

CDC Messages and Influenza Vaccination Communication Plans for the 2010-11 Season

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



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Objectives

- Provide an overview of CDC's influenza vaccination communication campaign plans
- Share some of CDC's draft messages
- Share examples of audience-specific plans
 - Pregnant women
 - Health care workers
 - Hispanic subgroups

Campaign Overview

Influenza Vaccination Communication Campaign Overview: 2010-11 Season

Mission

- Support the broader public health goal of protecting as many people as possible from influenza

Primary Objectives

- Provide tailored, timely, and accurate information about: the dangers of influenza and the benefits and safety of vaccination.
- Maintain and develop relationships with partners and media outlets who can help build public awareness.
- Steer interest to local immunization providers.
- Foster greater use of flu vaccine through December and beyond.

Primary Audiences and Intermediaries

- People at high risk and their close contacts
- Health professionals
- General public
- Public health partners
- Private sector partners
- Media outlets

Guiding Theories & Principles

- Risk communication principles
- Health belief model
- Transtheoretical model (Stages of Change Theory)
- Social norms theory
- Health literacy principles

Campaign Theme

THE FLU ENDS WITH 

- Developed for CDC by AED and Arnold after extensive examination of focus group data; tested well with diverse audiences.
- The theme is a ‘call to action,’ communicating that in addition to protecting ourselves, we each can have a hand in protecting those who may be at high risk of having serious flu-related complications.

Priority Audiences

- Parents of children age 18 and younger
- Older Americans
- Adults with chronic health conditions
- Young adults
- Pregnant women
- People who live with or care for those at high risk for complications from flu, including:
 - Health care workers
 - Household contacts of persons at high risk for complications from the flu
 - Household contacts and caregivers of children <5 years of age with particular emphasis on contacts of children <6 months of age
- Minority populations (African Americans, Asians, Hispanics, and Native Americans/Alaskan Natives)

Barriers and Facilitators

- Motivation for flu vaccination highly dependent on perceptions of severity of disease and strength of provider endorsement
 - Influenza often not seen as a serious threat
 - Many providers do not themselves get annual flu vaccines
- Motivation for flu vaccination also highly dependent on perceptions of personal susceptibility (to disease as well as side effects of vaccines)
 - Many medically high-risk persons do not consider themselves at risk
 - Persistent concerns about vaccine safety
- Messages encouraging vaccination to protect loved ones and those at high risk resonate with many

Key Considerations

- Complexity of the messages
 - Universal recommendations
 - Inclusion of 2009 H1N1 strain in seasonal vaccine
 - Addressing questions that may arise due to last year's prioritization of vaccine
- Media interest likely to be high initially, but may wane if season is generally uneventful
 - In the absence of a pandemic or novel event (e.g., vaccine shortage, high number of pediatric deaths), news media play a relatively small role in distributing seasonal flu vaccination messages

Key Considerations

- Vaccine safety concerns may be heightened from inclusion of 2009 H1N1 strain in seasonal vaccine and unfolding situation in Australia
- Need to remember that influenza and flu vaccine supply are unpredictable, and seasonal influenza vaccination is a predominantly private sector enterprise
- Many who got H1N1 illness or vaccination may believe they are immune and may not place a high priority on getting vaccinated this season

Campaign Elements

- Formative research and message testing
- Partner outreach
- Earned media (mattes, radio and satellite media tours, ethnic media roundtables)
- Paid media (PSA placement, print ads, NAPS distribution)
- Web and social media
- Print materials such as posters, brochures, flyers
- Education and outreach to healthcare workers
- Process and impact evaluation

Overarching Messages

Overarching Messages

- Influenza (the flu) is a serious disease, leading to hospitalizations and sometimes even death. Anyone can get sick from the flu.
- Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious complications from the flu, even death.
- Starting with the 2010-11 flu season, CDC recommends all people age 6 months and older receive annual influenza vaccination.
- The best way to prevent flu is by getting a flu vaccine each year.
- Getting a flu vaccine is easy, and it is the single most effective way to protect yourself and your loved ones from flu.

Overarching Messages

- The flu vaccine that will be available for the 2010-2011 flu season will provide protection against the 2009 H1N1 virus. There will not be a need to get a separate vaccine for 2009 H1N1 flu.
- Every flu season is different, and influenza infection can affect people differently. Even healthy people, including children and young adults, can get very sick from the flu and spread it to others.
- The flu vaccine provides protection that lasts through the flu season. The flu vaccine is updated to include current viruses every year. A seasonal flu vaccine made against flu viruses going around last year may not protect against newer viruses, and annual vaccination is the only way to maintain protection each year.

Overarching Messages

- The flu vaccine protects against infection and illness. It cannot give you the flu.
- Flu vaccines are very safe. CDC and FDA hold vaccines to the highest safety standards. The safety of influenza vaccine is closely monitored.
- Over the years, hundreds of millions of Americans have safely received seasonal flu vaccines.
- The most common side effects from the flu vaccines are mild.

Examples of Audience-Specific Plans: *Pregnant Women* *Health Care Workers* *Hispanic Subgroups*

Research with Pregnant Women

- In September 2009, CDC conducted 18 focus groups with pregnant or recently pregnant (within six months postpartum) women in Atlanta, Georgia; Dallas, Texas; and Portland, Oregon
 - 144 participants, mostly white (65.5%), followed by 28.1 percent black; 60% intended to get seasonal flu vaccine
- The safety of the baby is a key factor in pregnant women's motivation to adopt recommendations.
- Pregnant women are taught to be selective about taking medications. Vaccination messages should acknowledge this belief and provide a clear rationale for why vaccine is recommended.
- Post-partum women have concerns about taking medications while breastfeeding.
- Health care providers are a key trusted source of information.



