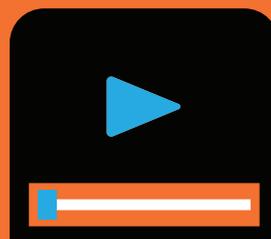


# Vaccine Safety Events: managing the communications response



A Guide for Ministry of  
Health EPI Managers and  
Health Promotion Units



**World Health  
Organization**

REGIONAL OFFICE FOR

**Europe**

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A Guide for Ministry of Health EPI Managers and Health Promotion Units

## KEYWORDS

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## PREFACE

This Guide provides informative strategies and tools to support effective communication planning and management in response to vaccine safety events. It is accompanied by a Quick Guide and is designed to be used by immunization programme managers and partners.

The Vaccine-preventable Diseases and Immunization Programme (VPI) of the WHO Regional Office for Europe thanks those who have contributed their time and experience, and provided input during development of this manual. The team is grateful for any comments and suggestions about this publication. For more information, or to provide feedback, please write to [vaccine@euro.who.int](mailto:vaccine@euro.who.int).

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The writers acknowledge the support from other team members of VPI. They are also grateful for valuable reviews by other partners and colleagues at WHO headquarters.

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## ABBREVIATIONS & ACRONYMS

AIDS	acquired immunodeficiency syndrome
AEFI	adverse event following immunization
BCG	bacille Calmette-Guérin (vaccine)
DT	diphtheria toxoid
DTP	diphtheria-tetanus-pertussis vaccine
EPI	Expanded Programme on Immunization
FAQ	frequently asked questions
GACVS	Global Advisory Committee on Vaccine Safety
Hib	Haemophilus influenzae type B
HIV	human immunodeficiency virus
MMR	measles, mumps and rubella (vaccine)
MOH	Ministry of Health
MPI	mass psychogenic illness
NGO	non-governmental organization
NID	National Immunization Day
NITAG	National Technical Advisory Group
NorAID	Norwegian Agency for International Development
NRA	National Regulatory Authority
OPV	oral polio vaccine
Q&A	Questions & Answers
SARS	Severe Acute Respiratory Syndrome
TB	tuberculosis
UNICEF	United Nations Children's Fund
VAPP	vaccine-associated paralytic poliomyelitis
VRE	vaccine-related event
WHO	World Health Organization

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# 1. INTRODUCTION

Vaccines are some of the most efficient public-health tools for promoting individual health and reducing the burden of infectious disease. Approximately six million deaths are prevented each year by vaccines.<sup>1</sup> This life-saving impact also translates into direct (medical health care costs) and indirect (workforce productivity), financial benefits and economic growth. It is estimated that vaccines have saved tens of billions of US dollars.<sup>2</sup> Yet vaccine safety receives more public scrutiny than vaccine efficacy, in part because vaccines prevent rather than cure disease. Because there is no visible effect when a vaccine works properly, it is easy to forget or disregard its benefits, instead focusing on the extremely rare adverse events associated with it.

## Why is this manual needed?

Affirming immunization as a global health benefit is not as easy or as obvious as it might have appeared a decade ago. In recent years, information about immunization has been the focus of intense public and media scrutiny. How should the wider public be informed about vaccines and immunization in an environment of heightened mass media interest? Managing a country's immunization programme requires in-depth knowledge of the technical side of vaccination. Increasingly, however, programme managers are also being asked to respond to communications issues caused by real or perceived vaccine-related events (VRE); issues for which they may not have been trained. This manual provides practical, informative strategies and tools to help you plan and manage your communications response following a VRE in your local community, at a national level, or beyond. By reading this manual, you will learn how to use communications strategies and tools to increase public trust and confidence in vaccines, and to minimize the negative impact of VREs.

The ease with which information can be disseminated now means that negative comments about vaccines can go “viral” on the internet without balanced professional input. As a result, the media have found rich pickings in vaccine safety issues. While many professionals working in the field of immunization have often felt the media to be “public enemy number one”, we believe this guide will enable the new environment to be viewed as a tremendous opportunity to get the good news out to the world about the benefits of vaccines, and also to help build mutually beneficial partnerships with the media.

## How to use this manual

Employing strong communication principles and strategies is not a substitute for evidence-based risk analysis. Therefore, this document should be used as a companion to WHO guidance for *Managing risks associated with vaccine safety*.<sup>3</sup> However, because each country is different, we suggest that you adapt this information for your context and develop your own national VRE communication plan or manual. This manual focuses solely on communication strategies for VREs. It does not address other crisis situations (such as a public health emergency of international concern).<sup>4</sup>

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1 Ehreth J. The global value of vaccination. *Vaccine*, 2003,21:596–600.

2 Thompson KM, Tebbens RJD. Retrospective cost-effectiveness analyses for polio vaccination in the United States. *Risk analysis*, 2006, 26:1423–1440.

3 *Managing risks associated with vaccine safety* (WHO/EURO due to be published soon).

4 *International Health Regulations* (2005), 2nd ed. Geneva, World Health Organization, 2008.

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## 2. THE ENVIRONMENT

### **i. Understanding the new communications environment**

Since Jenner's historic attempt to make a smallpox vaccine 200 years ago, vaccines have brought undeniable benefits to mankind, and hold the promise of even greater benefits in the years to come. However, no vaccine is completely safe, and no system of immunization is entirely free from human error; and this presents a challenge for the reputation of vaccines.

Modern communication is providing ever more successful ways of disseminating messages on vaccines and vaccination through conventional media, and through the internet. The public has developed an appetite for information about immunization issues that affect them and their families. These guidelines will help professionals to provide that information in a proper manner and setting. Anxious parents want to know if they are doing the best by immunizing their children. The internet, newspapers, radio and television are attempting to fill the information gap and not always to good effect.

Citizen journalism has created the ability to share, listen or view any opinion via the internet. News cameras and crews penetrate even the remotest places and transmit real-time to the world by satellite link. The result is a formidable challenge to vaccination service providers in all parts of the world. While industrialized countries perceive the rapid dissemination of often-provocative information and news material as being confined to "sophisticated" consumers, most vaccine issues affect developing countries as well. We are faced with a global situation that will only be exacerbated unless a concerted effort is made, by a range of organizations and governments, to provide accurate, relevant facts about vaccines in a timely manner. New efforts are needed in the communication of risk and behaviour change in this area. Health staff need training in understanding this new environment and in how to communicate the correct vaccine messages.

The belief that vaccines are either "completely safe" or "totally dangerous" has resulted in a polarization of opinion which is unhelpful and inaccurate at best, and highly divisive at worst. Emotionally charged debates arise which, although originating as a local issue, can quickly spill over to neighbouring countries, and from there to the rest of the world.

### Tips on using the new communications environment

- Use the same communications channels and strategies that are so effectively used by the anti-vaccine lobbyists to your own advantage.
- Use scientific information that is already available or can be quickly obtained. Strong scientific information already existed to counter the claims of the anti-vaccine lobbyists for several of the vaccine-related scare stories that have emerged in recent years, but the information was not used effectively at the outset.
- Create your own communication plans for rapid implementation to prevent vaccine scares becoming vaccine crises.
- Demystify vaccines and how they work — an important step towards building trust and gaining the confidence of opinion leaders.

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## ii. Cultural sensitivity

To create a positive public perception about vaccine safety and efficacy, the benefits and risks of vaccination must be carefully explained, based on evidence. Belief systems, culture, politics and religion are some of the factors that can influence how people perceive the message you are communicating. Therefore, for your message to be effective, you must tailor it to the population you are communicating to. Although your primary message may be the same, it will be more effective if presented differently for different populations.

## iii. Public confidence

The contamination of polio vaccine with the SV40 virus and the swine flu outbreak<sup>1</sup> were early crises in vaccine safety. They also show clearly how, in industrialized countries, public confidence in vaccines began to be undermined. Vaccine safety continues to come to the attention of the wider public. Alternative and traditional medicines have become popular as substitutes for the conventional approach to healthcare. They have filled a void left by the distrust in conventional methods and often provide an holistic approach to maintaining health. In part because of these new attitudes, parents are increasingly turning away from immunizing their children. They fear the potential harm from vaccines, while at the same time they are being lulled into a false sense of security by the near disappearance of previously common vaccine-preventable diseases, such as polio and diphtheria.

Further challenges to public confidence in vaccines come from individuals who have a very different agenda from immunization programmes, and who have tried to show through their personally-held beliefs that “the government” or some other public body is in some way conspiring to poison the public. Vaccines lend themselves to this sort of allegation. The reputation of vaccines has often been tarnished as they are used in political debates about completely different issues, such as an individual’s public image, power or control. In addition, a lack of trust in institutions has been fostered through contamination scares related to food, pharmaceuticals and biological products. The conspiracy theme is also exploited in numerous popular movies and television series. The wider medical press has also not been immune to this phenomenon. In his book *Emerging viruses*,<sup>2</sup> Horowitz claims that governments have systematically and deliberately contaminated vaccines with such materials as the AIDS virus. As unlikely as this seems to most serious scientists, the book sells, and crowds have flocked to hear public presentations of his ideas.

During the last two decades, there has been a rapid rise in immunization coverage in nearly every country. Consequently, immunization has sometimes been carried out in areas where training in logistics and vaccine administration has been inadequate. In such situations, mistakes (avoidable programmatic errors) have occurred due to improper or inadequate sterilization of injection equipment, incorrect doses, timing or routes of administration, or wrong substitution of drugs for diluents or vaccines. Unsafe injection practices, while administering vaccines and during other medical procedures, are now well recognized as potent sources of disease transmission.

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1 Shah K, Nathanson N. Human exposure to SV40: review and comment. *American Journal of Epidemiology*, 1976, 103:1-12.

2 Horowitz LG. *Emerging viruses: AIDS and ebola: nature, accident, or intentional?* 1996.

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#### **iv. Who are the media in your area?**

The principal media include printed newspapers and journals, television and radio, and the internet/web. Community radio, and television stations and local newspapers are also valuable outlets. They may be government-controlled or free, but they are valuable friends in any crisis that has a communication component. Do not overlook any potential journal/station that might get your story out reliably, and to your major audience. Make a comprehensive list of the media in your area and remember that those wanting to portray vaccines in a negative light also use interest group web sites, Facebook and Twitter.

#### **v. How to use the new environment constructively**

##### **Maintain your own confidence in vaccines**

The most important action that an individual immunization professional can undertake in preventing incorrect information and attitudes about vaccines arising, is to be well informed and confident in their own minds about these issues. Vaccines are much the same as they were 20 years ago — if anything they are even safer. Over the years they have saved millions of lives and will continue to do so for as long as they are used properly. One bad press article does not alter that. Even if a tragedy occurs that is proven to be related to the administration of a vaccine, it does not change the fact that vaccines are one of the most powerful public-health tools available to mankind. Without being fully informed and confident in the correctness of providing vaccines, it is easy for health staff to become demoralized by, for instance, a personal attack on their professionalism by a newspaper. Parents who are seeking reassurance about vaccine safety will notice an ambivalent attitude in a health care provider.

##### **Understand what the media do**

The media cover a range of functions, such as gathering and spreading information, acting as the public watchdog and, of course, selling newspapers (copy) or attracting listeners/viewers. They do this to make money (unless they are government-run), and they do not have a duty to report everything told to them by a health professional. They operate (for the most part) along ethical lines and try to present at least two sides to every issue. The media play a vital role in the public's perception of immunization and it can be a positive or a negative influence. Whether or not the media report immunization, particularly following the announcement of a negative event, may depend to a considerable extent on the strategic relationship-building effort made by the programme. The basis of nurturing a good relationship with the media is honesty, and mutual trust.

##### **Understand what the media are looking for**

Understanding what the media want from a story will help you to provide information that meets their needs. They are not looking to assassinate your character (as many believe). Since the media are most interested in stories that attract attention and sell copy, or boost audience viewing/listening, one technique they use is to dramatize, emotionalize and personalize events. The danger is that, unless properly informed, the media may present health services or officials responsible for immunization as being uncaring, impersonal, incompetent, or even dangerous. The style of writing that is adopted by some journalists effectively induces public opinion to side with them in emotional situations where vaccines appear to have damaged children and left them or their parents in debilitating situations. Sadly, the underlying issue of whether the vaccine actually caused the problem may be taken for granted or incompletely discussed. Remember that journalists often work to deadlines, and may simply give up on a source that cannot (or does not bother) to respond in time to meet their deadline.

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## What draws media/public attention to a story?

- Emotion or fear
- Disaster or other high profile event
- Drama with personal aspects (e.g. thalidomide)
- Controversy or conflict (e.g. minister versus industry)
- Unknown or uncertain cause
- Exposes malpractice and negligence
- Many people affected
- Unexpected (measles vaccine and autism)
- Polarity of views
- Location (close to own country or hospital)
- Discussion (miracle drug or poison, stereotypes to fall back on)
- Celebrity link – heroes and heroines
- Children or pregnant women involved
- Credible/believable rumour or media story

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## They like

- The dramatic
- Accuracy and simplicity
- Statistics with explanation, if possible
- Context (part of a wider picture)
- Comments or explanation from the highest authority possible
- Controversial issues
- To investigate both sides of a story
- A timely response

---

## They will ask

- WHO - is affected/is responsible?
- WHAT - has happened? What is being done?
- WHERE - has it happened?
- WHEN - did it happen?
- WHY - did it happen?
- WILL - it happen again?

It is relatively easy for sensational media stories to create a sense of panic and outrage around events that are either coincidental to the immunization effort or which constitute a localized programme error without wider implications. Additionally, the media tend to report on numbers of events, ignoring the context of the very small rate (percentage of doses administered) of occurrence. An event of unknown cause, when linked by the media to immunization, can be a potent generator of fear.

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## **vi. Forming relationships with the media**

The media are arguably the most influential advocacy vehicle you have — they play a key role in mobilizing public support and setting the political agenda. There are a number of practical steps in media relations that can dramatically increase your chances of gaining greater and friendlier media coverage. Since competition for media space is intense, getting the basics right is essential. First, map the various media outlets and identify specific contacts, such as health journalists and health editors. Aim to provide information to key media on a regular basis. Create sound professional relationships with journalists who demonstrate their interest and integrity. Even when the press coverage is negative on an immunization issue, it is generally possible to use the moment to get your own message about immunization across. With imagination, even the worst situations can be turned to effective articles that show the real value of vaccines.

## Tips for regularly supplying targeted material to journalists

- Provide “people” stories on the benefits of immunization
- Provide “news” stories on outbreaks and trends in immunization
- Provide “interest” stories about volunteers delivering vaccine
- WILL - it happen again?

## **vii. Holding off-the-record sessions**

One proven approach is to hold off-the-record sessions with the media, inviting relevant journalists from key media outlets to informal sessions with government, (immunization, health promotion) stakeholders to discuss any one of a range of issues and questions. All parties come together with an understanding that the discussions are strictly off-the-record i.e. nothing that is discussed is for publication. The objective of the session is to allow questions, concerns and perspectives to be heard and responded to, on both sides. This could include clarifying technical questions/ issues within the vaccine programme, addressing (mis)perceptions, or practical issues, such as the availability of spokespersons at short notice. This two-way communication and dialogue has shown to lead to a steady building of understanding and trust between the media and government agencies. This, in turn, leads to a better working relationship and less misinformation in the future.

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## 3. WHAT IS A VACCINE-RELATED EVENT (VRE)?

### i. Some definitions

There are six types of events related to vaccines (see Figure 1) that can negatively affect a vaccination programme.

- An adverse event following immunization (AEFI) — a medical incident that takes place after administration of a vaccine and is believed to be caused by immunization. This may be due to a vaccine reaction or an error in administration. An event may also turn out to be “coincidental”.<sup>1</sup>
- A new study or experimental data related to vaccines or immunization.
- A report in the press, or a local rumour about vaccines.
- The temporary suspension of a vaccine.
- A vaccine recall.
- The replacement of a vaccine.

