

Vaccination Communication Plans for the 2009-10 Influenza Season

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CENTERS FOR DISEASE CONTROL AND PREVENTION



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Influenza Vaccination Communication Campaign Overview

Mission

- Support the broader public health goal of protecting as many people as possible from influenza, with minimum economic and social disruption

Primary Objectives

- Provide timely and accurate information about the federal government's influenza and pneumococcal vaccination recommendations, vaccine benefits, and risks and availability
- Communicate in a way that helps people to protect themselves and their families from influenza, including helping them make vaccination choices

Primary Audiences and Intermediaries

- General public
- Health professionals
- Public health partners
- Private sector partners
- Policy makers

Guiding Principles

- Acknowledge uncertainties and the unpredictable nature of influenza
- Share challenges and dilemmas
- Direct fears and concerns (versus minimizing them)
- Maintain transparency—communicate early and frequently
- Utilize multiple channels and partners to increase message reach and visibility

Relevant Theories and Principles

- Crisis/Risk Communication Principles
- Health Belief Model
 - Perceived threat of influenza (severity, personal susceptibility)
 - Perceived benefits of vaccination
 - Perceived barriers/costs to vaccination
 - Cues to action
- Transtheoretical Model (Stages of Change Theory)

Communication Challenges

- Motivation for flu vaccination highly dependent on risk perceptions and strength of provider endorsement
 - Seasonal flu often not seen as serious threat
 - 2009 H1N1 not considered serious by many
 - Many providers do not themselves get annual flu vaccines
- Motivation for flu vaccination also highly dependent on perceptions of personal susceptibility
 - Many medically high-risk persons do not consider themselves at risk
 - Younger people generally do not feel threatened
 - Many people age 65 and older do feel threatened

Communication Challenges (2)

- Complexity of the messages
 - Variation between vaccines and recommendations
- Recommendations for children and pregnant women generate heightened safety concerns
- Divergent views, including among experts, clinicians
- Operational challenges (e.g., the amount that needs to be done and the people and time to do it) make collaboration and coordination difficult
- Uncertainties make planning and message/product development difficult

Planning Scenarios

Low Demand

High Demand

Low Novel
H1N1
Vaccine
Availability

Scenario 1

Scenario 2

High Novel
H1N1
Vaccine
Availability

Scenario 3

Scenario 4

Adapted from S.Waisbord (July 2009) "Communication challenges for H1N1 vaccine: Scenarios for planning"

VACCINE RECOMMENDATIONS

	Seasonal influenza vaccine	2009 H1N1 initial target population
Pregnant women	x	x
People who live with or care for infants less than 6 months of age	x	x
Children 6 months – 18 years of age	x	x
Young adults age 19-24 years old		x
People aged 25-64 years who have medical conditions that put them at higher risk for influenza-related complications	x	x
Healthcare workers	x	x
People of any age with certain chronic medical conditions	x	
All people age 50 and over	x	
All people who live with or care for those at high risk for complications from flu	x	

Use of 2009 H1N1 vaccine should expand to other adult population groups as vaccine availability increases

Campaign Elements

- Research, message testing, and evaluation
- Media relations
- Web and social media
- Radio and television PSAs that would be appropriate across scenarios
- Print ads for buses, billboards, magazines
- Print materials such as posters, brochures, flyers
- Education and outreach to healthcare workers
- Partnerships, partnerships, partnerships

Key Intermediaries and Stakeholders

- Physicians, nurses, and other healthcare workers
- Pharmacists and others who provide influenza immunizations
- Public health professionals — e.g., immunization program managers and directors
- Hospitals
- Employers
- Labor organizations
- Colleges and universities
- Employer groups
- Professional medical organizations
- "Mass" vaccinators (e.g. shopping mall clinics)
- Vaccine manufacturers
- Vaccine wholesalers, contractors, and distributors
- State and local health departments
- Social service and relevant affinity groups (e.g., AARP)
- Retail organizations
- Media

Research Activities

- Formative research aimed at assessing information needs, attitudes and beliefs among public audiences
- Interviews and focus groups with health care workers
- Concept, message, and product testing w/ members of high-risk groups (ongoing)
- Public opinion polls
 - Harvard (Sept.)
 - University of Michigan/National Children's Health Poll (Sept.)

