



# H1N1

How to Communicate on the H1N1 Influenza Vaccine:

TRAINING WORKSHOP GUIDE

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# Influenza Vaccine Communication Training Workshop Guide

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## How to Use this Guide

This training guide is intended to help provide basic information on the 2009 H1N1 influenza vaccine – and how to communicate about it – for health care workers, communication officials or others who will be providing information to people receiving the vaccine.

As a Trainer, it is very important to read through all of the Training Materials, which include your Trainer Notes and the Participant Handouts, before conducting the training. Becoming familiar with all of the support materials will help you have a successful training.

All of the information that you will state out loud to the participants is included here in italics. Just before the italics, you will see the words “Trainer states out loud” so you will know exactly what to say. At other times you will see the words “Note to the trainer.” This is a way to share important information with you that will help you with the training, but you will not state this information out loud



## Organizing a Workshop Checklist

### AT LEAST TWO WEEKS BEFORE:

- **Recruit speakers.**
  - Ask guest speakers to prepare a PowerPoint presentation or speaker notes and to provide you with a copy of it in advance, if possible. Be sure to copy the presentation in hard copy for each participant.
  - Make sure that the speaker's presentation addresses the following issues:
    1. What is the 2009 H1N1 pandemic influenza?
    2. What is happening with the 2009 H1N1 pandemic influenza in this country or region?
    3. What activities are taking place to plan for or respond to outbreaks of the 2009 H1N1 pandemic influenza?
    4. What activities are taking place to distribute and administer the H1N1 vaccine in the region or community?
    5. What are the priority groups that have been identified as being important to vaccinate first in the region (e.g., health care workers, pregnant women, people with pre-existing health conditions). Why these groups have been chosen (e.g., WHO/SAGE recommendations)?
    6. Technical information about the specific vaccine product(s) being used in the country.
    7. Why there is limited availability of the vaccine.
  - Make sure you invite at least one or two technical experts from the country to attend each day of the workshop. It is important to have technical expertise (in human health) as well as decision-makers from the national or community levels on hand so that the participants are able to ask technical questions and

have their queries answered. The technical experts are also invaluable in clarifying issues and misconceptions that participants may have. Traditional leaders or religious leaders also should be in attendance, particularly if they are a respected and important source of information in the community.

- Send out letters of confirmation and directions to the workshop site to the leaders and speakers.
- **Invite participants to the session.**
- **Review this entire guide and the accompanying handouts so that you are familiar with the material.**

### AT LEAST ONE WEEK BEFORE:

Confirm all of the participants who will be attending the event, and make sure there is enough space, chairs, tables, and so forth to accommodate the numbers that will be attending.

Make copies of registration forms and handouts. Prepare all flip charts with instructions and information, in the language of your participants.

- Write and post objectives for each session.
- Write and post the main points of each session.
- Set up a “parking lot” for questions that do not get automatically answered but will be answered later.
- Arrange for tea/coffee breaks, including preparation/serving, cups and utensils.

### THE NIGHT BEFORE:

Set up the workshop space/room.



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Review the materials and check for last-minute updates from the sponsors of the workshop.

### AFTER THE TRAINING SESSION:

Send thank you letters to guest speakers, co-facilitators and other resource people.



## Session 1

### Registration

**Time required:** 15 minutes

**Objectives:**

To document participation in the workshop.

**Materials needed:**

A registration form containing columns for name, type of organization, name of organization, province/state, signature, contact phone number and email. (See sample on the following page.)

**Note to trainer:**

As they arrive at the training, ask participants to sign the registration form. At the end of the day, you will deliver the registration form to the workshop sponsor/contact. The registration forms will be used for purposes such as keeping the participants apprised of information updates and other alerts.

# Registration

FOR H1N1 Influenza Vaccine Communication Workshop

Date:

Place:

Sponsor:

	Name	Organization	Email	Telephone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

## Session 2

### Opening Ceremony

**Time required:** 15 minutes

**Objectives:** To formally open the workshop.

**Materials needed:**

Public address system, workshop banner, slightly elevated platform with podium, and tables and chairs for special guests. If a platform is not available, a podium and table and chairs will suffice.

**Note to trainer:**

A formal opening to the workshop helps frame the importance of the day. If possible, recruit a special speaker such as a respected physician, epidemiologist, government official, traditional or community leader or any other professional who works in the field of pandemic influenza. Having a special speaker participate in the opening ceremony sends the message to participants that the information they have gathered to hear is important, timely, and perhaps even life-saving. A special speaker also shows participants that local, regional or provincial leadership cares about the issues at hand. You, as the trainer/facilitator, will be responsible for learning the background and expertise of the guest speaker so that you can introduce them and say something to the group about them. It's your job to make the guest speaker feel respected, welcome and comfortable.

**Trainer states out loud:**

*Good morning everyone. Welcome to the training on How to Communicate on the H1N1 Influenza Vaccine. I'd like to ask you all to take your seats so we can get started. Thank you. Before we begin, I would like to welcome [designated official or expert], who will officially welcome you to this workshop.*

**Note to trainer:**

If there is no official speaker to welcome the group, the facilitator can do this. The guest speaker can also be one of the technical experts who are present.



## Session 3

### Introduction of Participants

**Time required:** 15 minutes

**Objectives:**

To welcome the participants to the workshop, and to provide workshop participants with the opportunity to meet and greet each other.

**Materials needed**

PA system, instructions written on flip chart paper explaining to participants what to say about themselves when making introductions.

**Note to trainer**

Remember that your flip chart instructions and pertinent information should be prepared well in advance of the workshop. Stand next to the instructions on the flip chart and say:

**Trainer states out loud:**

*My name is \_\_\_\_\_ and I'm from (organization, province, job, personal fact) and I'm conducting this workshop today because\_\_\_\_\_.*

*Now that you know who I am, you should also get to know each other a bit better, since you'll be spending most of the day together. To get through the introductions as efficiently as possible, I'd like for each of you to share the following with us: your name, the name of your organization and location (hometown, district, state), the position or job you hold in your organization, and the reason you registered for this workshop.*

*Let's begin here on my left/right with you, and we will go around the room.*

**Note to trainer:**

As the participants introduce themselves jot down the information that they give. This will help you get to know them more quickly and will help you understand their motivations

for attending the workshop. This will help you fine tune or focus the points that need to be made over the next couple of days. Make sure that the technical experts present also introduce themselves, if they have not done so previously. You only have 15 minutes to finish introductions; do not let anyone's introduction get too lengthy.

**Trainer states out loud:**

*Thank you for those great introductions. It's nice to meet all of you. Now that we have finished our introductions, let's move on to the workshop objectives.*



## Session 4

### Objectives of the Workshop

**Time required:** 15 minutes

**Materials needed:**

PA system, flip chart paper of the objectives in English or language used in the area.

**Trainer states out loud:**

*You'll see that I have posted the objectives of the workshop here on the flip chart. May I ask for a volunteer to read them aloud?*

**Participant states out loud:**

*The main objective to this workshop is to provide information on the 2009 H1N1 influenza virus that is currently causing the pandemic, and the H1N1 influenza vaccine. Having this information will help health care workers and local communication officials who are on the front lines of receiving, distributing and administering the H1N1 influenza vaccine to answer questions that people may have about the vaccine and the H1N1 virus.*

**Trainer states out loud:**

*Thank you for reading that. Do any of you have any questions about our plan for the day?*

**Note to trainer:**

Address any concern that is raised. This would be a good place to ask the participants about what motivated them to come to the workshop or why they were asked to attend. You could also ask the attendees what they already know about the H1N1 virus or the vaccine, particularly what they have heard through the media or through friends, neighbors or coworkers. If there are some misconceptions expressed about the vaccine or the virus, make a note of those so you can address them later.

This is also a good time to emphasize the importance of staying on task, showing up on time after each break. Remember it is your job as the trainer to keep things moving.

**Trainer states out loud:**

*Now we will talk about the crucial role health care workers play in disseminating accurate information to the public about the 2009 H1N1 pandemic influenza. It is very important for those of you who are in contact with people receiving the vaccine to be knowledgeable about H1N1 and the H1N1 vaccine. What are some of the reasons you think you are important in helping to control the disease?*

**Note to trainer:**

Look for responses such as:

- To answer questions
- To dispel incorrect information and myths about the virus and the vaccine
- To make sure priority groups for vaccination understand why it is important for them to receive a vaccination.

**Trainer states out loud:**

*Thank you for all of those points. The reason why we are focusing on communication skills on the H1N1 vaccine is because this is probably not like other vaccine campaigns you may have been involved in. It is not a mass campaign because only limited amounts of the vaccine will be available, and people will question why this is the case. Also, because this is a vaccine that has just been developed, there will be more questions than usual from patients, the media, and others in the community.*

**Session 5****Overview of H1N1 Influenza and the H1N1 Influenza Vaccine****Time required:** 1 hour**Objectives:**

To provide participants with information on the H1N1 vaccine; an overview of activities ongoing in the country or region; information on activities taking place to respond to outbreaks, such as hotlines or training for health care workers or others. Participants will also have the opportunity to share experiences and discuss the H1N1 virus relevant to their country/region and situation.

**Materials needed:**

PA system, flip chart paper of the objectives, computer and LCD projector if a PowerPoint presentation will be made, flip chart paper with the following information spelled out:

1. What is the 2009 H1N1 pandemic influenza?
2. What is happening with the 2009 H1N1 pandemic influenza in this country or region?
3. What activities are taking place to plan for or respond to outbreaks of the 2009 H1N1 pandemic influenza?
4. What activities are taking place to distribute and administer the H1N1 vaccine in the region or community?
5. What are the priority groups that have been identified as being important to vaccinate first in the region (e.g., health care workers, pregnant women, people with pre-existing health conditions). Why these groups have been chosen (e.g., WHO/SAGE recommendations)?
6. Technical information about the specific vaccine product(s) being used in the country.
7. Why there is limited availability of the vaccine.



### **Participant Handouts Needed:**

- **Handout #1** – Frequently Asked Questions
- **Handout #2** – World Health Organization Frequently Asked Questions about Vaccines for Pandemic Influenza A (H1N1)

Any other documents that the Ministry of Health or other national organizations have developed that address the priority groups for vaccination in the country or community.

### **Note to trainer:**

We encourage you to invite a representative from your Ministry of Health or local World Health Organization office to be a guest speaker for this session. Ask the guest speaker to prepare an interactive lecture or PowerPoint presentation on the outbreak of H1N1 influenza virus. Other speakers that could help with this section include local epidemiologists or medical officers that have been involved in H1N1 or pandemic preparation. Someone should provide background on the amount of vaccine that is available, the type of vaccine that is available, what the government is doing to respond to the H1N1 influenza pandemic and distribution of H1N1 vaccine. If there has been a press conference at the national level, information from that event (including any documents that have been developed) should be made available.

If these types of individuals are not available in your area, the Trainer should prepare to present this section using information provided by the national Ministry of Health or the country representative of the World Health Organization.

### **Trainer states out loud:**

*You will see that I have posted some of the questions we will be discussing here on the flip chart. These are our objectives for the session. May I ask for a volunteer to read them aloud?*

**Participant states out loud:**

1. *What is the 2009 H1N1 pandemic influenza?*
2. *What is happening with the 2009 H1N1 pandemic influenza in this country or region?*
3. *What activities are taking place to plan for or respond to outbreaks of the 2009 H1N1 pandemic influenza?*
4. *What activities are taking place to distribute and administer the H1N1 vaccine in the region or community?*
5. *What are the priority groups that have been identified as being important to vaccinate first in the region (e.g., health care workers, pregnant women, people with pre-existing conditions).*

**Trainer states out loud:**

*Thank you for reading the objectives of this session. That is a lot of information we are going to cover about H1N1 pandemic influenza, which makes it all the more important for you as health care workers to convey accurate, clear information to the people who are asking them questions about the virus and the vaccine. Do any of you have any questions or concerns about any of the objectives before we get started?*

**Note to trainer:**

Address any concerns raised, then begin. This section should not take more than 10 minutes. If participants have specific questions that will be addressed by the upcoming presentations, defer them until after the presentations.

**Trainer states out loud:**

*Now one of our technical experts will provide a few key facts about the 2009 H1N1 pandemic influenza vaccine. You should feel free to follow along in Handout #1, Frequently Asked Questions, and Handout #2 – World Health Organization Frequently Asked Questions about Vaccines for Pandemic*

### *Influenza A (H1N1)*

**Note to trainer:**

The official who is presenting (or the facilitator if there is no official speaker) should address the following pieces of information:

- What the 2009 H1N1 pandemic influenza is, how it is transmitted, the symptoms of the virus, and when to seek medical attention
- How the spread of H1N1 can be controlled, and the role of vaccines in controlling H1N1
- Main (and minor) side effects that could occur as a result of the vaccine, and the less-frequent adverse reactions that could occur as a result of the vaccine.

Background information on all of these points can be found in Handout #1 or can be found on the Internet resources listed in Handout #6.

**Trainer states out loud:**

*Do any of you have any questions or comments before we move on?*

**Note to trainer:**

Address any concerns or comments, then continue. It is important for the speakers and the trainer to have reviewed the Frequently Asked Questions documents in Handouts 1 and 2 and to be prepared to answer a variety of questions on the virus, vaccine, and related issues (e.g., is the vaccine safe, will it harm pregnant women and their unborn children, where has it been used so far, what has the experience with the vaccine been in other countries, why has this country been chosen to receive this vaccine, will taking the vaccine interfere with other medicines people are taking, why have health care workers/ pregnant women/people with chronic illnesses been selected as priority groups for vaccination).

**Trainer states out loud:**

*The next section (or presenter) will give us an update on what the country/region/community is doing to distribute and administer the H1N1 vaccine, and the priority groups who have been selected to receive the vaccine first.*

**Note to trainer:**

If there is not a presenter, you will be responsible for gathering specific information on what the plans are for distribution and administration of the H1N1 vaccine. Present the information or introduce the speaker.

