

A suggested communications strategy for countries distributing H1N1 Vaccine

Developed by WHO in consultation with Regions and partners

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Introduction

In June 2009, WHO declared the first influenza pandemic in over 40 years. Since then, the H1N1 pandemic has spread to almost all countries, but has resulted in only moderate illness in most cases. Nevertheless, experience so far has shown that H1N1 can place a considerable strain on health services and can result in serious illness and death. Young people, pregnant women and those with chronic diseases seem to have the highest rate of complications. Developing countries are likely to be at most risk from the pandemic effects, as they face the dual problem of highly vulnerable populations and limited resources to respond H1N1. Public health experts agree that one of most effective ways to mitigate the negative effects of the pandemic is by providing the H1N1 vaccine to at-risk populations.

In late 2009, the estimated global manufacturing capacity for pandemic vaccines was at most 3 billion doses per year. It was expected that demand for these vaccines would initially outstrip supply and access to the vaccine would vary among countries. The countries least able to access vaccine would include the poorest countries but also some middle income countries.

The Secretary General of the United Nations (UN) and the Director-General of WHO called upon the international community for solidarity and assistance to ensure more equitable distribution of pandemic vaccine.

Several donor countries and manufacturers stepped forward to donate funds or product. WHO, working with other UN agencies, coordinated the distribution of these products. Initially, enough product was donated to cover 2% of the population in recipient countries, to be followed by a second deployment which will bring the coverage to 10% of the population.

With this limited supply and concern over H1N1 and the vaccine, it will be important for recipient countries to be able to communicate clearly about both the virus and the vaccine. This guide sets out some of the communications challenges faced by these countries, and a suggested strategy for approaching these challenges.

The guide is built upon a foundation of work done by WHO Regional and Country Offices, by risk communication and social mobilization colleagues, and by partners in other agencies.

Goals

The goal of the communications efforts around distribution of vaccine will be to:

- Inform and educate the public and target groups about pandemic (H1N1) 2009 influenza
- Communicate the benefits of vaccination so as to ensure uptake of the vaccine by targeted groups
- Explain to the wider population why they will not be receiving vaccine, and other measures they can take to protect themselves against the virus
- Communicate the work that the country and WHO are doing to protect people from contracting the virus

To meet these goals, countries will need to communicate with several different audiences. They cannot all be reached in one way. For example, doing a mass media campaign is an effective way to teach the whole population about H1N1 and its dangers, but it is not a good way to give technical information about how to administer the vaccine. The table below illustrates this challenge.

	H1N1 in general and protective measures	Who the target groups are and the benefits of vaccine for them	When and where vaccine available	Technical information
General public	X	X		
Target groups	X	X	X	
Health care workers	X	X	X	X
Opinion leaders	X	X		

In addition to *giving* information, the government or Ministry of Health will also need to hear from the public and the target groups so that it can ensure that it is reaching them with the right information.

To do all this, countries will need to undertake different types of communication activities:

- Use mass media to reach widest audience
- Use professional associations and opinion leaders to reach the target groups
- Use meetings and trainings to inform health care workers
- Listen via meetings and monitoring telephone helplines (if these are used)

Communications challenges

This section discusses some of the major challenges which those communicating about vaccine and vaccine distribution will face. These will be challenges faced by the government, the Ministry of Health, the WHO country office, and others participating in the campaign. It underscores the importance of all these partners working together.

Here is a summary of the issues:

1. Explaining a new virus and its risks to a wide audience
2. Explaining vaccine, assuring public it is safe
3. Communicating when and where vaccine is available, to whom
4. Managing over demand and under demand for the vaccine, and fluctuations
5. Addressing health care workers' concerns
6. Addressing concerns from other target groups, particularly pregnant women
7. Managing adverse events
8. Managing other issues that may arise, such as trust in institutions

1. Explaining a new virus and its risks to a wide audience

Pandemic H1N1 is the source of a lot of confusion, starting with its name. Widely known as “swine flu,” it still has some people fearful of pigs and pork. Or, for those who do not eat pork for religious reasons, there is a shame associated with having a disease named after a “dirty” animal. More widely, people are still not sure what the disease is, how severe it is, how to treat, whether it is necessary to be tested, whether or not to get the vaccine, and so on. Although this strategy is aimed at helping countries to communicate with the populations who are targeted for receiving the vaccine, it is impossible to lead an immunization campaign without also addressing the disease overall, and informing the public about it.

2. Explaining vaccine, assuring public it is safe

Vaccination, particularly in this case because some people perceive the vaccine as new, raises many questions from different sectors of the population. These questions must be answered clearly and transparently. Rapid response strategies are needed to combat negative rumors about the vaccine and coverage, as well as criticisms in mass media. In some countries, the immunization campaign will start in an environment that is already very negative towards the vaccine. Great efforts will be needed to explain how vaccines work, and the steps that went into creating and testing these vaccines. One advantage of the countries receiving vaccine in late 2009 and early 2010 is that they can build on the experience of dozens of countries having administered millions of doses, with the knowledge that the safety profile of the vaccine has been shown to be very good. This knowledge can be used to counter possible accusation that the vaccine is being tested on developing world populations.

In some countries, there will be the additional challenge of explaining the difference between the seasonal flu vaccine and the pandemic flu vaccine. It is important for people to know about the existence of both vaccines, their respective risk groups, and the potential adverse events related to the new vaccine or to administering both.

3. Communicating when and where vaccine is available, to whom

Based on advice from its group of vaccine experts, WHO has recommended that health workers be given high priority for early vaccination. Countries may decide the next priority groups based on their particular situation and WHO guidelines (the guidance is here: http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090713/en/index.html).

But not all the vaccine may arrive in a given country in one shipment. So health care workers will receive the vaccine first, with other priority groups to follow. The government will have to explain the staged reception of the vaccine, the fact that WHO is helping with a maximum of 10% of a country's needs, and the fact that the country itself can attempt to secure additional vaccine, later, if it feels the need to do so.