Overarching Messages

(seasonal flu vaccine)

- “It is important that we do not forget the risks posed by seasonal influenza viruses.”
- “We recommend that people, especially those at high risk for serious complications and their close contacts, start to get vaccinated in September or as soon as vaccine is available at their doctors’ offices or in their communities.”
- “The protection you get from the vaccine will not wear off before the flu season is over.”
- “The seasonal flu vaccine is not expected to protect against the new 2009 H1N1 influenza virus (sometimes call swine flu).”
- “A vaccine against 2009 H1N1 flu is being produced and will be available in the coming months as our best option for the prevention of the new H1N1 flu.”

Overarching Messages

(2009 H1N1 Flu and the Vaccine)

- “The 2009 H1N1 influenza virus (sometimes called swine flu) is a new and very different flu virus.”
- “Influenza is unpredictable, but scientists believe that the new 2009 H1N1 influenza virus will cause more illness, hospital stays and deaths in the United States over the coming months.”
- “2009 H1N1 flu has caused more illness in people younger than 25 years of age than older people”
- “Medical conditions such as pregnancy, diabetes, heart disease, asthma and kidney disease put people at high risk of serious complications”
- “Find out if you are recommended to receive the 2009 H1N1 flu vaccine when it becomes available. Talk to your health care provider or visit <http://www.flu.gov>.”

Audience-Specific Plans: Examples

- Snapshot of plans for:
 - Pregnant women
 - Parents
 - People aged 25-64 years who have medical conditions that put them at higher risk for influenza-related complications
 - People age 65 and over



Outreach to Pregnant Women

Sample Messages

- All influenza can be dangerous to pregnant women and their babies.
- Vaccines can protect you both from serious complications that can lead to hospitalization and even death from seasonal flu and the 2009 H1N1 influenza virus.
- CDC recommends seasonal and 2009 H1N1 vaccines for pregnant women.
- Talk to your doctor about the best protection against flu for you and your baby.
- Women can receive flu vaccines at any stage of pregnancy.
- Infants under 6 months of age are too young to get flu vaccines. CDC recommends seasonal and 2009 H1N1 vaccines for anyone who lives with or cares for your new baby.



Outreach to Pregnant Women

Channels/Products

- Outreach to online sites such as BabyCenter.com
- Matte articles for placement in partner newsletters and websites, small daily newspapers
- Print products
- Ads (buses, magazines)
- Radio live reads
- Print materials in pharmacies/groceries w/pharmacies

Key Partnerships

- ACOG, AAFP, WIC, hospital administrators



Flu can harm you and your baby.

Vaccination can protect you both!

Pregnant women are at risk for serious flu complications. If you're pregnant, CDC recommends that you get vaccinated against seasonal flu and 2009 H1N1 influenza (sometimes called "swine flu").

Have you talked to your doctor about flu vaccination yet?

For more information call 1(800)-CDC-INFO or visit www.flu.gov



Outreach to Parents

Sample Messages

- All flu can be serious for kids, especially for younger children and children of any age who have one or more chronic medical conditions.
- CDC recommends seasonal and 2009 H1N1 flu vaccines for all children ages 6 months to 18 years of age.
- Because the 2009 H1N1 influenza is a new virus that most people under age 65 have never been exposed to, children may need two doses of the vaccine to get the best protection.



Even if you're healthy, if you live with or care for people at high risk for severe complications from influenza, including seasonal flu and 2009 H1N1 flu (sometimes called "swine flu") you should get vaccinated. Groups at high risk include infants and pregnant women.

I'll protect my baby.
I'll get my flu vaccines.

Babies younger than 6 months can't be vaccinated against the flu, but they are at high risk for severe complications from seasonal flu and 2009 H1N1 influenza (sometimes called "swine flu"). They rely on *you* to protect them. Get vaccinated.


FOR MORE INFORMATION
800-CDC-INFO
WWW.FLU.GOV



If you live with or care for people at high risk for severe complications from seasonal influenza, you should get vaccinated. Groups at high risk include kids and adults with chronic medical conditions like asthma or diabetes.