The information for this section can be gathered from the Ministry of Health, other national officials, or the organization that is sponsoring this workshop. Information on priority groups can also be found in Handout #3, in the flyers for health care workers that address pregnant women and people with pre-existing medical conditions.

In addition to explaining how the vaccine will be distributed, the speaker may also have to explain how the WHO is helping with a maximum of 10 percent of a country's needs for vaccine, and that fact that additional supplies can be secured by the country at a later date, if that is deemed necessary to cover people who are not in one of the initial priority groups for vaccination.

**Trainer states out loud:**

*Now that you have had an overview of what is happening with distribution of the H1N1 vaccine, I would like to open up the workshop for a group discussion. As we discuss the H1N1 pandemic, feel free to ask questions, share your views, and share with all of us any sources of information on the pandemic that you believe would be helpful to your fellow participants.*

**Note to trainer:**

The purpose of this discussion is to allow the group to interact with the trainer and one another. To stay on schedule, do not take more than 20 minutes to have this open discussion.

**Trainer states out loud:**

*Thank you to everyone for your participation. To stay on schedule I am going to ask that we move on to the next session. We will be talking in greater detail about the H1N1 vaccine, its safety and effectiveness, and the main points you should make to different groups of people. Let's take a short tea/coffee break before we get into all of this important information. Please let's be back in our seats in 15 minutes.*

**Note to trainer:**

Be sure to call time in exactly 15 minutes.

## Session 6

### Communicating about the H1N1 Vaccine for Priority Groups

**Time required:** 45 minutes

**Objectives:**

To provide participants with: information on the priority groups for receiving the H1N1 pandemic influenza vaccine in the country, and how to communicate key pieces of information for those groups.

**Materials needed:**

PA system, flip chart paper with the group questions written on it:

1. What is the main message(s) being presented in this flyer?
2. What is the priority group(s) being named for vaccination?
3. Why is it important that this group(s) receive the vaccine?
4. What type of information on the safety and effectiveness of the vaccine is presented?
5. What other ways can people protect themselves against the H1N1 virus?

**Participant handouts needed:**

During this session, you need to have several copies of the following materials available:

- **Handout #3:** Flyer on vulnerable community members for stakeholders
- **Handout #3:** Flyer – The H1N1 Flu Vaccine Protects You for pregnant women
- **Handout #3:** Flyer – The H1N1 Flu Vaccine Protects You for people with long-term illnesses



- **Handout #9:** Job Aids for Health Care Workers: H1N1 Vaccination Guide: Steps in Vaccinating using Novartis, CSL, Sanofi US, GlaxoSmithKline H1N1 Pandemic Flu Vaccines
- **Handout #7:** Non-pharmaceutical interventions counseling cards and flip chart



**Trainer states out loud:**

*During this session, you will be divided into three smaller groups to discuss some materials that you can use for groups of people who have been identified as at risk groups for vaccination. This is because they have been determined to be the most vulnerable for getting the H1N1 virus and suffering more serious complications from the virus compared to the general public. In the case of health care workers, they can protect their patients by getting vaccinated and not getting the virus.*

*Each of the groups will receive a document that has been developed to help health care workers and others communicate important information on why the vaccine is important to health care workers, pregnant women, and people with other, long-term illnesses. Each of the groups will have to read the materials, and then answer the questions written up on the flip chart paper. If you need to check on some information that is not provided in the flyers, you can look at Handout #1 and Handout #2; both contain answers to frequently asked questions.*

*You will have 20 minutes to review and discuss this information, and then we will come together again as a larger group and hear the answers to the questions. Each group should select one person to summarize what you discussed when we come together again after 20 minutes.*



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**Note to trainer:**

Divide all of the participants into three smaller groups, and give each group one of the flyers

- Flyer on vulnerable community members
- Job Aids for health care workers – H1N1 Vaccination Guide
- Flyer – The H1N1 Flu Vaccine Protects You for pregnant women
- Flyer – The H1N1 Flu Vaccine Protects You for people with long-term illnesses
- Non-pharmaceutical Interventions Counseling Cards and Flip Chart

Make sure to keep the time and end the small-group discussions after 20 minutes.

**Trainer states out loud:**

*You have hopefully had enough time to discuss what the materials are saying about the priority groups for vaccination. Can we hear from a volunteer from each group to review for us the answers to the questions on the flip chart for their particular flyer?*

**Note to trainer:**

Proceed through each group, allowing approximately 5-10 minutes for each group to summarize their information.

Make sure that each group answers each question, particularly information on:

- How effective is the vaccine?
- How safe is the vaccine?
- Are there any adverse effects or other things to keep in mind?



- Is it safe for unborn children if pregnant women get vaccinated?
- Can it be taken with other medications?
- Is the vaccine approved by the government?

**Trainer states out loud:**

*Thanks to everyone for your participation. The information we just discussed are some of the main points that it is important to communicate to people who approach you with questions on why it is important for them to receive the H1N1 flu vaccine. You can use Handout #2 if you need to refer back to any of the information on safety. Do any of you have any questions or comments before we move on?*

**Note to trainer:**

Answer any questions and then continue. Because some of the questions that might arise will be related to what experience with the vaccine has been to date, it will be important to make sure you have checked on the most up-to-date information (for example, after many weeks and at least 100 million doses administered in about 40 countries, vaccination programs are proceeding with no unusual safety problems).

**Trainer states out loud:**

*To stay on schedule I am going to ask that we move on to the next session. Now that we know why it is important for certain groups of people to receive the vaccine, we should review some techniques for how to communicate this information.*

## Session 7

### Techniques for Communicating Information on the H1N1 Vaccine

**Time required:** 45 minutes

**Objectives:**

To provide participants with guidelines for communicating information on the H1N1 vaccine to priority groups, described and demonstrated some of these techniques.

**Materials needed:**

PA system, flip chart paper

**Participant handouts needed:**

During this session, you need to have several copies of the following materials available, and provided to the attendees for review and discussion:

- **Handout #3:** Flyer on vulnerable community members for stakeholders
- **Handout #3:** Flyer – The H1N1 Flu Vaccine Protects You for pregnant women
- **Handout #3:** Flyer – The H1N1 Flu Vaccine Protects You for people with long-term illnesses
- **Handout #9:** Job Aids for Health Care Workers: H1N1 Vaccination Guide: Steps in Vaccinating using Novartis, CSL, Sanofi US, GlaxoSmithKline H1N1 Pandemic Flu Vaccines
- **Handout #7:** Non-pharmaceutical interventions counseling cards and flip chart
- Other local examples of support materials used during community outreach or clinic-based interventions, such as flip charts, counseling cards,



booklets, flyers or other materials that have been used during one-on-one interactions. If none are available, use the counseling cards provided in Handout #7.

**Copies of the following Handouts will also be needed:**

**Handout #3** -- Suggestions for using Visual Aids to Convey Information and Answer Questions

**Handout #4** -- Crisis Communication Suggestions

**Handout #8** – Points on How to Answer Questions from the Media

**Trainer states out loud:**

*Now we will be talking about how best to communicate this type of important information on the H1N1 vaccine – both using the flyers that we have already reviewed, and in general. We have a few examples of these types of materials in Handout #6, as well as some local examples that we have found.*

*Support materials that you can use to communicate information can be pamphlets, booklets, counseling cards, flip charts, handouts, flyers, or any visual support tool, such as the flyers we used in the previous session. These types of materials are designed to improve understanding of a specific topic to help lead individuals to make positive behavior change decisions. Keep in mind that it is not enough for community members to understand the messages but also to make a connection between the pictures and their own life.*

*These types of materials serve as interactive educational devices, as they provide extension workers and health promoters with useful prompts or reminders about the information they need to convey to community members. Information presented in the support materials should be action oriented and facilitate a two-way communication.*

*Are there any questions about this so far?*



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**Note to trainer:**

Answer any questions, then continue.

**Trainer states out loud:**

*Now we will go through some points on Handout #3 on how to use these materials to explain information and answer questions. Can we go around the room and have each person take a turn at reading these points?*

**Note to trainer:**

Have the participants each read one of the points for communication and ask if there are any questions related to any of them. This activity should take no longer than 10 minutes.

**Suggestions for using Visual Aids to Convey Information and Answer Questions**

1. Position the materials so that the person or group can see them clearly.
2. Point to pictures, not text, when you are explaining information.
3. Speak clearly and use simple language so that everyone can understand. Use the same words as on your materials (if you are using materials), and correct misperceptions expressed by the community members.
4. Face the person or group and make sure they get involved in the conversation.
5. Ask the person or group “checking questions” about the information or drawings to make sure they have a correct understanding. Try to generate a dialogue that will build rapport.
6. Observe the person’s or group’s reactions. For example, if they look puzzled or worried, encourage them to ask questions or talk about their concerns. Discussion also

helps establish a good relationship and builds trust.

7. Use the visual aids as a guide, but become familiar with the content so that you are not dependent on the text.
8. If enough copies are available, provide flyers or booklets to the person or group so they can take the information home with them in case they want to confirm information in the future. Suggest that they share the information or consult it at a later time.

**Trainer states out loud:**

*Does anyone have any questions about these points?*

**Note to trainer:**

Answer any questions and then proceed.

**Trainer states out loud:**

*Now we will quickly read through some other useful points to keep in mind when communicating to people who might be worried about the H1N1 pandemic or the vaccine. This is called “crisis communication” and it helps to reassure people that actions are being taken to protect them and that good decisions are being made in their best interests based on the most up-to-date information.*

*Let us all take turns reading through these points, and everyone should follow along in Handout #4.*

**Note to trainer:**

Have the participants each read one of the points for communication and continue until they are all read. Ask if there are any questions related to any of them. This activity should take no longer than 10 minutes.

**Crisis Communication Suggestions**

1. **Build trust and credibility by expressing:**
  - a. Empathy and caring – show through words, actions



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and gestures that you share their concerns.

- b. Competence and expertise – cite credible sources for information, indicate conformity with the highest professional standards.
  - c. Honesty and openness – acknowledge that there are things you may not know – and offer to find answers – and be willing to hear all concerns, even if you do not think they are ‘legitimate.’
  - d. Commitment and dedication – indicate a willingness to be held accountable, point out high standards of professional and ethical conduct.
2. **Do not over-reassure people.**
  3. **Tell the truth and be transparent.** Acknowledge if there are things you do not know.
  4. **Acknowledge uncertainty if you are not sure of the answer.** If the answer can be found, offer to locate the correct information and provide to the person, or express the process in place to find answers. If the answer is unknown, then express wishes such as “I wish I had the answers.”
  5. **Acknowledge people’s fears.** Recognize and acknowledge anger, frustration, fear or concern. Listen carefully to what people are concerned about.
  6. **To help people understand that the situation is controllable or voluntary, give them things to do,** such as:
    - a. Providing information to their community members
    - b. Taking precautions or preventive actions at home, such as non-pharmaceutical interventions
    - c. Keeping watch for side effects or adverse reactions,

and reporting back to health care providers if any occur.

d. Telling them where to go to obtain further information.

7. **Keep things simple** by speaking clearly, simply and calmly – avoid technical terms and long words or phrases.

**Trainer states out loud:**

*Many of the questions people might have might become rumors about the vaccine and even receive coverage in the mass media. As health care workers, you might be approached by some in the media to explain or provide your opinion on the H1N1 vaccine. That is why it will be important to know a few basic suggestions for communicating with members of the press.*

*Now we will quickly read through these points in Handout #8 for communicating with the media. Let us all take turns reading through these points, and everyone should follow along in Handout #8.*

**Note to trainer:**

Have the participants each read one of the points for communication and continue until they are all read. Ask if there are any questions related to any of them. This activity should take no longer than 10 minutes.

**Points on How to Answer Questions from the Media**

If you are speaking with the media, keep the following in mind:

- Answer questions by clearly stating what is known and not known.
- Do not use overly technical language.
- Give frank and honest assessments.
- Identify yourself and your credentials, as well as anyone



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else who speaks to the media.

- Provide them with resources available, or point them to places where they can go to obtain information to support what you have been telling them.
- Repeat your key messages, or points of information.
- Be consistent in the messages you convey.
- Frame your actions in the positive.
- Treat the media as intelligent adults. Do not “talk down” to them, even if you think they are asking uninformed questions.
- Dispel rumors as quickly as possible with facts and statistics.
- Do not speculate - if you do not know the answer, say so, but indicate you will find out and do report back.
- Acknowledge uncertainty. Do not be afraid to say you do not know.
- Point out what people can do to protect themselves or improve the situation.

**Trainer states out loud:**

*Thank you for reading those points. In addition to keeping these tactics in mind, you could refer back to information provided in the Handouts you have received as part of this workshop. Specifically, the Frequently Asked Questions Handout is a good resource, as is Handout #10 on basic vaccine safety information. If you do not find the answers you are looking for – or if you believe that the information may have become outdated – you should consult with some of the online resources provided in Handout #6.*



## Session 8

### Role Playing Exercises on How to Answer Questions on H1N1 Vaccine

**Time required:** 1.5 hours

**Objectives:** To practice the skills needed to convey the information shared thus far in the workshop.

**Materials needed:**  
Flip chart paper

#### Participant Handouts Needed:

- **Handout #9:** Job Aids for Health Care Workers: H1N1 Vaccination Guide: Steps in Vaccinating using Novartis, CSL, Sanofi US, GlaxoSmithKline H1N1 Pandemic Flu Vaccines
- **Handout #3:** Flyer – The H1N1 Flu Vaccine Protects You for pregnant women
- **Handout #3:** Flyer – The H1N1 Flu Vaccine Protects You for people with long-term illnesses
- **Handout #7:** Non-pharmaceutical interventions counseling cards and flip chart



#### Trainer states out loud:

*Now we will have an opportunity to practice using some of the information we have learned, especially how we can reassure people who might have heard misleading or incorrect information about the H1N1 influenza vaccine or the virus itself.*

*Our role playing scenarios are intended to represent some of the concerns people may have, but you may have some other ideas about common concerns that people have in your community, based on what you have heard in the news or what is said by coworkers or friends. You should feel free to*



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*add these issues into your role playing scenarios if you want to receive feedback on how you would address such concerns.*

### **Note to trainer:**

Divide participants in groups of three as they will use the role play scenarios in this section.

