

CHAPTER 6

OLD WINE IN NEW BOTTLES? USE OF TWITTER BY ESTABLISHED UK NEWS MEDIA DURING THE 2014–15 WEST AFRICAN EBOLA OUTBREAK

Colin McInnes

ABSTRACT

This chapter examines how established media – that is, print, TV and radio sources which pre-existed the popularisation of social media – use social media to disseminate content. Specifically it examines the manner in which three UK media sources – BBC News, The Guardian and the Daily Mail – used Twitter during the 2014–2015 Ebola crisis. It asks five key questions concerning: the balance between factual reporting and opinion or comment; the degree to which it shifted attention to specific events within the context of the outbreak;



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whether the dialogical potential of social media was exploited; the degree to which social media acted as a signpost to more detailed information elsewhere, or existed as independent content; and the degree of media reflexivity. It concludes that established media used this new technology within their existing paradigms for reporting rather than exploiting some of its more innovative characteristics.

Keywords: Ebola; UK media; Twitter; public health; BBC News; Daily Mail; Guardian

INTRODUCTION

Social media are both an opportunity and threat to established news media – that is, outlets which predate the widespread use of social media. It is an advantage in that they offer widely accessible and agile platforms for established media, which can both distribute their content and advertise their presence; but at the same time, social media present alternative, equally accessible sources of information, including about crises, which are horizontally networked (and which may therefore increase the appeal to niche groupings) and largely unregulated.

This chapter examines a particular form of crisis – a long-wave event. Whereas some crises – such as floods or a terrorist event, which are examined elsewhere in this volume – have a clear start point and limited duration, usually measured in hours or, at most, days, long-wave events can just as easily start with a whimper as a bang, will often build up levels of seriousness over several days or weeks, and may last months or conceivably years. This poses a different series of problems and opportunities for established news media. Whereas short-wave events may rely heavily on observer testimony, embedded or specialist news teams may be used for long-wave events to provide expert, on-site, ‘as it happens’ coverage. Moreover, they may actually create news stories through investigative reporting. This would appear to give established media a significant advantage in this form of crisis. However, the transitory nature of social media, where interest quickly shifts from one story to another, and the space available on platforms such as Twitter is restricted, limits such advantages. But this is perhaps to mistake the nature of a long-wave event.

Although these crises are a single meta-narrative, within this there are multiple individual narratives or flash points. A long-wave event is thus at one and the same time a single event of considerable duration, and multiple linked events of much shorter duration, which may lead to spikes of interest, not least on social media.

This chapter examines the use of social media by established media in the UK during a particular long-wave event, the outbreak of Ebola in West Africa in 2014–15.¹ Although the outbreak was largely confined to just three countries in West Africa, it was a crisis more widely for two reasons. First, for the best part of two decades, the narrative of ‘global health’ had been developing the argument that large-scale disease outbreaks were of concern not only in the region where they were focused, but more widely. This was linked to the meta-narrative of globalisation dominant at the time, and to specific concerns both over the potential spread of communicable diseases in an era of heightened international trade and travel, and to concerns over the security and macro-economic effects of epidemics and pandemics (See [McInnes & Lee, 2012](#), especially pp. 8–10).

Second, the narrative of risk had shifted from probabilistic assessments of likelihood of infection, to more probabilistic assessments based on perceptions of social vulnerability (e.g. [Furedi, 2009](#)). This meant that, although infection from Ebola was extraordinarily unlikely outside of West Africa, the fear induced by the outbreak was not confined to that region. As Margaret Chan, the Director of the World Health Organisation (WHO), commented, ‘In my long career in public health [...] I have never seen a health event strike such fear and terror, well beyond the affected countries’ ([Chan, 2014a](#)). But as Chan commented elsewhere, ‘Experience tells us that Ebola outbreaks can be contained, even without a vaccine or cure’ ([Chan, 2014b](#)). In other words, although the chance of infection for individuals outside West Africa was vanishingly low, there was nevertheless a sense of being ‘at risk’. Moreover, the Ebola outbreak had direct implications in that aid workers from a number of countries outside the region were medically evacuated (med-evaced) due to infection.

THE WEST AFRICAN EBOLA OUTBREAK

The 2014–15 outbreak of Ebola in West Africa remains the most severe on record; the WHO estimated in June 2015 that there had been

27,181 cases and 11,162 deaths from Ebola, almost all in West Africa (World Health Organisation, 2015b). This was more than in all of the previous outbreaks of the disease combined (US Centers for Disease Control and Prevention (CDC), 2015; World Health Organisation, 2015a). The outbreak had been identified by Guinean health officials in March 2014 and publicly announced by the WHO on 23 March 2014, although it was subsequently dated back to at least December 2013. In April, WHO described the outbreak as ‘one of the most challenging [...] that we have ever faced’, and in June declared it a level 3 emergency, the highest level possible short of declaring it a Public Health Emergency of International Concern (PHEIC, see the succeeding text; World Health Organisation, 2015c).

