



supplement 10 public health communications

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SUMMARY SUMMARY OF PUBLIC HEALTH ROLES AND RESPONSIBILITIES IN PUBLIC HEALTH COMMUNICATIONS

INTERPANDEMIC AND PANDEMIC PERIODS

State and local responsibilities:

- Assess and monitor readiness to meet communications needs in preparation for an influenza pandemic, including regular review and update of communications plans.
- Plan and coordinate emergency communication activities with private industry, education, and nonprofit partners (e.g., local American Red Cross chapters).
- Identify and train lead subject-specific spokespersons.
- Provide public health communications staff with training on risk communications for use during an influenza pandemic.
- Develop and maintain up-to-date communications contacts.
- Participate in tabletop exercises and other collaborative preparations to assess readiness.
- Address rumors and false reports regarding pandemic influenza threats.
- Confirm any contingency contracts needed for communications resources during a pandemic

HHS responsibilities:

- Develop a Communications and Public Engagement Strategy for Pandemic Influenza (see appendix 4)
- Develop key messages and materials, conduct audience research and message testing, and share results with international, other Federal departments, state and local communications staff. Materials will be available on www.pandemicflu.gov.
- Coordinate pandemic influenza media messages to ensure consistency.
- Provide tools and resources through the www.pandemicflu.gov and www.cdc.gov/flu/ websites and other avenues to help educate state and local communications staff.
- Identify and train lead spokespersons.
- Provide state and local health agencies with guidance about developing and integrating communications aspects of preparedness plans.
- Work with state and local governments to incorporate communications preparedness as part of larger preparedness exercises.
- Provide regular updates about situations that pose potential pandemic influenza threats (e.g., through Health Alert Network [HAN] notices, Epi-X, and web postings).
- Distribute educational messages and materials about pandemic influenza and ways that people can protect themselves and their families.
- Distribute practical information, such as travel advisories, infection control measures, availability and appropriate use of antiviral medications and vaccines, and specific public health actions that may be advised.
- Address rumors and false reports regarding pandemic influenza threats and related issues.
- Coordinate international information exchange and communication strategies with WHO and other international partners, as appropriate.

SUMMARY OF PUBLIC HEALTH ROLES AND RESPONSIBILITIES (CONT.) IN PUBLIC HEALTH COMMUNICATIONS

PANDEMIC PERIOD

State and local responsibilities:

- Contact key community partners and implement frequent update briefings.
- As appropriate, implement and maintain community resources, such as hotlines and websites to respond to local questions from the public and professional groups.
- Tailor communications services and key messages to specific local audiences.
- In coordination with epidemiologic and medical personnel, obtain and track information daily on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. Use these reports to determine priorities among community outreach and education efforts, and to prepare for updates to media organizations in coordination with federal partners.

HHS responsibilities:

- Coordinate pandemic influenza media messages to ensure consistency across Federal government
- Coordinate communications activities with state and local communications staff, including regional or local communications centers as appropriate.
- Promptly respond to rumors and inaccurate information to minimize concern, social disruption, and stigmatization.
- Coordinate international information exchange and communication strategies

S10-I. RATIONALE

Strategic communications activities based on scientifically derived risk communications principles are an integral part of a comprehensive public health response before, during, and after an influenza pandemic. Effective communication guides the public, the news media, healthcare providers, and other groups in responding appropriately to outbreak situations and complying with public health measures.

The goals of **Supplement 10** are to:

- Describe the integral role of communications in preparing for, implementing, and evaluating public health actions to protect health and prevent pandemic influenza-associated morbidity and mortality.
- Provide local and state health officials, community healthcare professionals and communications specialists with guidance to assist them in developing and implementing communication plans that support an effective public health response and help minimize anxiety, fear, and stigmatization.
- Provide the basis for a well-coordinated and consistent communications strategy across jurisdictions, based on a common adherence to established risk communication principles.

This supplement emphasizes the following strategies to help state and local communications professionals collaborate with each other, CDC, and other organizations to accomplish these goals:

- Provide timely, accurate, consistent, and appropriate information about pandemic influenza public health interventions.
- Emphasize the rationale and importance of adherence to public health measures that some people may consider intrusive (e.g., quarantine).
- Help set realistic expectations of public health and health care systems.
- Promptly address rumors, inaccuracies, and misperceptions.
- Minimize stigmatization that may occur during a pandemic.
- Adapt materials for others with special needs (e.g., non-English speaking populations, difficult-to-reach communities, and persons living in institutional settings) receive appropriate information.
- Acknowledge the anxiety, distress, and grief that people experience during long-term, major public health events such as pandemics.

S10-II. OVERVIEW

Communications preparedness for an influenza pandemic, as outlined in this supplement, follows seven key risk communications concepts.

- When health risks are uncertain, as likely will be the case during an influenza pandemic, people need information about what is known and unknown, as well as interim guidance to formulate decisions to help protect their health and the health of others.
- Coordination of message development and release of information among federal, state, and local health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
- Guidance to community members about how to protect themselves and their family members and colleagues is an essential component of crisis management.
- Information provided to the public should be technically correct and succinct without seeming patronizing.
- Information presented during an influenza pandemic should minimize speculation and avoid over-interpretation of data, overly confident assessments of investigations and control measures.
- An influenza pandemic will generate immediate, intense, and sustained demand for information from the public, healthcare providers, policy makers, and news media. Healthcare workers and public health staff are likely to be involved in media relations and public health communications.
- Timely and transparent dissemination of accurate, science-based information about pandemic influenza and the progress of the response can build public trust and confidence.

