

Guide E

Smallpox Preparation and Response
Activities:

Communication Plan and Activities

Guide E

Communication Plans and Activities

Introduction

Developing a crisis communication plan and infrastructure is an integral part of smallpox preparedness. Effective communication in both the public and private sectors can help ensure public trust and credibility in the health system and support efforts to protect the public in the event of a laboratory confirmed case of smallpox. Timely, consistent, and accurate communication can impact how the media, public and clinical health care communities react to a smallpox outbreak – fostering appropriate behaviors and levels of concern.

A single laboratory confirmed case of smallpox will be considered a public health emergency and will necessitate extensive communication activities at the federal, state, and local levels of government, and among various organizations in the private sector. Communication lessons learned from recent public health crises, such as the anthrax attacks in 2001 and the emergence of SARS in 2003 have been incorporated into this plan.

The plan includes a number of appendices to supplement various aspects and provide samples of public service announcements that can be used in the event of smallpox in the United States. This annex focuses primarily on CDC smallpox emergency communications. However, it provides guidance to state and local health departments, and other organizations on some of the critical communication functions required to go beyond media relations to a more comprehensive communication approach.

Overall Goals and Objectives for Smallpox Communications

The overall goals/objectives of smallpox communication are to use education and communication to assist public health officials in limiting the morbidity, mortality, social disruption, and economic loss caused by a confirmed smallpox case or cases. They include:

- Providing accurate, consistent, rapid and complete information to instill and maintain public confidence in the public health system to manage a case or cases of smallpox.
- Establishing and maintaining a strong communications infrastructure that enables prompt, coordinated, and ongoing information dissemination to and among public health officials, health care providers, policy makers, partner organizations, the media, the public, and other stakeholders (e.g., trade and industry).
- Offering immediate, consistent and clear information to health care providers and the public regarding steps they should take to protect their health during a smallpox outbreak.
- Minimizing, to the best extent possible, hostility toward and stigma of persons who have smallpox or are perceived as “contaminated.”
- Addressing, as quickly as possible, rumors, inaccuracies, and misperceptions.
- Increasing the understanding of the facts of smallpox disease, treatment, control, and prevention.

Key Considerations for Smallpox Communication

Smallpox communication planning should account for the following key factors:

- Effective smallpox communication requires extensive pre-event preparation. Pre-event preparation includes the development and distribution of messages and materials now to increase knowledge about all aspects of smallpox. Early messages should emphasize smallpox disease facts, how it is transmitted, what the symptoms are, the importance of smallpox vaccination as a way to prevent smallpox before and after exposure to the disease, smallpox control strategies and the public health system's response to a smallpox outbreak. Such communication should be aimed at increasing state and local readiness for a smallpox outbreak and at increasing knowledge levels among the general public about smallpox disease, prevention, and treatment.
- The use of isolation and quarantine to control the spread of smallpox will cause a lot of concern among affected people. It will be necessary to lay the groundwork to explain why these public health measures may be necessary, to describe the legal considerations for implementing them, and the mental health issues that they can cause among affected people.
- Like other recent public health emergencies, a smallpox outbreak will generate immediate, intense, and sustained public, health care provider, policy maker, and media attention and demand for information.
- Any smallpox outbreak would be a bioterrorism act and therefore considered to be an intentional spread of the smallpox virus.
- There will be enough smallpox vaccine for every person in the United States
- Smallpox vaccine will be effective in protecting against the strain of smallpox virus that has been released.
- One laboratory confirmed case of smallpox in the United States or anywhere may lead to a voluntary mass smallpox vaccination campaign.
- Effective smallpox communications encompasses more than media relations. Communications activities must address the needs of state and local public health professionals, local health care providers, and key partner organizations. They must also track the effectiveness of communication approaches. Diverse communication channels (e.g., Web-based, hotlines, conference calls, media briefings) will be needed to disseminate messages to these various audiences.
- During a smallpox outbreak and in the immediate time period following an outbreak, frequent, regularly scheduled updates/meetings between public and private partners, stakeholders, and the media will be critical to ensure coordinated, consistent, and responsive communications.

Guiding Crisis Communication Principles

Smallpox communication activities should be grounded in the guidelines that crisis communication experts, literature, and experience suggest for effectively addressing public concerns and fears. These principles of crisis communication include:

- Commit to the public and stakeholders continued open and timely communications. Adopt a policy of full disclosure about what is known and unknown.

- Acknowledge uncertainties about the event and its outcome. Avoid being overly confident in the initial phases of a smallpox outbreak. It is better to admit something is unknown than to make firm but unfounded declarations in an attempt to provide reassurance.
- Give detailed accounts of what is being done to address and control the smallpox outbreak.
- Give people specific steps they can take to protect themselves and their families, including how to get more information, the symptoms of smallpox to look out for, and where to go for immunization and/or care if needed.
- Avoid using technical jargon. Explain the situation to the public, media, and stakeholders in simple, clear, concise terms. Remember to consider the basics about your audiences when creating your messages: education, current subject knowledge and experience, age, language spoken/read, cultural norms, and geographic location.
- Prepare to address public panic, but don't assume that it will occur. Panic is much less common than imagined. Although it is common for literature on disaster communications to be replete with unfulfilled expectations of panicking "publics" this is not always the case. There are numerous accounts of how the public has acted responsibly and calmly in emergency situations. The SARS experience in Canada demonstrated that some people might not be concerned enough; particularly during the initial phases of an emerging illness and among those who are not in close proximity to the first cases. Be prepared for the challenges of both public panic, apathy, and denial.
- Use highly credible spokespersons who have been prepared for crisis communication with the public and the media.
- Acknowledge peoples' fear and express empathy, while giving them the information they need to put those fears into context.

