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CHAPTER 7: COMMUNICATIONS

Introduction

Pandemic influenza presents a massive communications challenge to all levels of our Government, our international partners, our society, and our country. Uncertainty about the course of a pandemic and unknown scientific factors, as well as unforeseen and unintended outcomes with respect to governmental actions and statements, make pandemic influenza a communications management issue of epic proportion. The economic and societal effects of a pandemic may have a significant detrimental impact on the United States.

A critical component of national preparedness for an influenza pandemic is informing the public about this potential threat and providing a solid foundation of information on which future actions can be based. To be effective, these strategies should be based on scientifically derived risk communications principles that are critical before, during, and after an influenza pandemic. Effective communication guides the public, the news media, health care providers, and other groups in responding appropriately to outbreak situations and adhering to public health measures.

Role of HHS in Communications

HHS will deploy a national communications strategy during pre-pandemic and pandemic periods that

- Delivers vital information to help reduce morbidity and mortality from pandemic influenza
- Communicates the need for preparedness at all levels of government, as well as all sectors of society
- Prepares the U.S. public and communities for a pandemic
- Provides accurate, timely, consistent, and comprehensive information about influenza and pandemic influenza
- Instills and maintains public confidence in the country's public health system and its ability to respond to and manage a pandemic influenza outbreak
- Contributes to the maintenance of order, minimization of public panic and fear, and facilitation of public protection through the provision of accurate, rapid, and complete information
- Addresses rumors, inaccuracies, and misperceptions as quickly as possible, and prevents stigmatization of affected groups

- Provides timely notice of fraudulent, unproven, dangerous, unapproved treatments or preventive interventions
- Provides timely notice of new best practices
- Provides traditional and innovative outreach programs to employers, workers in the traditional and informal economies, and persons with disabilities, etc.

Specific Assumptions and Planning Considerations for HHS Communications

- A pandemic can happen at any time; planning must proceed accordingly.
- Communications is integral to the effective implementation of pandemic countermeasures.
- Communications is a shared responsibility and requires coordination with all partners and stakeholders: international, Federal, State, local, community, private sector, etc.

HHS Actions and Expectations

Pillar One: Preparedness and Communication

Communications is a critical component of preparedness, and both are essential to the success of public health and medical interventions. The following activities are necessary to clarify governmental and societal responsibilities and establish reasonable goals.


Planning for Pandemic Influenza

- A. Action (HSC 4.1.3.1): HHS, in coordination with USAID and USDA, will conduct educational programs focused on communications and social marketing campaigns in local languages to increase public awareness of risks of transmission of influenza between animals and humans. (Also see chapter 1, Pillar One, Actions F and H [HSC 4.1.3.1 and 4.1.4.1, Step 1].)

Timeframe: Within 12 months.

Measure of Performance: Clear and consistent messages tested in affected countries, with information communicated via a variety of media have reached broad audiences, including health care providers, veterinarians, and animal health workers, primary and secondary level educators, villagers in high-risk and affected areas, poultry industry workers, and vendors in open air markets.

Step 1: Support regular coordination of local-language risk-communications activities and behavior-change communications in foreign countries deemed to be at high risk, to ensure consistency of messages and efficiency of operations.



Step 2: Facilitate development of clear and compelling messages that provide accurate information about the virus in a culturally competent fashion.

Step 3: Assist in the development of communications materials, using a variety of media tailored to specific audiences and delivered in appropriate languages to target audiences including health care providers, veterinarians, primary- and secondary-level educators, residents in high risk areas, poultry industry workers, and vendors in open air markets.

- B. Action (HSC 4.1.3.2): HHS will work with USAID and in conjunction with the WHO Secretariat and other multilateral organizations, existing bilateral programs, and private sector partners to develop community- and hospital-based health prevention, promotion, and education activities in priority countries. (Also see chapter 1, Pillar One, Action G [HSC 4.1.3.2].)

Timeframe: Within 12 months.

Measure of Performance: 75 percent of priority countries are reached with mass media and community outreach programs that promote AI awareness and behavior change.

Step 1: Schedule a meeting with the WHO Secretariat and other organizations to discuss current initiatives and to determine gaps; identify priority countries; and agree on an action plan for developing and disseminating community- and hospital-based disease prevention, health promotion, and education activities.

Step 2: Initiate activities as agreed upon in the plan.

Protecting Human Health

- C. Action (HSC 6.1.2.7): HHS, in coordination with DHS, DOD, VA, and the USA Freedom Corps and Citizen Corps programs, will prepare guidance for local MRC coordinators describing the role of the MRC during a pandemic. (Also see chapter 8, Pillar One, Action N [HSC 6.1.2.7].)

Timeframe: Within 3 months.

Measure of Performance: Guidance materials developed and published on MRC website (<http://www.medicalreservecorps.gov>).

Step 1: Meet with other Departments to develop a work plan for the development and distribution of the guidance materials.

Step 2: Pilot materials with test audience and incorporate feedback into final version. At the same time, distribute the materials to Federal partners for their review.

Step 3: Incorporate suggestions, finalize, and distribute.

