

## **Part G. Communication**

### **NC Department of Health and Human Services, Division of Public Health**

#### **A. Goals**

This chapter identifies information necessary for major planning, preparedness, and communication response activities for pandemic influenza by state and local health departments (LHDs). It also provides guidance for coordinating efforts with CDC and other entities. This chapter provides local and state communication specialists with suggestions and guidance to:

- Instill and maintain public confidence in the state's public health system and its ability to respond to and manage an influenza pandemic;
- Maintain order, minimize public fear, and facilitate public protection by rapidly providing accurate and complete information (that does not compromise patient confidentiality); and
- Prevent stigmatization and address rumors, inaccuracies, and misperceptions as quickly as possible.

#### **B. Interpandemic Phases 1 and 2**

In the interpandemic phases, state and local-level public health offices need to prepare and disseminate messages to encourage vigilance for the possible appearance of pandemic influenza and to specify activities to prevent its spread. At the state level, public information officers will assess communication needs and capacity, develop criteria and procedures for requesting CDC communications assistance, and develop mechanisms for coordinating the activities of on-site CDC communications experts with local/state communication resources.

At the local level, communications personnel (or those tasked with communications responsibilities) should assess communication needs and capacity, develop criteria and procedures for requesting state communications assistance, and develop mechanisms for coordinating the communication activities with the state. During an influenza pandemic, state and local health departments will serve as an information resource. Public information officers should be prepared for the surge of requests and inquiries generated by reports of a novel influenza virus and the potential for an influenza pandemic.

#### **Objective 1: Readiness**

##### **Activities**

Assessment of healthcare providers' information needs. It is recognized that many healthcare providers lack experience with pandemic influenza and need information about evaluating, managing and reporting cases. Epidemiology staff will assess healthcare providers' knowledge about surveillance and reporting, diagnostics, transmission, exposure management, and issues such as concern for self-protection and possible use of quarantine and isolation. Public information staff will assist epidemiology staff as needed to develop appropriate materials for healthcare providers.

Assessment of the general public's information needs. It is recognized that public perceptions about pandemic influenza may reflect misunderstandings and inaccuracies that can exacerbate fears and may impede containment efforts. The state's Office of Public Health Preparedness and Response (PHP&R) conducted public surveys and focus groups to assess the public's and the media's understanding of disease outbreaks in general as well as bioterrorism issues. The information from these surveys is guiding efforts to prepare public information products and strategies.

Creation of Intrastate Communication Enhancement Network (ICCE Net). The Office of Public Health Preparedness and Response created ICCE Net to ensure that public health communicators at all levels of state and local government are interacting on a regular basis. During an influenza pandemic, ICCE Net will prove invaluable to ensuring that communications are uniform across the state at all levels. (See Appendix G-1)

Evaluation of logistical issues that influence communication effectiveness

- Adequacy of printing/graphic design contracts and resources to meet emergency needs

The North Carolina Department of Health and Human Services (DHHS) uses the state Department of Correction's printing operation (Correction Enterprises) as its primary printing resource. DHHS also has an account with North Carolina State University's University Graphics for printing. The department's Office of Purchasing and Contracts also maintains a list of private vendors that can be utilized if these resources are unable to accommodate a print job for reasons of size, speed, or format.

NC DHHS has two full-time graphic artists who can be tasked to deal with any pandemic influenza -crisis graphic needs. In addition, NC DHHS has cooperative agreements with other departments' public information staff for additional staff as needed.

The DHHS graphic arts office was recently revamped and its capacity increased as part of the state's pandemic flu planning.

- Availability of cell phones, email equipment, and laptops needed by communication staff at the time of deployment

Due to the nature of North Carolina's public health system (local health departments are autonomous county-government operations) most pandemic influenza communications at the local level will be addressed by LHD staff. However, the NC DHHS Public Affairs Office (PAO) and PHP&R maintain assigned and "pooled" cell phones and laptops that can be used for Public Information Officer (PIO) deployment if necessary. In such situations, email and computer-generated documents will still be distributed through either the DHHS PAO, the Public Health Command Center (PHCC), or the local health department.

