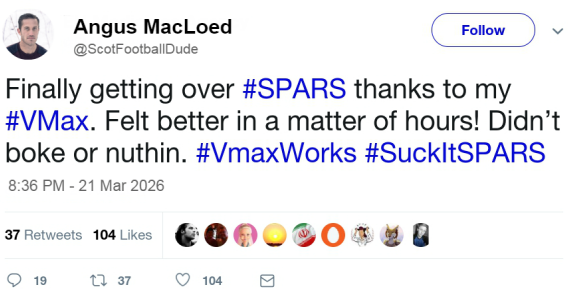
The Grass is Always Greener

Chapter Six

As confidence in Kalocivir continued to deteriorate across the United States, the United Kingdom and the European Union jointly announced authorization for another antiviral treatment. In early March 2026, the UK Medicines and Healthcare Products Regulatory Agency and the European Medicines Agency authorized the emergency use of a new antiviral, VMax, to treat SPARS. VMax had been considered in the United States, but a drug trial conducted at the beginning of the SPARS outbreak did not show evidence of efficacy. Despite the authorization and promotion of VMax in Europe, the FDA, CDC and other US governmental agencies opted to focus their efforts on supplying and distributing Kalocivir and developing a vaccine based on the GMI model.

Social media posts from the United Kingdom and several European countries alerted many individuals in the United States to the existence and purported benefits of VMax. The authorization announcement was also distributed via all major American media outlets and quickly spread via social media.

As Europeans began receiving VMax, they reported their outcomes, good and bad, on a number of social media platforms. This persistent social media buzz around the pandemic ensured that public anxiety remained high — even though the incidence of new SPARS cases had begun to taper off. While the efficacy and side effect posts regarding VMax were largely similar to those for Kalocivir in the United States, some Americans sought to order prescriptions of VMax online, and others traveled to Europe to obtain the drug.



COMMUNICATION DILEMMA

Responding to Demand for an Alternative Drug
Not Available in the United States

FOOD FOR THOUGHT

1) How might pre-tested messages comparing US and foreign MCM review processes have enabled the US FDA and US CDC to support the USG decision to promote Kalocivir as the antiviral of choice?

2) What responsibility, if any, does the FDA have to advise Americans to avoid using VMax? How can the FDA and other public health entities best support the public when making informed MCM choices to protect their health?

4) How should local public health and healthcare providers address patients' questions about the risks and benefits of foreign MCMs?