Institutions: Protecting Personnel and Ensuring Continuity of Operations

- D. Action (HSC 9.1.1.3): In coordination with DHS, DOD, and DOL, HHS will work with OPM, to update the guides *Telework: A Management Priority, A Guide for Managers, Supervisors, and Telework Coordinators*; *Telework 101 for Managers: Making Telework Work for You*; and, *Telework 101 for Employees: Making Telework Work for You*, to provide guidance to Federal departments regarding workplace options during a pandemic. (Also see chapter 3, Pillar One, Action M [HSC 9.1.1.3].)

Timeframe: Within 3 months.

Measure of Performance: Updated telework guidance provided to all departments for use, as necessary, in updating departmental COOP plans related to pandemic influenza.

Step 1: Contact OPM to determine their work plan to update telework guides for Federal employees.

Step 2: Provide support as needed to OPM in the development and review of the updated guides.

Communicating Expectations and Responsibilities


- E. Action (HSC 4.1.4.1): HHS will work with DOS and USAID and in coordination with other Federal agencies, to help ensure that the top political leadership of all affected countries understands the need for clear, effective coordinated public information strategies before and during an outbreak of avian or pandemic influenza. (Also see chapter 1, Pillar One, Action H [HSC 4.1.4.1].)

Timeframe: Within 12 months.

Measure of Performance: 50 percent of priority countries that developed outbreak communications strategies consistent with the WHO September 2004 Report detailing best practices for communicating with the public during an outbreak.

Step 1: Meet with DOS and other agencies to identify key issues relevant to the adaptation and translation of HHS communications documents for the countries identified. Activate contracting vehicles for translation as described in the FY 2006 Pandemic Influenza Communications Budget.

Step 2: Use CDCynergy's *Crisis Communications for Leaders by Leaders* as a pilot with English-speaking senior diplomats of affected countries to explore whether this would be helpful for target audiences if translated, or whether a



similar product should be developed using political leaders from the affected regions.

Step 3: Coordinate the political leadership messages with those developed for other stakeholders in the countries to ensure consistency.

Step 4: Develop and evaluate pilot messages for language and health literacy, cultural competence, clarity, understanding, accessibility, and intended effect. Translate materials such as the WHO September 2004 Report detailing best practices for communicating with the public during an outbreak.

Step 5: Make final adjustments to materials, as needed, and produce them for dissemination.

Step 6: Distribute materials and provide consultation as requested.

Step 7: Follow up to document which countries have implemented preparedness campaigns on avian and pandemic influenza and to summarize the strategies employed.


- F. Action (HSC 4.1.4.2): HHS, in coordination with DOS and other agencies, will assist in the development and implementation of programs to inform U.S. citizens, including businesses, NGO personnel, DOD personnel, and military family members residing and traveling abroad, where they may obtain accurate, timely information, including risk level assessment, to enable them to make informed decisions and take appropriate personal protective measures. (Also see chapter 1, Pillar One, Action H [HSC 4.1.4.1].)

Timeframe: Within 3 months.

Measure of Performance: Majority of registered U.S. citizens abroad have access to accurate and current information on influenza.

Step 1: Meet with DOS, DOD, and other agencies to identify current initiatives and gaps in communications about pandemic influenza with U.S. citizens residing or traveling abroad; agree upon the content of educational material; consult multinational corporations on needs of U.S. citizens working abroad.

Step 2: Work with DOS to ensure that U.S. Ambassadors and other DOS officials communicate timely and accurate information to U.S. citizen communities, especially in countries at highest risk. DOS will relate this information through (1) holding periodic town hall meetings with local U.S. citizen communities, including business and nongovernmental organizations; and (2) regularly providing timely, accurate information through its effective information systems (including the DOS warden system) to ensure that U.S. citizens are aware of the



need to prepare for a possible pandemic and actions to take in the event of an outbreak.

Step 3: Ensure that U.S. citizens residing or traveling abroad in a nonofficial capacity are provided with information advising them that the U.S. Government will not provide countermeasures to them, including antiviral drugs.

Step 4: Execute actions agreed upon to address gaps and ensure consistency of messages.

- G. Action (HSC 4.1.4.4): HHS, in coordination with USAID and USDA, will work with the WHO Secretariat, FAO, OIE, and other donor countries to implement a communications program to support government authorities and private and multilateral organizations in at-risk countries in improving their national communications systems, with the goal of promoting behaviors that will minimize human exposure and prevent further spread of influenza in animal populations. (Also see chapter 1, Pillar One, Action I [HSC 4.1.4.4].)

Timeframe: Within 12 months.

Measure of Performance: 50 percent of priority countries have improved national avian influenza communications.

Step 1: Schedule a meeting with the WHO Secretariat, donor countries, and other organizations, including multinational corporations, to identify priority countries; review current initiatives and determine gaps in the existing communications infrastructure; and agree on an action plan for developing and disseminating community- and hospital-based disease prevention, health promotion, and education programs.

Step 2: Initiate activities as agreed upon in the plan.