Overarching Communication Strategy for Pregnant Women

- Utilize ObGyns to encourage and/or administer influenza vaccination
 - Conduct research to better understand barriers and facilitators
 - Provide information and resources
 - Partner with ACOG on events and outreach
- Acknowledge that pregnant women are, and should be, careful about medications they take.
- Explain that influenza causes risk to mom and baby and stress the safety of the vaccine during pregnancy and while breastfeeding.
- First time mom's-to-be are high information seekers. Get vaccination messages into publications and websites for pregnant women and new moms (including via content syndication).



Outreach to Pregnant Women

Tactics

- Outreach to online sites such as BabyCenter.com, iVillage's pregnancy channel
- Pregnant and new moms on Twitter will be identified and recruited to participate in the Flu campaign
- "Family vaccination day" during NIVW
- Distribution of matte article
- Posters and flyers
- Paid placement of ads (e.g., on Oxygen, Lifetime, targeted websites)

Key Partnerships

- ACOG, AAFP, WIC, hospital administrators, hospital maternity wards, birthing hospitals and pharmacy associations who all communicate with pregnant women



Health Care Workers

Research

- Physicians generally supportive of influenza vaccination
- Nurses and allied health care providers share many of the same attitudes and misperceptions about influenza and flu vaccines as the general public
- Beliefs that they have strong immune systems and don't need to be vaccinated
- Concerns and questions regarding the use of live, nasal spray vaccine



Strategy and Tactics for Health Care Workers

- Engage health professional organizations early to identify needs and actions they can take
- Use partnerships with the American Nurses Association (ANA) and the American Hospital Association (AHA) to encourage worksite vaccination events during NIVW
- Engage senior HHS officials to carry the message
- Webinars (e.g., to share best practices)
- Continue partnership with MedScape
- Matte article

HHS Workgroup: Flu Vaccination of Health Care Workers

- The Workgroup was created in 2009 and combined with an existing HHS workgroup on the same topic (including CDC, CMS, AHRQ, NIOSH, NIH, FDA, HRSA, FOH, and IHS representatives), with some new partners (JCAHO, the VA, and OSHA).
- The Workgroup goals are:
 - Develop and/or enhance evidence and tools for improving influenza vaccination of health-care personnel.
 - Develop and disseminate educational materials on aspects of influenza vaccination for HCPs for policy makers.
 - Enroll (non-federal) stakeholders in the initiative.
 - Identify and enhance existing standards for influenza vaccination of health-care personnel, including development of a model state law requiring health care worker influenza vaccination.
- The Workgroup will also develop a list of benchmarks for measuring short term, mid-term, and long-term progress towards the Healthy People 2020 objective of increasing influenza vaccination in healthcare workers.

Research with Hispanic Subgroups

- In the Fall of 2009, CDC assessed H1N1 flu information needs, attitudes and beliefs among segmented Hispanic subgroups (i.e., Mexicans, Puerto Ricans, Cubans, Central Americans, South Americans, and Dominicans)
- 2009 H1N1 focus groups findings:
 - Hispanic sub groups did not trust “newly” developed H1N1 vaccine and Hispanics were more fearful of vaccine side effects than the H1N1 flu itself
 - Respondents indicated that doctors were not recommending the H1N1 vaccine
 - Distrusted information from government health agencies
 - Information gap exists
 - Hispanic groups are not aware they are in high-risk group category

Influenza Vaccination Campaign Targeting Segmented Hispanic Subgroups

Preparing the upcoming 2010 influenza season campaign:

Goal	Engage local community/grassroots organizations, media, and other stakeholders to promote and encourage influenza vaccination uptake
Objectives and Strategies	<p>Disseminate accurate/timely information and materials, encourage open dialogue, generate media pushes, encourage grassroots activities, secure measurable results</p> <p>Build on community/grassroots partnerships and engagement, drive partners to CDC website for downloadable materials, intensify and expand CDC outreach to Hispanic health providers, and help build capacity for community organizations to employ multimedia online platforms to amplify communication</p>
Audience	All Hispanics, including segmented Hispanic sub-groups; and secondary audiences such as health care providers, family, caretakers

Elements

Multimedia Materials with flexibility for customization:

e-Media/Community Kit

- Press Release
- “Real Story” radionovelas, PSAs, expert interviews, live reads
- Fact sheet
- Downloadable print materials: posters, brochures, flyers, ads,
- Matte Articles
- Online platform capacity building “Quick Guide” to generating community engagement
through Blogs, podcasts, Face book, Twitter, CDC Mobile

Activities

- Target top 25 Hispanic markets, including hyper-growth, border, farming, rural, and urban markets representative of Hispanic sub-groups
- Collaborate with clinics, community-based organizations, Mexican and Central American Consulates, immunization and interest organizations to conduct immunization clinics and distribute collateral materials
- Leverage media through influenza education media kit, interviews, radionovelas and PSA placement, promotion on website, article placement, and news stories
- Reinforce messages such as “protect family”; “all individuals are at risk of contracting flu;” and “everyone can spread flu”
- Intensify and expand CDC outreach activities to Hispanic healthcare providers
- Websites and social media strategy development to reach diverse Hispanic communities
- Deliver dynamic Web 2.0 strategy training to grassroots organizations for capacity building and effective message reach to diverse Hispanic groups

National Influenza Vaccination Week (NIVW)

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