In most cases, the amount of donated vaccine to be received by each country will be insufficient to vaccinate all those who might want the vaccine. Even among the designated priority groups for vaccination, it is likely that only some health workers, particularly those located in more densely populated parts of the country, will be vaccinated. While strategic in epidemiologic terms, this decision could raise issues among the target groups, for example regarding equity (if the vaccine is in high demand) or distrust (if there are suspicions about the vaccine).

4. Managing over demand and under demand for the vaccine, and fluctuations

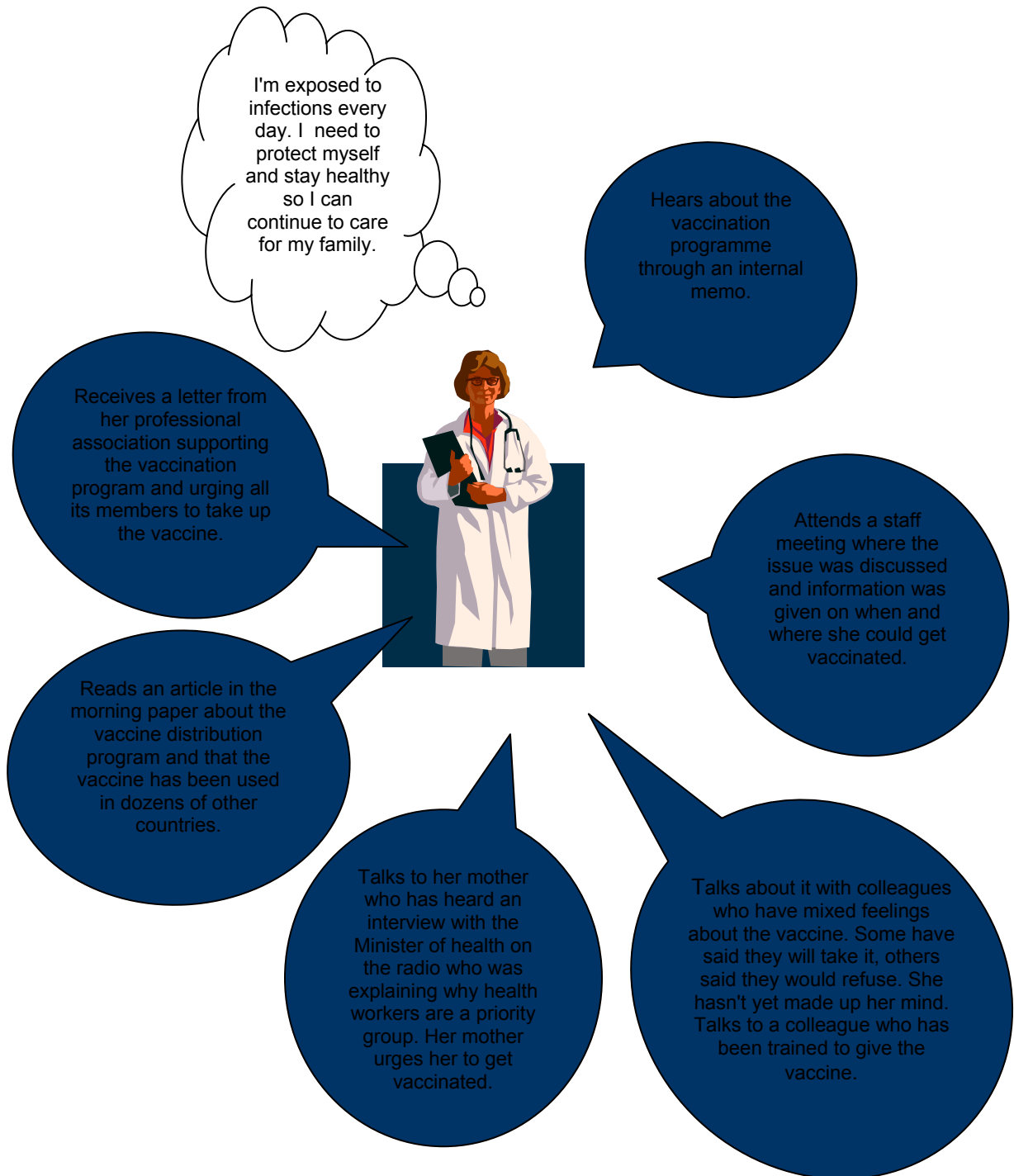
Even though vaccination campaigns typically seek to increase widespread demand among specific high-risk groups, in this case, the objective is more complex as there is the possibility of significant demand and the limited availability of vaccines. There is also the possibility of the more classic situation where people are uninterested in receiving the vaccine. Lastly, there is also the possibility of sudden shifts in demand. In some countries that had the vaccine available in early winter 2009, there was a pattern where first there was very low interest and uptake of the vaccine, which then turned to high demand when a few high profile H1N1 deaths occurred, particularly in young people. Health officials found themselves needing to change their messages almost overnight. Where initially they were explaining the importance and need for the vaccine, they had to change their message to asking the public to be patient in waiting for their turn to be vaccinated after at-risk groups.

5. Addressing health care workers' concerns

Health care workers are the first group targeted to receive the H1N1 vaccine, in order to protect them because of their high exposure, and also to ensure the health system can continue functioning if the disease becomes widespread. But a body of evidence points to the fact that health care workers are often more reluctant than the population at large to be vaccinated. There are a number of reasons for this, ranging from a sense of infallible good health to professional skepticism about the disease. This reluctance on one of the reasons it is key for countries to understand the concerns of health care workers before building a campaign around the vaccine. Not only will health care workers need to understand the vaccine in order to make the choice to be vaccinated themselves, but they are highly trusted by their patients, who will likely make their own choice regarding vaccination based on what their health care worker tells them. So properly informing health care workers about the vaccine is key. It will increase uptake amongst health care workers, but also among other at-risk groups.

Why are a mix of interventions necessary?