With the disease spreading to Liberia and Sierra Leone (and later to Nigeria), the health charity Médecins sans Frontières (MSF), which was heavily engaged in treating cases of the disease, warned that the outbreak was out of control (Médecins sans Frontières, 2014; World Health Organisation, 2015a). In early August, two infected US aid workers – Kent Brantly and Nancy Writebol – were airlifted to the US, beginning a small but steady flow of medical evacuations for infected health workers back to the US or Europe. This included, on 24 August, a British aid worker, Will Pooley. For the UK, however, the more significant event was when the nurse, Pauline Cafferkey, who had been working for the charity Save the Children in Sierra Leone, returned to the UK at the end of December 2014 and caught an internal flight from London to Glasgow without knowing she had contracted the disease.

On 8 August 2014, for only the third time in its history, the WHO declared the outbreak a PHEIC under the 2005 revisions to the International Health Regulations. PHEICs are defined as ‘extraordinary events’ in terms of their significance and public health risk, which have implications beyond the states affected either in the potential to spread or in requiring a coordinated international response. On 14 August, it announced that field reports may have underestimated the severity of the outbreak, and on 28 August, released its ‘roadmap’ to coordinate the response (World Health Organisation, 2015a). In September 2014, with numbers of deaths still rising, the UN Security Council passed Resolution 2177, declaring the outbreak a threat to international peace and security (United Nations Security Council, 2014). The General Assembly

subsequently authorised the Secretary General's request for the establishment of the UN Mission for Emergency Ebola Relief (UNMEER), and troops began to arrive in West Africa shortly afterwards (Ban Ki-Moon, 2014). Fears that the disease was 'raging out of control' in West Africa were supported by a CDC estimate at the end of September that the number of cases in Liberia and Sierra Leone might, by the end of January 2015, exceed 1.4M (CDC, 2014).

On 30 September, CDC announced that Thomas Eric Duncan had become the first case of Ebola identified within the US, quickly followed by two further cases involving medical workers treating Duncan at Texas Health Presbyterian Hospital, Dallas. This led to concerns over the ability of the US to contain the disease, concerns echoed in Europe when a nursing assistant, Maria Teresa Romero Ramos, was also diagnosed as having caught the disease while working at a hospital in Spain. World leaders queued up to express their concern, offer aid and in a limited number of cases, dispatch troops to assist in the aid effort (Dionne, 2014; Holehouse, 2014; World Health Organisation, 2015a). The BBC reported that by mid-October 2014, when the first cases had appeared in Europe and North America, fear of the virus was spreading 'faster than the virus itself' through the use of social media (BBC, 2014). The outbreak peaked in October 2014, though it was only in January 2015 that a significant drop in reported new cases was identified. By the second half of 2015, weekly numbers of reported new cases were very small, though it was not until March 2016 that WHO rescinded the PHEIC.

RESEARCH DESIGN AND METHODS

The Ebola outbreak was the first major disease outbreak where social media penetration made it an important means of communicating news, advice and opinion. This included the established media in the UK, most of whom had a social media presence by 2014. This chapter's key research question therefore concerns how established media in the UK used and responded to the distinctive nature of social media during the Ebola outbreak. It examines five sub-questions as part of this:

- (1) The nature of comments on social media, especially the balance between factual reporting and opinion or comment.

- (2) The sensitivity of established media's social media use to distinct events within the wider narrative. In particular, the degree to which their social media use maintained its focus on the long-wave event – the crisis in West Africa – and the degree to which it shifted attention to other events within the context of the outbreak.
- (3) The use of social media as a dialogical medium, including both replies to posts and responses to these from the originating source. Bloggers in particular have exploited the dialogical potential of social media in reporting and commenting on news stories, whereas established media would historically differentiate between their role as reporters commenting on events and authorities who have a responsibility to respond to queries.
- (4) The degree to which established media's use of social media acts as a signpost to more detailed information or reports elsewhere, either on their own website or others'.
- (5) Established media's reporting over the use of social media during the outbreak – what this chapter terms 'social media-reflexivity'. This includes both the degree to which it reports on Ebola-related stories appearing in social media as well as reporting on the use (or abuse) of social media during the outbreak.