Communication Preparedness Strategies

Communication preparedness strategies are steps that should be taken in preparation for a smallpox emergency. These strategies involve:

- Increasing the range and type of smallpox materials available to the public, health care providers, policymakers, and the media from CDC. Including more detailed descriptions of various steps that might be taken to respond to an outbreak to help increase confidence in and understanding of these strategies (ring vaccination, isolation and quarantine, vaccination clinics, etc.).
- Providing CDC tailored materials to CDC's partners for key audiences to be used in response to a smallpox event. These materials will include an understanding of how the public health system will respond, roles and responsibilities of the different sectors involved, how the virus is spread and controlled, and reasonable expectations regarding the scope and effects of public health actions.
- Developing, testing and reviewing clearance procedures for the release of information. Plan for timely and accurate reporting of the response of the public health system during an event of smallpox. These reports might include updates on new cases, status of patients, status of vaccination efforts, etc.

- Creating systems for regular communication between CDC, key audiences, and stakeholders. These systems will enhance relationships and build confidence in CDC's ability to respond to a smallpox event, as well as position CDC as the go-to resource for more information.
- Using existing CDC communication response infrastructure to enable fast and effective communications (e.g., the Health Alert Network).
- Facilitating accurate reporting of smallpox by building knowledge of the media on specific smallpox concepts (nature of disease, approach to smallpox containment, vaccine issues, etc.)
- Building skills of key opinion leaders (e.g., U.S. Conference of Mayors, third-party experts) to communicate effectively and consistently with the public health system and the media in the event of a smallpox case or cases.

CDC Communications in the Event of a Smallpox Outbreak

Communication functions that CDC expects to conduct in the event of a smallpox outbreak:

- Act as a communication liaison to other key communication officers, such as local, state, federal and international agencies involved in a smallpox outbreak response (e.g., local public health information officers, HHS, Department of Homeland Security, Department of Transportation, Federal Bureau of Investigation, World Health Organization, Pan American Health Organization, members of the Global Health Security Action Group [GHSAG]¹ etc.).
- Provide spokespersons to convey messages about HHS's overall response, including antiviral and vaccine supplies, distribution, quarantine, and isolation.
- Act as federal agency lead in communications with the public, health care providers, state and local public health departments, policy-makers and the media about signs and symptoms of smallpox, prevention efforts, morbidity and mortality figures, geographic location of cases, number of persons in quarantine and isolation, number of people immunized, vaccine safety issues, etc.
- Provide materials, key messages, and spokespersons to communicate to the media, public, health care providers, and state and local public health departments about smallpox disease, the smallpox outbreak, vaccine, treatment and control measures.

Core Communication Functions and CDC's Emergency Communication System

Building on experiences and insights from the anthrax events in 2001, CDC recognized the need to develop a comprehensive Emergency Communication System (ECS). The ECS is a system which responds to the immense needs of the local and national media.

ECS also includes:

- Centralizing communication coordination to promote consistent messages and recommendations

¹ Health Ministers and/or Principle GHSAG Officials of Canada, France, Germany, Italy, Japan, Mexico, United Kingdom, United States, European Commission (EC), and World Health Organization (WHO).

- Content development, management, and expedited clearance
- Dissemination of appropriate information to the public, clinicians, and public health practitioners through critical channels such as Web sites
- Public inquiry response
- Health education efforts
- Communication research to better understand audiences' needs and approaches

I. Ten Functional Areas of ECS

A. *Communication Leadership*

- Necessary for decision-making, coordination, facilitation and management of overall communications efforts
- The presence of a strong communication leadership team was an essential component of CDC's recent efforts to coordinate communications related to the National Smallpox Preparedness Program, SARS, monkeypox, and West Nile Virus.

Without the coordination and perspective provided by strong leadership, communications efforts run the risk of being inefficient, ineffective, and potentially damaging.

B. *Information management*

- Working with subject matter experts to draft, edit, and finalize needed messages and materials (e.g., fact sheets, brochures, question and answer documents)
- Facilitating clearance of materials
- Maintaining a database/log of all smallpox-related information and education materials
- Identifying information gaps
- Ensuring consistency of messages and materials

An "information management" team proved to be critical for identifying information gaps and helping to ensure the accuracy and consistency of CDC's messages during recent public health emergencies. Much of this group's success at CDC has been dependent on having the appropriate subject matter experts available to review and clear materials in a timely manner.

