

# **Risk Communication and Social Mobilization in Support of Vaccination Against Pandemic Influenza in the Americas**

## **General Planning Guidelines**

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# Technical Guidelines for Vaccination Against Pandemic Influenza Virus

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## Annex D.

### Risk Communication and Social Mobilization in Support of Vaccination Against Pandemic Influenza in the Americas

#### General Planning Guidelines

##### 1. Background

The pandemic influenza vaccination campaign in the Americas poses special challenges and goals that require communication strategies for both the general population and specific audiences.

A cohesive communication plan must be based on the objectives outlined in the National Pandemic Response Plan and a thorough analysis of the particular challenges facing this vaccination campaign.

The main objectives of the campaign are:

1. To reduce morbidity and mortality in the population;
2. To keep basic health services operating.

The communications component must be coordinated with the objectives of the National Pandemic Response Plan, in order to facilitate a comprehensive approach in the overall strategy to combat pandemic influenza. While each country and location has its own specific dimensions and factors, certain general considerations should be kept in mind.

##### 2. Objective of the Document

The objective of this document is to offer guidelines for the creation of plans and strategies, and for the design of risk communication and social mobilization activities, in support of pandemic influenza vaccination.

##### 3. Communication Context and Challenges

Pandemic influenza vaccination poses several challenges that must be addressed when designing and implementing information strategies and activities.

**The first challenge is to plan activities based on the potential estimated demand for the vaccine.** While the demand for seasonal influenza vaccines tends to vary and fluctuate in the countries of the Region, there may be a spike in demand for the pandemic influenza vaccine. Since April 2009, when the virus was detected in Mexico, and later in other countries in the Region, people have been exposed to an unusual amount of information on how the virus is spread, its consequences, and preventative measures. The mass media provided continuous coverage on the subject. This avalanche of information generated a heightened perception of risk in the population, which, in turn, made people compliant with the social distancing measures decreed by several governments. Communication activities in support of vaccination campaigns should be sensitive to the existing perception of risk surrounding the pandemic influenza virus because this heightened awareness could lead to a substantial demand for the vaccine. Even though vaccination campaigns typically seek to increase widespread demand among specific high-risk groups, in this case, the objective is more complex as there is the possibility of **significant demand** and the **limited availability** of vaccines.

In this regard, priority groups for receiving the vaccine should be established, and information about who should be immunized first and why should be widely disseminated. Furthermore, the message according to which, initially, only priority risk groups are to be vaccinated needs to be strengthened.

**The second challenge is to make it clear that there are currently two vaccines:** one for the prevention of seasonal influenza and another vaccine for pandemic influenza. It is important for people to know about the existence of both vaccines, their respective risk groups, and the potential adverse events related to the new vaccine or to administering both. Most people may have little information about the difference between the vaccines and, moreover, they may be confused about these differences and efficacy. Communication efforts must help clear up any questions and provide the information needed about the two vaccines.

**The third challenge is insufficient information about the safety of the vaccine and its side effects.** This challenge is different for countries in the Northern Hemisphere and the Southern Hemisphere, because the latter will obtain information from the experiences of the Northern Hemisphere countries during their fall and winter 2009/2010 season.

Activities with specific objectives and clear, consistent messages are needed to meet these challenges successfully.

Vaccination, particularly in this case because it involves a new vaccine, raises many questions from different sectors of the population. These questions must be answered clearly and transparently.

Rapid response strategies are needed to combat negative rumors about the vaccine and coverage, as well as criticisms in mass media. People may also have questions about potential vaccine complications, immunological effects, and contraindications. These questions should be answered by clearly stating what is known and what is not known.

The information must be transparent to garner people's trust. Activities and messages should reflect an appropriate understanding of the information needs and communication practices required for each audience.

People and the mass media may ask if there is a risk in receiving the vaccine because of potential side effects, or if it would be better not to receive it. The message should be that the vaccine is recommended; it should also focus on the vaccine's effectiveness in combating this new type of influenza.

Another likely question about the vaccine will be how long it takes for a vaccinated person to be considered protected; the answer to this question should be no different than that for the seasonal influenza vaccine.

#### 4. Communication Strategies

The pandemic influenza vaccination campaign requires three types of communication activities:

- a. Dissemination of information to the general public and risk groups.
- b. Participation of broad sectors of the population in different tasks.
- c. Conducting activities to understand the population concerns regarding pandemic influenza and vaccination.

These tasks are important in order to understand communication needs and objectives and to involve key sectors in different tasks within the vaccination campaign.

In order to meet these objectives, two types of strategies need to be planned and implemented: Risk communication and social mobilization.