This chapter focuses on Twitter as (with Facebook) one of the two most popular and well-established social media platforms in 2014; and the UK as a state with high social media usage, a long standing tradition of an independent press, which had accepted the narrative of the global nature of disease outbreaks (UK Department of Health, 2008), and which had had citizens infected in West Africa with Ebola who then returned to the UK with the disease. Following the aforementioned suggestion that a long-wave event is a meta-narrative consisting of a series of more discrete events, the chapter focuses on four key periods which balance UK-specific concerns and wider events in the outbreak:

- (1) The announcement of an outbreak of Ebola Virus Disease in West Africa by the WHO in March 2014;
- (2) The declaration by the WHO of a PHEIC in early August 2014;

- (3) The evacuation of British nurse William Pooley from Sierra Leone on 25 August 2014 and
- (4) The announcement on 29 December 2014 that the Scottish nurse Pauline Cafferkey had been diagnosed with Ebola in the UK.

This chapter focuses on the main Twitter accounts of three media outlets. First, the BBC (@BBCNews) was chosen as the UK's national broadcaster with both a significant domestic and international profile, not least for the quality of its reporting. It is publicly funded and has a public service mandate with a commitment to 'balanced' reporting. Second, *The Guardian* (@guardian) is one of the leading 'quality broadsheets' – that is, a printed paper driven by 'hard' news with high standards in the rigour of its reporting. It is left-leaning in its political orientation, and a commercial organisation. Finally, the *Daily Mail* is a right-leaning tabloid with high news content, whose online version, *MailOnline* (@MailOnline), has proved to be one of the most popular English language online news sources. Like *The Guardian*, its origins are print-based and it is a commercial organisation. The chapter uses the Twitter search engine for terms 'Ebola' and 'ebola' during a set period for each event (adding search terms 'Cafferkey' and 'Pooley' for the latter two cases) and performs an analysis of tweets using George's 'structured focused' methodology (George, 1979). This methodology was developed for comparison between small n case studies in the social sciences. The case studies here are the four key events (1–4 earlier), the focus being provided by examining the Twitter usage by three established media sources. The structure is provided by the five questions identified earlier (a–e).

THE WHO ANNOUNCES AN OUTBREAK OF EBOLA VIRUS DISEASE

On 13 March 2014, an alert was issued by the Guinean Ministry of Health that there was an outbreak of an unidentified disease in the country, which the WHO's Regional Office for Africa (AFRO) suspected to be Lassa fever. On 22 March, a WHO Collaborating Centre in Lyon, France confirmed that the disease was instead the most lethal virus in the Ebola family, the Zaire strain. That same day, the Guinean government alerted WHO to an outbreak of Ebola Virus Disease, which the WHO publicly

announced on its website on 23 March 2014. At that time, the official number of cases stood at 49, with 29 deaths, making it already one of the largest recorded outbreaks of Ebola (World Health Organisation, 2015d).

Perhaps because the scale and significance of the outbreak was not yet apparent, the UK-established media produced few tweets in response. Neither BBC News nor *The Guardian* tweeted on Ebola during the period 23–30 March 2014. During the same period, *MailOnline* sent two tweets, one on 23 March and one on 25 March, suggesting an immediate reaction to the announcement but little interest in a developing story at this time. Both tweets were factual in tone, the former reporting on the outbreak and the second concerning a Canadian man suspected of having contracted the disease in West Africa. Neither story received more than 10 comments or likes; staff at *MailOnline* did not engage with the online discussion, and while the first was retweeted 45 times the second was retweeted just 25 (although it prompted twice as many comments as the first). Both signposted fuller stories elsewhere on *MailOnline*, while neither tweets demonstrated any social media reflexivity.

This extremely limited number of tweets makes meaningful analysis problematic – indeed, perhaps the most significant point is the failure of two out of the three sources to tweet on the outbreak at all, and even *MailOnline* stopped tweeting after 48 hours. The possible reasons for this are multiple – ranging from the limited direct involvement of the UK to a wider trope of Africa as the ‘sick continent’ where disease outbreaks are common. Nevertheless, some trends are apparent in *MailOnline*’s initial tweets which we see later – the near universal use of tweets for signposting, the general lack of reflexivity, a factual focus and no follow-up from *MailOnline* staff to comments made.

THE WHO’S DECLARATION OF A PHEIC

On 8 August 2014, the WHO’s Director General, Margaret Chan, declared that the West African Ebola outbreak constituted a PHEIC. This followed MSF’s high profile claim that the outbreak was out of control, and represented both a declaration of the seriousness of the outbreak and a call for international action. *The Guardian* reported on the declaration of a PHEIC and tweeted stories on Ebola every day the following week and most days thereafter, totalling 16 over the period studied

(8–22 August). Two of these directly addressed the PHEIC, both sent on 8 August, the second effectively an update on the first; but the majority (a further nine) focused on the outbreak in West Africa directly. Other tweets addressed health issues more generally, for example questions of developing a ‘serum’ or under-investment in African health, with just one outlier (17 August), which reported that the Youth Olympics in Beijing were starting without Ebola-affected countries.