My Little Boy Has Asthma.
We'll BOTH Get Our Flu Vaccines.

This flu season, kids also need to be vaccinated to protect them from 2009 H1N1 influenza (sometimes called "swine flu").


FOR MORE INFORMATION
800-CDC-INFO
WWW.FLU.GOV

Outreach to Parents

Example Partners

Physicians, mommy bloggers,
schools, employers, Families

Fighting Flu

Products/Channels

- ▶ Button/widget for school websites
- ▶ Prologue to video portraits – web-based distribution
- ▶ Matte articles
- ▶ Print ads
- ▶ On air reads
- ▶ Radio Media Tours
- ▶ Print materials
- ▶ “Evergreen” radio PSAs
- ▶ E-health
 - ▶ Podcasts
 - ▶ Facebook
 - ▶ Twitter
 - ▶ Mobile technology
 - ▶ E-cards

If your kids are a size...



small medium large

then they need flu vaccines.

Flu protection is recommended in sizes 6 months to 18 years.

Any influenza, including seasonal flu and 2009 H1N1 flu (sometimes called “swine flu”) can be a serious disease for children of all ages, causing them to miss school, activities, or even be hospitalized. CDC and doctors recommend flu vaccinations recommends for all children from ages 6 months through 18 years.



www.flu.gov
800-CDC-INFO (800-232-4636)

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Outreach to High-Risk 25-64 Year Olds

Sample Messages

- This flu season may be more severe than usual because of the new H1N1 virus. This means that more people may become sick and more people may get seriously sick. Regular seasonal flu viruses will continue to spread and cause illness too.
- People with certain medical conditions can have more severe illness from any influenza infection, including illness with the new H1N1 virus.
- CDC recommends a yearly seasonal flu vaccine as the first and most important step in protecting against seasonal flu.
- A vaccine against the new H1N1 virus is being produced and will be available in the coming months as the best option for protecting people at high risk from the new H1N1 virus.

Partners

- Physicians serving at-risk groups including cardiologists, respiratory therapists, pulmonary specialists, oncologists, endocrinologists, allergists, etc.
- Pharmacies and pharmacists—
APhA
- Groceries with pharmacies or which routinely host flu clinics
- Big chain stores such as Costco and Sam's Club and Wal-Mart, Targets

Outreach to High-Risk 25-64 Year Olds



Products/Channels

- ▶ Brochure, posters, flyers
- ▶ Print ads
- ▶ Media – (earned media)
- ▶ Radio/TV PSAs
- ▶ Print materials
- ▶ In-store ads, looped PSAs
- ▶ Ethnic media roundtables
- ▶ Radio media tours
- ▶ Matte articles
- ▶ Podcasts, buttons, twitter

Outreach to People Age 65 and Over

Sample Messages

- **People age 65 and over are at increased risk for complications from seasonal influenza and are recommended for annual flu vaccines. This year is no exception.**
- **Current studies indicate the risk for 2009 H1N1 infection among people aged 65 years and over is less than the risk for persons in younger age groups. Scientists believe that most people age 65 and over have immunity against this virus because of exposure to similar flu viruses years ago.**
- **Some people are very likely to get infected with the 2009 H1N1 flu virus and some are also at high risk to become very ill from the virus. These people are recommended to receive the first available doses of 2009 H1N1 vaccine. They include children, pregnant women, and younger adults with medical conditions that put them at high risk.**
- **While people 65 and older aren't included in these high risk groups, they can get the 2009 H1N1 influenza vaccine as soon as the high risk groups have had the opportunity to be vaccinated. Some communities and providers will offer the 2009 H1N1 vaccine to people 65 and over soon after it is available and others may take longer to vaccinate their high risk populations.**

Encouraging Pneumococcal Polysaccharide Vaccine

- Whenever possible, we will include information about pneumococcal vaccine recommendations in our outreach to high risk audiences and the providers who care for them.
- Certain events will serve as platforms for highlighting messages about pneumococcal vaccine, including:
 - Publication of a report in the MMWR describing secondary pneumococcal infections in H1N1 patients
 - Will do media outreach and conference calls with clinicians partners.
 - World Pneumonia Day, November 2
- New web content, fact sheets, and a “Dear Provider” letter have been developed.