- Capacity of hotlines and web servers to accommodate increased use

Hotline services are maintained primarily by the NC DHHS Office of Citizen Services. This office maintains a referral service (Care-Line) that operates as a hotline for citizen queries either during regular business hours, or 24/7 if the situation warrants. In the event of an extreme emergency, this operation seamlessly merges with the Governor's Hotline which can also operate on a 24/7 basis.

Increased demand on web services is addressed through the use of multiple staff resources within the department and redundant server back ups.

- Availability of emergency personnel to staff hotlines and communication centers for extended hours and days

Both the Care-Line and the Governor's Hotline train and maintain lists of volunteers to call upon in times of emergency.

- Adequacy of training in risk communication, media relations, and pandemic influenza epidemiology, clinical features, diagnostics, and surveillance

Risk communication and media relations training for LHD employees and Public Health Regional Surveillance Teams (PHRSTs) takes place at several levels and venues on a continuing basis. Training associated with pandemic influenza epidemiology, clinical features, diagnostics, and surveillance are

conducted by the General Communicable Disease Control (GCDC) Branch to LHD staff directly and via the PHRSTs (a resource to LHDs).

In addition, the CDC has developed a Crisis and Emergency Risk Communication (CERC) pandemic flu module. Public Affairs staff attended regional training in September 2006 to serve as train the trainers. Public Affairs staff will conduct training for local health departments and other partners in 2007.

- Adequacy of staffing needs for public affairs efforts

The DHHS Public Affairs Office has seven public information officers. In the event of a Pandemic-Influenza crisis, public information officers that normally deal with other departmental issues will be tasked to deal with pandemic influenza. More detailed information regarding this response can be found in the DHHS Public Affairs Crisis Communication Plan (Appendix G-2). These resources include a webmaster and a bilingual Spanish/English public information officer. All seven staff members have cross-trained to deal with public health issues. DHHS Public Affairs Office has an agreement with other state departments to use public information officers from those offices as needed. The Office of Public Health Preparedness and Response has one public information officer; in the event of a pandemic influenza crisis, this PIO would also be tasked to deal with pandemic influenza. The immunization branch has one public information officer; that person would also be tasked to deal with pandemic influenza.

## **Objective 2: Rapid Communication Response**

- Preparations for Managing Media Demands

NC DHHS recognizes that the first jurisdiction with possible or confirmed cases of novel influenza virus can expect a deluge of media attention. Due to the state's recent need to deal with emergency health crises such as West Nile Virus, various hurricanes, and anthrax, the PAO has a lot of experience in handling high-profile media situations. Furthermore, the recent establishment of the Public Health Command Center with its complementary public information resources bolsters the PAO's media response capacities. Finally, NC DHHS has an agreement with the state Division of Emergency Management to activate the state Joint Information Center (JIC) if public information/media demands so necessitate. The JIC can be activated by a request from the State Health Director (SHD) even if the state's Emergency Operations Center (EOC) has not been activated.

Because of the nature of pandemic flu, a virtual JIC will be activated, rather than the traditional JIC. DPH will use the facilities of the North Carolina Agency for Public Telecommunication (APT). Using this system will allow the State Health Director and other subject matter experts to talk live with reporters across the state through a combination of satellite uplink and web cast. This system has been field-tested with two statewide media briefings on pandemic flu. This virtual JIC accomplishes two things – it limits the spread of the illness by not creating a mass gathering of reporters and it allows real-time communication with reporters across the state, rather than just Raleigh-based reporters. The system will be tested on a quarterly basis.

The North Carolina Public Health Crisis Communication Plan (PHCCP), which applies to any case of unusual illness, calls for the PAO to be in constant communication with the CDC Office of Communications. As in past public health crises, contact will be maintained continuously via telephone communications, e-mail, and sharing of all news releases before distribution to the media. Either the PAO or the PHCC, depending on space availability, will accommodate CDC communication staff traveling to North Carolina in the event that North Carolina is one of the first states with documented pandemic influenza activity.

