

Isolation and Quarantine Response Plan
APPENDIX to Emergency Support Function 8 – Health and Medical Response

Public Health – Seattle & King County

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Version 2

**Isolation and Quarantine in Public Health – Seattle & King County
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Isolation and Quarantine in King County

I. Introduction

As the nation re-focuses on the very real threats of bioterrorism events, communicable disease outbreaks and pandemic influenza, isolation and quarantine (I&Q) are public health measures being updated to reduce the spread of infection during disease outbreaks. In the past these practices were associated with natural disease outbreaks such as measles (rubeola), pertussis and polio. As effective vaccines and medications were developed, diseases which had caused sickness, death and fear for decades became all but forgotten within the United States. Recently, attention has shifted to emerging diseases such as severe acute respiratory syndrome (SARS), avian (bird) influenza, and old diseases such as smallpox and plague. Whether as a naturally occurring outbreak or as a biological agent in terrorist hands, these diseases would pose a significant threat to the public health were they to be released into the population.

The principles of I&Q remain the same. Isolation means the separation of infected persons from others during the period of communicability. Quarantine means the limitation of freedom of movement of well persons who are suspected to have been exposed to an infectious agent. Quarantine lasts as long as the usual incubation period of the infectious agent. Additionally, persons assigned to care for infectious or potentially infectious individuals must be protected.

This plan defines roles and responsibilities for operationalizing I&Q in the event of a major and life threatening outbreak of a communicable disease. It is based on experience and sound public health science, and will serve as a template for outbreak situations of varying magnitude.

II. Purpose of the Isolation and Quarantine Plan

The Isolation and Quarantine Plan for King County provides guidance and structure to Public Health – Seattle and King County (PHSKC) and regional partners regarding initiation, continuance and release from those activities. The Plan describes the circumstances, authority and events that may necessitate specific leadership decisions, response actions, and communications mechanisms. Specifically, the purpose of the plan is to:

- Establish the decision making criteria used by the Local Health Officer to determine when isolation and/or quarantine beyond the capacities of communicable disease practices are necessary to minimize health impact of a disease outbreak.
- Identify the authorities, roles and responsibilities of PHSKC and partner agencies in the event of a disease outbreak requiring I&Q of one or more individuals.
- Describe procedures and decision trees for accomplishing I&Q, both voluntary and involuntary, for a single infectious case up to a large outbreak situation.
- Describe specific procedures for supporting home-based I&Q of large numbers of individuals in three defined regions of the county.
- Describe procedures for staffing a dedicated facility for I&Q of persons who cannot stay at their homes or who do not have a suitable home environment.
- Define roles and responsibilities for PHSKC, local health care partners, and local response agencies during an outbreak event requiring isolation and/or quarantine.
- Describe how communications and coordination will occur between PHSKC, local and state entities during such an event.
- Assist PHSKC and our response partners with limiting the spread of infectious diseases, illness and death.

The plan will be coordinated with other PHSKC preparedness plans and activities, and will be coordinated with the plans of community, state and federal partners.

III. Scope of the Isolation and Quarantine Plan

The Plan is an annex to Emergency Support Function 8 (Health and Medical Services) of the Regional Disaster Plan. Emergency Support Function 8 and its annexes are referenced in the Plan as they provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

The Plan primarily focuses on the roles, responsibilities, and activities of PHSKC. However, specific responsibilities for key response partners are included to highlight points of coordination between agencies during situations involving I&Q.

This plan applies to:

- All disease outbreak emergencies requiring I&Q beyond the capacities of current communicable disease practices.
- PHSKC and partner agencies with whom there are established contracts, memoranda of agreement or procedures for disease outbreak events.
- Persons in King County as they are included in or exposed to such an outbreak.

IV. Planning Assumptions

This plan applies to communicable disease events requiring I&Q that may exceed day-to-day Department capabilities. While I&Q are techniques used in the everyday management of infectious disease, this plan does not apply to:

- Tuberculosis Program Control
- Prevention and control of sexually transmitted diseases, or
- Routine operation of Communicable Disease and Epidemiology Section

Development of the I&Q Plan for PHSKC assumes the following:

1. Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of vulnerable populations including the homeless, limited English proficiency (LEP) populations, persons with special medical needs, etc.
2. All policies and procedures to assure the care of protected health information (PHI) apply. Policies and procedures recognize that PHSKC may make necessary disclosures to protect public health when it is acting as the Public Health Authority.
3. This plan applies primarily to isolation and / or quarantine of individuals or groups of individuals and does not apply to quarantines of geographical areas.
4. Isolation and quarantine planning will incorporate the Emergency Planning Zones developed and included in the Regional Disaster Plan.
5. Isolation and quarantine may be necessary beyond King County, and therefore Public Health will coordinate with other counties and regions, but is not responsible for planning or execution of I&Q efforts beyond county lines.
6. Large scale I&Q events will require the participation of many public health resources [including workforce resources] as well as coordination with multiple community, health care, and first responder agencies for a successful response.
7. PHSKC may utilize I&Q as one of several tools to reduce the spread of communicable diseases; PHSKC will focus on gaining voluntary compliance from ill or exposed persons and implementing the least restrictive means possible to reduce the spread of infection.
8. PHSKC will coordinate closely with health care providers and health care facilities to assist with achieving voluntary compliance of ill or exposed persons.
9. An effective public communication program is essential to achieving voluntary compliance with all disease control strategies.
10. I&Q may require the involuntary detention of individuals who may pose a threat to the public's health and do not cooperate with requests from the Local Health Officer.
11. An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary. Depending on the event, information collected by the PHSKC during monitoring may be used as evidence of non-cooperation.

V. Authorities

Overview

Under Washington State laws and regulations, the Local Health Officer has authority to take action to control diseases that are threats to public health. RCW 70.05.070(3); WAC 246-100-036; WAC 246-101-505. Typically, persons who have been infected with or exposed to a communicable disease voluntarily comply with the Local Health Officer's instructions. If necessary, however, the Local Health Officer may initiate involuntary detention for purposes of isolation and/or quarantine. WAC 246-100-040.

State laws and rules do not contain procedures governing Local Health Officers' activities to achieve voluntary compliance with instructions for isolation and/or quarantine. However, the Local Health Officer must follow specific procedures when initiating involuntary detention for purposes of isolation and/or quarantine. WAC 246-100-040.

Implementation

- A. In accordance with WAC 246-100-040(1), the Local Health Officer or designee, at his or her sole discretion, may initiate involuntary detention for purposes of isolation or quarantine if he or she:
 1. Has first made reasonable efforts to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, **or** determined that seeking voluntary compliance would create a risk of serious harm; **and**
 2. Has reason to believe that the person or group:
 - a. Is suspected to be, infected with, exposed to, or contaminated with a communicable disease or agent that could spread to or contaminate others if remedial action is not taken; **and**
 - b. would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.
- B. If the Local Health Officer decides to initiate involuntary detention for purposes of isolation or quarantine, he or she may:
 1. Issue an emergency detention order causing an individual or group to be immediately detained for up to 10 days for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (3);

Or

 2. Petition the superior court *ex parte* for an order to detain the individual or group for up to 10 days for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (4).

- C. If the Local Health Officer or designee determines that continued detention is necessary beyond the 10-day period of an emergency detention order or a court order *ex parte*, he or she may petition the superior court for an order authorizing continued detention for up to 30 days for purposes of isolation or quarantine in accordance with WAC 246-100-040(5), and up to another 30 days in accordance with WAC 246-100-040(6).

Note: For “Laws and Authority Information” please see [Appendix A: Involuntary Isolation and Quarantine, Legal Team Protocol](#).

VI. Continuum of Isolation and Quarantine

I&Q are two of a number of measures used to stop or slow the spread of communicable disease. They may be applied to individuals and to groups, on a voluntary or involuntary basis.

The Centers for Disease Control and Prevention have developed guidelines and definitions for social distancing practices in conjunction with their SARS materials. These measures range from passive monitoring to widespread quarantine, and include the following:

- Passive monitoring
- Active monitoring without explicit activity restriction
- Active monitoring with activity restriction
- Working quarantine
- Focused measures to increase social distance
- Community-wide measures to increase social distance
- Widespread community quarantine, including “Cordon Sanitaire”

This plan addresses the Public Health response to the first three bullets above, regarding isolation and/or quarantine.

VII. Responsibilities

A. PHSKC will be responsible for the following activities:

1. PHSKC will be the lead agency in the management of a communicable disease outbreak.
2. The Local Health Officer will assess the public health threat, evaluate potential consequences based on established criteria, and determine whether isolation and/or quarantine are necessary in any given outbreak situation.
3. The Local Health Officer may initiate the isolation or quarantine of individuals as a protective action to limit the spread of infectious agents or contaminants to others.
4. When possible, PHSKC will seek the cooperation and compliance of infected or exposed individuals in abiding by I&Q requests. However, under specific circumstances, Public Health may immediately order or seek a court order to detain infected or exposed individuals and place them in isolation or quarantine.
5. In all cases where I&Q is considered, PHSKC will address the basic needs of individuals placed in I&Q including but not limited to food, clothing, shelter, medical care, communication with family members, legal counsel and others, if needed.
6. PHSKC will implement local and regional surveillance and disease and health management services that comply with clinical protocols and federal, state, regional and local regulations, laws and guidelines.
7. PHSKC be the lead clinical and administrative manager of any non-hospital isolation or quarantine facilities that are established.