There was an almost even split between those tweets which were straightforward reporting of events and those which were commentaries on the outbreak. All tweets signposted more detailed stories elsewhere on *The Guardian’s* website, but there was no social media (or established media) self-reflexivity. A total of 10 out of the 16 tweets were retweeted more than 50 times, but only three were retweeted more than 100 times, including both of the tweets concerning the PHEIC. This suggests a greater sensitivity on the part of those following the account to new developments, such as announcing a PHEIC, rather than to the flow of similar stories from West Africa. This is further supported by the number of comments – the only stories which received more than 10 comments were the two concerning the PHEIC. *Guardian* staff did not engage with the online discussion.

MailOnline tweeted on 21 occasions during this period, and usually at least once each day keeping up a steady flow of tweets on Ebola (on only two days – 16 and 22 August – did it not post a tweet). These included one tweet concerning the PHEIC, but three others concerning the WHO which were unrelated to the PHEIC, including one critical of the delays by the WHO in identifying the outbreak. However, of the remaining tweets, only seven focused on the situation in West Africa, and three more on health more generally (including two on the possibility of a vaccine for Ebola). In contrast, six tweets concerned either cases of European aid workers returning with Ebola, or of possible cases of Ebola outside West Africa. Finally, there was one tweet concerning the possible spread to the gorilla population in Africa.

Although the nature of tweets appear exclusively as reports rather than comments, there was a clear orientation towards the more alarmist end of the spectrum, especially over the potential of Ebola spreading outside West Africa – thus the tweet concerning the PHEIC was couched in terms of it being a ‘serious threat to the rest of the world’, rather than an African

crisis requiring an international response. As with *The Guardian*, tweets acted to signpost stories on the *MailOnline* website rather than elsewhere – thus the story on the PHEIC did not signpost the WHO's website where details were provided, but the story in *MailOnline* – and there was no social media or established media self-reflexivity. Only three tweets were retweeted more than 50 times, with no obvious pattern; most tweets received five or fewer comments and none receiving more than 10. As with *The Guardian*, none received replies from *Daily Mail* or *MailOnline* staff.

Finally, BBC News tweeted on nine occasions during this period, none of which concerned the PHEIC. Indeed, almost all were clustered in the period 13–17 August, reflecting a very different level of engagement from the previous two sources. Of the nine stories, only three were focused on West Africa with a further one on Kenya, while three focused on UK developments. One was extremely tangential to Ebola – a 'picture of the week' which was of Chinese students keeping warm in a hot tub (presumably, a picture related to Ebola had been on the short list for this). Most of the stories were in the form of reports rather than comments or opinions, but unlike *The Guardian* and *MailOnline*, the BBC did report on what other media sources were saying about Ebola – ranging from international broadsheets to UK tabloids. These were exclusively focused on print media however, not on social media. Two of the stories were retweeted over 100 times (a tweet concerning Kenya closing its borders to West Africa travellers being retweeted 493 times, almost five times the next highest number), but only two attracted more than 10 comments (again including the Kenyan story), and none received replies from BBC News staff, even when questions were being asked over a story.

In summary, and addressing the five questions outlined earlier, we see no consistency in the style of tweets. Whereas *The Guardian* was evenly split between factual reporting and comments, the BBC was wholly factual in its style, while *MailOnline* was factual but with a distinct spin towards more alarmist stories. There was, however, a much greater consistency in focus – the PHEIC received a brief mention in all, but did not receive any especial emphasis. However, it was noticeable that, at this stage in the outbreak, attention was more broadly based, with at best half of the tweets focusing on West Africa. In terms of responses to tweets, all three received limited numbers of comments, but none engaged in subsequent discussion.

Similarly, all three signposted stories elsewhere, but only the BBC signposted stories outside its own website – but even then it was to other media rather than referencing authorities websites, for example that of the WHO's or the UK Department of Health. This, however, fell short of social media reflexivity; rather, printed media was at times signposted in the familiar format of 'what the papers say'.

MEDICAL EVACUATION OF WILLIAM POOLEY

On 24 August 2014, a British aid worker diagnosed with Ebola, William Pooley, was evacuated from Sierra Leone, where he had been working at an Ebola treatment centre in Kenema, back to the UK for treatment. Pooley was the first UK citizen to have contracted the disease in West Africa, and only the second UK citizen known to have the disease (the first was the result of a laboratory accident in 1976). Described as being 'not seriously unwell', Pooley was successfully treated at the Royal Free Hospital in London, in its High Security Infectious Disease Unit; he was discharged on 3 September 2014; and returned to West Africa later that year. It is also important to note that Pooley's hospitalisation and the immediate aftermath – that is the time period covered by the tweets examined here – broadly coincided with a period of intense activity surrounding the Ebola outbreak. This included meetings of the UN Security Council and of the General Assembly on Ebola, the publication of the CDC estimate over possible case numbers, infections in the US and Spain as well as continuing increases in cases in West Africa.