### ii. Vaccine reaction

Immunization can be followed by an adverse event (AEFI) caused by the inherent properties of the vaccine, or by an error in the immunization process. Some form of mild reaction is very common, and parents should be advised at the time of vaccination of the possibility, and what to do to minimize its effect on the child. Severe reactions are very rare but can be life-threatening; however vaccines would not be sanctioned for use if they caused frequent severe reactions.

Uncertainty about the cause of a vaccine reaction may amplify public anxiety about its safety, and this concern may grow the longer the uncertainty remains. It is therefore important that, while the cause of the reaction is being determined, the public must be reassured that the case is being fully investigated and that they will be informed of the outcome as soon as possible. A strong response from the public may be triggered (see “Handling a crisis” below) by media coverage of a severe vaccine reaction.

### iii. A new study or experimental data

New research about the benefits and risks of vaccines is being published all the time. A communication need is triggered when this research receives public attention, normally through the mainstream media or a medical journal. As with vaccine reactions, most research will not create a significant public reaction. If it creates an emotional response, however, particularly in situations of uncertainty or when delivered by a credible source, public concern may need to be formally addressed.

### iv. A report in the media or local rumour

Media articles about vaccine safety range from factual accounts of scientific publications to anecdotal stories about vaccine reactions. There are many different sources (internet blogs, newspapers, radio and television) for local and international news about vaccines.

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<sup>1</sup> A coincidental event is one that happens around the same time as administration of a vaccine dose but is not caused by it e.g. measles, mumps and rubella (MMR) vaccine and onset of autism at around one year of age. One does not cause the other. Communicating this information to parents in a reassuring manner is a skill every vaccinator should learn.

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“Vaccine rumours” are unverified stories about vaccine-safety issues. Rumours travel from person-to-person, allowing them to be broadcast widely through social media channels such as Twitter or Facebook, or through texting. Controlling a rumour that is already circulating can be very challenging (see “Dealing with rumours” below).

#### **v. Temporary suspension of vaccine**

Temporarily suspending a vaccine from public use will heighten public attention and concern, particularly among individuals (and their families) who were recently immunized, or are planning to be immunized. This concern will arise regardless of the reasons for the suspension. Vaccine suspension in another country may also require a local communication response, especially if your programme uses the vaccine that is being suspended. Communications should describe the reason(s) for the suspension, the decision-making process that will resolve the uncertainty and the safety criteria that must be met before the vaccine programme can be restarted. Suspensions are generally precautionary, reflecting a cautious, safety-first approach to vaccines.

#### **vi. Recall of vaccine**

Very rarely, manufacturers may have to recall a vaccine for safety reasons, such as finding that the equipment used to manufacture the vaccine was contaminated. Due to the infrequency of vaccine recalls and the anxiety they cause among the public, they are broadly publicized and therefore always merit a special communication effort (Figure 1).

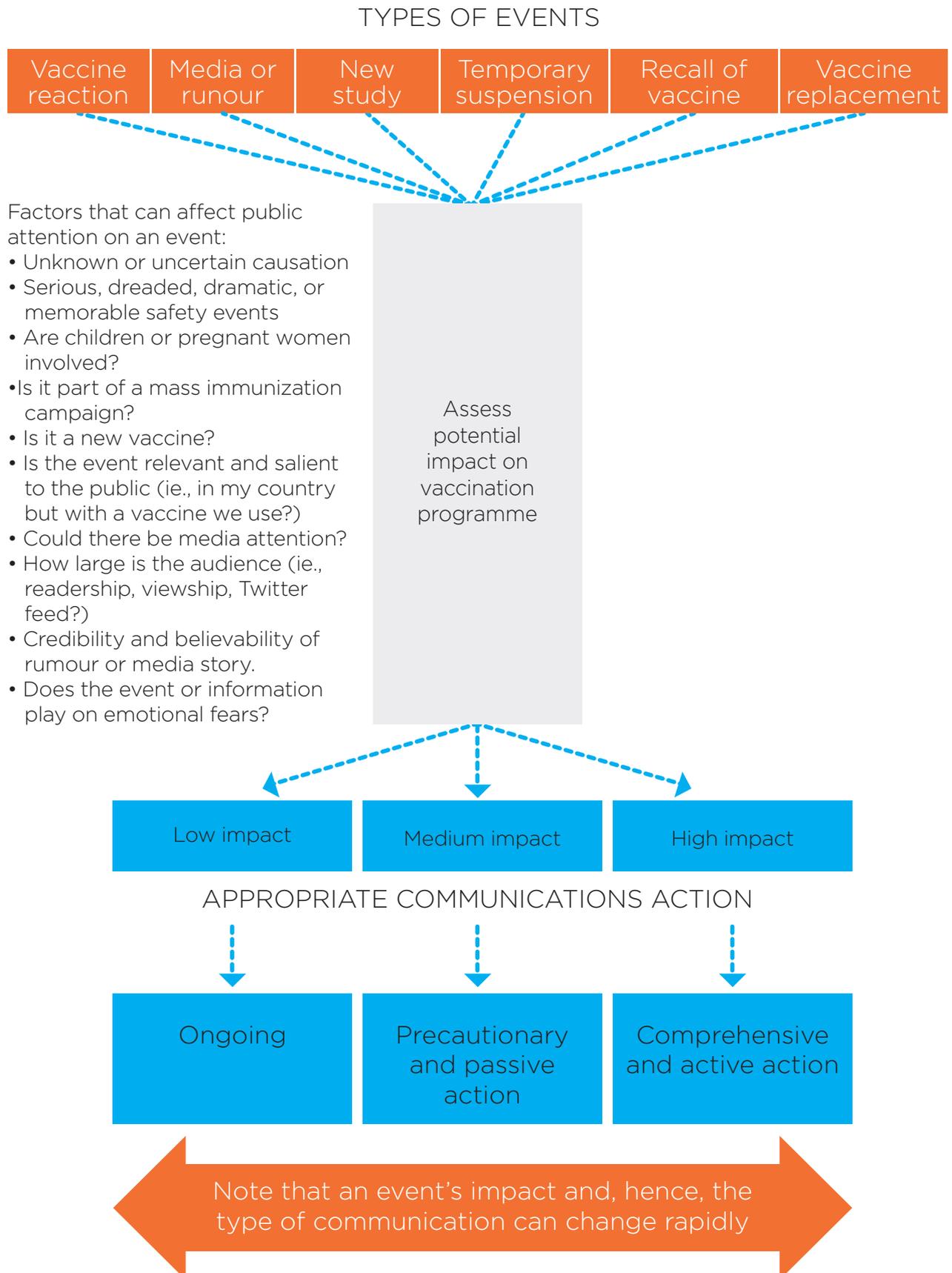
#### **Important questions to address when communicating about a vaccine recall**

Which vaccine is affected?	My child was vaccinated with a vaccine from one of the affected lots. Will he get sick? Will my child have to be revaccinated?
What does it protect against?	What if the vaccines are contaminated — what signs or symptoms should I look for?
Why is the vaccine being recalled?	What if my child has not been vaccinated yet? Will there be a shortage of the vaccine because of the recall?
How can I find out whether my child was vaccinated with one of the recalled shots?	If children can't get immunized, is there a danger that we will see more outbreaks of the disease the vaccine protects against?

#### **vii. Vaccine replacement**

Like the temporary suspension of vaccines, vaccine replacement is almost always a planned measure to improve the safety and efficacy of the immunization programme. Vaccines are often replaced with updated and slightly reconfigured products. The public may become concerned if they do not understand the reasons why the vaccine was replaced, and need to be reassured about the aim of the replacement.

# FIGURE 1 - TYPES OF VACCINE-RELATED EVENTS



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### **viii. Gathering information**

When starting to investigate a VRE, there are likely to be gaps in your knowledge and questions that you will need to have answered before you can determine what level of response is required. Your immediate colleagues within the immunization programme and within the Ministry of Health (MOH), and your primary immunization partners and collaborators are often your best sources for this information. Depending on what type of event you are investigating, staff in your programme (e.g. laboratory, monitoring, surveillance, procurement or logistics staff) may be the most accessible, trusted and reliable sources.

Consider also contacting sources outside your programme, such as your National Regulatory Authority, other ministries, public health or medical institutes, universities and your strategic partners. Take care, however, not to escalate or highlight an event through the process of investigation. There are examples where poor investigatory steps and fact-finding activities resulted in thrusting minor events under the spotlight, thus drawing unnecessary media attention and increasing the impact of the event.

The speed with which data can be collected and provided following an AEFI or safety scare is critical in countering adverse publicity or manipulation by anti-vaccine lobbyists. To provide information rapidly, an effective AEFI monitoring and reporting system must be in place. Base your communications about vaccine safety on the information from that system. Evidence-based support for the detection, reporting and investigation of AEFI can be found in several international forums, networks and review committees. The Global Advisory Committee on Vaccine Safety (GACVS)<sup>1</sup> is an independent body established to provide scientific assessment of vaccines and vaccine safety. The Vaccine Safety Net<sup>2</sup> was developed to provide an international seal of approval for internet sites, with information on vaccine safety, and currently lists sites from 26 organizations. The revised International Health Regulations (2005)<sup>3</sup> could also be used to improve reporting and investigation of AEFI. All of these international innovations can be used to improve communications and advocacy for immunization, but more effective reporting and investigation of AEFI is needed to establish a more comprehensive scientific database about vaccine safety. The lack of data, or the inability to show causation, should not be used as a reason to hold off on communicating about an emotionally sensitive adverse reaction. Providing information quickly is the surest way to gain control of a situation.

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1 GACVS web site at [http://www.who.int/vaccine\\_safety/committee/en/](http://www.who.int/vaccine_safety/committee/en/).

2 Vaccine Safety Net web site at [http://www.who.int/vaccine\\_safety/initiative/communication/network/vaccine\\_safety\\_websites/en/index.html](http://www.who.int/vaccine_safety/initiative/communication/network/vaccine_safety_websites/en/index.html).

3 International Health Regulations web site at <http://www.who.int/ihr/en/>.

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## 4. TO COMMUNICATE OR NOT?

When a programme manager becomes aware of a VRE, he/she must decide whether or not to communicate this information, how the information should be communicated, and also to whom. Whether real or perceived, any VRE can become a crisis situation if it is not handled correctly (see “Handling a crisis” below). Informing the public appropriately may boost confidence in the system, but telling the wider public about a problem that is not immediately relevant to the programme may only cause problems. This section of the manual provides advice on when, how and whether to communicate after a VRE has occurred.

The need for proactive communication increases as the potential impact on the vaccination programme, and public trust in the programme, increases. Table 1 below describes some common challenges to public trust in vaccine safety and suggests the impact of each situation on the vaccine programme, from low to high. In a situation with an anticipated low impact, the need to communicate is limited. In a situation with an anticipated high impact, the need is more pressing.

When judging the potential impact of a VRE, the main criterion is whether the event will attract public attention and thus affect the public’s trust in the vaccine programme.

Regardless of the VRE, the first step is to identify what has happened. This information is key to understanding whether the event has a low, medium or high impact.

The advice in Table 1 is only general and must be adapted to your specific national and cultural context. We recommend that you use this table as a starting point to develop your own plan for communication response. Two principles extend across the advice below.

- If in doubt, communicate. From a public trust standpoint, it is far better to err on the side of too much communication, than too little.
- Do not delay in deciding and implementing your communication strategy. Events unfold quickly and the situation can change. Be flexible and ready to take action if events that initially seem to have low impact on the vaccine programme suddenly escalate to high impact.

Table 1 (Selecting your response to a vaccine-related event) outlines when an event may be considered low, medium or high risk to public health and/or the immunization programme. This categorization of the event enables you to determine the most appropriate response. In general, low-impact events will not require a response, but medium and high impact ones will. Of course, this may vary from country-to-country, and the categories are not absolute. Examples of how to respond are provided in Annex 1.

## TABLE 1 - SELECTING YOUR RESPONSE TO A VACCINE-RELATED EVENT

Increasing public attention to event and increasing impact on public trust 

Type of event	Potential impact on the vaccination programme (and type of response called for)		
	Low impact	Medium impact	High impact
<b>Vaccine reaction</b>	<ul style="list-style-type: none"> <li>- Reaction is not serious or dramatic</li> <li>- Reaction is serious but not relevant to the public (e.g. in another country with a vaccine not used in our programme)</li> </ul>	<ul style="list-style-type: none"> <li>- Serious reaction in my country</li> <li>- Serious reaction with some relevance to public (e.g. in another country with a vaccine used in our programme)</li> <li>- Anticipated media attention</li> <li>- Reaction among children, teenagers, pregnant woman</li> </ul>	<ul style="list-style-type: none"> <li>- Actual media attention</li> <li>- Serious reaction(s) with unknown cause</li> <li>- Reaction that is dreaded, memorable, or dramatic</li> <li>- Serious reaction during a mass campaign</li> <li>- Serious reactions with a new vaccine</li> </ul>
<b>Study or new experimental data published</b>	<ul style="list-style-type: none"> <li>- Research has low credibility</li> <li>- Research is unlikely to receive public attention</li> </ul>	<ul style="list-style-type: none"> <li>- Research receives some public attention</li> </ul>	<ul style="list-style-type: none"> <li>- Research receives significant public attention</li> <li>- Source has high credibility or influence</li> <li>- The research is relevant (e.g. mass immunization programme, new vaccine)</li> </ul>
<b>Media report or local rumour</b>	<ul style="list-style-type: none"> <li>- Story receives little to no public attention</li> <li>- Story does not play upon emotions and/or fears</li> <li>- Story is not believable</li> </ul>	<ul style="list-style-type: none"> <li>- Story receives some public attention</li> <li>- Story triggers some emotional fears</li> <li>- Story is plausible</li> </ul>	<ul style="list-style-type: none"> <li>- Story receives significant public attention; taps into emotional fears</li> <li>- Source has high readership/viewership</li> <li>- Source is credible and influential</li> <li>- Story is relevant</li> </ul>
<b>Temporary suspension of a vaccine</b>	N/A	<ul style="list-style-type: none"> <li>- Any suspension that is not in my country</li> </ul>	<ul style="list-style-type: none"> <li>- Any suspension in my country</li> </ul>
<b>Recall of a vaccine</b>	N/A	<ul style="list-style-type: none"> <li>- Any recall of a vaccine not used in my country</li> </ul>	<ul style="list-style-type: none"> <li>- Any recall of a vaccine we use</li> </ul>
<b>Vaccine replacement</b>	N/A	Always	<ul style="list-style-type: none"> <li>- Replacement was the result of an adverse event following immunization</li> </ul>

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## 5. MEDIA COMMUNICATIONS PLANNING

### i. Introduction

For many immunization staff, it may be the first time that they have had to write a media communications plan, even though the team may have already created a plan for a measles or polio mass campaign. In this document, we are suggesting that you write one of a more general nature that will provide a broad platform for communication about immunization, as well as allowing you to respond effectively when publicity about immunization is negative.

Elements to effective communication include a communications plan, anticipation, trained key staff and practice in responding. Every immunization team needs to be prepared with a communications plan. Writing a plan for communicating with the media is part of the overall communications plan. It is simply preparing a blueprint of what is to be done and how it will be accomplished. Such a plan allows you to:

- be proactive rather than reactive;
- focus on the programme's mission;
- develop strategic links with key partners;
- take control;
- ensure that all elements have been properly considered;
- ensure that everybody involved knows what to do and what their personal role is;
- avoid panic when a crisis emerges.

### ii. Steps in developing a media communications plan

The written plan is only one part of your overall immunization strategic plan, and it must therefore be integrated with the master plan. One way of getting started in the planning process is to create a short analysis of your programme. This means examining its strengths and weaknesses, opportunities and potential threats. A good first step may be to clearly identify your weakest areas in order to help you develop priority areas for your communications efforts. Annex 2 provides a template to create a communications plan.