National Influenza Vaccination Week (NIVW)

- Annual event to help raise awareness of the seriousness of influenza and the importance of continuing vaccination throughout November, December and beyond.
- December 6-12, 2009



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Communication Challenges

- Some people who want to get vaccinated but can't are likely to:
 - overvalue the vaccine;
 - resent not getting vaccinated;
 - assume that any respiratory illness they get is swine flu;
 - experience that illness as more severe than it would otherwise seem;
 - demand more in the way of treatment; and
 - blame the authorities for failing to acquire enough vaccine and choosing to vaccinate others instead of them.
- Some people who don't want to get vaccinated but feel pressured into doing so are likely to:
 - undervalue the vaccine;
 - resent the pressure to get vaccinated;
 - assume that any illness they get is a side-effect of the vaccine;
 - experience that illness as more severe than it would otherwise seem;
 - demand more in the way of treatment; and
 - blame the authorities for pushing them to get vaccinated.

U.S. Public Concern: 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% closely followed news about H1N1
 - 42% have been concerned at some time that it would affect them or their family
 - 59% believe it may become widespread in Fall
 - 61% of respondents are not concerned today about self/family contracting H1N1

Work Plan

Products and Activities	Timeframe/Date
Message Development	August-Sept.
Formative Research	
Online surveys (4)	Aug 21-Oct
Reaction Panels (2)	Sept-Nov
Focus Groups	
PSAs	
TV (Moms, youth 19-24) (nurse?)	Oct
Radio (Moms)	Oct
YouTube (Moms, youth)	Oct
Flu Vignette (Moms)	Sept-ongoing
Media Spokesperson Training	September
Matte Articles	
Develop list from last season w/Recs	20-Aug
Draft/modify articles upon CDC approval	Aug-Sept
Submit/pitch articles (VOCUS/NAPS)	Sept -ongoing
Topics	
Pregnant Women/Moms/Caregivers	
At-risk w/Chronic diseases (6)	"
Economically worried	"
Hospitals/Healthcare Workers/Pharm	"
College (youth/administrators)	"
Schools (nurses/teachers)	"
Seniors (by race/ethnicity)	"
Youth (19-24)	"
Employers/employees	"
Travelers	"

Products and Activities	Timeframe/Date
Partner Materials and Outreach	Aug - ongoing
List of potential orgs w/coops	Aug. 24
ACOG	Aug
Others (i.e., AAP, AAFP) TBD and assigned	ongoing
APhA, AARC, NEA, AFT, retailers, NGOs, hospital and school administrators, nonprofit	ongoing
Advertisements	
Bus (pregnant, general) in buses – 8-20 cities	Oct - Dec
Print (HCW, pregnant, seniors --repurpose)	Sept
E-cards	"
Posters (schools, employer sites, HC settings)	"
Badges, buttons, widgets, Twitter	Sept.
Media Outreach	
Ethnic Media Roundtables	Oct-Nov
Story pitches	Aug -ongoing
Media Tours	Sept-Nov
New Media	Sept-Nov
Publicity and Earned Media	Aug-ongoing
Brand and Jingle	Sept.

Vaccine Safety Communications: Current NVPO Initiatives

- **NVAC Vaccine Safety Working Group – Charge #2**
- **Federal Immunization Safety Task Force**
- **Cross-Department and government coordination**
- **Audience research – Fall 2009 focus groups, Gallup survey**
- **H1N1 vaccine safety**

Vaccine Safety Communications: Guiding Principles

- **Acknowledge and respect the concerns individuals may have regarding the safety of vaccines**
- **Provide timely and accurate information regarding vaccine testing and safety monitoring**
- **Encourage informed decision-making among consumers, parents, caregivers, and providers**
- **Deliver consistent, tested messages**

H1N1 Vaccine Safety Communications: Audiences

- **Members of priority vaccination groups particularly pregnant women, caregivers of young children, and people with chronic conditions**
- **Health care professionals**
- **State and local public health officials**
- **General public**
- **Vulnerable populations**
- **Policy makers**

