
Proceedings of the Department of Health and Human Services Pandemic Influenza Communications Workshop

November 15, 2005



**Prepared by
Oak Ridge Institute for Science and Education
for the
Department of Health and Human Services**

DRAFT

The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy facility focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists. ORISE is managed by Oak Ridge Associated Universities.

HHS Pandemic Influenza Communications Working Group Meeting

November 15-16, 2005

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Executive Summary

On the afternoon of November 15 and the morning of November 16, 2005, the Office of the Assistant Secretary for Public Affairs (ASPA) and the National Vaccine Program Office in the Department of Health and Human Services (HHS) convened a meeting of the HHS Pandemic Influenza Communications Working Group in Washington, DC. The goals of the meeting were to share information on recent activities and begin development of messages that might be used during a pandemic.

In the afternoon on the first day, overviews of recent agency-activities were provided by representatives of the

- Office of the Secretary
- Office of Public Health Emergency Preparedness
- National Vaccine Program Office
- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Additionally, three presentations were made on recent and on-going research.

The morning of the second day was spent identifying questions and developing messages that might be used in the event of an actual pandemic.

These Proceedings provide as background a summary of the *HHS Pandemic Influenza Risk Communication and Public Outreach Strategy* and a summary of discussions from the first afternoon. The scenarios used to begin development of questions and messages that might be used in the event of pandemic influenza are included here. Question-lists and draft messages developed at the workshop will be addressed separately.

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Background

The possibility of a pandemic influenza has become a great concern to the White House and the Department of Health and Human Services (HHS). The White House issued a *National Strategy for Pandemic Influenza* on November 1, 2005 with three fundamental pillars:

- **Preparedness and Communication:** Activities that should be undertaken before a pandemic to ensure preparedness, and the communication of roles and responsibilities to all levels of government, segments of society and individuals.
- **Surveillance and Detection:** Domestic and international systems that provide continuous “situational awareness,” to ensure the earliest warning possible to protect the population.
- **Response and Containment:** Actions to limit the spread of the outbreak and to mitigate the health, social and economic impacts of a pandemic.

Additionally, the *HHS Pandemic Influenza Plan* further details the *HHS Pandemic Influenza Risk Communication and Public Outreach Strategy*. The strategy lists 10 components of implementing the strategy. The inclusion of this list is because many members of the working group are contributing in one or more ways to each of the strategy’s components. There are several presentations planned for this workshop that relate to each component. The components are:

1) Planning and Assessment of Current Knowledge:

- Determine what communications actions will be taken and by whom in advance of a pandemic (i.e. prepandemic) and once a pandemic is confirmed by WHO
- Ascertain communication needs for various audience segments (i.e. What materials, resources, processes, and systems, will be necessary in both phases?)
- Conduct an environmental scan or an assessment of current knowledge of pandemic influenza, which will include:
- Scholarly literature review on Avian Flu or whatever pandemic flu strain is the problem, public health risks, public and political response to similar incidents (e.g., SARS),
- Review of media coverage of pandemics, Review of web sources
- Assess and analyze media and public baseline knowledge and attitudes.
- Review current national and international efforts and programs to control the pandemic and work with international partners to coordinate activities (WHO)

2) Formative Audience Research

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- Define public perceptions, attitudes, beliefs. Study these from communication perspective to determine how to position information so that people attend to messages and act upon them.
- Conduct 2 sets of 9 cognitive interviews and 16 focus groups with general public.
- Conduct 18 telephone stakeholder interviews with health professionals and community leaders.

3) Message and Material Development

- Develop pre-pandemic (WHO intrapandemic and pandemic alert levels) and pandemic messages and materials based on risk communication principles, as outlined in the WHO Outbreak Communication Guidelines.
- Define audiences and develop materials for these audiences.
- Develop message maps and concepts appropriate for each “Phase” of an influenza pandemic development. To test event messages, a video-based scenario will be used to simulate emotional response during a pandemic.
- Coordinate with other agencies to identify pre-event and event material needs and to develop new materials as needed. Materials may include:
 - “HHS Prepares for Pandemic Influenza” – a sixteen page, color version of the pandemic plan for the public that describes the major issues, decisions, actions regarding pandemic influenza.
 - Live announcer copy
 - Core Q&As
 - Hotline response materials
 - Fact sheets
 - B-roll
 - Graphics to support HHS communication (animation)
- Conduct focus groups with general public to pretest event messages separately and/or materials. Provide additional support for material development as needed.

4) Cross Government Collaboration and Coordination

- Establish a cross agency working group that includes communication, policy and subject matter experts. This working group will review and shares strategies and activities being undertaken by each agency and develop a coordinated communication approach. This working group will:
 - Develop consistent messages about pandemic influenza
 - Ensure common understanding of HHS objectives and strategies
 - Leverage existing activities and resources to address pandemic influenza
 - Develop an inventory of current activities

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- Identify gaps and make recommendations on how they can be filled
- Coordinate media planning, stakeholder outreach
- Coordinate communications systems as appropriate.
- Outreach to other Departments in the Federal government and international partners.

5) Training

- Coordinate Training sessions for emergency risk communication among “master trainers” as identified through previous training courses provided by CDC, as well as CDC recommendations. These core trainers would then provide on the ground training within their regions and states focusing specifically on Pandemic Influenza.
- Conduct media training for spokespersons on public health crisis response and risk communications principles.
- Prepare a highly specialized risk communication and message development workshop. This workshop would be focused on building trust across policy makers, communications experts, and subject matter experts across HHS and partner agencies to support effective risk communication during an outbreak of Pandemic Influenza.
- Run a senior official pandemic influenza/communication-focused exercise in cooperation with other government departments.

6) Media Outreach

- Coordinate closely with the CDC and other HHS agencies on a *National Pandemic Influenza Media Plan*, which would include:
- Develop core press materials to serve as backgrounder documents for federal, state and local partners, using existing CDC materials as a starting point
- Conduct media briefing with key national outlets to *demonstrate how HHS will function and discuss community planning*
- Coordinate media relations with Canada, UK, Mexico, WHO, PAHO, Japan, the EU, and GHSAG, as appropriate.
- Coordinate and host a total of six informational roundtables with:
 - Key science and health writers/reporters to lay out the groundwork for basic understanding of a pandemic, the risk of an outbreak, the public health response, fact/myths about pandemics, the role of infection control in managing the outbreak, etc.
 - Key minority media and those representing special-needs groups.
- Review and enhance media lists.

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7) Community Continuity Planning

In collaboration with other government offices (e.g. Department of Education) HHS will develop toolkits specific to different audience segments (e.g. socio-economic considerations) to help inform them about the potential threat of a pandemic, the implications of a pandemic for this sector, and what this sector needs to know in advance so that they can best prepare. HHS will:

- Conduct research into existing infrastructures and plans that can be models for this effort.
- Engage community leaders in pre-pandemic planning
- Convene multiple stakeholders meeting.
- Publish proceedings as a document on community continuity planning for Pandemic Influenza and distribute widely including online/electronically
- Develop tool kits for communities for continuity planning working with other governmental partners (e.g. Dept of Education on Tool Kit for Schools)
- Provide exercises/scenarios with leaders' guide on the Pandemic so that communities can use these to determine what they need to put in place, what choices/options they face.
- Develop an online exercise activity designed to help community groups plan for ensuring that community members have access to needed services (e.g., child care, transportation to essential appointments and essential supplies) in a pandemic influenza event. The exercise will be designed similarly to a board game. The outcome for community groups participating in the game will be to have developed a set of materials such as telephone trees, transportation plans, and community maps marked with the location of essential services, the location of individuals who need assistance, etc. Training will be based on core scenario developed for other trainings.

8) Business Continuity Planning

- Stimulate and support business leader continuity planning.
 - Engage Business Leaders in Pandemic Flu Continuity Planning.
 - Help them understand nature of the outbreak and why employees should stay home. Provide information on how to plan to continue operations during a pandemic.
 - Support their exploration of how they can use volunteers to deliver good and services to quarantined community members.
 - Support their exploration of how they can support public health response
- Conduct Business Roundtables: Work with SBA, DOC, DOL and other stakeholders such as Chambers of Commerce, to convene four key business leader

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and union representatives in a series of roundtables segmented by business size, and/or geography, and/or nature of business.