During the period 24 August to 7 September, *The Guardian* tweeted 18 times on Ebola, eight of which were in the two days 24–25 August when Pooley arrived in the UK and his treatment began. Of these 18 tweets, however, only six concerned Pooley directly. Half of the tweets (nine) were factual reporting, the other half were commentaries or opinion-led pieces. Most tweets had fewer than 20 likes, fewer than 10 comments and fewer than 50 retweets. The outlier was a tweet 'If God saved an American doctor with Ebola, why did he let 1,200 Africans die?' which linked to a story concerning the US doctor, Kent Brantly, who thanked God for saving his life, having been infected with the disease. The comments (and by inference therefore the retweets and likes) had less to do with Ebola and more to do with religion. All tweets signposted stories

elsewhere on *The Guardian's* website, there was no social media reflexivity and *Guardian* staff did not reply to tweets.

During the same period, *MailOnline* tweeted 16 times, fairly evenly spread throughout the period. All of its tweets were factual in orientation, with a bias towards the medical (especially epidemiological and the potential for a vaccine) and slightly to the sensational (e.g. on 29 August, it tweeted that a dog had been seen eating the corpse of an Ebola victim, and on 2 September tweeted about a 'runaway patient'). The focus of the tweets was on the outbreak in general (including two on a separate, simultaneous outbreak of Ebola in the Congo), rather than on Pooley (indeed *no* tweets mentioned Pooley). Only two tweets were retweeted more than 50 times, the most being retweeted 64 times; none were liked by more than 20 people. All tweets received fewer than 10 comments, none of which were replied to by *MailOnline* staff. All of the tweets were used to signpost stories elsewhere on the *MailOnline's* website.

In contrast, BBC News' tweets were heavily focused on Pooley (10 of the 11 in the period) and were therefore concentrated towards the beginning of this period (seven were sent on 24 August, and one each on the two following days). Tweets were largely factual, but this included reporting of what other media sources were saying. Just over half of the tweets reported on individual stories appearing in newspapers and two reflected on reporting more generally (along the lines of 'what was reported in newspapers this week'). None of this media reporting, however, examined what was being discussed on social media. Of the 11 tweets sent, two had more than 10 comments, eight had more than 50 retweets (the highest being 394) and four were liked by more than 20 people. None received replies from the BBC. The more popular tweets tended to be stories generated by the BBC, rather than the BBC reporting on stories appearing elsewhere. All tweets – even those concerning stories elsewhere in the media – signposted longer stories on the BBC's website.

This is the first of the two case studies based on events which have a more UK focus and offer the possibility to see if the use of social media changed because of this. However, the pattern established in the first two case studies repeats itself. As with the issuing of the PHEIC, we see here different approaches to reporting – whereas *The Guardian* continued to mix factual reporting and comment, the BBC and especially *MailOnline* were much more heavily oriented towards factual reporting. Similarly there was a

difference in focus – whereas the BBC was heavily focused on Pooley, *The Guardian's* content was mixed and *MailOnline* somewhat surprisingly failed to report on Pooley but concentrated instead on more medical issues, again with a slightly alarmist spin. In other respects, however, tweets from the three sources demonstrated considerable similarities. Responses were not followed up in a dialogical manner; most tweets had relatively few likes/retweets/comments, and all were signposted, but only the BBC signposted to sources elsewhere. The BBC demonstrated a limited reflexivity with regard to print media, but none demonstrated social media reflexivity.

DIAGNOSIS OF PAULINE CAFFERKEY

At the end of 2014, the Scottish nurse Pauline Cafferkey returned from Sierra Leone with an undiagnosed infection. Landing initially at Heathrow airport in London, she caught an internal commercial flight to Glasgow before being diagnosed there with Ebola. The infection was made public on 29 December, and Cafferkey, after a short period of treatment in Glasgow, was returned to London under secure medical supervision for treatment. On 3 January, she was deemed critically ill, but was eventually discharged on 24 January. The Twitter archive was searched for the period 29 December (when her infection was made public) to 10 January, one week after her condition deteriorated to critical and by which time it was clear that this was an isolated incident which presented no threat to the wider public. Pauline Cafferkey remained an occasional news interest for a substantial period after her discharge, not least when she was readmitted in both 2015 and 2016 to hospital, and in 2016 when the UK Nursing and Midwifery Council undertook an investigation over allegations concerning Cafferkey allowing an incorrect temperature to be recorded during screening for Ebola on her entry into the UK in December 2014 (a case which was quickly dismissed).

