

PANDEMIC FLU  
RISK COMMUNICATION

NEW MEXICO DEPARTMENT OF HEALTH

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# **Pandemic Flu Risk Communication**

## **Contents**

<b>Crisis &amp; Emergency Risk Communication</b>	<b>1</b>
<b>Risk Communication Best Practices</b>	<b>2</b>
<b>Responding to the Media in a Crisis</b>	<b>3</b>
<b>Talking Points for the Media</b>	<b>7</b>
<b>Crisis Communication: Five Rules</b>	<b>9</b>
<b>Developing Communication Messages</b>	<b>11</b>
<b>Influenza: The Basics</b>	<b>12</b>
<b>Ten Things You Need to Know about Pandemic Flu</b>	<b>13</b>
<b>WHO Global Pandemic Phases</b>	<b>14</b>

## Crisis & Emergency Risk Communication Consistent Messages Are Vital

Build Trust and Credibility by Expressing:

- Empathy and caring
- Competence and expertise
- Honesty and openness
- Commitment and dedication

Top Tips

- Don't over reassure.
- Acknowledge uncertainty.
- Express wishes ("I wish I had answers").
- Explain the process in place to find answers.
- Acknowledge people's fear.
- Give People things to do.
- Ask more of people (share risk).

As a Spokesman

- Know your organization's policies.
- Stay within the scope of responsibilities.
- Tell the truth. Be transparent.
- Embody your agency's identity.

Prepare to Answer These Questions:

- Are my family and I safe?
- What can I do to protect myself and my family?
- Who is in charge here?
- What can we expect?
- Why did this happen?
- Were you forewarned?
- Why wasn't this prevented?
- What else can go wrong?
- When did you begin working on this?
- What does this information mean?

Stay on Message

- "What's important to remember..."
- "I can't answer that question, but I can tell you ..."
- "Before I forget, I want to tell you viewers..."
- "Let me put that in perspective..."

Be first. Be right. Be credible.

*From The Center for Disease Control & The Arkansas Department of Health*

## Risk Communication Best Practices

Authority and Expertise Build Credibility: Medical and scientific information should be delivered by the appropriate physician, epidemiologist, physician/epidemiologist or veterinarian.

Consistency Builds Confidence: Trust can be undermined if there is inconsistency in the message, an indication that authorities are not on top of the situation and cannot correct it. In a crisis response involving thousands of people, size itself can be a challenge to consistency. The question is: Can the system work together to achieve consensus on consistent messaging so the public trust is supported rather than undermined?

Use Plain Language: The distance between government spokespersons and the public is increased by the use of jargon and bureaucratic terms. It is minimized by honesty, empathy, acknowledgment of the problem, and the use of everyday language. Avoid jargon, acronyms, complicated scientific terms. Speak to a viewer or listener with a tenth grade education.

Accessibility and Reassurance Inspire Trust: Be available to the press and the public. Treat every question with respect. Remember that others in the audience will be wondering the same things, have the same apprehensions.

Remember that Reporters Have Their Own Goals And Challenges: Do not go off the record: It's tempting to speak to reporters informally, but it often backfires. Always try to have back up printed material in the form of press releases, including statements, scientific facts and quotes. Then you are less likely to be misquoted.

Work as a Team: The team approach to media relations gives the public a glimpse of the depth of expertise and the example of leaders working smoothly together to protect us all.

Leadership Paves the Way: The Governor, the Secretary of Health and other leaders are role models in a crisis.

## Responding to the Media in a Crisis

### Verify The Situation

- Get the facts!
- Judge validity based on the source of information.
- Clarify plausibility through a subject matter expert.
- Attempt to discern the magnitude of the event.

### Notification and Coordination

- Notification is activated by official chain of command.
- Coordination is with response peers and partners.
- Procedures will vary each event.

### Conduct A Crisis Assessment and Activate The Communication Plan

- Assess the impact on communication operations and staffing.
- Determine your organization's role in the event.
- Identify affected populations and their initial communication needs.