- H. Action (HSC 4.1.4.5): HHS, in coordination with DOS and USDA, will work with USAID in the USAID development and dissemination of influenza information to priority countries through international broadcasting channels, including international U.S. Government mechanisms such as Voice of America and Radio Free Asia (radio, television, shortwave, Internet), and the sharing of lessons learned and key messages from communications campaigns.

Timeframe: Within 12 months.

Measure of Performance: Local language briefing materials and training programs developed and distributed via WHO and FAO channels.

Step 1: Schedule a meeting to determine key messages to be translated for international use in priority countries.

Step 2: Agree upon ongoing feedback mechanisms to continually update and refine messages.

Transportation and Borders

- I. Action (HSC 5.1.4.1): HHS, in coordination with DHS, DOT, and DOL, will establish workforce protection guidelines and develop targeted educational materials addressing the risk of contracting pandemic influenza for transportation and border workers. (Also see chapter 3, Pillar One, Action Q [HSC 5.1.4.1].)

Timeframe: Within 6 months.

Measure of Performance: Guidelines and materials developed that meet the diverse needs of border and transportation workers (e.g., customs attendants, transit workers, ship crews, and interstate truckers).

Step 1: Convene a meeting with DHS, DOT, and DOL personnel as well as representatives of travel industry (air, rail, bus, ship, etc.) to discuss the information needs of the targeted audience and to develop an action plan.

Step 2: Develop and pilot educational materials.

Step 3: Incorporate changes and produce materials.

Step 4: Distribute materials through agreed upon mechanisms.


Step 5: Evaluate the efficacy of outreach and develop lessons learned.

Protecting Human Health

- J. Action (HSC 6.1.3.1): HHS, in coordination with DHS, DOS, DOD, VA, and other Federal partners, will develop, test, and implement a Federal Government public health emergency communications plan (describing the government's strategy for responding to a pandemic, outlining U.S. international commitments and intentions, and reviewing containment measures that the Government believes will be effective as well as those approaches it regards as likely to be ineffective, excessively costly, fraudulent, or harmful). (Also see chapter 2, Pillar One, Action M [No HSC number].)

Timeframe: Within 6 months.

Measure of Performance: Containment strategy and emergency response materials completed and published on <http://www.pandemicflu.gov>; communications plan implemented.



Step 1: Work with Federal, State, and local authorities to identify current communications strategies and to identify gaps that need to be addressed and mechanisms for fixing them.

Step 2: Develop materials that provide the public easy-to-understand information regarding pandemic influenza, home health care during a pandemic, non-pharmaceutical personal protective actions individuals can take to reduce their risk of contracting and transmitting pandemic influenza (e.g., social distancing, face masks, and other social exposure tips), and the appropriate use of vaccines and antiviral drugs. Public outreach materials will also provide guidance on the management of personal or family illnesses, including topics such as

- How to judge whether an illness can be managed safely at home without a physician; whether an illness requires a visit to a physician's office; or if an illness should be dealt with as a medical emergency
- Infection control measures to protect noninfected household members
- The appropriate use of prescription or over-the-counter medications to relieve symptoms
- Home care for the sick

Step 3: Develop educational materials for health care workers regarding diagnosis, treatment, case management, and infection control practices.

Step 4: Develop a mechanism to both gather data from the public on pandemic influenza disease surveillance and push out messages to the public for (1) shelter in place and (2) home isolation and quarantine, to reduce surge on inpatient facilities and limit congregate care in collaboration with poison control centers, 9-1-1 call centers, and nurse triage lines.

Step 5: Develop a secure, searchable Web-based repository for pandemic influenza health communication content on <http://www.pandemicflu.gov>. This database will facilitate the retrieval of scientifically accurate, pretested health messages and materials that can be accessed by Federal, State, local, and tribal public health communication partners.

Step 6: Set aside funds for developing and testing a short direct-mail piece on key guidance (antiviral medications, vaccine availability, hygiene steps, etc.) that could be delivered to all U.S. residential addresses should a pandemic begin to evolve.

Step 7: Develop and support a TV studio at HHS to broadcast emergency response messages concerning the health and safety of persons throughout the United States. In the event of a health crisis, the studio would be used to develop

and deliver a number of public information messages to include press conferences, interviews with Department experts, preproduced video and audio messages, and other information designed to inform the public. The operation would expand to a full-scale live 24-hour emergency broadcast during a pandemic.

Step 8: Improve real-time environmental scanning and analysis capacity to (1) detect harmful rumors and misinformation for immediate agency response, (2) track changes in the public's information needs in order to more precisely target messages, and (3) provide trend analysis to anticipate policy and communication issues as a pandemic unfolds.

Step 9: Host media roundtables on pandemic communications to develop relationships and processes to facilitate rapid dissemination of messages to the public.

Step 10: Perform a test of the national emergency communications system for pandemic influenza.

- K. Action (HSC 6.1.3.2): HHS, in coordination with DHS, will develop, test, update, and implement (if necessary) a multilingual and multimedia public engagement and risk communications strategy. (Also see chapter 2, Pillar One, Action M [No HSC number].)

Timeframe: Within 6 months.