H1N1 Vaccine Safety Communications: Messaging (I)

Overarching Messages:

- **“Flu vaccines are very safe. The safety of influenza vaccines is closely monitored. These vaccines are held to the highest standards.”**
- **“2009 H1N1 flu vaccines are produced similarly to seasonal flu vaccines that are made every year. There is a long and successful track record of safety and effectiveness of seasonal flu vaccines using this technology.”**
- **“Over the years, millions of Americans have received seasonal flu vaccines. The most common side effects were mild, such as soreness, redness, tenderness or swelling where the shot was given.”**

H1N1 Vaccine Safety Communications: Messaging (II)

- **“The CDC, FDA and other public and private agencies closely monitor all vaccines for safety. This includes the H1N1 flu vaccine.”**
- **“Additional monitoring and reporting systems have been developed in partnership with medical societies, academia, states and private agencies to support the 2009 H1N1 vaccine campaign.”**

Note: These are draft messages currently being tested with key audiences. Messages will be refined based on research findings.

Vaccine Safety Communications: Messaging (III)

- **Supporting messages are under development to address the following issues:**
 - **Specific vaccine safety reporting, monitoring and notification systems (VAERS, VSD, PRISM etc)**
 - **Ingredients**
 - **GBS**
 - **Background rates**

H1N1 Vaccine Safety Communications: Key Strategies

- **Leverage all outreach and media opportunities to describe efforts to monitor the H1N1 vaccine for safety**
- **Provide health care professionals and other stakeholders with evidence-based information about the safety of the H1N1 vaccine and efforts to monitor its use, including new monitoring and reporting tools**
- **Give regular updates on the ongoing safety monitoring of the H1N1 vaccine and rapidly respond to concerns associated with the vaccine**

H1N1 Vaccine Safety Communications: Activities

- **Four areas of focus with leadership and management from NVPO, CDC, FDA, NIH & CMS:**
 - **Provider outreach**
 - **Stakeholder outreach**
 - **Consumer outreach**
 - **Media outreach**

H1N1 Vaccine Safety Communications Activities

Provider Outreach:

- **Conduct trainings using a variety of mechanisms and sponsoring agencies**
 - **Webinars, conference presentations, COCA calls, CMS Open Door Forums**
- **Materials distribution – patient Q&A**
- **Trade publication outreach and advertising**
 - **VAERS advertisement: JAMA, Pediatrics, and American Journal of Nursing**

H1N1 Vaccine Safety Communications Activities – cont

Stakeholder Outreach:

- Develop and distribute a consolidated set of vaccine safety messages and Q&As for use by all federal spokespeople, state and local public health officials, health care providers, and academic health centers.
 - Topics will include:
 - Vaccine safety reporting, monitoring and notification systems
 - Vaccine ingredients
 - GBS
 - Background rates

H1N1 Vaccine Safety Communications Activities – cont

Stakeholder Outreach cont:

- Conduct trainings for state and local vaccine safety coordinators
- Create vaccine safety toolkit for state and local public health information officers. Present toolkit at NPHIC annual meeting (October 2009)
- Widely distribute *Monitoring Immunization Safety 2009 H1N1 Vaccine Campaign* report and supporting materials

H1N1 Vaccine Safety Communications Activities – cont

Consumer Outreach:

- **Utilize Flu.gov as a key channel to reach consumers with vaccine safety information**
- **Create and post Q&A document on H1N1 vaccine monitoring system**
- **Distribute and post report summarizing the current vaccine safety system and new H1N1 vaccine monitoring initiatives**
- **Produce video describing the vaccine lifecycle including development, testing, safety, and monitoring of vaccines**

H1N1 Vaccine Safety Communications Activities – cont

Media Outreach:

- **Hold Media tabletop session with media to discuss vaccine campaign and vaccine safety communications challenges**
- **Conduct regional media roundtables with ethnic and minority press**
- **Release and distribute *Monitoring Immunization Safety for 2009 H1N1 Vaccine Campaign* report**
- **Incorporate vaccine safety information and monitoring updates in weekly CDC H1N1 media briefings**

Q&A