Guiding Principles for Pandemic H1N1 Influenza Communication: CDC’s Response to Date and Preparing for What May be Ahead

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June 29, 2009

Preview

• Communication response to date
  • Communication objectives, guiding principles, challenges, strategies and actions
• Preparing for what may be ahead
  • Current public perceptions, key considerations, sample key messages, preparing in the face of uncertainty
CDC’s Communication Response to Date: Key Elements

Emergence of a Novel Influenza Virus: Communication Objectives

- Acknowledge and provide context
- Build and maintain trust and credibility
- Provide timely and accurate, and helpful guidance (e.g., information that helps people protect themselves and their families)
- Provide partners with information to support their response efforts
CDC’s Communication Response: Guiding Principles (1)

- Acknowledge early
- Maintain transparency

CDC’s Communication Response: Guiding Principles (2)

- Identify and acknowledge uncertainties and the unpredictable nature of influenza
  - recognize the amount of uncertainty is more than everyone would like
  - trust the public to tolerate incomplete and potentially upsetting information
CDC’s Communication Response: Guiding Principles (3)

• Do anticipatory guidance  
  • Prepare media and public for change  
• Involve and empower others  
  • “Shared responsibility” to reduce the impact of the outbreak  
  • Share dilemmas and challenges  
  • Utilize partnerships

Communication Challenges (1)

• Instant, immense, and ongoing demands for information. At its peak:  
  • Daily press briefings, with hundreds of participants (media plus others)  
  • Nearly 8 million visits to CDC’s novel H1N1 web site in 24-hour period  
  • About 4,000 inquiries to CDC INFO in one 24-hour period  
  • Numerous requests for information and materials from policymakers and partners
Communication Challenges (2)

- Frequent and sometimes rapid change
  - Outbreak itself grew quickly, fluidity of guidance, changes in name of the virus
- Rapid coordination
- Clearance vs. speed – assuring scientific accuracy and consistency
- Pre-prepared pandemic flu messages and materials not easily adapted

CDC’s Communication Response: Strategies and Actions (1)

- Activated CDC’s Emergency Operations Center, including Communication System
- Provided frequent updates to the media, public, and partners
  - Daily press briefings, interviews, distribution of key points, updates to case count on the web
  - Numerous conference calls with public and private sector partners
CDC’s Communication Response: Strategies and Actions (2)

- Invited news media to CDC (provided inside access)
- Worked to accept all media invitations
- Engaged many experts to assist in media interviews/engagements
- Actively assessed the communication environment (e.g., partner calls, media monitoring, looking at public opinion polls)

CDC’s Communication Response: Strategies and Actions (3)

- Used numerous channels for distributing CDC messages
Graph 1. H1N1 Media Message Count

Graph 2. Top 10 Media Messages by

- Novel H1N1 flu cases reported
- Economic impact of novel H1N1 flu
- Novel H1N1 flu deaths reported
- Novel H1N1 flu new strain/mutation
- Novel H1N1 flu new cases reported
- Schools/businesses closed due to novel H1N1 flu
- Novel H1N1 flu in the Southern Hemisphere
- Novel H1N1 flu not as serious
- Novel H1N1 flu and quarantine
- People with underlying conditions most affected by novel flu

*Twitter does not have Metascore
Preparing for What Lies Ahead

Caution 😊

• Situation will evolve – including in unexpected ways;
• Views on the path and speed to take will likely vary – including publicly so;
• “Destination” – protect as many people as possible from influenza, particularly those at highest risk for serious implications – and do with as little social, economic, other disruption as possible
Public concern currently isn’t very high

• Gallup poll conducted following WHO declaration of a pandemic:
  • 8% of respondents said they worried "yesterday" about getting the so-called swine flu.
  • Down from 13% in mid-May and from the high of 25% in the early days of the outbreak, in late April.

Public perceptions need to be recognized

• (Consistent with most case reports) Likely widespread perception that novel H1N1 disease is “mild” for most people
• Concern that an H1N1 vaccine will have been made too fast and will be “too new” to be safe
• Higher interest among people with pre-existing conditions
• As with seasonal flu, provider recommendations will be important
Factors that Impact Demand for Influenza Vaccine (1)

- Perceptions/indications regarding when influenza viruses are expected to begin circulating
- Actual circulation of influenza viruses
- Severity and visibility of initial cases
- The population groups most affected and/or most severely affected
- Beliefs re: personal susceptibility to severe disease (e.g., are people like me becoming ill)

Factors that Impact Demand for Influenza Vaccine (2)

- Ease of access to vaccination
- Past experience with vaccine and influenza
- Risk perception/assessment
- Benefit perception/assessments (including whether antivirals would be a safer or more effective option)
Key Considerations for Pandemic Influenza Vaccine Communication (1)

• Initial cases matter -- Characterizations of the pandemic H1N1 influenza virus as “moderate” in terms of severity, and as causing “relatively mild illness” (for most) will affect interest and demand for vaccine.