B. Local Law Enforcement agencies will be responsible for the following activities:

1. Assist with service of Notice of Civil Detention to clients, if needed.
2. Provide escort for individuals requiring transportation for purposes of involuntary isolation or quarantine, if needed (note: transportation of infectious individuals will be managed by local Emergency Medical Service providers through coordination with PHSKC).
3. Execute arrest warrants related to I&Q cases.

C. The Prosecuting Attorney's Office will be responsible for the following activities:

1. Petition the court *ex parte* to authorize involuntary detention, once need is determined by the Local Health Officer.
2. Represent Public Health in any petition or appeal hearings required to carry out involuntary isolation or quarantine of individuals.

3. Coordinate with Public Health and Local Law Enforcement to serve notice necessary to achieve isolation or quarantine.

D. The community based organizations will be responsible for the following activities:

1. Coordinate with the American Red Cross, other social service providers, and businesses to provide food, shelter, and clothing on an emergency basis.
2. Coordinate with local community-based organizations, Zone jurisdictions, or public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined.
3. Coordinate with local community-based organizations, other social service providers, and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
4. Coordinate access to telephone services for individuals who are isolated or quarantined, if needed.
5. Provide access to mental health and other psychological support. Coordinate with King County Department of Community and Human Services and local specialty providers, if needed.
6. Arrange with child care resources for childcare or elder care, if needed.
7. Arrange transportation with Access/Hopelink if needed to provide isolated or quarantined individuals with access medical treatment or other critical services.
8. Coordinate with Department of Social and Human Services and local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.
9. Coordinate with local social service providers to provide faith-based services and social amenities, as possible [television, radio, Internet access, and reading materials].

Note: For more information on regional response, see [Appendix B](#) “Zone Plans for King County.”

VIII. Concept of Operations

A. Direction and Control

1. PHSKC will be the lead agency in coordinating the local health and medical response to an outbreak situation requiring isolation or quarantine of individuals.
2. PHSKC and all response partners will operate under the Incident Command System throughout the duration of the I&Q event response.
3. PHSKC may activate the Public Health Emergency Operations Center (EOC) to coordinate the county-wide public health and medical response during an outbreak situation.
4. King County, Seattle, and other cities in the county may activate their EOCs during an outbreak to coordinate consequence response.
5. PHSKC will respond under the auspices of this plan as well as the Department Emergency Operations Plan, Emergency Support Function 8 (Health and Medical Services) and the Regional Disaster Plan.

B. Determination of Need for Isolation or Quarantine

1. The Chief of the Communicable Disease Control, Epidemiology and Immunization Section will recommend to the Local Health Officer the need for isolation and/or quarantine as strategies to control a communicable disease outbreak.
2. The Local Health Officer will authorize the use of isolation and/or quarantine as strategies to control a communicable disease outbreak based on the advice of the Chief of the Communicable Disease Control, Epidemiology and Immunization Section.
3. The Local Health Officer will activate the Public Health EOC and identify an Incident Commander.
4. The Incident Commander, Medical Advisor, Epidemiology Investigations Team, Clinical Operations Team, and Logistics Section will determine whether an isolation or quarantine facility should be activated.
5. PHSKC will seek voluntary compliance with requests for isolation or quarantine, unless the Medical Advisor advises the Local Health Officer that the following conditions are present, making it necessary to immediately initiate involuntary detention for the purposes of isolation or quarantine:
 - a. There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

- b. There is a reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not isolated or quarantined; and
- c. Seeking voluntary compliance would create a risk of serious harm.