#### Steps to implementing the media communications plan

##### *Pre-crisis*

- Establish a crisis communications team.
- Prepare a list of those in and outside the organization who should be informed when a crisis occurs.
- Prepare a list of key spokespersons.
- Inform all employees as to who are the designated spokespersons.
- Ensure potential spokespersons are media trained.
- Identify and assign all tasks for responding to a crisis.
- Assemble information about your media; identify current links, potential new links that can be developed and their audiences, etc.
- Distribute the communication plan to relevant people.

##### *During crisis*

- Adapt the plan to ensure it achieves a well-defined objective in this crisis.
- Select the spokesperson.
- Develop background information as well as drafting press releases.
- Define audience(s) (there may be several e.g. public, professionals).
- Define key messages for each audience and for each scenario.
- Identify delivery mechanisms for each major audience (e.g. radio, newspaper, television, etc.).

##### *Post crisis*

- Evaluate your impact.
  - Revise your communications plan accordingly.
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### iii. Ongoing communications that sustain the programme

Communicating about vaccine safety is not just about responding to a crisis. Public communication and engagement regarding vaccine safety is critical to maintaining confidence in the vaccine safety system, optimal vaccine coverage and the public health system. National immunization programme communication activities should include generating and maintaining a uniformly high demand for vaccination. This can be done by implementing communication activities that:

- minimize service and consumer barriers to vaccination;
- create and sustain appropriate immunization behaviour among target populations.

The majority of countries in the WHO European Region have achieved high vaccination rates and, as a result, most are largely free from the death, disability and illness caused by vaccine-preventable diseases. Unfortunately, this has led some governments to communicate less about the benefits of vaccination and vaccine safety to the public. Combined with the disappearance of visible signs of childhood illnesses, this information gap has created fertile ground for anti-vaccine groups to spread misinformation about vaccines. Many parents are vulnerable to such vaccine safety rumours and are consequently reluctant to vaccinate their children. This situation emphasizes that a single publicity activity is unlikely to sustain high coverage. There needs to be a sustained effort to promote immunization as a means to also minimize negative publicity.

Whether introducing a new vaccine, maintaining routine immunization activities, or responding to a VRE, programmes must make it a priority to establish and nurture public confidence in immunization. This can be achieved by regularly communicating to the public about the significant benefits of vaccination in contrast to the risks. A strong vaccine communications platform can help facilitate this work.

## Some routine communications activities

- Cultivate relationships with journalists from various media (e.g. the internet, newspapers, radio and television) and maintain an up-to-date media contact list.
- Provide a regular (weekly or bi-weekly) flow of information about the programme to health reporters. Don't wait to be asked.
- Assess your audiences and gauge public perceptions and opinions on immunization through surveillance (e.g. who are the populations that you have to vaccinate and what are their perceptions about vaccination, and your programme).
- Provide public and media access to vaccine safety information and post-marketing surveillance data, as well as regular updates on vaccine efficacy, quality and safety, through multiple communications channels.
- Train health care workers on how to communicate during a VRE or when questions arise about the safety of vaccines.
- Develop a common understanding with stakeholders (including national regulation authorities) about the communications roles and responsibilities for vaccine risk and crisis communications.

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## 6. DEVELOPING THE MESSAGE

### **i. Identify the target audience**

In general, your target audience for communication will be parents of infants who need vaccinating. You cannot assume that they will be highly literate or have had the same education as yourself. They may be very well-informed on some subjects but not have the technical vocabulary that is common to those dealing with vaccination as part of their job. Ensure the reading age of printed material is appropriate (usually aim for a reading age of about 11 years). If you need to reach portions of the population who are illiterate, consider other ways of reaching them than the printed word e.g. radio, television, street drama. The content of the message you want to transmit to one target audience (e.g. parents) will probably not be the same as the message you need to deliver to another group (e.g. health workers).

The general public is a critical audience for information about vaccines and immunization. It is equally important to communicate to health care workers, as they are both audiences of immunization programmes (i.e. they should receive appropriate vaccinations) as well as channels of information on vaccine safety and efficacy. Whether during a crisis or during routine delivery of care, frontline workers represent a powerful and trusted way to communicate to the population. Those who routinely administer vaccines, or who evaluate and treat patients after adverse events, including family medicine and internal medicine physicians, paediatricians, obstetricians/gynaecologists, nurse practitioners, physician assistants and nurses, should receive training and regular updates on vaccine safety and quality issues, news and research. Health care associations, social networking websites and interpersonal communication can all be effective entry points for engaging health care workers. Newsletters have also been used effectively in countries, as have regular seminars about immunization and vaccines.

Education materials should be available for health care workers to use during their encounters with children and their parents or guardians. These materials should provide information regarding known side-effects and the frequency at which they occur. In addition, health care workers need to know about events caused by programme-related errors. Every health care worker should undergo training to learn how to avoid making programme-related errors which could lead to an increase in side-effects attributable to vaccination. During critical time periods, such as vaccination campaigns and ongoing investigations, health care workers should have information readily available to learn the facts about immunization, and they should disseminate accurate and truthful information to parents, guardians and other adults.

### **ii. Identify the spokesperson**

Designate a spokesperson to serve as your primary channel for communicating with the media and the public. They should be selected because they are known to be credible and trusted by the public, have some knowledge of the subject and, most importantly, have been trained in media communication. Once you have selected the spokesperson, determine how they will be informed of an event, and the scope of their responsibilities. Your spokesperson may be contacted for media interviews. For this task, they need to possess (and be able to communicate) empathy, competence and expertise, honesty and openness, and commitment and accountability. Other members of the team must understand that they should not reply to approaches by the media, but should refer enquiries on to the spokesperson.

The national programme manager should not automatically assume that he/she is the best person for this task. Sometimes the message is best delivered by someone outside the “system” as statements made by the Ministry of Health or other official bodies may be considered to have another agenda in the eyes of the public. A partner who might do this, for example, who is perceived to be credible and trustworthy by the public, would be a spokesperson from Rotary or some other respected community group. Countries have also found that celebrities have been very good at giving supportive messages. Such persons may be film stars or sports men and women. They may even be recruited as “flag-carriers” for immunization in general. However, they need to be well briefed, or they may do more damage than good.

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### iii. Simplify complex information

Communicate in a simple way that everyone can understand. Reporters and news-gatherers are not likely to have detailed knowledge of immunology and vaccines, or their target diseases and symptoms. Consequently, complex issues (for example, vaccine efficacy) must either be avoided altogether, or expressed in simple terms. If the reporter does not understand the story, it is likely that there will be errors when the information appears in the local or international news.

To ensure media support for immunization, even following the report of a negative event, short, simple, memorable messages should be developed about the target diseases, the immunization programme and its merits, and the vaccines that are being used.

## Simplifying information

- Identify whom you need to reach and why.
- Keep it simple. Don't let several messages compete for your audience's attention. You only have a few seconds to catch their attention.
- Avoid medical jargon or complex technical or scientific data. Instead, present it in laymen's terms (e.g. "upper arm muscle" rather than "deltoid"). Use only those data needed to support your message.
- Don't overload the reader with too much information. A lengthy publication is not usually as effective as a concise, targeted one.
- If you are asking someone to take action (for example, "go to a vaccination centre with your child between 09:00 and 15:00"), make the value/impact of their action clear.
- Highlight the "human" aspect of the issue you are presenting. If an audience feels connected to, or affected by the issue, they will be more willing to take action.
- A well-chosen design of printed material may speak louder than words. Use compelling photographs, an unusual size or format, or some other creative feature, but don't assume that a publication needs to be glossy. A simple presentation may be more effective. If you invest a great deal of resources in researching and writing a publication, be sure to also invest sufficient resources to ensure it is appropriately designed and extensively distributed.
- If your publication is periodic, brand it with a logo, stamp or other regular features.

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#### **iv. Develop key messages**

Key messages are phrases or short statements designed to remain in the minds of the viewers/readers for extended periods. They capture the essential information you want to convey and can function as “sound bites” during on-camera interviews (see “Preparing a radio spot” and “Preparing a television clip” below) or as headlines in a newspaper story, or even printed on health workers’ T-shirts!

Having key messages prepared in advance will allow you to communicate quickly and effectively with your audience, should you need to. By establishing and repeating them often, key messages also ensure that you are communicating consistently with the public and that you stay in line with your objectives. Ideally, the media and the public will remember and also repeat your key messages.

### Things to consider when developing key messages

List the 3-4 things you really want the public to know, to consider, to think about

Ensure the key messages are:

- concise - try to avoid jargon and acronyms;
- active - make every sentence active;
- positive - talk about what you can do, not what you cannot;
- short - one memorable sentence, 10-15 seconds to say;
- specific - address a particular challenge and audience.

Limit technical information and data in the key messages to material which helps manage expectations, which reassures, or helps explain actions expected of the public, or actions you will take.

Update messages as the event develops, or if the situation or the magnitude of public concern changes.

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Prepare the key messages early in any immunization effort and repeat them often. This is especially valuable during a period when closer-than-usual media scrutiny threatens public opinion on immunization, such as after the report of an adverse event. Examples of key messages in favour of immunization might be the following.

- The benefits of immunization in preventing disease are well proven.
- The risk to the child and community of serious complications from the disease(s) through not immunizing.
- Reactions to vaccines are usually mild, self-limiting and very rarely cause serious or long-term problems.
- Vaccine-preventable diseases caused millions of deaths and/or disabilities before the introduction of vaccines, and that situation would return without continued use of vaccines.
- Vaccine safety is of paramount importance to immunization service providers, and any suspicion of a problem is investigated (an advantage of well-established vaccine safety surveillance), and is remedied.
- An adverse reaction is currently being investigated but is expected to be coincidental/due to a local problem (depending on the type of event), and the immunization programme must continue meanwhile in order to keep the population safe from disease.
- Action is being taken.

In an interview situation, make sure that you state your key messages early on (long interviews may be cut). Even if you are not asked a question that requires your key messages in the answer, make sure you weave them in somehow.

#### **v. Explaining the cause of the event**

The public often perceives as unsatisfactory an investigation into a VRE that fails to demonstrate a clear causal relationship. Such an outcome is more difficult to communicate, but it must be communicated with conviction to ensure transparency, and in a way that builds public trust in the vaccines, and the whole process. Choosing the right person to give this message is as important as the wording of the message. Beware that you do not give the impression of a cover-up. The most likely reason for finding no causal relationship is that the reaction is “coincidental”. Even health professionals are often confused as to what this means, so try an example that everyone can relate to – “the cock crows at the break of day - it does not make the sun come up.” The classic example in children’s vaccines is the onset of symptoms of autism that classically start to appear about the same time as MMR vaccine is given (early in the second year of life). Autism is “coincidental” to administration of MMR.

#### **vi. Risk communication**

It would be wonderful if we could tell everyone that there was nothing to worry about and that everything was totally safe, but that is not the reality. Many activities we undertake have risks, some more than others, but it does not necessarily stop people doing what is risky if they believe the risk is acceptable to them. People continue to drive cars despite information and experience regarding the risks of road traffic accidents. This occurs partly because people need transportation in their daily lives. They are informed about the risks, and safety measures continue to be developed and communicated.

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In the same way, vaccines are extremely safe, and as safe as we can make them. If only vaccines that meet WHO requirements are used, then we know that they meet very high quality criteria. However, they are not totally free from any risk. There is always the human element that can endanger even the safest vaccine. So how do we tell the public there is a finite, but extremely small risk associated with vaccines, and still encourage them to bring their infants for vaccination? In preparing messages, you need to understand some of the principles of risk communication. Once again, the Media Communications Plan is the basis for communicating effectively about risk. You need to anticipate, train key staff, and practice responses. A plan allows you to be proactive rather than reactive.

Successful risk communication involves processes such as two-way dialogue, active listening and discussion. Individuals differ in their perceptions of risk, depending on their life experience and knowledge, and their understanding that certain risks may be more acceptable than others. There should be emphasis that the risk of complications from vaccination is small and the risk from the disease is great — they are not equal, or even nearly equal, as many would try to portray them.

When communicating ideas that are complex, such as explaining that there is less risk to pursue course of action A than course of action B, the audience may hear and understand only part of your message. They may become fearful because of a crisis that has arisen. A crisis may generate anger, frustration, fear, outrage, or concern. The content of the message and how it is delivered must take these emotions into account.

## Elements of risk communication

- When people are fearful or angry (adrenaline is flowing), communication gets harder.
- People tend to focus on the negative.
- Give at least three positive points to counter one negative point.
- Accept and involve the public as partners.
- Tell them you share their concerns.
- Listen to what the public is saying. Your concerns must match theirs.
- Build trust. Have a trusted spokesperson deliver the message.
- Collaborate with other credible partners/sources; “UNICEF also supports this...”
- Meet the needs of the media.
- Speak clearly, simply and with compassion.
- Being right is not the only issue.
- Avoid technical terms and long words or phrases.

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## 7. SELECTING THE MEDIUM

### i. Using the most appropriate method of communication

The success of communication depends to a great extent on choosing the most appropriate methods of transmitting the prepared messages. The choice will depend on:

- who is the target audience (often this will be everyone);
- how complex the message is (it should always be simple but may need to convey complex ideas);
- the degree of urgency;
- the length of time the message will be relevant – a weekly journal is not good for urgent situations but may have a large readership for longer-term information or desired behavioural change;
- cost;
- the level of interest that the media have already shown in the issue.

There are many tools that can be used to communicate about vaccine safety and it is important to select the most appropriate for the purpose. The method of communication chosen should depend upon the context, audience and resources. Some examples of tools are given in the information box.

It is also important to recognize the key influencers within your region. These are the people whose opinions are important to the public, such as physicians, health reporters or religious leaders. During routine communications or during a VRE, such influencers are valuable channels for sharing information with the general public or targeted audiences.

#### Examples of communication tools

Advertisements in the media (e.g. print, TV)	Press release/briefings/press conference leading to an interview on peak-hour television or radio news
Fact sheets/Frequently Asked Questions (FAQs)	Radio or television talk show, call-in programme
Interviews with the media and public speeches	Social media (e.g. blogs, Facebook, Twitter)
Partner, stakeholder and immunization programme meetings	Web sites
Presentations to stakeholders, partners or advisory forums	Public service announcement
Letter to health care providers	Interview in weekly journal
Advertisement, flyer, circular	Local community, service clubs, voluntary organizations
Community events that are already planned	Billboards
E-mail, list servers, web sites, discussion forums (these vehicles can be very useful to deliver a specific message to a select audience).	Scientific publications, reports and other research
Other (sermons, speeches, plays, music, etc.)	

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## ii. Material for the “back pocket”

Prepare certain materials in case events escalate and a major threat suddenly emerges to public health or the immunization programme. Keep them in reserve (in your “back pocket”). You may need to update them as the situation evolves.

- A holding statement provides the most basic information about the VRE, answering the questions where, who, what, why and how. You may or may not want to place your holding statement on your web site, depending on the political sensitivity, scale and potential impact of the event.
- A press release can help you quickly communicate with the media/public. This can be developed from your holding statement and key messages. If not already included in your key messages, the press release should also include information to manage the public’s expectations, outline any action you want them to take, explain what you are doing and how, and when you will communicate with them in the coming days.
- A question and answer (Q&A) document anticipates certain questions that will be asked by the media and public, if the event draws public attention. Consult your colleagues and technical specialists when developing this document. It is likely to remain an internal document whether you use it or not.

## iii. Which medium – newspapers

Newspapers are the most influential long-term media in most countries, and should always be considered as a vehicle for your messages.

### Advantages

- Newspapers are widely read.
- They cover subjects in detail.
- They handle complex issues well.
- They can include illustrations/graphics to help make the point.
- Newspapers often have specialist reporters e.g. health.
- You can do the interview with notes in front of you.
- If you notice an error in what you have said, identify it and correct it immediately.

### Disadvantages

- Delay of up to 24 hours before the public gets the news.
- Can misquote you or have an undesirable slant put on the article.