Measure of Performance: Risk communication material completed and published on <http://www.pandemicflu.gov> and other venues; State summit meetings held.


Step 1: Continue work on message mapping, focusing on pre-pandemic and pandemic itself according to the six pandemic stages in the **National Strategy for Pandemic Influenza**.

Step 2: Develop, evaluate, and translate (for language and health literacy) message content derived from current initiatives on message mapping and adapt to different media technologies.

Step 3: Test messages for clarity, understanding, accessibility, and intended effect with major non-English-speaking populations.

Step 4: Finalize materials and distribute at Federal, State, and local levels.

- L. Action L (HSC 6.1.3.3): HHS will coordinate with DHS, DOD, and the VA, and will collaborate with State/local health agencies and the academic community, to select and retain opinion leaders and medical experts to serve as credible



spokespersons to coordinate and effectively communicate important and informative messages to the public.

Timeframe: Within 6 months.

Measure of Performance: National spokespersons engaged in communications campaign.

Step 1: Select and retain opinion leaders and medical experts to serve as credible spokespersons to coordinate and effectively communicate important and informative messages to the public.

Step 2: Develop pandemic influenza-specific training based on the HHS/CDC Crisis and Emergency Risk Communications curriculum that focuses on the principles of risk communication for Federal, State, local, and tribal officials.

Step 3: Provide training in all 10 HHS regions, to include Departmental staff as well as State and local communicators and community leaders within the respective regions.

- M. Action (HSC 6.1.4.1): In collaboration with DHS and DOL, HHS will assist State, local, and tribal public health and health care authorities in coordinating emergency communication protocols with print and broadcast media, private industry, academic, and nonprofit partners.

Timeframe: Within 6 months.

Measure of Performance: Coordinated messages from communities identified above.

Step 1: Meet with DHS and DOL and agree upon a work plan to develop communication protocols that

- Address rumors and false reports regarding pandemic influenza threats arising within or affecting the jurisdictions identified above
- As appropriate, issue timely national warnings on medical fraud associated with pandemic influenza
- Educate health care workers about pandemic influenza diagnosis, treatment, case management, and infection control practices

Step 2: Develop plans for the distribution of educational materials and guidelines for personal action that are consistent with materials prepared and disseminated by HHS.

- N. Action (HSC 6.1.4.2): HHS, in cooperation with DHS and DOC, will assist DOT develop model protocols for 9–1–1 call centers and public safety answering points that address the provision of information to the public, facilitate caller screening, and assist with priority dispatch of limited emergency medical services. (Also see chapter 8, Pillar One, Action T [HSC 6.1.4.2].)

Timeframe: Within 12 months.

Measure of Performance: Model protocols developed and disseminated to 9–1–1 call centers and public safety answering points.

Step 1: Contact DOT and offer assistance in the development of model communications protocols that

- Address rumors and false reports regarding pandemic influenza threats
- As appropriate, issue timely warnings of medical fraud associated with pandemic influenza
- Educate operators about pandemic influenza diagnosis, treatment, case management, and infection control practices

Step 2: Assist DOT in developing plans for the distribution of educational materials and guidelines for personal action and ensure they are consistent with materials prepared and disseminated by HHS.

- O. Action (HSC 6.1.12.1): HHS will collaborate with health care providers, industry partners, and State, local, and tribal public health authorities to develop public information campaigns and other mechanisms to stimulate increased seasonal influenza vaccination. (Also see chapter 5, Pillar One, Action V [HSC 6.1.12.1].)

Timeframe: Within 12 months.

Measure of Performance: Domestic vaccine use increased relative to historical norms.

Step 1: Identify opinion leaders from health care providers, industry partners, and State and local public health authorities to assist in the development of public information campaigns and other mechanisms to increase seasonal influenza vaccination.

Step 2: Convene meetings to develop and implement a strategy to increase seasonal influenza vaccinations.

Step 3: Develop and distribute materials through multiple media venues designed to increase the use of seasonal influenza vaccination.

Protecting Animal Handler Health and Animal Health

- P. Action (HSC 7.1.3.3): HHS, in coordination with USDA, HHS, and DOL, will work with the poultry and swine industries to provide information regarding strategies to prevent avian and swine influenza infection among animal workers and producers. (Also see chapter 2, Pillar Two, Action K [HSC 7.1.3.3]; and chapter 3, Pillar One, Action S [HSC 7.1.3.3].)

Timeframe: Within 6 months.

Measure of Performance: Guidelines developed and disseminated to poultry and swine industries.

Step 1: Convene a meeting with USDA, DHS, DOL, and representatives of the poultry and swine industries to discuss information needs of the targeted audience and to develop an action plan.

Step 2: Develop and pilot educational materials.

Step 3: Incorporate changes and produce materials.

Step 4: Distribute materials through agreed upon mechanisms.

Step 5: Evaluate the efficacy of outreach and develop lessons learned.