The Voice

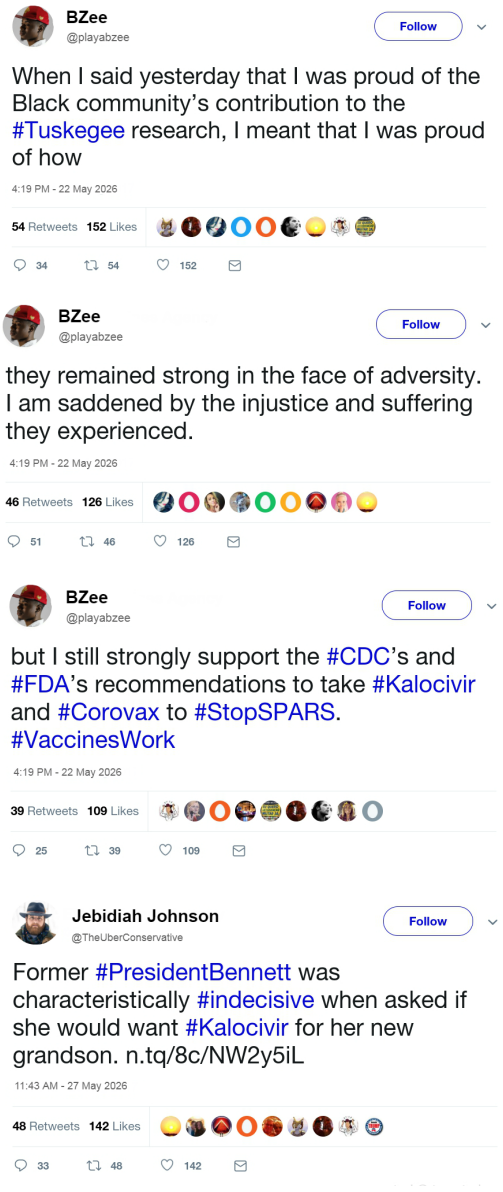
Chapter Seven

By May 2026, public interest in SPARS had begun to wane. In late April the CDC had publicized an updated case fatality rate estimate, suggesting the SPARS was only fatal in 0.6% of cases in the United States (where access to medical treatment was available). This figure matched public sentiment, widely expressed on social media, that SPARS was not as dangerous as initially thought. Combined with persisting doubts about Kalocivir and the lack of a commercially available SPARS vaccine, the new, lower case fatality rate estimate led the public to grow increasingly hostile toward continued SPARS messaging.

In order to overcome the public's disinterest, the CDC and FDA, in concert with other government agencies and their social media experts, began developing a new public health messaging campaign about SPARS, Kalocivir, and the forthcoming vaccine, Corovax. The purpose of this campaign was to create a core set of messages that could be shared by all public health and government agencies over the next several months during which time the SPARS vaccine would be introduced. Even though the disease was less fatal than initially thought, it remained expensive to treat in its severe form and even mild cases had substantial impacts on economic productivity across the country.

In late May, three messages were approved by the cross-agency committee established to produce the messaging campaign: one addressing the nature and risks of SPARS, one regarding the effectiveness of Kalocivir, and one about the anticipated release of Corovax. These messages were broadly shared via all relevant government agencies' internet and social media accounts. In an effort to further reach certain population subgroups, agency officials enlisted the help of well-known scientists, celebrities, and government officials to make short videos and Zap clips and, in a few cases, give interviews to major media outlets. Among those chosen were former President Jaclyn Bennett; BZee, a popular hip-hop star; and Paul Farmer, co-founder of Partners in Health and a renowned global health expert.

The campaign produced mixed results. Common messaging did reduce public confusion, evinced by a 15-23% increase in the public's correct understanding of SPARS and Kalocivir in national polls. While common messaging resulted in more cohesive traditional media coverage, the celebrity outreach campaign was more problematic.



BZee's original Zap clip was widely shared, particularly among African American and urban populations; however, in an interview aired on Access Hollywood during which he was asked about the accelerated clinical trials for Corovax, BZee noted his admiration for those who volunteered to participate in the trials, and then compared these recent volunteers to volunteers in previous health-related studies "including the men who volunteered at Tuskegee." The resulting backlash, particularly from African Americans, undermined the effectiveness of BZee's efforts.

Not long after, 60 Minutes aired a live, nationally broadcast interview with former President Bennett. When asked if she would want her new grandson to receive Kalocivir, Bennett, caught off-guard, paused and eventually gave a hesitant, somewhat contradictory response: "Well, I – experts say the drug is safe. And it's not easy, but I think…Everyone should make the decision that's best for their family." Video clips from this interview were shared widely on social media and by traditional media outlets, leading many healthcare professionals and members of the public to criticize Bennett for not taking a strong stance in support of Kalocivir.