- Publish outcome of meeting proceedings and widely distribute
- Provide handbook for business leaders and other stakeholders to encourage and support their planning for/coping with Pandemic Influenza. This would include background information on all relevant topics.

9) Public Engagement

- Expert Discussions: Host roundtable discussions with medical influencers and opinion leaders Identify and convene key health professional influencers for an “expert discussion” to better understand the likely criticisms the agency may face from the public, and also help these influencers better understand the challenges of pandemic influenza management, relevant research underway, etc. so that they will have a better understanding of what they are commenting on if called upon by the media during an outbreak.
- Town Hall Meetings in Six Cities (San Diego, San Francisco or Seattle; Detroit; Miami; Dallas or Fort Worth; Philadelphia and Mobile): Work with Council for Excellence in Government to convene town meetings across the nation with key stakeholders to engage them in planning for pandemic and community continuity.
 - Stakeholders include:
 - public health/public officials
 - private sector clinicians
 - education sector
 - business sector
 - non-profit/volunteer sector
 - Format of town meetings will include a primary session of 200 participants across stakeholder groups, with breakout sessions following. This will include location scouting, panelist research, media and community outreach. Tasks will include:
 - secure panelists and sub panelists in the following areas: HHS leadership; local public health leadership; local private sector clinical officials; local nonprofit/volunteer community; local education community; local business leaders
 - publicize event through media partnerships and strategic outreach to build community audience of 200 people
 - conduct on-line registration that includes audience pre-event polling
 - research on locality and specific issues and concerns for discussion
 - secure nationally recognized media personality for moderator and A/V vendor
 - produce moderator guide (show script)

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- oversee all media relations prior, during and post event
 - produce town hall event, including show production, live audience polling and on-site event management
 - produce and facilitate post town hall leadership symposium
- Public Dialogue Sessions: Meetings with National stakeholder organizations at IOM in July, Sept to discuss priority groups for vaccination during a pandemic. Meetings with local citizens in Atlanta, Omaha, Boston, and Portland in August and September.

10) International Support

- Work with WHO to support public health risk communications needs globally.
- If requested, provide template materials that can be adapted to local needs.
- Support global risk communication training through WHO

Given the priority of risk communications as a major part of the HHS and national strategy to prepare for and respond to pandemic influenza, the role of the HHS Pandemic Influenza Communications Working Group has become increasingly important. This working group is currently co-chaired by Bill Hall, HHS Public Affairs and includes members from all relevant HHS agencies.

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Afternoon Session - November 15, 2005

Welcome and Update on Federal Activities – Bill Hall, Director, News Division, Office of the Assistant Secretary for Public Affairs

Mr. Hall thanked the group for attending this important meeting. He noted that much has happened in the last two months, including

- Increased media interest;
- Heightened the public's awareness and interest in this topic;
- Announcement of the White House strategy;
- Release of the HHS pandemic influenza plan;
- Distribution of some agreed-upon pre-pandemic messages; and
- Launching of the intergovernmental website hosted by HHS, www.pandemicflu.gov.

Mr. Hall also mentioned the following upcoming activities:

- **Federal Pandemic Plan:** This is in the works and will be a compilation of all department and agency plans. It will be the culmination of the rest of the upcoming activities mentioned.
- **Pandemic Flu Summit and "Road Show:"** The White House charged the Secretary with convening state and local public health officials from across the nation to discuss their plans for a pandemic, and to help them improve pandemic planning at the community level. The Secretary will hold the first Summit in Washington DC, with the senior leaders of all 50 states on December 5, 2005. The kick-off summit will be followed by a series of in-state pandemic-planning summits to be held in every state over the next several months. These in-state summits will help the public health and emergency response community in each state inform and involve their political, economic and community leadership in this process. The first local meeting will be held jointly with Gov. Tim Pawlenty in Minneapolis, Minn. on Dec. 14.
- **Citizen's Planning Guide:** AIR is creating a citizen's preparedness guide to serve as a stimulus for the average American to plan. It will debut at the Pandemic Flu Summit and then be posted to the www.pandemicflu.gov website.
- **Website Governance Committee:** A governance committee is being put together to provide intergovernmental oversight of the www.pandemicflu.gov website.
- **Senior Officials' Exercises:** Several pandemic influenza **tabletop exercises** are being conducted including an HHS operator level exercise, an Interagency Incident Management Group (IIMG) exercise, a public affairs specific exercise, a Congressional exercise, and a Cabinet/White House level exercise have been or

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will be held in the course of a month. These will culminate in the Cabinet level exercise to be held over the weekend of December 10, 2005.

- **International Risk Communication Conference:** The World Health Organization's (WHO) Dick Thompson is putting together an international risk communication conference in Geneva, Switzerland to be held December 6-8, 2005 (Hall to attend).
- **Operational Plans:** All HHS agencies and Operational Divisions (OPDIVs) are required to do an operational plan for pandemic influenza. These plans must include a communications portion. These will be due to the Chief of Staff by December 10, 2005.
- **Influenza Pandemic Communication Plan (IPCP):** Hall has commissioned a department-wide pandemic communication plan that will be developed to explain the HHS concept of operations for communication prior to and during a pandemic. This will be a living document and will require all OPDIV participation and planning input.
- **Speaker Requests:** The Department of State is requesting speakers to talk at different countries to explain what we are doing to prepare in the U.S.

Updates were provided on the specifics of the www.pandemicflu.gov website and the formal governance task force, which will include:

- Department of Homeland Security (DHS)
- U.S. Department of Agriculture (USDA)
- The American Red Cross (ARC)
- The Department of Labor (DOL)
- The Department of Defense (DoD)
- The Department of Transportation (DOT)
- The Department of Veterans Affairs (VA)
- States (as coordinated through Intergovernmental Affairs [IGA])

There was an additional open forum for OPDIV updates. Primary OPDIV reports were provided by CDC, NIH, SAMHSA, FDA, and OPHEP.

CDC: Dan Rutz, Coordinating Centers for Infectious Disease (CCID)

There is an effort occurring to operationalize a pandemic plan with a great chance for synergy on these through the use of work teams and channels. The work teams are established similar to the ECS. There is currently an effort to determine the leaders of all teams. Overall leadership of these teams resides across three different entities: the Office for Enterprise Communication (OEC), the National

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Center for Healthcare Marketing, and CCID. The 14 work teams identified across CDC are as follows:

Leadership Team: The **Leadership** team provides overall management of the communications center and serves as liaison to other key communication offices (local, State, and Federal levels as appropriate). This team is also responsible for reviewing and approving materials for release to the media, the public, and partners.

Content Support and Training Teams: There are six teams that support content development and training. Each team's role may vary, depending on whether the situation is pre-event or event.

- **Clearance Team:** Ensures all members of the pandemic influenza communications functional team know the clearance process and will provide support to that process.
- **Events and Speaker Opportunities Team:** Identifies which groups have heard from HHS on pandemic influenza and which ones still need to be communicated with about this topic. (Pre-event focus)
- **Training and Professional Development Team:** Develops a tiered approach and materials to help HHS SMEs and the workforce communicate about pandemic influenza. (Pre-event focus)
- **Research and Environmental Scanning Team:** Conducts early trending, rumor, misperception detection and analysis and engage other teams as appropriate to respond. This team will provide quick turnaround research that could apply to all teams' activities. (Pre-event/event focus)
- **Writing and Repackaging Team:** Assesses and uses previously cleared materials to develop products for multiple audiences/channels to the maximum extent possible. (Pre-event/event focus)
- **Graphics/Photos/Illustrations Team:** Supports the repackaging of available materials and create new materials as needed. (Pre-event/event focus)

Audiences and Channels Teams: There are eight teams that are responsible for specific audiences and channels.

- **Internal Communications Team:** Supports and coordinates internal communication between the pandemic influenza communications functional team and other HHS agencies as appropriate.
- **Congressional Relations Team:** Responds to requests from legislators and special interest groups, distribute media materials and updates to these groups, and arrange for briefings to these groups as appropriate.

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- **State and Local Communication Planning Team:** Provides information updates to governors, state and local health departments, and local officials for pandemic influenza-related issues.
- **Global Health Team:** Supports communication with international partners.
- **Web Management Team:** Organizes and manages pandemic influenza related web sites and pages, assists in preparing documents and materials for distribution via web sites, and establishes and maintains links to other web sites/pages as appropriate.
- **Partners Team:** Arranges partner briefings and updates as needed, helps to organize and facilitate official meetings to provide information and receive input from partners, and responds to partner inquiries.
- **Media Team:** Assesses media needs and organizes mechanisms to fulfill these needs during a pandemic influenza event, produces media advisories and press releases, and supports spokespersons.