Law Enforcement, Public Safety, and Security

- Q. Action (HSC 8.1.3.1): HHS, in coordination with DOL, will provide clear guidance to law enforcement and other emergency responders on recommended preventive measures, including seasonal influenza vaccination, to be taken by law enforcement and emergency responders to minimize risk of infection from pandemic influenza. (Also see chapter 3, Pillar One, Action T [HSC 8.1.3.1].)

Timeframe: Within 6 months.

Measure of Performance: Development and dissemination of guidance for law enforcement and other emergency responders.

Step 1: Meet with opinion leaders of law enforcement and other emergency responder communities to identify specific vocational-related concerns and information needs.

Step 2: Develop and pilot guidance materials.

Step 3: Incorporate changes and produce materials.

Step 4: Distribute materials through agreed upon mechanisms.

Step 5: Evaluate the efficacy of outreach and develop lessons learned.

Institutions

- R. Action (HSC 9.1.3.2): As a Sector-Specific Agency, HHS will provide assistance to DHS in its effort to develop and coordinate guidance regarding business continuity planning and preparedness with the owners/operators of critical infrastructure and develop a Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide tailored to national goals and capabilities and to the specific needs identified by the private sector. (Also see chapter 3, Pillar One, Action V [HSC 9.1.3.2].)

Timeframe: Within 6 months.

Measure of Performance: Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide is developed and published on <http://www.pandemicflu.gov>.

Step 1: Contact and meet with DHS to determine their support needs in development of the Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide for the private sector.

Step 2: Assist DHS as needed by guiding the development and dissemination strategy.

Step 3: After review and clearance, post guide on <http://www.pandemicflu.gov> and other dissemination activities.

- S. Action S (HSC 9.1.4.1): HHS, in coordination with DHS, DOL, OPM, the Department of Education, VA, and DOD, will develop sector-specific infection control guidance to protect personnel, governmental and public entities, private sector businesses and CBOs, FBOs. (Also see chapter 3, Pillar One, Action W [HSC 9.1.4.1].)

Timeframe: Within 6 months.

Measure of Performance: Sector-specific guidance and checklists developed and disseminated on <http://www.pandemicflu.gov>.

Step 1: HHS, in consultation with the other departments and agencies, will develop online infection control checklists for priority sectors that are supported by audience and market research and provide targeted, focused information for those particular stakeholders.

Step 2: After review and clearance, post all checklists on <http://www.pandemicflu.gov>.

Step 3: Develop and execute plan to inform all targeted stakeholders of the availability of the checklists.

- T. Action T (HSC 9.1.4.2): HHS, in coordination with DHS, DOL, EPA, the Department of Education, VA, and DOD, will develop interim guidance regarding environmental management and cleaning practices including the handling of potentially contaminated waste material, and will revise this guidance as additional data becomes available. (Also see chapter 3, Pillar One, Action X [HSC 9.1.4.2].)

Timeframe: Within 3 months.

Measure of Performance: Development and publication of guidance and checklists on <http://www.pandemicflu.gov> and dissemination through other channels.

Step 1: HHS will coordinate with other Federal agencies and will ensure that links to all guidance material developed on environmental management and cleaning practices are readily accessible via <http://www.pandemicflu.gov>.

Pillar Two: Surveillance and Detection


Communications is an essential feature of effective surveillance and detection. It is the transparent sharing of accurate and timely information about influenza outbreaks. It will help guide the appropriate implementation of prevention measures to limit the spread of influenza outbreaks. It is the basis for international, State, local, and community coordination and collaboration on pandemic response and containment.

Using Preventive Measures To Limit Spread

- A. Action (HSC 4.2.8.1): HHS, in collaboration with USAID, will develop community- and hospital-based infection control and prevention, health promotion and education activities in local languages in priority countries. (Also see chapter 1, Pillar One, Action M [HSC 4.2.8.1]; and Pillar Two, Action S [HSC 4.2.5.1].)

Timeframe: Within 9 months.

Measure of Performance: Local language health promotion campaigns and improved hospital-based infection control activities established in all South East Asian priority countries.



Step 1: Meet with USAID to identify priority countries and local customs, practices, resource availability, and media availability to inform product development.

Step 2: Develop messages in local languages.

Step 3: Pilot messages in designated countries to ensure that they are easy to understand and consistent with and respectful of local customs and practices.

Step 4: Incorporate any changes to messages resulting from pilot studies.

Step 5: Produce and disseminate messages through media identified above.

Step 6: Share guidance with international partners on best practices to reduce the spread of influenza, including within hospitals and clinical settings.

Transportation and Borders

- B. Action (HSC 5.2.4.4): HHS will work with DOS and in coordination with DHS, DOT, and transportation and border stakeholders, to assess and revise procedures to issue travel information and advisories related to pandemic influenza. (Also see chapter 1, Pillar One, Action K [HSC 5.2.4.4]; and chapter 3, Pillar Two, Action G [HSC 5.2.4.4].)

Timeframe: Within 12 months.

Measure of Performance: Improved interagency coordination and timely dissemination of travel information to stakeholders and travelers.

Step 1: Meet with DOS, DHS, DOT, and transportation and border stakeholders to identify current initiatives and gaps in communications about avian influenza for U.S. citizens traveling and to agree upon the content of educational materials.