### Contact with the newspaper

- Check that you want THIS paper to carry the story (it may have a strong political bias). Be prepared to decline the interview.
- Before the interview begins, ask the reporter what information he or she wants, how you fit into the story and who else he or she has talked to.
- Clarify if the interview will be on the telephone or face-to-face.
- Clarify if he or she is working to a deadline.

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### Tips for the interview

- Never say anything that is “off the record” in a public briefing or when talking to a group of journalists. Only go “off the record” if you know or trust the journalist and your comments will help him or her understand the reasons for your messages.
- Be prepared to give additional background material that will help the reporter write his or her article better.
- Allow the interview to be recorded — it makes for better accuracy. Consider recording it yourself to ensure that you are not misquoted.
- Remember to rehearse your key messages beforehand.

### iv. Which medium – television

A television interview is a difficult medium with many opportunities to go wrong. However, it also has the greatest and speediest impact.

#### Advantages

- In many countries, more people get their news from TV than from any other medium. Today, news from TV stations is also accessible online.
- A good interview or sound bite has a powerful effect and reaches many people.
- Immediate or rapid transmission.
- The context and location can add to the visual impact.

#### Disadvantages

- The whole of you is on view, not just your words.
- Much harder to conceal — your body language may let you down.
- If live, no time to correct errors.
- A bad interview can ruin your reputation.

#### The interview

- Don't accept an interview if you are not media trained.
- How you look and behave may be far more important than what you say.
- Your appearance and gestures must be consistent with your message.
- Remember all you have been taught about body language.
- Maintain steady eye contact with the interviewer at all times (unless you are in a remote studio, when you should look directly at the camera).
- Remember and rehearse your key messages.
- Smiling says “I am confident”.
- Wear conservative dress. Avoid loud colours, patterns, checks or stripes. Avoid ostentatious jewellery.
- Choose your backdrop carefully; it becomes part of the message.
- At the end of the interview, do not move and remain silent until the producer confirms that transmission has definitely stopped — a rash comment said at the end of the interview, when you think it is all over, could ruin everything.

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## v. Which medium - radio

Nearly every household has a radio, or has access to one. Portable radios help even people in remote areas get access to the news. This medium is excellent for most communications.

### Advantages

- Penetrates places without mains electricity.
- Rapid transmission of up-to-the-minute news.
- Local radio is particularly effective for local news.
- Wide variety of types of programmes and opportunities to get the message to specific audiences.
- Allows your personality to be expressed better than print media.

### Disadvantages

- If it is live, no opportunity to correct errors.
- Short preparation time.
- If recorded, your key message can be edited out, leaving only inconsequential comments or comments out of context.
- Unless you have been very well briefed, you can be vulnerable.

### The news interview

- Is very brief, often with little preparation time for the reporter, or you.
- Little time for editing.
- May be live.
- Speak in sound bites of less than 15 seconds.
- Remember and rehearse your key messages.

### The chat show

- Only appear on a chat show if you know the host and have watched an earlier show.
- Arrive early, be prepared, and clarify in advance how the interview will be conducted.
- Ask who else is appearing.
- Ask how long it will last.
- Is it live (usually not).
- Has the advantage of reaching specialized audiences who may be decision- makers.
- Remember to rehearse your key messages beforehand.

### The call-in show

- You can't control the questions.
- The discussion can go off the rails because the callers determine the direction.
- You can't impose rules on the callers.
- Be sure you know the host and the show's political slant.
- Some callers enjoy provoking or being rude. Don't respond in the same way.
- Remember to rehearse your key messages beforehand.
- Has the advantage of being live so it cannot be edited.

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## 8. SENDING THE MESSAGE - MEDIA SKILLS

### i. Implement the plan

When the need for communications arises, you will be able to use the crisis communication plan you have already prepared. You will already have decided about certain key elements. In choosing when and how to implement your plan, consider the timing for interviews and conferences. Decide whether and when you need to inform the public of the details of any crisis. Timing may be crucial. Delay may mean you lose the initiative and must react to press calls — don't be second with the news. Avoid all speculation — you may be proved wrong. However, premature communications may also create unnecessary anxiety.

### Implementing the plan

- Check your communications plan for details.
- Assemble your team.
- Decide on the timing, strategy, target audience and key message you need to convey.
- Decide on the media and method of release, to disseminate as widely as possible.
- Identify a spokesperson. Never expose staff to press interviews unless they are media-trained and well briefed.
- At times it may be enough to deliver only a well-prepared statement and no more.
- Before agreeing to an interview, find out what subjects are to be discussed, who will be in the interview and how the materials will be used.
- Anticipate the questions and prepare the answers. Don't be rushed into speaking before you are ready.

### ii. Before the interview

Your attitude towards the interview will go a long way to determining its success. You should plan, from the outset, to take control of both the environment and the content of the interview. Don't be trapped by the interview setting, the mood set by the interviewer, or the questions. Do not assume that because a reporter rings you up, that you have to agree to the interview — you can choose. Only do an interview if you are fully informed.

Schedule the interview at your convenience, respecting as much as possible the reporter's deadlines. Before agreeing to an interview, find out what subjects are to be discussed and how the materials will be used. Anticipate the questions and prepare the answers.

Check that you are the best person to do the interview, that you are in possession of all the facts, and that your press office knows about the call.

Clarify who will interview you, who else will be present (if there is another guest), and how long it will last. Be sure you know what is the purpose of the interview, what questions will be asked, how many seconds/minutes of material the producer requires from the interview and whether it will be a live transmission or pre-recorded (they can't edit your comments if it is live, but neither can you correct it).

Be prepared for both the direct and the difficult questions the reporter might spring on you. Think about the political agenda the interviewer may have that could slant the way the questions are posed. Keep in mind your sound bites/key messages, and use them even if the direct question does not come up. If the interview is for television, make sure that you are dressed appropriately for your role.

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### iii. The interview

Don't go into an interview just to answer questions, but have your own agenda. Be sure to project your own image and messages carefully. Remember your key messages and deliver them at every opportunity and as often as possible. Lead — don't be passive. The reality is that your interview will mostly be discarded except for 9–15 seconds (depending on how generous the producer is). Hence, so that you do not miss a chance to present them, have your key messages ready, whatever the question.

## Practical considerations in style and technique in dealing with the media

- Display your best qualities.
- Be honest. Never lie. If you do not know the answer to a question, say so, but promise to find out. Be frank and open (e.g. “look what has gone wrong, but we are handling it”). This is important in building long-term relationships and forms the basis of trust. A lie or cover-up will become a bigger news story than the news item itself.
- Be caring. Create a strong, compassionate, competent image for yourself and the immunization service.
- Be responsible. Do not be defensive (e.g. “we will see if there is any truth in the report”). Accept responsibility appropriate to your position and avoid blaming someone else.
- Be responsive. Hold a daily press conference if that is what is needed to meet the needs of the public and media. This can become a channel for building a trusting relationship with the media.
- Be comfortable with uncertainty (e.g. “we don't know yet”).
- Be aware of body language.
- Be positive. Wherever possible state the situation in positive terms. Avoid negatives or off-hand, disparaging remarks, and use terms such as vaccine safety (which has a positive connotation) rather than adverse event. Adopt a “positive spin”.
- Be calm. Do not overreact or offer information that has not been asked for and that might lead to embarrassment.
- Be ready to get your key message across. Take the initiative to lead the interview in that direction. Tell the story you want to tell. Anticipate what difficult questions might come up. Prepare responses to difficult questions beforehand.
- Understand your most vulnerable points and be ready to respond when asked about them.
- Avoid jargon. If you need to express complicated medical ideas, communicate them with simple phrases. Only give examples if they clarify the meaning.
- “Bridge” the bad news on to safe ground.
- Speak in sound bites. Your sound bites should be no more than 30 words and 10 seconds long.

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#### **iv. Body language**

During the first 10 seconds of an interview, the audience forms its opinion of you, even before you have said anything. Fifty percent of all effective communication relies on body language. Inappropriate body language can contradict your spoken word. Beware intuitive/unconscious actions as they reflect what is going on inside you, for instance, tension. Tension may reveal itself in unusual or inappropriate movements, or in tensed muscles. Face muscles are the hardest to control in this situation, but tension signals may come from ANY part of the body! Emotions you are only dimly aware of reveal themselves in all sorts of body postures. Body parts that can give dangerous unintended signals include: facial expressions; head position; eyes and direction of gaze; glasses; mouth; hands; feet, or even the way you sit. You may not be able to correct your own body language because you may not even notice some of your errors. This is where peer support or, better still, expert coaching will help.

#### **v. Difficult questions**

At some time you may be faced with a hostile interviewer. Responding well to difficult questions requires preparation and anticipation, as well as an alert mind during the interview. It is not enough to simply answer questions put to you. You must learn to turn even difficult questions to your advantage.

Anticipation can achieve success in the interview. You know what the general subject is going to be about, so anticipate what difficult questions might come up. Prepare messages and anticipate follow-up questions. Rehearse your responses with a colleague. Sometimes the interviewer will start the interview on the agreed subject, then suddenly switch to an unrelated topic, that is currently in the news, and ask your opinion. So, keeping up-to-date with all the current public-health topics of the day is essential.

### Techniques for responding to difficult questions

- Blocking
- Bridging
- Correcting what is wrong
- Being assertive but not aggressive
- Staying cool
- Taking your time
- Being reasonable
- Sticking with the questions that you want to answer

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“Blocking” diverts the dialogue away from an area you do not want to pursue. “That is an interesting question, but the real issue is....”

“Bridging” is making a seamless link from an undesirable area of the interview (from your point of view) to an area of your choosing. It is one of the commonest techniques for responding to difficult questions. Here is an example.

**Question:** Does vaccination cause abscesses?

**Answer:** (Not an area you want the public to focus on. Face the element of truth). We know that vaccination can occasionally cause abscesses. (Here comes the first bridge...). That is why we train staff to avoid abscesses by using a sterile needle and syringe for every child. (Now comes the second bridge to a topic that you want the public to focus on...). When combining this policy with purchasing only the highest quality vaccines approved by WHO and UNICEF, we are able to assure parents that we have one of the safest vaccine programmes in the world.

“Spin doctor” is a common term for someone who helps a politician to present, in a positive way, what might otherwise be perceived as bad news. It is often equated, in the public mind, with lying. In the context of vaccines, putting a positive “spin” on communications is an ethical and dynamic part of working with the media. “Spin” is simply putting the best face on a situation. It does not mean lying or concealing the truth. For example, we might say a glass of water is “half-full” rather than “half-empty”. In the context of immunization, the media may have an opportunity to spin the facts to suit their own purpose; selling more newspapers or capturing more viewers. “Spin control” is when we take the initiative to offer an interpretation of public-health events before the media can characterize these events on their own.

## **vi. Preparing a press release/briefing**

It requires good judgment to decide whether to transmit a message by issuing a printed version of the information (a press release) or provide it through a live presentation (a press briefing). Each method has its advantages and disadvantages.

### **The press release**

The press release benefits from the time you spend on getting the details right. It should be a team effort. It can be distributed widely and cannot easily be misquoted. You have much more control over the information in this way, but it is not as dynamic as a live conference. A press release can be “embargoed” until a given date so that you can time its release for some strategic impact.

The press release needs to include a complete account of events (in terms that will be understood by people not familiar with health services or immunization), framed in their appropriate context (i.e. an isolated event, a coincidental event) so that it limits the concern from spreading about the event to the immunization programme in general. The release should state whether the event is ongoing — it is unlikely that there will be new cases occurring following immunization. It should list an outline of actions taken or planned; this will range from a plan-of-action to a completed investigation). The cause of the event (when identified with reasonable certainty, not just a working hypothesis) should be stated, and the corrective action that has been, or will be, taken. Be creative with the headline, which should be short and to the point — it can be written first, or after you have teased out key messages. Most important of all, make sure that the release addresses what you gauge to be the concerns of the public.

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## Practical details for preparing a press release

- Begin the text with the name of the city where the news is happening e.g. Katmandu - Health Minister today announced .....
- Decide what your key messages are.
- Write them down as three or four simple points.
- The introduction should expand on the headline.
- Strong first paragraph (introduction).
- Provide information on the five W's of journalism (when, where, who, what, why).
- If there has been bad news, deal with it — if you don't the media will anyway.
- Present all the relevant facts and in a logical order.
- Keep it clear and simple, using short sentences.
- Use at least one or two quotes from those in authority.
- Put the date on the release.
- Mark it "Urgent" or "Embargoed" if necessary.

The headline should be in bold or underlined and the pages numbered. If it is more than one page, write "more" at the bottom right of the page. At the end of the release, provide the name, title, organization and telephone number of the contact person. A typical press release and other helpful hints are provided in Annex 3.

Having completed the press release, you need to decide how to distribute it. Consider the fax, news wire service, courier, web site or messenger, or a combination. If you have done your job well, you will already have formed good professional relations with competent reporters whom you will target to get your story out accurately and sympathetically. Telephone these journalists to alert them to the impending press release.

Check to see if and how the story was covered. Appreciation may be in order. Counter biased journalism or errors.

### The press briefing/conference

This live meeting with the press has greater impact than simply distributing a piece of paper, and allows for interaction, but provides an opportunity also for hostile interactions. Be sure you are fully prepared before opting for this method of getting your message across. When there is considerable media interest in a topic related to immunization, a press conference is definitely useful. When all the reporters have the same access to the information and do not have exclusive coverage, they may be less likely to sensationalize the events. A press conference is also more efficient when there is wide media interest, as it enables the message to be given to many reporters at once. It also provides an opportunity to get representatives of other organizations to voice their support for immunization and the approach being taken to investigate the problem. The opinion of professional organizations may have greater credibility than government officials, in some situations. A possible disadvantage in holding any sort of press conference is the increased publicity given to a potentially negative situation. If you are making a presentation in a press briefing, your message can be improved, or ruined, by how well you make it. Some tips are provided in Annex 9.

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### First steps in preparing for a conference.

- Identify the spokesperson(s).
- Identify the key messages you want to communicate.
- Develop sound bites that you can say naturally as part of an interview.
- Prepare a media kit for reporters and other community leaders consisting of: a press release with all the essential information; supplementary background information, such as benefits of immunization, and Q&As that respond to the likely concerns of the public.
- Check out the physical set-up of the room before speaking. Note the room size, accoustics, microphone and audio-visual set-up. Choose a relevant location e.g. a laboratory.
- Focus your presentation on one or two main messages. Repeat these in different ways again and again.
- Don't turn your presentation into a recital of facts and data or your main message could get lost.
- Practice giving your presentation before a colleague who can offer comments on how to improve your delivery.
- Make a good first impression. Memorize your first lines.
- Be confident. Make eye contact with your audience. Change your pace, tone and hand gestures at key points.
- Use powerful visual aids to emphasize main points. One well-planned photograph or chart can be worth a thousand words.
- Make sure overheads or slides can be quickly understood. Avoid complex graphs, small type, or too many words.
- Your enthusiasm and concern about the issue will often be remembered more than the words you say.

It is likely that media interest will be greatest in the initial stages when relatively little is known about what really happened, and possible causes. In this environment, rumours can flourish, and the potential for harm is huge. It is wise to call a press conference early, even if there is only very limited information to give. This will prevent the circulation of rumours and build the relationship with the reporters. At the end of the press conference, reporters should be informed that a further conference will be held within a day or so, at which time fuller details of the event and the investigation will be provided. Regular contact with the media about the progress of the investigation is advisable. Conclude with a summary of the results and any corrective action taken or planned.

After an organization releases a story, it is helpful to have a number of spokespersons available for interview who are familiar with both their material and the basic rules of interviewing. It is very important for them to be prepared. They should know about the relevant show, programme or publication, and make themselves familiar with it. Profile the audience and have in mind a typical viewer/listener/reader, so as to anticipate what type of audience will be calling in to ask questions. Anticipate also the questions you might be asked, prepare a question and answer sheet and, above all, practice.

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### **vii. Preparing a radio spot**

With relatively simple equipment, you can prepare your own radio spot so that it will be of professional quality. If you do it yourself, it takes minimum time and costs almost nothing, except your time. You need use only the skills already acquired, such as simplifying information and focusing on key messages.