During the Interpandemic Period, national, state, and local health communications professionals should focus on preparedness planning and on building flexible, sustainable communications networks. During the Pandemic Period, they should focus on well coordinated health communications to support public health interventions designed to help limit influenza-associated morbidity and mortality.

S10-III. RECOMMENDATIONS FOR THE INTERPANDEMIC AND PANDEMIC ALERT PERIODS

During the Interpandemic and Pandemic Alert Periods, health communications professionals should work together to develop and maintain communications preparedness and to keep the public and other target groups updated about risks as the threat of a pandemic evolves. Actions fall into four major categories:

- Assessing communications capacity and needs
- Conducting collaborative planning
- Developing and testing standard procedures for disseminating information
- Developing, testing, and disseminating locally tailored messages and materials

A. Assessing communications capacity and needs

A first step in effective risk communications preparedness is to conduct an assessment of communications strengths and challenges. Planning should include the following.

1. Capacity

- As part of overall pandemic influenza preparedness planning, develop a phased risk communications plan.
- Determine whether adequate human and fiscal resources will be available for all phases of a pandemic. If not, plan to augment these resources.
- Review or establish procedures to help ensure that technology such as networks, servers, and system backups are available, periodically tested, and integrated into overall planning for pandemic influenza. Identify and include other types of technology, such as faxes and mass mailing systems. Establish priorities and implement improvement plans for any technology deficiencies.
- Prepare for resource contingencies (e.g., surge capacity) by developing and regularly updating backup plans and procedures, identifying community resources, and training extra staff for emergency communications responsibilities.
- Ensure ongoing proficiency among all staff engaged in pandemic influenza response, especially given personnel changes, reorganization, or other variables.

2. Needs

- Review and update risk communications plans at least annually to ensure that they remain practical and evidence-based. Share the plans in advance with stakeholders.
- Identify communications professionals and media spokespersons; as needed, provide media training and instruction in crisis and risk communication. Encourage familiarity with professional counterparts from local/regional jurisdictions or communities to facilitate collaboration.
- Familiarize key officials with available communications resources and gaps; apprise policy and key decision-makers of plans to deploy staff and resources during an influenza pandemic.
- Prepare basic communications resources in advance, and plan to update them during a pandemic. Appendices 2 and 3 provide sample templates, fact sheets, and other communications tools that will be available through the www.pandemicflu.gov and www.cdc.gov websites, as well as links to other resources.
- Identify common communications opportunities or challenges with neighboring jurisdictions, particularly with regard to reaching people in high-priority risk groups; consider novel opportunities to pool communications resources.
- Continuously monitor the effectiveness of risk communication activities, adjusting as necessary to achieve public health communications objectives.

B. Conducting collaborative planning

Collaborative planning should begin as early as possible. Communications professionals in the public and private sectors need to ensure strong and well-integrated working relationships that will help sustain communications resources as a pandemic evolves. Federal interaction with WHO and other international partners is vital to surveillance and other essential information

exchange and to building collaborative and consistent messaging strategy. The following recommendations are critical elements of a comprehensive domestic response:

- When appropriate, coordinate training and other preparedness activities that include options for backing up key communications personnel in the event of their personal illness or emergency.
- Coordinate with partner agencies to prepare for appropriate public, healthcare provider, policy, and media responses to outbreaks of pandemic influenza. Be prepared to address the following topics as a pandemic alert draws near:
 - Basic health protection information the public and other target audiences will need
 - Responsiveness, capabilities, and limitations of the public health system
 - Roles and responsibilities of diverse pandemic response stakeholders
 - Resources to help people cope with escalating fear, anxiety, grief, and other emotions (see **Supplement 11**).
 - How public health procedures and actions may change during different pandemic phases and why unusual steps may be needed to protect public health.
- Consider when and how to use federal assistance when available. For instance, background information and frequent updates for communications and other healthcare professionals will be available on the www.pandemicflu.gov website and through other official mechanisms.
- Identify and engage credible local resources as partners. For example, local chapters of nonprofit health organizations may assist with urgent communications to community groups.
- Affirm mechanisms with news media representatives to optimize effective working relationships during pandemic phases.
- Ensure that communications professionals have opportunities to participate with other public health and emergency staff in tabletop exercises and drills to help identify and resolve potential problems in the Interpandemic and Pandemic Alert periods.

C. Developing and testing standard state and local procedures for disseminating information

Although there will be much that is unpredictable about an influenza pandemic, communication processes can and should be formalized. Standard, yet flexible procedures for disseminating information support consistency, efficiency, and coordination, and improve prospects for effective feedback in both internal and external communications.

State and local communication plans should identify dissemination procedures and channels for forwarding communications from federal agencies to ensure that partners and stakeholders at all levels remain informed but protected from redundant or unnecessary messaging. As an influenza pandemic unfolds, HHS and its agencies will relate essential information through well established channels and formats (e.g., CDC's Emergency Communication System).

The following recommendations can aid development of effective state and local information dissemination plans for use during an influenza pandemic:

- Establish expedited procedures for reviewing and approving pandemic influenza-related messages and materials.
- Establish protocols for frequently updated information, including daily disease activity reports. These may include morbidity and mortality figures, geographic location of cases, demographics of infected populations, and the number of persons hospitalized.
- Establish and maintain a website with current information.
- Work with local information technology (IT) professionals to identify development servers on which to build state or local emergency websites that can help manage information requests when needed. Consider whether to develop some

communications materials in advance and store them on these secure servers. Add the www.pandemicflu.gov website as a link to local websites. Also see other available links in Appendix 3.