Step 2: Execute actions agreed upon to address gaps and ensure consistency of messages.

- C. Action (HSC 5.2.4.8): HHS will work with DHS and in coordination with DOT, DOJ, and appropriate State and local health authorities, to develop detection, diagnosis, quarantine, isolation, EMS transport, reporting, and enforcement protocols and education materials for travelers, and undocumented aliens apprehended at and between ports of entry, who have signs or symptoms of pandemic influenza or who may have been exposed to influenza. (Also see chapter 2, Pillar Two, Action M [HSC 5.2.4.8]; and chapter 3, Pillar Two, Action K [HSC 5.2.4.8].)

Timeframe: Within 10 months.



Measure of Performance: Protocols developed and distributed to all ports of entry.

Step 1: Meet with DHS, DOT, DOJ, and transportation and border stakeholders to identify current initiatives and gaps in communications protocols for travelers and undocumented aliens apprehended at and between ports of entry, who have signs or symptoms of pandemic influenza or who may have been exposed to influenza; agree upon the content of needed educational materials.

Step 2: Execute actions agreed upon to address gaps and ensure consistency of messages.

- D. Action (HSC 5.2.4.10): HHS will work with DHS and DOT and in coordination with DOS, State, community and tribal entities, and the private sector, to develop a public education campaign on pandemic influenza for travelers, which raises general awareness prior to a pandemic and includes messages for use during an outbreak. (Also see chapter 2, Pillar One, Action Y [HSC 5.2.4.10].)

Timeframe: Within 15 months.

Measure of Performance: Public education campaign developed and disseminated on how a pandemic could affect travel, the importance of reducing non-essential travel, and potential screening measures and transportation and border messages developed based on pandemic stages.

Step 1: Meet with DOS, DHS, DOT, community and tribal entities, and the private sector to identify current public education initiatives and gaps in information on pandemic influenza for travelers, and to agree upon additional material needed.

Step 2: Execute actions agreed upon to address gaps and ensure consistency of messages.

- E. Action (HSC 5.2.5.6): HHS, in coordination with DOS and DOC, will support USDA, DHS, and DOI in outreach and expanded education campaigns for the public, agricultural stakeholders, wildlife trade community, and cargo and animal importers/exporters on import and export regulations and influenza disease risks.

Timeframe: Within 12 months.

Measure of Performance: 100 percent of key stakeholders are aware of current import and export regulations and penalties for noncompliance.

Step 1: Contact USDA, DHS, and DOI to determine their outreach and education plan and offer appropriate HHS subject matter expert support as needed.

Pillar Three: Response and Containment

Transparent and accurate communications about the emergence and course of outbreaks provides the information needed for evidence-based management of outbreak-response and containment actions. Communications also provides the framework for response partners' collaborations and coordination, nationally and internationally, and provides the mechanism for informing the public about outbreak response progress and events.

Containing Outbreaks

- A. Action (HSC 4.3.1.8): HHS, in coordination with USDA, USAID, and DHS, and in collaboration with WHO, FAO, OIE, the World Bank and regional institutions such as APEC, ASEAN, and the EC, will support DOS initiatives to improve international public affairs coordination and establish a set of agreed upon operating principles among these international organizations and the U.S. that describe the actions and expectations of the public affairs strategies of these entities that would be implemented in the event of a pandemic. (Also see chapter 1, Pillar One, Action N [HSC 4.3.1.8].)

Timeframe: Within 6 months.

Measure of Performance: List of key public affairs contacts developed, planning documents shared, and coordinated international public affairs strategy developed.

Step 1: Support DOS initiatives and continue work with WHO communications staff on international public affairs strategies.


- B. Action (HSC 5.3.2.1): HHS, in coordination with DOT and USDA, DHS, DOS, will issue travel advisories/public announcements for areas where outbreaks have occurred and ensure adequate coordination with appropriate transportation and border stakeholders. (Also see chapter 3, Pillar Three, Action G [HSC 5.3.2.1].)

Timeframe: Ongoing.

Measure of Performance: Coordinated announcements and warnings developed within 24 hours of becoming aware of an outbreak and timely updates provided as required.

Step 1: Meet with DOS, DOT, DHS, and USDA to identify current initiatives and gaps in communications about avian influenza for U.S. citizens traveling and agree upon the content of educational materials.

Step 2: Execute actions agreed upon to address gaps and ensure consistency of messages.



Step 3: Issue travel advisories and/or public announcements for areas where outbreaks have occurred and ensure adequate coordination with appropriate diplomatic, transportation, border, and international stakeholders.

- C. Action (HSC 6.3.2.5): All HHS-funded hospitals and health facilities (in parallel to DOD and VA efforts) will develop, test, and be prepared to implement infection control campaigns for pandemic influenza. (Also see chapter 3, Pillar Three, Action K [HSC 6.3.2.5].)

Timeframe: Within 3 months.

Measure of Performance: Guidance materials on infection control developed and disseminated on <http://www.pandemicflu.gov> and through other channels.

Step 1: Contact DOD and VA to determine what guidance material is being developed for their hospital and health facility pandemic influenza infection control campaigns.

