

Issues Management and Media Guide

To support countries in preparing for unexpected situations with implications for public communications around the switch from trivalent OPV to bivalent OPV

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For further information on the OPV switch, visit the PAHO page:

http://www.paho.org/hq/index.php?option=com_content&view=article&id=7069&Itemid=1712&lang=en

Note: This document is the product of an extensive collaboration between WHO, UNICEF, the Task Force for Global Health, CDC, Gavi, Rotary, and the Bill and Melinda Gates Foundation, organized under the Immunization systems Management Group (IMG).

1. Purpose of this document

This resource document is intended to support countries in preparing for unexpected situations in relation to the switch from trivalent to bivalent oral polio vaccine (OPV) which may require a public communications response. It is intended to be used as a resource in helping identify an unexpected situation, evaluate its potential impact, and develop an appropriate communications strategy in response as appropriate and necessary.

Unpredictable, unexpected events happen – frequently they are marked by uncertainty, confusion and a sense of urgency. Such events can lead to lack of trust – in organizations, people or immunization services. Having a pre-prepared communications plan in place can help minimize the potentially negative impact of such events.

2. Background to OPV cessation

Objective 2 of the [Polio Eradication and Endgame Strategic Plan 2013-2018](#) calls for an important transition in the vaccines used to eradicate polio and requires the removal of all oral polio vaccines (OPVs) in the long term. This will eliminate the rare risks of vaccine-associated paralytic polio (VAPP) and circulating vaccine-derived poliovirus (cVDPV).

The withdrawal of OPVs must occur in a globally synchronized manner, starting in April 2016 with a switch from trivalent OPV (tOPV) to bivalent OPV (bOPV), removing the type 2 component (OPV2) from immunization programmes. For more background information, please visit http://www.paho.org/hq/index.php?option=com_content&view=article&id=11015&Itemid=1707&lang=en.

As part of the switch, proactive communications and social mobilization activities may be implemented at country and sub-national levels to ensure that identified target audiences are informed about the removal of trivalent OPV from use in campaigns and routine immunization. Key audiences include policy makers, medical professionals, and health workers. Communication plans should be prepared to address questions and concerns related trivalent OPV, bivalent OPV and actual or potential adverse events following immunization.

3. The communications environment

Modern communication is providing ever more successful ways of disseminating messages on vaccines and vaccination through conventional media, and through the internet. The public has developed an appetite for information about immunization issues that affect them and their families.

That is why it is all the more important to fully understand the communications and media environment. Fully understanding this environment will enable us to target our communications in the most effective way possible. Who do we want to reach, with which messages, and through

which channels and by which messengers? These are the questions that will ensure that our messages reach our target audience in the most effective and credible way possible.

This involves not only understanding who the media are, what they do and what might be useful for them. But we must ensure that our communications is conducted in a culturally-sensitive way, to maintain public confidence in what we do.

Ultimately, communications should help drive demand and services for immunization. This is critical both for polio eradication and to help strengthen routine immunization services.

4. Communications planning considerations

Advance preparation is critical. An issues management plan should be developed in advance of a vaccine introduction, ready to be adapted if an event occurs.

Unexpected vaccine-related events are frequently marked by uncertainty, confusion and a sense of urgency. Effectively communicating around such events, including through mass media, can help minimize their impact, and can help maintain trust and confidence in organizations, persons or services (such as immunization). Key elements of conducting a 'best practice' communications approach to such events are summarized below. All are aimed at securing trust - the overriding goal in issues management communications is to help build, maintain or restore trust. Consequences of losing the public's trust can be severe, in particular around public health issues.

Timing of public announcements

The timing, candour and comprehensiveness of a public announcement are critical, and may be the most important aspect of issues management communications. This is particularly critical given today's globalized, internet-connected world, where information can rapidly be transmitted in an uncontrollable manner. It is important that key internal partners are informed ahead of a public announcement.

Advance preparation is critical!
An issues management plan should be developed in advance of a vaccine introduction, ready to be adapted if an event occurs.

Transparency

Communications should be conducted in an easy-to-understand, complete and factually accurate manner. As and when new and relevant information becomes available, this information should also be subsequently communicated.

Know your target audiences

Clearly identifying with whom you want to communicate and understanding their concerns will help ensure that the right messages are delivered by the right messengers through the right channels. This will enhance the impact of the message delivery.

Empathy and acknowledgement of the audience's concerns

As applicable, communications should be suitably understanding and compassionate in acknowledging and responding to the issue or event. It often helps to begin with acknowledging that people are concerned or have concerns

Designate a spokesperson

Identify a person to serve as the primary spokesperson for communicating with the media and public. This person should be known to be credible and trusted, have knowledge on the subject, and be prepared to communicate with the media.

