



ANNEX J (CRISIS COMMUNICATION)

1. SITUATION

- a. The Influenza Pandemic Threat: Refer to Annex B (Disease Intelligence).
- b. Mission and Intent of Higher and Supporting Organizations: Refer to Base OPLAN.
- c. Environment: Refer to Annex B (Disease Intelligence).
- d. Assumption: E-mail servers will remain operational 24/7/365

2. MISSION.

- 1) Ensure timely, accurate, consistent, and reliable influenza pandemic communication to all audiences that is scientifically based and within policy guidance provided by HHS/ASPA.

3. EXECUTION

a. Concept of Operations.

- 1) HHS/ASPA serves as the overall lead for influenza pandemic communications at the Federal level and provides appropriate coordination between CDC and other Federal agencies.
- 2) The Emergency Communications System (ECS) Director or designee serves as the JIC lead. During an emergency event, ECS is the designated lead system for all CDC communication response activities. Once activated, ECS will function from the Joint Information Center (JIC), which serves as the central point for coordination and management of CDC communication activities related to the emergency event.
- 3) Planning, coordinating, and directing CDC emergency communications activities rest with the JIC lead.
- 4) The Director of the National Center for Health Marketing (NCHM) provides oversight and support to the JIC lead. The Director of NCHM will ensure that the JIC has the capacity to address issues that may arise during the event.





b. Tasks to Supporting Units.

1) Inter-Pandemic Period: (WHO Phases 1-2; USG Stage 0)

- a) The CDC's influenza pandemic preparedness communication efforts are overseen by leaders in the National Center for Health Marketing (NCHM), the Office of Enterprise Communication (OEC), and the Influenza Coordination Unit (ICU).
- b) ECS teams and ICU participate with other units in influenza pandemic response training and exercises.

2) Pandemic Alert Period: (WHO Phases 3-5; USG Stages 0-2)

- a) ECS and ICU teams work collaboratively and with other communication leadership during emergency periods and will provide surge capacity as necessary.
- b) The ECS activates and functions out of the JIC to coordinate all public health communication activities related to the pandemic.

3) Pandemic Period: (WHO Phase 6; USG Stages 3-6)

- (1) ECS team members as well as additional communication staff from other CC/COs provide surge personnel in support of JIC activities. Orientation will be provided to new communication staff joining JIC to ensure continuity of communications activities during the response.

c. Recommendations and Requests for SLTT Organizations.

- a) SLTT public health agencies are encouraged to incorporate science-based messages from HHS/ASPA and CDC in their risk communication about pandemic influenza to ensure consistency of public health messages.

d. Coordinating Instructions.

- 1) Close coordination will be maintained at all levels with HHS/ASPA, other Federal, SLTT agencies and international organizations.
- 2) Emergency health communication products and public health messages produced during the execution of this plan will be coordinated by ECS leadership with the appropriate SME input and clearance prior to public release.





- 3) The JIC lead will coordinate surge capacity requirements with Associate Directors of Communication Science (ADCS) and Emergency Coordinators within each CC/CO/NIOSH and the DEOC.

4. SUPPORT SERVICES

- 1) Refer to Annex I (Support Services).

5. MANAGEMENT AND COMMUNICATIONS

a. Control.

- 1) All personnel temporarily or permanently assigned to operate within the JIC will report directly to JIC leadership, regardless of their “home” operating unit. During an emergency, the JIC has the primary CDC responsibility to provide accurate, timely, and coordinated information during an emergency to the media and the public.
- 2) JIC de-activation is tied to DEOC disengagement, with a lag time of a week or more as existing projects are completed and long-term/recovery taskings transition back to the appropriate centers.

b. Communications.

- 1) Reports required during this operation will be made in accordance with the CDC Director, IMS Processes, HHS/ASPA, or other official mandates.
- 2) The JIC lead will provide after-action reports to HHS/ASPA and the CDC/DEOC on communication activities upon deactivation of the JIC.

APPENDIXES:

1. Personnel Requirements/Responsibilities for Joint Information Center.
2. Expedited Approval Process for Avian/Pandemic Influenza Materials.