### Organize Assignments

- (Constantly reassess these steps)
- Determine who's in charge.
- Make assignments to the communication team.
- Asses resource needs and hours of operation.
- Initiate partner involvement.

### Prepare Information and Obtain Approvals

- Identify the audiences.
- Identify action steps for public.
- Develop the messages.
- Execute the approval process from your plan.
- Show empathy!

### Public Information Release

- Be first.
- Be right.
- Be credible.

### Obtain Feedback and Conduct Crisis Evaluation

- Conduct Public Education (Post-Event)
- Monitor Media Events (Ongoing Throughout the Crisis)

### Surviving the First 48 Hours

- All crisis communication planning must be designed to help you manage the first 48 hours of an emergency that has garnered media and public scrutiny.

## Surviving the Mistakes

- Mistakes will be made
- A forgiving media?
- Anatomy of a mistake

## What Will the Public Ask First?

- Is my family safe?
- What may affect me?
- What can I do to protect my family?
- What caused this?
- Can you fix it?

## What Will the Media Ask First?

- What happened?
- Who is in charge?
- Has this been contained?
- Are victims being helped?
- What can we expect?
- What should we do?
- Why did this happen?
- Did you have forewarning?

## Assessing the Response

- Are we doing enough? Too much?
- Are we or should we be involved?
- Is the department that should respond, able to respond?
- Who is managing the technical/scientific side?

## Risk Communication Principles for Emergencies

Express concern before giving reassuring updates.

"Although we're not out of the woods yet, we have seen a declining number of cases each day this week."

Confidence vs. uncertainty

Instead of making promises about outcomes, articulate the uncertainty of the situation and a confident belief in the "process" to fix problem and address public safety concerns.

Give people things to do – anxiety is reduced by action and a restored sense of control

- Symbolic behaviors.

- Preparatory behaviors.

- Contingent "if, then" behaviors.

- 3-part action plan

  - Must do x, Should do y, Can do z

Allow people to feel fear

Don't pretend that they're not afraid, and don't tell them they shouldn't be

Acknowledge the fear, and give contextual information.

## Psychology of a Crisis: Summary

- No "business as usual" in a crisis
- Psychological barriers must be overcome
- Risk communication provides context to overcome barriers
- Strong emotions affect decision making in a crisis
- Prepare for death, dying and grief

## Disasters are Media Events

- We need the media to be there.
- They offer important protective actions for the public.
- They know how to reach their audiences and what their audiences need.

## Response Officials Should

- Understand that their job is not the media's job.
- Know that they can't dismiss media when they're inconvenient.
- Accept that the media will be involved in the response, and plan accordingly.
- Attempt to provide all media equal access.
- Use technology to fairly distribute information.
- Plan to precredential media for access to EOC/JOC or JIC.
- Develop consistent messages.
- Determine a good briefing site.

## Response Officials Should Not

- Hold grudges.
- Discount local media.
- Tell the media what to do.

## How to Work with Reporters

- Reporters want a front seat to the action and all information NOW.
- Preparation will save relationships.
- If you don't have the facts, tell them the process.
- Reality check: 70,000 media outlets in the U.S. media cover the news 24/7.

## Media, Too, Are Affected by Crises

- Verification.
- Adversarial role.
- National dominance.
- Lack of scientific expertise.

## Diminished Information Verification

- Initially, expect errors. "If you have expertise in an area, you will find errors."
- 73% of adults have become more skeptical about news accuracy.

## Media and Crisis Coverage

- A FOX poll found 56% believed news outlets "over-hyped" anthrax.
- 77% said that the coverage frightened them.
- 92% were saddened.
- 42% were tired.

### Media and Crisis Coverage

Evidence strongly suggest that coverage is more factual when reporters have more information.  
They become more interpretative when they have less information.  
Someone in the field will talk if you don't.

### Media Errors – Now What?

"Declaring war on the press, tempting as it may sound, is a game you can't win."  
- Stratford Sherman, in Fortune magazine

### Working with the Media: Summary

Media will behave differently in a crisis.  
Respect the role of reporters, and plan to meet their needs.  
Know what you want when you give reporters feedback about their coverage.