Planning

Communications should be an integral strategic part of the broader technical issues management control. Having a pre-prepared communications plan in place and trained spokespeople are key. Sensitizing the media in advance of an unexpected event can also be helpful, not only for the introduction of a new vaccine but also for understanding the contribution vaccines make to the health and well-being of children and the country overall.

Monitoring of evolving situation

Monitoring and continually evaluating the situation will aid in further sensitizing and targeting a communications approach over time.

Guidelines to consider when deciding whether to communicate or not

- **Learn and Confirm** - The first step is to identify and confirm what has happened or what has been claimed to have happened. People will want to know the facts and it is important to be sure you have the correct information before you begin communicating.
- **If in doubt, communicate** – From a public and health worker trust standpoint, it is better to err on the side of too much communication, than too little.
- **Provide regular updates** – It can help to provide frequent updates to health workers, the media and the public, especially if the event affects whether or when IPV or OPV are given.
- **Let media and public know if you “don’t know”** – In the early stages of a vaccine-related event you likely will not have all the information and details. It can be helpful to let the public and media know that you do not currently have all the information needed. It is also important to let them know you are working on getting more information and to provide an idea of the time line.
- **Be flexible and ready to take more or new action** if events that initially seemed to have low impact on the vaccine programme suddenly change to medium or high impact.
- **Be proactive with positive placements about the value of vaccines and the polio plan.** This will help counterbalance negative media and help reduce the credibility and importance of negative reports, especially those that involve anecdotes or unsupported claims.

5. Standard procedures for reactive issues management

1. Establish a core communications team:

- Consisting of communications professionals in relevant partner agencies (e.g., PAHO/WHO, UNICEF, GAVI, Rotary, and within the Ministry of Health - MoH)
- The core communications team will liaise closely with technical counterparts in evaluating potential unexpected negative news or issues that may arise, and plan and implement an appropriate communications response, as necessary. Technical counterparts may include independent experts, paediatric associations, academicians as well as government and partners.
- The team may also determine that proactive media training for spokespeople and/or journalist training is beneficial and should be included in response plans.
- Determine timelines or schedules for providing information and situation updates.
- Identify the sources of resources and capacity that may be needed to support the development and implementation of a issues management plan.

2. Evaluate the situation:

The core communications team, in liaison with technical counterparts, should:

- Assess the situation and its potential impact (i.e., reputational management issue, issue with vaccine safety or supply, epidemiological issue, political or societal issue, AEFI)
- Evaluate the extent of news coverage and interest (i.e., one article, or extensive secondary media pick-up)
- Determine 'geographic' impact (i.e., subnational, national, regional, global)

3. Determine actions:

The core communications team, in liaison with technical counterparts, should:

- Develop a reactive communications action plan strategy based on the situation evaluation as necessary, in conjunction with technical counterparts as appropriate. (See 'annex' for example of a draft plan)
- Collaborate with regional and global teams, as necessary and appropriate
- Ensure that potential political sensitivities are taken into account, and that partners are informed prior to dissemination of information to the public domain

Examples of items to consider when evaluating if an issue requires or would benefit from a communications response (and scale of response) include:

- Can the issue have significant potential fall-out, i.e. affect confidence in immunization, in OPV, or in the Ministry's ability to deliver services?
- Who is most likely to be affected by this issue? Parents, communities, medical professionals, partners, donors, the government
- What type of messages might they need? For example, key messages on safety of OPV such as:
 - OPV is a safe vaccine, whether used alone or in combination vaccines
 - OPV has been used extensively around the world for more than 60 years in order to end the transmission of poliovirus
 - Strong and rigorous quality control standards are in place to ensure the safety of OPV
- Is proactive communications useful or necessary?

- Positive communications about the impact of immunization or stories about the introduction with well-informed journalists can help build support for immunization and the use of OPV
- Spokesperson and journalist training should be considered
- Providing information and stories to trained journalists can help ensure more balanced reporting should an incident arise

4. Steps in producing materials:

- Agree who will take lead in producing which materials
- Develop initial draft
- Share with relevant technical counterparts to ensure technical accuracy
- Share with broader core communications team for input
- Finalize draft and circulate for internal approval as appropriate
- Translate into local/other languages as necessary

5. Select the right communications channels:

- Identify who you need to communicate with
- Determine what communications tool or channel is the best way to reach them
- Adapt communications strategy accordingly

6. Monitor evolving situation:

- Establish clear mechanisms and systems to monitor the evolving situation, and to evaluate the impact of communications activities, including over time (i.e., media monitoring, assessments of views among key target audiences, etc.)
- Adapt and further tailor the communications strategy based on outcomes

6. Developing key messages

Key messages are short statements designed to communicate essential information and points to the public, news media, or health workers. They reflect the essential information you want to convey and can also function as “sound bites” during media interviews. It is helpful to have developed key messages prior to communicating about vaccine-related events. Having key messages prepared in advance will allow you to communicate quickly and effectively.