C. *Communication research*

- Identifying research needs
- Compiling data from the functions listed (e.g., hotline reports, Web site stats)
- Analyzing the data for crosscutting trends that leadership can use in deliberations and decision-making; scanning the environment for activities and messages that could help or hinder the public health response
- Testing messages and materials
- Conducting formative research on audience knowledge, attitudes and behaviors regarding smallpox that can inform and strengthen communication efforts

For example, formative research involving focus groups with clinicians was conducted by CDC during the very early stages of smallpox preparedness efforts. The research identified barriers and facilitators to smallpox vaccination, helping to inform future communication initiatives.

D. Media communication

- Developing and maintaining media contact lists
- Organizing press briefings, producing and distributing press releases, responding to media inquiries, and providing spokesperson support

CDC recommends a proactive approach to emergency communications with the media.

E. Clinician communication

- Identifying critical groups of health care providers, their information needs and the channels to reach them (e.g., satellite, online and in-person training courses)
- Arranging training activities and routine updates and briefings for clinician networks
- Responding to requests and inquiries from clinicians and clinician groups

Building relationships with clinician organizations and identifying more channels for rapidly disseminating emergency information and instructions to clinical communities will continue to play a key role in smallpox communication, both pre- and post-event. After the reporting of cardiac adverse events following smallpox vaccine, for example, clinicians rapidly received guidance and information on how to prescreen potential vaccinees that may have heart conditions putting them at risk for a smallpox vaccine adverse event.

F. Community health education –

- Identifying public education needs, concerns and interests
- Organizing and facilitating meetings/discussions to provide input to public information campaigns
- Disseminating information to the public and affected populations to minimize misconceptions, strengthen public confidence, and promote behaviors that protect public health
- Facilitating communication among affected communities
- Developing public information campaigns

G. Public health workforce communication

- Identifying critical groups of public health personnel, their information needs, and the channels to reach them
- Using appropriate channels to rapidly disseminate information to public health workers
- Arranging regular briefings and updates with public health partners
- Responding to information requests and inquiries from public health personnel

H. Policymaker communications

- Developing and maintaining lists and call logs of legislators and special interest groups
- Distributing press materials and updates to legislators and special interest groups
- Responding to inquiries from legislators and special interest groups
- Arranging routine briefings and updates

I. Hotlines

- Often needed to manage and respond to the volume of clinician and public inquiries during a public health emergency.
- Hotline staff must be provided with the latest and most comprehensive information and materials to be responsive to caller needs.
- Hotline staff should also facilitate the development of new content by identifying inquiries for which responses have not yet been written and cleared.

J. Web sites

- Critical communication tools during a public health crisis.
- Can be used to rapidly distribute fact sheets and education materials
- Mechanisms must be in place to ensure organization, management, and rapid updating of smallpox Web sites.

For an emergency communication system to be effective, regular and frequent briefings and coordination among communication professionals working in the various functional areas listed above are critical. Different functional areas may be more relevant to different agencies or organizations during different stages of a smallpox outbreak.

Key Stakeholders/Intermediaries

Identifying and establishing relationships with priority stakeholder groups is an important component of smallpox communication planning. Such groups are especially valuable for their perceived credibility and ability to reach their constituents. Stakeholder partnerships can help ensure smallpox messages effectively reach and are accepted by their intended audiences. The Table 1 lists examples of key federal audiences and some key stakeholder groups. It is not meant to be an exhaustive list of all stakeholders that should be contacted during a smallpox outbreak. State and local planners should identify those stakeholders who will be critical to their communication efforts.

Table 1. Key Federal Audiences and Stakeholder Groups

Audience	Stakeholder/Intermediary Groups (examples)
Media	<ul style="list-style-type: none"> • American Medical Writers Association • Association of Healthcare Journalists • Associated Press Managing Editors • National Association of Black Journalists • National Association of Broadcasters • National Association of Hispanic Journalists • National Association of Newspaper Editors • National Association of Science Writers • Radio-Television News Directors Association
Public	<ul style="list-style-type: none"> • American Association of Retired Persons • National Alliance for Hispanic Health • National Association for the Advancement of Colored People • Indian Health Service, HHS • National Asian Women's Health Organization

Audience	Stakeholder/Intermediary Groups (examples)
	<ul style="list-style-type: none"> • National Association of Neighborhoods • National Urban League • National Association of Government Employees • Service Employees International Union • Parent-Teacher Association • U.S. Chamber of Commerce
Public Health Workforce	<ul style="list-style-type: none"> • Association of State and Territorial Health Officials • Council of State and Territorial Epidemiologists • National Association of County and City Health Officials • Association of Public Health Laboratories • National Public Health Information Coalition • American Public Health Association • National Area Health Education Centers Organization • World Health Organization • Pan American Health Organization • Members of GHSAG
Clinicians	<ul style="list-style-type: none"> • American Hospital Association • American Medical Association • American Academy of Family Practitioners • American Academy of Pediatrics • American Nurses Association • Association for Professionals in Infection Control and Epidemiology • National Mental Health Association • Association of Academic Health Centers • Society for Healthcare Epidemiology of America
Policymakers	<ul style="list-style-type: none"> • National Conference of State Legislators • National Association of Towns and Townships • National Governors Association • The Council of State Governments • U.S. Conference of Mayors

CDC's Key Smallpox Preparedness Communication Activities

CDC has undertaken a number of communication activities and will continue to plan for more in the future to help ensure successful communication efforts in the event of a smallpox outbreak. These activities include:

- Maintaining a comprehensive smallpox communication plan, consistent with the template presented in CDC's CDCynergy emergency communication planning tool. The plan will include notification procedures, event response matrices, and complete lists of stakeholders, media contacts, and third party experts.