Hand out the role play scenarios and have participants select the scenarios to role play; one person can play the community member, one person is the health worker/promoter/extension worker, and the other person is the observer.

Health promoters/extension workers will use participant handouts provided so far during the role plays to convey information. The observer pays attention to the skills used by the health worker/promoter/extension worker and can provide comment on their skills and performance.

Once the first role play is done, the group members switch roles and start again. This should be repeated until each group member has played all three roles in different scenarios.

Each group reviews and discusses the comments of the observer on the different skills used by the person playing the community extension worker during the face-to-face meeting with the community member. Handout #3 and Handout #4 can be used to make these assessments.

### **ROLE PLAY SCENARIOS**

1. You are walking to your office and hear some community member talking about the H1N1 influenza vaccine. They are saying that the vaccine has not yet been tested enough and is not safe. What do you do?
2. You have been assigned to visit a neighborhood, and in one of the homes you meet a pregnant woman who also has two small children. What can you tell her about the need to receive the H1N1 influenza vaccine and why it is important for her to protect herself and her family? What

can you tell her about why her children may not be able to receive the vaccine?

3. You are doing some house visits, and during one home visit a family member who is not in one of the targeted priority groups for receiving the vaccination asks when and where they can go to receive the vaccine. How do you explain the situation to them? What can you tell them about ways to protect themselves against getting the virus without receiving the vaccine?
4. You are beginning your work day and you overhear two volunteer health care workers talking about how they do not want to receive the vaccine, even though it has been recommended for them, because they have never been required to get a vaccine before and do not trust it. What can you tell them to reassure them and to reinforce why it is important for them to be vaccinated to protect their patients?
5. A couple has come in to the clinic and has been told that the husband, who has a chronic illness, should receive a H1N1 influenza vaccine. The couple is confused and does not want him to get the vaccine because they are worried about side effects and that the vaccine might affect his other medications. What can you tell the couple to reduce their concerns about side effects, and what can you tell him about the vaccine and his other medications?



## Session 9

### Wrap-up, Evaluations, Closing and Certificates

**Time required:** 30 minutes

**Objectives:**

To reinforce information and lessons on H1N1; to provide an opportunity for participants to ask questions to the technical experts; and to provide participants with time to complete workshop evaluation forms and to receive their certificates of completion.

**Materials needed:**

PA system, evaluation forms, certificates

**Trainer states out loud:**

*We have reached the end of our workshop. I would like to call upon our technical experts to come up and tell us what they think are the main points that you should take away with you after you leave this training. After they speak, you should feel free to ask questions that you still may have, and share with the rest of the group how you hope to use the information you have learned.*

*I would also like to ask you to please complete an evaluation form to tell us what you thought of this workshop. We would really appreciate it if you would take a few minutes before you leave to complete this.*

**Note to trainer:**

The technical experts should be told in advance to prepare a brief summary of what they believe are the most important messages on the H1N1 influenza vaccine in that particular area, including priority groups, side effects or adverse events, and other preventive measures that should be taken.

This session is also the last opportunity for participants to ask questions about the content and how to communicate about the H1N1 influenza vaccine, as well as the importance of using support materials and crisis communication processes.

Participants can also discuss how they believe they will use the information and materials in their work.

Make sure that participants receive all of the support materials, including the counseling cards, flyers, and the flip chart so they can use them during their one-on-one meetings with community members.

**CLOSING CEREMONY:**

Present certificates. Deliver a closing address if you have a special guest attending from the Ministry of Health or other agency.





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### Evaluation Form

Please circle the most appropriate response and explain your responses.

1. Do you think the workshop sessions were helpful?

- a. Not helpful
- b. Somewhat
- c. Very helpful

Please explain: \_\_\_\_\_

2. Do you think the workshop sessions were clear and understandable?

- a. Not at all
- b. Somewhat
- c. Very

Please explain: \_\_\_\_\_

3. How effective did you think the trainer was?

- a. Not effective
- b. Average
- c. Very effective

Please explain: \_\_\_\_\_

4. Was enough time allocated for each of the sessions?

- a. Not enough
- b. Enough
- c. More than enough

Please explain: \_\_\_\_\_



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5. One thing I learned today was.....

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6. One thing I am still unsure of is.....

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7. What suggestions do you have to improve the workshop?

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This Certificate of Completion  
is Hereby Granted to

---

To certify that s/he has completed to satisfaction  
the training workshop on

**How to Communicate on the  
H1N1 Influenza Vaccine**

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Date

---

Place



## Handout #1

## Frequently Asked Questions about the 2009 H1N1 Pandemic Influenza Virus and the H1N1 Vaccine

(Adapted from World Health Organization Frequently Asked Questions, updated October 30, 2009)

### General Information on Influenza Pandemics

#### **What is an influenza pandemic?**

An influenza pandemic occurs when a new form of an influenza virus starts spreading. Because it is a new virus, people have little resistance to it and it therefore spreads more easily from person to person worldwide. An influenza pandemic is confirmed in more than 2 regions of the world.

The H1N1 outbreak has been officially classified as a pandemic, according to the World Health Organization definition. This means that it has been confirmed that this is a “new” virus to which most people do not have immunity that has caused sustained person-to-person transmission on multiple continents.

#### **What is the severity of the pandemic?**

At this time, WHO considers the overall severity of the influenza pandemic to be moderate. This assessment reflects that:

- Most people recover from infection without the need for hospitalization or medical care
- Overall, national levels of severe illness from H1N1 appear similar to levels seen during local seasonal influenza periods, although high levels of disease have occurred in some local areas and institutions.
- Overall, hospitals and health care systems in most countries have been able to cope with the numbers of people seeking care, although some facilities and systems have been stressed in some localities.

- Large outbreaks of disease have not yet been reported in many countries, and the full clinical spectrum of disease is not yet known.

**Do we expect the severity of the pandemic to change over time?**

The severity of pandemics can change over time and differ by location or population. Global health authorities such as WHO are monitoring the disease closely and regularly sharing information to determine future severity assessments, if needed.

Future severity assessments would reflect one or a combination of the following factors:

- changes in the virus,
- underlying vulnerabilities, or
- limitations in health system capacities.

## H1N1 Information

**What is H1N1 influenza?**

The current pandemic influenza is an influenza A (H1N1) virus that has never before circulated among humans.

**How do people become infected with the virus?**

The virus is spread from person-to-person. It is transmitted like the 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.

## Symptoms and Diagnosis of H1N1

**What are the symptoms of 2009 H1N1 pandemic influenza?**

Symptoms of H1N1 are similar to those of regular, seasonal flu: fever higher than 38° C, headache or body aches, chills, fatigue, sneezing or runny/stuffy nose, and diarrhea and

vomiting (this symptom is more common in children). Most people experience mild illness and recover at home.

**When should someone seek medical care?**

The majority of people will be able to recover at home, but there are exceptions. For example, people with pre-existing health conditions, such as asthma, should immediately go to a health clinic and see a health care provider. For others that are sick if they display any of these symptoms should also visit a clinic and health provider. These include difficulty breathing, chest pain, shaking that cannot be controlled, lips or skin turning blue, severe vomiting or diarrhea, not waking up, or confusion such as not recognizing family members.

For parents with a young child who is ill, seek medical care if a child has fast or labored breathing, continuing fever, or convulsions (seizures). Always bring a sick infant younger than 2 months and refuses to feed to the health care facility.

If you live in an area where malaria is common, you should always go to the health care facility if you have a fever.

**How do I know if I have H1N1?**

You will not be able to tell the difference between seasonal flu and the 2009 H1N1 influenza without a medical test. Only your medical practitioner and local health authority through tests can confirm a case of H1N1. Symptoms are similar for both the seasonal viruses and the pandemic influenza. They include fever, cough, headache, body aches, sore throat and runny nose.

In most cases, you should stay home, rest, and take plenty of fluids. Avoid going to the health care facility unless you have serious health problems or complications. Otherwise health facilities may become overwhelmed by people seeking tests. In most cases, the 2009 H1N1 virus symptoms will go away on their own within one week or two.

**Why are we so worried about this flu when hundreds of thousands die every year from seasonal epidemics?**

Seasonal influenza occurs every year and the viruses change each year – but many people have some immunity to the circulating virus which helps limit infections. Some countries also use seasonal influenza vaccines to reduce illness and deaths.

There are three aspects of this virus that are causing the worry among health professionals.

1. The 2009 H1N1 pandemic influenza appears to be more contagious than seasonal influenza, and has been spreading fast, particularly among young people (from ages 10 to 35). The severity of the disease ranges from very mild symptoms to severe illnesses that can result in death.
2. Pharmaceutical interventions such as vaccines may not be available for wide distribution.
3. There is potential for community services and functions – such as transportation, markets and health care – to become disrupted due to high numbers of people becoming ill and staying home from work. Community leaders should plan for these types of scenarios to lessen these secondary effects of the 2009 H1N1 influenza.

**Prevention and Protection****What can I do to protect myself from catching the H1N1 pandemic influenza?**

The main route of transmission of the H1N1 virus seems to be similar to seasonal influenza, via droplets that are expelled by speaking, sneezing or coughing. You can prevent getting infected by avoiding close contact with people who show influenza-like symptoms (trying to maintain a distance of about 2 meters – or three large steps away – if possible) and taking the following measures:

- Washing your hands with soap and water often
- Regularly cleaning objects that sick people use – like phones, eating utensils, and door knobs.
- Covering your mouth and nose with a cloth or tissue when you sneeze or cough. If you do not have a cloth or tissue, you can cough or sneeze into the crook of your elbow.
- Avoiding public places where many people gather, such as markets, church or mosque, workplaces and schools.

#### **What about using a mask?**

If you are caring for a sick person, you can wear a mask or cover your nose and mouth and the patient's nose and mouth with a cloth when you are in close contact with the ill person. Dispose of it immediately after contact with the patient, and wash your hands thoroughly with soap and water afterwards.

If you are the one who is sick, wearing a mask, scarf, or other piece of clean cloth over your mouth and nose may protect others from getting the 2009 H1N1 influenza and protect you from other illnesses.

### **Use of Vaccines against H1N1 Influenza**

#### **Is an effective vaccine against the 2009 H1N1 pandemic virus already available?**

Yes, several vaccines have been developed to help prevent the H1N1 virus. The vaccines are available in limited supply for those people at high risk of being infected with H1N1 virus or having complications from it. This includes health care workers such as doctors and nurses; pregnant women; and people with certain chronic health problems.

Because the vaccine can take up to two weeks to become effective after you receive the immunization, it is important to take other actions to prevent getting the flu. These include

washing your hands regularly with soap and water, regularly cleaning commonly used surfaces, covering your nose and mouth with a tissue or the crook of your arm when you cough or sneeze, and staying at least 2 meters away from other people.

**If I get the H1N1 vaccine, am I guaranteed to not get the virus?**

No vaccine provides a 100 percent guarantee of effectiveness. Moreover, because influenza vaccines only become effective about 14 days after vaccination, people infected one to three days after immunization may still get the H1N1 virus. People may also get influenza caused by a different strain of influenza virus for which the vaccine does not provide protection, or they may have an illness caused by other common viruses that are not influenza. In all of these instances, a person may believe that the vaccine failed to protect them or that vaccine had caused the disease, but this is not the case.

**How many doses of the vaccine will people need?**

According to the WHO Strategic Advisory Group of Experts (SAGE) on immunization, individuals should receive one dose of the vaccine.

**How is the vaccine given?**

Most of the vaccines that are being used in developing countries contain inactivated (or killed) viruses. These vaccines are given by injection into the upper arm for most people. In infants and younger children the thigh is the preferred site for the vaccine shot.

**Why do some pandemic influenza vaccines contain adjuvant and others do not? Are vaccines with adjuvants safe?**

Adjuvants are substances that enhance the immune response in vaccines and can make them more effective. They have been used for many years in some vaccines, and vaccine manufacturers decide whether a product is made with or without an adjuvant. Some pandemic vaccines contain an adjuvant to reduce the amount of virus antigen to be used (an antigen is a substance capable of stimulating an immune



response). Adjuvants used with pandemic influenza vaccines have already been used in other vaccines (e.g., seasonal influenza, hepatitis B) and have a safe track record.

**Can the pandemic influenza vaccine be administered simultaneously with other vaccines?**

The influenza vaccine can be given at the same time as other injectable, non-influenza vaccines, but the vaccines should be administered at different injection sites.

**Vaccine Safety**

**Is the H1N1 vaccine safe?**

The H1N1 vaccine is safe and has been approved by health authorities all over the world, including the US Food and Drug Administration and the World Health Organization, because it meets very strict standards of quality and safety.

The H1N1 vaccine was made the same way and at the same factories as regular seasonal influenza vaccine, which is a safe vaccine used every year in much of the world. There is a long and successful history of vaccine safety and effectiveness using this manufacturing technology. Side effects seen so far are similar to those observed with seasonal influenza vaccines.

**What kind of testing is being done to ensure safety?**

Because the pandemic virus is new, both non-clinical and clinical testing is being done to gain essential information on immune response and safety. The results of studies reported to date suggest the vaccines are as safe as seasonal influenza vaccines. However, even very large clinical studies will not be able to identify possible rare events that can become evident when pandemic vaccines are administered to many millions of people. WHO has urged all countries administering pandemic vaccines to conduct intensive monitoring for safety and report serious adverse events.

**Who approves pandemic vaccines for use?**

National authorities for medicines approve (or license) pandemic influenza vaccines for use. These authorities

carefully examine the known and suspected risks and benefits of any vaccine prior to its licensing. Expedited regulatory processes in some countries have helped to license the new vaccine in a timely manner. However, the testing and manufacturing processes for the new vaccines are similar to seasonal influenza vaccines to ensure quality and safety.