Step 2: Coordinate with DOD and VA to ensure links to all guidance material developed on pandemic influenza infection control campaigns for hospital and health facilities are readily accessible via <http://www.pandemicflu.gov>.

- D. Action (HSC 6.3.2.6): All health care facilities should develop, test, and be prepared to implement infection control campaigns for pandemic influenza. (Also see chapter 4, Pillar One, Action B [HSC 6.1.2.4] and Pillar Three, Action B [HSC 6.3.4.1].)


Timeframe: Within 6 months.

Measure of Performance: Guidance materials on infection control developed and disseminated on <http://www.pandemicflu.gov> and through other channels.

Step 1: Ensure guidance material developed on pandemic influenza infection control campaigns for health care facilities is readily accessible via <http://www.pandemicflu.gov>.

- E. Action (HSC 6.3.2.7): HHS, in coordination with DHS, DOC, DOL, and Sector-Specific Agencies, and in collaboration with medical professional and specialty societies, will develop and disseminate infection control guidance for the private sector. (Also see chapter 3, Pillar Three, Action L [HSC 6.3.2.7]; and chapter 4, Pillar One, Action B [HSC 6.1.2.4].)

Timeframe: Within 12 months.



Measure of Performance: Validated, focus group-tested guidance developed, and published on <http://www.pandemicflu.gov> and in other forums.

Step 1: Meet with DHS, DOC, DOL, Sector-Specific Agencies, and medical professional and specialty societies to identify required infection control guidance needed for the private sector.

Step 2: Develop and pilot guidance materials.

Step 3: Incorporate changes and produce materials.

Step 4: Distribute materials through agreed upon mechanisms.

Step 5: Evaluate the efficacy of outreach and develop lessons learned.

- F. Action (HSC 6.3.3.2): HHS, in coordination with DHS, DOD, VA, and DOT and in collaboration with State, local, and tribal partners, will develop and disseminate lists of social distancing behaviors that individuals may adopt, and update guidance as additional data becomes available. (Also see chapter 3, Pillar Three, Action N [HSC 6.3.3.2].)

Timeframe: Within 6 months.

Measure of Performance: Guidance disseminated on <http://www.pandemicflu.gov> and through other channels.

Step 1: Meet with DHS, DOD, VA, DOT, State, local, and tribal partners, to identify appropriate lists of social distancing behaviors.

Step 2: Develop and pilot social distancing lists.

Step 3: Incorporate changes and produce lists.

Step 4: Distribute lists through agreed upon mechanisms.

Step 5: Evaluate the efficacy of outreach and develop lessons learned.

Leveraging National Medical and Public Health Surge Capacity

- G. Action (HSC 6.3.5.1): HHS, in coordination with DHS, DOL, Department of Education, VA, and DOD, will develop and disseminate guidance and educational tools that explain steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic.

Timeframe: Within 3 months for dissemination of interim guidance; within 6 months for development of complementary educational tools.

Measure of Performance: Interim guidance disseminated on <http://www.pandemicflu.gov> and through VA, DOD, and other channels within three (3) months; complementary educational tools on social distancing, personal hygiene, mask use, and other infection control precautions developed within 6 months.

Step 1: Meet with DHS, DOL, Department of Education, VA, and DOD to identify current initiatives and gaps in guidance and educational tools that explain steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic.

Step 2: Develop and pilot guidance materials.

Step 3: Incorporate changes and produce materials.

Step 4: Distribute materials through agreed upon mechanisms.

Step 5: Evaluate the efficacy of outreach and develop lessons learned.

Sustaining Infrastructure, Essential Services, and the Economy

- H. Action (HSC 5.3.3.1): HHS will work with USDA and in coordination with DHS, DOT, DOS, and DOI, to provide emergency notifications of probable or confirmed cases and/or outbreaks to key international, Federal, State, local, and tribal transportation and border stakeholders through existing networks. (Also see chapter 1, Pillar Three, Action L [HSC 5.3.3.1]; chapter 2, Pillar Three, Action A [HSC 5.3.3.1]; and chapter 3, Pillar Three, Action P [HSC 5.3.3.1].)

Timeframe: Ongoing.

Measure of Performance: Emergency notifications occur within 24 hours or less of events of probable or confirmed cases or outbreaks.

Step 1: Meet with USDA, DHS, DOT, DOS, and DOI to agree upon emergency notification protocols regarding probable or confirmed cases and/or outbreaks to key stakeholders.

Ensuring Effective Risk Communication

- I. Action (HSC 4.3.6.1): HHS, in coordination with USAID, USDA, DOD, and DHS will support DOS lead, in an interagency public diplomacy group to develop a coordinated, integrated and prioritized plan to communicate U.S. foreign policy objectives relating to our international engagement on avian and pandemic influenza to key stakeholders (e.g., the American people, the foreign public, NGOs, international businesses). (Also see chapter 1, Pillar Three, Action N [HSC 4.3.6.1].)

Timeframe: Within 3 months.