During the period 29 December to 10 January, *The Guardian* sent six tweets specifically about Cafferkey. These were mostly factual updates on her condition, as well as one which was a positive endorsement of her as a committed nurse. Tweets concerned both her initial diagnosis and the deterioration of her condition to critical. Despite an initial flurry of tweets on 30 December, critical of public health authorities' handling of the case, there was little follow-up on this: on 4 January 2015 *The Guardian*

tweeted that Save the Children was reviewing its procedures for staff returning home, and on the same day it tweeted that the Prime Minister, David Cameron, had said that Cafferkey's condition had made Ebola his priority. During the period 29 December to 4 January, the focus of tweets was heavily oriented to Cafferkey and her condition, with only one tweet (30 December) focusing on West Africa.

However, the period after 4 January sees an almost complete reversal with six tweets concerning West Africa and only one concerning Cafferkey, suggesting a rapid return to the long-wave event after a disruption. The only tweet concerning other media reported police investigations into complaints over the potentially racist nature of tweets relating to Cafferkey's diagnosis sent by the well-known blogger, Katie ('KT') Hopkins. This might reflect a limited degree of social media self-reflexivity, but it is difficult not to discount a degree of *schadenfreude* in this story, given the blogger's controversial reputation. Although the tweets generally provoked some comments, these were usually fewer than 10 and rarely provoked an online discussion. The exception was the tweet concerning KT Hopkins, which led to 69 replies and considerable discussion. However, in no instance did staff from *The Guardian* engage in these discussions or reply to comments made. Overall, the impression given by these tweets is of a traditional news organisation, focusing on developments in the story, offering a limited degree of commentary, and some 'colour' (e.g. stories about 'unsung heroes' in West Africa). After the initial criticism of health authorities, most tweets were simple factual statements. Almost all of the tweets were linked to stories elsewhere on *The Guardian's* website.

In contrast, tweets from *MailOnline* focused almost exclusively on medical issues during this period – the source of the outbreak in West Africa, its likely duration, case numbers, vaccines and possible cures. Like *The Guardian*, the tone was factual rather than opinion-led or comment, though some stories appear somewhat far-fetched (e.g. that Viagra might be a cure for Ebola, and that ISIS fighters had contracted the disease). The *MailOnline* did not tweet 'colour' stories or stories focusing on individuals, but what is most striking is that there is no mention of Cafferkey. The number of tweets averaged significantly less than one a day, whereas *The Guardian* approached two a day, suggesting that the *MailOnline* was not focused on the crisis as a key issue for its readers. There is no media self-reflexivity apparent, although like *The Guardian*, all of the tweets

signposted stories elsewhere, this time to the *MailOnline*'s website. Most tweets received fewer than five responses (the exception being one concerning ISIS fighters, which like *The Guardian*'s story on KT Hopkins may account for its popularity to factors other than Ebola), and did not receive replies from *MailOnline* journalists. The impression is not dissimilar from that of *The Guardian* – of a traditional news organisation reporting on developments, albeit perhaps with a slight tendency towards the far-fetched. The difference in focus, however, is stark.

Finally, tweets from BBC News focused almost entirely on public health issues, especially the failings of the UK system in allowing Cafferkey to enter at Heathrow undetected and then fly on to Glasgow. In contrast, mention of Cafferkey's condition is limited, although there is one tweet which is an implicit endorsement of her being willing to take a risk for others. There are no tweets concerning developments in West Africa at this time. Like the previous two examples, tweets were almost always linked to stories elsewhere on the web; however, unlike the previous two, BBC News did report what others were saying and provided links to their web sites. As with most of its reporting, however, this was simply a factual observation of what others were reporting rather than a comment on this. Replies to tweets tended to be slightly higher than the previous two sources, but usually fewer than 30 and often in single digits; as with the other two sources, BBC News did not follow up on comments posted.

This is the second of the two key events which allow us to see if the use of social media changed because of the greater UK involvement. Tweets sent were almost wholly factual, with only infrequent 'colour' stories, usually positive in nature (e.g. praising health workers engaged in treating Ebola patients) and no opinion led pieces. However, there was no consistent focus in reporting, with all three showing different balances between reporting on Cafferkey and the wide outbreak. Although all three sources received replies to tweets, these were usually in small numbers with no evidence of any of the three sources engaging in conversation. Although some online conversations did emerge with other Twitter users, these quickly developed along other lines and lost focus on the initial tweet. Invariably tweets signposted stories, but as before only the BBC signposted beyond its own website and even then only to physical newspapers. The only instance of social media reflexivity across all four case studies concerned the KT Hopkins story, but one cannot discount a degree of *schadenfreude* in this.