APPENDIX 1 (PERSONNEL REQUIREMENTS/RESPONSIBILITIES FOR JOINT INFORMATION CENTER)

1. CONCEPT OF OPERATIONS

- a. The current team structure for the ECS is detailed below. Upon activation, the ECS will occupy the JIC in the DEOC. The JIC lead is a member of the incident management executive staff while activated.
- b. Upon recognition of a public health emergency, such as an influenza pandemic, or at the discretion of the CDC Director, the ECS becomes activated. It serves as the primary point of coordination and leadership for CDC's communication response related to the event. To facilitate the transition of influenza pandemic communication from the inter-pandemic period to ECS activation, the ECS Director coordinates with ICU and other communication leadership to analyze the specific event and to determine the most appropriate communication strategy and needs.
- c. During activation for an influenza pandemic, ECS teams, as well as additional communication staff across the CC/COs, provide response surge capacity and staff the JIC in the DEOC. The JIC is the communication hub within the DEOC. Working closely with other response personnel staff, the JIC staff coordinates the assessment and identification of emergency communication needs, message development, clearance, translation, dissemination, and other relevant communication needs. As shown in the NIMS organization, a JIC is also ordinarily located in a field setting and serves as a centralized point where multiple agencies can share information and disseminate consistent messages.
- d. The DEOC JIC serves the same purpose, but not in a field setting. It ensures that CDC is able to communicate messages that are accurate, consistent, and timely through a central area in the DEOC.





2. LEADERSHIP TEAM ACTIONS

ECS Director works with ICU, NCHM leadership and other relevant center communication leadership to:

- a. Develop and execute an overall strategy for communication activities based on the specific nature of the emergency.
- b. Coordinate communication efforts with HHS/ASPA.
- c. Convene ECS team leaders to advise them of the emergency and inform them to organize their activities and to activate their teams.
- d. Establish a 24/7 schedule if necessary.
- e. Attend all DEOC Director's briefings (JIC Media Team also attends).
- f. Share information gathered from the briefings.
- g. Lead discussions about communication needs that are identified at the briefings, as well as those identified by the various JIC teams.
- h. Plan and lead JIC briefings.
- i. Oversee submission of shift reports on JIC activities.
- j. Provide immediate guidance to CC/CO and CDC leadership on communication issues and concerns.
- k. Ensure that response and investigation teams have continuous access to communication expertise.
- l. Quickly address emerging communication issues related to CDC's emergency response.

3. INFORMATION MANAGEMENT TEAM ACTIONS

Develop IMT DEOC staffing plan and schedules.

a. Coordinate Content Development.

- 1) Work with appropriate CC/CO/NIOSH staff to coordinate core content development.
- 2) Assess repurposed material for intended use and determine when re-clearance is required.
- 3) Ensure that materials are clear and consistent.





b. Coordinate Clearance and Tracking.

- 1) Facilitate efficient (timely) clearance for all documents using expedited clearance procedures established during the prevention and preparedness phase.
- 2) Track all documents submitted for clearance.
- 3) Inform leadership team of bottlenecks in the clearance process.

c. Manage Communication Products.

- 1) Maintain a log of all cleared communication materials.
- 2) Maintain a database for CDC influenza pandemic materials and messages.
- 3) Work with HHS/ASPA on development and posting of influenza pandemic messages.
- 4) Attend daily JIC briefings.
- 5) Provide team-specific data for inclusion in the Incident Action Plan (IAP) and other reports.

2. RESEARCH TEAM ACTIONS

- a. Conduct on-going, domestic, and international communication environmental scanning (newspaper, television, and Internet news reports) and provide reports routinely, for the purpose of early identification and assessment of pandemic issues.
- b. Systematically collect and analyze the usage patterns of pandemic information dissemination sources and channels (e.g., CDC INFO and websites).
- c. Establish baseline and longitudinal surveys to measure trends in the knowledge, attitudes, beliefs, and perceptions of the public and select audience segments on pandemic issues and concerns.
- d. Conduct applied communication research that leads to the development of model pandemic messages, strategies, or interventions.
- e. Conduct evaluation research to enhance the effectiveness of pandemic communication efforts.
- f. Establish a basic and applied communication research agenda to enhance the theoretical and practical underpinnings of pandemic communication.