Measure of Performance: Number and range of target audiences reached with core public affairs and public diplomacy messages, and impact of these messages on public responses to avian and pandemic influenza.

Step 1: Support DOS initiatives and continue work with WHO communications staff on international public affairs strategies in support of U.S. international pandemic influenza activities.

- J. Action (HSC 4.3.6.2): HHS will work with DOS to provide at least monthly updates DOS its foreign counterparts, through diplomatic channels and U.S. Government web sites, regarding changes to national policy or regulations that may result from an outbreak, and will coordinate posting of such information to U.S. Government websites (e.g., <http://www.pandemicflu.gov>). (Also see chapter 1, Pillar Three, Action O [HSC 4.3.6.2].)

Timeframe: Ongoing.

Measure of Performance: Foreign governments and key stakeholders receive authoritative and regular information on U.S. Government avian-influenza policy.

Step 1: Contact DOS and provide support as needed for monthly international updates, including notification of new postings on <http://www.pandemicflu.gov>.

- K. Action (HSC 5.3.6.1): HHS, in coordination with DOS and DOC, will support DOT and DHS in their conducting media and stakeholder outreach to restore public confidence in travel following containment of a pandemic outbreak.

Timeframe: As required.

Measure of Performance: Outreach delivered and traveling public resumes use of the transportation system at or near pre-pandemic levels.


Step 1: Meet with DHS, DOT, DOS, and DOC to develop postpandemic-containment outreach plan.

Step 2: Pilot postpandemic-containment outreach plan.

Step 3: Incorporate changes.

Step 4: Distribute postpandemic-containment outreach through agreed upon mechanisms.

Step 5: Evaluate the efficacy of outreach and develop lessons learned.

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- L. Action (HSC 5.3.6.2): HHS, in coordination with DOS, DOD, USDA, DOI, and State, local, and tribal governments, will support DHS and DOT in their providing the public and business community with relevant travel information, including shipping advisories, restrictions, and potential closing of domestic and international transportation hubs.

Timeframe: Ongoing.

Measure of Performance: Timely, consistent, and accurate traveler information provided to the media, public, and business community.

Step 1: Contact DHS and DOT to offer HHS subject matter support as needed in the development of relevant travel information.

- M. Action (HSC 6.3.8.1): HHS, in coordination with DHS, DOD, and VA, will develop and disseminate a risk communication strategy, updating it as required.

Timeframe: Within 6 months.

Measure of Performance: Implementation of risk communication strategy on <http://www.pandemicflu.gov> and elsewhere.

Step 1: Meet with DHS, DOD, and VA to develop a work plan for the development of a risk communication strategy.

Step 2: Pilot strategy with other State and Federal partners and incorporate feedback into final version.

Step 3: Incorporate suggestions, finalize, and distribute.

- N. Action (HSC 6.3.8.2): HHS will work with DOD and VA in their development and dissemination of educational materials, to assure DOD and VA messages are coordinated and complementary with those developed by HHS, but tailored to DOD and VA use.


Timeframe: Within 6 months.

Measure of Performance: Up-to-date risk communication material published on DOD and VA pandemic influenza websites, HHS website (<http://www.pandemicflu.gov>), and in other venues.

Step 1: Meet with DOD and VA to coordinate development of educational materials.

Step 2: Exchange material for review and comment.

Step 3: Incorporate suggestions, finalize, and distribute.

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- O. Action (HSC 7.3.5.1): HHS will work with USDA and in coordination with DHS and DOI, in USDA efforts to work with State, local, and tribal partners; industry groups; and other stakeholders to develop clear and coordinated pre-scripted public messages that can later be tailored to the specifics of a given outbreak and delivered by trained spokespersons.

Timeframe: Have public messages pre-scripted within 3 months.

Measure of Performance: Appropriate informational and risk mitigation messages developed prior to an outbreak, and then shared with the public within 24 hours of an outbreak.

Step 1: Convene meeting with DHS; DOI; USDA; State, local, and tribal partners; and industry groups to discuss development of prescribed public messages.

Step 2: Develop and pilot prescribed public messages.

Step 3: Incorporate changes and produce prescribed public messages.

Step 4: Distribute prescribed public messages through agreed upon mechanisms.

Step 5: Evaluate the efficacy of prescribed public messages and develop lessons learned.

- P. Action (HSC 7.3.5.2): HHS will work with USDA and in coordination with DHS, State, local and tribal partners, industry groups, and other stakeholders, to develop guidelines to assure the public of the safety of the food supply during an outbreak of influenza in animals.

Timeframe: Within 6 months.

Measure of Performance: Guidelines for various outbreak scenarios produced and shared with partners; within first 24 hours of an outbreak, appropriately updated guidelines on food safety shared with the public.

Step 1: Convene meeting with USDA, DHS, State, local, and tribal partners, and industry groups to discuss development of animal influenza outbreak food supply safety guidelines.

Step 2: Develop and pilot guidelines.

Step 3: Incorporate changes and produce guidelines.

Step 4: Distribute guidelines through agreed upon mechanisms.

Step 5: Evaluate the efficacy of prescribed public messages and develop lessons learned.