C. Initiation of Requests for Voluntary Compliance with Isolation or Quarantine

The Epidemiology Investigations Team will:

1. Initiate contact with the individual or group suspected of being infected or exposed.
2. Determine whether interpretation services are needed to facilitate communication with the person; if so, coordinate this issue with interpreter services or the Clinical Operations Team, as needed.
3. Enter cases and contact(s) in a database and document information related to cases including dates and times of all verbal and written communications.
4. Verbally communicate the following information to the individual or group:
 - a. Explain the circumstances regarding the infection or exposure, the nature and characteristics of the illness, and the potential for infection of others. (Provide written material when available.)
 - b. Request that the individual or group isolate or quarantine themselves.
 - c. Explain the process for I&Q, what is expected of each individual, how Public Health will support their needs, and how long they must remain under isolation or quarantine.
 - d. If necessary, explain that the Local Health Officer has authority to issue an emergency detention order or petition the court *ex parte* for an order authorizing involuntary detention if the individual or group does not comply with the request for isolation or quarantine.
5. If an individual is a patient in a hospital, make contact with hospital staff as well as the patient to ensure hospital-based isolation and appropriate infection control measures are practiced, if indicated.
6. Complete a written request for voluntary compliance with isolation or quarantine instructions, including the location and dates of isolation or quarantine, suspected disease, medical basis for isolation or quarantine, and relevant patient information. Provide copies to the Clinical Operations Team and the Public Health Legal Team.

Note: For the location of “LHO Isolation Request” form please see [Appendix A: Involuntary Isolation and Quarantine, Legal Team Protocol.](#)

7. Make reasonable efforts to obtain the cooperation and compliance of the individual or group with the request for isolation or quarantine. Document efforts on a standardized form and enter into a database.
8. Alert the Local Health Officer and the Legal Team about situations where a person or group indicates unwillingness to comply.
9. Recommend to Local Health Officer whether involuntary detention should be initiated.

The Clinical Operations Team will:

1. Coordinate with the Epidemiology Investigations Team regarding the issuance of requests for voluntary compliance with isolation or quarantine instructions.
2. Contact the identified individual to evaluate the suitability of their residence for isolation or quarantine; determine whether evaluation can be implemented using a telephone questionnaire or if an in-person review is necessary.
3. Immediately deliver an information packet to the individual placed in isolation or quarantine. Provide appropriate instructions and training, if needed, regarding the packet contents, Public Health expectations, and infection control measures [note: patients isolated within health care facilities may only require an information packet; the health care facility may address training needs and infection control issues for the patient].
4. Activate the Isolation and Quarantine Response Center (IQRC) to support the needs of isolated and quarantined persons.
5. Through the IQRC (For more detail on activation of IQRC, See Appendix C, "Draft IQRC Operations Manual"):
 - a. Develop a schedule of daily check-in calls for each individual under isolation or quarantine
 - b. Verify that the individual is at a specified location and monitor their health status.
 - c. Continue conducting daily check-in calls with each individual until they are released from isolation or quarantine.
 - d. Record information gathered during check-in calls on a standardized form and enter information into a database.
 - e. Respond to irregularities such as changes in health status and failure to respond to call(s) [e.g., request law enforcement or Public Health staff drive by; make contact with the patient's health care provider, personal contacts or employer, etc.].

[NOTE: If repeated attempts to locate individuals subject to isolation or quarantine, including telephone calls and site visits, are unsuccessful, coordinate with the Public Health Incident Commander, Public Health

Legal Team, and the designated Disease Control Officer regarding the need to pursue involuntary detention].

- f. Document all requests for assistance from patients on a standardized form. Include the nature and specific type of assistance requested, and the date and time the request was made. (See IQRC 'Master Log of Referrals and Requests,' Appendix C, "IQRC Draft Operations Manual.")

[NOTE: Reasonable requests for assistance could include food, water, clothing, shelter, means of communication, medication, medical care, special needs related to cultural and religious beliefs, and legal representation].

- g. Coordinate with the Operations Section Chief within the Public Health Incident Command Structure, as needed, to identify and task appropriate agencies with fulfilling each request.
- h. Document the organization to which the request was assigned (i.e. American Red Cross, local human services agency, health care provider, public health nurse), including a contact name and phone number. (See IQRC 'Master Log of Referrals and Requests,' Appendix C "IQRC Draft Operations Manual.")
- i. Follow up with referral agencies on requests for assistance.
- j. Coordinate with hospital discharge planners to provide PHSKC with appropriate notice regarding the discharge of isolated patients.
- k. Ensure that patients are aware of the continuing requirements of isolation and appropriate infection control measures.
- l. Evaluate the suitability of residences (as described above) and initiate daily monitoring.
- m. Provide the Epidemiology Investigations Team with daily situation updates regarding each patient's status.
- n. Provide support to contact investigations, as requested by the Epidemiology Investigations Team and as resources allow.