FDA: Lorrie McNeill, Center for Biologics Evaluation and Research

Some key messages mentioned were that FDA should be the connection between HHS and USDA and that the distinguishing elements are that HHS deals with human health issues and USDA deals with animal health issues. There is still a 4-6 month timeframe for vaccine development, so the focus during that time is to control deaths, and emphasize the use of gloves, masks, universal precautions. Whatever hospital do, the public can do – that message should be continuously sent out. The key statement that should guide our risk communication activities is that we “must balance the need to inform people with the risk of inflaming them.”

NIH: Laurie Doepel, National Institute for Allergy and Infectious Diseases (NIAID)

The current focus is on the flu website (www.pandemicflu.gov). There currently is no operational plan for the NIH community, but there are plans to develop one.

SAMHSA: Daniel Dodgen, SAMHSA Office of the Administrator

SAMSHA is updating protocols after the Katrina disaster in order to develop a more “all-hazards” orientation.

OPHEP: Marc Wolfson, OPHEP

Stuart Simonson is taking a lead role in the exercise activities and Project Bioshield, which provides new tools to improve medical countermeasures for protecting Americans against a chemical, biological, radiological, or nuclear (CBRN) attack, is a major focus. Project Bioshield enables the government to buy improved vaccines or drugs. The specific purchasing focus will be on the next

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generation of countermeasures against anthrax and smallpox and other Chemical, Biological, Radiological, and Nuclear agents. Project Bioshield will:

- Expedite conduct of NIH research and development on medical countermeasures based on promising recent scientific discoveries.
- Give FDA the ability to make promising treatments quickly available in emergency situations.
- Ensure that resources are available to pay for “next-generation” medical countermeasures.

Testing Pandemic Influenza Messages, Dick Tardif, Oak Ridge Institute for Science and Education (ORISE)

Dick Tardif described the formative research activities that followed initial development of selected pre-event messages. He noted that a full report was now available from Alan Janssen, Bill Hall, and him. He also noted that since data collection in August, public awareness had probably increased because of intense media coverage. Finally, he noted that the initial list of stakeholder questions concerns had largely been corroborated through several sources. These included on-going media monitoring by the National Immunization Program (see Janssen presentation, below), a survey conducted by the National Immunization Program (see Sheedy presentation, below), the forums held on vaccine allocation, and limited testing of draft fact sheets during workshops in Canada. Some additional questions/concerns have been added, and a more thorough media-content analysis following the recent increased media coverage is under consideration. Dr. Tardif used slides to provide additional detail regarding issues and recommendations raised through the research activity. His slides are provided in *Appendix C: Slide Presentations*.

U.S. Public Awareness and Attitudes Toward Pandemic Influenza: Results from a National Survey, Kristine Sheedy, CDC/National Immunization Program (NIP)

Kristine Sheedy’s presentation provided a quantitative analysis of public perceptions. She noted the data gathered was limited by the instrument and generally was consistent with much of Dr. Tardif’s findings, however, there were some instances in which the finding were different, as in the case of using the word “influenza” rather than “flu” and how the audience perceived the words as different or generally equivalent. Her findings are summarized in a slide presentation that can be found in *Appendix C: Slide Presentations*.

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Media Tracking and Analysis - Alan Janssen, Health Communication Specialist, CDC/NIP

Mr. Janssen provided an overview of media activity regarding pandemic influenza and H5N1 news. He explained how the news coverage of pandemic and H5N1 is certainly up significantly this year, however, it is still following typical patterns as from previous years. For example, he demonstrated that there are particular months of the year and days of the week that have higher volumes of news coverage. Additionally, he reviewed what messages were regularly appearing in the news media. His findings and content analysis are summarized in a slide presentation included in *Appendix C: Slide Presentations*.

International Perspective – Vincent Covello, Center for Risk Communication

Vincent Covello, an internationally recognized risk communications expert, has been highly involved and influential in risk communication activities. He co-authored a WHO Handbook called, “Effective Media Communication during Public Health Emergencies.” He briefly mentioned the handbook as a reference for message development best practices. He also discussed the kinds of media campaigns that should be taking place, and what kind of attributes and training should be provided to select spokespersons. He then went on to discuss other international priorities, like the need for transparency, and provided a summary of some of the key international activities he has been involved in, as well as some that are on the horizon. His presentation is summarized in a slide presentation found in *Appendix C: Slide Presentations*.

Public Engagement Project – Sarah Landry, National Vaccine Program Office (NVPO)

Sarah Landry summarized the activities of the NVPO, and ended her update with a detailed explanation of the public engagement project and its successes. The Public Engagement Pilot Project was designed to get collaborative input from various stakeholders on the goals of a vaccination program in the early stages of pandemic influenza – when vaccine supply was likely to be limited. The project was sponsored by a network of interested organizations. The project engaged both stakeholders from organized interest groups, and individual citizens-at-large from the four cities in the United States. The Pilot Project was carried out in five phases:

- **Phase I—National Stakeholder Deliberations, Washington DC, July 2005:** Different stakeholder groups such as health care providers, ethnic minority organizations, federal agencies, citizens advocacy organizations, and vaccine manufacturers met to frame the issues and define the purposes of the project.
- **Phase II—Citizens-At-Large Deliberations, Atlanta, August 2005:** Over 100

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citizens from the Atlanta area met on a Saturday in August to discuss, develop, and rank vaccination goals. They were initially provided a background presentation on influenza and pandemic influenza.

- **Phase III—National Stakeholder Deliberations, Washington DC, September 2005:** This meeting of the National Stakeholder Group included additional presentations, input from the Atlanta session, and in-depth deliberations to develop a proposal for priority vaccination goals during a pandemic event.
- **Phase IV—Citizen-At-Large Feedback Sessions in Massachusetts, Nebraska, and Oregon, September and October 2005:** Citizens-at-large from Massachusetts, Nebraska, and Oregon met on successive Saturdays in mid-September and early October 2005 to hear presentations from a local epidemiologists or infectious diseases experts. Participants discussed and commented on the goals selected by the National Stakeholder Group.
- **Phase V—Final National Stakeholder Deliberations and Report, November 2005:** The National Stakeholder Group reviewed input from the regional Feedback Sessions and finalized a proposal for the HHS Secretary.

An independent evaluation was conducted that found:

- The project met all of its stated goals.
- The project successfully attracted citizens to participate in the process. Participants reflected a diversity of perspectives and characteristics.
- The process resulted in participants having sufficient knowledge to engage in informed discussions about vaccine priorities.
- The process produced a balanced, honest, and reasoned discussion of the issues.
- Citizens contributed useful information for stakeholder deliberations and were satisfied with the process.

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Morning Session – November 16, 2005

Production: Development of Pandemic Messages – Dick Tardif

The morning session on developing “Event” messages was led by Dick Tardif and Vincent Covello. Five teams were formed to address the scenarios listed below. Each scenario was deemed plausible and likely to be associated with the beginning of an influenza pandemic, or perceived to be so. Teams developed an overarching message for their given scenario, identified likely follow-up questions, identified other likely questions to be asked in the circumstances, and developed message maps for the questions as time allowed. These message maps and question lists will be provided under separate cover.

- **Scenario #1: Early Event (Wild Bird Infection):** A wild bird in the US tests positive for H5N1 influenza.
- **Scenario #2: Early Event (Poultry Infection):** H5N1 Influenza has been diagnosed in a chicken in a commercial flock in the US.
- **Scenario #3: Early Event (WHO Phase 6.1 – Asian Influenza Outbreak in People):** There are now hundreds of current, confirmed cases of a new influenza virus among people in an Asian country.
- **Scenario #4: Early Event (WHO Pandemic Phase 6.1 – General Transmission):** There is increased and sustained transmission of a new influenza virus in the general population.
- **Scenario #5: Early Event (WHO Phase 6.2.a – U.S. Deaths/undiagnosed flu):** Several people in each of several US cities have died of an undiagnosed disease with flu-like symptoms.
- **Scenario #6: Early Event (WHO Phase 6.2a – Unconfirmed case in U.S.):** There is an unconfirmed case of a new influenza virus influenza in a human in the US. The virus is widespread among humans in Asia and Africa.
- **Scenario #7: Early Event (WHO Phase 6.2.b – Confirmed case in U.S.):** There is a confirmed case of a new influenza virus in a human in the US. The new influenza virus is widespread in Asia, Africa, and Europe.