- Federal hotlines, such as the CDC-INFO telephone line (1-800-CDC-INFO; 1-800-232-4636), will be available for public information. However, during an influenza pandemic, state and local health departments may also wish to tailor additional information for their localities. Determine if agreements or contracts will be needed to establish a local toll-free public information hotline. Hotline staff should be trained in advance. They should have access to the www.pandemicflu.gov website and to an evolving state or local database of frequently asked questions. Consider options for adapting existing networks into pandemic influenza response systems, either singularly or in combination with neighboring jurisdictions.
- Prepare contingency plans to manage increased media demands. Jurisdictions with possible or early confirmed cases of pandemic influenza can expect focused media attention. Local media relations specialists will need to prepare for media requests and facilities needs, especially for television. Regularly scheduled press briefings may reduce the volume of inquiries to press offices. Media interest may merit daily briefings.
- Develop ongoing coordination procedures with other agencies and organizations to conserve resources and avoid duplication in such areas as developing and pre-testing messages, and in training media spokespersons.

D. Developing, testing, and disseminating locally tailored Interpandemic messages and materials

The Interpandemic period is the ideal time to identify and learn about target audiences and raise awareness and knowledge of pandemic influenza. Doing so, however, may prove challenging. For instance, in the absence of pandemic influenza, it may be difficult to generate media and public interest in pandemic influenza. In addition, the need to inform and educate the public, healthcare professionals, policy-makers, and others about the threat of a pandemic must be balanced against the possibility that a pandemic may not occur for many years and may or may not be severe. Risk communication strategies such as dilemma-sharing and acknowledging uncertainty can help establish appropriate and balanced messages.

It is also appropriate during the Interpandemic Period to prepare communications materials for use during the Pandemic Alert and Pandemic Periods. Advance message development helps to ensure that the target audience's questions and concerns are addressed and that messages are credible and understandable. Answers to the most likely questions can be provided by way of press releases and fact sheets, using "place-holders" for specific details to be inserted later. Reviewing and clearing these materials in advance can help identify potential areas of disagreement and allow time to work through controversies outside the stressful environment of an emergency response. Formative research can help inform development of appropriately tailored messages. (See Appendices 1 and 2 for additional information about message development.)

Communications efforts should also take into account knowledge, attitudes, and beliefs (KABs) that suggest how audiences understand and react to certain messages. Concerns will vary by group or subgroup but will likely include personal safety, family and pet safety, and interruption of routine life activities. State and local communications professionals should identify methods to assess the unique KABs of target audiences in their populations and communities. Such activities can help identify potential barriers to compliance with response measures, and inform message development to build support and trust.

Stigmatization and discrimination (e.g., being shunned as a perceived source of contagion) can be especially difficult and potentially dangerous during an infectious disease outbreak. Identify possible scenarios when stigmatization may occur. Plan steps to address and resolve such problems quickly and repeatedly if needed. Consider messages for general audiences, high-risk groups, and difficult-to-reach populations. (For additional information, see Supplement 11, which includes sections on psychosocial factors and issues.)

Basic human needs for self-protection and protection of loved ones can have both positive and negative impacts on public health efforts. Stress, worry, and fear will be present to varying degrees throughout a pandemic. Communications professionals

should work ahead of time with others—including mental health experts—to assess the effect of message content on public anxiety, anticipate other possible stressful situations, and plan appropriate countermeasures.

Additional considerations for developing and disseminating messages and materials about pandemic influenza include the following:

- Assess existing organizational resources for communications, including materials and messages to meet concerns and information needs of target audiences and identify current and potential information gaps.
- Maintain current, accessible, and secure communications contact lists and databases.
- Develop a portfolio of communications information sources, including material on topics such as clinical and laboratory diagnostics, infection control practices, isolation and quarantine procedures, stigmatization management, travel control authority, and legal issues related to the pandemic. States and localities will find much information for a portfolio through the www.pandemicflu.gov website and other resources during a pandemic and are encouraged to use or adapt these materials.
- Work with local subject-matter experts to adapt key national messages about topics such as basic medical treatments, prioritization recommendations for high-risk groups, use of antiviral medications, and access to care. HHS will provide communications materials (e.g., fact sheets, question-and-answer documents, and message maps) for states and localities to use and adapt.
- Work with local subject-matter experts to adapt communications components of education courses and materials in multiple formats for professional audiences. Consult the www.pandemicflu.gov and www.cdc.gov/flu/ websites for information about specific materials and training opportunities.
- Develop a specific, consistent plan to identify and address rumors and misinformation promptly. Test the plan before a pandemic occurs and modify as needed to ensure it works.
- Identify preferred channels for target audiences. For example, many healthcare providers will have no experience with an influenza pandemic and will rely in part on state and local health departments for rapid access to information.
- Ensure the availability of communications products in multiple languages, based on the demographics of the jurisdiction. Health departments may choose to use or adapt translated materials that will be available on the www.pandemicflu.gov and www.cdc.gov/flu/ websites. Test key messages with local target audiences and revise them as needed. CDC will engage in message and materials testing activities and share the results broadly through websites and via the National Public Health Information Coalition (NPHIC).
- Begin disseminating messages and materials to increase the knowledge and understanding of the public, healthcare professionals, policy-makers, media, and others about unique aspects of pandemic influenza that distinguish it from seasonal influenza, and generally what to expect during different phases of an influenza pandemic.
- Provide coordinated information on ways to access help (e.g., hotlines, helplines) and self-help (e.g., psychological resources, and stress and anxiety management).