- Placing key aspects of the federal smallpox plan into visual, at-a-glance formats (posters, slides, etc.) to be used in training activities and other situations in which reading the plan is not feasible (e.g., during the height of a smallpox outbreak).
- Conducting regular formative communication research with public health workers and clinicians to identify barriers and facilitators to an effective smallpox response.
- Updating key messages (in the form of message maps) and developing new ones for key issues that are likely to arise during a smallpox outbreak.
- Continuing to develop and update basic communication materials (e.g., fact sheets, question and answer documents) and translate them into Spanish, Chinese, French, Japanese, Korean, Vietnamese and other languages.
- Implementing tabletop and infield exercises to test the communication plan and draft messages and materials.
- Developing mock smallpox Web sites and testing them for usability and accessibility with primary target audiences.
- Ongoing satellite broadcasts to train clinicians and public health personnel about smallpox preparedness and response.

Tables 2 - 6 provide a description of communication activities that should occur before and during a smallpox outbreak. These tables are intended to provide guidance and not to be an exhaustive list of smallpox communication action steps. State and local health department and health care system/private sector smallpox communication plans may include additional, fewer, and/or alternative functions and activities.

Table 2. Smallpox Communication Preparedness Activities

Functional Area	Key Activities
Communication leadership	<input type="checkbox"/> Assess current communication resources and needs <input type="checkbox"/> Review and update as needed smallpox communication plans <input type="checkbox"/> Continue to share communication plans with partners and stakeholders including national, state, local and international partners (WHO, PAHO, GHSAG) <input type="checkbox"/> Determine flow of communications to and from public and private stakeholders <input type="checkbox"/> Incorporate lessons learned from tabletop and other exercises into plans <input type="checkbox"/> Identify and train field personnel for deployment
Information management	<input type="checkbox"/> Develop and review key messages for different audiences

Functional Area	Key Activities
	<ul style="list-style-type: none"> <input type="checkbox"/> Establish protocol for expedited clearance process with subject matter experts (SMEs) to review and clear materials <input type="checkbox"/> Maintain an inventory of education materials for clinicians and the general public and regularly update them <input type="checkbox"/> Identify, draft, and clear needed materials using previous cleared language when possible. Materials should address smallpox symptoms, transmission, treatment, and prevention (including vaccination, quarantine, and isolation) <input type="checkbox"/> Translate a core of basic educational materials in the primary languages in state/local communities (CDC materials will be available in English, Spanish, Chinese, French, Japanese, Korean, and Vietnamese)
Communication research	<ul style="list-style-type: none"> <input type="checkbox"/> Review existing data on public and clinician knowledge, attitudes and behavior relevant to a smallpox outbreak (e.g., isolation, quarantine) <input type="checkbox"/> Conduct message testing of draft key messages and materials with key public <input type="checkbox"/> Continue to evaluate communication efforts and to determine best methods for evaluating them <input type="checkbox"/> Assess media reporting of disease outbreak to address misinformation
Media relations	<ul style="list-style-type: none"> <input type="checkbox"/> Select and train spokespersons including multiple back-ups and those who speak languages other than English <input type="checkbox"/> Coordinate roles with other agencies, departments and/or other organizations <input type="checkbox"/> Develop press kits and other strategies to increase media knowledge and understanding of smallpox disease, smallpox vaccine and vaccination, and core elements of the public health response <input type="checkbox"/> Anticipate the critical questions that the media will ask during a smallpox outbreak

Functional Area	Key Activities
	<p>and draft messages that spokespeople can use to respond to those questions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish the protocols that will be used during a smallpox outbreak to report (e.g., mortality and morbidity numbers, location of immunization clinics, number of people vaccinated, number of available vaccine doses, etc.) <input type="checkbox"/> Rapidly alert the media of all new developments through updates and briefings (e.g., confirmation of person-to-person transmission, actions being taken by public health officials)
Clinician communication	<ul style="list-style-type: none"> <input type="checkbox"/> Use listserv, Web sites, HANs, professional organizations and other channels to rapidly disseminate emergency smallpox information to clinicians <input type="checkbox"/> Continue to provide information as needed to clinician groups/networks <input type="checkbox"/> Maintain effective communication with key officials at essential partner organizations
Community health education	<ul style="list-style-type: none"> <input type="checkbox"/> Continue education efforts to increase public knowledge of smallpox symptoms, transmission, prevention, control, treatment and how the public health system would respond (including vaccination, quarantine, and isolation) <input type="checkbox"/> Establish effective channels for getting the messages out to different communities during an outbreak (e.g., TV/radio, newspapers, community leaders, and the Web) <input type="checkbox"/> Continue early education to increase the public health workforce knowledge and understanding of smallpox and how the public health response will work
Public health workforce communication	<ul style="list-style-type: none"> <input type="checkbox"/> Begin early education to increase the public health workforce knowledge and understanding of smallpox and how the