- Development and Coordination of Educational Materials

The PAO has created and maintains a portfolio of communication, information, and education resources and materials on topics including clinical and laboratory diagnostics, infection control, isolation and quarantine, stigmatization management, travel control authority, legal issues and agencies' roles and responsibilities. This information is reviewed and changed as appropriate when new information becomes available.

The PAO works with the GCDC Branch on a continuing basis to develop and present formal educational curricula and materials in multiple formats for professional audiences.

In accordance with the PHCCP, the PAO coordinates with partner agencies on a continuing basis whenever preparing materials and/or responding to pandemic influenza or any other potential disease outbreaks.

Protocols for communicating data on a daily basis are established in the PHCCP. The reporting of such information will be coordinated with the CDC Director's Emergency Operations Center and CDC's Emergency Communications System (ECS) as appropriate.

- Review and Clearance Protocol for Pandemic Influenza Messages and Materials

NC DHHS policy calls for all information created for public awareness or education to be reviewed and approved by the PAO and subject matter experts prior to production and distribution. In addition, news releases created during a crisis must also be reviewed by the State Health Director or designee before distribution. If a news release concerns a particular local health department or a particular hospital (or other such "named" entity), then the release will also be submitted to staff from those entities for review.

- Designation of a Spokesperson

The State Health Director is to be the primary spokesperson during an influenza pandemic. Subject matter experts to assist the SHD include the State Epidemiologist, the director of the State Public Health Laboratory, the head of the Immunization Branch, and the head of the PHP&R office. Others will be identified and included as necessary. All of the individuals listed above have received training in media relations and risk communication. Additional refresher training is conducted periodically. All of the individuals listed above will also receive the CDC's Pandemic flu CERC training.

- Website Development

NC DHHS maintains and updates an extensive public health website with both on-site and off-site resources and links. Departmental policy calls for new information regarding outbreaks to be posted and linked as it is developed. DHHS has several server locations where information can be posted and several staff members are capable of posting it.

- Hotline (Care-Line)

As stated previously, NC DHHS maintains a hotline that can be extended into 24/7 service. Staff and volunteers are trained to handle calls and make referrals.

- Activation of Emergency Operations

The protocols and conditions for declaring a public health emergency and activating the State Emergency Operations Center are incorporated into the state's Emergency Operations Plan and outlined under Annex B, Appendix 7 (Appendix A-1). Protocols for activating the Public Health Command Center independent of a state declaration are reviewed in Part A: Command, Control and Management Procedures.

- Facilitating CDC PIOs in the field

The NC DHHS PAO is the lead agency for coordinating CDC PIOs being deployed to specific locations in North Carolina.

### **Objective 3: Increasing Pandemic Influenza Knowledge and Awareness**

#### Activities

- Preparation of Public and Professional Pandemic Influenza Awareness Information

The PAO has prepared and maintains pandemic influenza messages and materials to be disseminated during the various phases of a pandemic. The PAO monitors CDC HAN Alerts and notices regarding travel advisories and alerts, infection control measures, patient management strategies, community containment measures including quarantine, and laboratory diagnostics. Such information is reviewed with the State Epidemiologist and the GCDC Branch and passed on to the media and the public as warranted. The PAO and the PHP&R Communication Coordinator are reviewing state quarantine and isolation regulations and creating education materials (FAQs, Q&As, etc.) for public education efforts.

- Development of Educational Materials.

