

## ***Writing an effective news release***

- **Be brief (1 to 2 double-spaced pages, 2 max)**
- **Attention-grabbing headline, sharp lead paragraph**
- **Start with the conclusion**
- **Who, what, when, where, why**
- **Then provide background facts to give context**
- **Sentences should be short, direct, and active voice**
- **Write for 5<sup>th</sup> to 8<sup>th</sup> grade reading level**
- **Don't use jargon**
- **Spokesperson available and prepared**
- **Coordinate/connect with partners and affected parties**

### **News release**

This is your opportunity to get information out and framed in the way you want to present it. First, make sure it IS news. Are you announcing something new? A dramatic program gets underway, new funding for a project, new findings, a new initiative? Does it have broad impact? Can you put a face to the news — what is the people impact?

### **Elements of a news release**

A news release needs an **attention-grabbing headline, sharp lead paragraph — start with the conclusion**, background facts, quotes, and other details. Put the important stuff first, in descending order. If newsrooms have to chop, they will start at the bottom.

Include the 5 W's: **who, what, when, where, why**.

Make your **sentences short, direct, and use an active voice**.

Keep your news release to no longer than two pages, and double-spaced

Top of the release should include the date and at least one contact and phone number of a source that can take calls from the media. The person should be knowledgeable about the subject matter and prepared with key message, speaking points. Be sure to coordinate/connect with partners and other affected parties — the media often call other experts for their perspective on the story.

Always include the title of anyone you are quoting — credibility.

Do not write an entire explanation or history piece. The goal is to give pertinent information. State the facts clearly; you don't want the reporter to have to search for the nuggets of information. What you are really aiming for, though, is to pique their interest so that they call for a follow-up interview.

The news release is only the first step. Once you've sent it out, you need to have your spokesperson primed and available to talk to reporters when they call. This is what you want; a follow-up call — so you'd better be ready to make the most of it!

**See samples that follow (not to scale)...**

Press release must be timely

Contact names and phone numbers at top

August 27, 2002

Contact: Bonnie Widerburg, 503-731-4180  
Technical Contact: Mel Kohn, M.D., 503-731-4023

Headline tells the story

### ***Health officials advise precautionary steps regarding E. coli outbreak***

1<sup>st</sup> paragraph has the most important information: who, what, when, where, how, why

The current Lane County outbreak of *E. coli* O157 infection is the largest in the state’s history, public health officials at the Oregon Department of Human Services (DHS) said today. “To date there have been 47 reported cases of the disease, and 42 of those have been confirmed by lab testing,” said Mel Kohn, M.D., state epidemiologist in DHS. “Both state and local public-health experts are working intensely on this outbreak,” says Kohn. “We know the exposure occurred at the fairgrounds, and right now we’re looking closely at the animal exhibits as the source of the disease. However, the investigation is still underway.

What we want citizens and providers to do

“Meanwhile, health care providers and parents in particular need to be aware of specific prevention steps related to O157,” Kohn says. “And because the fair attracts visitors from places other than Lane County, we want to notify the public statewide.”

Kohn advises:

What we want citizens and providers to do, cont.

— Physicians should test for *E. coli* O157 any patient with acute, bloody diarrhea.

— Antibiotics and antidiarrheal agents should **not** be used to treat *E. coli* O157 infections. These drugs are associated with the development of hemolytic-uremic syndrome, a condition that damages the kidneys and can be fatal.

— Everyone should wash their hands after visiting animal exhibits. *E. coli* O157 may be found on animals, on the grounds, and even on fence rails in animal enclosure areas.

◆ Parents should supervise the handwashing of children under 5 years old.

Background information

“It’s highly important that those responsible for animal exhibits make handwashing facilities available to visitors, and place them in a prominent area. They need to be fully equipped with soap, running water and disposable towels,” Kohn advised. “Information regarding the risk of transmission of pathogens from animals should also be posted.”

Kohn said there have been six large outbreaks of O157 infection in Oregon over the past 20 years. The first occurred in 1982 in Jackson County and totaled 26 cases; the most recent happened in Marion County in 2000 and involved 17 confirmed and 18 presumed cases.

*E. coli* O157 causes intestinal illness, including abdominal cramps and diarrhea, which is often bloody. Symptoms usually develop within 2-5 days after exposure. About five percent of patients develop the severe complication known as hemolytic-uremic syndrome.

Where to get additional information

Additional information about *E. coli* O157 can be found on the Web at

<http://www.dhs.state.or.us/publichealth/acd/ecoli/home.htm>.