Functional Area	Key Activities
	public health system would respond
Policymaker communication	<input type="checkbox"/> Continue to inform policymakers about smallpox preparedness activities and to increase their knowledge about smallpox disease, control, transmission and prevention including vaccination, quarantine, and isolation <input type="checkbox"/> Notify international partners.
Hotlines	<input type="checkbox"/> Use established CDC smallpox hotlines to respond to questions about smallpox disease and vaccine (CDC's public and clinician hotline will be prepared to respond to a smallpox outbreak; states also need to plan on establishing hotlines to respond to inquiries regarding effected communities location of immunization clinics, etc.)
Web sites	<input type="checkbox"/> Increase the quantity and quality of smallpox information available on the Web <input type="checkbox"/> Link to other important Web sites

Table 3. Key Smallpox Communication Activities for Unconfirmed but Possible or Highly Suspected Case of Smallpox

Functional Area	Key Activities
Communication leadership	<input type="checkbox"/> Alert emergency communication team members as smallpox status progresses. Keep team members abreast of the latest issues and actions taken. Give clearance to contact stakeholders <input type="checkbox"/> Conduct staffing assessment and begin scheduling extended hours <input type="checkbox"/> Put communication field personnel on standby for deployment <input type="checkbox"/> Inform state and other partners' communications and public affairs staff

Functional Area	Key Activities
Information management	<ul style="list-style-type: none"> <input type="checkbox"/> Confirm availability of subject matter experts (SMEs) to review messages and materials <input type="checkbox"/> Continue to maintain and update smallpox information materials <input type="checkbox"/> Activate expedited clearance process <input type="checkbox"/> Confirm resources to translate critical materials into languages spoken in state/local communities
Communication research	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to collect and monitor available data from hotlines, Web sites, public opinion polls, and the media to identify emerging issues or trends
Clinician communication	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct weekly conference calls with clinician organization and disseminate updates through appropriate channels (e.g., listservs, Web sites, Health Alert Network [HAN]) as new information becomes available
Community health education	<ul style="list-style-type: none"> <input type="checkbox"/> Continue efforts to increase public knowledge of smallpox symptoms, transmission, prevention, treatment, and how the public health system will respond (including quarantine and isolation)
Public health workforce communication	<ul style="list-style-type: none"> <input type="checkbox"/> Rapidly alert the public health workforce of new developments (via conference calls, HANs, Epi-X, secure Web sites, public health partner organizations). <input type="checkbox"/> Continue efforts to increase the public health workforce's knowledge of smallpox symptoms, transmission, prevention, treatment, and how the public health system will respond (including quarantine and isolation)
Policymaker communication	<ul style="list-style-type: none"> <input type="checkbox"/> Keep policymakers informed by providing them with press releases, fact sheets, and Q & A documents; schedule in-person briefings <input type="checkbox"/> Keep international partners (WHO, PAHO, GHSAG) informed.
Hotlines	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare existing hotlines to effectively

Functional Area	Key Activities
	respond to public and clinician inquiries
Web sites	<input type="checkbox"/> Post updates as new information becomes available <input type="checkbox"/> Link to other important Web sites

Table 4. Key Communication Activities for a Confirmed Case of Smallpox

Functional Activity	Key Activities
Communication leadership	<input type="checkbox"/> Activate ECS emergency communication system. Keep team members abreast of the latest issues and actions taken <input type="checkbox"/> Activate smallpox communication plan <input type="checkbox"/> Identify and request additional staffing resources if needed <input type="checkbox"/> Initiate teleconferences with state, international and other partners' communications and public affairs staff (may need to be daily) <input type="checkbox"/> Conduct staffing assessment; begin scheduling extended hours <input type="checkbox"/> Schedule frequent meetings with communication teams to ensure coordination and efficiency <input type="checkbox"/> Put communication field personnel on standby for deployment
Information management	<input type="checkbox"/> Review existing smallpox materials and messages and revise as needed <input type="checkbox"/> Update materials with the latest information, particularly on vaccine production, distribution, and administration (including which groups should be vaccinated first and why) <input type="checkbox"/> Update fact sheets and Q & A documents which provide details about the identification and transmission of the smallpox virus and how the public health system is responding (provide the who, what, when, where, and how) <input type="checkbox"/> Confirm availability of subject matter experts to review messages and materials; schedule a time that they will be available to communication

