

Communications Planning for 2021-2022 Flu Season

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2021-2022 Challenges

COVID-19 Pandemic

- Increased demand on healthcare systems
- COVID will likely become endemic like flu
- Seasonal & pandemic flu remain a threat
- Flu has been trivialized by comparison to COVID-19
- Reduced immunization rates for other VPDs
- How do we balance communications around COVID and flu?

Mild 20-21 Flu Season

- Low flu activity due to pandemic mitigation measures
 - ✓ Masks & social distancing
 - ✓ Increased hygiene measures like hand washing & disinfecting
 - ✓ School closures
 - ✓ Reduced travel
 - ✓ Viral interference theories
- How severe will 21-22 flu season be?
 - ✓ Cessation of mitigation measures
 - ✓ Waning immunity

Public Perception

- Comparison of pandemic COVID to seasonal flu
- Increased awareness around public health, but perhaps not around individual roles (herd immunity)
- Increased vaccine hesitancy/curiosity
- New threshold for vaccine effectiveness (COVID vs. flu)
- How can we convince people that flu remains a threat & annual vaccination is still our best tool?

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Vaccination Barriers

- ❖ Continuum of vaccine acceptance



- ❖ New York Times article, May 6, 2021: “Vaccine Skepticism Was Viewed as a Knowledge Problem. It’s Actually About Gut Beliefs.”
<https://www.nytimes.com/2021/04/29/us/vaccine-skepticism-beliefs.html>
 - ❖ Evidence-based information doesn’t always work
 - ❖ People are concerned about liberty (individual rights) and purity (religious or secular)
 - ❖ People rely on moral intuitions and make emotionally-based decisions
- ❖ Cultural sensitivities (e.g., communities of color)
- ❖ Health literacy
- ❖ Access issues (locational and financial)
- ❖ Risk perception (cost-benefit analysis)

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Communications Needs & Opportunities

- ❖ Aligned, consistent, transparent messaging across sectors at all levels
- ❖ Distribute messages in a timely fashion with an appropriate cadence throughout flu season
- ❖ Address people’s convictions (can’t use a one-size-fits-all approach for messaging)
- ❖ Include content that addresses specific concerns of target populations (e.g., cultural sensitivities)
- ❖ Address friction points (access, reminder/recall systems)
- ❖ Use trusted messengers (e.g., HCPs, faith leaders, unbiased spokespeople)
- ❖ Share relatable content, storytelling (narrative communication)
- ❖ Address vaccine safety, effectiveness, etc. at appropriate health literacy levels
- ❖ Actively address mis- and disinformation; be both proactive and reactive
- ❖ Reinforce disease burden of flu
- ❖ Reinforce importance of vaccination as a public health tool (community immunity)
- ❖ Patient empowerment

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