Points to consider when developing key messages:

- List the 3 things you want health workers, the public or the media to know or to consider.
- Ensure the key messages:
 - Are specific, clear and concise
 - Are high level and simple, targeted for specific audiences (media, lay audiences)
 - Use words and examples that your audience will understand
 - Avoid jargon and technical terms
 - Are positive – talk about what you are doing, and can and will do; not what you cannot

- Identify who is affected and let people know how they can determine if they were affected (e.g., by identifying the places and dates)
- Show compassion for anyone impacted, even if there is no link to the vaccine
- Address the cause or potential cause of the event
- Provide guidance about what to do or what should be done going forward

Example Key Messaging: An outbreak of cVDPV2 after OPV2 cessation

See below some examples of key statements that could be used with the public or media to inform them about an outbreak of cVDPV2 after OPV2 cessation

Targeted at communities:

- A polio outbreak has been confirmed in LOCATION.
- Polio is a devastating disease that causes lifelong polio paralysis. There is no cure for polio, however it can be prevented through vaccination.
- Vaccination campaigns are now being planned to protect all children from this outbreak.

Targeted at policy makers:

- We (health officials in country) received confirmation yesterday that x cases of circulating vaccine derived poliovirus have occurred in x.
- A cVDPV is an extremely rare strain of poliovirus, genetically changed from its original strain contained in oral polio vaccine (OPV).
- Circulating VDPVs occur when a population is left susceptible to poliovirus, whether vaccine-derived or wild. Hence, the problem is not with the vaccine itself, but low vaccination coverage. If a population is fully immunized, they will be protected against both vaccine-derived and wild polioviruses.
- The type 2 component contained in trivalent OPV accounts for 90% of all cVDPV cases. This was the rationale behind the removal of trivalent OPV from use in April 2016. Bivalent OPV does not contain type 2, and wild poliovirus type 2 has been eradicated since 1999. This outbreak implies that a strain of the weakened virus in OPV2 has continued to circulate in the environment since April 2016.
- Circulating VDPVs can be rapidly stopped with 2-3 rounds of high-quality, large-scale supplementary immunization activities. Outbreak response strategies for cVDPVs are the same as for wild poliovirus outbreaks: immunize every child under the age of five years several times with OPV to stop polio transmission. New, strengthened outbreak response guidelines are being applied to more rapidly stop this outbreak.
- Global stockpiles of monovalent OPV type 2 are being used to rapidly build immunity against type 2 of the virus. Routine Immunization activities must also be strengthened to ensure that immunity against type 2 of the virus is maintained through the use of IPV.

Annex 1: Examples of situations requiring careful analysis to determine the appropriate response

There are a number of events related to OPV withdrawal that could negatively affect a vaccination program and that may require a communication response and rapid provision of information.

Listed below are some of the scenarios that could arise. Each would require careful assessment to determine if and how to respond with communications tactics.

Scenario	Description of scenario
Other real or potentially associated vaccine adverse reactions	Immunization can be followed by an adverse event (AEFI), which can be caused by the vaccine or by an error in the immunization process. It is also possible that people will believe a reaction was caused by a vaccine when it was not. Focus in responding should be on illustrating the tremendous benefits and safety of OPV versus very small risks associated with its use
An outbreak of cVDPV type 2 after cessation of trivalent OPV	It is possible that there could be a case of cVDPV type 2 after the switch from trivalent to bivalent OPV has stopped vaccinating children against type 2 of the virus. This is one of the reasons behind the increased use of IPV, to ensure that immunity against type 2 is maintained. Should this take place it will be important to communicate the need to vaccinate children with monovalent OPV type 2 to rapidly build immunity, and to maintain confidence in OPV.
An OPV recall	Very rarely, manufacturers may have to recall a vaccine for safety reasons. Recalls are often broadly publicized and therefore a communication response is often needed from public health officials. As with a temporary suspension, it will be important to provide information and guidance to parents and caregivers.

Annex 2: Example of a reactive communication strategy

Development of objectives:

Clearly identify and state the aims the communications strategy will seek to achieve.

Identification of target audiences:

- Internal audiences, e.g. national and sub-national staff in partner organizations and Ministries
- Professional audiences, e.g. NITAGs, paediatric associations, medical doctors, nurses
- Broader audiences, e.g. health workers, communities, parents
- Media, e.g. general media, scientific media

Development of key messages:

Tailored towards each target audience's needs, concerns and likely questions

Identification of spokespersons and training on messaging as appropriate:

Partner agency and Ministry spokespersons, independent experts, caregivers and parents

Monitoring of impact:

As necessary, based on the evolving situation, additional activities may be implemented to ascertain the impact of the issue, such as: knowledge, attitudes and practices (KAP) evaluations among specific audiences (caregivers, communities, parents, medical professionals, etc.)