- **Risk communication** refers to activities for sharing information and ideas about risks and actions to deal with real and potential dangers that could lead to an indiscriminate demand that is impossible to meet.
- **Social mobilization** is the participation of different sectors of society in a variety of activities (such as providing information, the delivery of services, persuasion, and the donation of resources) to help achieve common goals.

Each strategy should have specific objectives that are clearly coordinated with the general goals of the Plan.

These objectives should be specific, measurable, achievable, relevant, and integrated into the campaign schedule. To ensure the correctness of these objectives, they can be judged against the following five criteria:

- Are they specific?
- Are they measurable? (How will we know if they have been achieved?)
- Are they achievable? (Can they be made a reality?)

- Are they relevant to achieving the Plan's objectives?
- Is meeting them feasible, given the available time and resources?

The table below includes some examples.

<b>Communication Strategy Objectives</b>
<p><b>Risk communication objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify people's perceptions of risk and health concerns.</li> <li>• Make the general population more aware of the objectives of vaccination.</li> <li>• Make risk groups more aware of the need to receive the vaccine.</li> <li>• Make risk groups more aware of vaccination timing and location.</li> <li>• Increase awareness about non-pharmaceutical actions to reduce the risk of pandemic influenza in the general population.</li> <li>• Offer different culturally appropriate modes of communication, so that people can be informed and express their opinions and interests about pandemic influenza-related topics.</li> </ul> <p><b>Social mobilization objectives:</b></p> <ul style="list-style-type: none"> <li>• Secure the support of social and professional organizations.</li> <li>• Make key community organizations more aware of the objectives of the vaccination campaign.</li> <li>• Mobilize community organizations to deliver services during the vaccination campaign.</li> <li>• Inform key authorities about the objectives of the vaccination campaign.</li> <li>• Secure the support of authorities for specific tasks, such as staffing, resource allocation, and public appearances.</li> </ul>

## **5. Risk Communication**

Once the country has defined the objectives, the next step is to determine the target population: the risk groups who will receive the vaccine and the general population.

For epidemiological reasons, it has been determined that the pandemic influenza vaccine will be offered to specific risk groups in order to reduce morbidity and mortality and keep health services operational.

## 5.1 Target Population

World Health Organization experts and the Pan American Health Organization's Technical Advisory Group on Vaccine-preventable Diseases have designated the following as priority risk groups, based on epidemiological criteria:

- Health and security personnel
- Pregnant women
- People older than 6 months with chronic diseases (heart and respiratory diseases, diabetes, immune deficiency, and morbid obesity)

Other risk groups may be identified later, depending on the quantity of vaccine available and the course that the pandemic influenza virus takes.

An explanation must be provided for the decision to have these groups receive the vaccine. The justification should be clear to both the risk groups and the general public. Scientific reasons, such as the vulnerability of specific groups (either because of their work or their health status) and the concept of "herd immunity" should be properly explained.

Given the large amount of information circulating in the Region since April 2009, it is likely that the general population lacks accurate information and is confused about several key aspects of the vaccination campaign, such as who will receive the vaccine and the justification for vaccinating certain groups. It is likely that, even after these reasons have been duly explained, there will be groups of people who will demand vaccines even though they are not part of the identified risk groups.

Communication teams and the authorities must be prepared for such scenarios, so that they can provide clear and convincing answers and can act quickly to mitigate potential excessive demand.

### Basic questions to be answered:

- When will the vaccine be offered?
- Where will vaccination take place?
- Why is the vaccine recommended?
- Who should receive the vaccine?
- What is the cost of the vaccine per person?
- What are the potential risks associated with the vaccine?
- What happens to people who do not receive the vaccine?
- What other methods are recommended to prevent pandemic influenza?

## 5.2 Messages

Once the target populations have been identified, messages should be prepared for the risk groups and the general public.

## **For risk groups:**

Key messages should explain the following:

- Which groups should receive the vaccine.
- The reasons why these risk groups should receive the vaccine (vulnerability, herd immunity). It should be explained that vaccinating risk groups will limit circulation of the virus, thereby reducing the likelihood that the rest of the population will contract the virus.
- Vaccination as just one type of preventative measure. Vaccination is a type of preventative measure, but it is not the only one. There is the need to use other influenza risk-reduction measures, such as hand washing, covering sneezes, detection of symptoms, care for people with symptoms, and social distancing.
- The proven efficacy of the vaccine.
- The proven and potential adverse events related to the vaccine and what to do in the event of serious or unknown adverse event.
- Vaccination locations, dates, and times.
- Duration of the vaccination campaign.
- Amount of vaccine available.
- Number of doses required and the interval for the second dose (based on the results of the clinical trials).

