



Adjusting Communication Plans to the Pandemic (H1N1) 2009 Influenza Outbreak: US CDC

Joanne D. Cox, MC

Deputy Director
Emergency Communication System
Centers for Disease Control and Prevention
Atlanta, GA USA
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What CDC Planned For



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WHO	Inter- Pandemic Period		Pandemic Alert Period		Pandemic Period						
Phases	1	2	3	4 5	6						
USG	New Domestic Animal Outbreak in At- Risk Country		Human t- Outbreak	Confirmed Human Outbreak Overseas	Widespread Outbreaks Overseas	First Human Case in North America	Spread Throughout United States	Recovery			
Stages		0	1	2	3	4	5	6			

- Severe flu strain (Spanish Flu model and avian flu severity)
- Potentially lengthy process of vaccine development
- Intervals starting with outbreak overseas—disease characterized before reaching US
- Communication plans followed these assumptions
 - Messages and communication activities based on related USG stages
 - Pre-developed, tested, and produced messaging for first stages



Anticipated Message Trajectory



Vaccine distribution information

Resiliency messages and preparation for 2nd wave

Containment

(Traveler's Health messages)

Border/travel expectations



Or reverse order If vaccine is delayed

Messages about personal infection control (PIC) and community measures

Assumption: severe flu with high level of motivation for self/family protection



Actual Communication Trajectory



Prepare for return

- Community Measures
- •PIC
- Community measures
- Vaccine development
- Target

Campaigns

Outbreak at home

PIC and community measures

Rapid changes in recommendations based on lowered severity & spread

Promote Medical Countermeasures

- Seasonal vaccine promotion & preparation for H1N1
- Anti-viral medication promotion

General vaccine promotion

High supply
--Low
demand

Targeted vaccine promotion

Low vaccine supply & high demand



Selected Challenges



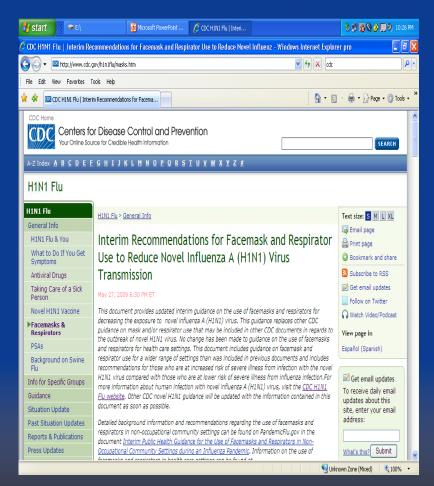
- Creating consistent messages about H1N1 prevention during rapid changes and over different stages
- Creating a coherent message between multiple H1N1 campaigns over the year
- Sustaining health protection vigilance over time.



Consistency Challenges: Rapidly Developing and Changing Health Protection Guidance



- 41 guidance documents
 released in the first 2 weeks
 - 11 changed and were rereleased within 2 weeks
 - 3 changed twice and we re-released twice within 2 weeks
- On a single day (May 1) 4 guidance documents were revised and reposted.
- (52 total guidance documents were created, 167 updates)





Consistency Challenges Every Change to Guidance Cascaded through Multiple Message Chains









Key messages



Partners for message coordination

Guidance Documents

Foreign Language Translations



Fact sheets

PSAs

Posters

Podcasts/Videocasts

Health Alerts

Twitter Messages

Hotline scripts

Listserv content





Challenges of Changes: External Inconsistency



- Rapid changes in guidance caught some partners by surprise
 - For example, schools complied with closing, following release of May 1 School Dismissal Guidance
 - On May 4, CDC issued changed guidance focused on isolation of ill children, rather than school closings
- Guidance changed in some cases more rapidly than public and stakeholders could follow.

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Consistency Challenges: Vaccine Messages 2009-2010 Changing Dates, Types, Recommended Groups, Doses



Aug-Sept: Seasonal Flu Promotion

- **65+**
- Pregnant women
- Children under 5
- People with chronic conditions
- People who care for old, young, ill

Oct-Dec: H1N1 Flu Targeted Promotion

- Pregnant Women
- Caregivers for under 6 month olds
- Health care providers
- 6 months-24 years old
- Adults with chronic conditions
- Varied localities prioritized these groups differently

<u>December-March: General</u> <u>Promotion for whose population</u>

- Including 65+
- Different localities started this promotion at different times

Different Types and Doses

Nasal Spray

 OK for 2-49 year olds who are not pregnant

Injectable (with and w/o thimerosal)

- OK for 6 months and above
- OK for pregnant women

Doses (H1N1)

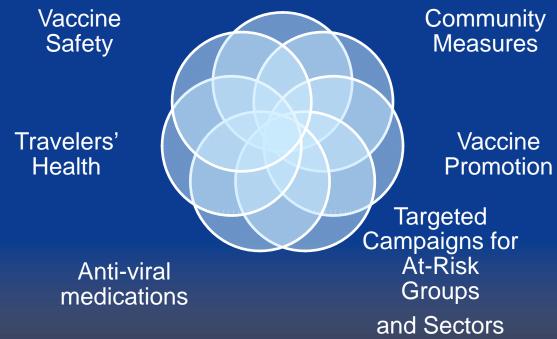
- One dose for adults
- Two doses for children under 10



Message Coherence Challenges: Overlapping Segmented Communication Campaigns



Infection Control



Coherency Challenges Multiple Segmented and Overlapping Campaigns



Campaign for Traveler's Health **Key Messages:**

- Don't travel if you are sick.
- Stay home if you are ill.
- Stay put if you become ill while traveling.
- **Target audiences**
 - International travelers
 - Travel industry
 - **Health care providers**
- **Channels and Materials**
 - PSAs
 - Airport posters and flyers
 - T-HANs
 - Fact sheets
 - Purchased media time
 - Mobile device messaging



- · Get your flu vaccine.
- · Wash your hands often.
- · Cover your coughs and sneezes.