The advantage of self-producing public health audio (and video) spots lies in the ability to control information. Rather than relying on an outside agency to develop messages, control is maintained by the immunization experts themselves. A second advantage is cost, as it is less expensive to utilize in-house resources to develop the script, play the roles, and perform the editing of voice, music and sound effects. The tools needed consist of a computer with a CD player that can burn CDs, and a microphone.

### **viii. Preparing a television clip**

In the same way that you prepare a radio spot, you can prepare a high-quality video clip provided that you have access to a digital video camera. You can create and edit it to meet your needs without involving expensive, time-consuming studios.

Video spots are more complicated to produce than radio spots. In addition to audio information, you can create various types of images, including text on the screen, graphics and visual effects.

Current technology has made all this much simpler than in the past. A digital video camera, connected directly to the computer, allows recorded images and audio to be sent from the camera to the computer, where video editing software, some of it quite easy to use, provides the means to delete the bad recordings, keep the good materials, add type and special effects and finally to 'master' the spot to tape or to CD.

These clips can be uploaded onto the web immediately for the public to access.

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## 9. HANDLING A CRISIS

### i. How does a crisis arise?

You may not be able to define it, but you certainly know when it happens! A “crisis”, in the context of an immunization programme, is a situation where there is actual or potential loss of confidence in vaccines or the vaccination service, precipitated by an event or the report of an event (either real or supposed). The crisis can often (but not always) be avoided by anticipation, care and training. If managed properly, the crisis is also an opportunity to strengthen the programme and to bolster public confidence.

Negative media coverage of adverse events following immunization is one of the most dangerous crises that can arise. Some reactions to vaccines are inevitable, although they should be reduced to a minimum level in well-performing programmes. Plans must be in place to react appropriately WHEN (not IF) a crisis occurs. Public support is the foundation for handling any sort of crisis in immunization.

As an example, a crisis may arise after the deaths of three infants following routine measles vaccination, by the same vaccinator, on the same morning. Or a crisis might be the result of the publication of a piece of medical research that purports to show how damaging a particular vaccine is. The first should never happen (but sadly does) and the second is out of the control of field-level or national workers.

Programme errors are more likely to be the cause of an adverse event in developing countries, presenting programme managers with problems of public confidence. On the other hand, higher education levels and literacy rates in industrialized countries mean a higher awareness by parents of vaccine safety issues. Confidence in vaccines is likely to be highest when the public perceives a high level of threat from disease. Even in industrialized countries, for instance, complaints about the safety of meningococcal vaccination for teenagers are unlikely when an outbreak of meningitis is being reported at colleges and universities.

The media are likely to publicize events where there are many deaths or cases, where the national press has unearthed “ominous facts”, or where they have obtained information before the health professionals (i.e. a “scoop”). Health professionals may be the centre of a crisis if they are accused of not having done their job properly, or of being discovered in not telling the truth.

### What generates a crisis?

- Research report in the national press or medical press.
- Fast communications in the new era.
- Media gets the story before you do.
- You have not done your job.
- You were not truthful and were found out.
- Scandal.
- Sex scandal.
- Suspicion of something illegal/dishonest.
- Political implications.
- Conspiracy.
- Contrast e.g. rich versus poor.
- Weak versus strong.
- Victimization.

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## ii. How can a crisis be anticipated?

The specifics of a crisis, for the most part, cannot be anticipated, but the generalities can — you can be sure that a crisis is coming! Your responsibility is to determine what can be done to prepare for it. You will need to decide whether yours is the appropriate organization to respond or whether you should ask a partner (e.g. NGOs, other UN organizations, local authorities, etc.) to take the lead in providing the principal response. A Media Communications Plan is essential (not an option). If you wait until the crisis hits, you will miss your best opportunity to respond well, so make plans. Form strong links with the media well ahead of any crisis. You will need their help, so invest in their cooperation.

## Features of a crisis

- The necessary response to the situation exceeds the capacity of the services.
- Requires extraordinary measures to avert a public-relations disaster.
- Information is scarce, unreliable, debatable and in very high demand.
- There is uncertainty in the roles, responsibilities and outcomes.
- Not initiated by you (not intentionally anyway).
- You are not in control. The outcome is uncertain.
- There will be an additional burden or pressure on you.
- Pressure on organizations to provide accurate, timely information.
- Communications are severely tested.
- Bad decisions can occur as a result of poor communications and/or inadequate information.

## iii. Handling the crisis

The Media Communications Plan you have already prepared is the basic tool for response to a crisis. To recap, messages must be:

- tailored so that the content is suitable for the target audience;
- have a low reading age;
- simple;
- contain around three key messages;
- delivered through a medium that is suitable for the target audience;
- delivered by a trusted spokesperson.

For major incidents, prepare background information, as well as the press release or interview material. Q&As are very effective ways of doing this. Provide hotlines and telephone information services and make sure that there are enough people to answer the calls. Provide a communications centre that is manned 24 hours a day, if necessary. Provide updates of information and decide who will do this, and how. Make sure that journalists and the public know how often there will be new information available.

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The following five principles of crisis communication are critical during the management of a VRE in crisis.

- **Trust.** The public must trust the information they are being given and the messenger. Trust is based on public perception of the motives, honesty and competence of the authorities and the belief that they are acting to safeguard overall public health. Remember that communication complements, but cannot substitute for, high-quality immunization safety. Ultimately, it is the effectiveness of the programme that will build and maintain public trust. Trust is established in the first official announcement or interaction with the public and media. The candor, timing, tone and thoroughness of information surrounding a vaccine-related event is crucial to maintaining trust.
- **Early announcement.** When in doubt about whether to communicate, communicate (see Chapter 4. To communicate or not?).
- **Transparency.** Transparency, throughout your interactions with the media and public, can be defined as communication that is candid, easily understood, comprehensive and accurate. Increased transparency translates into higher levels of trust.
- **Know the public.** Understanding the public is critical to effective communications. Public concerns and beliefs should be treated as legitimate, even if they seem unfounded. Public perception must be respected as a force that can influence the outcome of a highly publicized, vaccine-related incident.
- **Planning.** Planning is the foundation of an effective crisis communications response. It is most effective when integrated with risk analysis and management. An emergency is not the time to be addressing basic communications needs.

A general timeline for communication is provided in Annex 4, best communications practices in Annex 5, and a list of tasks and who should carry them out in Annex 6.

#### **iv. What to say when there is no information**

There may be occasions when the spokesperson is waiting for data related to the crisis, but none is yet to hand. The media and the public want to know details but there is an information vacuum. The spokesperson should consider the following actions.

- **Present a confident face.** Maintain your personal self-confidence. It is easy to feel somehow personally responsible (the spokesperson is unlikely to be responsible in reality). It is not your fault that the event happened, nor that there is a lack of information at this time.
- **Do not say anything that you cannot substantiate, nor make promises you later cannot fulfill.**
- **Be totally honest.**
- **Identify with the problem.** Assure the media and public that everything possible has been initiated in order to provide the necessary information. Also give assurances that the concerns of the public are shared by the authorities and are being taken seriously.
- **Remind the media of the high value of the immunization programme — provide statistics of the national situation regarding, for example, coverage and the estimated lives saved and illness averted. Mention the excellent safety record to date.**
- **Provide background information on the issue e.g. facts sheet on adverse events rates.**
- **Provide information about when the next update will be given and what information can be anticipated at that time.**
- **Thank everyone for their patience (even if not evident!)**

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#### **v. Mass psychogenic illness**

Rarely, large numbers of older children or adolescents (not infants) simultaneously develop a range of symptoms after vaccination. Their symptoms are real and they are not imagining them. It is their body's way of coping with the stress of the moment. This event involves physiological reactions in response to a psychiatric stimulus. When vaccines are administered to groups, the physical reactions of the recipients may be similar, causing a form of mass reaction. These phenomena have been categorized as mass psychogenic illness (MPI), and have been defined as the collective occurrence of a constellation of symptoms suggestive of organic illness, but without an identified cause, in a group of people with shared beliefs about the cause of the symptom(s). Such outbreaks have been reported in differing cultural and environmental settings, including developing and industrialized countries, in the work place, on public transport, in schools and in the military.<sup>1</sup> The symptoms generally included headache, dizziness, weakness and loss of consciousness.

Once under way, MPIs are not easy to stop. They can quickly gather momentum and be amplified by the press, who disseminate information rapidly, escalating the events. Management of such mass events can be extremely difficult. Should the public-health official in charge continue to try and determine the cause, or should this person call off the entire investigation? It is suggested that once vaccines are identified as a probable cause of the phenomenon, a dismissive approach may actually be harmful. An increased awareness of MPIs on the part of organizers of future mass vaccination campaigns seems appropriate. Immunization managers should be aware that mass immunization campaigns could generate such mass reactions.

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1 Kharabsheh S et al. Mass psychogenic illness following Td vaccine in Jordan. Bulletin of the World Health Organization, 2001, 79(8):764-770 <http://www.who.int/bulletin/pdf/2001/issue8/vol79.no.8.764-770.pdf>.

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## 10. BUILDING PARTNERSHIPS

### **i. Introduction**

There are times when communications need to be carried out as a single organization. However, much more impact can be achieved if you do not “go it alone”. For the most effective response, you will need to coordinate your actions with other immunization partners, as well as drawing on previously established links with journalists. Building these partnerships involves bringing together various allies to:

- raise awareness and demand for a particular programme;
- assist in the delivery of resources and services;
- strengthen community participation for sustainability.

Partnership building is most effective when it is composed of a mix of advocacy, community participation, partnerships and capacity-building activities. Successful advocacy, coupled with accurate information, will help build partnerships and engage community participation to support immunization. Providing full knowledge about the risk of adverse effects can minimize the impact and avert a crisis. An essential outcome of an alliance is that all partners speak with one voice on a public issue.

### **ii. Who are my partners?**

Any individual or group who supports immunization can be considered a partner. More specifically, they may be:

- other departments/divisions of the Ministry of Health e.g. Laboratory Services;
- other government ministries e.g. Public Relations, Education;
- community groups e.g. “Parents for Vaccines”;
- local donors e.g. Lions, Rotary, a mining company;
- international donors e.g. The Bill & Melinda Gates Foundation, NorAID;
- international organizations e.g. WHO, UNICEF, Rotary International.

### **iii. How to mobilize support**

Successful advocates recognize the importance of forming alliances and coalitions with other organizations and individuals to amplify their message. The more people who deliver the same message, the harder it is to deny or ignore it. For example, it is easier for a Minister of Health to dismiss a specific funding proposal when only the National Immunization Programme is requesting it. However, it is much more difficult to dismiss the same request when community organizations, religious leaders and other government officials are endorsing the same request. There is strength in diversity, as well as strength in numbers. The most powerful coalitions often contain members who do not appear to have a personal vested interest in the issue.

The first objective is to help advocate for the initiative — raising awareness. Another objective of partnership building may be to increase funding. The budgets of government agencies rarely change unless external political conditions require them to do so. Health budgets and development assistance budgets are no exception. Until an array of vocal NGOs, associations, unions and religious organizations emerges demanding action and support, the health problem will continue to be a “low priority” for most of the world’s governments. Social mobilizers use several ways to increase participation. Sometimes they use “insider” strategies that discreetly approach people and build behind-the-scenes relationships. At other times, it is more effective to use “outsider” strategies, such as the media or public meetings, to encourage community leaders to take the necessary action.

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#### iv. Building coalitions

NGOs advocating for high-risk groups such as children, refugees, women and populations in war-torn countries, are natural partners in many situations. They must be convinced that supporting the effort will directly benefit their own constituencies. Coalitions are not built overnight. The best strategy is to identify a few key partners who can help provide a nucleus, and then gradually find ways to involve new partners. National Immunization Days and the activities surrounding these events provide good opportunities to conduct workshops and activities designed to bring new advocates on board. Examples of people who may be important to consider include:

- a government leader who has the authority (and would be able and willing) during a crisis to quickly approve your communication messages and actions;
- key technical stakeholders who can provide you with the information/data you need to plan your response, and/or with whom you must coordinate during the crisis (e.g. NITAG/NRA);
- development partners, who can help you to understand the crisis and what information the public needs, and to prepare and distribute that information.

#### v. Advocacy campaigns

People tend to become involved in causes that they see as making a real difference, and causes that offer easy (yet fulfilling) ways to participate. A good national immunization campaign should excite, impassion and energize others to feel that progress can be made in the eradication of polio, or the control of other vaccine-preventable diseases. Plus it should give people something practical to do to achieve these aims.

## Five steps to build positive relationships with partnerships

**Step one - clarify your goals:** Determine what you want to achieve before making contact. Have a clear idea of what you would like your contact to do. Be prepared to completely revise your approach should they show interest in another area.

**Step two - target your presentation:** Gather the relevant facts and information to make your case. Determine the most persuasive way to present this information. Demonstrate that there is public interest in the immunization initiatives and also why the public is supportive. Clearly articulate the medical effectiveness of immunization. Provide economic data supporting the cost-effectiveness of immunization. Allude to the potential political benefits of showing leadership on an issue and the potential political consequences of failing to take action.

**Step three - choose your prospective partners:** Check the track record of your prospective partners. What role have they played in other issues? Who influences them? Do you have any mutual acquaintances? What are their personal interests? Prioritize which individuals can help you the most. To whom do you have the best access? Examine your contact's history of involvement in other health issues and the type of initiatives they have previously supported. Who is most likely to support your cause, given their involvement in other issues?

**Step four - arrange a first meeting:** Make contact. Introduce yourself and your organization by telephone and letter. Don't focus on gaining support at this stage. Make your visit. Listen carefully to the interests of your prospective contact. Explore those issues. Focus on a specific area. At the end of the meeting, make clear what next steps you will take to follow up on any concerns, ideas or areas of common interest. Choose unifying issues. Identify a "first step" activity. In most cases, your first request should be an activity that is easy to undertake. Agree to disagree.

**Step five - maintain the relationship through regular communication:** Make follow-up visits. Find legitimate ways to follow up on your original conversation and keep informing your partner about the issue. Be generous in your thanks, and ask for further involvement. Help your partner achieve their particular self-interest.

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#### **vi. Enlisting everyone**

Communication is not just about informing the mass media, group media, traditional and folk media. It may need to be much wider than that, creating awareness through an integrated communication approach that uses all possible communications channels. It reaches people with messages in various forms, but on the same subject, so that the messages are mutually reinforcing. A truly integrated communications strategy uses the mass media as well as numerous interpersonal channels.

#### **vii. Getting a lot for a little**

For the most part, the mass media, whether commercial or state owned, are ready and willing to be partners in immunization. They just need to be convinced that it is in their interests. UNICEF, for example, has worked on the assumption that support from the media can be mobilized quite easily, and without payment, for social programmes concerning children. This hypothesis has proved to be correct, even where the media are privately owned. Commercial media owners are usually interested beyond making quick and easy profits. Showing public concern and providing a social service is important for their image and operations in the long term.

For example, experience with the Brazilian media shows the extent to which the private communication sector is prepared to become involved. In addition to the airtime given without charge by the radio station El Globo, the talents of the advertising and marketing industry were usually made available free. UNICEF paid only material costs. It has been estimated that, in the five years from 1985 to 1990, the Brazilian media and advertising industry made available US\$ 30 million worth of services and resources for mobilization in favour of children's issues.

A final point about the media is that in many countries, where the Ministry of Health has its own information or communication unit, in recent years the quality of its output has made a huge advance, because it now knows it has to compete for attention with the commercial sector. It has therefore learned to do so, successfully in many instances.

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## 11. DEALING WITH RUMOURS

### **i. Background**

A rumour is a social phenomenon that is part of everyday human life. It is unsubstantiated, and ceases to be a rumour once the case is proved or disproved. This informal method of communication is frequently thought of as having negative connotations. Not uncommonly, rumours arise regarding some aspect of immunization. They may arise from health staff themselves, or from outside the health sector. Those earning a living offering alternative services, such as herbal medicines, may wish to discredit vaccines. Others create rumours against vaccines as part of a political power struggle. Some rumours are well intentioned, others malicious.