- General pandemic brochure English/Spanish (complete)
- General poster English/Spanish (complete)
- Pandemic flu folders English (complete)
- Handout on preparing an emergency kit English/Spanish (complete)
- Handout on preparing a first aid kit English/Spanish (complete)
- Checklists: faith-based, business, family (complete)
- Low literacy brochure (2007)
- Insert in Department of Motor Vehicle registration reminder (2007)
- Insert in Medicaid mailing (2007)
- Redevelopment of web site branded ncpandflu.gov (2007)

- Speakers' bureau

State public health authorities maintain a Speakers' Bureau that matches requests for presentations with subject matter experts on topics related to pandemic influenza. Requests are matched based on the specific area of interest related to pandemic influenza, as well as availability of the speakers. Requests for presentations come from a wide variety of audiences. These often represent key pandemic planning partners, e.g. health care providers, business and finance industry executives, contingency planners, other state government agencies, representatives of vulnerable groups, and schools. Subject matter experts include staff from the Division of Public Health as well as staff from the state's Public Health Regional Surveillance Teams. Local health departments also provide many presentations and collaborate with referrals to and from the Speakers' Bureau.

- Channels of Message Distribution

NC DHHS will use a variety of approaches to increase the level of knowledge about pandemic influenza, including the posting of information and related links on the Internet, pitching story ideas and providing updates to the media, and collaborating with professional and civic organizations to raise awareness. Information will specifically be targeted to healthcare providers, public health officials, policy makers, and other local partners. Message distribution will be largely determined according to the Epidemiology Section Information Management Matrix (Appendix G-3).

- Regular media briefings on pandemic flu. The state health director has done two statewide media briefings in 2005 and 2006. These briefings were conducted out of the North Carolina Agency for Public Telecommunications (APT), using web cast and satellite uplink. Briefings will be held on a quarterly basis in 2007. In addition to providing reporters with updated information on North Carolina's pandemic flu planning efforts, these briefings are also a test of the virtual JIC that will be activated in the event of a pandemic flu.

- Rapid Release of Information

NC DHHS is prepared to immediately address questions related to the initial case(s) of pandemic strain influenza and to provide guidance to the public regarding disease susceptibility, diagnosis, and management. During a pandemic, influenza activity will be continually updated and placed into context through the use of regular media briefings. Information distribution will adhere to the Epidemiology Section Information Management Matrix.

- Addressing Complex Questions

Although influenza is a common annual ailment, dealing with pandemic influenza is a very different matter. Healthcare providers will rely on state/local health departments to provide needed information rapidly. Emerging information will be distributed to health and medical professionals through various pre-established channels created and maintained by the PAO and PHP&R staff. Some of these channels include:

Communicable Disease nurses at LHDs  
Child Care Providers (via e-mail, website, letters to providers)  
Critical Care Pulmonary Physicians Association  
Emergency Medical Services Administrators  
Emergency Medical Services Rescue  
Foreign Adoption Agencies  
Hospitals  
Local Health Directors  
Medical labs  
Medicaid providers  
NC Chapter of the National Association of Pediatric Nurse Associates and Practitioners  
NC American Academy of Family Practitioners  
NC Board of Nursing  
NC Board of Pharmacy  
NC College of Emergency Physicians  
NC College of Internal Medicine  
NC Dental Society  
NC Hospital Association (to share with their clinicians)  
NC Infectious Diseases Society  
NC Lung Association  
NC Medical Board  
NC Medical Society

NC Pediatric Society  
Nurse Practitioners Association  
Old North State Medical Society  
Physician's Assistants  
Public Health Regional Surveillance Teams (PHRSTs)  
Public Schools (Division of Public Instruction and NC Healthy Schools initiative and website)  
NC Statewide Program for Infection Control and Epidemiology  
Refugee Health Office  
University/College student health centers  
WebMD

- Translation of Informational Products

Spanish is North Carolina's predominant second language. NC DHHS maintains in-house and outside resources for translating news releases and educational materials into Spanish. The department also has access to translation resources in several other languages via the state's university system. The PAO will seek help from CDC and other states for translations that cannot be conducted within this structure.

### **C. Pandemic Alert Phase 3**

Once a Pandemic Alert Phase 3 is issued, the DHHS PAO will review the Communication Plan with the Division of Public Health's Epidemiology Section and the OPHR&R to determine whether the procedures outlined herein are applicable to the specific situation or require alteration.