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Press release must be timely

April 4, 2003

Headline tells the story

Contact names and phone numbers at top

Contact: Bonnie Widerburg (503) 731-4180  
Technical contact: Mel Kohn, M.D. (503) 731-4023

## Oregon health officials investigating possible SARS case

1<sup>st</sup> paragraph has the most important information: who, what, when, where, how, why

Public health officials at the Oregon Department of Human Services (DHS) today said that they are investigating Oregon's first possible case of severe acute respiratory syndrome (SARS).

"Although this person technically meets the case definition prescribed by the Centers for Disease Control and Prevention (CDC) and is counted as a case on their website today, other more common diagnoses are thought to be more likely at this time," cautioned Mel Kohn, M.D., state epidemiologist in DHS.

The 57-year old Portland-area resident visited China last month and came down with respiratory symptoms during her trip. She was admitted to the hospital five days after returning to the United States and has responded well to initial treatment. She is currently stable and appears to be recovering, according to Kohn.

What we want public to do

"We do not believe the general public in Oregon is at risk for infection of SARS at this time," said Kohn. Although the diagnosis of SARS in this patient is still not confirmed, Kohn said that the hospital is taking appropriate precautions to prevent infection of other patients, healthcare providers and the general public.

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Kohn said that since SARS was first recognized, DHS has received several reports of suspicious respiratory illnesses but that this is the first one that has met the case definition criteria established by the federal CDC. Additional evaluation and laboratory testing is underway to establish the patient's diagnosis.

Symptoms of SARS are a cough, illness since Feb. 1, and a temperature of at least 100.4° F. in someone who has traveled to mainland China, Hong Kong, Singapore or to Hanoi, Vietnam. People who fit these criteria should contact their health care providers, Kohn advised.

More background “If anyone believes they may have SARS, it's important that they do not just drop in to see their doctor,” Kohn said. “They need to call ahead and arrange for an examination where medical staff can protect themselves and other patients.”

“Health authorities in this country and internationally are working together to understand the cause of SARS and how it is spread,” Kohn said. “Meanwhile, we are working with health care providers and county public health partners to prevent any spread of the disease in Oregon.”

As of Wednesday, the CDC reports 100 suspect cases of SARS in the United States. Oregon is the 29<sup>th</sup> state to report a suspect case. Worldwide, SARS has afflicted 2,270 persons and 79 people had died, as of April 3, 2003. No one in the United States has died.

Where to get additional information Additional information regarding SARS is on the Web at: [www.dhs.state.or.us/publichealth/acd/sars/index.cfm](http://www.dhs.state.or.us/publichealth/acd/sars/index.cfm)

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Press release must be timely

April 19, 2001

Contact names and phone numbers at top

Contact: Bonnie Widerburg, 503-731-4180  
Technical Contact: Mel Kohn, M.D., MPH, 503-731-4023  
Marion County Health Department Contact: Elaine Smith 503-932-7258  
Polk County Health Department : Connie Montague 503-623-8175

Headline tells the story

### ***Five Cases of Meningococcal Disease Reported***

1<sup>st</sup> paragraph has the most important information: who, what, when, where, how, why

Five cases of meningococcal disease have been reported within the last five days, according to public health officials at the Oregon Department of Human Services. Of these, three have been confirmed. Four of the five cases occurred in Marion County and one in Polk County and all are children under the age of 5 years. At this time, all of the children have been treated and are recovering, according to Mel Kohn, M.D., state epidemiologist at the Health Division.

What we want parents to know

“We don’t want to alarm the public, but we want parents to be vigilant,” says

Kohn. “While meningococcal disease is serious and can be fatal, children who are treated promptly recover with no long-term effects.”

What we want public to do

Signs parents should watch for include a high fever, headache, stiff neck and a rash. “If parents see these symptoms in their child, they should contact their health care provider immediately,” Kohn says.

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Keep reading...

Background

Meningococcal disease is not highly contagious, but close contacts of those who are infected may be at an elevated risk.

The current cases are under investigation by the Health Division and Marion and Polk County Health Departments. At this time the cases do not appear to have a common link.

Meningococcal disease is caused by the bacterium *Neisseria meningitides*, a bacterium that lives in the noses and throats of 5 percent to 10 percent of the population. It rarely causes serious disease unless it enters the blood stream and spreads through the body. Meningococcal meningitis occurs when *Neisseria meningitides* causes inflammation of the tissue surrounding the brain and spinal cord.

“Although meningococcal disease has received much attention this year, it still remains one of the rarer diseases,” says Kohn. Last year, 70 cases were reported in Oregon. This is a decrease of 50 percent since 1994, Kohn says.

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