Functional Activity	Key Activities
	<p>personnel each day</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activate expedited clearance process <input type="checkbox"/> Translate critical new materials into languages spoken in state/local communities <input type="checkbox"/> Develop new messages and materials that address the emerging questions and concerns of the media, public, health care providers, policy makers, and others.
Communication research	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor available data for emerging issues and new information/content needs. <input type="checkbox"/> Collect and monitor available data from hotlines, Web sites, public opinion polls, etc., to identify emerging trends and new information or content needs.
Media communication	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct daily press briefings to meet information demands of the media (provide important instructions to the public and give morbidity and mortality figures, geographic location of cases, number of persons in quarantine and isolation, locations of immunization clinics, number of doses of vaccine available, number of people immunized). <input type="checkbox"/> Prepare spokespersons to communicate key messages and latest information as in press briefings <input type="checkbox"/> Rapidly alert the media of all new developments through updates and briefings (e.g., the novel virus alert, the identification of the virus in humans, confirmation of person-to-person transmission, actions being taken by public health officials,) etc. <input type="checkbox"/> Monitor the nature and content of media coverage and address misinformation and rumors. To ensure message consistency with public health messages provide daily report of the media's reporting of public health messages
Clinician communication	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct conference calls as needed with clinician organizations; identify their concerns

Functional Activity	Key Activities
	<p>and unmet needs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule update meetings as necessary <input type="checkbox"/> Use listservs, Web sites, and other channels to rapidly disseminate emergency smallpox information to clinicians and other professionals (e.g., CDC will use the HAN and Epi-X, in addition to other channels, to reach public health professionals)
Community health education	<ul style="list-style-type: none"> <input type="checkbox"/> Disseminate emergency information/instructions to the public
Public health workforce communication	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct conference calls as needed with public health leadership and partner organizations (state, local and international) <input type="checkbox"/> Conduct conference calls as needed with federal, state and local public health information officers <input type="checkbox"/> Rapidly alert the public health workforce of new developments and actions that should be taken (e.g., via conference calls, HANs, Epi-X, secure Web sites, public health partner organizations). Do this prior to informing the media
Policymaker communication	<ul style="list-style-type: none"> <input type="checkbox"/> Keep policymakers informed by providing them with press releases, fact sheets, and Q & A documents; schedule in-person briefings <input type="checkbox"/> Keep international partners (WHO, PAHO, GHSAG) informed
Hotlines	<ul style="list-style-type: none"> <input type="checkbox"/> Provide hotline staff with up-to-date, comprehensive information about all aspects of the smallpox outbreak <input type="checkbox"/> Disseminate emergency information/instructions to healthcare professionals and public <input type="checkbox"/> Instruct hotline staff to rapidly identify emerging questions and forward to those responsible for information management

Functional Activity	Key Activities
Web sites	<ul style="list-style-type: none"> <input type="checkbox"/> Post relevant data to public Web site as needed and update to ensure primary audiences (e.g., professional groups and the general public) receive timely information (e.g., morbidity and mortality figures, geographic location of cases, number of persons in quarantine and isolation, locations of immunization clinics, number of doses of vaccine available, number of people immunized) <input type="checkbox"/> Provide/post brochures, pamphlets, posters, and other resources in easy-to-download formats

Table 5. Key Communication Activities for End of Smallpox outbreak

Functional Area	Key Activities
Communication leadership	<ul style="list-style-type: none"> <input type="checkbox"/> Announce the end of the smallpox outbreak <input type="checkbox"/> Adjust staffing/scheduling Determine resources necessary to respond to subsequent cases of smallpox <input type="checkbox"/> Evaluate communication efforts during outbreak, identify weaknesses, determine solutions and revise plans
Information management	<ul style="list-style-type: none"> <input type="checkbox"/> Refine materials as indicated by evaluation data, develop and clear, summarize next steps
Communication research	<ul style="list-style-type: none"> <input type="checkbox"/> Compile and analyze a comprehensive set of data (hotline calls, media calls, news stories, survey data, debriefing interviews, etc.) to evaluate effectiveness of communication efforts
Media communication	<ul style="list-style-type: none"> <input type="checkbox"/> Hold press briefings to inform the media of the end of the smallpox outbreak <input type="checkbox"/> As results from evaluations of the public health system's response are conducted, communicate those results to the media <input type="checkbox"/> Provide periodic updates <input type="checkbox"/> Continue to monitor news coverage and correct inaccuracies
Clinician communication	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to make available up-to-date

Functional Area	Key Activities
	information and guidelines on the prevention, diagnosis and treatment of smallpox and smallpox-related illnesses
Community health education	<input type="checkbox"/> Disseminate information to the public (particularly those at high risk) regarding the need for continued vaccination to prevent additional cases of smallpox
Public health workforce	<input type="checkbox"/> Disseminate information to the public health workforce regarding the need for continued vaccination to prevent a second smallpox outbreak and monitoring and reporting smallpox-like illnesses
Policymaker communication	<input type="checkbox"/> Provide policymakers a summary of events and impact of the smallpox outbreak and next steps (including the need for continued vaccination) <input type="checkbox"/> Follow up on requests for information
Hotlines	<input type="checkbox"/> Disseminate information to hotline staff about the end of the smallpox outbreak and next steps <input type="checkbox"/> Reassess hotline staffing needs
Web sites	<input type="checkbox"/> Update Web sites with information regarding the end of the smallpox outbreak and next steps

Table 6. Key Communication activities for Additional Smallpox Cases or New Outbreaks