Each event is a communication moment that further helps the health worker to reach a decision to take/not take the vaccine. Ultimately, when she walks past the location where the vaccine is available she will have already have taken the decision on whether or not she will choose to get the vaccine.



6. Addressing concerns from other target groups, particularly pregnant women

Other groups may also be difficult to convince – pregnant women foremost amongst these, as they will be concerned about exposing their unborn baby to a novel vaccine and we will have to acknowledge these concerns and work with them.

In most countries, experience with immunizing pregnant women has been with tetanus toxoid, given during routine antenatal care visits and occasional large-scale campaigns to all women of child-bearing age. In some countries, rumors have arisen that tetanus toxoid is a contraceptive and that the campaigns are a population-control conspiracy. For H1N1 vaccine, it can be expected that there will be concerns among pregnant women and their families about the effect of the vaccine on both the woman and the child she is carrying. Again, rapid research can help to illuminate the concerns of this population and inform the development of messages, products and activities.

7. Managing adverse events

WHO has done a great deal of work over the past 10 years to increase the active monitoring for and responses to adverse events following immunization (AEFI). Oftentimes vaccines are blamed for a medical problem that is not related to the vaccine itself but is coincident with vaccination. When epidemiologic investigations have established a true link with a vaccination, experience has shown that it is almost always due to health worker error (e.g., using a vial of vaccine after it has sustained bacterial contamination). Conducting a scientific investigation to establish the cause of an AEFI takes time, even when done as a matter of urgency. In the meantime, public trust in the vaccine -- and in the government that supported it -- can be damaged and can affect all vaccination activities. This is why it is important to develop a risk communication plan and a crisis management plan that is implemented in close coordination with the epidemiologic investigation.

8. Managing other issues that may arise, trust in institutions

Finally, trust in government, in donors and in other institutions will be an issue. Although the immunization campaign is conducted for the good of the target groups and the population as a whole, it can be a liability for high level political officials to be too closely associated with an immunization campaign: especially in countries with polarized political situations or a large base of opposition. Therefore, the support of other well-known and trusted individuals or organizations outside the government should be sought. WHO and regional offices can work with in-country counterparts and partners to support the work of the Ministry of Health other government sectors. It is also wise to identify other influential people from outside the government and seek their support for H1N1 vaccination. Such influentials can serve as highly credible messengers of support but only if time and effort are invested to engage and educate them about the importance of H1N1 immunization.

The foundations of good risk communications

In order to address all of the above strategic communications goals and concerns, public communications should be conducted according to the five principles of good Outbreak Communications*:

1. Trust

The overriding goal for outbreak communication is to communicate with the public in ways that build, maintain or restore trust. This is true across cultures, political systems and level of country development.

▶ The more trusted a source, the more likely the recommendations of that source are to be followed.

2. Announcing Early

The parameters of trust are established in the outbreak's first official announcement. This message's timing, candour and comprehensiveness may make it the most important of all outbreak communications.

▶ When you are the first to give information, people pay attention. The first information is seen as the most authoritative.

3. Transparency

Maintaining the public's trust throughout an outbreak requires transparency (i.e. communication that is candid, easily understood, complete and factually accurate). Transparency characterizes the relationship between the outbreak managers and the public. It allows the public to "view" the information-gathering, risk-assessing and decision-making processes associated with outbreak control.

▶ Be open with information: transparency builds trust.

4. The public

Understanding the public is critical to effective communication. It is usually difficult to change pre-existing beliefs unless those beliefs are explicitly addressed. And it is nearly impossible to design successful messages that bridge the gap between the expert and the public without knowing what the public thinks.

▶ Only by listening can you know the concerns to your audiences.

5. Planning

The decisions and actions of public health officials have more effect on trust and public risk perception than communication. There is risk communication impact in everything outbreak control managers do, not just in what is said. Therefore, risk communication is most effective when it is integrated with risk analysis and risk management. Risk communication should be incorporated into preparedness planning for major events and in all aspects of an outbreak response.

▶ Planning is described in more detail in the section below.

* For a fuller description of these five principles, see WHO's Outbreak Communications Planning Guide, <http://www.who.int/ihr/elibrary/WHOOutbreakCommsPlanngGuide.pdf>

A suggested approach

Using the above guidelines and taking into account the various challenges, WHO has developed a suggested approach that countries can take. This proposed communications strategy suggests ways to reach the general public and the target groups, and how to structure cooperation with the other partners involved. Mass media is used to reach the widest number of people with the most general messages. It is also suggested to seek the support of opinion leaders (civic, religious, entertainers) to help spread the information about the importance of vaccine for the target groups. To reach health care workers, it is suggested that professional associations and direct meetings with health care workers themselves be undertaken.

▶▶▶ It is important to note that this is a suggested strategy, and needs to be adapted to country needs and situation. This is especially important with regard to the messages that are included towards the end of this document. These messages should not simply be adopted and used by countries, but need to be tested for relevance and effectiveness with the people they are aimed at. In the same way, the suggested approach must fit in with the resources available to the country, as well as the time available before delivery of the vaccine.

The government and ministry responsible for the campaign will find that sharing information early and often will help gain the support of the population. Rumours and misconceptions will still surface, making it doubly important that the correct information from the most credible source.

Before arrival of vaccines: Plan, survey, inform

Goal: Prepare the public with information before the vaccines are delivered. Ensure that concerns brought up by the target groups have been addressed, and that the public is not confused or hostile. Use the opportunity to remind the public about how they can protect themselves from the flu, and how to care for themselves if they are ill. Ensure that communications has a central role in the planning and decision-making process related to H1N1 vaccine.