The providers of immunization services must understand the origins of vaccination rumours and be prepared with a number of potential strategies to counter their negative effects, if the reputation of the vaccines is to be preserved. Because of their short duration, vaccination campaigns are potentially highly vulnerable to the negative effects of rumours. A single radio broadcast or newspaper article that discredits a vaccine, just before a mass campaign, may have extremely damaging effects on vaccine uptake, leaving little or no time for the service providers to counter them.

Not surprisingly, the wider public may not be fully informed on the scientific details of immunization and the safety of vaccines. Therefore, it is to be expected that many rumours start out of simple ignorance and in the absence of self-interest or malice. While health professionals are frequently exasperated at the consequences of rumours, they themselves are also a frequent source of rumours. This may be because individuals have inadequate knowledge on the subject, and give scientifically incorrect advice or comments. Even immunization staff may fail to keep up-to-date with the subject and be ignorant of important information regarding vaccine safety. Staff, themselves, may simply be ambivalent about vaccine safety and give confusing messages.

Other rumours may be started out of less pleasant motives. Those earning their living at the “edge” of the health services e.g. untrained injectors working off the street, may start a rumour that will benefit themselves by diverting clients away from the public sector to seek the informal services they offer. They may be selling alternative cures for vaccine-preventable diseases and not wish to see the disease eliminated by vaccine. At times, politicians make bold statements that appear to contradict conventional knowledge and drive the public away from immunization services. These statements invariably promote the individual in a favourable light at the expense of the vaccines’ reputation.

The reputation of vaccines may also be jeopardized by events happening coincidentally. For instance, an outbreak of malaria or Ebola fever may groundlessly and incorrectly be attributed to a vaccination programme.

The medical press, including reputable journals, may publish articles suggesting that a given adverse event occurs after certain vaccines, such as autism or Crohn disease, following MMR vaccine. Some may be offended at the suggestion that medical journals are sometimes responsible for amplifying rumours, justifying their position under the umbrella of freedom of the press or the need for public debate on the subject. The reality is that some reports of adverse events may be based on personal opinions and anecdotal case reports rather than scientifically agreed criteria. While the journal may be published in an industrialized country, such as the United Kingdom or the United States of America, the effects may be felt in many countries, including developing nations.

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Public opinion against so-called “western” medicine is also evident in developing countries. There are many reasons for this, including nationalist reactions, the promotion of ethnic minority rights, the lower cost of natural remedies, and also anger that high profits can be made by multinational corporations marketing health products. Those with strong views may speak out actively against vaccines, perceiving them to be part of perceived “western” medicine. Those with radical religious views may describe vaccines as being contrary to God’s will, or a variant of that, discouraging devotees from immunization.

Other rumours arise out of fear of the vaccine being contaminated with something terrible, such as HIV or the prion causing bovine spongiform encephalitis (“mad cow disease”). These rumours are particularly hard to allay because the international press, which has a high credibility, often disseminates them. A rebuttal often entails complicated scientific argument that may be beyond the ability of the public to follow. Rather than spend time reading the background and trying to understand a very complicated issue, most individuals will (understandably) choose to believe the simpler rumour.

Many rumours start at a local level and are spread initially by word-of-mouth. However, rumours would not generally achieve enough momentum to worry health staff if they were not amplified by mass media such as radio, television and newspapers. Reporters not familiar with the subject frequently consider it their job to report the “truth” as they see it, not realizing that they may be doing the community a great disservice. While we are not calling for curbing the free voice of the press, the issues could often be more clearly defined by providing the scientific evidence in an easy-to-read and balanced way.

## **ii. The socio-political setting**

Rumours are inevitably rooted in social and cultural belief systems. Communities are not social islands but exist as vibrant entities that interact with their wider social environment in ways that can accept or reject immunization efforts. Understanding the social construct around immunization is of fundamental importance in reacting to rumours. For instance, mistrust may appear at times of ethnic or religious tension, as has occurred when testing or administering anti-fertility vaccines.

Managers and planners therefore need to work with and through local cultures and authorities to build on existing patterns of behaviour. It is frequently the case in developing countries that the diversity of cultures and dialects within a country results in a resistance to social change. We should therefore consciously encourage community ownership of immunization and its implications, right from the start, rather than hope to carry the community along towards externally imposed targets.

Country experiences in social mobilization and programme communication bring home some major lessons for programme planners. Central planning, to the neglect of micro- planning, may result in either limited success or major resistance by the target groups. Community structures must be treated with respect. There cannot be an assumption that parents will bring their children for immunization simply because the service is available.

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### **iii. Interventions**

There are a number of possible interventions (amongst others) to consider in the face of a particular rumour. The first is obvious — turn the rumour around to the advantage of the immunization programme. This usually requires going to the source of the rumour, be it a group or an individual. By engaging them in dialogue, it is possible to ask them what was the origin of the rumour and what they consider is the best solution. In the worst-case scenario where it is clear that the service has been negligent and placed the public at risk, there may have to be a public acknowledgement of shortcomings and a promise to correct the problem with training, or whatever else is needed. Promises made under these circumstances must be fulfilled, and the public informed of the steps taken; otherwise the situation will deteriorate further. By offering to involve the source in the solution, the problem may be solved. For instance, an ethnic minority campaigner may welcome the publicity given to his cause if provided with radio or television time to affirm the safety of the vaccine. A member of the Ministry of Health, who demonstrates at a meeting, that they have listened carefully to the concerns of the public, may provide the community with the assurance that their voices and worries have been heard and will be taken back to government. The authorities are thus no longer perceived as “faceless” or “conspiring”.

The source may be all too easily recognized as a local newspaper or radio station. Exceptionally, a professional’s reputation could be at stake when he or she may need to take legal advice as to whether libel has been committed and what recourse is therefore possible. Generally however, it is not worth attempting to make the newspaper or station retract their story or apologize. Yesterday’s news belongs to yesterday. However, a non-confrontational approach may be possible where the immunization programme manager is allowed airtime or space in the paper to put another point of view. Care must be taken with this approach, as the editing or context in which the interview is aired may continue to give the wrong message if the editor or station manager, for whatever reason, still wishes to defame the vaccines.

### **iv. Advocacy**

It is likely that one component of any response to rumours will involve advocating publicly on behalf of the vaccine’s safety record, or whatever else is at issue. This may involve targeting opinion leaders, such as politicians, traditional leaders and community leaders, or media heroes such as pop stars. Such opinion leaders can be encouraged to give interviews and be photographed in support of the vaccine. To launch such an advocacy programme may require the participation of the premier’s wife, Minister of Health or local state governor. This process will always involve social mobilization in its widest sense, including drawing in other immunization partners.

It may not be sufficient to prepare health educational material about a given rumour, or to make a single announcement on television, but the immunization team may need to take more active steps to respond in the community. A mobile film projector or small group of street theatre performers make excellent ambassadors for demystifying rumours. Other possible steps might include seminars in schools or group discussions in the community. A starting point for such information drives could be religious leaders or other traditional community leaders.

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#### **v. Mass media campaigns**

If a strong relationship does not already exist with the media, it is generally too late to call on them for support in a crisis. Press reporters who have been fed on a constant diet of useful material, such as weekly updates of activities from the immunization programme manager, are much more likely to respond positively when asked to help in a crisis. Journalists starved of information are less likely to respond sympathetically! A decision needs to be taken whether all media outlets are to be targeted or whether, because of the nature of the rumour, a more focused campaign is appropriate. Special attention may need to be paid to those journals or radio stations that are known to have disseminated misinformation in the past. Translating material into local languages may be essential to penetrate the relevant parts of the community. Useful strategies include: producing a set of questions and answers to distribute to the press, including common misconceptions and known side-effects of vaccines and their background rates; preparing position statements of key issues, and arranging interviews or naming key informants whom the press can contact for information.

#### **vi. The health community**

Health workers of all levels are valuable resources in responding to rumours. Physicians, in both the public and private sectors, can be mobilized to help, approaches being made through professional organizations. Nurses, vaccinators and even volunteers can be fully involved in transmitting supportive messages about the vaccines in question. Not to be overlooked are the members of other immunization partnerships, such as local Rotary members.

Because rumours can be anticipated as part of the normal background to immunization, it makes sense to include their handling in health staff training. It is particularly important to train personnel in the periphery to be able to handle such rumours, as most will originate at a district level before spreading further. It is relatively easy to assemble a set of misconceptions and rumours known to have circulated in the past, and to prepare responses to them, in case they reappear in the future.

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## 12. CHALLENGES OF SPECIAL IMMUNIZATION EVENTS

### **i. Introduction**

A special immunization event, such as a national immunization day (NID), poses special challenges for communication, and also provides opportunities for communication disasters to occur. If you have planned a special immunization event, such as a measles mass campaign, you will also need to communicate your plans to others to get them to participate. The advantage of this situation is that you have time to plan and execute your communications plan. In other situations, you may have to react to a difficult situation at short notice. Because the immunization team is in control of the timing of a mass campaign, there is no excuse for not having the communications component fully planned and executed. Part of the plan should be to fully engage the media in the activity.

### **ii. Special aspects of communication in mass campaigns**

Some of the characteristics of a mass campaign are:

- more doses;
- shorter time;
- wider age groups;
- extra staff to train;
- some new activities to learn;
- high media coverage/interest.

Because of these characteristics, there is a risk of an apparent rise in the number of AEFIs, a real rise in AEFIs, and heightened public and media interest in vaccines and related issues. Your communications plan must be ready for this. (This manual does not deal with planning the actual details of the campaign and all its logistical requirements, nor in setting up a surveillance system for AEFIs during the campaign. These aspects are covered elsewhere in detail).

### **ii. Preparations**

Think of all the issues the media and public are likely to want to know about before and during the campaign. Press, media and health staff should be given clear information in advance of the campaign on:

- background overall mortality and morbidity rates for target age groups;
- known complication rates of target disease(s);
- relative risk;
- expected rates of AEFIs for each antigen being used (these are provided in Annex 7);
- based on the number of children in the target age group, estimate the projected NUMBER of AEFIs that might occur during the campaign;
- the difference between temporal and causal association.

A recent mass campaign to deliver vitamin A supplementation to children under five in a country, generated difficult circumstances when it was revealed by the press that 27 children in one province, who had been given the supplement, had died. The media understandably blamed the deaths on the campaign. If the communications plan had included providing the press with information on the background mortality rate of these children, they would have known that at least 27 children could have been expected to die in the province in a normal 24-hour period from a variety of causes. The campaign did not result in any additional deaths. The credibility of that sort of information is so much greater if supplied in advance of the campaign, and may be useless afterwards.

Prepare in advance facts sheets and Q&As about adverse events. Inform the media and all district programme managers.

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### **iii. Avoiding programme errors**

With the high pressure of work in a campaign, and because certain procedures may be unfamiliar to some staff, there is a real danger of programme (human) error occurring. Guidelines for avoiding programme errors during mass campaigns are provided elsewhere. Toxic shock is probably the most tragic of programme errors that has a high mortality rate. This is such a serious programme error that it deserves separate mention in any facts sheets. Incorrect handling of an opened vaccine vial can result in contamination of the reconstituted liquid with staphylococcal or other organisms. The organisms are able to grow in the liquid, all the more so if kept in a warm environment. Left for more than a few hours, the staphylococcus organism produces large quantities of toxin. If the vaccine contaminated with toxin is then used, the recipient can die within hours or become desperately ill. If recognized soon enough, the condition is possible to treat, but often the diagnosis is made too late and the child dies. Tragically, several children are usually affected simultaneously through use of the same contaminated vial.

### **iv. Fully engaging the media**

You can try and drag the media unwillingly behind you, or you can engage them as fully as possible from the outset. This can be done, but needs forethought and enthusiasm. The rewards for doing it well, however, make it worth the effort. It enables you to have a much better chance of getting your messages heard by the community. Below are some ideas on how to engage them.

- Supply regular immunization information to the press, even when you are not doing anything special. Journalists need to produce regular copy and will appreciate your support on a day-to-day basis.
- Provide facts sheets, Q&As and other material that you think is appropriate to fully inform the media.
- Provide as much additional material as possible that the media have requested, or help them to locate the resource they want e.g. on the internet or in a medical journal. You may have to send off for reprints to a medical library on their behalf.
- Invite media to staff meetings, especially during planning phases of campaigns.
- Invite media on planning trips you undertake to the districts.
- Invite the media to stay for a day at a clinic that is busy with routine vaccination, as well as to vaccination posts during campaigns.
- Providing you consider it safe, encourage members of the media to actually give doses of vitamin A and oral polio vaccine (OPV) under supervision.
- Offer to do interviews.
- Ask representatives of the media to become partners by, for example, co-sponsoring T-shirts, banners, etc. and having their name associated with the activity. For instance, a vaccination post might have a banner stating “this vaccination post has been sponsored by the Daily Globe”.

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## ANNEX 1: POSSIBLE RESPONSES TO A VRE

### 1. Low impact

Most VREs are likely to have low impact (or no impact) on your vaccination programme (see Figure 1). You will not need to communicate publically about the VRE. In fact, publishing information about an event can sometimes do more harm than good. For example, responding to an unsubstantiated rumour can unsettle the public unnecessarily. The key actions to be taken are the following.

- Document and monitor the VRE. Although vaccines are developed with high standards of safety, most vaccines cause minor symptoms, such as low-grade fever or pain/swelling at the injection site. Such reactions do not require any communication activity beyond routine national reporting and analysis. Likewise, although many reports and rumours circulate about the safety of vaccines, most are unlikely to gain much public attention and will not therefore affect your community's trust in vaccines or in your programme. In some cases, however, new, unusual, or rare adverse reactions or reports may appear and, although probably not serious, should be noted in case they require a future communications response. In some cases, a minor VRE or cluster of events may quickly become a serious threat to public health. Similarly, rumours and reports can gain public attention and demand a response. Even minor adverse events may signal bigger problems (such as programmatic error) if they occur more frequently.
- Monitor the public's response. Continue to monitor rumours and reports of adverse events and be prepared to increase your communication efforts, if warranted. Speak with and listen to your audience, so that you can understand their concerns and gauge whether your messages are being received and are having the effect you want.
- Strengthen through training medical workers' ability to communicate effectively with parents/caregivers on expected adverse reactions. This could help diffuse, if not prevent, anxieties and rumours.

### Example: Ongoing communications

A cluster of serious conditions has occurred in another country and is being linked to a vaccine that you are not using in your country. The threat that this poses to the immunization programme in your country is low, therefore you do not need to undertake any supplemental communication activities. Monitoring the situation, as part of your everyday activities, will ensure that any backlash on national or sub-regional confidence in immunization is tracked.

### 2. Medium impact

If you decide that a VRE can be classified according to Table 1 as of “medium impact”, you should make plans immediately for the possibility that the situation might escalate. Precautionary and preparatory steps are necessary to limit the impact of the VRE and to ensure that the immunization programme and health authorities at national and sub-national levels communicate effectively. In the past, health authorities that did not respond quickly to events found that the anti-vaccine lobby frequently claimed public attention ahead of them, giving the event either too much importance or an inappropriate spin. Messages coming from health authorities after such anti-vaccine exposure can sound ill-considered, conciliatory, patronizing, defensive or indicative of having something to hide.

#### Steps in the response:

- Find out the facts (see “Gathering information”).
- Refer to your communications plan and implement appropriate parts of it.
- Decide whether to take action, and communicate your plans internally and to key partners and influencers.

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Decide on your next steps and actions when you are comfortable that you have the main facts and you feel that you understand how the event came about and what threat it poses to public health or public confidence. Include colleagues, managers and other senior staff in the process of decision-making. Your decisions ultimately determine whether you will take precautionary action, or take no action but continue monitoring the event. These decisions also need to be explained and discussed with your immunization programme partners, both national and international. Decide how information will be shared with these partners in the case that the impact of the event increases.

