

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

Glen Nowak, PhD

Director

Division of Media Relations

Centers for Disease Control and Prevention

July 22, 2009



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



SAFER · HEALTHIER · PEOPLE

CDC's Communication Response to Date: Key Elements

Emergence of a Novel Influenza Virus: Communication Objectives

- Acknowledge uncertainties and challenges
- Direct fear and concern (vs. attempt to minimize)
- Provide timely, accurate, and helpful guidance (e.g., information that helps people protect themselves and their families)
- Utilize multiple communication channels (e.g., media, health care providers, health departments, social media) to increase reach and visibility of messages and recommendations

CDC's Communication Response: Guiding Principles (1)

- Acknowledge early
- Maintain transparency



CDC Home Search Health Topics A-Z

CDC **MMWR**

Dispatch

April 21, 2009 / 58 (Dispatch); 1-3

Swine Influenza A (H1N1) Infection in Two Children --- Southern California, March--April 2009

On April 17, 2009, CDC determined that two cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California were caused by infection with a swine influenza A (H1N1) virus. The viruses from the two cases are closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere. Neither child had contact with pigs; the source of the infection is unknown. Investigations to identify the source of infection and to determine whether additional persons have been ill from infection with similar swine influenza viruses are ongoing. This report briefly describes the two cases and the investigations currently under way. Although this is not a new subtype of influenza A in humans, concern exists that this new strain of swine influenza A (H1N1) is substantially different from human influenza A (H1N1) viruses, that a large proportion of the population might be susceptible to infection, and that the seasonal influenza vaccine H1N1

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
 - Recognize news media will have many opportunities to highlight/find uncertainty, conflicting views and opinions, incomplete science or data
- **Anticipatory Guidance**

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

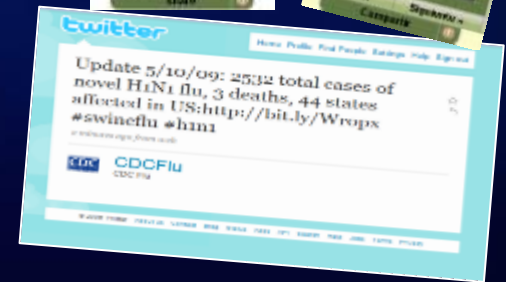
- Frequent updates. . .
 - Initially, daily press briefings, interviews, distribution of key points, updates to case count on the web
 - Numerous meetings and conference calls with public and private sector partners
 - Currently, weekly press briefings and continued extensive collaboration with public and private sector partners

CDC's Communication Response: Strategies and Actions (2)

- Invited news media to CDC (i.e., provided inside access)
- Worked to accept almost 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, calls to CDC hotline)
- Updated website and other CDC resources continually

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

- Used numerous channels for distributing CDC's resources and messages



Preparing for What Lies Ahead



Caution😊

A shared “destination” – protect as many people as possible from influenza, particularly those at highest risk for serious implications and do so with as little social, economic, other disruption as possible – is needed and helpful but. . .



Will be quite challenged by. . .

- Situation will continue to evolve – including in unexpected ways;
- Views on the path and speed to take will likely vary – including publicly so;
- Varied assessments and views related to threat, risk, vaccine, and mitigation measures
- Uncertainties and incomplete data regarding:
 - Novel H1N1 severity, transmission, and prevalence
 - Seasonal influenza severity, transmission and prevalence (i.e., H1N1, H3N2, B strains)



U.S. Public concern is difficult to gauge

- 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
- Recent Harvard poll found:
 - 72% of Americans closely following news about H1N1
 - 42% concerned it could affect them or their family
 - 59% believing it may become widespread in Fall
 - 39% believing it will affect them or their family

Other Beliefs and Perceptions include. . .