S10-IV. RECOMMENDATIONS FOR THE PANDEMIC PERIOD

HHS will coordinate international information exchange and the coordination of messaging through WHO and other international partners, as appropriate. Domestic health communications, including state and local public health communications efforts, should be directed to rapid sharing of appropriate, up-to-date information on what is known and what is unknown about the progression of the outbreak, the possible disruptions to routines and events, and contingency measures. Consistency in messaging across jurisdictions is strongly advised.

The Pandemic Period is likely to last much longer than a typical influenza season and may occur in waves within communities. During this period, watch especially for challenges that may arise with staff fatigue or absenteeism due to illness, difficulties with continuity of services, and problems associated with institutional memory that may occur with high staff turnover. Communications staff and others may need to modify plans made during the Interpandemic and Pandemic Alert Periods.

Primary areas on which communications professionals should focus during the Pandemic Period are providing timely, accurate information in especially challenging conditions, coordinating communications leadership across all tiers of jurisdiction (e.g., local, state, regional, and national), and promptly addressing rumors, misperceptions, stigmatization, and any unrealistic expectations about public and private health provider response capacity.

A. Activating emergency communications plans

Consider the context of the local situation when making decisions to activate formal emergency communication systems at the state and local levels. State and local health departments may want to consider potential thresholds and triggers that might indicate that communications demands are likely to escalate quickly. These might include developments that raise the health risk to local populations (for example, if a human case of avian influenza is reported in a local jurisdiction). As communications demands escalate, state and local health departments may want to activate emergency communications plans, including local toll-free information hotlines and an emergency communications website with links to the www.pandemicflu.gov website.

B. Refining and delivering messages

The following are steps for states and local areas to consider, in collaboration with federal partners:

- Provide regular updates and offer opportunities to address questions (e.g., in partnership with news media, in public forums, and in printed or electronic messages).
- Distribute practical information, such as travelers' advisories, infection control measures, and information about potential priority distribution of antiviral medications and first-generation vaccines. Be prepared to immediately address questions related to initial case(s) and to provide guidance to the public about disease susceptibility, diagnosis, and management, as well as other topics.
- Reinforce and verify ways to help people protect themselves, their families, and others, including self-care information for psychological well-being.
- Address rumors and misinformation promptly and persistently.
- Take steps to minimize stigmatization.

C. Providing timely, accurate information

Depending on health, economic, and overall societal effects, such as the extent of influenza-related illness and death, communications professionals should reassess and adjust as necessary to emerging needs and expectations of public and professional audiences. Areas meriting particular attention include:

- Community subject-matter experts and spokespersons. It may be important to consider additional recruitment and training.
- Effectiveness of procedures for keeping communications lists, materials, and databases current and accurate.
- Open and accessible channels for advice to the public, including ongoing functioning of hotlines in collaboration with the CDC-INFO telephone line. In addition to providing ready access to inquiries and concerns, state and local hotlines can help communications professionals assess community awareness and behaviors and adapt communications strategies.

D. Providing coordinated communications leadership across jurisdictional tiers (e.g., local, regional, state, and national)

- Work with state and local officials to involve communications professionals on senior leadership teams, including roles as liaisons to national communications teams at CDC and other agencies as necessary.
- Maintain strong working relationships with colleagues in other jurisdictions and regions, even when an outbreak may not yet have affected your area directly or may have subsided locally. The following colleagues are especially important to consider.
 - Public affairs directors and information officers from other local and state health departments
 - City and state government public affairs officers
 - Communications staff at congressional and other government offices
 - Communications staff at local and regional police, fire, and emergency management offices
 - Regional health and emergency preparedness colleagues
 - State and local mental health agencies
 - Hospital public relations/affairs departments
 - State and local Emergency Operations Center coordinators
 - Federal Emergency Operations Centers
- Promote public acceptance and support for national response measures and contingency plans.

E. Promptly addressing rumors, misperceptions, stigmatization, and unrealistic expectations about the capacity of public and private health providers

After the initial stages of a pandemic, news media coverage may become more mixed, with both positive and critical coverage. Hero stories may emerge, while "what ifs" and negative images may start to compete for the public attention. As the media proceeds into in-depth analysis of what happened and why, these elements become important to an effective response:

- Monitor news media reports and public inquiries to identify emerging issues, rumors, and misperceptions and respond accordingly.
- Conduct "desk-side briefings" and editorial roundtables with news media decision-makers.
- Proactively address groups that voice overly critical, unrealistic expectations.
- Establish trust with marginalized groups subject to or experiencing stigmatization and cite specific media outlets for inaccurate, misleading, or misguided reporting that may serve to encourage stigmatization.
- Maintain scheduled access to pandemic subject-matter experts to balance the media's needs with other subject-matter expert priorities.