**Is the vaccine safe for pregnant women?**

To date, studies do not show harmful effects from the pandemic influenza vaccine with respect to pregnancy, fertility, or a developing embryo or fetus, birthing or post-natal development. In view of the elevated risk for severe illness for pregnant women infected by the new influenza, in clinical studies, pregnant women are a group that should be vaccinated against infection, as supplies allow.

Recent studies show that infected pregnant women have a 10 times higher chance to require hospitalization in intensive care units than infected persons in the general population, and 7% to 10% of hospitalized cases are women in their second or third trimester of pregnancy. The benefits of vaccination far outweigh the risks.

Additional studies on pregnant women following immunization are continuing.

**Is the vaccine safe for children?**

The most frequent vaccine reactions in children following influenza immunization are similar to those seen after other childhood immunizations (such as soreness at the injection site, or fever). A child's health care provider or vaccinator can advise on the most appropriate methods for relief of the symptoms. If there are concerns about a child's safety from a reaction, consult a health care provider as soon as possible. Please note that a child may suffer from a condition not related to immunization, which coincidentally developed after vaccination.

**Will pandemic vaccines contain thiomersal, which some believe is a risk to health?**

Thiomersal is a commonly used vaccine preservative to prevent vaccine contamination by bacteria during use. Inactivated vaccines will contain thiomersal if they are supplied in multi-dose vials. Some products can have “traces” of thiomersal when the chemical is used during the production process as an antibacterial agent, which is later removed during the purification process. Thiomersal does not contain methyl mercury, which is a naturally-occurring compound and whose toxic effects on humans have been well studied. Thiomersal contains a different form of mercury (i.e., ethyl mercury, which does not accumulate, is metabolized and removed from the body much faster than methyl mercury). The safety of thiomersal has been rigorously reviewed by scientific groups. There is no evidence of toxicity in infants, children or adults, including pregnant women, exposed to thiomersal in vaccines.

## Vaccine Side Effects and Adverse Events

### **Are there any side effects from the vaccine?**

Experience so far indicates that the H1N1 vaccine will have the same effects as most other influenza vaccines given every year. These effects usually last one or two days and include: mild soreness, swelling, or redness at the injection site. There has been no evidence of harm or serious side effects in the vaccine clinical tests that were conducted.

How often they result depends on the type of vaccine, how it is administered, and the age of the vaccine recipient.

### **Have clinical studies identified all the possible side effects?**

Again, even very large clinical studies will not be able to identify possible rare events that can become evident when pandemic vaccines are administered to many millions of people. These can only be assessed when a vaccine is in widespread use. Clinical trials often provide safety information for the general population. Additional monitoring of some special groups of vaccine recipients is necessary to gather specific safety information. Additional and comprehensive monitoring efforts of the pandemic influenza vaccine are being planned as they are being used by more and more people

around the world.

WHO has advised all countries administering pandemic vaccines to conduct intensive monitoring for safety, and report adverse events.

**Have there been any reports of serious reactions, or adverse events, to pandemic vaccines?**

As of late October, there is no indication at this stage that unusual adverse events are being observed after immunization, according to clinical trials and adverse event monitoring during deployment of vaccines in early introducer countries. The need for continued vigilance and regular evaluation by health authorities is ongoing.

**How should serious reactions to the vaccines be reported?**

Reports of serious adverse events, and those raising concerns, should always be submitted to national authorities. So far, reports of potential adverse events following immunizations have been well notified to authorities.

**What happens when an adverse event is reported?**

At the national level, individual reports are scrutinized for completeness and possible errors. In some instances, reports need to be validated and additional details must be checked. Reports are analyzed for findings that are expected or appear more frequently than expected. If an analysis indicates a potential problem, further studies and evaluation are conducted and all relevant national and international authorities are informed. Decisions for appropriate measures are then made to ensure continuing safe use of the vaccine.

**Is it possible that the safety of the vaccine will change over time, as more people get vaccinated?**

The safety of the vaccine is not expected to change. Governments and WHO, however, will continue to monitor the safety and effectiveness of the H1N1 vaccine carefully. Comprehensive monitoring efforts are being planned for H1N1 vaccines to continue to monitor their safety as their use becomes more widespread.

### **Is there anyone who should NOT get the vaccine?**

Although the 2009 H1N1 vaccine is safe for almost everyone, there are a few people who should not get the 2009 H1N1 vaccine. This includes:

- People who have had life-threatening allergic reactions to previous influenza vaccines
- People who have experienced any other severe reaction to an influenza vaccination.
- People who developed Guillain-Barré syndrome within 6 weeks of getting an influenza vaccine
- Children under 6 months of age (the vaccine is not approved for this age group)
- People with allergies to eggs
- In addition, people who have a moderate-to-severe illness with a fever should wait until they recover to get vaccinated.

### **Availability of Vaccine and Priority Groups**

#### **Will the vaccine be available in my country?**

WHO in coordination with governments and ministries of health has identified 100 countries that will receive the 2009 H1N1 vaccine. The distribution of an approximately 200 million doses of vaccines began in November 2009 and will continue into June 2010.

#### **If there are limited supplies of vaccine, who will have priority for getting vaccinated?**

WHO has recommended that health workers be given high priority for early vaccination because they are most in contact with sick patients who might have the H1N1 virus. Countries may decide on other priority groups based on their particular

situation and WHO guidelines. Some countries, for example, have identified pregnant women and others who are at high-risk of suffering complications from H1N1 as priority groups.

**Why are pregnant women considered at high risk?**

There is a higher risk of serious complications in women who are pregnant and infected with the 2009 H1N1 influenza virus, especially in the second and third trimesters. That is why it is important for pregnant women to get the 2009 H1N1 vaccine to protect themselves and their baby. Women can safely receive the vaccine at any stage of their pregnancy. SAGE recommends that any licensed vaccine can be used in pregnant women provided no specific contraindication has been identified by the regulatory authority.

**What other people are considered high-risk?**

People with long-term sicknesses such as asthma or diabetes, or who have diseases such as malaria and HIV that weaken their immune system, are considered high risk. Your government will decide what risk groups should receive the 2009 H1N1 vaccine.

**Will there be enough pandemic influenza vaccine for everyone?**

Production of the pandemic influenza vaccines continue but in some areas demand for vaccination is greater than the supply. This gap will narrow as more vaccines become available over time.

**Who will receive priority for vaccination?**

WHO continues to recommend that health workers be given first priority for early vaccination to protect themselves and their patients, and help keep health systems functioning as the pandemic evolves.

**Why is it important for health care workers to get vaccinated?**

WHO has recommended that health care workers be among the first to receive the vaccine to protect them from infection, and to ensure the healthcare system is able to continue to function and provide care during the pandemic.

**What if I cannot get the H1N1 vaccine?**

Most people will not have access to the vaccine. However, there are simple actions you and your family can take that will help prevent the spread of the H1N1 virus. These include washing your hands regularly with soap and water, staying at home if you are sick, and covering your mouth and nose with a tissue when you cough or sneeze, and sneeze or cough into the crook of your arm if you do not have a tissue.

**Will developing countries have access to pandemic influenza vaccines? What is WHO doing to help?**

The WHO Director-General has called for international solidarity to provide fair and equitable access to pandemic influenza vaccines for all countries. So far, WHO has helped secure significant donations of vaccines from countries and partners (about 200 million doses) for 95 low- and middle-income countries. WHO's goal is to provide each of these 95 countries with enough vaccine to immunize at least 10% of its population. Deployment of the first supplies of vaccines to these countries is expected to take place from December 2009 to February 2010.

## Non-Pharmaceutical Interventions

**What are non-pharmaceutical interventions?**

Non-pharmaceutical interventions (NPI) are actions that individuals and communities can take to reduce contact and consequently person-to-person transmission of influenza to contain and delay the spread of pandemic influenza and reduce the number of cases of morbidity and mortality.

Non-pharmaceutical interventions refer to measures such as:

- Maintaining good personal hygiene,
- Good respiratory etiquette,
- Isolation and home care of the sick, and
- Social distancing.

**What good respiratory etiquette practices can help prevent the spread of pandemic influenza?**

In addition to always covering your mouth and nose with a cloth or tissue when you sneeze or cough, you can wear a mask, scarf, or other piece of clean cloth over your mouth and nose to protect others from getting the 2009 H1N1 influenza virus, and protect you from other illnesses. If you wear a disposable mask over your nose and mouth, throw it away in a trash bin immediately after use. If you wear a cloth over your nose and mouth, wash it with soap and warm water immediately after use. You should also avoid spitting in public.

**What are the benefits of isolating the sick person from others?**

The primary benefit from keeping sick people and people who have been exposed to the 2009 H1N1 influenza isolated from others is to slow or stop the spread of the disease.

### Home-Based Care of Those with Pandemic Influenza

**What should I do if I think I have the illness?**

If you are showing symptoms of the flu, stay at home, rest, and drink plenty of fluids. Do not go to work or school, and avoid public gatherings if you can, so you can avoid spreading the virus to others. Even at home, you should rest in a separate room, away from others in the household.

Also remember to cover your nose and mouth with a tissue or cloth when coughing and sneezing, and wash your hands immediately after with soap and water. If you do not have a tissue close by when you cough or sneeze, cover your mouth as much as possible with the crook of your arm.

**How do you care for those who have pandemic influenza?**

As soon as symptoms develop, you should make sure that the sick person stays at home and rests. Keep them separate from others in the household – in a separate room or in a space that is at least two meters (three large steps) away from others.



Try to limit visitors to the sick person. It is best to have only one person in the family take care of the sick person to prevent others in the household from getting sick. The person chosen as the caregiver should ideally be healthy and not have medical conditions that would put him or her at risk for severe influenza disease. Pregnant women also should avoid caring for those who are sick with the 2009 H1N1 influenza virus.

**How do you protect yourself and your household if you are caring for a person with pandemic influenza?**

If you are caring for a person with influenza, take care of your own health first. If you become sick, you will be of little use to those who need you. Wear a mask or cloth over your mouth and nose whenever you are within an arm's length of them. After contact with a sick person or anything the sick person touches, wash your hands with soap and water.

Place tissues used by the sick person in a bag and throw them away with other household waste. Consider placing a bag at the bedside for this purpose.

**Should I go to work if I have the flu but am feeling OK?**

No. Whether you have H1N1 or a seasonal influenza, you should stay home and away from work through the duration of your symptoms. This can help to protect your work colleagues and others.

**Should I take an antiviral now just in case I catch the new virus?**

No. You should only take an antiviral, such as oseltamivir or zanamivir, if your health care provider advises you to do so. Individuals should not buy medicines to prevent or fight this new influenza without a prescription.

**What about breastfeeding? Should I stop if I am ill?**

No, not unless your health care provider advises it. Breastfeeding provides the best overall nutrition for babies and increases their defense factors to fight illness.

**Are there any special recommendations for pregnant women?**



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Yes. This is because there seems to be a higher risk of serious complications in women who are pregnant and infected with the 2009 H1N1 pandemic influenza, especially in the second and third trimesters. Therefore, pregnant women should avoid situations where they could be exposed to the 2009 H1N1 pandemic influenza, such as large social gatherings.

Pregnant women who work in health care facilities should try to avoid patients with known or suspected 2009 H1N1 virus infection, and if possible, ask to be assigned tasks that do not involve being near people with the pandemic influenza. If pregnant health care workers cannot avoid patients with the pandemic influenza, they should always cover their nose and mouth with a mask.

In areas where 2009 H1N1 pandemic influenza is widespread, pregnant women should pay attention to symptoms of influenza-like illness and tell their health care provider if they suspect they might have the 2009 H1N1 pandemic influenza.

### **Are some people more at risk?**

Yes, in addition to pregnant women, there are some people who seem to be at greater risk for illness and death from the 2009 H1N1 influenza virus, such as older people and young children. People who already have a health problem – such as tuberculosis or other lung diseases, HIV/AIDS, diabetes, heart problems, and kidney disease – are at higher risk of major health problems related to the 2009 H1N1 influenza virus.

As with pregnant women, people with HIV and other serious illnesses should avoid situations where they could be exposed to the 2009 H1N1 pandemic influenza. If they need to go out in public, they should cover their mouth and nose with a mask or cloth. If they are currently taking medications for a pre-existing illness, they should continue to take them and follow their doctor's orders. For example, if you have HIV or AIDS and are taking medicines to prevent infections continue with your prescribed treatment and follow the advice of your health care provider to keep your immune system healthy.

**Can I travel?**

If you are feeling unwell or have symptoms of influenza, you should avoid travel, if possible. If you are travelling to an area with outbreaks of the 2009 H1N1 pandemic influenza, take precautions such as always covering your mouth and nose with a tissue or cloth when coughing or sneezing, washing your hands frequently with soap and water, and keeping at least a two-meter distance (three large steps) from other people.

Wherever you travel, it will be important to observe and follow the rules from the local health authorities. You should also expect additional health screening procedures at airports.

**Is it safe to eat pork and pork products?**

Yes. The 2009 H1N1 virus has not been shown to be spread to people through eating properly handled and prepared pork (pig meat) or other products made from pigs. The H1N1 virus is killed by cooking temperatures of 160°F/70°C.

**Should I worry if there are outbreaks of avian influenza in my area?**

If you live in an area with avian influenza outbreaks and you have been in contact with poultry and have flu symptoms, you should visit your health care facility to find out if you have the H5N1 virus. When you go to your health facility, tell the doctor or health provider that you have been working or living with poultry and now have flu symptoms.

**If there are widespread outbreaks, will governments close down their borders or prevent people from entering their countries without screening?**

According to the revised International Health Regulations (2005), countries are asked to follow directions from the World Health Organization and not impose any travel restrictions or bans unless notified by WHO. Decisions about screening people upon entry to a country are made by the individual countries.