D. Involuntary Detention for Purposes of Isolation or Quarantine

1. The Local Health Officer may authorize initiation of involuntary detention for purposes of isolation or quarantine under the following conditions:
 - a. There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

- b. There is reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine; and
 - c. PHSKC has made reasonable efforts, which have been documented, to obtain cooperation and compliance from the individual or group with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, or inspection and closure of facilities, or the Local Health Officer has determined based on advice from the Medical Advisor that seeking voluntary compliance would create a risk of serious harm.
2. If the above conditions are met, the Local Health Officer may initiate involuntary detention for up to 10 days by taking one or both of the following actions:
 - a. The Local Health Officer may issue an emergency detention order pursuant to WAC 246-100-040(3). If immediate detention of an individual or group is ordered verbally, the Local Health Officer will issue a written order as soon as reasonably possible and in all cases within 12 hours of the detention. The duration of the emergency detention order may not exceed 10 days.
 - b. Alternatively or simultaneously, the Local Health Officer may initiate through the Prosecuting Attorney's Office a petition to the Superior Court *ex parte* for an order authorizing involuntary detention pursuant to WAC 246-100-040(4). The duration of the court order may not exceed 10 days.
3. The Local Health Officer may petition the Superior Court for an order authorizing continued detention for up to 30 days following the initial 10-day detention, pursuant to WAC 246-100-040(5). In order to grant the petition, the court must find clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others. If necessary, the Local Health Officer may petition the Superior Court for one additional 30-day period of detention, pursuant to WAC 246-100-040(6).
4. The Local Health Officer's decisions to petition the Superior Court for initial and continued detention will be based on the recommendations of the Medical Advisor.
5. The Prosecuting Attorney's Office (PAO) will represent the Local Health Officer in court proceedings for involuntary detention. The Public Health Legal Team will provide coordination within PHSKC and with the PAO.
6. The Public Health Legal Team will coordinate with and brief law enforcement officials for the jurisdiction(s) in which emergency detention orders or court orders will be served. If necessary, the Public Health Legal Team will request law enforcement support for enforcement of detention orders.
7. PHSKC will provide technical information to law enforcement regarding the nature of the illness and appropriate protective actions and equipment to be used during enforcement of orders.

8. The Incident Commander, Medical Advisor, Legal Team, PAO, and Logistics Section will resolve issues related to locations for detained persons. Detentions will occur in the least restrictive settings possible that do not endanger the public health.
9. The IQRC will provide monitoring and support services to persons involuntarily detained, using the protocols applicable to persons who are voluntarily complying with requests for isolation or quarantine. Modified protocols may be necessary if the location for detention is a correctional facility or other secure residential facility.

Note: For more information on Involuntary Isolation and Quarantine, please see [Appendix A: Involuntary Isolation and Quarantine, Legal Team Protocol](#).

E. Release from Isolation or Quarantine

1. The Local Health Officer, based on the advice of the Medical Advisor, will determine to release an individual or group from voluntary compliance with isolation or quarantine when isolation or quarantine is no longer necessary as a strategy to control communicable disease.
2. The Local Health Officer, based on the advice of the Medical Advisor, will determine to release an individual or group from involuntary detention for purposes of isolation or quarantine based on the following:
 - a. The individual is no longer suspected to be infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent; or
 - b. The individual is no longer deemed to pose a serious and imminent risk to the health and safety of others if released from isolation or quarantine.
3. If release of a detained person is authorized before the expiration of a detention order, the Legal Team will coordinate with the PAO the activities necessary to accomplish release.
4. The Clinical Operations Team will:
 - a. Initiate direct contact with the individual or group to be released from isolation or quarantine and communicate the date and time of their release.
 - b. Notify the Crisis Clinic.
 - c. Verbally communicate to the individual or group that they are released from isolation or quarantine.
 - d. Follow up verbal contact by immediately delivering written notification to the individual or group specifying the reasons for their release from isolation or quarantine (may be delivered in person or by mail).
 - e. Document on a standardized form and enter into a database the dates and times that individuals were notified verbally and in writing of their release from isolation or quarantine.

- f. Coordinate with the Epidemiology Investigations Team to cease daily monitoring.

Note: For more information on Release from Isolation and Quarantine, see Appendix A, Involuntary Isolation and Quarantine, Legal Team Protocol.

F. Communications

1. PHSKC will serve as the lead agency in King County for risk communications messaging and public education. All jurisdictions on King County will coordinate with PHSKC to ensure consistency of communications and education messaging regarding the need for I&Q.
2. The PHSKC Communications Section will:
 - a. Assess the information needs of health care providers.
 - b. Assess the information needs of the general public.
 - c. Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
 - d. Intensify public education efforts about the hazard, and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts.
 - e. Coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials