

COMMUNICATION/MEDIA STRATEGY VACCINATION PLAN

Purpose: Through effective communication, ensure children are age-appropriately vaccinated against disease and state immunization laws in the United States remain unchanged.

Objectives:

- C Prevent unnecessary morbidity and mortality among children who may go unvaccinated because of fear about vaccine safety.
- C Maintain the public-health safety net of state immunization laws.
- C Through research, increase our understanding of policy makers, providers, and parents' attitudes toward routine childhood immunization and vaccine safety.
- C Develop and disseminate messages that communicate the historical, present, and future benefits of vaccine.
- C Using messages based on scientific facts, dispel commonly held health myths about vaccine safety.
- C Recognize and respect cultural differences in the development of vaccine safety messages (e.g., religious exemptions, mistrust of government, conspiracy theories)

Selected Target Audiences:

- C Current and future health-care providers
- C Policy makers
- C Current and future parents and grandparents
- C Health and medicine media

I. Current and future health care providers

Environmental analysis: In the United States, vaccinations are administered primarily by nurses and physicians' assistants in practice with pediatricians, family physicians, and general practitioners, and occasionally administered in emergency room settings. In addition, approximately 50 percent of children receive vaccination through public clinics. Although no comprehensive research is available to indicate the level of commitment by health care

providers, vaccination is at all-time highs in the United States, indicating strong support for vaccination among providers.

A paper presented by Dr. D. Velimirovic, at the WHO meeting of National Programme Managers in 1991, warned that providers were key to a strong immunization program and that concerns about safety and possible litigation must be addressed for providers to continue their support. The paper also indicated that proponents of vaccination were less likely to know details about vaccine safety issues.

Current limited research indicates that low-income, urban parents' knowledges, attitudes, and beliefs have little impact on whether their children are age-appropriately immunized (Pediatrics, Dec. 96; Pediatrics, Aug. 94, and JAMA, Oct. 94). Therefore, the knowledges, attitudes, and beliefs of health care providers may be most critical in forestalling any negative impact on immunization coverage through misinformation about vaccine safety. More research on this issue is indicated.

In addition, because of special issues of trust among some minority populations, special attention should be given to reaching out to health care providers serving minority populations.

The following are communication/media activities directed toward current and future health care providers:

Research and message development:

Conduct secondary research on knowledges and beliefs held by health care providers regarding vaccine safety.

Conduct primary research on current knowledges and beliefs held by health care providers regarding vaccine safety.

Based on primary research, develop effective health communication messages directed to current and future health care providers

Health Education:

Develop a vaccine-safety teaching module for the Epidemiology of Vaccine-preventable Disease Course to be presented as a special course and as a component of the EpiVac course. (NIP)

Develop a lesson plan/CD Rom on vaccine safety directed at students in public health and medical schools.

Health Communication:

Increase peer-review articles regarding vaccine safety issues.

Develop self-contained exhibit and video for display at health professional meetings and conferences regarding vaccine safety.

Improve communication from CDC to health care providers on vaccine safety Q/As through improved Internet vaccine safety home page and widely publicized toll-free number, and fax request information line.

Increase presentations regarding vaccine safety issues at health professional meetings and conferences.

Media relations:

Partner advocacy:

Form a communication committee from AAP, AAFP, NMA, AMA, etc., to survey current communication assets and assign communication roles in this strategy.

Evaluation:

Conduct follow-up research on providers' knowledges and beliefs about vaccine safety and routine childhood immunization

Policy makers and civic leaders:

Environmental analysis: Local and state elected officials have supported immunization programs. However, they must also respond to vaccine safety and mistrust in federal government issues that can arise in their communities and states. Their continued support cannot be taken for granted. For example, in Mass. (March 97), hearings were held to consider weakening the state's immunization law. Arguments from critics of immunizations built on issues of individual vs societal rights will be difficult for these leaders to defend against unless they are well equipped with facts regarding the value and safety of vaccine.

Any communication activities directed at this target audience must stress the valid arguments for preserving and strengthening state school-entry laws.

Research:

Same as for providers

Health Education:

none

Health Communication:

Develop brief backgrounders on the following issues:

Value of vaccine

Possible impact of anti-vaccine movement in the United States

Importance of state immunization laws

Q/As on specific vaccine safety myths and issues

Develop white paper on vaccine safety issues to present to congress

Media relations:**Partner advocacy:**

ASTHO, CSTE, APHA, etc. partners draft an open letter to congress and mayors to advocate for strong state immunization laws and attach fact sheets about value/myths of vaccine.

Form communication committee from community outreach and public health partner organizations to develop a communication strategy and assign communication roles.

Evaluation:**Current and future parents and grandparents:**

Environmental analysis: Currently 76 percent of 2-year-olds are up-to-date for their vaccinations. In addition, 96 percent or more of children are up-to-date at school entry. States report that consistently about 1 percent of parents exempt their children from vaccination for religious or philosophical reasons. In addition, some recent research indicates that a parent's knowledge, attitudes, and beliefs about vaccination and diseases are not predictors of their children's immunization status. Whether this will remain valid if greater media advocacy is employed by those who do not support routine/mandatory vaccination is not clear. An analysis by CDC's vaccine safety branch did indicate that materials available to curious parents on the issue of vaccine safety are heavily weighted against vaccine.

Research:

Conduct secondary research to determine what we know now about parental attitudes.

Conduct primary research to determine what parents believe regarding vaccine safety and where parents go to get information about vaccines and vaccine safety

Health Education:

Develop lesson plan on lifetime of vaccination for inclusion in school health curriculum

Include vaccine safety examples in media literacy education plans

Write value of vaccine lesson plan/chapters for high school and community college parenting classes.

Write and publish a balanced hard-bound book on value of vaccine and vaccine safety with a foreword by respected and trusted role model.

Health Communication:

Incorporate vaccine safety messages/value of vaccine in soap operas, Children TV Network, etc. projects.

Value of Vaccine@National Infant Immunization Week theme for 1998.

Easier access to vaccine safety info from CDC on Internet

Vaccine safety support Q/As through expanded national toll-free number

Media Relations:

Develop articles and op-ed pieces on vaccine safety/value for parents publications.

Develop speakers bureau of experts available for media interview to correspond with the 87 IAPs and nationally with vaccine value/safety messages.

Conduct media training for NIP, CDC, and state immunization directors about vaccine value and safety.

Partner Advocacy:

Encourage corporate sponsorship of vaccination communication efforts

Secure celebrity speakers for PSAs targeted to special populations

Solicit support of Governor's spouses organization for support

CDC Foundation support:

Health and Medicine Media:

Environmental analysis: Overwhelmingly in local newspapers and parent and women's magazines, the message about vaccines is positive. However, anecdotal evidence is that vaccine safety is an increasingly important issue to be covered by local and national media. Society's interests in health and medicine go beyond the basic. The problems triggered by society's new interests, coming as they do during a period of gross public cynicism about government and professional elites, pose new challenges to the media as well as the public health agency and researcher.

Research:

Conduct content analysis to explore vaccine safety coverage
Research on media attitudes toward vaccine safety

Health Education:

Conduct civic journalism workshop on this issue

Invite media to attend National Immunization Conference in Detroit

Media Relations:

Conduct editorial boards with selected media on vaccine safety

Provide specialty advertising notepad or mouse pad or cup with vaccine value--polio eradication, measles, etc. giving CDC Internet address and home page and CDC media relations number or partner numbers

Develop B-roll, slides, and photos of children who suffered from vaccine-preventable diseases.

Provide statement from medical and public health leaders advocating for value of vaccine.

Invite media to interview public and private health providers on this issue.

Alert media to important vaccine events through targeted e-mail and blast fax

Ensure media is aware of CDC's vaccine safety information by Internet

Partner Advocacy:

Patricia O'Neal (daughter died from measles complications in England People)
Short documentary on breathing (41 man in iron lung)

Evaluation:

Content analysis

Special populations:

Minority populations, members of religions that do not allow for vaccination, and persons who identify themselves as naturalists may require targeted research, message development, and communication activities. In all instances, communication directed at these populations must be culturally sensitive and responsible, while attempting to fulfill the plan's objective to ensure children do not become ill or die because of anti-vaccine rhetoric.

African American environmental analysis: Immunization coverage rates among African Americans are generally lower than for the overall U.S. population. This is attributed, in large part, to issues surrounding access. No current research indicates that African American mothers distrust vaccines. However, African American communities have reacted strongly to vaccine safety issues recently (e.g., Shelby County, hepatitis A; Los Angeles, EZ vaccine study; and the proposal under consideration by the Nation of Islam to call for a moratorium) which, if stirred through media advocacy, could adversely impact on vaccination coverage levels.

Religious objectors environmental analysis: Research indicates that children whose parents object to vaccination based on religion are at greater risk for vaccine-preventable diseases during outbreaks. Currently, the ACIP recommends that students exempted from immunization requirements not attend school during outbreaks of measles in order to protect their health and to minimize transmission in the community. Because, these populations are often clustered in communities, the potential for outbreaks is increased.

Naturalists environmental analysis: Persons who consider themselves naturalists often favor natural medicine, believe that nature has its own healing force and that the aim should be to assist rather than supplant it. They often provide homeopathic and chiropractic treatment. Many of the current myths and arguments against vaccination stem from concepts held by this population and promoted by other anti-vaccine groups.