*From The Center for Disease Control*

## Pandemic Influenza

### Talking Points for the Media

#### **Pandemic influenza would be caused by a new subtype of influenza.**

- People would not have immunity
- It would spread rapidly throughout the world, probably in waves.
- It would be more deadly than seasonal flu, causing widespread deaths and disruption.

#### **Influenza is spread from person to person**

- In respiratory droplets in coughs and sneezes.
- When a person touches respiratory droplets of another person or an object, such as a doorknob, and then touches his or her mouth or nose before washing hands.
- The virus then enters the nose or mouth, going into the throat and lungs, where it begins to multiply.

#### **Vaccines and anti-virals**

- Currently there is no vaccine available for this new subtype influenza.
- Vaccination is the best method for preventing influenza. However, manufacturing and licensing the pandemic vaccine may take as long as three to six months once the pandemic viral strain has been identified.
- Antibiotics are not indicated for influenza. Antibiotics treat bacterial infections, but influenza is caused by a virus.
- Because there will not be enough antivirals for the entire population, antivirals will be given first to health care workers and first responders to enable them to do their jobs without becoming ill.

#### **Staying healthy**

- You can protect yourself by frequently washing your hands with soap and water and keeping surfaces clean and infection free.
- Practice good cough etiquette to prevent the spread of germs. Cover your nose and mouth with a tissue when coughing or sneezing and wash your hands immediately.
- Eat well, get enough sleep, exercise and practice healthy habits to bolster your resistance.

## **Practice social distancing to prevent infection**

- Avoid gatherings and crowds
- Do not use public transportation
- Postpone travel
- If possible work from home
- Consider keeping children home to avoid infection, which can spread quickly in schools and day care centers
- Use email, fax, and the telephone instead of meetings
- Stay three feet away from anyone who is sneezing or coughing
- Stock up on basic food and supplies

**Self-care**, including diagnosis, self-treatment, treatment of family members, and preventive measures to avoid exposure to influenza, will be an important public health measure to minimize the effects of the pandemic.

- Stay home if you are ill
- Drink liquids to avoid dehydration
- Take acetaminophen (Tylenol™) or ibuprofen (Advil™)
- Take over-the-counter decongestants and other medications
- Never give aspirin to children.

**During a pandemic, there will be unprecedented demands for services.** This will be compounded by a reduction in health care workers due to illness or the need to care for sick family members. While all medical and response personnel will strive to provide resources for the best possible care to influenza patients, long waiting times at physician's offices, and emergency departments will be unavoidable.

## **Employers should urge their employees to**

- Stay home if they are sick to avoid infecting others.
- Work from home if possible.
- Use phones, fax, email and videoconferencing instead of meetings.
- Postpone travel.
- Keep office doors closed.
- Use sanitizing gel when soap and water are not available.
- Clean work surfaces often to avoid the spread of the virus.

## Crisis Communication - The Five Rules

### Know how the media works

You are playing on the media's field. If you don't understand how they operate, you can't compete in a very public game. When you or your organization becomes a story, you are "in play" and you must know the rules of the engagement if you want to survive. You must also understand that the media works on a different clock than the rest of the world. Knowing how this clock works, and how the news cycle turns is critical to your success.

### Manage media anxiety – not the media

You cannot manage news coverage, but you can manage the "anxiety" that surrounds a news story. Reporters and photographers all have deadlines that are crashing down upon them. The closer the deadlines, the higher the anxiety.

Recognize this "anxiety" and provide "anxiety" relief wherever you can. This means responding quickly to information and interview requests, returning phone calls, providing photo opportunities and timely briefings. Anything you can do to assure the press that their deadlines can be met will help your cause.

Failure to recognize and respond to this anxiety causes the press to run around you and you can become irrelevant to the story process.

### Be the primary source of information

In the world of news there is an information food chain. It starts at the top of a story and spreads out away from the story.

No one knows your business or organization better than you do. You should be the primary source of information about your organization.