Plan

- Develop and define H1N1 vaccine policy that clearly explains the specific priority groups and explains why they were chosen. This policy should be widely shared and widely available if anybody who is interested in seeing it.
- Identify and meet with all important partners. These include other government departments, regional and municipal government, professional associations (doctors, nurses, midwives), religious associations and religious leaders, UN partners, WHO, UNICEF, other NGOS, faith-based organizations, etc. If appropriate, seek "champions/advocates" from within these key groups to support your course. Decide on how information will be shared with these partners in the coming months.
- Include spokespeople in meetings and allow them access to top leaders. Designate spokespeople and appropriate staff who can develop communication materials. Decide who will approve these materials and make sure it can be done quickly.
- Identify and brief credible/trustworthy champions of the H1N1 vaccination campaign who may be contacted for media interviews e.g. government and technical personnel, professional associations, religious/women's groups etc
- Establish mechanism for responding and answering of queries about H1N1 and the vaccine. e.g. phone line. The people answering the calls need to compile the types of questions they are getting so this can be used to modify messages and concerns can be filtered back to officials.
- Ensure a system for monitoring for adverse events has been established. (WHO has more specific guidance on this). In general, country can continue to use the monitoring system that is already in place for immunization campaigns, but make sure to add monitoring in adults as well (because usually systems are in place to monitor for adverse events in children only).
- Create plan for responding to a communications emergency or sudden upsurge in media queries. This can be a list of people who could be available if crisis situation occurs. Meet with them to give them background. Determine where the operations center will be. Ensure support staff will be available as well.
- In order to be extra cautious, discuss with public security officials to decide if security will be needed at vaccine clinics in order to control crowds. If this is the case, you will also want to have civilian officials on-site to give information to the public, and explain why the vaccine is not available to all.
- Ensure that appropriate messages are developed for each audience (general public, stakeholders, specific risk audiences: health care workers, etc). These messages should also include the reason why people should follow the advice. This is one way to make sure they understand and make the decision to comply with the message.

Survey

- Survey and assess the feeling of the public and target groups to vaccine and develop/adapt communication materials in response. WHO has included some suggested messages in this package, but countries will want to be sure these are clear and relevant in their context. This can be done by meeting with the representatives from the target groups and discussing materials that have been prepared. Use the survey information to include motivating factors in messages. Depending on the time available, the survey can be done in-depth or quickly.
- Perform rapid pre-tests on developed messages to ensure acceptability by targeted groups

Inform

- Draft core communications material in advance – eg media releases, press information packages, briefing papers, web materials (where feasible and appropriate), talking points (please see suggested materials developed by WHO).
- Now and up until the moment before the date of the vaccine delivery is known, the MOH should already be preparing general information materials and materials for specific target groups.
- Where the web and internet connectivity allow, the Ministry of Health should coordinate its web posting with WHO: both the Ministry of Health and the WHO should have identical materials on their websites. WHO can also help to ensure that the entire UN system in the country carries additional information on its websites, and can also help organize communications support - working, for example, with UNICEF and with non-governmental organizations.

Where this exists, the Ministry of Health's website is a good place to post information about the campaign. The website can act a public reference of record. The following materials could be posted:

- What is influenza and why and for whom can it be dangerous
- What are the differences between (the various types of) seasonal influenza and pandemic influenza
 - PI: no one has immunity, but this doesn't necessarily mean that one will die from it; in fact, even in the worst pandemic recorded (that of 1918-1920), 98% of those infected, survived
- What is a vaccine and how does it work
- Adverse Events: what they are, how likely they are to happen, and note that the great majority of them are transitory
- Who should get vaccinated
- Why certain groups are getting vaccinated and others are not
 - High-risk groups need to be vaccinated
 - WHO has arranged for donations of enough vaccination to vaccinate the highest-risk groups; if a country wishes, it can buy/acquire additional vaccine to cover further segments of the population
 - Explanation of limited vaccine supply

- Ensure good availability of the Minister of Health and other key officials to respond to interview requests and speaking engagements around H1N1 and the vaccine. Ensure use of all channels: meetings, newspaper, radio, TV.

- Launch a campaign targeting HCW to inform them about the vaccine, and that they are part of the target group and that they should encourage the other priority groups to get the vaccines.

This campaign can be run through media, but is best directly targeted at healthcare workers through their workplaces and specialized publications. This would include meeting with the heads of professional health associations e.g. medical practitioners/nurses/midwives etc to explain the vaccine policy and secure their support

- Share materials with local health care facilities that they can easily prepare and distribute at low cost. Encourage healthcare facilities to hold meetings with their staff to explain H1N1 and the vaccine.

- Conduct a series of workshops or meetings with specific groups:

- o Do workshops or training sessions with media to explain H1N1 and the vaccine.
- o Do workshops and training sessions with key staff that will be responding to media queries.
- o Do workshops and training sessions with key stakeholders/partners
- o Do workshops training with healthcare workers to respond to questions about H1N1 and about the vaccine. Although the workshops may be focused on the vaccine, it is also an opportunity to share information about case management with healthcare workers, helping to improve their knowledge of H1N1 in general.

- The MOH should also be using this time to reach out to and educate and enlist as champions, local influencers. These people could be national celebrities, religious leaders, traditional leaders, political leaders, but must be people who are trusted and to whom the targeted vaccination groups would most likely turn for information. A rapid census of target groups – see the Survey section above – could find out who the major influencers are on each targeted group.

During immunization campaign: deliver and monitor

Goal: Once the vaccine has arrived and begins to be distributed, the goal of communications is to keep the public informed about how the campaign is progressing, and ensure that target groups are fully informed about where to access vaccine. Again, the public will need to understand why there will not be available for them, and what they can do to protect themselves against the disease.

- When the campaign starts, MoH or the responsible authority should hold a press conference to announce the beginning and explain the basics to the population (see details in box, below).