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Next Steps – Bill Hall

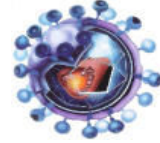
Bill Hall returned to thank all the participants for their work, presentations, and diligence in all of their efforts for pandemic communications. He reminded everyone how important the White House, the Secretary, and international organizations considered communications in preparing for the next pandemic. Mr. Hall, reminded all about the upcoming events occurring in December, and provided more guidance on the operational plan requirements. He plans to bring back valuable feedback from the international conference on pandemic risk communication and hopes to have another convening of the working group in January, most likely by teleconference.

Adjournment

DRAFT

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Appendix A: Agenda



**Pandemic Influenza Communications Working Group
Workshop 4: Pandemic Influenza Update and Pandemic Message Development
Tuesday, November 15 and Wednesday, November 16, 2005
HHH Building – Room 742G
Washington, DC
Agenda**

Tuesday, November 15, 2005

1:00 pm.	Welcome and Introductions	Bill Hall
1:15 p.m.	Update on Federal Activities	Bill Hall
1:30 p.m.	Pandemic Influenza Focus Groups	Dick Tardif
2:10 p.m.	Survey of Public Knowledge, Attitudes and Beliefs on Pandemic Influenza	Kris Sheedy
2:40 p.m.	Media Tracking and Analysis	Alan Janssen
3:10 p.m.	International Perspective	Vince Covello
3:40 p.m.	Public Engagement Project	Sarah Landry
4:00 p.m.	Next steps	Bill Hall

Wednesday, November 15, 2005

9: 00 a.m.	Production: Development of Pandemic Messages	Dick Tardif
1:00 p.m.	Adjournment	

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Appendix B: Participant List

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**HHS Pandemic Influenza Communications Working Group Meeting
November 15-16, 2005**

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**HHS Pandemic Influenza Communications Working Group Meeting
November 15-16, 2005**

Appendix C: Slide Presentations

DRAFT

Testing Pandemic Influenza Messages

v. Halifax 0905

Dick Tardif, Ph.D.



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Objectives

- **Test draft communication materials**
 - Comprehensibility
 - Believability
 - Interest, importance, likelihood of action
- **Secondary**
 - Knowledge
 - Perceived likelihood, personal risk
 - Credible sources of information

Materials tested

- Each participant reviewed 4-5 fact sheets
- Total of 14 fact sheets tested
- Health care providers
 - Reviewed fact sheets as materials for patients
 - Also reviewed diagnostic algorithm for them

3

Data Collection

- 39 interviews with health care providers
- 97 members of general public in 24 groups
- August 2005
 - New York City, NY
 - Wichita, KS
 - Portland, OR
 - San Francisco, CA

4

Findings, Recommendations, Comments

- Cross-cutting issues
- Health care providers
- General public
- Fact sheets

5

Finding CC1 Awareness varied, generally low

Recommendations

- Develop familiarity through communication
- Provide opportunity now to think and feel through the issues
- Focus on preparedness, personal actions.

6

Finding CC2 “Priority Groups”: strongly negative

Recommendations

- Avoid the term
- List groups and why they are included
- Be prepared to address vaccination of family members

7

Finding CC3 Little geographic variation

Recommendations

- No current need for geographically-tailored materials
- If situation changes, provide increased attention to ports of entry

8

Finding CC4

Google for more information

Recommendations

- Sponsor Google listing
- Work with Google to ensure high placement in search results
- Capitalize on name recognition

9

Finding HCP1

Little sense of urgency

Recommendations

- Be ready for “just in time” delivery
 - E-mail: update databases, be ready for blasts
 - Make arrangements with proprietary sites
 - Provide to electronic databases
 - Web and PDA delivery

10

Finding HCP2 Local experts would be called.

Recommendations

- Specifically address infectious disease specialists
- Provide specialist-directory to others

11

Finding HCP3 Diagnostic algorithm O.K.

Recommendation

- Revise according to comments

12

Finding GP1

Initial negative reaction,
desire for personal actions

Recommendations

- Incorporate personal actions as possible
- Develop home care course

13

Finding GP2

Vaccine allocation as for seasonal

Recommendations

- Emphasize seasonal/pandemic differences
- Emphasize reasons for possible shortage
- Describe, explain likely allocation

14

Finding GP3

Challenge: Many subtle distinctions

Recommendations

- Use term “pandemic influenza”
- Emphasize vaccine for prevention, antivirals likely for treatment
- Small amounts of information at a time
- Use term “bird flu”

15

Finding GP4

Pandemic influenza as terrorist tool?

Recommendations

- Use existing message
- Recognize international efforts

16

Finding GP5 Desire for signs and symptoms

Recommendation

- Decline to speculate
 - Avoid confusion
 - seasonal flu
 - “flu-like symptoms”

17

Finding GP6 Suggested immediacy, imminence

Recommendations

- Specifically explain why preparedness efforts now
- Limit reference to “1968-69 Pandemic”
 - “Hong Kong Flu”

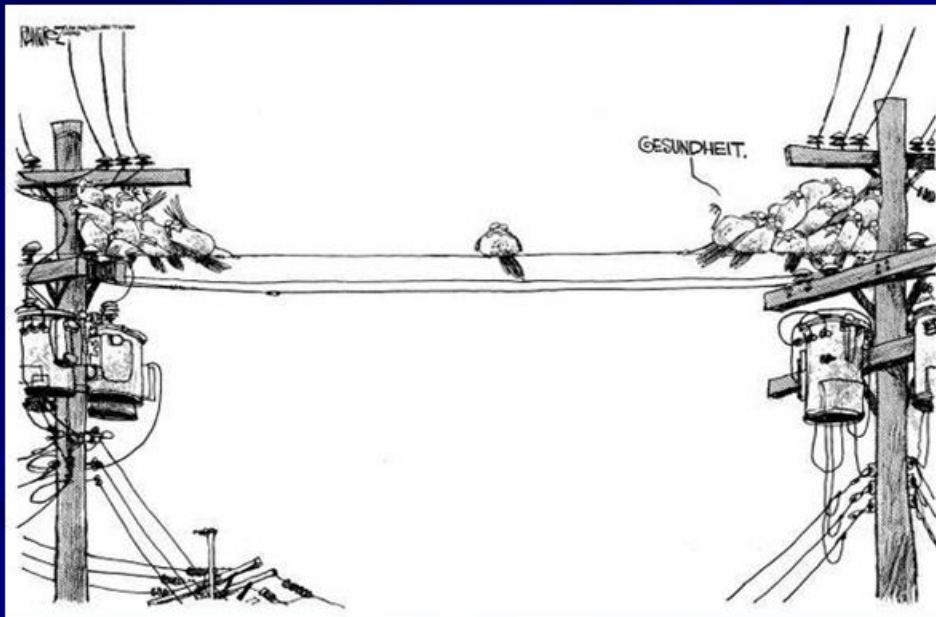
18

Findings: Fact Sheets

- Perceived as interesting, believable, important
- Editing will be beneficial
- Recommendations:
 - Frequently cite Web site
 - Edit according to comments received

19

Ramirez (LA Times) 10/31/05



20

U.S. Public Awareness of and Attitudes toward Pandemic Influenza: Results from a National Survey

Kristine Sheedy, PhD
National Immunization Program
Centers for Disease Control and Prevention



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Objectives

- To measure the public's general awareness of pandemic influenza
- To measure levels of concern and assess beliefs about pandemic influenza
- To assess amount of confidence in and attitudes toward public health measures that might be employed during a pandemic



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Study Method: ConsumerStyles Survey

- Mail survey administered every year in April and May since 2002 by Porter Novelli, a public relations firm.
- Covers a wide variety of U.S. consumer behaviors including media choices and general health attitudes.
- 2005 survey sent to a stratified random sample of 20,000 potential respondents from a panel of 600,000 households
 - 63% response rate
- Data post-stratified and weighted to U.S. Census Current Population Survey on gender, age, income, race, and household size
- confidence interval approximately +/- 1%



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Awareness

- “Have you heard of pandemic influenza?”
 - 29% said “yes”; 71% said “no”
- “Have you heard of avian influenza?”
 - 54% said “yes”; 46% said “no”
- “How often have you heard about pandemic influenza in the past month?”
 - 21% said “a lot” (at least 1-2 stories a week) or “some” (a few stories in the last 30 days)
 - 79% “not much” (maybe a story or two in the last 30 days) or “nothing at all”



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Concerns & Beliefs

- How concerned are you that an influenza pandemic will occur in the U.S. in the next 3 years?
 - 1-10 scale, 1 being “not at all” and 10 being “very”:
 - 31% expressed high concern (selected 8, 9 or 10)
 - 20% expressed little or no concern (selected 1, 2, or 3)



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Concerns & Beliefs (cont.)