- Plan the messages you may need to communicate (see “Developing the message”).

## Example: Medium impact

A research study is about to be released stating that a chronic life-threatening condition is due to administration of diphtheria-tetanus-pertussis (DTP) vaccine. You anticipate that the research may attract the attention of the media and that public concerns may be raised. You need to refer to the vaccine safety communications plan or checklist you may have in your country, and initiate precautionary measures.

### 3. High impact

This type of VRE requires a comprehensive, active communication response. Preparation and foresight are needed to effectively manage public expectations, address public concerns and ensure access to the information that the public needs. These actions must take place before a crisis occurs and before public concern is high, so that the immunization programme is prepared to avert a crisis or effectively react to one. A more serious VRE may warrant a more strenuous response. If an event has begun, or is anticipated to generate high public interest which is likely to affect your immunization programme, consider implementing the actions listed in Annex 4.

## Example: High impact

A boy aged five has died 24 hours after vaccination with MMR. The mass media have picked up the story and have suggested that the death is a result of vaccination. The public level of concern is high and it is affecting uptake of all vaccines on the national schedule.

A strong response is required. If you have already prepared material in anticipation, then you can use them now. If this is a sudden event (the media breaks the story at the same time as you hear about it) you will need to act rapidly to develop and disseminate messages and materials.

Being passive at this stage is inappropriate and potentially dangerous for the programme.

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## ANNEX 2: COMMUNICATIONS PLAN TEMPLATE

Begin with a clear picture of what you want to accomplish and why you want to accomplish it. Set realistic, measurable goals that support the programme and the organization. Working through the following steps will create a communications plan.

### Background.

Define the problem or opportunity. Appropriate objectives cannot be set without a clear understanding of the problem. The background is a situation analysis that explains the context for the communications initiative being undertaken.

### Goals.

The goals are generally to inform, persuade, motivate or achieve mutual understanding.

### Objectives.

Objectives should be focused on the audience and be measurable.

Two to three statements that will support the achievement of your goals are, for example:

- o informational (awareness);
- o motivational (action-oriented).

### Target audiences.

Identify specific common-interest groups to whom the communications messages will be directed. Prioritize audiences in order of importance.

### Choose messages.

Pinpoint what you want the audience to hear and retain. Design the key information that should be communicated. Think of general conceptual messages. What do they need to hear, about what, and what do you want them to do? These should be short and concise. It is helpful to develop around three key messages for each target audience, each with two supporting facts. Keep them simple and short.

### Develop strategies.

The strategy describes how the objective is to be achieved. A strategy is a plan of action that provides guidelines and themes for the overall effort. Communications tools used to implement strategies include news releases, brochures, radio announcements, special events and media interviews. Make sure the communication tools are appropriate for each audience.

### Coordinate time frame.

Develop a timetable that shows the start and completion of each strategy

### Budget.

How much will it cost to implement the communications plan?

### Evaluation.

Build in evaluation criteria — these should be realistic, credible and specific. The most widely practised form of evaluating communications plans is the compilation of press clippings and radio and television coverage so as to measure the response to the “call to action”.

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## ANNEX 3: PRESS RELEASE

Your press release should be written to acquaint the reporter with your news. It should provide pertinent information and entice the reporter into following up on the story. It is an “appetizer”. The components of a press release are listed below.

### Content

- It should be held together by a central theme. Determine what the objective of the news release is and whom you’re trying to reach.
- It should have a strong lead sentence. The lead is the most important sentence in your news release. It should convey the most important point of the news release. The lead should include as many of the five Ws (who, what, when, where, why) as possible. One way to determine your lead is to list all the points you want to make, prioritize them and choose one for your lead. The remainder of your news release should consist of short paragraphs that support your lead sentence.
- A news release should present all the relevant facts and be presented in a logical order. It should be straightforward, lively and informative. Avoid jargon, medical terms, acronyms and lots of data.
- If you have a quote in your news release it should contain some information that isn’t found elsewhere in the release. Quotes make a story more readable and more real.

### Format

News releases should contain only essential elements. Two pages of copy are more than sufficient for the majority of news releases.

### Headline

The headline helps the editor quickly determine if the news release needs immediate attention or if it can wait. The headline should be short and to the point.

### Release date

Begin the text of the news release with the name of the city where the news is taking place or from which the announcement you’re making originates. If there is no restriction on when your news release can be used, write “For Immediate Release” at the top of the page. Another acceptable alternative is to place the date at the top left side of the page and include only the name of the city and the release date (for example: Paris, 23 August 2011).

### Layout

If you have more than one page of text, centre the word “more” at the bottom of the first page. This tells the editor that there is additional information. On the last page, just below the final paragraph of the release, centre the word “-end-”. This indicates the end of text.

### Contact

At the very end of the news release (after -end- ) provide the name, title, organization name and telephone number of the contact person. You can cite more than one contact person but the key is to ensure that the contact person named is knowledgeable and reachable.

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## Model Press Release

For immediate release:

### **Pentavalent vaccine (Easyfive™) removed from WHO list of prequalified vaccines**

WHO, Geneva, 17 August 2011 - Following a routine audit conducted by a WHO team of one of the manufacturing sites of the vaccine manufacturer, Panacea Biotec, and the subsequent conclusions of an ad hoc committee convened by WHO, the pentavalent vaccine, Easyfive™, has been delisted from WHO's list of prequalified vaccines.

Easyfive™, so called because it contains five separate vaccines (diphtheria, tetanus, whole cell pertussis, hepatitis B and Haemophilus influenzae type b components) produced by Panacea was delisted as a result of deficiencies in quality systems found at the company's Lalru manufacturing site. The decision to delist was made because of the risk that the quality and safety of future batches of these vaccines will be compromised unless corrective action is taken by the manufacturer.

Dr John James, a spokesperson for the vaccines programme in WHO's Geneva Headquarters explained, "Batches of these vaccines already distributed to countries should not be recalled and should continue to be used. This is because there is no evidence of quality or safety defects with batches already distributed whereas there is a real risk, if immunization is withheld, of death or morbidity from the diseases against which the vaccines protect."

With regard to vaccine supply, the main concern brought about by this situation relates to sufficiency of the global supply of the pentavalent vaccine. WHO and UN procurement agencies have assessed that demand for pentavalent vaccine in 2011 can be filled by existing suppliers of prequalified pentavalent vaccine. Sufficiency of supply to meet demand will, in the long term, be dependent on the entry of new suppliers of quality vaccines to the market and/or countries switching to a liquid-lyophilised presentation.

WHO is committed to reassessment of the suitability of the affected products for prequalification as soon as it is appropriate to do so.

-end-

Contact person: Ms Hilda Greenslaid, Press Officer, Vaccine Programme, WHO Geneva.  
Tel: 44.797.6391, email greenslaidh@who.int.

Source: [http://www.who.int/immunization/newsroom/newsstory\\_dtp\\_hepb\\_removed\\_prequal\\_list/en/index.html](http://www.who.int/immunization/newsroom/newsstory_dtp_hepb_removed_prequal_list/en/index.html).

(Some of the details of the original press release have been modified for this document)

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## ANNEX 4: TIMELINE FOR COMMUNICATION ACTIONS

Timing relative to AEFI	Communication action
<i>Before AEFI</i>	<ul style="list-style-type: none"><li>Install AEFI monitoring system</li><li>Assemble a bank of information about AEFIs</li><li>Prepare materials (Q&amp;As, facts sheets, etc.)</li><li>Build relationships with media, partners and health staff</li><li>Provide ongoing information to media about the programme</li><li>Write communications plan</li><li>Train relevant staff</li></ul>
<i>During AEFI</i>	<p><b>Immediately:</b></p> <ul style="list-style-type: none"><li>Identify what has happened and verify the report</li><li>Gather information and analyse data</li><li>Decide whether to communicate (see Chapter 4).</li></ul> <p><b>Within 24 hours:</b></p> <ul style="list-style-type: none"><li>Implement the communications plan</li><li>Select the spokesperson</li><li>Select the medium (radio, TV, print, etc.)</li><li>Prepare material for your “back pocket”</li></ul> <p><b>Within 72 hours:</b></p> <ul style="list-style-type: none"><li>Consider a press release</li><li>Consider a press conference</li></ul> <p><b>Ongoing:</b></p> <ul style="list-style-type: none"><li>Provide information to health care workers, partners, media and public</li><li>Update with interim information until definitive results available</li></ul>
<i>After AEFI</i>	<ul style="list-style-type: none"><li>Evaluate (see Annex 8)</li><li>Provide ongoing information to media about the programme</li></ul>

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## ANNEX 5: BEST COMMUNICATION PRACTICES

A large amount of research has focused on the communications behaviour of leaders who are effective during a crisis. Below is a checklist of best communications practices.

- Listen to, acknowledge, mirror and respect the fears, anxieties and uncertainties of others.
- Remain calm and in control, even in the face of public fear, anxiety and uncertainty.
- Provide people with ways to participate, to channel their energy, to protect themselves and to gain or regain a sense of control.
- Offer authentic statements and actions that communicate anger, passion, hope, courage and community spirit.
- Be honest, candid, ethical, frank and open.
- Avoid using humour (jokes, flippancy, irony); if humour seems to be needed, tread carefully.
- Recognize that people will often focus on negatives when they are under extreme stress; be very careful in offering up negative words such as no, not, never, nothing, none.
- Be the first to share news — whether good or bad. When sharing bad news, keep in mind that it often takes three positives to balance one negative.
- Avoid mixed or inconsistent verbal and non-verbal messages.
- Demonstrate media skills (verbal and non-verbal), including avoiding the major traps and pitfalls (for example, speculating about extreme worst-case scenarios, saying “there are no guarantees”, repeating allegations or accusations, or saying “no comment”).
- Offer concise key messages.
- Bridge to key messages repeatedly.
- Use clear non-technical language free of jargon and acronyms.
- Make extensive use of visual material and anecdotes.
- Check and double-check the accuracy of facts.
- Do scenario planning: identify important stakeholders; anticipate questions and concerns; prepare messages; test messages; anticipate follow-up questions, and rehearse responses.
- Provide information on a continuous, frequent basis.
- Ensure partners speak with one voice.
- Avoid town meetings, unless they are carefully controlled and skillfully implemented, as they can increase public frustration; instead encourage information exchanges, and face-to-face contact.
- Be highly visible.
- Avoid attacking the credibility of those with higher perceived credibility; join hands, as appropriate, with old adversaries; seek, engage and make extensive use of support from credible third parties.
- “Walk the talk”; “go the extra mile”; lead the way.

## ANNEX 6: FUNCTIONS THAT SHOULD BE CARRIED OUT WHEN AN AEFI IS REPORTED

Function/role	Agent/agency
<i>Preparing a press release</i>	MOH Press Officer with input from EPI technical team, WHO, UNICEF
<i>Giving a press conference or interview</i>	Person selected in the communications plan who is media-trained (does not have to be the coordinator)
<i>Preparing the communication plan</i>	Communications expert(s), MOH technical team, EPI Manager, Press Officer, representative of partners
<i>Training staff</i>	Training of trainers: WHO regional team of trainers or other similar experts Planning curricula: National Training Coordinator(s) Training staff: MOH trainers
<i>Communicating with partners</i>	Coordinator
<i>Handling a crisis</i>	Coordinator
<i>Preparing relevant health-education messages</i>	Health Education team with input from EPI technical team and support from UNICEF

## ANNEX 7: BACKGROUND RATES FOR AEFIs

### i. Common vaccine reaction rates

The purpose of a vaccine is to induce immunity by causing the recipient's immune system to react to the vaccine. It is therefore not surprising that vaccination results in certain mild side-effects. Local reaction, fever and systemic symptoms are a part of the normal immune response. In addition, some vaccine components (e.g. aluminium adjuvant, or antibiotics) can cause reactions. Pain, swelling and/or redness at the injection site are typical of a local reaction. Up to half of children receiving some vaccines can be expected to have some form of mild local reaction or fever.

These common reactions occur within a day or two of immunization, except for fever and systemic symptoms from measles/MMR that occur from 5-12 days after immunization. Although fever and/or rash occur in 5%-15% of measles/MMR vaccines during this time, only around 3% are attributable to vaccine itself, the rest are accounted for as common, coincidental events in childhood.

Vaccine	Local reaction (pain, swelling, redness)	Fever (greater than 38°C)	Irritability, malaise and non-specific symptoms
<i>BCG</i>	Common	-	-
<i>Hib</i>	5%-15%	2%-10%	-
<i>Hepatitis B</i>	Adults up to 15% Children up to 5%	1%-6%	-
<i>Measles/MMR</i>	Up to 10%	5%-15%	Up to 5% rash
<i>Oral polio (OPV)</i>	-	Less than 1%	Less than 1% <sup>a</sup>
<i>Tetanus/DT/Td</i>	Up to 10% <sup>b</sup>	Up to 10%	Up to 25%
<i>Pertussis (DTP whole cell)<sup>c</sup></i>	Up to 50%	Up to 50%	Up to 60%

<sup>a</sup> Diarrhoea, headache and/or muscle pain.

<sup>b</sup> Rate of local reactions likely to increase with booster doses, up to 50%-80%.

<sup>c</sup> With whole-cell pertussis vaccine. Acellular pertussis vaccine rates are lower.

## ii. Rare, serious vaccine reactions, onset interval and rates

Most of the rare vaccine reactions (e.g. seizures, thrombocytopenia, hypotonic hypo-responsive episodes, persistent inconsolable screaming) are self-limiting and do not lead to long-term problems. The table below details rare vaccine reactions. While potentially fatal, anaphylaxis is treatable if diagnosed correctly and in time.

Vaccine	Reaction	Onset interval	Rate per million doses
<b>BCG</b>	Suppurative adenitis BCG osteitis Disseminated BCG-itis	2-6 months Up to several years 1-12 months	100-1000
<b>Hib</b>	None known	-	-
<b>Hepatitis B</b>	Anaphylaxis	0-1 hour	1-2
<b>Measles/MMR<sup>a</sup></b>	Febrile seizure Thrombocytopenia (low platelets) Anaphylaxis	5-12 days 60 days 0-1 hour	330 30 1
<b>Oral polio (OPV)</b>	Vaccine associated poliomyelitis (VAPP)	4-30 days	Up to 0.4 <sup>b</sup>
<b>Tetanus</b>	Brachial neuritis Anaphylaxis Sterile abscess	2-28 days 0-1 hour 0-2 1-6 weeks	5-10 1-6 6-10
<b>DTP</b>	Persistent (>3 hours) inconsolable screaming Seizures Hypotonic hypo-responsive episode (HHE) Anaphylaxis/shock	0-48 hours 0-3 days 0-24 hours 0-1 hour	1000-60 000 600 <sup>c</sup> 30-990 1-6
<b>Japanese encephalitis</b>	Serious allergic reaction Neurological event	0-2 weeks 0-2 weeks	10-1000 1-2.3
<b>Yellow fever</b>	Allergic reaction/anaphylaxis	0-1 hour	5-20

<sup>a</sup> Reactions (except anaphylaxis) do not occur if already immune (approx. 90% of those receiving a second dose); children over six years are unlikely to have febrile seizures.

<sup>b</sup> VAPP risk is higher for first dose (12 per 1.4-3.4 million doses) compared to one per 5.9 million for subsequent doses, and one per 6.7 million doses for subsequent contacts.

<sup>c</sup> Seizures are mostly febrile in origin, and the rate depends on past history, family history and age, with a much lower risk in infants under the age of four months.

Source: Global Mid level Management training modules, WHO.

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## ANNEX 8: EVALUATE HOW YOU ARE DOING

### **It is important to monitor and evaluate your communications both during and after the event.**

This will allow you to adjust your communications strategy to meet changing circumstances, as well as to look back and fine-tune your plans for future responses. As your technical information changes, so must your communications tactics, in order to mitigate public concern; this might include very active media monitoring during the first 72 hours after a vaccine-related event is made public. Take note if your key messages are being used in the media. If they are not, you may need to think about choice of words and whether you are explaining difficult concepts in a way that is too complex or lengthy for the media to use.