The PAO will begin systematic review and testing of all health and media (English and non-English speaking) communications channels slated for use as outlined in the activities in the "Pandemic Imminent and Pandemic Phases" section below. The PAO, in collaboration with the Epidemiology Section, also will continuously collect, update and distribute information specific to the disease to all public health and healthcare entities listed above.

The PAO will assess and review educational materials targeted for the general public for superseded information regarding disease control measures and available services during a pandemic. The PAO also will ensure that materials are available in all appropriate languages and that such materials can be delivered to or be accessed by special groups. The next section contains more information about how populations with limited English-language skills and other special needs will be reached.

### **D. Pandemic Alert Phases 4 and 5**

When a Pandemic Alert Phase 4 or Phase 5 is issued, the DHHS Public Affairs Office will notify all health partners used for delivering information outlined in the activities in the "Pandemic Phase 6" section below of the heightened status and begin hard testing for functionality. The PAO also will ensure that all pertinent informational materials are available in all appropriate languages and that the contact lists for all media, both English and non-English, are updated and complete.

The PAO will notify divisions within the department that their constituents connections will be utilized to help deliver information to hard-to-reach communities such as communities where English is a secondary language, the homeless community, people who are homebound, etc. Programs which may provide assistance in reaching these communities include Primary Care; WIC; Refugee Health; Local Health Services; Aging and Adult Services; Services for the Blind; Mental Health, Developmental Disabilities, and Substance Abuse Services; Services for the Deaf and Hard of Hearing, Vocational Rehabilitation; etc.

The PAO also will work with the various programs to utilize communication channels that exist within community groups providing services to people in the communities listed above.

## E. Pandemic Phase 6

### Objective 1: Coordination of local, state and national communications efforts

#### Activities

- Federal Telebriefings

It is essential that NC DHHS PAO contact and stay in close consultation with the CDC Office of Communications to ensure a consistent and accurate communications response.

- Virtual Joint Information Center (JIC)  
To limit exposure to pandemic flu, the state will activate a virtual JIC, which will allow the State Health Director and other subject matter experts to talk directly with reporters across the state. The state will work with the North Carolina Agency for Public Telecommunication (APT) to activate the virtual JIC.

- Interaction with the CDC Emergency Communication System (ECS)

The NC DHHS PAO will interact, as appropriate, with CDC's Emergency Communication System. It is understood that once novel virus is confirmed in the United States, the CDC will activate its ECS to serve as a resource to state and local communications personnel and coordinate the federal public health communication response. The PAO understands that the ECS will direct all CDC pandemic influenza - related communication activities, including communication strategy development, key message development, CDC website management, materials development and dissemination, national media relations, media monitoring, and all other national communication components. Some ECS staff will be designated to focus on national level issues, whereas others will coordinate field personnel. As much as possible, the ECS will support North Carolina's JIC activities. (The PAO has reviewed the information regarding JIC operation provided in the draft plan's Appendix G-2).

- Interaction with Federal Communication Liaisons

The NC DHHS PAO will interact, as appropriate, with federal communication liaisons and encourage participation at the local level.

- Message Consistency

NC DHHS recognizes the importance of making sure information issued by federal, state, and local health officials are coordinated and provide consistent messages.

## Objective 2: Keeping communications staff at all levels prepared and informed

### Activities

- Dissemination of federal materials found on [PandemicFlu.gov](http://PandemicFlu.gov)

The federal government (CDC/HHS) has created a vast web site that includes a variety of materials to help the media and public deal with issues arising from pandemic flu. The DHHS PAO Office has begun regular email updates to media partners, urging them to use this web site as a basis for education materials.