APPENDIX 1. BACKGROUND INFORMATION FOR DEVELOPING COMMUNICATIONS MESSAGES ABOUT PANDEMIC INFLUENZA

The language, timing, and detail of key messages will depend on a number of factors, including demographics and group psychological profiles of intended audiences, available or preferred media, and urgency. However, the following points may help communications professionals adapt appropriate health messages related to an influenza pandemic:

- By definition, pandemic influenza will result from a new influenza A subtype against which humans have limited or no natural immunity. Pandemic influenza virus infection therefore is likely to cause serious, possibly life-threatening disease in greater numbers, even among previously healthy persons, than occurs during seasonal inter-pandemic influenza outbreaks.
- Global influenza pandemics are unpredictable events, presenting challenges for communication..
- Global and domestic surveillance, coupled with laboratory testing, are vital to identifying new influenza A subtypes virus strains with pandemic potential.
- The threat of a pandemic may be heightened when a highly pathogenic avian influenza A virus spreads widely among birds and infects other animals, including humans. The strains can mutate or adapt and give rise to a strain that spreads easily from person to person in a sustained manner, causing a pandemic.
- Illness and death may be much higher during a pandemic than during annual seasonal community influenza outbreaks; pandemics can also occur in waves over several months.
- It could take many months to develop an effective pandemic influenza vaccine and immunize substantial numbers of people. Antiviral medications for treatment or prevention of pandemic influenza could have an important interim role, but may also be in short supply. Consequently, practical and common sense measures, such as frequent handwashing, covering your mouth and nose while sneezing or coughing, and staying home from work or school if you are ill with influenza-like illness, may be important to help prevent the spread of pandemic influenza.
- Although travel restrictions and isolation and quarantine procedures may limit or slow the spread of pandemic influenza in its earliest stages, these measures are likely to be much less effective once the pandemic is widespread. Alternative population containment measures (e.g., cancellation of public events) may be necessary.
- The United States is preparing for pandemic influenza by:
 - Developing a coordinated national strategy to prepare for and respond to an influenza pandemic
 - Educating healthcare workers about pandemic influenza diagnosis, case management, and infection control practices
 - Refining global and domestic pandemic influenza surveillance systems
 - Developing guidelines for minimizing transmission opportunities in different settings
 - Expanding supplies of antiviral medications in the Strategic National Stockpile and establishing guidelines for their use
 - Developing candidate vaccines and establishing plans for the rapid development, testing, production, and distribution of vaccines that may target specific pandemic influenza strains
 - Developing materials that states and localities can adapt as guidance for use during an influenza pandemic.

APPENDIX 2. SAMPLE MATERIALS

HHS will provide communications materials for states and localities throughout all pandemic phases. Many of these resources will be made available at appropriate times on the www.pandemicflu.gov website. Others will be disseminated by using the Health Alert Network (HAN), Epidemic Information Exchange (Epi-X), and other resources for health professionals. The following list offers a sample of the types of communications materials that states and local areas can expect from CDC. This is not an inclusive list and may change depending on the nature and circumstances of a specific influenza pandemic threat. See Appendix 3 (of this supplement) for additional resources.

Pandemic Influenza Fact Sheet

<http://www.cdc.gov/flu/avian/gen-info/pandemics.htm>

Avian Influenza Fact Sheet

<http://www.cdc.gov/flu/avian/gen-info/facts.htm>

Guidance to Travelers

http://www.cdc.gov/travel/other/avian_flu_ah5n1_031605.htm

Interim Guidance for U.S. Citizens Living Abroad

http://www.cdc.gov/travel/other/avian_flu_ig_americans_abroad_032405.htm

Sample CDC News Conference Transcript

<http://www.cdc.gov/od/oc/media/transcripts/t040127.htm>

Managing Anxiety in Times of Crisis

<http://mentalhealth.samhsa.gov/cmhs/managinganxiety/default.asp>

APPENDIX 3. ADDITIONAL RESOURCES

HHS and its agencies will make resources available to state and local health professionals to assist with their communications responsibilities during Interpandemic, Pandemic Alert, and Pandemic Periods. Because information may change frequently, check the www.pandemicflu.gov and www.cdc.gov/flu/ websites for up-to-date materials. Communications professionals in states and local areas will be able to localize and download most resources, including posters, brochures, fact sheets, media kits, webcasts, and archived satellite broadcasts. Much of the material will also be available through e-mail or mail orders. Material will include color and black and white versions for healthcare and public health professionals and for public audiences, as well as specific versions for low-literacy populations. As appropriate and feasible, material will be provided in a variety of languages.

One of the most comprehensive and practical resources for communications professionals is the CDCynergy CD-ROM set produced by CDC. Emergency Risk Communication CDCynergy is applicable to communicating before and during an influenza pandemic. Communications staff also may find the CDCynergy 3.0 disk helpful. Information about CDCynergy is available on CDC's website at <http://www.cdc.gov/communication/cdcynergy.htm>.

Communicating in a Crisis: Risk Communication Guidelines for Public Officials is available on SAMHSA's website at <http://www.riskcommunication.samhsa.gov/index.htm> and bound copies can be ordered online at no charge from SAMHSA's National Mental Health Information Center (<http://store.mentalhealth.org/publications/ordering.aspx>) or by calling 1-800-789-2647. This pocket reference describes basic skills and techniques for clear, effective crisis communications and information dissemination, and provides some of the tools of the trade for media relations.

Other resources

National Vaccine Program Office Pandemic Influenza Website
<http://www.HHS.gov/nvpo/pandemics/>

WHO Pandemic Influenza Website
<http://www.who.int/csr/disease/influenza/pandemic/en/>

MMWR Guide for Influenza
http://www.cdc.gov/mmwr/mguide_flu.html

Epidemic Information Exchange (Epi-X)
<http://www.cdc.gov/mmwr/epix/epix.html>

Health Alert Network (HAN)
<http://www.bt.cdc.gov/documentsapp/HAN/han.asp>; <http://www.phppo.cdc.gov/han>

Centers for Public Health Preparedness
www.asph.org/acphp

- This website provides locating information and links to the 40 centers involved in this network. The centers form a unique partnership that includes accredited schools of public health, dentistry schools, medical schools, veterinary schools, and state and local health departments. Together, the partners provide a countrywide defense system through the preparation of front-line public health workers and first responders.