“Close the loop” when the VRE is resolved by informing senior management so that they are prepared if they are asked to comment or provide information. Always publish or release a statement (on your web site, or through other means) that summarizes the resolution of the event investigation. Even if it is months later, it is vital to publish or make public this information, so that long-term trust in the investigation process is established with the public and your partners.

### Include evaluation criteria as part of your plan

Evaluation provides the assurance that you are doing things right, or indicates that you need to change your strategy to get your message across better. Evaluation goals do not have to be complicated, but should be realistic, credible and specific. See the following ideas.

- Compile press clippings and radio and television coverage and measure the response to the “call to action”.
- If you are experiencing a media crisis that lasts more than a few days, you will need to continuously evaluate your communications strategies (and possibly your goals) and modify what you are doing accordingly.
- If the crisis is short, you will be able to evaluate your strategies afterwards and modify your communication plan for next time in light of the experience.
- Review where your messages were broadcast and their impact.

### Newspapers and journals

- How many articles were published that carried your information?
- Were the articles given prominence?
- Was the message carried without distortion?
- Is there an outstanding journalist who was supportive of your mission that you can target for future messages?
- Do you need to target newspapers differently from now on?

### Radio

- How many radio spots, news items or mentions resulted from your message?
- Were the radio spots transmitted at peak listening time?
- Were you edited appropriately?
- Were you successful in your “sound bites”?
- Do you need to target different radio stations?
- Do you need to improve your radio interview technique?

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### Television

- How many TV spots, news items or mentions resulted from your message?
- Were the TV spots transmitted at peak listening time?
- Were you edited appropriately?
- Were you successful in your “sound bites”?
- Do you need to target different TV stations?
- Do you need to improve your TV interview technique?

### Public response to your message

Send staff out into the street to ask passers-by if they heard the message, in what medium, and whether they understood it. You can design a simple questionnaire or just obtain a rough informal impression.

### At the end

Document the lessons learned. As a final step, it is very useful to summarize what strategies and communications tactics worked with mitigating public concern, and the impact on your country’s immunization programme. This “lessons learned” approach will help you fine tune your overall communications strategy and strengthen your response the next time a vaccine-related incident occurs that requires a high, active level of response.

## Quick evaluation checklist

- Am I satisfied with the response?
- Do I need to change the message?
- Do I need to improve the delivery of the message?
- Which media carried the story?
- Should I use other feedback mechanisms e.g. focus groups, questionnaires?
- How many questions came to me or the organization as a result of my communications effort?

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## ANNEX 9: FIVE CONCEPTS TO MAKE YOUR COMMUNICATIONS MORE EFFECTIVE

**If you are making a presentation in a press briefing, your message can be improved or even ruined by how well you make it. Here are some tips.**

### 1. Keep the visual message interesting

The images people see have a more immediate impact than the words they read or hear. Yet, too often, little effort is made to prepare effective visual content for publications or presentations. Select or prepare graphs, photographs and illustrations carefully. When you make a presentation, use slides, posters and other visual aids to illustrate, not just tell, your message to the audience. Videos that feature action, as well as interviews, will usually be more effective.

### 2. Use powerful language

The challenge is to shape messages that use compelling rhetoric and create a sense of urgency. Often there is no need to draw attention to the disease or disaster. The reality of communicable, sometimes incurable, diseases is usually frightening enough. Try to personalize statistics and give the problem a human face: the story of one person suffering from a disease; stories of mothers, fathers, sons and daughters, nurses, doctors and volunteers who live or work with diseases. This can help non-medical audiences relate to complex medical issues.

### 3. Share something new

Find ways to tell the audience something they do not already know; something “new” or fresh. A new disease such as Severe Acute Respiratory Syndrome (SARS), even though it affects only a few hundred people, generates more media and political interest than diseases that affect millions but have been around for hundreds of years. When you assess your audience, consider what information will be new to them. Often, experts forget that information that is common knowledge among medical colleagues might be new and surprising to others. Always look for new developments, such as new outbreaks, research, newly-released data and successful initiatives to control the disease.

### 4. Keep the written message simple

Avoid communicating too much detailed information. Presentations appropriate for medical audiences are almost certain to be tedious for journalists, politicians and donors. Policy makers need simple messages that clearly and quickly get to the heart of an issue. For advocacy purposes, a few well-crafted facts can be worth hundreds of statistics.

### 5. Target your audience

Some language or rhetoric will be meaningful to one audience but not to another. Tailor your message so that it is appropriate for the target audience. Typically, people listen to a message when it affects them or their concerns. We need to frame the information so that it appears relevant rather than remote. Profile your audience. Find out information about their age, gender, specific interests and responsibilities, level of prior knowledge about your subject and past support for the issue. In a crisis, preparation may not be possible, and briefings may have to be held without all of the information to hand.

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## ANNEX 10: SEVENTY-FIVE QUESTIONS THEY ALWAYS ASK

This list includes almost every question you will ever get asked by the media. Be sure you have answers BEFORE you start the interview — no matter what the subject is.

1. What is your name and title?
2. What are your job responsibilities?
3. What are your qualifications?
4. Can you tell us what happened?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How certain are you about this information?
11. How are those who were harmed getting help?
12. Is the situation under control?
13. How certain are you that the situation is under control?
14. Is there any immediate danger?
15. What is being done in response to what happened?
16. Who is in charge?
17. What can we expect next?
18. What are you advising people to do?
19. How long will it be before the situation returns to normal?
20. What help has been requested or offered from others?
21. What responses have you received?
22. Can you be specific about the types of harm that occurred?
23. What are the names of those that were harmed?
24. Can we talk to them?
25. How much damage occurred?
26. What other damage may have occurred?
27. How certain are you?
28. How much damage do you expect?
29. What are you doing now?
30. Who else is involved in the response?
31. Why did this happen?
32. What was the cause?
33. Did you have any forewarning that this might happen?
34. Why wasn't this prevented from happening?
35. What else can go wrong?
36. If you are not sure of the cause, what is your best guess?

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37. Who caused this to happen?
  38. Who is to blame?
  39. Could this have been avoided?
  40. Do you think those involved handled the situation well enough?
  41. When did your response to this begin?
  42. When were you notified that something had happened?
  43. Who is conducting the investigation?
  44. What are you going to do after the investigation?
  45. What have you found out so far?
  46. Why was more not done to prevent this from happening?
  47. What is your personal opinion?
  48. What are you telling your own family?
  49. Are all those involved in agreement?
  50. Are people overreacting?
  51. Which laws are applicable?
  52. Has anyone broken the law?
  53. How certain are you?
  54. Has anyone made mistakes?
  55. Have you told us everything you know?
  56. What are you not telling us?
  57. What effects will this have on the people involved?
  58. What precautionary measures were taken?
  59. Do you accept responsibility for what happened?
  60. Has this ever happened before?
  61. Can this happen elsewhere?
  62. What is the worst-case scenario?
  63. What lessons were learned?
  64. Were those lessons implemented?
  65. What can be done to prevent this from happening again?
  66. What would you like to say to the victims or their families?
  67. Is there any continuing danger?
  68. Are people out of danger? Are people safe?
  69. Will there be inconvenience to employees or to the public?
  70. How much will all this cost?
  71. Are you able and willing to pay the costs?
  72. Who else will pay the costs?
  73. When will we find out more?
  74. What steps need to be taken to avoid a similar event?
  75. Have these steps already been taken? If not, why not?

**Reproduced, by permission from Covello, VT. Keeping your head in a crisis: responding to communication challenges posed by bio-terrorism and emerging infectious diseases. Washington, DC, Association of State and Territorial Health Officers (ASTHO), 2003.**

## ANNEX 11: SOME STRATEGIES USED BY REPORTERS DURING PRESS INTERVIEWS

Reporters use various tactics during interviews that you should be aware of.

Type of question	Example of question	How to respond
<b>Speculation</b>	What could happen if...? How do you think this happened? Can you suggest how...?	I wouldn't want to speculate on that. The facts are... It is important that we deal with the facts as we know them, and they are... It's too early to tell. We will have a full evaluation and find out what happened.
<b>Hearsay</b>	Dr Smith from the Health Education Bureau told us that... A source from within MOH has told us... How do you respond to the WHO country director who said that ....? Our sources tell us....	This is the information I have.... I'd like to stick to the facts.... The facts are.... This is what I know.... I can't speak for Dr Smith, but what I can address is....
<b>Negative slant</b>	Tell us about the E-coli outbreak that happened here today. Could this have been another disaster? Tell us about the .... Why is the MOH surveillance substandard?	The truth is... I will give you the facts as I have them... Once again, let me share with you exactly what happened... (Don't repeat the negative comment or word. Correct the inaccuracy)
<b>Puts words in your mouth</b>	So, you think this is a very serious situation?	"Let's see what's at issue here if I may".... then make your positive point. (Recognize that their effort is to get you to use words you would not say. Don't argue)
<b>Presupposition – reporter gives you completely false information to put you on the defensive</b>	Isn't it true that the MOH didn't provide enough training to local health workers because the money was used for a new building in headquarters?	Let me give you the correct information.... Actually this is what happened... The truth is... (Don't repeat the negative comment or word)
<b>False facts and incorrect information</b>	So you have awarded 75% of your grants budget to study TB to one organization? (If a reporter provides incorrect information, it is OK to correct them)	Perhaps I could clarify that for your (viewers, listeners, readers) That is not true.... the facts are that.... (Correct graciously and go to your positive point)
<b>The dangerous silence</b>	You've given a good answer to a controversial issue.... (the reporter pauses and the camera continues to roll, encouraging you to fill the silence. When the camera stops rolling, the reporter is still recording)	Stay on your agenda. Be aware of non-verbal cues. Be comfortable with silence. It's the reporter's job to fill the air time. Don't answer questions they did not ask you.

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## ANNEX 12: ADDITIONAL RESOURCES

### Publications

*Advocacy. A practical guide, with polio eradication as a case study.*  
Geneva, World Health Organization (WHO/V&B/99.20).

*Communication for polio eradication and routine immunization. Checklist and easy reference guides.*  
WHO, UNICEF, USAID (BASICS II and CHANGE projects).  
Geneva, World Health Organization (WHO/PLOIO/02.06).

*A human rights approach to TB. Stop TB guidelines for social mobilization.*  
Geneva, World Health Organization (WHO/CDS/STB/2001.9).

*Communication handbook for polio eradication and routine EPI. Developed by UNICEF and WHO in collaboration with polio partners and ministries of health representatives.*  
Geneva, United Nations Children's Fund, 2000.

*Advocacy for immunization. How to generate and maintain support for vaccination programmes.*  
GAVI Alliance, 2001.

Covello, VT. *Keeping your head in a crisis: responding to communication challenges posed by bio-terrorism and emerging infectious diseases.*  
Washington, DC, Association of State and Territorial Health Officers (ASTHO), 2003.

*Supplementary information on vaccine safety. Part 1: Field issues* (WHO/V&B/00.24)  
(<http://www.who.int/vaccines-documents/DocsPDF00/www522.pdf>).

World Health Organization. *Vaccine information sheets at*  
([http://www.who.int/vaccine\\_safety/initiative/tools/vaccinfosheets/en/index.html](http://www.who.int/vaccine_safety/initiative/tools/vaccinfosheets/en/index.html)).

*Supplementary information on vaccine safety. Part II: Background rates of adverse events following immunization* (WHO/V&B/00.36)  
(<http://www.who.int/vaccines-documents/DocsPDF00/www562.pdf>).

World Health Organization. *Thiomersal*  
([http://www.who.int/immunization/newsroom/thiomersal\\_information\\_sheet/en/index.html](http://www.who.int/immunization/newsroom/thiomersal_information_sheet/en/index.html))

*Surveillance of adverse events following immunization. Field guide for managers of immunization programmes* (WHO/EPI/TRAM/93.02 REV 1.)(English, French, Russian)  
(<http://www.who.int/vaccines-documents/DocsPDF/www9541.pdf>).

*Aide-mémoire: Adverse events following immunization (AEFI): causality assessment.*  
Geneva, World Health Organization, 2005  
([http://whqlibdoc.who.int/aide-memoire/a87773\\_eng.pdf](http://whqlibdoc.who.int/aide-memoire/a87773_eng.pdf)).

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## Web sites

World Health Organization ([http://www.who.int/vaccine\\_safety/en/](http://www.who.int/vaccine_safety/en/)).

United Nations Children's Fund (<http://www.unicef.org>).

Allied Vaccine Group ([www.vaccine.org](http://www.vaccine.org)).

A partnership of six independent web sites providing science-based, reliable information about immunization.

Gates Children's Vaccine Program at PATH ([www.childrensvaccine.org](http://www.childrensvaccine.org)).

The Resource Center contains an extensive library of immunization materials.

GAVI Alliance ([www.gavialliance.org](http://www.gavialliance.org)).

GAVI is a global movement to improve immunization services and introduce new and underutilized vaccines.

Immunization Action Coalition ([www.immunize.org/](http://www.immunize.org/)).

The Immunization Action Coalition promotes physician, community and family awareness of, and responsibility for, appropriate immunization of all children and adults against all vaccine-preventable diseases. This US-based site has a wealth of education materials, including English and Spanish vaccination information sheets, among others.

Immunization Materials from the American Academy of Pediatrics

([www.aap.org/new/immpublic.htm](http://www.aap.org/new/immpublic.htm)).

This American Academy of Pediatrics section contains video and text resources for parents, including Immunizations: what you need to know.

Centers for Disease Control and Prevention

(<http://www.cdc.gov/vaccinesafety/index.html>). Monitoring health problems after vaccination is essential to ensure that the United States continues to have the safest, most effective vaccine supply in history.

PKIDs (Parents of Kids with Infectious Diseases) ([www.pkids.org](http://www.pkids.org)).

This national parent advocacy organization is committed to protecting children against diseases that have life-long effects on their health and development.

Polio Eradication Initiative ([www.polioeradication.org](http://www.polioeradication.org)).

Information about polio and global efforts to eradicate it.

The Vaccine Page ([www.vaccines.org](http://www.vaccines.org)).

The Vaccine Page features the latest vaccine-related news from Reuters, as well as links to information organized for adults, parents, practitioners, researchers and journalists. A scan of the country section yields journals, institutes, or immunization recommendations from 16 countries.

The Communication Initiative ([www.comminit.com](http://www.comminit.com)).

This web site provides excellent information and resources for communications staff working in developing countries.

GAVI Resource Kit (<http://www.childrensvaccine.org/html/gavi-ark.htm>).

Safe Injection Global Network (SIGN) ([www.injectionsafety.org](http://www.injectionsafety.org)).

American Academy of Pediatrics ([www.aap.org/family/medemredirect.htm](http://www.aap.org/family/medemredirect.htm)).

WHO health care waste management ([www.healthcarewaste.org](http://www.healthcarewaste.org)).

Institute for Vaccine Safety - Johns Hopkins School of Public Health ([www.vaccinesafety.edu](http://www.vaccinesafety.edu)).

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## WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

### Member States

Albania	Norway
Andorra	Poland
Armenia	Portugal
Austria	Republic of Moldova
Azerbaijan	Romania
Belarus	Russian Federation
Belgium	San Marino
Bosnia and Herzegovina	Serbia
Bulgaria	Slovakia
Croatia	Slovenia
Cyprus	Spain
Czech Republic	Sweden
Denmark	Switzerland
Estonia	Tajikistan
Finland	The former Yugoslav Republic of Macedonia
France	Turkey
Georgia	Turkmenistan
Germany	Ukraine
Greece	United Kingdom
Hungary	Uzbekistan
Iceland	
Ireland	
Israel	
Italy	
Kazakhstan	
Kyrgyzstan	
Latvia	
Lithuania	
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Monaco	
Montenegro	
Netherlands	