Project management example for implementation of activities:

Successful implementation of activities can be assured through effective project management. A simple table can help in this process, as outlined below.

Activity	Status	Next steps	Responsibility	Date
Internal staff briefing	-Book meeting room -Invitations to all staff sent out -Speakers identified and invited	-Brief speakers -Prepare talking points and PowerPoint slides -Ensure AV support available	Lucas, UNICEF	15 Feb
Fact sheets and reactive Q&As	-Initial draft developed	-Forward to technical colleagues to ensure accuracy -Share with partner focal points for input -Finalize incorporating comments -Post on website and distribute to key partners	Maria, WHO	20 Feb
Etc...	Etc...	Etc...	Etc...	Etc...

Annex 3: Sample talking points for the OPV switch

OPV is extremely safe and effective at protecting children against lifelong polio paralysis. Over the past ten years, more than 10 billion doses of OPV have been given to nearly three billion children worldwide. More than 10 million cases of polio have been prevented, and the disease has been reduced by more than 99%. It is the appropriate vaccine through which to achieve global polio eradication.

OPV contains attenuated (weakened) polioviruses. On extremely rare occasions, use of OPV can result in cases of polio due to vaccine-associated paralytic polio (VAPP) and circulating vaccine-derived polioviruses (cVDPVs). For this reason, the global eradication of polio requires the cessation of all OPV in routine immunization, as soon as possible after the eradication of wild poliovirus (WPV) transmission.

Phased approach to OPV cessation: the trivalent to bivalent OPV switch:

OPV is available in different formulations:

- Trivalent OPV – containing type 1, 2 and 3 serotypes
- Bivalent OPV – containing type 1 and 3 serotypes
- Monovalent OPV – containing one serotype (ie type 1, 2 or 3)

A mix of all formulations is used to eradicate polio during supplementary immunization activities (SIAs). Trivalent OPV is the only formulation used in routine immunization programmes. Bivalent OPV is the most widely-used formulation during SIAs to more rapidly interrupt the remaining strains of WPV1 and 3 transmission – the only remaining WPV strains in circulation. WPV2 has been eradicated since 1999.

With WPV2 transmission already having been successfully interrupted, the only cases of paralytic polio now caused by the type 2 serotype component in trivalent OPV. Over 90% of cVDPV cases are due to the type 2 component, which is also responsible for up to 38% of VAPP cases.

That is why a switch will be implemented from trivalent OPV to bivalent OPV in routine immunization programmes, even before the remaining strains of WPV1 and WPV3 transmission are eradicated.

Following WPV1 and WPV3 eradication, use of all OPV in routine immunizations will subsequently be stopped.

A switch from trivalent OPV to bivalent OPV will be associated with significant public health benefits. More 90% of all cVDPV cases, currently caused by the type 2 component of trivalent OPV, and up to 38% of all VAPP cases, would no longer occur.

Programmatic implications of the switch from trivalent OPV to bivalent OPV:

To minimise the risks associated with the phased removal of OPV, countries must adequately prepare for an eventual trivalent OPV to bivalent OPV switch (followed by the cessation of all OPVs altogether). The primary risk associated with such a switch will be the increase in susceptible populations to poliovirus type 2, which in turn would increase the risk of new cVDPV type 2 emergence in the immediate period following OPV type 2 cessation. Safely managing these risks will be key to a successful switch from trivalent to bivalent OPV.

To maintain immunity levels to type 2 polio, all countries should introduce at least one dose of IPV into routine immunization programmes prior to – or at the time of – an eventual switch. IPV will at that point be the only vaccine with which to maintain immunity to type 2 polio.

Highly sensitive surveillance for all polioviruses, including for type 2 polioviruses, will need to be maintained, both to document the elimination of type 2 poliovirus transmission (including residual type 2 cVDPVs), and to rapidly detect the potential re-introduction or re-emergence of any type 2 poliovirus (WPV or cVDPV).

At the same time, outbreak response capacity will have to be maintained, including ensuring the supply and management of stockpiles of appropriate type 2-containing vaccines to facilitate an appropriate outbreak response should it be necessary.

All WPV2 and Sabin type 2 viruses must be placed under appropriate biocontainment levels on a timely basis to minimise the risk of re-introduction into a type 2 polio-free world.

Finally, the phased removal of OPVs will need to be synchronized, to ensure that no country is inadvertently put at risk of importing a cVDPV from a country that continues to use OPVs.

DRAFT