Vaccine-Specific Sites and Resources

Vaccine Adverse Events Reporting System (VAERS) website at <http://vaers.hhs.gov/> or call 1-800-822-7967

Surveillance Sites

CDC Influenza Surveillance Data

EISS: European Influenza Surveillance Scheme

EuroGROG: International Influenza Surveillance

World Health Organization (WHO): Flunet

Outbreak Sites

Animal and Plant Health Inspection Service (APHIS), Veterinary Services, U.S. Department of Agriculture (USDA)

APHIS coordinates efforts to prepare for and respond to outbreaks of exotic animal diseases, including highly pathogenic avian influenza. Results of surveillance for influenza A viruses in avian species in the United States are reported each year by the National Veterinary Services Laboratories in the Proceedings of the U.S. Animal Health Association Annual Meeting.

World Health Organization Disease Outbreak Site

The World Health Organization (WHO): disease outbreaks

Research Sites

National Institute of Allergy and Infectious Diseases (NIAID)

<http://www.niaid.nih.gov/dmid/influenza/pandemic.htm>

USDA Agricultural Research Service

Agricultural Research Service (ARS), USDA

The ARS' Southeast Poultry Research Laboratory publishes information on avian influenza research and contacts for further information.

Manufacture and Licensing of Influenza Vaccine

Center for Biologics Evaluation and Research (CBER), FDA

CBER plays a critical role in the manufacture and licensing of influenza vaccine.

WHO Global Influenza Preparedness Plan

http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html

APPENDIX 4. HHS PANDEMIC INFLUENZA RISK COMMUNICATION AND PUBLIC OUTREACH STRATEGY

OVERVIEW

Pandemic influenza risk communication strategies are a critical and necessary component of pandemic influenza preparedness. To be effective, these strategies should be based on scientifically derived risk communications principles and 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.

The main objective of this HHS communication strategy is to prepare the U.S. public and communities for an influenza pandemic by developing messages and materials to share with local, public and private sectors as well as our global partners. In advance of a pandemic, a system can be developed for alerting the public and draft messages and materials can be prepared.

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 upon which future actions can be based. Once a pandemic occurs, our ability to communicate effectively will help HHS manage the public health implications of a pandemic. Studies have shown that the public will respond and cooperate more readily if they are involved directly in discussions and planning for future events. The HHS plan includes both strong risk communication and public outreach in order to build public trust, confidence, and cooperation. For many communities, local leaders may have to rely on risk communication as the primary tool to manage the crisis.

The communication strategy provides HHS guidance on the type of information that is crucial to convey in initial messages in order to prompt appropriate public responses after a crisis situation; the messages that can be delivered prior to, during, and after an incident; the obstacles to effective communications and how they can be minimized; opportunities that currently exist and how to maximize resources; the questions that we can anticipate from the public. This strategy reflects a two year agenda for pandemic preparedness communication and public outreach activities.

Importantly, pandemic influenza risk communication must be approached differently than many other disasters and emergencies. For example, pandemic influenza is likely to be wide-spread (not localized) and will therefore strain National resources. Communities will need to develop local plans for community continuity. In addition, pandemic influenza is likely to be a prolonged event, which will require a plan for ensuring sustained societal functions.

The objectives of this HHS communication strategy are to:

- prepare the U.S. public and communities for a pandemic;
- communicate the need for local preparedness and that Because of t "not business as usual";
- develop central messages and materials that can be shared broadly;
- coordinate across HHS and other Federal Departments; and
- provide support to our global partners.

GENERAL RISK COMMUNICATION PRINCIPLES

Using sound and thoughtful risk communication strategies can assist public officials in preventing fear-driven, and potentially damaging public responses to crises such as bioterrorism and pandemic disease outbreaks. These strategies can help foster trust and confidence that are vital to public health.(Covello et al., 2001; Maxwell, 1999). Before a crisis occurs, public officials can prepare communities, risk managers, government spokespersons, public health officials, the news media, physicians, and hospital personnel with appropriate messages that can help build public confidence in public officials and the measures they recommend. (O'Toole, 2001).

The HHS National Pandemic Influenza Risk Communications and Public Outreach Strategy follows seven key risk communications concepts.

1. When health risks are uncertain, as likely will be the case during an influenza pandemic, people need information about what is known and unknown, and interim guidance to formulate decisions to help protect their health and the health of others.
2. An influenza pandemic will generate immediate, intense, and sustained demand for information from the public, healthcare providers, policy makers, and news media. Healthcare workers and public health staff may need training in media relations and public health communications.
3. Timely and transparent dissemination of accurate, science-based information about pandemic influenza and the progress of the response can build public trust and confidence, particularly when such communication efforts are guided by established principles of risk communication.
4. Coordination of message development and release of information among federal, state, and local health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
5. Guidance to community members about how to protect themselves and their family and colleagues is an essential component of crisis management.
6. Information to public audiences should be technically correct and sufficiently complete to encourage support of policies and official actions without seeming patronizing to the public.
7. Information presented during an influenza pandemic should minimize speculation and avoid over-interpretation of data, overly confident assessments of investigations and control measures, and critical comments related to other jurisdictions.

The two most important concepts relate to communicating uncertainty, openly and honestly acknowledging that “this will not be business as usual.”

Recognizing and admitting uncertainty is a component of most risk communication situations (Plough et al., 1988; and Chess, 1989). Scientific uncertainty can complicate communications when officials try to satisfy the public's demand for reliable and meaningful information for many risk situations. Public health officials frequently face the dilemma of having to acknowledge and explain uncertainty to a public that thinks scientific findings are precise, repeatable, and reliable. Moreover, the public often associates correlation and association as being the same as causality. As a result, officials often face the additional task of trying to explain the data's limitations and uncertainties. Audiences need to be provided as much information as possible to help them understand that uncertainty is part of the process and that the answers may change as new information and science becomes available.