### Use of Antiviral Drugs Against H1N1 Influenza

#### **Which antiviral drugs can be used to treat 2009 H1N1 pandemic influenza?**

Antiviral drugs may reduce the symptoms and duration of H1N1 influenza illness, just as they do for seasonal influenza. There are two antiviral drugs that have been found to reduce the symptoms of the 2009 H1N1 pandemic influenza virus, and to reduce the time people are sick. They are oseltamivir and zanamivir.

#### **When should antivirals be used?**

Worldwide, most people infected with the 2009 H1N1 pandemic influenza virus continue to experience typical influenza symptoms and recover within a week, even without any form of medical treatment. Healthy patients with uncomplicated illness do not need to be treated with antivirals. In most cases, do not worry if you cannot obtain an antiviral medicine. Most people that have been sick with the flu have recovered without antiviral treatment.

### World Health Organization Frequently Asked Questions about Vaccines for Pandemic Influenza A (H1N1)

#### Safety of pandemic (H1N1) 2009 vaccines

##### **Safety**

##### **Are pandemic vaccines safe?**

Outcomes of studies completed to date suggest that pandemic vaccines are as safe as seasonal influenza vaccines. Side effects seen so far are similar to those observed with seasonal influenza vaccines.

##### **What about safety for pregnant women?**

To date, studies do not show harmful effects from the pandemic influenza vaccine with respect to pregnancy, fertility, or a developing embryo or fetus, birthing or post-natal development. In view of the elevated risk for severe illness for pregnant women infected by the new influenza, in clinical studies, pregnant women are a group that should be vaccinated against infection, as supplies allow.

Recent studies show that infected pregnant women have a 10 times higher chance to require hospitalization in intensive care units than infected persons in the general population, and 7% to 10% of hospitalized cases are women in their second or third trimester of pregnancy. The benefits of vaccination far outweigh the risks.

Additional studies on pregnant women following immunization are continuing.

##### **What about my child's safety from a reaction?**

The most frequent vaccine reactions in children following influenza immunization are similar to those seen after other childhood immunizations (such as soreness at the injection site, or fever). A child's health care provider or vaccinator



## How to Communicate on the H1N1 Influenza Vaccine: Training Workshop Guide

can advise on the most appropriate methods for relief of the symptoms. If there are concerns about a child's safety from a reaction, consult a health care provider as soon as possible. Please note that a child may suffer from a condition not related to immunization, which coincidentally developed after vaccination.

### **Testing and Approval**

#### **What kind of testing is being done to ensure safety?**

Because the pandemic virus is new, both non-clinical and clinical testing is being done to gain essential information on immune response and safety. The results of studies reported to date suggest the vaccines are as safe as seasonal influenza vaccines. However, even very large clinical studies will not be able to identify possible rare events that can become evident when pandemic vaccines are administered to many millions of people.

WHO advises all countries administering pandemic vaccines to conduct intensive monitoring for safety and report serious adverse events.

#### **Who approves pandemic vaccines for use?**

National authorities for medicines approve (or license) pandemic influenza vaccines for use. These authorities carefully examine the known and suspected risks and benefits of any vaccine prior to its licensing. Expedited regulatory processes in some countries have helped to license the new vaccine in a timely manner. However, the testing and manufacturing processes for the new vaccines are similar to seasonal influenza vaccines to ensure quality and safety.

### **Side Effects**

#### **What are the expected side effects of the new vaccines?**

Some side effects can be associated with influenza vaccination. How often they result depends on the type of vaccine, how it is administered, and the age of the vaccine recipient. There are two main types of vaccines: one is manufactured with

inactivated viruses, the other uses live viruses.

Inactivated vaccines, administered by injection, commonly cause local reactions such as soreness, swelling and redness at the injection site, and less often can cause fever, muscle- or joint- aches or headache. These symptoms are generally mild, do not need medical attention, and last 1 to 2 days. Fever, aches and headaches can occur more frequently in children compared to elderly people.

Rarely, such influenza vaccines can cause allergic reactions such as hives, rapid swelling of deeper skin layers and tissues, asthma or a severe multisystem allergic reaction due to hypersensitivity to certain vaccine components.

Live vaccines are given via a nasal spray, and can commonly cause runny nose, nasal congestion, cough, and can less frequently cause sore throat, low grade fever, irritability and head- and muscle- aches. Wheezing and vomiting episodes have been described in children receiving live influenza vaccines.

**Have clinical studies identified all the possible side effects?**

Again, even very large clinical studies will not be able to identify possible rare events that can become evident when pandemic vaccines are administered to many millions of people. These can only be assessed when a vaccine is in widespread use.

Clinical trials often provide safety information for the general population. Additional monitoring of some special groups of vaccine recipients is necessary to gather specific safety information.

Additional and comprehensive monitoring efforts of the pandemic influenza vaccine are being planned as they are being used by more and more people around the world. WHO advises all countries administering pandemic vaccines to conduct intensive monitoring for safety, and report adverse events.

### **Adverse Events**

#### **Have there been any reports of serious reactions, or adverse events, to pandemic vaccines?**

As of late October, there is no indication at this stage that unusual adverse events are being observed after immunization, according to clinical trials and adverse event monitoring during deployment of vaccines in early introducer countries. The need for continued vigilance and regular evaluation by health authorities is ongoing.

#### **How should serious reactions to the vaccines be reported?**

Reports of serious adverse events, and those raising concerns, should always be submitted to national authorities. So far, reports of potential adverse events following immunizations have been well notified to authorities.

#### **What happens when an adverse event is reported?**

At the national level, individual reports are scrutinized for completeness and possible errors. In some instances, reports need to be validated and additional details must be checked. Reports are analysed for findings that are expected or appear more frequently than expected. If an analysis indicates a potential problem, further studies and evaluation are conducted and all relevant national and international authorities are informed. Decisions for appropriate measures are then made to ensure continuing safe use of the vaccine.

### **Risks Falsely Associated with Vaccines**

#### **Will pandemic vaccines contain thiomersal, which some believe is a risk to health?**

Thiomersal is a commonly used vaccine preservative to prevent vaccine contamination by bacteria during use. Inactivated vaccines will contain thiomersal if they are supplied in multi-dose vials. Some products can have "traces" of thiomersal when the chemical is used during the production process as an antibacterial agent, which is later removed during the purification process.



Thiomersal does not contain methyl mercury, which is a naturally-occurring compound and whose toxic effects on humans have been well studied. Thiomersal contains a different form of mercury (i.e. ethyl mercury, which does not accumulate, is metabolized and removed from the body much faster than methyl mercury).

The safety of thiomersal has been rigorously reviewed by scientific groups. There is no evidence of toxicity in infants, children or adults, including pregnant women, exposed to thiomersal in vaccines.

**Why do some pandemic influenza vaccines contain adjuvants and others don't? Are vaccines with adjuvants a health risk?**

Adjuvants are substances that enhance the immune response in vaccines and can make them more effective. They have been used for many years in some vaccines. Scientific data support the safety of adjuvants in pandemic influenza vaccine production.

Some seasonal influenza vaccines that are intended for people known to have poor immune responses to immunization contain an adjuvant. Some pandemic vaccines contain an adjuvant to reduce the amount of virus antigen to be used (an antigen is a substance capable of stimulating an immune response).

Manufacturers decide whether a product is formulated with or without an adjuvant. Adjuvants used with pandemic influenza vaccines are already licensed for use with other vaccines (e.g. hepatitis B, seasonal or pandemic influenza vaccines, or others), and have a safe track record.

**Can influenza vaccination cause chronic diseases?**

Current evidence does not indicate that seasonal influenza or pandemic influenza vaccines, or any other vaccine against novel human influenza viruses, either induce or aggravate the course of chronic diseases in vaccine recipients. Careful assessment is required to clarify if adverse events that

occur after vaccination are actually caused by an influenza vaccination.

**Can influenza vaccination cause Guillain Barré syndrome?**

Guillain Barré syndrome (GBS) is a rapidly developing, immune-mediated disorder of the peripheral nervous system that results in muscular weakness. Most people recover completely but some have chronic weakness. It can develop following a variety of infections, including influenza. In people who have been immunized with available vaccines, the frequency of GBS usually is the same as in unvaccinated people. Extensive studies and data analysis of influenza vaccines have only found a well established causal association with the 1976 vaccine that contained an H1N1 swine-influenza-like virus. No other clear association has been found with either seasonal or other pandemic influenza vaccines.

**How can a repeat of the 1976 swine flu vaccine complications (Guillain-Barré syndrome) experienced in the United States of America be avoided?**

During the 1976 influenza vaccination campaign, about 10 persons per million vaccinated persons developed GBS.

The reason why GBS developed in association with that specific vaccine has never been firmly established. The potential for the development of a similar risk with future vaccines can never be totally excluded. However, pandemic influenza vaccines are manufactured according to established standards, and are similar to recent well-studied influenza vaccines that have shown no association with GBS. Surveillance after vaccines have been sold (post-marketing surveillance) is being conducted to look for potential developments of serious adverse events. Safety monitoring systems are an integral part of strategies for the implementation of the new pandemic influenza vaccines.

**Use of the pandemic (H1N1) 2009 vaccines**

**How is the vaccine given?**

Some vaccines contain inactivated (or killed) viruses. These

vaccines are given by injection into the upper arm for most people. In infants and younger children the thigh is the preferred site for the vaccine shot.

Another type of vaccine is made with live viruses, and it is administered by nasal spray.

Both are protective against influenza.

**Do people need one dose or two doses of the vaccine?**

Immunization experts recommend a single dose of vaccine in adults and adolescents from 10 years of age and above, provided this use is consistent with regulatory authorities' indications. More study is advised on effective dosage regimens for immuno-suppressed persons for whom two doses of vaccine may be needed. Where national authorities have made children a priority for early vaccination, experts are advising one dose of vaccine to as many children as possible over the age of 6 months and younger than 10 years of age. Recommendations on numbers of dosages may need to be adapted rapidly as new data emerges.

**Is there anyone who should not have the inactivated pandemic vaccine?**

Yes. As general rule, inactivated vaccines should not be administered to:

- People with a history of anaphylaxis (or hypersensitive reactions), or other life-threatening allergic reactions to any of the constituents or trace residues of the vaccine;
- People with history of a severe reaction to previous influenza vaccination;
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine;
- Children less than 6 months of age (inactivated influenza vaccine is not approved for this age group);

- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated).

Product package inserts provide information on who should not get specific vaccine products.

**Can the pandemic influenza vaccine be administered simultaneously with other vaccines? What about with the seasonal influenza vaccine?**

Inactivated influenza vaccine can be given at the same time as other injectable, non-influenza vaccines, but the vaccines should be administered at different injection sites.

Seasonal influenza and pandemic influenza vaccines can be administered together, and there is a public health value in doing so, according to a global panel of immunization experts. Clinical studies on this area of vaccine administration are continuing.

**How can a person who wishes to be vaccinated against the pandemic influenza receive the vaccine?**

National health authorities will decide how to implement national pandemic influenza vaccination campaigns. They will know best about whether and where pandemic influenza vaccine is available, and how people can get vaccinated.

**Will pandemic influenza vaccines protect against other influenza viruses, such as the seasonal influenza?**

The pandemic influenza vaccines are not expected to provide protection against other influenza viruses.

Since current seasonal influenza vaccines do not contain the pandemic virus, people should be vaccinated against both pandemic influenza and seasonal influenza. In the future, the situation could change.

Is there a risk of catching illness from the vaccine itself?  
Inactivated vaccines contain killed viruses or parts of viruses,

which cannot cause disease. Live influenza vaccine contains weakened influenza virus that multiplies poorly but is unable to cause disease.

Both vaccines can cause some flu-like side effects (e.g. muscle ache, fever) but the symptoms, sometimes associated with vaccination, are generally less pronounced and of much shorter duration.

**Why do some people who have been vaccinated still get influenza?**

There are some reasons why some people believe they have gotten influenza after vaccination. No vaccines, including pandemic influenza vaccines, provide 100% protection against disease. But they do greatly reduce the risk of disease. Also, influenza vaccines only become effective about 14 days after vaccination. Those infected shortly before (1 to 3 days) or shortly after immunization can still get the disease.

Vaccinated individuals can also get influenza caused by a different strain of influenza virus, for which the vaccine does not provide protection.

Finally, people who have received influenza vaccine can later have an illness, caused by other common viruses that are not influenza, but be mistaken for the flu. In all of these instances, a person could believe that the vaccine failed to protect them or that vaccine caused the disease when neither conclusion is accurate.

30 October 2009 (updated from 12 July 2009, 27 May 2009 and 2 May 2009 versions)



# The new H1N1 flu vaccine will protect our most vulnerable community members and healthcare providers who care for them

**Pandemic H1N1 influenza** can be a dangerous disease, especially for people in high-risk groups. Our country has received a limited supply of vaccines for the pandemic influenza. The Ministry of Health has recommended that this vaccine be given to our most vulnerable community members and that includes health care providers.



## **Health care providers**

They will need to be healthy to care for people and must not spread flu to other patients or to their families. Doctors, nurses, and other health workers who take care of patients should get the vaccine. WHO considers health care workers the highest priority group.



## **Pregnant women**

Around the world, H1N1 pandemic flu has made many pregnant women very ill, and some have died. Expectant mothers should get this vaccine to protect themselves and their unborn babies.



## **People with chronic illness**

Many people with HIV, lung diseases, diabetes, and other conditions have become very ill from H1N1. People with chronic illness should get the vaccine to keep them from getting flu.





# The H1N1 flu vaccine protects you and keeps you healthy

Handout #3



- The Ministry of Health recommends that you get a single shot of this vaccine to protect you from the H1N1 flu. You can get it at any time during your pregnancy at your health center.
- This shot is effective and safe for you. It has been used in millions of people around the world.
- Your arm may feel sore for 1 or 2 days. Tell your nurse or doctor if you notice other problems.

**Tell your family about how they can protect themselves from flu.**

## **COVER**

Cough or Sneeze into the crook of your elbow.



## **CLEAN**

Wash your hands often.