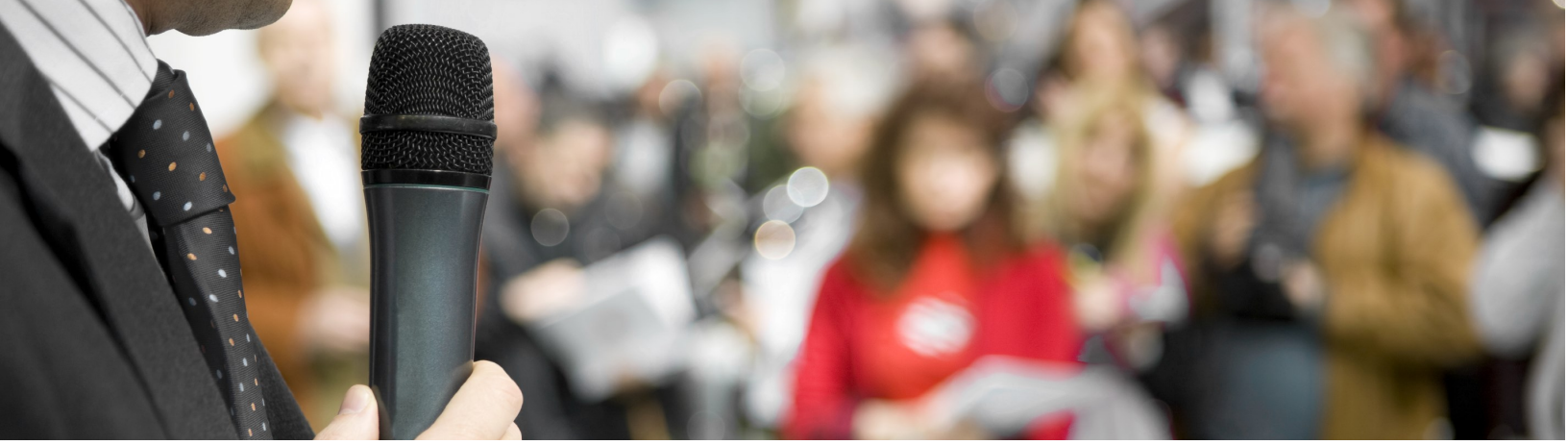
The aftermath of the interview, however, did galvanize many House and Senate Republicans to support Kalocivir use in earnest in an effort to demonstrate their opposition to from the former Democratic President.

COMMUNICATION DILEMMA

Responding to Misinformation or Doubt about an MCM Generated by a Prominent Public Figure

FOOD FOR THOUGHT

Given the ability of powerful, popular figures to reinforce or to undermine public health messages, what steps might health authorities—at either national or local levels—take to reverse the negative effects of BZee's unintended linkage of Tuskegee and Corovax, or Bennett's tepid, uncertain support for Kalocivir?



Are You Talking to Me?

Chapter Eight

While government agencies were spreading the newly tooled public health messages about SPARS, Kalocivir, and Corovax through a variety of traditional and social media outlets, several popular platforms were overlooked. A notable example was UNEQL, a social media interface used at the time almost exclusively by college students. UNEQL was designed and first used at the University of California Berkeley in 2023. The initial purpose of the interface was to provide undergraduate college students with a common forum to collectively critique local, national, and international social and economic policies such as anti-immigration laws and drug policies. By 2026, the interface still maintained a critical focus but had expanded to include an underground news reporting system, led by seven primary "reporters" across the country; a satirical news feed that could be streamed as a caption on any program running on IAT; and special interest message boards accessible to anyone. While UNEQL was the primary news source of many college students on the east and west coasts, its existence and particularly its prominence was largely unknown outside of college communities and completely ignored by most public health agencies.

The SPARS pandemic and concerns about the disease prompted a sizeable response on UNEQL. While information shared about SPARS closely followed the information provided by the CDC, FDA, and other agencies, information about Kalocivir was often incorrect. Multiple message board threads questioned, in detail, the accelerated clinical trial process; others examined alternative treatments for SPARS, including VMax; and the second most popular "reporter," StanfordGY, led discussions on and organized protests against how Kalocivir was being administered, particularly focusing on how a lack of access to primary care could result in unequal access to the drug. By late May, opinion polls on UNEQL showed that 68 percent of the interface's two million users felt that equal access to medical care for SPARS was a serious issue. In an effort to galvanize political will around this issue, students began using UNEQL forums to organize and promote protests outside the offices of state and local political leaders.

COMMUNICATION DILEMMA

Overlooking Communication Platforms Used by Specific Groups; Quickly Gaining Fluency and Effectively Engaging the Public Using a New Media Platform

Responding to Public Criticism About Potential Unequal Access to MCMs Like Kalocivir

FOOD FOR THOUGHT

1) What are the roles of a media-literate staff and organizational capacity to communicate via both social and traditional media platforms critical to understanding and influencing public debates about an MCM like Kalocivir?