Coherency Challenges:
Segmented Campaigns-Social Media Initiative for Personal Infection
Control (PIC)



Messages:

- Cover your cough and sneezes
- •Stay at home if you are sick.
- •Wash your hands often.

Tactics and Channels

- Repetition
- •Multiple Innovative Media
- Partnerships

Challenges:

- Limited data on PICs that decrease transmission
- Many PICs lack personal incentives
- Behavior change requires more than awareness









Roll out for H1N1 Business Guidance August-October 2009



October--National Cybersecurity Awareness Month kick-off: Public-private national dialogue on Cybersecurity in business plans for H1N1,

Oct 15

Aug 31 National Preparedness Month kick-off conference to engage small businesses in upcoming events

Sept 7-- Labor Day – Interagency Incorporation of H1N1 workforce protection messaging into government events.

Aug 17-21 Small business discussions

Aug 17--Calls with private sector trade Associations to provide information and discuss school guidance and impacts on business operations

August Release of Small Business Guide





Coherency Challenges: Multiple Simultaneous Targeted Campaigns Focus Groups, Conference Calls, Web site Home pages



- People 65 Years and older
- Children under 5
- Pregnant women who work in Education Child-Care and Health Care
- People with HIV/AIDS
- People with Severe Immunosuppressant
- People with Diabetes
- People with Chronic Obstructive Pulmonary Disease (COPD)

- People with Cardiovascular Disease
- People with Asthma
- People with Arthritis
- African-Americans
- Hispanics
- Cancer Patients and Survivors
- Non-English speakers

Spanish

Hindi

Vietnamese

Chinese

Korean

German

and others

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Multiple Channels to Reach Many Audiences on Many Topics



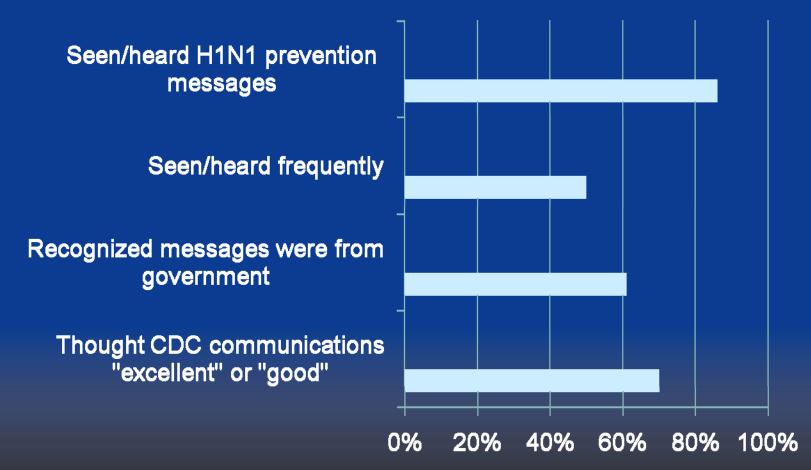
CHANNEL	EXAMPLES OF OUTREACH USED FOR EACH CHANNEL						
News media	Broadcast	Newspaper	Radio	PSAs			
Telephone	CDC INFO	Community Voice Mail	Reverse 911	Medical hotlines			
E-mail	CDC INFO	GovDelivery	Partner listservs	Clinician e-mail			
Partner Channels	State/local agencies	Faith-based Organizations	Community Organization	Sectors			
Print	Posters	Flyers	Fact sheets	Direct mail			
Online	Web	Web syndication	RSS feeds	Podcast			
Social Media	Blogs/ Twitter/FB	Mobile	Social networks	Buttons Widgets			





High Level of Public Awareness





Harvard Opinion Research Program, Harvard School of Public Health, June, 2010

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Incomplete Comprehension



Enacting Guidance: Stay at home if you are sick. What does it mean?

- 47%-- people with H1N1 and a fever should stay home "until at least 24 hours after their fever has gone away,"
- 41%--people with H1N1 and a fever should stay home "until they feel well enough to participate in work, school, or other activities, whether or not they have a fever."
- Among those who identified the proper measure of time for sick persons to stay home, only about a third of that group (32%) said that persons trying to determine whether or not they still have a fever "should not be taking any fever-reducing medicine" while doing so.



H1N1 Behavior Change Results

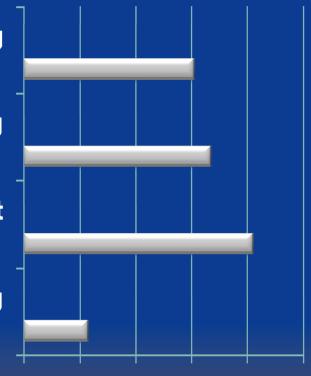




People reporting covering cough and sneeze

People reporting frequent handwashing

People reporting receiving vaccine



0% 20% 40% 60% 80%100%

Harvard Opinion Research Program, Harvard School of Public Health, June, 2010



Lessons Learned



- It is possible to rapidly issue and disseminate broad public health guidance.
- Prepare the public for change in guidance foretell that it may change as more information about a virus and its effects are known.
- Expect the unexpected. It is vital to plan for a pandemic, but prepare to adapt to events as they unfold. The "playbook" may have to go out of the window.
- An overarching, united, and long-term communication strategy is the ideal, but it is difficult to do during a rapidly changing event.





¡Muchas gracias por su atención!

jdcox@cdc.gov

+1-404-639-2559

http://www.cdc.gov/h1n1flu/

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