CONCLUSION

Overall, the aforementioned data demonstrate an inclination towards factual reporting, rather than comments. The exception was *The Guardian*, which ran a number of opinion/comment-style pieces, especially over the declaration of a PHEIC and the return of William Pooley. However, these represented only a minority of *The Guardian's* tweets across the four case studies. Although *MailOnline's* tweets were factual in nature, the content tended towards the more sensational and alarmist at times. However, in terms of sensitivity to key events, we see considerable differences between the three sources. *MailOnline* consistently focused on the outbreak in general and did not tweet on either of the two more UK-centred events, the return of Pooley and the diagnosis of Cafferkey. In contrast, BBC News's focus was much more heavily oriented towards the UK-centred events, while *The Guardian* was more mixed in its coverage. What is also apparent is that, particularly with the first three case studies, attention quickly shifted back to coverage of the outbreak more generally. The first case study appears a significant outlier, with only *MailOnline* tweeting about WHO's declaration of an outbreak. It is possible that this is because the seriousness of the outbreak was not apparent at that time – although the number of cases did suggest that this was already, in March 2014, one of the most significant recorded outbreaks of the disease. Whether it also fitted into the trope of Africa as a 'sick continent' is also possible.

Although the number of likes/comments/retweets across all three sources was consistently low in comparison with other major stories, especially concerning celebrities, it was nevertheless broadly consistent with results from a separate study concerning tweets from authorities on Ebola (Hornmoen & McInnes, 2018). It is perhaps significant that a high percentage of those outliers with large numbers of likes/comments/retweets tapped into other interests or concerns – for example, religion or KT Hopkins – rather than Ebola. Although a number of stories prompted comments from readers, discussion usually petered out quickly. None of the three media sources engaged in conversations, suggesting that they did not see their role as dialogical. Tweets acted as signposts for stories elsewhere, but it is unclear the extent to which this was because established media saw the character limits of Twitter as problematic and wanted readers to engage in more detail with stories on websites, or whether they simply saw tweets as a means of advertising their online presence.

Nevertheless, signposting was universal. For both *The Guardian* and *MailOnline* – both commercial operations – tweets signposted stories on their own websites. BBC News, in contrast, ran regular stories covering reports elsewhere in the media. As a national broadcaster, funded by license holders, the commercial pressures for BBC News to use tweets as advertising may have therefore been less significant. What is also significant is that the potential to link to stories or reports from authorities – to act as a transparent conduit for authoritative information – is not taken up. Rather, content is mediated by the three sources examined. However, with the exception of a story over KT Hopkins, which was more about the blogger than Ebola and therefore may be considered an outlier, there was no social media reflexivity apparent. The BBC did demonstrate some media self-reflexivity, but this was wholly in respect of newspaper stories – along the lines of ‘what the papers say’.

What this suggests is that established media largely used social media in a fairly conservative manner – to corrupt a metaphor, we may think of it perhaps as a case of old wine in new bottles. Content was largely factual, occasionally opinion led, but always signposted to stories elsewhere, suggesting that Twitter was not seen as a medium in its own right but as a means of promoting content elsewhere. There was no exploitation of the dialogical potential of social media, in contrast to bloggers who may engage in conversations with readers; instead, established media appeared to view social media as a platform for dissemination of abbreviated content which appeared elsewhere on their websites. Content however varied considerably between the three sources, with very different points of focus apparent and no consistent narrative concerning how to report on the outbreak.

Stories on Ebola appeared to have comparatively little purchase in terms of likes/comments/retweets. Few stories were retweeted more than 100 times, and of these a significant proportion appeared to be popular for reasons other than Ebola. By 2014, evidence was beginning to emerge that Twitter was a major source of news for people in the UK; but this does not seem to have been the case for Ebola. Indeed, in terms of retweets, the numbers for Ebola stories pale in contrast to the 3.4M for Ellen de Generes’s tweet at the Oscar ceremony that year (Austin, 2014). The conclusions for crisis communicators appear clear. First, content from the authorities will be used, not linked to, and tweets will signpost stories on the media’s website, not those of the authorities. This suggests that the

established media may be a poor proxy for disseminating authority's messages. Second, although there is evidence to suggest that the established media are agile in their use of Twitter to respond to new stories (as seen in both the Pooley and Cafferkey case), they were slow to pick up on the story when it emerged in Africa, suggesting that the closer to home a story is, the more attention it will get. Third, attention quickly fell off for individual stories, though the grand narrative had a much longer attention span. Finally, focus varied across sources, so an awareness of which source will be interested in which story is important.