Public officials must also acknowledge that a crisis demands an acknowledgment that “this will not be business as usual.” This can be communicated by:

- Emphasizing the rationale and importance of adherence to public health measures that some people may consider intrusive (e.g., quarantine).
- Helping to set reasonable expectations of public health and health care systems.
- Promptly address rumors, inaccuracies, and misperceptions.
- Minimizing stigmatization that may occur during a pandemic.
- Ensuring that high-risk groups and others with special needs (e.g., non-English speaking populations, difficult-to-reach communities, and persons living in institutional settings) receive appropriate information.
- Acknowledging the anxiety, distress, and grief that people experience during long-term, major public health crises such as pandemics.

HHS PANDEMIC INFLUENZA RISK COMMUNICATION AND PUBLIC OUTREACH STRATEGY

During the prepandemic or interpandemic period, national, state, and local communities need to disseminate messages explaining why pandemic influenza is a potential public health threat, what is being done to prepare, how a pandemic would be different from annual influenza outbreaks, and what communities can do in advance. A portfolio of materials, including other sources of information is being developed by HHS for use by communities and other groups. A national website www.pandemicflu.gov will be updated regularly and serve as a national information clearinghouse. Nine key components define the HHS communications strategy:

1) PLANNING AND ASSESSMENT OF CURRENT KNOWLEDGE

- Determine what communications actions will be taken and by whom in advance of a pandemic (i.e. prepandemic) and once a pandemic is confirmed by WHO
- Ascertain communication needs for various audience segments (i.e. What materials, resources, processes, and systems, will be necessary in both phases?)
- Conduct an environmental scan or an assessment of current knowledge of pandemic influenza, which will include:
- Scholarly literature review on Avian Flu or whatever pandemic flu strain is the problem, public health risks, public and political response to similar incidents (e.g., SARS),.
- Review of media coverage of pandemics, Review of web sources
- Assess and analyze media and public baseline knowledge and attitudes.
- Review current national and international efforts and programs to control the pandemic and work with international partners to coordinate activities (WHO)

2) FORMATIVE AUDIENCE RESEARCH

- Define public perceptions, attitudes, beliefs, . Study these from communication perspective to determine how to position information so that people attend to messages and act upon them.
- Conduct 2 sets of 9 cognitive interviews and 16 focus groups with general public.
- Conduct 18 telephone stakeholder interviews with health professionals and community leaders.

3) MESSAGE AND MATERIAL DEVELOPMENT

- Develop prepandemic (WHO intrapandemic and pandemic alert levels) and pandemic messages and materials based on risk communication principles, as outlined in the WHO Outbreak Communication Guidelines.
- Define audiences and develop materials for these audiences.
- Develop message maps and concepts appropriate for each "Phase" of an influenza pandemic development. To test event messages, a video-based scenario will be used to simulate emotional response during a pandemic.
- Coordinate with other agencies to identify pre-event and event material needs and to develop new materials as needed. Materials may include:
 - "HHS Prepares for Pandemic Influenza" - a sixteen page, color version of the pandemic plan for the public that describes the major issues, decisions, actions regarding pandemic influenza.
 - Live announcer copy
 - Core Q&As
 - Hotline response materials

- Fact sheets
- B-roll
- Graphics to support HHS communication (animation)
- Conduct focus groups with general public to pretest event messages separately and/or materials. Provide additional support for material development as needed.

4) CROSS GOVERNMENT COLLABORATION AND COORDINATION

- Establish a cross agency working group that includes communication, policy and subject matter experts. This working group will review and shares strategies and activities being undertaken by each agency and develop a coordinated communication approach. This working group will:
 - Develop consistent messages about pandemic influenza
 - Ensure common understanding of HHS objectives and strategies
 - Leverage existing activities and resources to address pandemic influenza
 - Develop an inventory of current activities
 - Identify gaps and make recommendations on how they can be filled
 - Coordinate media planning, stakeholder outreach
 - Coordinate communications systems as appropriate.
 - Outreach to other Departments in the Federal government and international partners.

5) TRAINING

- Coordinate Training sessions for emergency risk communication among “master trainers” as identified through previous training courses provided by CDC, as well as CDC recommendations. These core trainers would then provide on the ground training within their regions and states focusing specifically on Pandemic Influenza.
- Conduct media training for spokespersons on public health crisis response and risk communications principles.
- Prepare a highly specialized risk communication and message development workshop. This workshop would be focused on building trust across policy makers, communications experts, and subject matter experts across HHS and partner agencies to support effective risk communication during an outbreak of Pandemic Influenza.
- Run a senior official pandemic influenza/communication-focused exercise in cooperation with other government departments.

6) MEDIA OUTREACH

- Coordinate closely with the CDC and other HHS agencies on a National Pandemic Influenza Media Plan , which would include:
 - Develop core press materials to serve as backgrounder documents for federal, state and local partners, using existing CDC materials as a starting point
 - Conduct media briefing with key national outlets to demonstrate how HHS will function and discuss community planning
 - Coordinate media relations with Canada, UK, Mexico, WHO, PAHO, Japan, the EU, and GHSAG, as appropriate.
 - Coordinate and host a total of six informational roundtables with:

Key science and health writers/reporters to lay out the groundwork for basic understanding of a pandemic, the risk of an outbreak, the public health response, fact/myths about pandemics, the role of infection control in managing the outbreak, etc.