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Press conference guidelines

With the arrival of the first vaccines, the Minister of Health should conduct a press conference to announce the arrival of the vaccines and the dates and modalities of the vaccination campaign. The he or she should use this opportunity to reinforce certain key messages, such as

- we are targeting the groups most at risk
- WHO has arranged for vaccine donations vaccine for up to 10% of the population
- With that, we have to ensure that the most vulnerable get vaccinated
- This virus so far seems to have had greater effects on those whose immune systems are weak
- But if the pandemic is severe and if we deem it necessary to vaccinate more people, we will seek international support in order to acquire more vaccine
- Remember that the vast majority of those infected with this virus survive, and most of those survive without ever having to seek out medical care
- It is only a small minority who are at risk
- And it is this small minority that we are prioritizing with vaccination
- There are other measures which you can take to protect yourself, such as
 - Washing your hands often
 - Avoiding crowded places if there is a lot of virus circulating
 - Designating one person in the household to care for a family member who has contracted the virus
- Remember that there will be Adverse Events
- But these AEs are normally mild and of short duration
- We will investigate all potential AEs and keep you informed
- On balance, we believe that the benefits of vaccination far outweigh the potential disadvantages: we have seen how H1N1 can kill, and we know that health care workers (and pregnant women and people with underlying respiratory conditions) are particularly vulnerable. On the other hand, AEs, in the few instances they occur, are in the vast majority of cases mild and transitory.
- Yet we do realize that there might be the occasional severe AE and we will keep you informed about these

At the press conference, fact sheets on what is influenza and what is a vaccine (including its ingredients and how it works) should be distributed. So, too, should be distributed as much information possible on where people in the target group can get vaccinated.

Deliver

- Using mass media (e.g., paid advertising and/or interviews) and target media (e.g., newsletters, notice boards, word of mouth, SMS) to inform the target group(s) that the vaccine is available and how to access it. Issue a news release and hold a press conference where you explain the rationale of the priority groups. Repeat non-clinical measures. Ensure that health staff and other priority groups know where and when the vaccines are available e.g., at healthcare centers and other sites where vaccine will be issued, inform staff through meetings, memos, phone calls, etc.

- Continue discussions with healthcare workers and priority groups. Check if they have any concerns, if the messages are clear, if any changes need to be made to the campaign. This is also a chance to address misunderstandings and rumours. As with the meetings before the campaign began, you may also use the opportunity to share information about case management with healthcare workers, helping to improve their knowledge of H1N1 in general.

- For the wider public, continue to promote non-vaccine measures to prevent infection/spread of disease. Publicize where the public can seek out further information.

Monitor

- Monitor public reaction through media monitoring, consulting logs from phone lines (if these have been established), meeting with partners and professional associations.

- Monitor for adverse events, remembering to look for events in adults (since many mechanisms are initially established to look for adverse events in children only). Share the information with the relevant bodies within country, and with appropriate WHO focal point. Be prepared to be open about adverse events and investigate immediately. Inform the public as early as possible about suspected events, and what is being done to investigate. (See section below.)

Adverse events: investigate and inform

- Send team to investigate
- Mobilize comms team
- Inform those close to the event what happened (within the hospital or community)
- Inform public about what happened through media and stakeholders/partners
- Establish regular briefings
- (Please see further guidance being developed by WHO/IVB)

After end of campaign: review and prepare

Goal: Once the campaign has ended, ensure that what needs correcting is corrected, and that plans are in place for the next delivery of vaccine, or the next emergency.

Review

- Announce results of vaccination campaign (numbers vaccinated, adverse events, overall impact)
- With partners from all sectors involved, review what went well and what didn't.
- With public, determine attitudes to what happened. Are there any misconceptions that need to be addressed?
- Develop lessons learned and share with partners

Prepare

- Modify procedures or regulations where necessary to better prepare for next time, or for the next delivery of the vaccine since some countries will receive the vaccine in two deliveries.
- Formalize the emergency plan for next time.

Templates

List of Templates

Template 1: News release that country will be receiving vaccine

Template 2: News release once vaccines arrive

Template 3: News release after first adverse event

Template 4: How to write a news release template

Pamphlet on how to care for someone at home (from H1N1 section of guidance)

Memo from medical associations to their members to staff members on vaccine

Pamphlet for healthcare workers (from WPRO and AED)

How to track and report adverse events (being developed by IVB, Dina Pfeifer)

SAMPLE NEWS RELEASE TEMPLATE

[ORGANIZATION'S NAME ON LETTERHEAD]

NEWS RELEASE

FOR IMMEDIATE RELEASE

For more information, contact:

[DATE]

[Name of internal media representative/contact person]

[Name of organization]

[Telephone number]

[Fax number]

[Email address]

[After-hours telephone number]

[Web site for more information]

[Headline goes here, initial cap, bold]

[CITY, State] – [Date] – [Text goes here, double-spaced, indented paragraphs]

[First paragraph: short (less than 30–35 words); contains the most important information]

[Second paragraph: contains the who, what, why, where, when of the story. Try to include a quote from the lead spokesperson or agency leadership within the first few paragraphs]

If the news release is more than one page long, use:

– more –

Centre the word at the bottom of the page, then continue onto the next page with a brief description

of the headline, and page number as follows:

[Shortened headline] – Page 2

[The last paragraph should be an organization boilerplate, which is a brief description of the organization, and any information considered useful for people to know, such as type of organization, its location and web site address]

At the end of the release put:

End or ###

centred at the bottom. This lets the reporter/reader know they have come to the end.

TEMPLATE 1
News release to announce that country will be receiving vaccine

Note: This is a suggested format for the news release that the government could release when it receives information from WHO on the type of vaccine it will be receiving.

START

Health system continues to prepare for pandemic

(INSERT name of city, date) - Healthcare workers will soon be able to receive the vaccine to protect themselves against the H1N1 pandemic flu. (NAME OF COUNTRY) will be receiving vaccines from (LIST details of type of vaccine, number of doses, etc).

The vaccines will arrive in the country on (DATE), and distribution will begin on (DATE).

Pandemic influenza H1N1 sometimes called "swine flu" is a new type of flu. It is a new virus that most people will not have immunity against. The virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces. . There are no known instances of people getting infected by exposure to pigs or other animals.

Most people who contract H1N1 will recover without needing any medical attention. Some will not even have symptoms. But in some cases, the disease can have a serious effect, even leading to death. It is important for people to take steps to avoid catching the flu.