NOTE

1. Although the WHO only declared the outbreak over in 2016, to all intents and purposes the immediate 'crisis' was over in early 2015.

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REFERENCES

- Austin, S. (2014). How news and stories are followed on Twitter. *Digital News Report*. Retrieved from <http://www.digitalnewsreport.org/essays/2014/how-news-and-stories-are-followed-on-twitter/>. Accessed on December 17, 2017.
- Ban Ki-Moon. (2014). *Statement by the Secretary-General on the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER)*. Retrieved from <http://www.un.org/sg/statements/index.asp?nid=8006>. Accessed on December 17, 2017.
- BBC. (2014, October 14). #BBCTrending: How panic about Ebola is spreading faster than the virus. *BBC News*. Retrieved from <http://www.bbc.co.uk/news/blogs-trending-29618224>. Accessed on December 17, 2017.

Chan, M. (2014a, October 13). *WHO Director-General's speech to the regional committee for the Western Pacific*. Retrieved from <http://who.int/dg/speeches/2014/regional-committee-western-pacific/en/>. Accessed on December 17, 2017.

Chan, M. (2014b). Ebola virus disease in West Africa – No early end to the outbreak. *New England Journal of Medicine*, 371(13), 1183–1185. doi:10.1056/NEJMp1409859. Accessed on December 17, 2017.

Dionne, K. Y. (2014). *Obama's Ebola failure*. Retrieved from <https://www.foreignaffairs.com/articles/africa/2014-09-15/obamas-ebola-failure>. Accessed on December 17, 2017.

Furedi, F. (2009). Precautionary culture and the rise of possibilistic risk assessment. *Erasmus Law Review*, 2(2), 197–220.

George, A. L. (1979). Case studies and theory development: The method of structured, focused comparison. In P. G. Lauren (Ed.), *Diplomacy: New approaches in history, theory, and policy* (pp. 43–68). New York, NY: Free Press.

Holehouse, M. (2014, October 23). *David Cameron rounds on European leaders who spend less fighting Ebola than Ikea*. Retrieved from <http://www.telegraph.co.uk/news/worldnews/ebola/11183784/David-Cameron-rounds-on-European-leaders-who-spend-less-fighting-Ebola-than-Ikea.html>. Accessed on December 17, 2017.

Hornmoen, H., & McInnes, C. (2018). “Add Twitter and Stir”: The use of Twitter by public authorities in Norway and UK during the 2014–15 Ebola outbreak. *Observatorio (OBS)*, 12(2), 23–46. doi: 10.15847/obsOBS12220181173

McInnes, C., & Lee, K. (2012). *Global health and international relations*. Cambridge: Polity.

Médecins sans Frontières. (2014). *Ebola in West Africa: Epidemic requires massive deployment of resources*. Retrieved from <http://www.msf.org/article/ebola-west-africa-epidemic-requires-massive-deployment-resources>. Accessed on December 17, 2017.

UK Department of Health. (2008). *Health is global: A UK government strategy*. Retrieved from <http://webarchive.nationalarchives.gov.uk/>

20130105191920/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702. Accessed on December 17, 2017.

United Nations Security Council. (2014). *Resolution 2177*. Retrieved from http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2177%20 (2014). Accessed on December 17, 2017.

US Centers for Disease Control and Prevention. (2014, November 19). *Estimating the future number of cases in the Ebola Epidemic—Liberia and Sierra Leone, 2014–2015*. Retrieved from <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/qa-mmwr-estimating-future-cases.html>. Accessed on December 17, 2017.

US Centers for Disease Control and Prevention. (2015, March 4). *Outbreaks chronology – Ebola virus disease*. Retrieved from <http://www.cdc.gov/vhf/ebola/outbreaks/history/chronology.html>. Accessed on December 17, 2017.

World Health Organisation. (2015a). Current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions. Paper for WHO Executive Board Special Session on Ebola EBSS/3/2. Retrieved from http://apps.who.int/gb/e/e_ebss3.html. Accessed on December 17, 2017.

World Health Organisation. (2015b). *Ebola situation report – 3 June 2015*. Retrieved from <http://apps.who.int/ebola/ebola-situation-reports>. Accessed on December 17, 2017.

World Health Organisation. (2015c). *Key events in the WHO response to the Ebola outbreak*. Retrieved from <http://www.who.int/csr/disease/ebola/one-year-report/who-response/en/>. Accessed on December 17, 2017.

World Health Organisation. (2015d). *Origins of the 2014 Ebola outbreak*. Retrieved from <http://www.who.int/csr/disease/ebola/one-year-report/virus-origin/en/>. Accessed on December 17, 2017.