If you are not a source of information the press will just move on to find another source. Sometimes this source is far removed from the actual facts, or is a critic of yours. When you fail to provide timely information you force the press down the information food chain.

Remember: information from a primary source is always better than information from a secondary source, or worse yet, inaccurate information from other sources or critics.

### Have a message and message tools

Be prepared. Know your message. It is your job to educate the reporter (and the public) "to the story". How do you explain your mission in a way that resonates with the public (or your clients)? This is your critical message. Know it, rehearse it, and be ready to attach it to your responses.

Your encounter with the press is your opportunity to tell your story your way. It is your job to educate the reporter (and the public) to the story.

Have basic fact sheets (FAQ Sheet) and be sure to put your message and relevant numbers on paper to hand out to reporters. Don't forget to keep the public point of view in mind.

## Say it in "English"

Your audience is not an expert in your field and neither is the media. Avoid agency or government jargon and technical language. Say it in clear, concise language. Use short sentences.

If discussing a technical subject, you have a choice: you can be the one who "interprets" for the public, or the reporter can be the one who "interprets". Who know the subject best? Who do you want to be the one to explain it? Say it in "English." Say it so a friend or spouse would understand it.

*From Ron Blome*

## Developing Communications Messages About Pandemic Influenza

The language, timing, and detail of key messages will depend on a number of factors, including demographics and group psychological profiles of intended audiences, available or preferred media, and urgency. However, the following points may help communications professionals adapt appropriate health messages related to an influenza pandemic:

- ◆ By definition, pandemic influenza will result from a new influenza A subtype against which humans have limited or no natural immunity. Pandemic influenza virus infection therefore is likely to cause serious, possibly life-threatening disease in greater numbers, even among previously healthy persons, than occurs during seasonal interpandemic influenza outbreaks.
- ◆ Global influenza pandemics are unpredictable events, presenting challenges for communication.
- ◆ Global and domestic surveillance, coupled with laboratory testing, are vital to identifying new influenza A subtypes virus strains with pandemic potential.
- ◆ The threat of a pandemic may be heightened when a highly pathogenic avian influenza A virus spreads widely among birds and infects other animals, including humans. The strains can mutate or adapt and give rise to a strain that spreads easily from person to person in a sustained manner, causing a pandemic.
- ◆ Illness and death may be much higher during a pandemic than during annual seasonal community influenza outbreaks; pandemics can also occur in waves over several months.
- ◆ It could take many months to develop an effective pandemic influenza vaccine and immunize substantial numbers of people. Antiviral medications for treatment or prevention of pandemic influenza could have an important interim role, but may also be in short supply. Consequently, practical and common sense measures, such as frequent handwashing, covering your mouth and nose while sneezing or coughing, and staying home from work or school if you are ill with influenza-like illness, may be important to help prevent the spread of pandemic influenza.
- ◆ Although travel restrictions and isolation and quarantine procedures may limit or slow the spread of pandemic influenza in its earliest stages, these measures are likely to be much less effective once the pandemic is widespread. Alternative population containment measures (e.g., cancellation of public events) may be necessary.

The United States is preparing for pandemic influenza by:

- ◆ Developing a coordinated national strategy to prepare for and respond to an influenza pandemic
- ◆ Educating healthcare workers about pandemic influenza diagnosis, case management, and infection control practices
- ◆ Refining global and domestic pandemic influenza surveillance systems
- ◆ Developing guidelines for minimizing transmission opportunities in different settings
- ◆ Expanding supplies of antiviral medications in the Strategic National Stockpile and establishing guidelines for their use
- ◆ Developing candidate vaccines and establishing plans for the rapid development, testing, production, and distribution of vaccines that may target specific pandemic influenza strains
- ◆ Developing materials that states and localities can adapt as guidance for use during an influenza pandemic.