Key minority media and those representing special-needs groups.

- Review and enhance media lists.

7) COMMUNITY CONTINUITY PLANNING

In collaboration with other government offices (e.g. Department of Education) HHS will develop toolkits specific to different audience segments (e.g. socio-economic considerations) to help inform them about the potential threat of a pandemic, the implications of a pandemic for this sector, and what this sector needs to know in advance so that they can best prepare.

HHS will:

Conduct research into existing infrastructures and plans that can be models for this effort.

Engage community leaders in pre-pandemic planning

- Convene multiple stakeholders meeting.
- Publish proceedings as a document on community continuity planning for Pandemic Influenza and distribute widely including online/electronically
- Develop tool kits for communities for continuity planning working with other governmental partners (e.g. Dept of Education on Tool Kit for Schools)
- Provide exercises/scenarios with leaders' guide on the Pandemic so that communities can use these to determine what they need to put in place, what choices/options they face.
- Develop an online exercise activity designed to help community groups plan for ensuring that community members have access to needed services (e.g., child care, transportation to essential appointments and essential supplies) in a pandemic influenza event. The exercise will be designed similarly to a board game. The outcome for community groups participating in the game will be to have developed a set of materials such as telephone trees, transportation plans, and community maps marked with the location of essential services, the location of individuals who need assistance, etc. Training will be based on core scenario developed for other trainings.

8) BUSINESS CONTINUITY PLANNING

Stimulate and support business leader continuity planning.

Engage Business Leaders in Pandemic Flu Continuity Planning.

Help them understand nature of the outbreak and why employees should stay home. Provide information on how to plan to continue operations during a pandemic.

Support their exploration of how they can use volunteers to deliver good and services to quarantined community members.

Support their exploration of how they can support public health response

Conduct Business Roundtables

Work with SBA, DOC, DOL and other stakeholders such as Chambers of Commerce, to convene four key business leader and union representatives in a series of roundtables segmented by business size, and/or geography, and/or nature of business.

- Publish outcome of meeting proceedings and widely distribute

- Provide handbook for business leaders and other stakeholders to encourage and support their planning for/coping with Pandemic Influenza. This would include background information on all relevant topics.

9) PUBLIC ENGAGEMENT

Expert Discussions

Host roundtable discussions with medical influencers and opinion leaders Identify and convene key health professional influencers for an "expert discussion" to better understand the likely criticisms the agency may face from the public, and also help these influencers better understand the challenges of pandemic influenza management, relevant research underway, etc. so that they will have a better understanding of what they are commenting on if called upon by the media during an outbreak.

Town Hall Meetings in Six Cities (San Diego, San Francisco or Seattle; Detroit; Miami; Dallas or Fort Worth; Philadelphia and Mobile) Work with Council for Excellence in Government to convene town meetings across the nation with key stakeholders to engage them in planning for pandemic and community continuity.

- public health/public officials
- private sector clinicians
- education sector
- business sector
- non-profit/volunteer sector

Format of town meetings will include a primary session of 200 participants across stakeholder groups, with breakout sessions following. This will include location scouting, panelist research, media and community outreach. Tasks will include:

- secure panelists and sub panelists in the following areas: HHS leadership; local public health leadership; local private sector clinical officials; local nonprofit/volunteer community; local education community; local business leaders
- publicize event through media partnerships and strategic outreach to build community audience of 200 people
- conduct on-line registration that includes audience pre-event polling
- research on locality and specific issues and concerns for discussion
- secure nationally recognized media personality for moderator and A/V vendor
- produce moderator guide (show script)
- oversee all media relations prior, during and post event
- produce town hall event, including show production, live audience polling and on-site event management
- produce and facilitate post town hall leadership symposium

Public Dialogue Sessions—Meetings with National stakeholder organizations at IOM in July, Sept to discuss priority groups for vaccination during a pandemic. Meetings with local citizens in Atlanta, Omaha, Boston, and Portland in August and September.

10) INTERNATIONAL SUPPORT

- Work with WHO to support public health risk communications needs globally.
- If requested, provide template materials that can be adapted to local needs.
- Support global risk communication training through WHO

HHS RESPONSIBILITIES

Pandemic Period

Develop key messages and materials and conduct audience research and message testing and share results with state and local communications staff.

Provide tools and resources through the www.pandemicflu.gov and other avenues to help educate state and local communications staff.

Identify and train lead spokespersons.

Provide state and local health agencies with guidance about developing communications aspects of preparedness plans.

Work with state and local governments to incorporate communications preparedness as part of larger preparedness exercises.

Work with other non-public health sectors to help provide communications tools for their communities.

Work with the World Health Organization (WHO) and other international public health partners to plan and coordinate communication activities for an influenza pandemic.

Pandemic Alert

Coordinate pandemic influenza media messages to ensure consistency

Provide regular updates about situations that pose potential pandemic influenza threats (e.g., through Health Alert Network [HAN] notices and Web site postings).

Distribute educational messages about pandemic influenza and ways that people can protect themselves and their families

Distribute practical information, such as travel advisories, infection control, availability and use of antiviral medications and vaccines, and specific public health actions that may be needed.

Address rumors and false reports regarding pandemic influenza threats.

Pandemic Period

Coordinate pandemic influenza media messages to ensure consistency

Coordinate communications activities with state and local communications staff, including regional or local communications centers as appropriate.

Promptly respond to rumors and inaccurate information to minimize concern, social disruption, and stigmatization