- “Health authorities are exaggerating the risk of a pandemic”
 - 22% agreed or strongly agreed
 - 54% disagreed or strongly disagreed
 - 24% said “don’t know”
- “An influenza pandemic is too far into the future to worry me now”
 - 20% agreed or strongly agreed
 - 66% disagreed or strongly disagreed
 - 14% said “don’t know”



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Concerns & Beliefs

- “A vaccine will be developed fast enough to control or stop a pandemic from severely affecting the U.S.”
 - 31% agreed or strongly agreed
 - 42% disagreed or strongly disagreed
 - 27% said “don’t know”



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Concerns & Beliefs (cont.)

- “During an influenza pandemic there will be enough medicine to help all people who get sick.”
 - 17% agreed or strongly agreed
 - 63% disagreed or strongly disagreed
 - 21% said “don’t know”
- “During an influenza pandemic, vaccines and drugs will be distributed fairly.”
 - 54% disagreed or strongly disagreed
 - 28% agreed or strongly agreed
 - 18% said “don’t know”



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Perceived Preparedness

- “If an influenza pandemic happened in the next year, _____ would be prepared to quickly and effectively respond”
 - Local health officials
 - 27% agreed or strongly agreed
 - Federal health officials
 - 29% agreed or strongly agreed
 - Health care providers
 - 34% agreed or strongly agreed



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Acceptance of Response Measures

- How willing do you think you would be to:
 - Care for yourself or sick family members at home
 - 85% willing or very willing
 - Limit contact you and your family have with others for one month or longer
 - 62% willing or very willing
 - Keep your children home from school for one month or more
 - 62% willing or very willing



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Acceptance of Response Measures

- How willing do you think you would be to:
 - Wait for vaccine, maybe for months, so that doctors, nurses, police and others can get the first doses
 - 49% willing or very willing
 - Wait for medicine that can help treat pandemic influenza maybe for months, so that doctors, nurses, police and others can get the first doses
 - 43% willing or very willing



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Conclusions

- Awareness of pandemic influenza is generally very low
- 50% of respondents expressed high concern or low to no concern while the other half fall in the middle.
- A large number feel pandemic influenza risk is being exaggerated.
- There is a lack of public awareness about vaccine and antiviral availability and lack of confidence that they will be distributed fairly.
- Most respondents feel that federal and local health officials are not prepared to respond to an influenza pandemic.
- Many predict they will not be willing to comply with public health measures.



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Recommendations

- Continued efforts are needed to increase public understanding of pandemic influenza.
- Messages and materials for use during a pandemic (on prioritization of vaccines and antivirals, quarantine and isolation, home care, and other pandemic response measures) should be drafted and tested now.
- Ongoing monitoring of public KABs is needed (consider this a base-line)
 - How has Katrina and recent media attention on H5N1 changed the results reported here?



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Thanks

- Glen Nowak
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- Ray Strikas



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Pandemic Influenza Messages in the Media

Alan P. Janssen, MSPH
Health Communication Specialist
National Immunization Program

June 29, 2005



Goal

Using the INFORM database
provide a statistical summary and
content analysis of news stories
on pandemic influenza including
avian influenza since 2000.

Sources

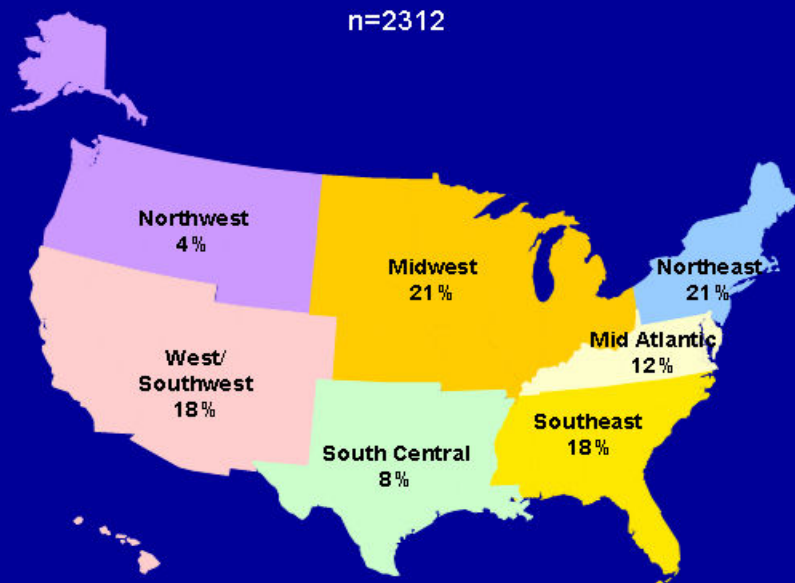
- **INFORM**
 - Digital search agents
 - January 1, 2000 to June 28, 2005
- **Video Monitoring Service**
 - Select television/radio markets
 - January 1, 2000 to May 27, 2005

Limitations of Methodology

- Convenience sample of all news stories collected using a repeating standardized protocol
- Statistical analysis limited to frequencies and trends analysis across years
- The inherent basis of the data source - controlled when possible.

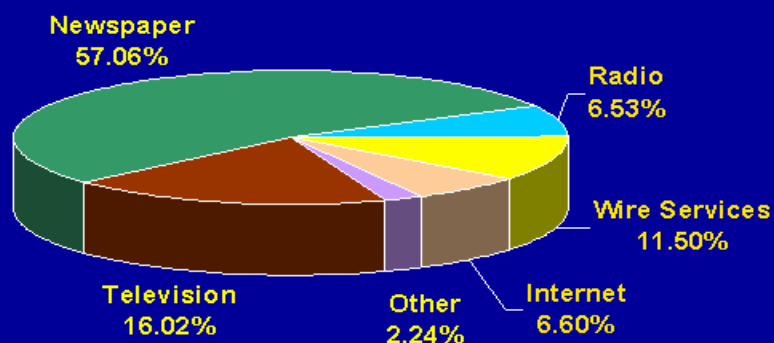
Regional Distribution of Pandemic Influenza News Stories

n=2312



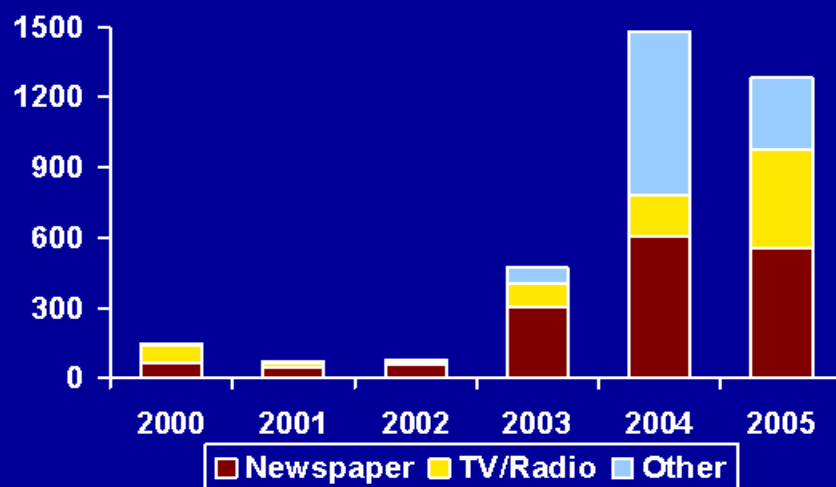
Excludes national, international, and wire service where region cannot be assigned n=1342