The messages must make a specific appeal to the motivations of the risk groups targeted for vaccination. Technical messages are not enough. The motivations of each population group need to be identified. It is likely that the primary motivation for pregnant women is to be protected and to have a safe pregnancy. Health and security workers can be encouraged by saying that vaccination is a way to carry out their duties and not miss days from work (and the corresponding pay), and to avoid becoming infected. However, another type of message is needed to reach adolescents effectively, because this population has a decidedly low perception of risk due to their belief that they are “invincible.” In this case, the motivation to receive the vaccine would be to stay healthy, spend time with friends, and avoid absence from work/studies, as well as other important factors.

It is also essential to emphasize the importance of individual responsibility in terms of receiving the vaccine and taking preventative measures. The idea that “everyone helps prevent influenza every day” in “ordinary situations” (work, home, education, training) is important to highlight in the messages.

### Sample messages:

Messages for pregnant women

- “Get vaccinated against influenza for yourself and your baby. The vaccine is free.”

- “You are responsible for your health and your baby’s health. You can keep yourself and your baby from getting influenza. Get vaccinated.”
- “Pregnant women are more vulnerable to influenza. Getting vaccinated is a way to protect you and your baby.”
- “For a healthy pregnancy: get vaccinated against influenza. It’s for you and your baby.”

Messages for health and security workers:

- “Get vaccinated against influenza. The vaccine reduces the possibility of contracting influenza at work.”
- “Don’t put yourself at risk at work. Get vaccinated against influenza.”
- “Prevent the spread of influenza at work. Get vaccinated.”
- “Immunization begins with you: get vaccinated”

**For the general population**

Key messages should explain the following:

- Groups that should receive the vaccine.
- Reasons why risk groups should receive the vaccine.
- Vaccination as one of several preventative measures.
- Promotion of cooperation among people and social commitment—do it for the common good.
- Need for other measures to reduce the risk of influenza (such as frequent hand-washing with soap and water, covering sneezes, paying attention to symptoms.); recommendations to not self-medicate and to consult a physician for a fever higher than 38°C; reminders that there is an effective drug to treat pandemic influenza.

Sample messages:

- “Vaccinating some people protects us all. Pregnant women, people with chronic diseases, and teens should receive the vaccine.”
- “Not everyone needs to be vaccinated against influenza, but we can all prevent its spread.”
- “Wash your hands frequently with soap and water.”
- “Sneeze on your forearm.”
- “Stay home if you have any influenza symptoms.”

**5.3 Communication Channels**

The most effective medium should be selected for reaching the general population and risk groups.

These channels should be used before, during, and at the conclusion of the vaccination campaign. If the campaign is extended, the new timeframe should be communicated. In addition to mass communication, it is also important to use telephone lines, Twitter and other new Internet platforms, as appropriate for specific audiences.

## **Risk Groups**

In addition to mass communication channels, the use of *segmented channels* should also be maximized. For *captive populations* at specific organizations, such as health and security workers, the use of institutional channels like publications and electronic messages would be feasible. Use of these channels will help the messages reach the target populations at a relatively low cost and in a short time.

Communicating with other risk groups, such as pregnant women and people with chronic diseases, requires the use of mass media such as television, radio, announcements on public thoroughfares, over the phone, in online social networks, and through the printed press. Programs with large audiences that reach the general public are recommended. Furthermore, radio and television programs targeting women in general or pregnant women are good communication platforms.

## **General Public**

The use of mass media is recommended. The significant amount of information and misinformation disseminated over the past months, combined with a potentially high perception of risk, makes reaching out to various population sectors necessary. Traditional channels, such as television and radio (including community broadcasts), the printed press, and announcements on public thoroughfares are needed. Furthermore, new online communication technologies (including social networks) and mobile telephones should be used. Although their use is limited to urban areas, and people in the upper- and middle-class with high educational levels, particularly in the case of the Internet, it is still important to use these technologies in innovative and creative ways. These populations are key in forming public opinions, particularly as consumers of traditional media.

### **5.4 Spokespersons**

It is recommended that different types of spokespersons who have credibility with the target population help transmit pandemic influenza messages.

#### **Government Officials**

- Presidents, governors, ministers of health, national coordinators of the Pandemic Preparedness Plan, heads of national and provincial immunization programs, ministers of the interior and defense, and municipal mayors.
- Tasks: Explain the campaign's objectives, deliver key messages, offer periodic information about the progress of the vaccination campaign, give press conferences and interviews with the media

## Technical Personnel

- Health professionals, directors of professional associations, academic investigators.
- Tasks: Explain why the risk groups were selected, the safety of the vaccine, potential effects, and preventive measures in language that the population can understand.