Functional Area	Key Activities
Communication leadership	See activities under Tables 3 and 4
Information management	See activities under Tables 3 and 4
Communication research	See activities under Tables 3 and 4
Media communication	See activities under Tables 3 and 4
Clinician communication	See activities under Tables 3 and 4
Community health education	See activities under Tables 3 and 4
Public health workforce communication	See activities under Tables 3 and 4
Policymaker communication	See activities under Tables 3 and 4
Hotlines	See activities under Tables 3 and 4
Web sites	See activities under Tables 3 and 4

Appendix 1



EMERGENCY COMMUNICATION
 COMMUNICATION TEAMS • MAJOR FUNCTIONS • TEAM LEADERS



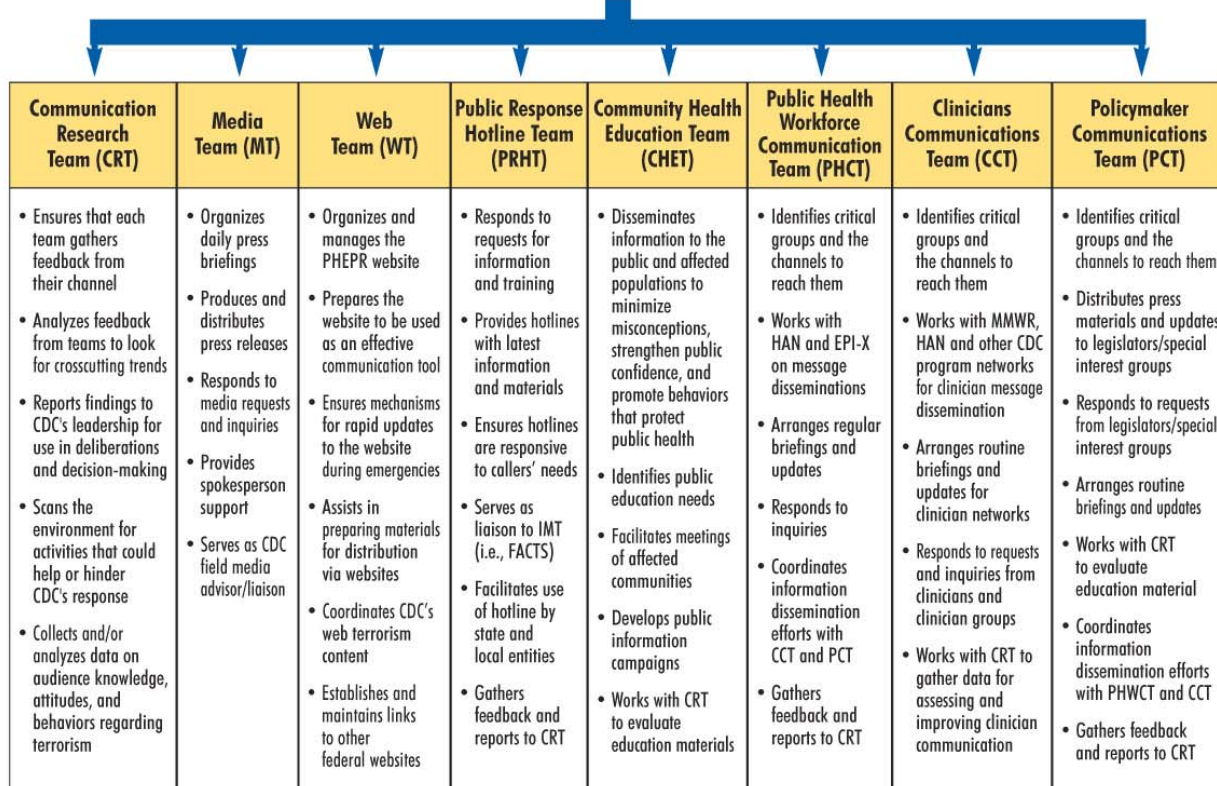
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Assistant Secretary for Public Affairs

CDC Communications Leadership Team
 CDC Director of Communications and Lead CIO Associate Director of Communications

- Serves as primary CDC Communications Advisor
- Manages Communication Center
- Serves as DHHS Communications liaison
- Works with other DHHS and federal agencies' communications directors
- Liaise with OTPER

Information Management Team (IMT)

- Drafts, edits and finalizes terrorism-related information materials
- Works with subject matter experts to create fact sheets, question-and-answer documents, and materials for new/emerging issues
- Maintains a database/log of all terrorism-related information and education materials
- Facilitates clearance of printed material
- Briefs other teams at the beginning of each day
- Distinguishes between previously cleared and new information to provide timely release of information
- Centralizes and streamlines types of written products to be released



Appendix 2

Key Smallpox Communication Materials

Type of material	URL Address	Audience
Smallpox fact sheet- smallpox overview	http://www.bt.cdc.gov/agent/smallpox/overview/disease-facts.asp	General public
Smallpox basics: Information for the general public	http://www.bt.cdc.gov/agent/smallpox/basics/index.asp	General public
Smallpox questions and answers disease and vaccine	http://www.bt.cdc.gov/agent/smallpox/overview/faq.asp#general	General public
Smallpox pre-vaccination information packet	http://www.bt.cdc.gov/agent/smallpox/vaccination/infopacket.asp	General public
Public health and clinical training	http://www.bt.cdc.gov/training/index.asp	Clinicians
Communications in a Crisis Risk Communication Guidelines for Public Officials	http://www.riskcommunication.samhsa.gov/index.htm or call 1-800-789-2647 to order a copy	Health communication specialists and public health spokespersons
CDCynergy		Health communication specialists, policy makers, and others who are involved in crisis communication planning