Source of Pandemic Influenza Media Coverage

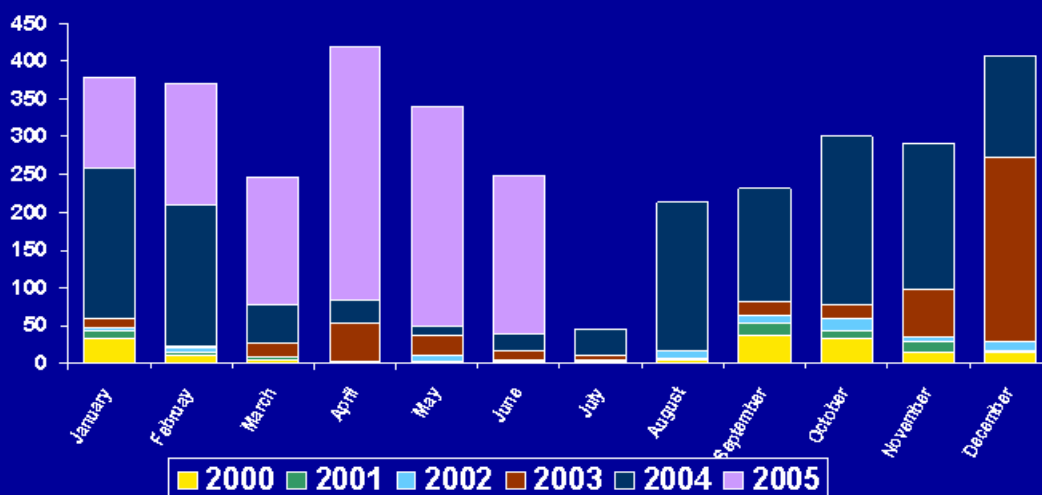


N=3654

Pandemic Influenza News Stories by Media Source by Year

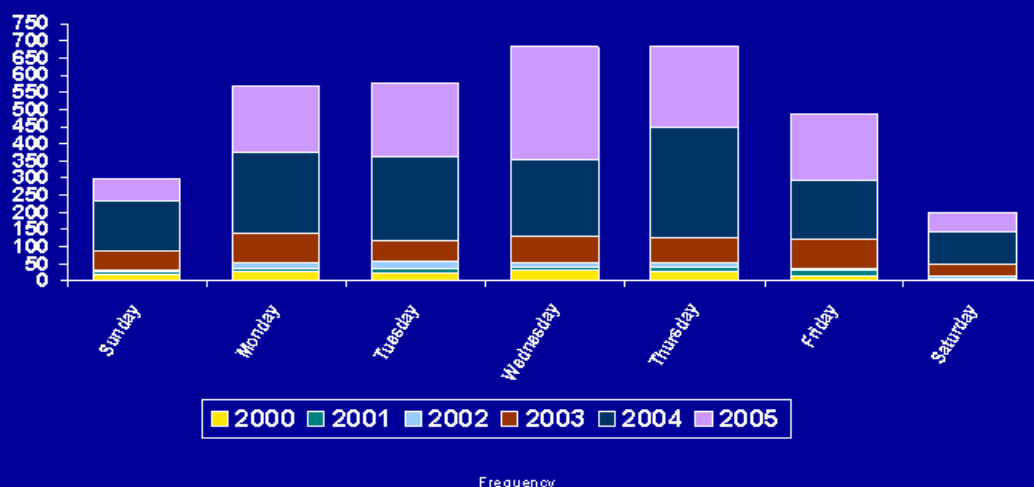


Pandemic Influenza News Stories by Month and Year

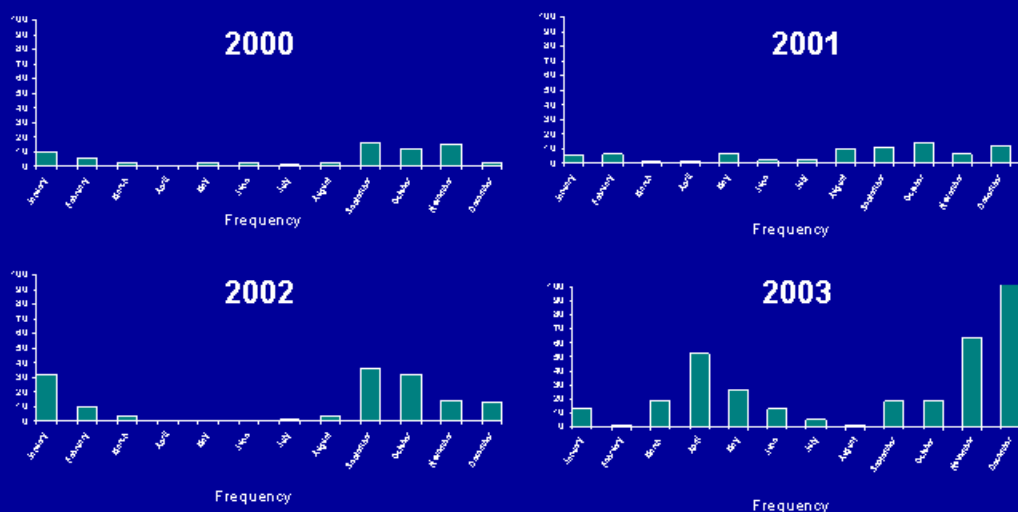


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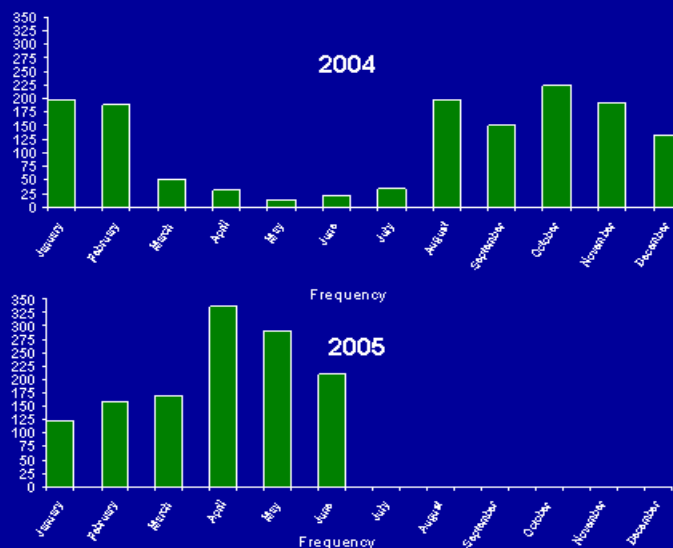
Pandemic Influenza News Stories by Day and Year



Number of Pandemic Influenza News Stories by Week by Year



Number of Pandemic Influenza News Stories by Month by Year



Top Pandemic Influenza Messages

- Bird flu could cause human pandemic
- Foreign deaths from bird flu reported
- Foreign outbreak of bird flu reported

(cont.)

Top Pandemic Influenza Messages

(Cont.)

- Foreign bird flu containment plan
- Pandemic flu can kill thousands/
millions
- Officials warn about pandemic flu

(cont.)

Top Pandemic Influenza Messages

(Cont.)

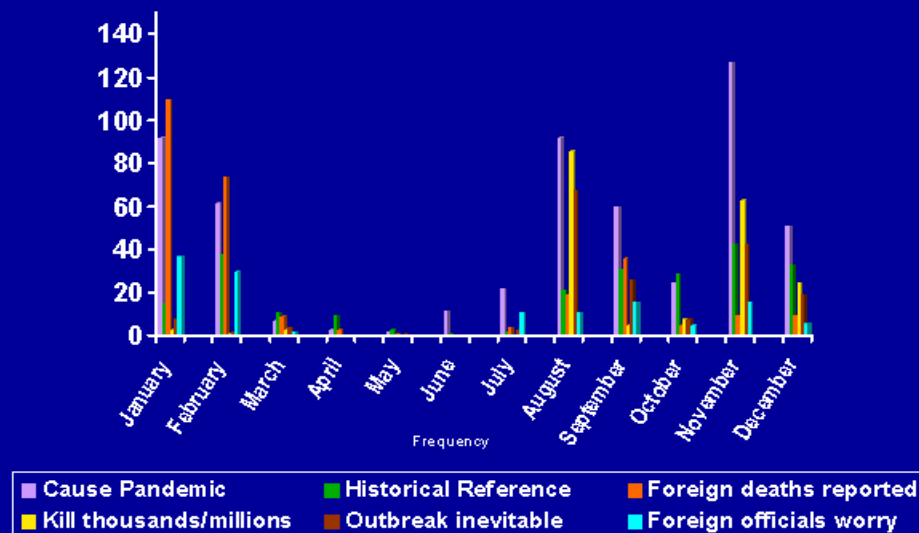
- Foreign human case of bird flu
reported
- Foreign official worried about bird flu
-
- Foreign mass slaughter of poultry

(cont.)