*From Health & Human Services Pandemic Influenza Plan, November, 2005*

## Influenza: The Basics

Influenza is caused by a virus that primarily attacks the upper respiratory tract—the nose, throat and sometimes the lungs. Infection usually lasts for about one week. It is characterized by high fever, headache, malaise, cough and sore throat. Annual influenza epidemics attack from 5% to 15% of the population, causing approximately three to five million cases worldwide, including a quarter of a million to a half million deaths, mostly among the elderly.

Currently circulating influenza viruses that affect humans are divided into two groups: A and B. Only influenza A viruses have pandemic potential. Influenza viruses evolve easily and unpredictably. As these viruses lack a “proofreading” mechanism, small errors that occur when the virus replicates are not corrected and their genetic composition constantly changes in small ways. These ongoing changes are known as antigenic “drift.” They necessitate the production of an updated influenza vaccine each year.

Influenza A viruses affect birds and a few other mammals in addition to humans. An influenza virus from one species can trade genetic material with influenza viruses from another species in a process known as “re-assortment.” This is why influenza viruses are referred to by experts as “promiscuous.” When viruses re-assort, a new hybrid virus is produced. This is known as antigenic “shift.” As human populations have no immunity to the new virus, and as no existing vaccines can provide adequate protection, antigenic shift has historically resulted in pandemics that cause unusually severe disease in unusually large numbers of people.

A pandemic virus can emerge via another mechanism, known as “adaptive mutation,” in which the viruses gradually adapt, during human infections, into a form that spreads more easily. It is believed that the 1918 Spanish flu strain underwent such a process, undergoing mutation for an unknown period before becoming highly contagious among humans.

Like normal influenza, pandemic influenza will probably spread readily via coughing or sneezing, and will most likely be transmitted prior to the onset of symptoms.

### The transformation of avian influenza into pandemic influenza and what human to human transmission really means

H5N1 avian influenza is a public health concern because of its potential to spark a pandemic. As long as the virus continues to circulate in animals, there will be opportunities for this virus to infect and adapt to humans. Based on the present evidence, the H5N1 virus does not easily jump the species barrier to infect humans. The small number of human cases, despite the tens of millions of poultry infected, over vast geographical areas, for more than two years, supports this conclusion.

Three conditions must be met before a pandemic begins: a new influenza subtype that has not previously circulated in humans must emerge (itself a rare event), this new subtype must be capable of causing disease in humans, and the virus must be capable of being passed easily among humans. Only this last condition has yet to be fulfilled by H5N1.

Because sustained human to human transmission of a new influenza strain will be the “trigger” for the start of a pandemic, all suspected instances of human to human transmission of H5N1 must be rapidly investigated. It is known that H5N1 has the capacity to be transmitted occasionally from human to human. Such transmission, however, has only occurred in exceptional instances, usually involving very close contact with a patient during the acute phase of illness. To date, H5N1 has not spread beyond one generation of close contacts.

*From WHO Influenza Pandemic Handbook for Journalists, World Health Organization*

## Ten Things You Need to Know about Pandemic Influenza

**1. Pandemic influenza is different from avian influenza.** Avian influenza refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. An influenza pandemic happens when a new subtype emerges that has not previously circulated in humans.

For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus--it will be a human influenza virus. Influenza pandemics are caused by new influenza viruses that have adapted to humans.

**2. Influenza pandemics are recurring events.** An influenza pandemic is a rare but recurrent event. Three pandemics occurred in the previous century: “Spanish influenza” in 1918, “Asian influenza” in 1957, and “Hong Kong influenza” in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic, which was exceptional, is considered one of the deadliest disease events in human history. Subsequent pandemics were much milder, with an estimated 2 million deaths in 1957 and 1 million deaths in 1968.

A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease than that caused by normal influenza.

**3. The world may be on the brink of another pandemic.** Health experts have been monitoring a new and extremely severe influenza virus – the H5N1 strain – for almost eight years. The H5N1 strain first infected humans in Hong Kong in 1997, causing 18 cases, including six deaths. Since mid-2003, this virus has caused the largest and most severe outbreaks in poultry on record. In December 2003, infections in people exposed to sick birds were identified.