# Protect yourself from H1N1 pandemic flu

## GET VACCINATED

- People with some illnesses can get very sick if they get H1N1 pandemic flu.
- The Ministry of Health recommends the new H1N1 flu vaccine for people who have long-term illnesses.
- If you have an illness like **HIV, cancer, diabetes** or **breathing problems**, get vaccinated as soon as the vaccine is available. It will protect you from the H1N1 pandemic flu.
- This vaccine is effective and safe and has been used in millions of people. Your arm may feel sore for 1 or 2 days. Tell us if you notice other problems.



Tell your family about how they can protect themselves from flu.  
Wash your hands often and keep away from people who are sick.

**COVER**  
Cough or Sneeze  
into the crook  
of your elbow.



**CLEAN**  
Wash your  
hands often.





## Handout #4

### Suggestions for Using Visual Aids to Convey Information and Answer Questions

1. **Position the materials** so that the person or group can see them clearly.
2. **Point to pictures, not text**, when you are explaining information.
3. **Speak clearly and use simple language** so that everyone can understand. Use the same words as on your materials (if you are using materials), and correct misperceptions expressed by the community members.
4. **Face the person or group** and make sure they get involved in the conversation.
5. **Ask the person or group “checking questions” about the information** or drawings to make sure they have a correct understanding. Try to generate a dialogue that will build rapport.
6. **Observe the person’s or group’s reactions.** For example, if they look puzzled or worried, encourage them to ask questions or talk about their concerns. Discussion also helps establish a good relationship and builds trust.
7. **Use the visual aids as a guide, but become familiar with the content** so that you are not dependent on the text.
8. **If enough copies are available, provide flyers or booklets to the person or group** so they can take the information home with them in case they want to confirm information in the future. Suggest that they share the information or consult it at a later time.

## Handout #5

## Crisis Communication Suggestions

1. **Build trust and credibility by expressing:**
  - a. Empathy and caring – show through words, actions and gestures that you share their concerns.
  - b. Competence and expertise – cite credible sources for information, indicate conformity with the highest professional standards.
  - c. Honesty and openness – acknowledge that there are things you may not know – and offer to find answers – and be willing to hear all concerns, even if you do not think they are 'legitimate.'
  - d. Commitment and dedication – indicate a willingness to be held accountable, point out high standards of professional and ethical conduct.
2. **Do not over-reassure people.**
3. **Tell the truth and be transparent.** Acknowledge if there are things you do not know.
4. **Acknowledge uncertainty if you are not sure of the answer.** If the answer can be found, offer to locate the correct information and provide to the person, or express the process in place to find answers. If the answer is unknown, then express wishes such as "I wish I had the answers."
5. **Acknowledge people's fears.** Recognize and acknowledge anger, frustration, fear or concern. Listen carefully to what people are concerned about.
6. **To help people understand that the situation is controllable or voluntary, give them things to do,** such as:
  - a. Providing information to their community members

- b. Taking precautions or preventive actions at home, such as non-pharmaceutical interventions
  - c. Keeping watch for side effects or adverse reactions, and reporting back to health care providers if any occur.
  - d. Telling them where to go to obtain further information.
7. **Keep things simple** by speaking clearly, simply and calmly – avoid technical terms and long words or phrases.







## Handout #6

### Internet Resources

#### **World Health Organization (WHO)**

<http://www.who.int/csr/disease/swineflu/en/>

#### **International Federation of Red Cross and Red Crescent Societies (IFRC)**

<http://www.ifrc.org/what/health/relief/influenza.asp>

#### **CORE Group**

<http://www.coregroup.org/h2p/start.cfm>

#### **AED**

<http://h1n1vax.aed.org>

<http://www.avianflu.aed.org/globalpreparedness.htm>

#### **Human Pandemic Preparedness Initiative (H2P)**

[www.pandemicpreparedness.org](http://www.pandemicpreparedness.org)

#### **InterAction**

<http://preparedness.interaction.org/>

#### **United Nations Pandemic Influenza Contingency Group/ OCHA**

<http://www.un-pic.org/>

#### **UNICEF**

<http://www.unicef.org/flu/pandemic/index.html>

#### **U.S. Centers for Disease Control and Prevention**

<http://www.cdc.gov/flu/pandemic/>

#### **U.S. Government**

<http://www.pandemicflu.gov>

#### **Pan American Health Organization**

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

#### **U.S. Agency for International Development**

<http://www.usaid.gov>

#### **PREVENT**

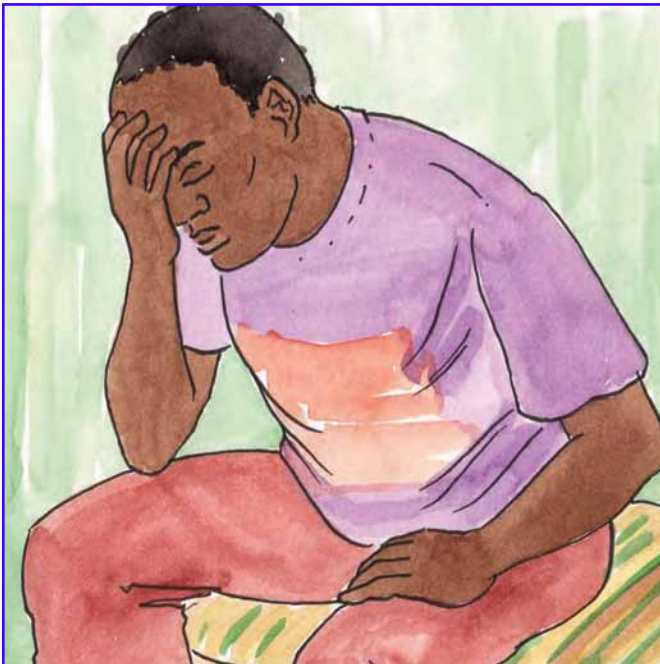
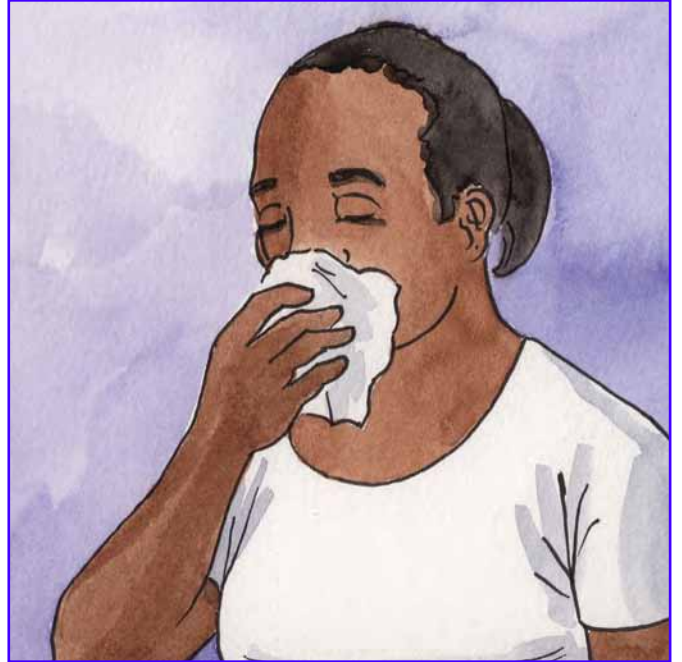
<http://h1n1vax.aed.org/>





# 1 LEARN ABOUT INFLUENZA OUTBREAKS

Handout #7



# 1 LEARN ABOUT INFLUENZA OUTBREAKS

## DISCUSSION QUESTIONS

What do you see in these pictures?

Have you seen symptoms like this in your family or community?

## MAIN POINTS

- These people have influenza, also known as "the flu," due to an outbreak in their community.
- The symptoms of regular influenza are coughing, sneezing, runny nose, headache, fever, fatigue and body aches. In an influenza pandemic outbreak, these symptoms can be more severe.
- An influenza outbreak can lead to serious illness and even death.
- An influenza outbreak is especially dangerous for elderly people, pregnant women and children under 5 years of age because they have lower levels of immunity.
- Influenza can be transmitted any time you are physically close to others who have the virus, especially when they talk, cough, sneeze or spit.
- Influenza can also be transmitted by touching surfaces that sick people have touched and then touching your eyes, nose or mouth.

## SUMMARY QUESTIONS

Why can an influenza pandemic outbreak be more dangerous than regular influenza?

***Pandemic influenza outbreaks can cause serious illnesses and can even lead to death.***

# 2 WASH YOUR HANDS



# 2

# WASH YOUR HANDS

## DISCUSSION QUESTIONS

What do you see in these pictures?

When do you wash your hands?

How do you wash your hands?

## MAIN POINTS

- Washing hands with soap and water removes germs that cause the common flu and pandemic influenza.
- Hands should be cleaned by washing with soap and water.
- If you do not use soap, the germs will not be removed.
- Wash your hands with soap and water at key times:
  - Before and after preparing food
  - Before and after eating
  - Before and after caring for a sick person who is sick with influenza
  - After sneezing, coughing or blowing your nose

## SUMMARY QUESTIONS

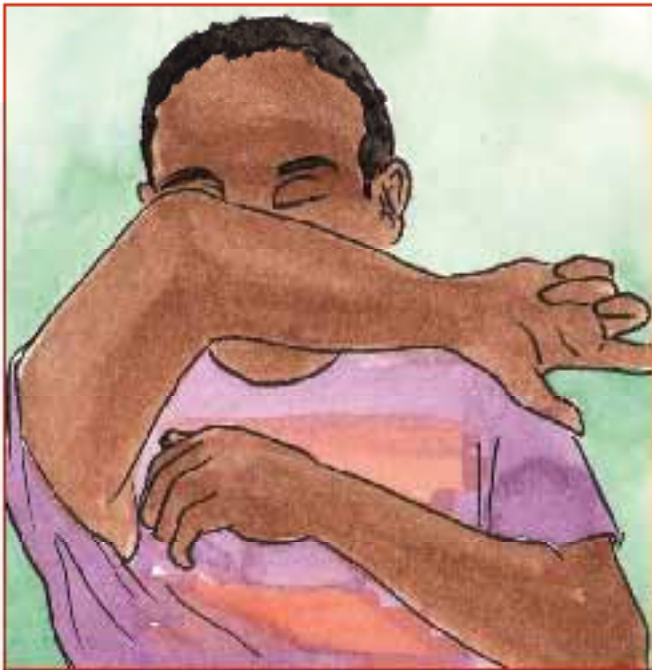
What are the advantages of washing your hands with water and soap?

What could be the difficulties in washing hands with water and soap at key times?

What are some solutions?

***Wash your hands with soap and water at key times!***

# 3 COVER YOUR MOUTH AND NOSE WHEN YOU COUGH OR SNEEZE



# 3

# COVER YOUR MOUTH AND NOSE WHEN YOU COUGH OR SNEEZE

## DISCUSSION QUESTIONS

What do you see in these pictures?

Is it common in your community to cover your mouth and nose when you cough or sneeze?

When you cough or sneeze, do you cover your mouth? Your nose?

## MAIN POINTS

- When people cough or sneeze, germs are sprayed into the air.
- Avoid spitting in public as that also spreads the germs.
- Cover your mouth and nose with a tissue or a handkerchief to prevent the spread of influenza.
- If you do not have a tissue or handkerchief, use the crook of your elbow to cover your cough or sneeze.
- To avoid spreading the flu:
  - Dispose of tissues in a trash bin
  - Wash your handkerchief with soap and water each day
  - Wash your hands with soap and water after coughing or sneezing

## SUMMARY QUESTIONS

What are the advantages of covering your mouth and nose when coughing or sneezing?

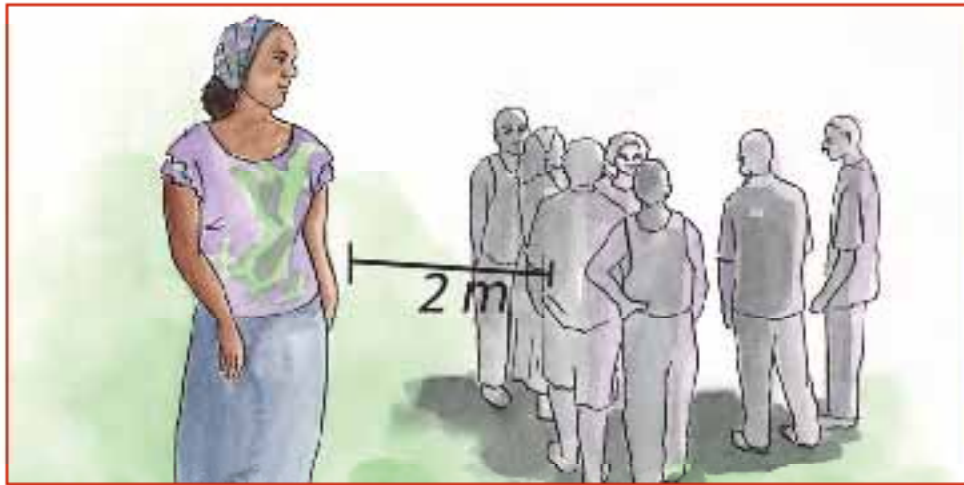
What could be the difficulties of covering your mouth and nose when coughing or sneezing?

What are some solutions?

***If you do not have a tissue or handkerchief,  
use the crook of your elbow!***



# 4 IF YOU ARE SICK, STAY AT HOME



# 4 IF YOU ARE SICK, STAY AT HOME

## DISCUSSION QUESTIONS

What do you see in these pictures?

What do you do in your community when there is an outbreak of disease?

## MAIN POINTS

- Influenza is spread by close contact with a person who has the flu.
- Influenza can spread easily in places where there are many people in close to each other, such as markets, schools, places of worship, and social gatherings.
- Health officials will notify the community when they should:
  - Stay home from school and work
  - Avoid public gatherings
  - Store food and emergency supplies
  - Go out in public again
- Have only one person in your family to regularly go to the market, if necessary.
- The elderly, pregnant women, children under 5 years of age, and those with chronic illness (such as TB and HIV/AIDS) may experience more severe illness associated with influenza.
- Keep a distance of 2 meters from people, especially when they are sick.