- Pandemic Influenza Library

The NC DHHS PAO has developed a “library” of pandemic influenza -related material for reference. These materials are updated as new information is developed. The PAO will make these pandemic influenza resources available to the PHRSTs and the local health departments. In maintaining this resource, it is recognized that HAN Alerts and the CDC’s website will offer the most up-to-date official information. The PAO regularly visits the CDC website for updated information on pandemic influenza.

- Community-Specific Materials

It is PAO policy to consider the needs of each community when developing materials for public education and distribution. Such materials must accommodate language needs and cultural aspects of the affected community. Such materials will also be accessible for people with disabilities.

- Hotline Feedback

NC DHHS recognizes that questions and concerns called into hotlines can provide ongoing guidance on new messages and materials which need to be developed to respond to public inquiries and concerns. During outbreaks or other adverse public health events, the Care-Line (see the “Readiness” section above) provides the PAO with reports regarding citizens’ concerns on a daily basis, or as requested.

- Local-Level Communication Coordination

The PAO recognizes the importance of coordinating and maintaining communication with communications personnel in local partner agencies, such as:

- Public affairs directors and PIOs from local and state health departments.
- City and state government public affairs offices.
- Local congressional delegation and offices.
- Local police and fire departments and emergency management officials.
- Regional HHS health officers and regional Office of Emergency Preparedness.
- Local hospital public relations/affairs departments.
- State and local Emergency Operations Center coordinators.
- Federal Emergency Operations Centers.

The PHP&R Communication Coordinator has been tasked with establishing regional communication groups that comprise communicators from the list above. These groups will be tasked with meeting on a regular basis to facilitate public health communications goals and activities. The establishment of these groups will create a statewide network of PIOs for distributing and exchanging information during an event.

- Pandemic flu Crisis and Emergency Response Communications (CERC) training. The CDC has developed a training module. In September 2006, 5 train-the-trainers attended a one and a half day session in Atlanta. During 2007, staff at local health departments and others will receive this training.

**Objective 3:** Communicating key messages and providing up-to-date pandemic influenza information.

Activities

- Regular media briefings.

The DHHS PAO will coordinate regular media briefings via videoconference and web cast to give media the opportunity to talk with state health leaders about pandemic flu. The first briefing was held in the fall of 2005. Another briefing was held fall of 2006. Quarterly briefings are planned for 2007

- Flu Summits

A flu summit that included top federal and state leadership was held in March 2006. This summit was held in Raleigh and included public health, medical/nursing community, first responders and others who would be involved with a flu pandemic. The summit included a web cast and satellite uplink to ensure that as many people as possible could participate. Regional summits are being held.

- Federal Telebriefings

NC DHHS recognizes the importance of participating in federal agency telebriefings and satellite broadcasts on pandemic influenza. A PIO from the department PAO and/or the PHP&R office will participate in all calls as they are announced.

- Web Materials

The Division has a pandemic flu website, but it will be revamped in 2007. Once the site is revamped all other state departments (like the Departments of Revenue and Transportation) will include a link to the site

- Local Partners

The PAO recognizes the importance of utilizing local resources such as the American Lung Association and other organizations that can be helpful in disseminating educational messages to the community. Relationships with the state level offices of these organizations are well established. During an influenza pandemic, relationships with local chapters of these organizations will be developed through the local communications groups (See list of activities in the “Pandemic Alert” sections above).

- Web-Based Information management

The NC DHHS has long utilized websites as a central component in managing information requests from the public. Its websites are strategically designed to organize and quickly provide information, updates, fact sheets, responses to frequently asked questions, healthcare provider resources, and media materials to a range of audiences. The appropriate use of the web for distributing specific information to specific audiences is outlined in the Epidemiology Section Information Management Matrix.

- Travel Advisories

Because travel and tourism is a major North Carolina industry, the NC DHHS is particularly aware of the need for detailed travel information. PAO policy calls for the immediate posting of travel-related information to the media. When appropriate, the PAO works with the state’s Travel and Tourism Office to distribute information regarding disease outbreaks and any impact they have on travel to and from the state. The PAO also furnishes provides this information to the CDC communications Office.