2) Why is it important to listen to the public during the emergency to find out what they think or want done about equity in access to a MCM like Kalocivir? How might the public's desire for fairness in allocating Kalocivir ultimately influence public health outcomes?

3) How could authorities—at national and local levels—craft an effective response to public criticism and concern about unequal access to Kalocivir? How might the emergency communication principles of speaking honestly and openly and acknowledging the human dimension of the problem be applied in this instance?

Changing Horses Midstream

Chapter Nine

THE
HOLLYWOOD TRIBUNE

June 23, 2026 *WORLD EXCLUSIVES*

USG Wasted Millions on Suspect Science for Useless SPARS Drugs

Since the onset of the SPARS pandemic, the federal government has reportedly spent tens of millions of taxpayer dollars in support of SPARS therapeutics that were recently found to be wholly ineffective. In yesterday's White House press conference—held jointly by President Archer, Secretary Nagel of HHS, Surgeon General Barry, and an array of other federal public health and medical officials—President Archer praised the Food and Drug Administration for their forthright release of new efficacy data for Kalocivir. Conversely, many in Congress and the general public are viewing the drug, now thought to be ineffective, as a classic example of the perils of the federal medical bureaucratic machine…

The federal government is known to have funneled funding for the development of Kalocivir through the National Institutes of Health and the Biomedical Advanced Research and Development Authority, and the FDA is alleged to have supported and approved Kalocivir in clinical trials due to the considerable federal investment rather than the merits of the product. The corruption evident through this gross misappropriation of funding and other resources is indicative of the leadership and overreach that we have come to expect from the Archer Administration. If the flagrant misrepresentation of Kalocivir's effects is any indication of current standards at the FDA, what confidence should we have in other recent approvals, particularly the highly anticipated SPARS vaccine, Corovax?

In mid-June 2026, Laso Therapeutics, the sponsor for Kalocivir's clinical trials, released data from a large randomized controlled trial (RCT). The new data suggested that Kalocivir was less effective at treating SPARS than initially thought and was, in fact, on par with Ribavirin and VMax, both of which showed low efficacy as SPARS treatments. These results led the FDA to conclude that all currently available drugs were only minimally effective at treating SPARS. In response, the CDC suggested that

healthcare providers continue to provide palliative care to SPARS patients and that, if necessary, patients with more mild cases could use over-the-counter medications to alleviate symptoms. Ultimately, this left providers to address patient concerns and demands on their own, which proved frustrating for them and many of their patients.

On a positive note, however, the new data also suggested that the side effects associated with Kalocivir were milder than initially reported. Among adults and children receiving pediatric does, only mild stomach irritation was now associated with Kalocivir use.

Immediately following the release of the RCT data, current US President Archer, HHS Secretary Nagel, officials from other government organizations, and scientists across the country publicly praised the FDA and CDC for their responses and updated guidelines. The response on social media, however, was largely negative. Citing the vomiting video, reports about VMax from Europe, and the communication blunders made by President Bennett and BZee, citizens across the country took to Twitter, Facebook, Tumblr, Vine, and ZapQ to assert that the changing messages merely proved that scientists knew very little about how to deal with SPARS. Common social media messages shared during this time included #FakeScience and #GoNatural. The response was particularly vitriolic from the burgeoning natural medicine movement.

This negative response, in turn, was covered extensively by traditional media sources. The Los Angeles Tribune, for example, ran a front-page editorial responding to local social media posts that questioned the government's response to SPARS in light of the new revelations about Kalocivir. The editorial accused the government of shoddy science and wasting tens of millions of dollars to advertise and supply an ineffective treatment. It ended by questioning the government's other SPARS-related endeavors, particularly the production and promotion of Corovax. The resulting media storm was especially problematic, as Corovax was due to be released in the coming weeks.