Key Considerations for Pandemic Influenza Vaccine Communication (2)

• In practice it will be difficult to differentiate between seasonal and pandemic H1N1 illness.
• Messages should prepare people for this and focus on general guidance that is applicable to all flu
• Messages comparing pandemic H1N1 with seasonal flu should not inadvertently foster or support public perceptions that seasonal influenza is a mild disease.
Key Considerations for Pandemic Influenza Vaccine Communication (3)

• Many “high risk” people do not self-identify as being at high risk.
• Vaccination recommendations that involve children and pregnant women can be expected to generate vaccine safety questions or concerns.

Key Considerations for Pandemic Influenza Vaccine Communication (4)

• Different vaccine formulations will have different communication and media issues.
• The more similar a pandemic H1N1 influenza vaccine is to seasonal influenza vaccine, the greater comfort levels will be.
Key Considerations for Pandemic Influenza Vaccine Communication (5)

- The availability and use of antivirals may reduce consumer demand for pandemic H1N1 vaccine.
- Variation in vaccination practices between locations/providers will raise questions and issues.

Key Considerations for Pandemic Influenza Vaccine Communication (6)

- Widespread support is essential
  - Health care providers, the public health community and state/local political leaders supporting federal recommendations and guidelines
- Actions will be as or more important than their statements
  - Getting vaccinated vs. encouraging vaccination
Key Messages/Themes (1)

• “There are reasons to be worried/concerned when it comes to the pandemic H1N1 influenza virus and the upcoming season”
• “This novel virus warrants aggressive public health actions (e.g., investment in vaccines and vaccination)”
• “Strong actions are taken to protect people from seasonal flu (e.g., production and administration of annual vaccines) – and should be taken in response to this pandemic virus”

Key Messages/Themes (2)

• “When it comes to reducing influenza transmission and protecting people from influenza, vaccines are the most important tool available.”
• “The pandemic H1N1 flu virus is a reminder of the ever-changing and unpredictable nature of influenza.”
Preparing in the Face of Uncertainty

- Use promotion of seasonal flu vaccine as a core which can be expanded and adapted
- Plan for a few key scenarios and be prepared to adapt approach, messages, and materials
- Improve processes and surge
- Identify and train spokespeople

What will we communicate about seasonal flu vaccine? When?

If seasonal flu vaccine is available first:
- Begin promoting seasonal influenza vaccine as soon as first doses become available using our “standard” messages, which include:
  - “people should begin getting their flu vaccines in September or as soon as vaccine is available”
Additional messages. . .

• “This new flu is a reminder of the unpredictable nature of influenza, and the importance of prevention.”
• “Flu vaccines are the most important step for protecting yourself and your loved ones against this serious disease – vaccination can result in fewer doctor’s visits, hospitalizations and deaths.”
• “The seasonal flu vaccine is not expected to protect against the pandemic/novel H1N1 flu. A pandemic H1N1 flu vaccine may/will/will not be available soon.”

What will we communicate about seasonal flu vaccine? When?

If pandemic/H1N1 and seasonal flu vaccines are available at the same time, there is not widespread severe disease and there is not high demand for pan flu vaccine:

• Use seasonal flu vaccine communication as the core. Promote seasonal influenza vaccine broadly as soon as it becomes available using our “standard” messages, as well as:
  • “The seasonal flu vaccine is not expected to protect against the novel H1N1 flu.”
  • “Pandemic flu is a reminder of the unpredictable nature of influenza, and emphasizes the importance of flu prevention.”
  • “A separate vaccine is available which prevents novel H1N1 flu and is recommended for the following people for the following reasons…….”
• Conduct targeted outreach to promote pandemic/H1N1 flu vaccine to those for whom it is recommended.
What will we communicate about seasonal flu vaccine? When?

If pandemic/H1N1 and seasonal flu vaccines are available then we see widespread, severe disease, high media coverage, and high demand for novel H1N1 vaccine:
• Broadly communicate about both vaccines with heavy emphasis on:
  • “seasonal flu vaccine is not expected to protect against the novel H1N1 flu”
  • 2) explaining novel H1N1 flu vaccine recommendations and rationale behind them

Acknowledgements

• Alan Janssen
• Erin Burns
• Marsha Vanderford