## SUMMARY QUESTIONS

What are the advantages of staying at home during an influenza outbreak?

What could be the difficulties of staying at home during an influenza outbreak?

What are some solutions?

***If you are sick, avoid public gatherings!***

# 5 ASSIGN ONLY ONE FAMILY MEMBER AS A CARETAKER



# 5

# ASSIGN ONLY ONE FAMILY MEMBER AS A CARETAKER

## DISCUSSION QUESTIONS

What do you see in these pictures?

Is it common in your community to assign one caretaker for a sick person?

## MAIN POINTS

- Care for sick people at home because it is likely that health facilities will be unable to cope with demand during a pandemic influenza outbreak.
- Assign only one family member as a caretaker for sick family members to prevent other household members from being exposed to the influenza virus.
- The sick should wear a mask or handkerchief to help prevent the spread of the disease.
- Wear a mask or handkerchief over your mouth and nose when you are close to the sick person to prevent getting influenza.
- Limit the number of visitors to the sick person to avoid spreading influenza to them.
- Try to have separate eating and drinking utensils, towels, sheets and blankets for the sick person to use that are not used by other family members.
- Those with severe health complications from influenza should seek care at a health facility, if possible. Severe complications can include trouble breathing or chest pain.

## SUMMARY QUESTIONS

What are the advantages of having only one family member be the caretaker for the sick family member?

What could be the difficulties of only one person having the job of caring for the sick person?

What are some solutions?

***Limit the number of visitors to the sick person!***

# 6 RECOVER IN A SEPARATE SPACE



# 6 RECOVER IN A SEPARATE SPACE

## DISCUSSION QUESTIONS

What do you see in these pictures?

Is this common in your community to take care of a sick person in a separate space?

## MAIN POINTS

- Keep sick family members at home as soon as symptoms develop and until they fully recover, unless they experience complications and must seek care from a doctor. Severe complications can include trouble breathing or chest pain.
- Avoid close contact with others in your household and community if you are sick with flu.
- Create a separate space to take care of the sick person.
- Have only one person in the family tend to the sick person.
- Wash eating utensils and cups after the sick person has used them.
- Keep the sick person in a separate space until they are fully recovered.
- Cover your mouth and nose when you are sick with flu in the presence of other people.

## SUMMARY QUESTIONS

Why is it important to create a separate space for taking care of the sick person?

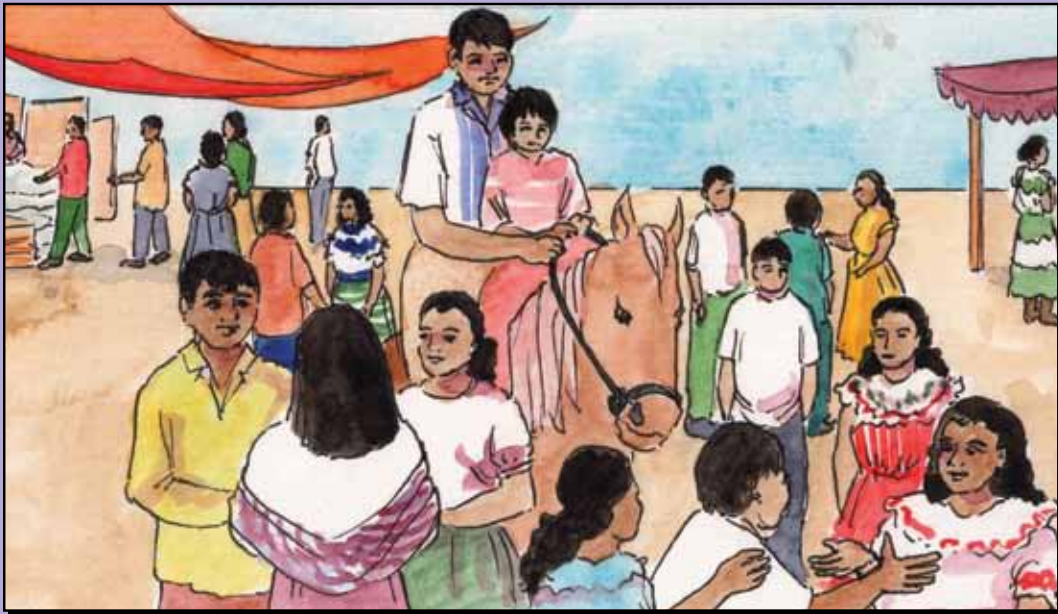
What could be the difficulties of creating a separate space for taking care of the sick person?

What are some solutions?

***Create a separate space for a sick person!***

# PANDEMIC INFLUENZA

## What People Should Know



# PANDEMIC INFLUENZA SYMPTOMS





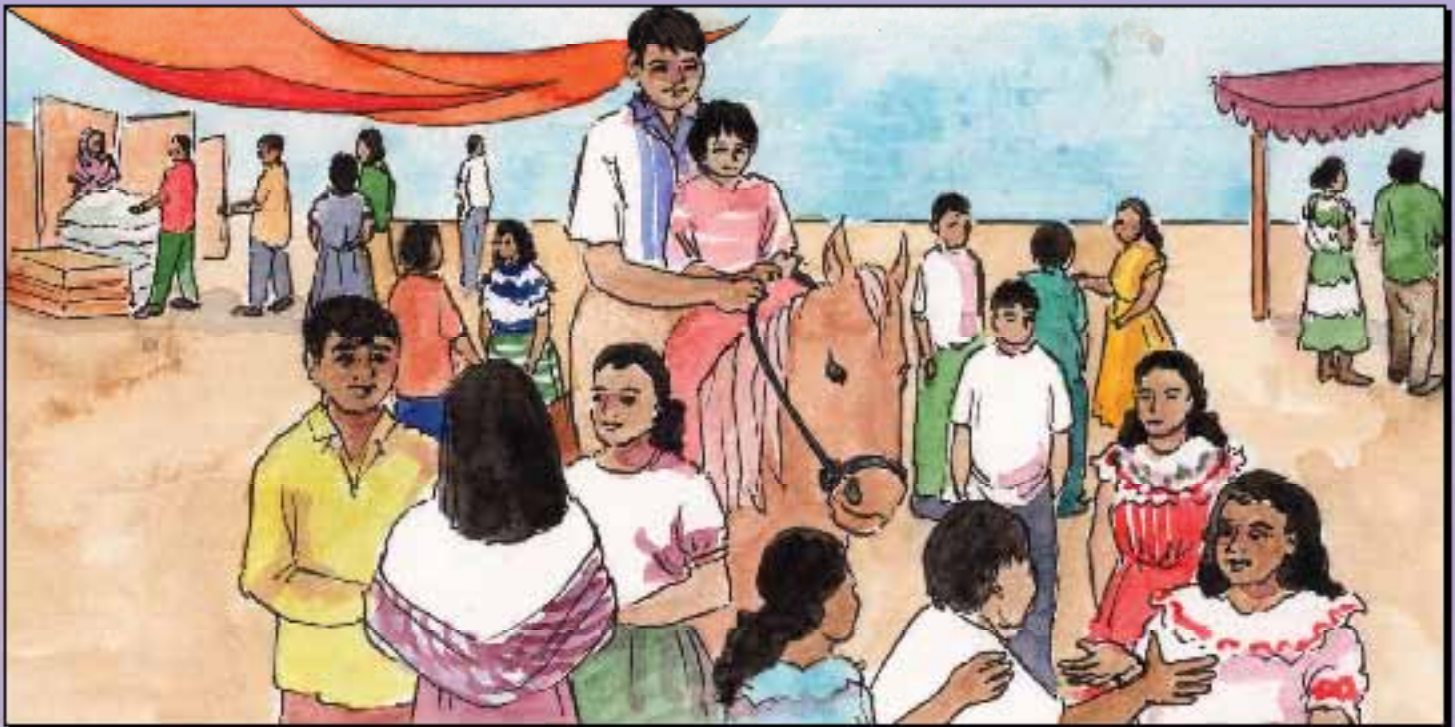
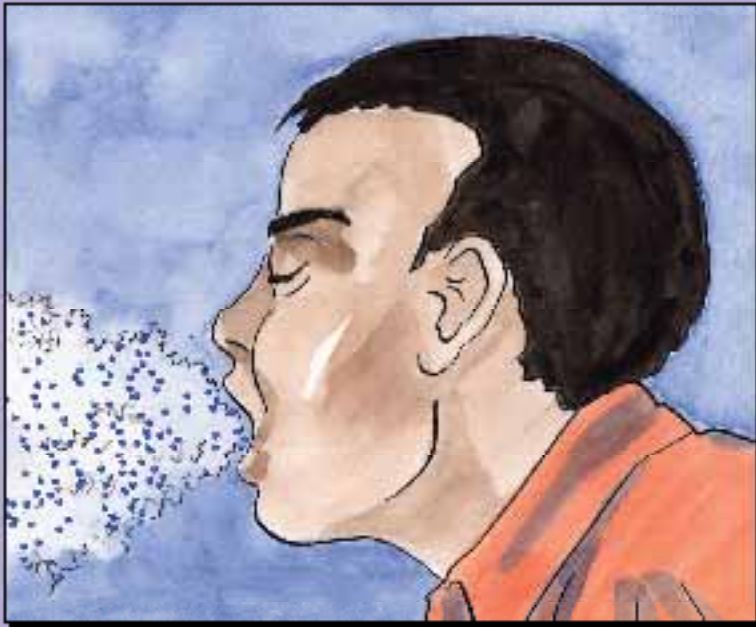
# PANDEMIC INFLUENZA SYMPTOMS

**You might have pandemic influenza if you have:**

- Coughing/sore throat
- Fever
- Headache or body aches
- Chills
- Fatigue
- Diarrhea and vomiting (especially in children)
- Sneezing or runny/stuffy nose

**Most people will only have some – not all – of these symptoms.**

# HOW INFLUENZA CAN SPREAD



# HOW INFLUENZA CAN SPREAD

## **INFLUENZA CAN BE SPREAD BY:**

- **Breathing the air when droplets come out from the nose and mouth of a sick person when they are sneezing, coughing, breathing or spitting.**
- **Touching things – such as cups, telephones, or door knobs – that a sick person has touched.**
- **Being in places where there are many people close to each other, such as markets, schools, places of worship, and social gatherings.**

**Influenza can be spread even before a person has symptoms.**

**A sick person who does not look sick can still spread the disease.**

# HOW TO STOP THE SPREAD OF INFLUENZA

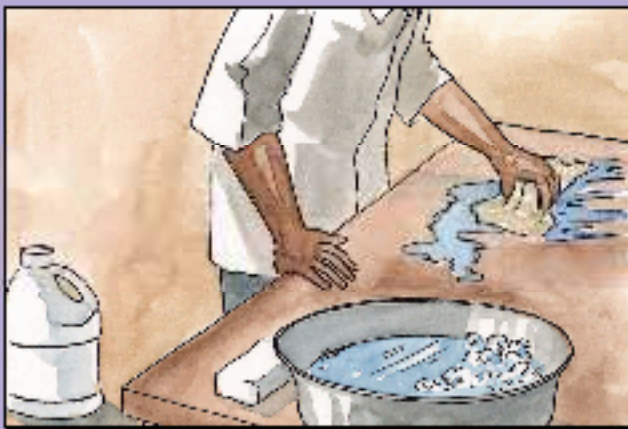
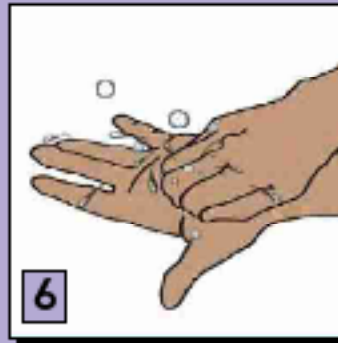
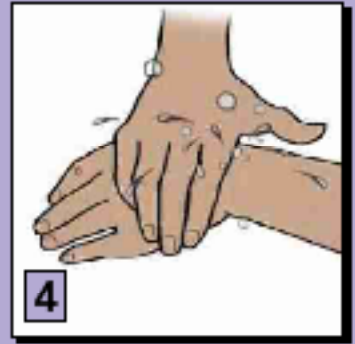
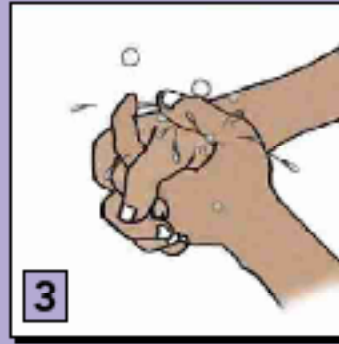


# HOW TO STOP THE SPREAD OF INFLUENZA

**You can help stop the spread of influenza by doing four things:**

- 1. Covering your mouth and nose with a cloth or tissue when you cough or sneeze. If you do not have a cloth or tissue, cough or sneeze into the crook of your elbow.**
- 2. Washing your hands often with soap and water.**
- 3. Separating those who are ill from others in the household.**
- 4. Keeping at least a 2 meter distance from people who are sick.**

# ALWAYS WASH YOUR HANDS WITH SOAP AND WATER



# ALWAYS WASH YOUR HANDS WITH SOAP AND WATER

**WASHING YOUR HANDS CORRECTLY WITH SOAP AND WATER WILL KILL THE GERMS. FOLLOW THESE STEPS:**

1. Wet hands with water
2. Rub soap with hands
3. Rub the palms together
4. Rub the back of each hand with the other hand
5. Wash the spaces between all fingers
6. Wash under your nails
7. Wash your wrists
8. Rinse well with water

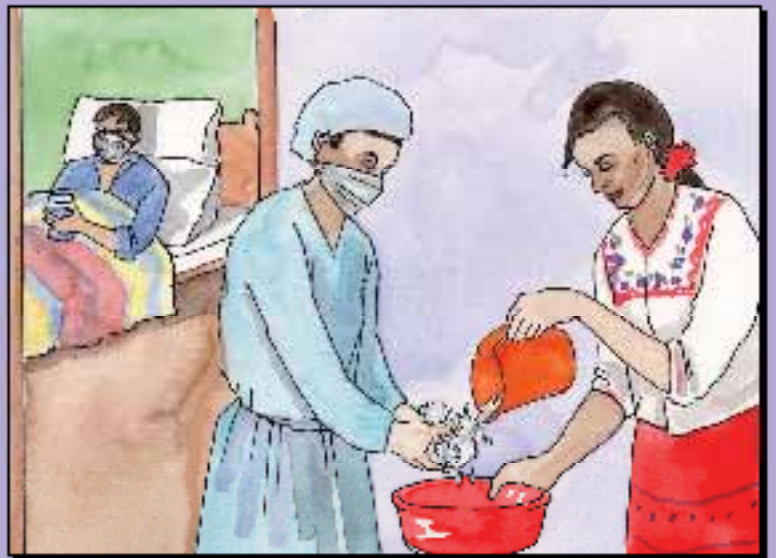
**ALWAYS WASH YOUR HANDS WITH SOAP AND WATER**

- Before and after preparing food
- Before and after eating
- Before and after caring for a person who is sick with influenza
- After touching something that a sick person has touched
- After sneezing, coughing or blowing your nose
- Before and after using the toilet

**CLEAN THINGS THAT ARE TOUCHED BY A PERSON WITH THE FLU**

This can be door knobs, lamps, telephones, sinks, tables, linens, and drinking and eating utensils. Use soap and water.