Since then, over 100 human cases have been laboratory confirmed in four Asian countries (Cambodia, Indonesia, Thailand, and Viet Nam), and more than half of these people have died. Most cases have occurred in previously healthy children and young adults. Fortunately, the virus does not jump easily from birds to humans or spread readily and sustainably among humans. Should H5N1 evolve to a form as contagious as normal influenza, a pandemic could begin.

**4. All countries will be affected.** Once a fully contagious virus emerges, its global spread is considered inevitable. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it. The pandemics of the previous century encircled the globe in 6 to 9 months, even when most international travel was by ship. Given the speed and volume of international air travel today, the virus could spread more rapidly, possibly reaching all continents in less than 3 months.

**5. Widespread illness will occur.** Because most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza.

Current projections for the next pandemic estimate that a substantial percentage of the world's population will require some form of medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to cope with large numbers of people who suddenly fall ill.

**6. Medical supplies will be inadequate.** Supplies of vaccines and antiviral drugs – the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries at the start of a pandemic and for many months thereafter. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defense for protecting populations. On present trends, many developing countries will have no access to vaccines throughout the duration of a pandemic.

**7. Large numbers of deaths will occur.** Historically, the number of deaths during a pandemic has varied greatly. Death rates are largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations, and the effectiveness of preventive measures. Accurate predictions of mortality cannot be made before the pandemic virus emerges and begins to spread. All estimates of the number of deaths are purely speculative.

WHO has used a relatively conservative estimate – from 2 million to 7.4 million deaths – because it provides a useful and plausible planning target. This estimate is based on the comparatively mild 1957 pandemic. Estimates based on a more virulent virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered exceptional.

**8. Economic and social disruption will be great.** High rates of illness and worker absenteeism are expected, and these will contribute to social and economic disruption. Past pandemics have spread globally in two and sometimes three waves. Not all parts of the world or of a single country are expected to be severely affected at the same time. Social and economic disruptions could be temporary, but may be amplified in today's closely interrelated and interdependent systems of trade and commerce. Social disruption may be greatest when rates of absenteeism impair essential services, such as power, transportation, and communications.

**9. Every country must be prepared.** WHO has issued a series of [recommended strategic actions \[pdf 113kb\]](#) for responding to the influenza pandemic threat. The actions are designed to provide different layers of defense that reflect the complexity of the evolving situation. Recommended actions are different for the present phase of pandemic alert, the emergence of a pandemic virus, and the declaration of a pandemic and its subsequent international spread.

**10. WHO will alert the world when the pandemic threat increases.** WHO works closely with ministries of health and various public health organizations to support countries' surveillance of circulating influenza strains. A sensitive surveillance system that can detect emerging influenza strains is essential for the rapid detection of a pandemic virus.

Six distinct phases have been defined to facilitate pandemic preparedness planning, with roles defined for governments, industry, and WHO. The present situation is categorized as phase 3: a virus new to humans is causing infections, but does not spread easily from one person to another.

*From WHO Epidemic and Pandemic Alert and Response, World Health Organization October 14, 2005*

## WHO Global Pandemic Phases

The World Health Organization (WHO) has currently identified six specific phases that would cover the generation of a pandemic:

### INTER-PANDEMIC PERIOD

Phase 1: No new influenza subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. The risk of human infection is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

### PANDEMIC ALERT PERIOD

Phase 3: Human infection(s) with a new subtype are reported. There are no instances of human to human spread, or at most, rare instances of spread to a close contact.

Phase 4: Small cluster(s), meaning less than 25 people, lasting less than two weeks, with limited human to human transmission occur, but spread is still highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger cluster(s), meaning between 25-50 people, lasting from two to four weeks, appear. While human to human transmission is still localized, the virus appears to be increasingly better adapted to humans. Though it is not yet fully transmissible, there is a substantial pandemic risk.

### PANDEMIC PERIOD

Phase 6: Virus transmission increases significantly, and there is sustained transmissibility in the general population.

*From WHO Influenza Pandemic Handbook for Journalists, World Health Organization*