- Relatively weak belief in value of influenza vaccine (as evidenced by seasonal flu vaccine use)
- Consistent with most case reports) Likely widespread perception that novel H1N1 disease is “mild” for most people
- Recognition or awareness of mixed messages
- Concern that an H1N1 vaccine will have been made too fast and will be “too new” to be safe and/or effective

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)

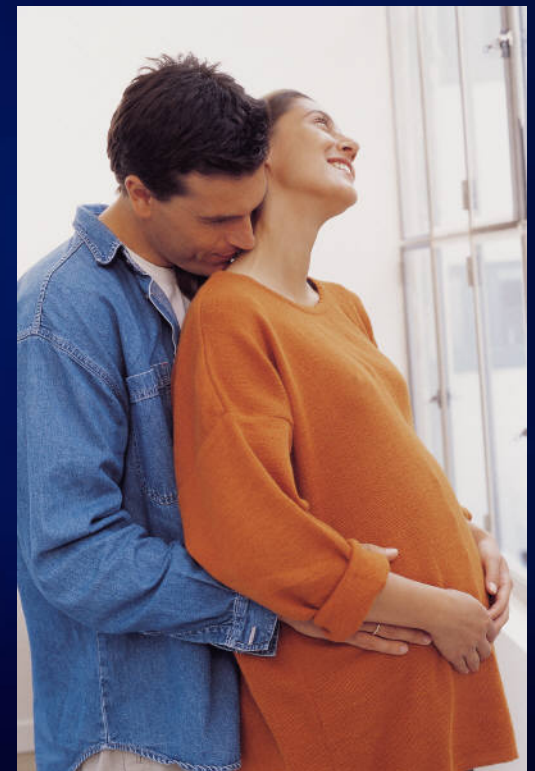
- Ease of access to vaccination
- Past experience with vaccine and influenza
- Risk perception/assessment
- Benefit perception/assessments (including whether antivirals would be a safer or more effective option)

Key Considerations for Pandemic Influenza Vaccine Communication

- 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 (2)

- Cases will increase with return of schools
- 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.

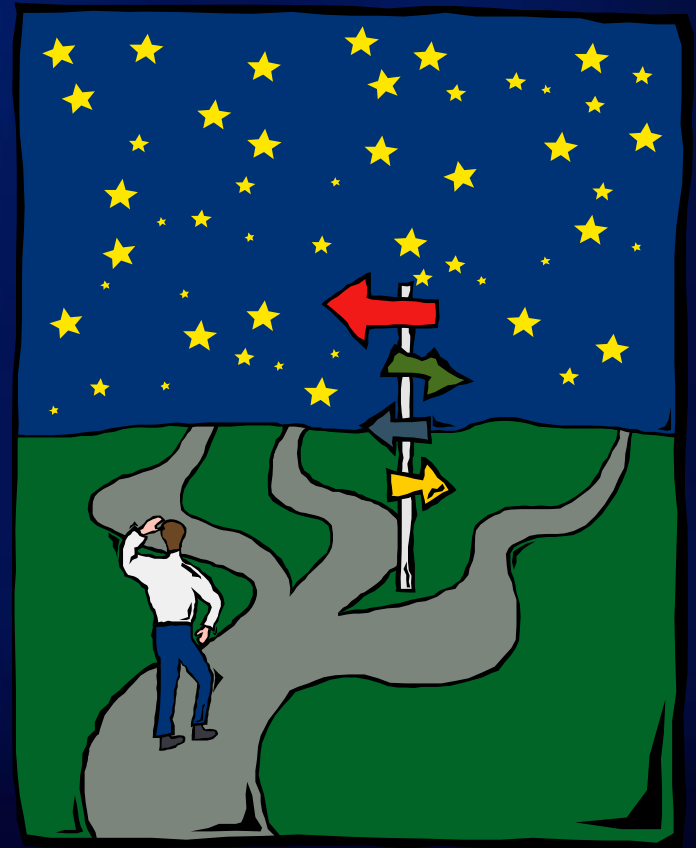


Key Considerations for Pandemic Influenza Vaccine Communication (3)

- Consumer demand for “choice” will likely exceed consumer demand for H1N1 vaccine
- Variation in vaccination practices between locations/providers will raise questions and issues.
- Variation in vaccines and immunization recommendations/approaches will raise questions and issues.

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
- Communicate, communicate, communicate



Closing Thoughts

- Widespread support will remain essential
 - Health care providers, the public health community and state/local political leaders supporting public health recommendations and guidelines
 - Transparency in processes and approaches
- Actions will be as or more important than statements
 - Getting vaccinated vs. encouraging vaccination
 - Facilitating social distancing vs. recommending it

Thank you



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



SAFER · HEALTHIER · PEOPLE