- g. Attend JIC briefings.
- h. Provide team-specific data for publication in the IAP or other required reports.

3. GLOBAL TEAM ACTIONS

- a. Build awareness of CDC pandemic influenza/influenza pandemic communication materials in the international community.
- b. Provide awareness of international partner activities.
- c. Attend JIC briefings.
- d. Provide team-specific data for publication in the IAP or other required reports.

4. ENTERPRISE TEAM ACTIONS

- a. Support and manage the CDC influenza pandemic Speakers Bureau.
- b. Support and manage the internal flow of influenza pandemic information to CDC employees.
- c. Assist Media Team when needed.
- d. Oversee matters relating to the reputation of CDC.
- e. Attend JIC briefings.
- f. Provide team-specific data for publication in the IAP or other required reports.

5. COMMUNITY EDUCATION AND OUTREACH TEAM ACTIONS

- a. Gather information from affected communities and the National Public Health Information Coalition to evaluate efforts and provide feedback to CDC leadership.
- b. Provide input to the Information Management Team (IMT) regarding tailored communication strategies and products for target or priority audiences.
- c. Assist IMT with development of talking points, fact sheets, and other materials based on feedback from the national public health workforce and other partners to ensure materials are based on need and targeted to affected communities, specific groups and priority audiences.
- d. Coordinate with the Division of Partnerships and Strategic Alliances to implement outreach activities to community and faith based organizations, tribal liaisons, State, and local public





- health educators and other SLTT partners, clinicians' networks, and groups representing vulnerable and at-risk populations, including those with visual and auditory deficits
- e. Coordinate efforts with the DEOC in the deployment of health communication surge capacity staff as requested and maintain on-going contact with deployed communication staff to identify education/communication needs in the field.
 - f. Coordinate with CDC Multilingual Services to implement emergency translations, IMT, and the Web Team to post translated materials on the web.
 - g. Identify gaps in education messages/health literacy needs and implement responsive measures.
 - h. Ensure that education materials/messages are adapted/developed and accessible as necessary for priority audiences.
 - i. Attend JIC briefings; provide team-specific updates for inclusion in the IAP and other reports.

6. CLINICIAN TEAM ACTIONS

- a. Contact CC/CO-designated clinician teams to offer assistance and liaison to the JIC.
- b. Provide subject matter leadership to CDC-INFO, including ongoing Q & A updates on influenza pandemic.
- c. Contact Communication Outreach Conference Calls (COCA) partners and provide them with information, guidelines, and other CDC information on an influenza pandemic.
- d. Conduct COCA net conferences and web casts during an event.
- e. Provide regular influenza pandemic updates to the CDC Clinician Registry.
- f. Conduct satellite broadcasts on influenza pandemic.
- g. Continually update clinician-specific web pages on influenza pandemic.
- h. JIC staff will be embed in the DEOC clinician teams.
- i. Hold COCA conference call(s) on influenza pandemic.
- j. Attend JIC briefings.
- k. Provide team-specific data for publication in the IAP or other required reports.





7. EPIDEMIC INFORMATION EXCHANGE (EPI-X) TEAM ACTIONS:

- a. Expedite and assist in the exchange of accurate, trustworthy information from national, State, and local public health officials.
- b. Provide a level 3, secure Internet site for public health officials nationwide to exchange privileged or highly sensitive information, including personal identifiers, using dual user authentication and encrypted transmission of data.
- c. Provide 24/7 editorial and epidemiologic assistance to help officials prepare and distribute urgent reports.
- d. Assure routine or emergent notification of one, some, or all key health officials when needed by e-mail, cell phone, landline, and pager.
- e. Target reports to limit access to sensitive information to only one, some, or all public health officials who need access to the information.
- f. Help officials respond to emerging health events, link events over time and across jurisdictions, and identify related events using an archived, searchable database.
- g. Provide discussion features, directories of key user groups and subject-matter experts, and links to multiple resources to help users locate people and information quickly.