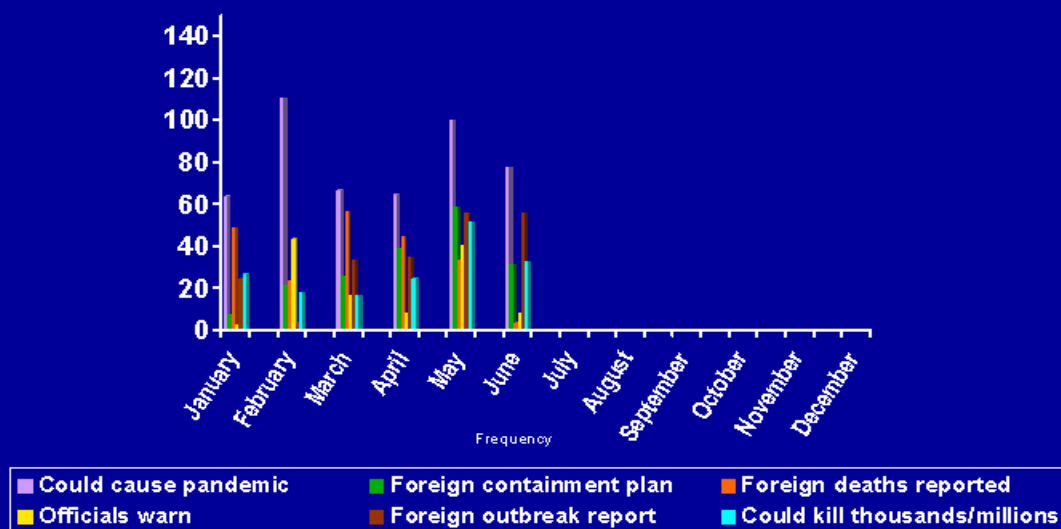
Top Pandemic Influenza Messages (Cont.)

- Deadly flu virus accidentally distributed
- Historical report of influenza epidemic/pandemic
- Foreign fowl/poultry death from avian/bird flu

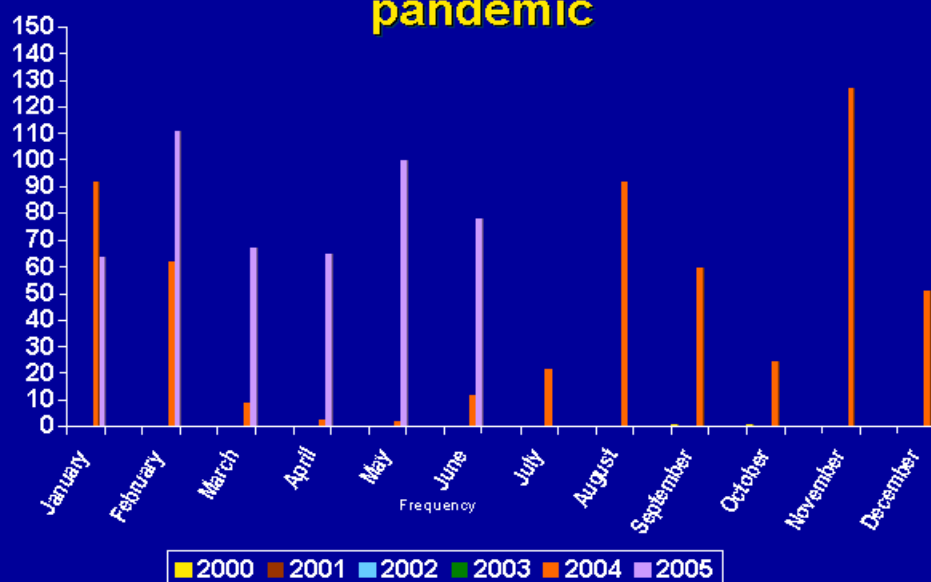
Pandemic Influenza News Messages by Month for 2004 Top 6 Pandemic Messages



Pandemic Influenza News Messages by Month for 2005 Top 6 Pandemic Messages

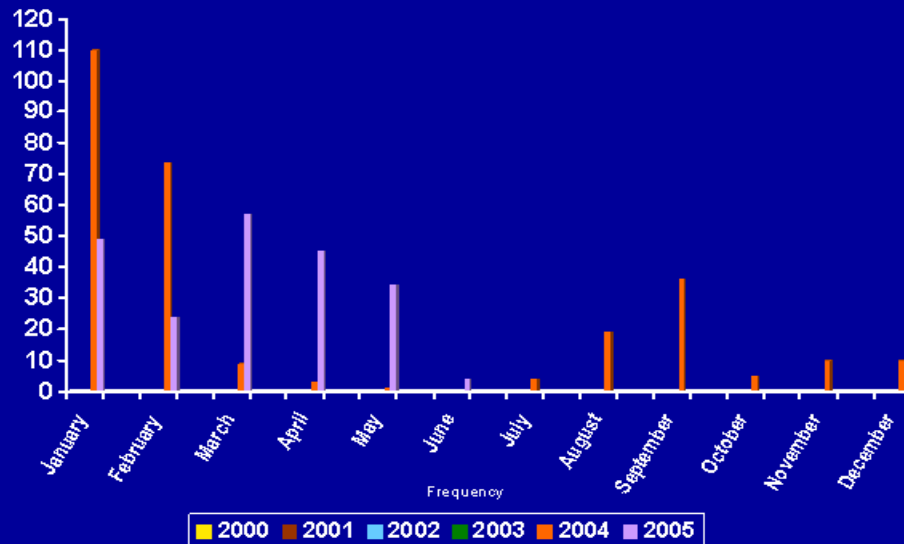


Pandemic Influenza News Message by Month and Year Message: Bird flu could cause human pandemic



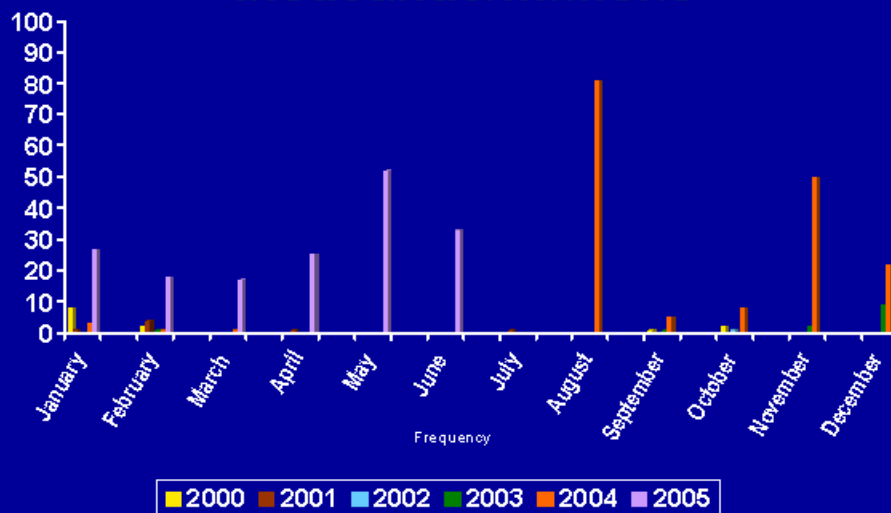
Pandemic Influenza News Message by Month and Year