# PROTECT YOURSELF AND OTHERS FROM GETTING SICK





# PROTECT YOURSELF AND OTHERS FROM GETTING SICK

## **COVER YOUR MOUTH AND NOSE WITH A TISSUE OR CLOTH WHEN YOU COUGH OR SNEEZE**

If you do not have a tissue or cloth, use the crook of your elbow to cover your cough or sneeze.

**Keep at least a 2-meter distance from groups of people.**

## **IF YOU ARE CARING FOR A PERSON WHO IS SICK**

- Create a separate space to take care of the sick person. This should be at least 2 meters away from other people.
- Have only one person in the family tend to the sick person to prevent others in the household from getting sick.
- Limit visitors to the sick person.
- Wear a mask or cloth over your mouth and nose when you are close to the sick person.
- Wash hands with soap and water before and after caring for the sick person.

# WHAT TO DO IF YOU ARE SICK



# WHAT TO DO IF YOU ARE SICK

If you are showing symptoms of the flu, **STAY AT HOME**

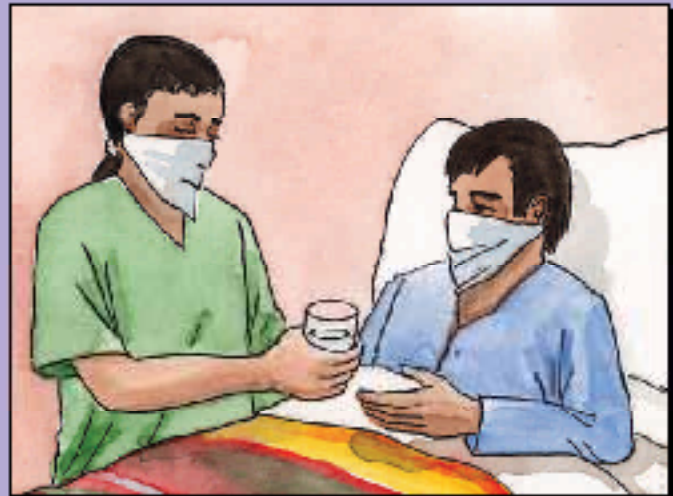
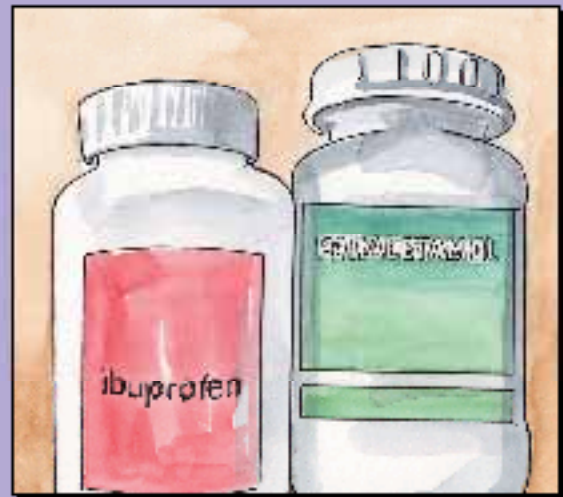
- Do not go to work or school. Avoid public gatherings.
- Rest in a separate room or area until you recover fully to stop spreading the disease to others.

**COVER YOUR MOUTH AND NOSE** with a mask or cloth when you are near other people to help prevent the spread of the disease.

**WASH YOUR HANDS** with soap and water often, especially after coughing and/or sneezing.

**FREQUENTLY DRINK WATER** or other clear fluids to prevent getting dehydrated.

# HOW TO TREAT FLU SYMPTOMS



# HOW TO TREAT FLU SYMPTOMS

## HOW TO TREAT FLU SYMPTOMS

### Fever

- Keep the sick person in clean, dry and loose clothes
- If the person is chilled, cover with a blanket
- If the person becomes very hot, loosen clothing
- Give medicine such as ibuprofen, paracetamol, or acetaminophen every six hours
- Sponge the sick person with lukewarm (wrist-temperature) water. Do not sponge with alcohol.

### Dehydration

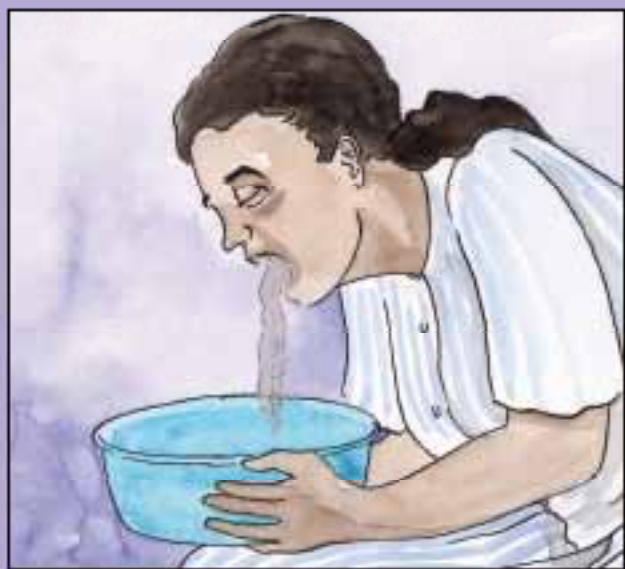
Avoid dehydration by giving the sick person enough to drink and eat while they are ill.

- If the sick person is not urinating much or the urine is dark, they might be dehydrated and need water.
- Check for dehydration by lightly pinching some skin on the belly of a child or the upper chest of an adult, then let go. If the person has enough fluid, the skin will flatten out again right away. If the person is dehydrated, the skin will stay stretched up in the shape of the pinch for a few seconds.

If the person is very weak or shows these signs of dehydration, give oral rehydration solution according to instructions on the packet, or clear drinks available in the home.

Continue to breastfeed infants that are nursing.

# WHEN TO GO TO THE HEALTH FACILITY



# WHEN TO GO TO THE HEALTH FACILITY

**GO TO A HEALTH FACILITY ONLY IF YOU HAVE SEVERE PROBLEMS,  
such as:**

- **Difficulty breathing**
- **Chest pain**
- **Coughing up blood**
- **Lips or skin turning blue**
- **Severe vomiting or diarrhea**
- **Not waking up**
- **Confusion (such as not recognizing family or friends)**
- **Shaking that cannot be controlled**

**Always bring a sick infant who is younger than 2 months and refuses to feed to the health care facility.**

**If you live in an area where malaria is common, you should always go to the health care facility if you have fever.**

# LISTEN FOR NEWS





# LISTEN FOR NEWS

**Always listen to announcements from local leaders, television broadcasts, or hotlines to keep up to date on what actions you should be taking.**

**Information is also available at:**

**[www.pandemicpreparedness.org](http://www.pandemicpreparedness.org)**

**[www.who.int](http://www.who.int)**





## Handout #8

### Points on How to Answer Questions from the Media

If you are speaking with the media, keep the following in mind:

- Answer questions by clearly stating what is known and not known.
- Do not use overly technical language.
- Give frank and honest assessments.
- Identify yourself and your credentials, as well as anyone else who speaks to the media.
- Provide them with resources available, or point them to places where they can go to obtain information to support what you have been telling them.
- Repeat your key messages, or points of information.
- Be consistent in the messages you convey.
- Frame your actions in the positive.
- Treat the media as intelligent adults. Do not “talk down” to them, even if you think they are asking uninformed questions.
- Dispel rumors as quickly as possible with facts and statistics.
- Do not speculate - if you do not know the answer, say so, but indicate you will find out and do report back.
- Acknowledge uncertainty. Do not be afraid to say you do not know.
- Point out what people can do to protect themselves or improve the situation.



# H1N1 Vaccine


## VACCINATION GUIDE




Novartis   CSL   Sanofi US   GlaxoSmithKline


## Steps in vaccinating using


# Novartis, CSL, Sanofi US H1N1 pandemic flu vaccines


- 1**  **Maintain vaccine at temperature between +2 and +8°C. Do not freeze.**  
(Note: this vaccine does not have a vaccine vial monitor on it.)

Most manufacturers are stating that open vials can be kept for 24 hours under cold chain storage conditions, +2 to +8°C. There are differences however, please follow the instructions from the manufacturer.



- 2**  **Ask the person to be vaccinated for eligibility and contraindications.**  
The vaccine should not be given to those who are allergic to egg or who have had an allergic reaction to influenza vaccine in the past. Pregnant women can be vaccinated at any time during their pregnancy.


- 3**  **Advise the person what they are receiving and why.** Tell the person that they are receiving H1N1 influenza vaccine and that it will protect them from a form of influenza that can cause serious respiratory (breathing) problems.


- 4**  The vial should be shaken prior to each administration.

- 5**  **Prepare to vaccinate.** Use a syringe with the same needle length and gauge as is used for other intramuscular vaccinations.


**Use the vaccine within 24 hours and do not store above 25°C.**

- 6**   **Administer the vaccine.** Administer the administration following the national guidelines on age and body site.

-  **WHO recommends one dose for anyone receiving the vaccine.**

- 7**  **Directly dispose of syringe into a safety box and without re-capping the needle.** This is to be done immediately after vaccinating.


The injection site is the upper arm. If national policy permits vaccination of infants, the site of administration in children XX months to less than nine months old is the outer aspect of the upper thigh.

- 8**  **Counsel the person about common side effects and adverse events.**  
Common side effects are redness, swelling, and/or pain at the injection site for 1-2 days. If there is any serious health issues, such as difficulty breathing, return to the health facility for care as soon as possible.


- 9**  **Ask the person if they have any questions.**


Type of vaccine	Inactivated viral	Special precautions	Need to verify....
Number of doses	One dose	Dosage	0.5 mL
Schedule	Can be given at any time	Injection site	Upper arm for adults; outer aspect of the upper thigh children under 9 months
Booster	No	Injection type	Intramuscular
Contraindications	Allergy to chicken or egg products	Storage	+2 to +8°C; do not freeze
Common side effects	Soreness, redness, swelling at injection site		

# Steps in vaccinating using GlaxoSmithKline H1N1 pandemic flu vaccine


- 1  Maintain vaccine at temperature between +2 and +8°C. Do not freeze. (Note: this vaccine does not have a vaccine vial monitor on it.)

Most manufacturers are stating that open vials can be kept for 24 hours under cold chain storage conditions, +2 to +8°C. There are differences however, please follow the instructions from the manufacturer.

- 2  Screen the person to be vaccinated for eligibility and contraindications. The vaccine should not be given to those who are allergic to egg or who have had an allergic reaction to influenza vaccine in the past. Pregnant women can be vaccinated at any time during their pregnancy.


- 3  Advise the person what they are receiving and why. Tell the person that they are receiving H1N1 influenza vaccine and that it will protect them from a form of influenza that can cause serious respiratory (breathing) problems.

## Instructions for mixing and administration of the GlaxoSmithKline H1N1 pandemic flu vaccine

- 4  Before mixing the two components, the mixture and liquid vaccine should be allowed to reach room temperature, shaken and inspected visually for any foreign particulate matter and/or abnormal physical appearance. In the event of either being observed, discard the vaccine.

- 5  The vaccine is mixed by withdrawing the contents of the vial containing the mixture by means of a syringe and by adding it to the vial containing the liquid vaccine.

**After mixing the 2 vials it is equal to 10 doses of the vaccine.**

- 6  After the addition of the mixture to the liquid vaccine, the mixture should be well shaken. The mixed vaccine is a whitish mixture. In the event of other variation being observed, discard the vaccine.

7



The vial should be shaken prior to each administration.

8



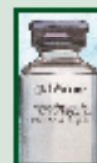
Use a syringe with the same needle length and gauge as is used for other intramuscular vaccinations.

After mixing, use the vaccine within 24 hours and do not store above 25°C.

9



**Administer the vaccine.** Administer the administration following the national guidelines on age and body site.



WHO recommends one dose for anyone receiving the vaccine.

The injection site is the upper arm. If national policy permits vaccination of infants, the site of administration in children XX months to less than nine months old is the outer aspect of the upper thigh.

10



Directly dispose of syringe into a safety box and without re-capping the needle. This is to be done immediately after vaccinating.

11



**Counsel the person about common side effects and adverse events.** Common side effects are redness, swelling, and/or pain at the injection site for 1-2 days. If there is any serious health issues, such as difficulty breathing, return to the health facility for care as soon as possible.

12



Ask the person if they have any questions.

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