8. MEDIA TEAM ACTIONS

- a. Media team lead attends all DEOC, CDC Director's briefings with the JIC Lead.
- b. Assist in the formulation of overall influenza pandemic communication plans, strategies, and messages with ECS leadership (e.g., identifying media interests and issues, development of key message points).
- c. Ensures that all CDC messages released to the media are consistent with information disseminated by JIC through other CDC channels.
- d. In collaboration with the ECS, coordinate all (CDC) news media interactions involving influenza pandemic response participation with media/public affairs representatives from HHS/ASPA, and with health public information officers. As needed, coordinate media





- interactions with other Federal agencies (USDA, DOI, DHS, DOS, DOE, DOT), WHO and other health ministries, corporate and business information officers, and other agencies such as the Red Cross.
- e. Provide timely (immediate) response to all news media queries.
 - f. Coordinate press officer activities across the Division of Media Relations, CCID, and NIOSH (and other Centers as needed). This would include public information officer field deployments
 - g. Prepare and accompany CDC spokespersons to venues where media is present or expected.
 - h. Coordinate the selection and training of designated media spokespersons.
 - i. Acquire necessary HHS/ASPA clearances for news media interviews, releases, news conferences, or other influenza pandemic products/activities as required.
 - j. Schedule, organize, and orchestrate news conferences.
 - k. Attend JIC briefings.
 - l. Provide team-specific data for publication in the IAP or other required reports.

9. WEB TEAM ACTIONS

- a. Collaborate with HHS/ASPA on and ensure appropriate integration with <http://www.pandemicflu.gov> - the official influenza pandemic website of the U. S. Government.
- b. Provide round-the-clock staff coverage for web maintenance or posting needs during emergency periods.
- c. Design websites based on specific needs of influenza pandemic response.
- d. Maintain quality control through usability tests, e-mail inquiries, and website usage statistics.
- e. Emphasize the accessibility of electronic content by user-specific language and literacy.
- f. Define web responsibilities between HHS/ASPA and CDC on what will be posted, and where, during pre-event, and post-event and communicate this information to external partners.
- g. Utilize the latest web technology to disseminate public health messages.





- h.** Attend JIC briefings.
- i.** Provide team-specific data for publication in the IAP or other required reports.

10. POLICYMAKER TEAM ACTIONS

- a.** Address inquiries from Congressional member offices, Congressional committee staff, HHS ASL office, and other policy stakeholders in concert with applicable CC/CO/NIOSH ECS.
- b.** Apprise ECS Leadership team of legislative and policy-based activities, concerns, and other interests.
- c.** Develop and maintain outreach channels to policymaker communities to provide feedback to leadership teams for use in strategic realignment, emergency management, or to shape future responses.
- d.** Submit information as available on upcoming Congressional hearings, briefings, and requests that CDC Washington, the Public Health Policy Team at FMO, and the Executive Secretariat have received.
- e.** Provide updates to the ECS network on questions and testimony given at influenza pandemic related hearings.
- f.** Generate a list of potential questions that members of Congress may ask during an influenza pandemic event.
- g.** Attend JIC briefings.
- h.** Provide team-specific data for publication in the IAP or other required reports.





APPENDIX 2 (EXPEDITED APPROVAL PROCESS FOR AVIAN/PANDEMIC INFLUENZA MATERIALS)

1. Joint Information Center (JIC) Information Management Team (IMT) SERVICES

To expedite the clearance process, JIC IMT will send clearance materials to the IMS functional mailbox desks (through Documentum). The SMEs staffing the functional desks will be responsible for coordinating clearance for their functional area, including contacting their communication offices if needed.