Message: Foreign bird flu death reported



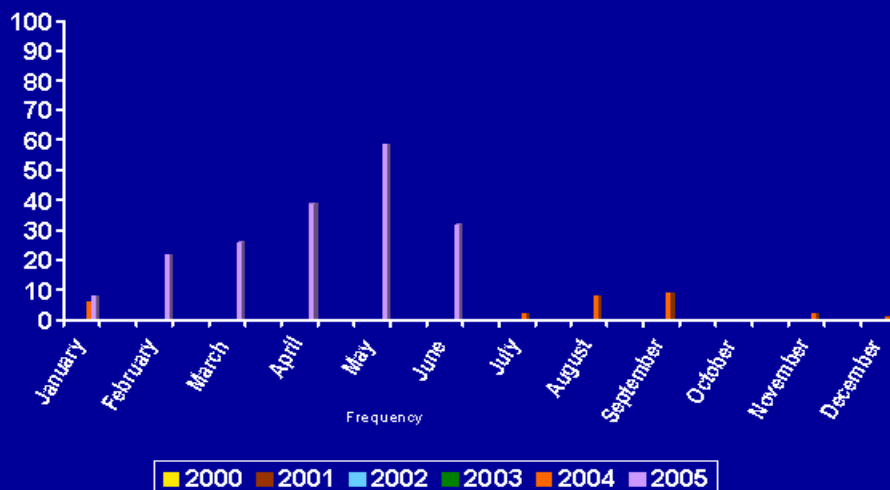
Pandemic Influenza News Message by Month and Year

Message: Pandemic flu can kill
thousands/millions



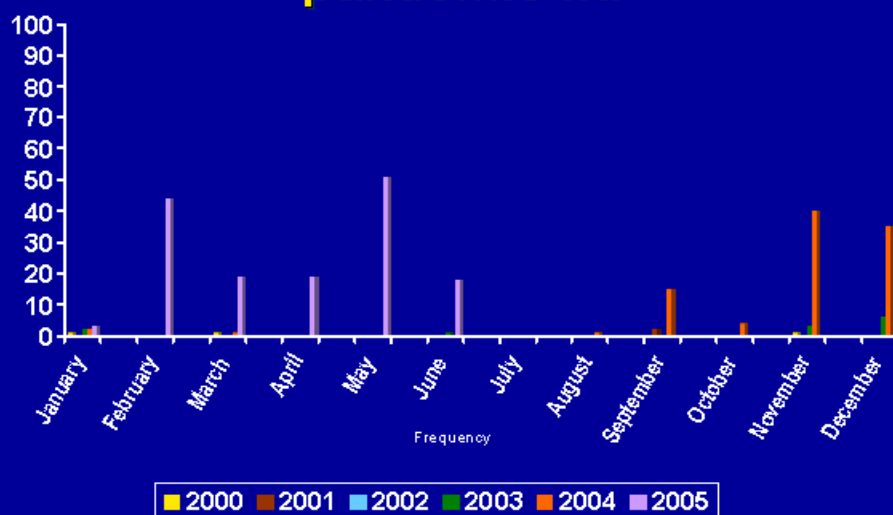
Pandemic Influenza News Message by Month and Year

Message: Foreign Bird Flu
Containment Plan



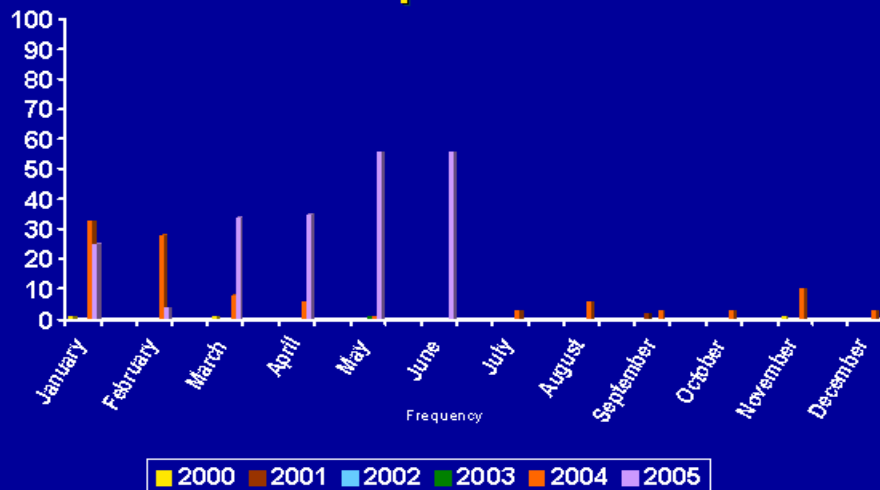
Pandemic Influenza News Message by Month and Year

Message: Officials warn about
pandemic flu



Pandemic Influenza News Message by Month and Year

Message: Foreign outbreak of bird flu
reported



Acknowledgements

- Will Artley ORISE
- Cindy Alvarez NIP
- Kevin Eichelberger NIP

**Pandemic Influenza
Communications Needs
Assessment:
International Perspectives**

**Vincent T. Covello, Ph.D.
Director
Center for Risk Communication
New York City**

International Perspectives

Data Base

- 14 countries – July 1, 2005 to November 1, 2005
- 5 continents (Asia, Europe, Africa, North America, South America)
- National, provincial, and local level

International Perspectives

- Messages
- Campaigns
- Spokespersons

International Perspectives

1. Messages

- Develop lists of stakeholder specific questions and messages
- Develop and support localized systems for message development
- Assist and mentor partner organizations in developing messages

International Perspectives

1. Messages

- Develop a data bank of questions and messages for each WHO pandemic influenza phase
- Support localized systems for message development
- Assist and mentor partner organizations (e.g., hospitals, emergency response organizations, elected officials) in developing messages

WHO Phases of Pandemic Influenza

- **Phase 4** : Small cluster(s) with limited human-to-human transmission but spread is highly localized.
- **Phase 5** : Larger cluster(s) but human-to-human spread still localized.
- **Phase 6** : Pandemic: increased and sustained transmission in general population.
 - a. Single country
 - b. Multiple countries
 - c. Multiple regions

International Perspectives

1. Messages

- Develop a data bank of questions and messages for all WHO phases of pandemic influenza
- Support localized systems for message development (e.g., messages on family preparedness)
- Assist and mentor partner organizations (e.g., hospitals, emergency response organizations, elected officials) in developing messages

International Perspectives

1. Messages

- Develop a data bank of questions and messages for each WHO pandemic influenza phase
- Support localized systems for message development
- Assist and mentor partner organizations (e.g., hospitals, emergency response organizations, elected officials) in developing messages

International Perspectives

2. Campaign

- Develop a coordinated global pandemic influenza communications campaign
- Identify key campaign messages
- Decide who will fund the campaign, who will it target, how long will it run, and how messages will be disseminated

International Perspectives

3. Spokespersons

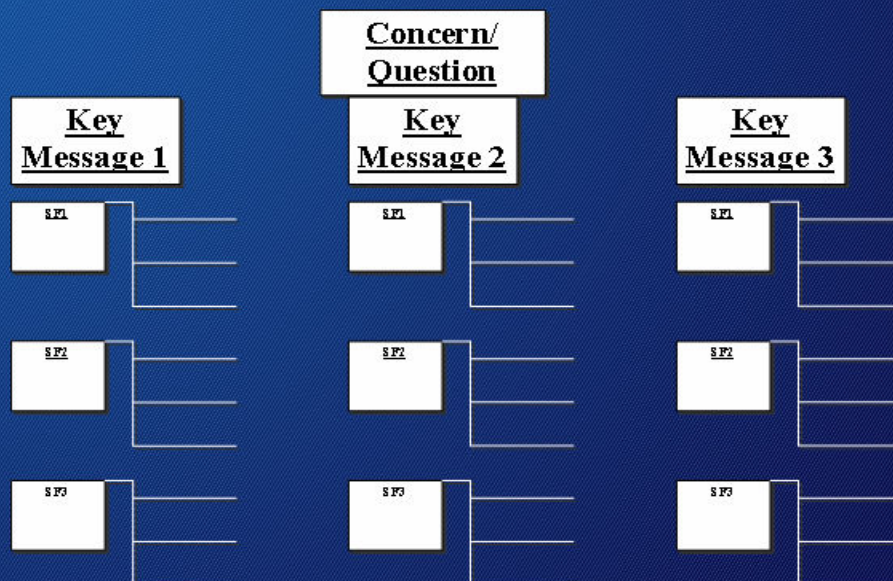
- Identify and train credible spokespersons -
- leaders, scientists, experts
- Agree on strategy for when spokespersons disagree
- Develop structure to keep spokespersons informed and updated

International Perspectives

Other Priorities

- Conduct regional emergency communication exercises, especially Joint Information Center exercises
- Create data bank of visual materials (e.g., charts, graphs, maps, animation)
- Develop PDA based message software with link capabilities

Message Map Template



International Perspectives

- Messages
- Campaign
- Spokespersons

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