To prevent spread, people who are ill should cover their mouth and nose when coughing or sneezing, stay home when they are unwell, clean their hands regularly, and keep some distance from healthy people, as much as possible

Another way to protect people from the flu is for them to be vaccinated. There is limited world supply of vaccine, but the government has secured supply to cover some sectors of the population.

The government is targeting healthcare workers as the first group to receive the vaccine. This is in order to protect these people from infection, and to ensure the healthcare system is able to continue to function and provide care during a pandemic.

The safety profile of the vaccine is, as far as is known today, similar to that for other vaccines. Whilst there may be occasional side effects from the vaccine, the great majority of these are mild and temporary in nature. On the other hand, once vaccinated, individuals will continue to be protected against this strain of influenza, which has already shown its ability to kill otherwise-healthy people around the world.

The World Health Organization has been coordinating the distribution of pandemic vaccine donated by several countries and vaccine manufacturers.

Although the vaccine is an excellent tool to protect against the pandemic, there will not be enough supply to cover the entire population. WHO is working to procure enough vaccine so that all countries can vaccinate 10% of their population. This should be enough vaccine to cover the most vulnerable groups. Depending on how the pandemic develops, the government may attempt to procure additional vaccine for further groups in the populations.

The government encourages people to continue to stay informed about the illness and to prepare themselves. People can protect themselves and others from being infected by using cough etiquette (covering mouth when coughing, cough into sleeve when possible, wash hands if coughed/sneezed into them, and trying to avoid touching you eyes or nose when your hands are not clean). staying home from work or school if feeling ill.

More information on the pandemic flu and how to protect yourself is available here (LIST websites, phone numbers, organizations and other sources of information).

END

TEMPLATE 2

News release when vaccine distribution begins

Note: This is the format of a news release that could be distributed once vaccines arrive in the country and are ready for distribution. It is important to explain again why healthcare workers are the target group, and other measures the public can take to protect themselves against the flu.

START

Vaccination campaign begins for healthcare workers

(INSERT name of city, date) - Vaccines to protect against H1N1 have arrived in the country and distribution will begin (WHEN). Healthcare workers will be the priority group to receive the vaccine to protect themselves against the H1N1 pandemic flu.

Pandemic influenza H1N1 sometimes called "swine flu" is a new type of flu. It is a new virus that most people will not have immunity against. The virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces. . There are no known instances of people getting infected by exposure to pigs or other animals.

Most people who contract H1N1 will recover without needing any medical attention. Some will not even have symptoms. But in some cases, the disease can have a serious effect, even leading to death. It is important for people to take steps to avoid catching the flu.

To prevent spread, people who are ill should cover their mouth and nose when coughing or sneezing, stay home when they are unwell, clean their hands regularly, and keep some distance from healthy people, as much as possible

Another way to protect people from the flu is for them to be vaccinated. There is limited world supply of vaccine, but the government has secured supply to cover some sectors of the population.

Healthcare workers will be able to receive the vaccine at their workplaces (PROVIDE more detail as possible about where and how vaccines will be distributed to healthcare workers).

The government is targeting healthcare workers as the first group to receive the vaccine. This is in order to protect these people from infection, and to ensure the healthcare system is able to continue to function and provide care during a pandemic.

The World Health Organization has been coordinating the distribution of pandemic vaccine donated by several countries and vaccine manufacturers.

Although the vaccine is an excellent tool to protect against the pandemic, there will not be enough supply to cover the entire population. The government encourages people to continue to stay informed about the illness and to prepare themselves. People can protect themselves and others from being infected by washing their hands regularly, covering coughs/sneezes with a tissue, and staying home from work or school if feeling ill.

More information on the pandemic flu and how to protect yourself is available here (LIST websites, phone numbers, organizations and other sources of information).

END

TEMPLATE 3

News release after adverse event following vaccination

Note: Information that may be included in the news release distributed following adverse events.

In recent weeks, _____ deaths following administration of influenza A (H1N1) vaccine manufactured by _____ have been reported to the _____.

The [number] deaths occurred in _____ between [date] in vaccinated persons ranging in age from _____ years.

The influenza A (H1N1) vaccination began on [date] and an estimated that [number] people were vaccinated with [name of vaccine].

[number] cases presented with fever, headache, malaise and diarrhea, progressing rapidly to _____. Their onset of symptoms ranged from less than [number] hours to [number of days/weeks] after vaccination.

An investigation of the reported cases by the [relevant national authorities] with the support of [WHO] and [partner/s] is ongoing. While a connection with the vaccine cannot yet be excluded, preliminary investigation findings suggest that these cases could have resulted from _____. Further analysis is required to clarify if the patients presented with known risk conditions to the use of this vaccine.

The [MoH] convened, as of [date], a panel of experts to review all the reported cases and evaluate the potential causal relationships with the vaccine.

The influenza A (H1N1) vaccine produced by _____ was prequalified by WHO in [date] and has been supplied through _____.

Action currently being include:

- Deployment of an international team of [name of organization] staff to [name of country] to assist with the ongoing investigation.
- Continuing steps to identify additional data needed to classify the reported cases.
- Further laboratory testing of vaccine samples to help in determining the association of the reported events with the specific lots used.
- An independent review of the manufacturing and quality control process for the vaccine, as well as distribution and use of the vaccine.
- Enhanced surveillance for potential additional cases of _____ and further epidemiological investigation.

The [MoH] will be issuing additional updates as critical information becomes available, as well as recommendations for further specific action.

For further information, contact:

[Name]
[Contact details]

Suggested Messages on Pandemic H1N1 and on Vaccine

How to use these messages

These are suggested messages for different populations. These messages were developed by WHO in consultation with our partners. They can be used to create television spots, magazine or newspaper advertisements, flyers for health care workers and the at-risk populations, posters, etc.

Before the products are distributed, they should be tested with people from the target audiences to ensure they are effective.

Please note that there are several documents that have already been prepared that incorporate some of these messages. Refer to the Resource section at the end of the document.

▶▶▶ WHO strongly urges countries to adapt these messages to their particular circumstances. It is also important to test the messages with a selection of the intended public. Testing is a step which should not be skipped.