## “Champions”/Opinion-makers

- Well-recognized people, such as radio/television hosts and entertainment and sports celebrities, who are part of the risk groups and general public and are respected and perceived as trustworthy regarding health matters. A person who is listened to and trusted by adolescents might not necessarily be appropriate for other risk groups.
- Social and voluntary leaders; they have wide access to communities and have credibility.
- Leaders of associations of chronic and immunosuppressed patients.
- Health promoters who go door-to-door to deliver messages to the target populations.
- Tasks: Provide basic information, such as the objective of the vaccination campaign, selection of risk groups, locations, and duration of the campaign, with the support of technical personnel.

## 5.5 Materials

Given the need for a mass communication campaign through diverse channels, a variety of mass media materials will have to be designed and produced, including:

- Graphic information—pamphlets, posters, flyers.
- Television spots and radio announcements.
- Press releases.
- Announcements along public thoroughfares.

Distribution via the Internet—all materials must be available on a website specifically dedicated to vaccination, and they must be easily accessible. In addition, the site’s address should be disseminated using different media and activities.

## 6. Social Mobilization

A successful vaccination campaign requires the participation of broad sectors of society in various functions. The existing institutional, human, and economic resources must be used to perform numerous tasks. Key municipal, provincial, and national sectors need to be brought together in a coordinated coalition to develop and execute plans. Suggested steps follow.

## **1. Invite Potential Partners:**

Key question: Which institutions can provide support to the campaign?

- Official agencies (ministries, agencies, departments);
- Civil society (professional associations, neighborhood associations, nongovernmental organizations, associations of patients and family members, faith-based institutions, unions);
- The private sector (including media moguls);
- National and international donors.

## **2. Select the Objectives:**

Key question: How can these partners support the vaccination campaign?

## **3. Identify Tasks:**

Key question: What tasks should be carried out during the campaign?

- Micro-vaccination plans.
- Cold chain operation and maintenance.
- Vaccination.
- Administrative tasks.
- Community information, such as broadcasting and educational talks.
- Financing.
- Recruitment of volunteers.
- Logistics.
- Training.
- Supervision.

## **4. Assign Tasks/Roles and Responsibilities:**

Key question: Who will do what, when, why, and to what end?

## **5. Establish Mechanisms for Coordinating and Monitoring Activities:**

Key questions: How are social mobilization activities coordinated?  
What mechanisms are needed for communication among partners?  
How is the organization of communication activities monitored?

## **7. Frequently Asked Questions**

The most vulnerable or “at-risk” groups should be vaccinated first because they are more likely to contract pandemic influenza and to have potentially serious complications. These groups include:

- Pregnant women
- People with chronic diseases
- Health and security workers

It has been documented that the risk of contracting influenza increases during pregnancy. Furthermore, data confirm that certain medical conditions increase the risk of contracting an acute and fatal case. These medical conditions include respiratory diseases (especially asthma), cardiovascular disease, diabetes, immune deficiency, and morbid obesity.

Other groups may later be identified based on the circumstances and course of the pandemic.

### **What are the differences between the pandemic influenza and the seasonal influenza viruses?**

Seasonal influenza occurs every year during similar time frames. Pandemic influenza typically emerges during atypical or different time frames, outside of the expected seasonal influenza season.

The evidence indicates that there are significant differences between the type of illness reported during the pandemic and the type reported during the seasonal influenza epidemic. The age groups affected by the pandemic virus are generally younger and normally healthy. In contrast, seasonal influenza viruses principally affect older age groups.

In the pandemic, the most severe cases and deaths have occurred in adults under the age of 50. Deaths among people over 60 are rare. This age distribution is different from that of seasonal influenza, in which 90% of severe and fatal cases occur in people over the age of 65.

### **Should a person who has already had pandemic influenza be vaccinated?**

The only way to be sure that a person has had pandemic influenza is through laboratory confirmation. If there is no laboratory confirmation, the vaccination should be administered.

### **What is the risk of hospitalization and death?**

Several studies show that there is a high risk of hospitalization and death for specific groups such as minority and indigenous populations. Although the reasons for this are not completely clear, some possible explanations include lower standards of living and general health status, including a high prevalence of asthma, diabetes, and hypertension.

### **What are the adverse reactions to the vaccine?**

As with most vaccines, the most common reactions are fever, generalized pain, pain at the injection site, skin irritation, and fatigue. These symptoms usually last one or two days.

### **Can I receive the pandemic influenza vaccine at the same time as other vaccines?**

Yes, this includes co-administration with the seasonal influenza vaccine.

### **Are there other ways of preventing pandemic influenza?**

Some daily actions include the following:

- Cover your nose and mouth with a tissue when coughing or sneezing. Discard the tissue in the trash.
- Wash your hands frequently with soap and water, especially after coughing and sneezing. Alcohol-based lotions are also effective.
- Avoid contact with your eyes, nose, or mouth.
- Stay at home if you are sick and limit contact with other people who may be infected.