

2009 H1N1: Looking Back and Going Forward

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A Brief Look Back



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“You can get swine flu without direct contact with swine, but it’s a bit unusual. We believe at this point that human-to-human spread is occurring. That’s unusual. We don’t yet know how widely it’s spreading and we certainly don’t know the extent of the problem. We are taking active steps to learn more. . . And as we learn more, we will work to keep you updated.”

Dr. Anne Schuchat, CDC

Key Elements of 2009 H1N1 Influenza Communication Efforts

- Strong foundation in:
 - Risk communication principles and practices
 - Formative research
 - Immunization communication best practices
- Comprehensive media relations and outreach
- Multiple communication channels
- Extensive collaboration and coordination with partners
- Guided/adjusted by surveys and other assessments

Key Elements of 2009 H1N1 Influenza Overall Effort

- Government purchased all the vaccine
- Extensive and continued intra-Federal government collaboration
- Strong foundation in:
 - Surveillance and monitoring
 - Prioritizing initial doses based
- Early and extensive collaboration and coordination with a wide range of partners (e.g., States, communities, manufacturers, etc.)
- Concerted, targeted vaccination efforts on many fronts
- Messages encompassed more than vaccination (e.g., hand washing, staying home when sick, antiviral treatment)
- Guided/adjusted by surveys and other assessments

The Foundation – Some Core Components

- Tell people what you know when you know it – and you can: 1) put it into a context and 2) tell them what to do as a result of the information.
- Audience perspective first and foremost
- Acknowledge uncertainty – and what it means or could mean (e.g., “our interim recommendations may change quickly”)
- Foreshadow possibilities / share dilemmas early
- Know the intent of your messages and communication strategies

Unprecedented news media interest over the course of ten months

- Daily press briefings for the first month
- Weekly press briefings over the summer
- Twice weekly press briefings throughout the fall
- Major reporters/media came to CDC
- High media interest in background briefings
 - August workshop at CDC
 - Individual

Why the unprecedented and extended interest?

- A novel virus
- That was causing illness at an unusual time
- Among younger people, and causing severe illness, including deaths, in populations not typically associated with severe influenza outcomes
- Ultimately resulting in the first pandemic in decades
- And much uncertainty over a long period of time
- Resulting in many different forecasts and predictions – some quite scary
- Disruptions and challenges that lent themselves to local and/or national media interest (e.g., schools, health care facilities, vaccine supply)

“You hear from lay people, ‘we shouldn’t have been so panicked because nothing happened.’ Well, nothing happened because people took it very seriously. I think that’s an example of a process that worked.”

Dr. Angela Gardner,
President of American College of Emergency
Physicians (CNN, 4/26/2010)

A Look Ahead



Transitioning from Pandemic to Season Influenza: What Needs to be Kept in Mind? What Warrants Attention?

Expectations

- There's much desire to build on, extend, successes associated with 2009 H1N1 effort (e.g., pregnant women, children);
 - Schools, ob/gyns will continue to engage in flu vax
- There's much desire to address and reduce racial/ethnic disparities
 - Desire to do so will result in more/better efforts
 - More/better efforts will have impact (quickly)
- Pandemic has fostered greater awareness and appreciation of threat posed by influenza
- If you recommend for all, demand will grow

Challenges

- Maintaining and extending the interest and involvement of groups that engaged during pandemic
- Things brought, potentially created by pandemic, including:
 - Influenza fatigue
 - Stronger belief in efficacy of non-vaccine preventive measures
 - “I’m now protected” from pandemic flu
- Narrowing racial/ethnic disparities
- Likely greatly reduced news media interest

Matching Flu Vaccine Supply with Flu Vaccine Demand

- Three possible end outcomes:
 - Supply = Demand
 - Supply > Demand
 - Demand > Supply
- Three possibilities at any point of flu season:
 - Supply is meeting demand (in most/all places)
 - Supply is greater than demand (in most/all places)
 - Demand is greater than supply (in most all places)
- Which possibility, end outcome least likely? Which are most news worthy? Which do we most desire?

Achieving Success

Be prepared for. . .

- Interest in what this year's H1N1 vaccination means for vaccination in the coming season (e.g., do I need to get another flu vaccination? Why?)
- Many believing 2009 H1N1 illness or vaccine have left them adequately protected for season ahead.
- Need to educate – especially at start of season
- Intensity and duration of news media interest that more closely resembles a usual flu season rather than that associated with a pandemic.
- Expectation of frequent/regular updates on disease, illness, vaccine supplies, and coverage.

The Most Effective Influenza Immunization Efforts will. . .

- Be grounded in
 - Risk communication principles and practices
 - Formative/market research
- Involve extensive collaboration and coordination with wide range of partners
- Utilize multiple communication channels
- Involve extensive collaboration and coordination
- Recognize marketing encompasses more than messaging or communications

When it comes to 2010-11 flu season marketing and communication plans. . .

- Undertake audience research to guide plans.
- Don't assume "high risk" people self-identify
- Universal immunization recommendation adds complexity as well as simplifies
 - Requires more communication and messages
 - Targeted efforts and targeted messages remain important (i.e., not likely a one size fits all message or approach)

Changing Things When Change is Hard

(Heath and Heath, 2010)

- What looks like resistance is often a lack of clarity (so provide crystal clear direction and a compelling destination)
- What looks like laziness is often exhaustion (so it's critical you engage people's emotional side)
- What looks like a people problem is often a situation (or environment) problem (so shape the path to make change more likely to happen)
- Be solution focused -- Find the "bright spots" and place priority on scaling successes

Thanks!