Appendix 3

CDC Smallpox Communication Contacts and Resources

Association/Agency	Contact	Tel #	Hours of Operation
CDC Smallpox Media Communications	Von Roebuck Curtis Allen Glen Nowak	W: 404-639-7284 W: 404-639-8487 W: 404-639-8504	M – F 8 AM – 11 PM, ET Sat-Sun 10 AM – 8 PM ET
CDC Public Response Hotline	Handles calls and emails from the general public, providing provides general information on smallpox vaccine and possible adverse reactions, as well as other public health issues. Designed to provide CDC-approved information during a biological, chemical, or nuclear terrorism emergency	English: 888-246-2675 Spanish: 888-246-2857 TTY: 866-874-2646	
Clinician Hotline	Receives calls from physicians and other healthcare providers regarding smallpox, smallpox vaccine, and adverse events resulting from a smallpox vaccination Triage clinician calls regarding potential adverse events and routes calls to CDC Clinical Consulting Team for consultation regarding vaccine adverse events and release of VIG/Cidofovir when indicated. Directs clinicians to VAERS to	English: 877-554-4625	

Association/Agency	Contact	Tel #	Hours of Operation
	<p>facilitate completion of VAERS reports.</p> <p>Receives calls from physicians and other health care providers regarding smallpox, smallpox vaccine, and adverse events resulting from a smallpox vaccination. Triage clinician calls regarding potential adverse events and routes calls to CDC Clinical Consulting Team for consultation regarding vaccine adverse events and release of VIG and Cidofovir when indicated. Directs clinicians to VAERS to facilitate completion of VAERS reports.</p> <p>Calls from clinicians regarding military personnel will be routed to the DoD Vaccine Clinical Call Center 866-210-6469. All calls will be sent to appropriate areas within the military system through this line.</p>		
CDC Public Inquiries	Receives calls from all sources on public health issues. Answers inquiries and refers to appropriate CDC offices.	404-639-3534 800-311-3435	M – F, 8 AM – 5 PM ET
Vaccine Adverse	Receives inquiries from	800-822-7967	M – F,

Association/Agency	Contact	Tel #	Hours of Operation
Events Reporting System	states and public and private health care providers reporting adverse from all U.S. licensed vaccines		8 AM – 6 PM, ET

Appendix 4

Sample Public Service Announcements

Public Service Announcement # 1

A Single Case of Smallpox in the U.S.

183 words

Hello I'm [name] with important information on smallpox. The CDC confirmed [number] cases of smallpox in the federal, state and local health officials are working together to quickly find, vaccinate, and treat people who may have been exposed to the smallpox virus. Smallpox normally spreads from person to person through close contact. A close contact is a person who has spent at least several hours within 6.5 feet of an infected person who has a high fever, more than 101°F (38.3°C) and a rash, especially on the face, hands, and feet. Smallpox is an infectious disease. To help prevent smallpox it is important that anyone who thinks they have had contact with a person who has smallpox, or visible signs of smallpox such as high fever and a rash, immediately call this number # or your doctor for information on what to do. Vaccination is most urgent for people who may have been exposed to the smallpox virus. For more information on smallpox please go to www.cdc.gov or call the CDC hotline: English 888-246-2675 | Español 888-246-2857 | TTY 866-874-2646.

Key message points covered in public service announcement #1

- What has happened.
- There is a plan. Fed/state/local working together.
- How it is commonly spread.
- Smallpox infectious symptoms.
- Who to call if you have smallpox.
- Vaccination is high priority for people who may have been exposed to the smallpox virus
- Call your doctor or others for instructions.
- Where to go for more info.

Public Service Announcement # 2

Targeted Population/Small Group Ring Vaccination*162 words*

This is an important smallpox message from the Centers for Disease Control and Prevention. The CDC has confirmed that # cases of smallpox have occurred in [location]. Several members of the specific group/organization in [location] may have been in close physical contact with one of these cases. The CDC recommends that they and the people they have been in close contact with during the past [number] days receive the smallpox vaccine. Vaccination is the only protection for people who have been exposed to the smallpox virus. Finding of people who have been exposed, vaccinating, and treating them and their contacts is a proven method for stopping the spread of smallpox. This approach successfully rid the world of decades ago. If an exposed person refuses vaccination, she or he may be asked to go into quarantine for 18 days to prevent the spread of the disease to healthy people. For more information on smallpox please go to www.cdc.gov or call the CDC hotline: English 888-246-2675 | Español 888-246-2857 | TTY 866-874-2646.

Key message points covered in public service announcement # 2

- What is happening – basic facts.
- Why this group is targeted?
- Stopping the spread is the goal.
- What is the strategy? It is a proven strategy.
- What happens if an exposed person refuses vaccination?
- Where to go for further information.