2. OVERVIEW

In the event of activation for an influenza pandemic, the JIC, IMT, is charged with coordinating the following:

- 1) Clearance of general AI/PI communication materials and documents.
 - 2) Expedited clearance for urgent communication materials and documents.
 - 3) Assistance with content development, when needed, of general AI/PI communication materials.
 - 4) Editorial assistance to ensure consistent messages.
 - 5) Maintenance of a repository for AI/PI materials.
- a. If you need materials cleared**
- 1) Email your request to IMS JIC IMT (eocjicimt@cdc.gov) with a copy to the IMS JIC Lead (eocjicleadership@cdc.gov) and IMS JIC Task Triage (eoctasktriage@cdc.gov) and include the following:
 - a) Attach the document to be cleared.
 - b) Email subject line should include "Clearance Needed" followed by the name of the document or subject.
 - c) Fill out and attach the Clearance Form (on the DEOC portal under the Clearance hyperlink). To expedite the clearance process, this form must be filled out.
 - 2) IMS JIC IMT will then submit the document into Documentum for clearance.





- 3) The document will go to all relevant functional groups staffing the DEOC for simultaneous SME review with an informational copy to the JIC Policymaker Team.
- 4) The Senior Science Officer and Chief Health Officer will receive documents identified as “high-profile” or requiring SSO/CHO review after all other functional groups have reviewed and cleared the document.
- 5) DIMES will receive the final copy for OD/Policy review (DIMES will send the document on for HHS and other Federal agency review).
- 6) Upon final approval, send document to original requestor, web team, and other distribution channels as needed. The document will also be stored and available under the Clearance hyperlink.

b. If you need a document developed or edited

- 1) Send a request to the IMS JIC Task Triage (eoctasktriage@cdc.gov) and copy the IMS JIC Lead (eocjicleadership@cdc.gov).
- 2) IMS JIC IMT will draft content and send document to appropriate functional group(s) for SME review and input.
- 3) SMEs will review document and send comments back.
- 4) Be sure to send comments to everyone on the email, including eocjicimt@cdc.gov.
- 5) IMS JIC IMT will make revisions and send revised document through clearance process described above.

c. If YOU are asked to clear a document

- 1) You may receive documents for clearance through Documentum via email (see the Documentum Reference Guides on the DEOC portal under the Clearance hyperlink for help).
- 2) The person in charge of monitoring your functional mailbox is responsible for clearing the document or sending the document to his or her group for review and for inputting those changes into Documentum. Note: Be sure to use the Track Changes feature of Microsoft Word.

d. If you need documents translated or written in plain language





- 1) Send a request to the IMS JIC Task Triage (eoctasktriage@cdc.gov) and copy the IMS JIC Lead (eocjicleadership@cdc.gov).
- 2) Note: If you are submitting a document for clearance and would like the content to be translated into other languages or into plain language, indicate this on the Clearance Form. IMS JIC IMT will send these requests to IMS JIC Community Health and Education Team (eocjiccoet@cdc.gov) and copy the IMS JIC Lead (eocjicleadership@cdc.gov) and IMS JIC Task Triage (eoctasktriage@cdc.gov).

e. If you need to check the status of a document

- 1) Access Documentum by following the direction in the Tracking Report found on the DEOC portal under Clearance.

2. CONTACT INFORMATION FOR IMT

Location: Joint Information Center (JIC) in the DEOC, Room 3202

Main Contact Number: 404-553-7766

Email Address: eocjicimt@cdc.gov

Table 10: JIC IMT Material Clearance Coordination Do's & Don'ts

JIC IMT Coordinates Clearance for These Materials	JIC IMT Does Not Coordinate Clearance for These Materials
<ul style="list-style-type: none"> • Web content • Question and answer documents • Fact sheets • Print materials (e.g., brochures, flyers, posters) • Radio and television PSAs • Pictograms • Talking points • Hotline scripts and standard responses • Press releases 	<ul style="list-style-type: none"> • Congressional inquiries • Controlled correspondence • MMWR articles • Technical publications, including scientific articles for publication in peer-reviewed journals and book chapters <p>Note: These items go through non-JIC clearance chains, unless otherwise directed by CDC leadership.</p>





Table 11: The Clearance Process

Send materials needing clearance to eocjicimt@cdc.gov, along with the Clearance Form. To expedite the clearance process, JIC IMT will send clearance materials to the IMS functional mailbox desks (through Documentum). The SMEs staffing the functional desks will be responsible for coordinating clearance for their functional area, including contacting their communication offices if needed.