General pandemic H1N1

Objective: Explain to a general audience what Pandemic (H1N1) 2009 is and how it is spread. Explain how to reduce its spread.

- Pandemic (H1N1) 2009, which is sometimes called Swine Flu, is a flu virus. People who have the flu will feel unwell for several days, with symptoms such as head and muscle ache, fever. Influenza normally affects the very young and old.
- Pandemic (H1N1) is a new virus. Most people are not immune to it, meaning it is easy to catch. H1N1 is also unusual in that, in certain cases - in all age groups - the virus can descend into the lungs, causing viral pneumonia. Some cases, again in all age groups, become severe and even, in isolated cases, fatal.
- The vast majority of infected people will recover, and most of those will recover without medical attention. Only a very small percentage of those infected will die. From the evidence available so far, this influenza virus is estimated to be much less severe than the more severe viruses.
- The reason for all the attention to this flu is because doctors believe that it could cause more illness, lost work and absence from school in the next few months than most of other illnesses.
- There are some people that will be more susceptible to this flu – those include health care workers that are in contact with sick patients, young children, and pregnant women. It also includes people – old and young - that already have other sicknesses that weaken their immune systems and makes them more susceptible to the virus.
- There is a vaccine that has been developed to combat the H1N1 virus. The vaccine is available in limited supply for those people most at risk – including health care workers such as doctors and nurses.

- Even without the influenza, you can protect yourself and your family from pandemic flu by
 - Keeping your distance from someone who is coughing or sneezing.
 - Staying home if you feel ill.
 - Covering your coughs and sneezes.
 - Washing your hands with soap and water. .

General message on the vaccine

Objective: Inform the public and target groups about who is receiving the vaccine, when and where.

- A vaccine for the H1N1 virus has been produced and will be available in limited quantities for those people that are most at risk. These include health care workers and (SPECIFY PRIORITY GROUPS IN YOUR COUNTRY).
- The vaccine will be available WHEN, WHERE, to WHOM...
- The priority groups were chosen based on recommendations made to WHO by a group of experts who analysed who is most at risk to catch the disease.
- Providing health care workers with the vaccine will ensure the health system will be able to function even if there are large numbers of patients.
- Pregnant women – though not sick – are more at risk than most people and they will also be a priority group to receive the vaccine when available.
- The vaccine is as safe as seasonal flu vaccine, which has been used in many countries for many years.
- The vaccine is useful because people who receive the vaccine develop antibodies which fight the virus if they are exposed to it.
- Beginning in September 2009, pandemic vaccines have been used in over 40 countries and administered to over 100 million people. The countries using the vaccine have been monitoring the result and so far have concluded that the vaccine is as safe as other vaccines used to combat seasonal flu.
- There will be adverse events associated with this vaccine. Adverse events occur with all vaccines.
- Almost all adverse events will be mild and transitory in nature. On the other hand, the potential illness caused by this virus can be severe, and even deadly, and all age groups have been affected: at this point, the advantages of getting vaccinated, if the vaccine is available to you, appear to far outweigh the risks.

Messages for Health Care Workers

Objective: Inform health care workers about why they are one of the target groups for the vaccine.

NOTE: Health care workers are very knowledgeable and appreciate having detailed information about the safety profile of the vaccine and its effectiveness. It is strongly recommended that this information be shared with healthcare workers to help them make the choice to be vaccinated and so they can give good information to their patients as well.

- WHO and the Ministry of Health have identified health care workers as the most important recipient of the Pandemic (H1N1) 2009 vaccine. The health care workers need added protection because of their contact with sick patients that may be sick with the flu.
- Health care workers are on the front line and need to be protected. You are exposed to dozens of patients per day who are potentially infected
- H1N1 can kill otherwise-healthy adults in the prime of their life
- We have seen healthy adults succumb to this disease across the world
- No occupational group is immune to this
- So protect yourself: choose to get vaccinated
- The vaccine will be available **WHEN, WHERE, to WHOM...**
- When you are vaccinated, you cannot infect others: your family, those whom you work with, other patients you treat will be protected
- In addition to the vaccine the health care worker should wash their hands frequently with water and soap especially after seeing a patient.
- The vaccine is voluntary.
- Inform your at-risk patients about the benefit of the vaccine
- Inform your at-risk patients that they need to seek medical attention if they begin to feel unwell, as if they have the flu. Prompt administration of antivirals can save lives.

Pregnant Women

- All pregnant women must be especially attentive to their health and that includes having the vaccine to protect them from the flu and serious complications.
- Any Influenza can be harmful to the mother and the baby.
- The vaccine is safe for pregnant women.
- Women can receive the vaccine at any stage of their pregnancy
- Though the flu can be serious, there are ways to protect yourself and your family that will reduce your risks of getting sick. These actions you can take include washing your hands often with soap and water and if you are sick stay home from work and school.
- Talk to your doctor or health care provider if you have questions about the virus or this flu vaccine.

Messages for People with Pre-existing Health Conditions

- WHO and the Ministry of Health recommend that people with serious health conditions such as diabetes, malaria, HIV/AIDS, and heart conditions be vaccinated as soon as the vaccine is available in their community.
- Talk to your doctor or health care provider if you have questions about the virus or this flu vaccine.
- If you have a pre-existing condition and you begin to feel unwell - perhaps that you have the flu - consult your doctor immediately.

Parents of Children

- All flu can be serious for children – and the H1N1 influenza sometimes called swine flu is a new and a different flu virus than the seasonal flu.

- Children are more likely to get sick and to come in contact with other children that are sick with the flu.
- If your child is sick please keep them home from school until 24 hours after their fever has ended/broken.
- If your child has a high fever, consult your doctor.
- If your child has been sick without improving for several days, consult your doctor.
- Talk to your doctor or health care workers about the flu and the vaccine, if you have questions.