Step 1. Appropriate desks are selected for cross-clearance, based on the topic.

Desk	Email	with cc to
FDA Liaison	eocfdalno@cdc.gov	eocleadlno@cdc.gov
DoD Liaison	eocdodlno@cdc.gov	eocleadlno@cdc.gov
EPA Liaison	eocepalno@cdc.gov	eocleadlno@cdc.gov
USDA Liaison	eocusdalno@cdc.gov	eocleadlno@cdc.gov
Partners Liaison	eocpartnerslno@cdc.gov	eocleadlno@cdc.gov
SNS Liaison	eocsnsln2@cdc.gov	eocdsnslead@cdc.gov
Epidemiology	eocepidemiology@cdc.gov	eocepisurveillance@cdc.gov; eocepisurveillancetm@cdc.gov eoctechspecialunitldr@cdc.gov
Surveillance	eocsurveillance@cdc.gov	eocepisurveillance@cdc.gov eocepisurveillancetm@cdc.gov eoctechspecialunitldr@cdc.gov
Displaced Persons	eocdisplacedperson@cdc.gov	eocaffectedpopcaretm@cdc.gov
Mental Health	eocmentalhealth@cdc.gov	eocaffectedpopcaretm@cdc.gov
Injury/Trauma	eocinjurytrauma@cdc.gov	eocaffectedpopcaretm@cdc.gov
Quarantine	eocquarantine@cdc.gov	eocinfectdiseasetmlldr@cdc.gov
Worker Safety and Health	eocworkersafetyhealth@cdc.gov	eocenvironmental@cdc.gov
Immunizations	eocimmunization@cdc.gov	eocimmunemiscmlldr@cdc.gov
Antiviral/Antibiotics	eocantiviralantibioticcoord@cdc.gov	eocmedicalcountmeasu@cdc.gov
Regulatory Affairs	eocregulatoryaffair@cdc.gov	eocmedicalcountmeasu@cdc.gov
IC/Clinical Care	eocicclinicalcare@cdc.gov; eocclinicalcare@cdc.gov	eocmedicalcountmeasu@cdc.gov
Healthcare Delivery	eochealthcaresdeliver@cdc.gov	eocmedicalcountmeasu@cdc.gov
Laboratory		eoclaboratorytmlldr@cdc.gov

Step 2. After all other desks have reviewed the document, high-profile materials (as determined by the SSO/CHO) are sent to the Senior Science Officer and the Chief Health Officer for clearance.

Senior Science Officer	eocseniorsciofficer@cdc.gov	
Chief Health Officer	eocchiefhealthscienceofficer@cdc.gov	

Step 3. After review is complete, all documents are sent to DIMES for OD review. DIMES will send document to ASPA for HHS and other federal agency review.

Sally Toyne	slc@cdc.gov	
-------------	-------------	--





Table 12: IMT Clearance Form

To request clearance of messages and materials or ECS assistance in developing content, please complete this form and send it to eocjicimt@cdc.gov .

Date submitted to ECS:
Priority: Click here to select
Type of request: Click here to select

Author/Point of Contact (POC) Information

Author/POC: Phone: Email:
CIO/Group:
Name of alternate: Phone: Email:

Content Information

Title/Subject:
Reason for new or revised content:
Audience (check all that apply):
General Public Media Clinicians Health Departments Other (specify)
Document type: Click here to select If other, please specify:
Anticipated method(s) of distribution (check all that apply):
Web Presentation Internal Email
Hard copy Other
Content (choose one): New Revised Both
Important Note: To expedite material development and clearance, please include the source (document or URL) of any previously cleared information (e.g., information from a CDC Web site).

Clearance Information

Cleared by author's CIO? Yes No
Need cross-clearance? Yes No Don't know
If cross-clearance is needed, by whom?
Important Note: To expedite material development and clearance, please include the source (document or URL) of any previously cleared information (e.g., information from a CDC Web site).

Comments