Why some and not others

- We are targeting the groups most at risk
- WHO has arranged for vaccine donations vaccine for up to 10% of the population
- With that, we have to ensure that the most vulnerable get vaccinated
- This virus so far seems to have had greater effects on those whose immune systems are weak
- But if the pandemic is severe and if we deem it necessary to vaccinate more people, we will seek international support in order to acquire more vaccine

- Remember that the vast majority of those infected with this virus will have only mild illness, and will not need to seek medical care
- It is only a small minority who are at risk
- And it is this small minority that we are prioritizing with vaccination

- There are other measures which you can take to protect yourself, such as
 - Washing your hands often
 - Avoiding crowded places if there is a lot of virus circulating
 - Designating one person in the household to care for a family member who has contracted the virus

Resource materials

H1N1 in general

WHO website's section on Pandemic (H1N1) 2009 is a collection of information on various aspects of the pandemic. It tracks how severe the pandemic is, has guidelines for doctors treating patients, and questions and answers on vaccine safety. The following link is the main point through which to access the site, but there are many more pages with further information.

www.who.int/pandemicflu

For public health professionals

Poster on social measures to combat the pandemic flu (for public)
Hand-out on social measure to combat pandemic flu (for public)
Materials developed by WHO's office for the Eastern Mediterranean.

<http://www.emro.who.int/csr/h1n1/media.htm#posters>

AED, working for USAID, created materials on how to protect people from H1N1. The materials are for health care workers and for the general public. The basic products are available in several different languages and with different visuals depending on the region they are meant to be used in. Each page contains a variety of communication, training, and advocacy tools that can be adapted to address their communities' needs.

<http://h1n1vax.aed.org/pharmaceutical/>

<http://h1n1vax.aed.org/nonpharmaceutical/>

For communications professionals

United Nations Avian and Pandemic Influenza Communication Resources Center

<http://www.influenzaresources.org/>

Vaccines

For public health professionals

How to monitor a vaccination campaign
How to investigate an adverse event (link to WHO cheat sheet and guidance document)
Poster for clinic: "Your HCW Cares - We've been immunized!"
Vaccine policy
Talking points

Title: Healthcare Personnel Vaccination Recommendations

<http://www.immunize.org/catg.d/p2017.pdf>

Title: Immunization in practice. User's resource guide

Immunization in Practice is designed for health workers who give immunizations. There are seven modules: target diseases, vaccines, cold chain, ensuring safe injections, planning to reach every child, organizing immunization sessions and monitoring and evaluation. The material may be used in whole or in part, for preservice education in academic institutions, basic training for newly appointed health workers, refresher training, self-instruction and on-the-job reference.

<http://whqlibdoc.who.int/publications/2004/9241546514.pdf> (English)

http://whqlibdoc.who.int/publications/2004/9242546518_fre.pdf (French)

Title: Aide-Memoire (Fact sheet) Safety of mass immunization campaigns

Aide-memoire for the planning and management of safety during mass immunization campaigns with injectable vaccines.

http://whqlibdoc.who.int/hq/2002/WHO_V&B_02.10.pdf (English)

http://whqlibdoc.who.int/hq/2002/WHO_V&B_02.10_fre.pdf (French)

Title: Aide-memoire: Adverse events following immunization (AEFI): causality assessment

A two-page document intended as a guide to a systematic, standardized causality assessment process for serious adverse events following immunization (including clusters). It proposes a method for individual causality assessment of adverse events following immunization and will take the reader through the steps needed for its implementation. It follows the same format as that set for other aides-memoire done for safety related issues such as that for AEFI investigations. It is intended to be used by staff at national (or first sub-national level) level including staff from immunization programs, regulatory authorities and pharmacovigilance or surveillance departments.

http://whqlibdoc.who.int/aide-memoire/a87773_eng.pdf

Title: A course for health workers: Identifying and overcoming obstacles to increased coverage: Participants' modules 1 and 2

http://whqlibdoc.who.int/hq/1997/WHO_EPI_TRAM_97.06.pdf

Title: Communication for polio eradication and routine immunization - Checklists and easy reference guides

These checklists and guides cover communication and social mobilization aspects of supplementary immunization for polio eradication (national immunization days and mop-up campaigns), routine immunization and disease surveillance. Individual countries and programmes are strongly encouraged to adapt the checklists in order to bring them into line with their current strategies, plans and resources. The entries are grouped into three areas: planning and strategies, messages and media, and monitoring and supervision.

http://whqlibdoc.who.int/hq/2002/WHO_POLIO_02.06.pdf (English)

http://whqlibdoc.who.int/hq/2002/WHO_POLIO_02.06_fre.pdf (French)

Communicating Risk

Title: Effective Media Communication during Public Health Emergencies (WHO)

Languages: English

The handbook describes a seven-step process to assist officials and others to communicate effectively through the media during emergencies.

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK.pdf>

The Field Guide is a shortened version of the Handbook. It highlights the practical aspects of the seven-step approach .

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20FIELD%20GUIDE.pdf>

The wall chart shows the seven-step approach and provides easily recalled key information and advice.

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK%20WALL%20CHART.pdf>

Title: WHO outbreak communication guidelines

Languages online: English, Russian

Languages in hard copy: English, Russian, Spanish, French

Description: A short list of outbreak communication best practices.

http://www.who.int/csr/resources/publications/WHO_CDS_2005_28/en/index.html

Title: Building Trust and Responding to Adverse Events following Immunisation in South Asia using Strategic Communication

Languages: English

Description: This working paper synthesizes key learnings from a joint regional workshop organised by the UNICEF Regional Office for South Asia in New Delhi, 2004, to develop communication capacity specifically around adverse events following immunization (AEFI). The paper aims to promote better planned and implemented strategic communication around AEFI to maintain public trust in childhood immunization and help realize children's rights to life, survival and development.

[http://www.unicef.org/cbsc/files/Immunisation_report_17May_05\(final_editing_text\).pdf](http://www.unicef.org/cbsc/files/Immunisation_report_17May_05(final_editing_text).pdf)

<http://h1n1vax.aed.org/>

