

Pandemic Influenza Risk Communication: From 1918 to today--what is different?

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NC Center for Public Health Preparedness

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Crisis & Emergency Risk Communication

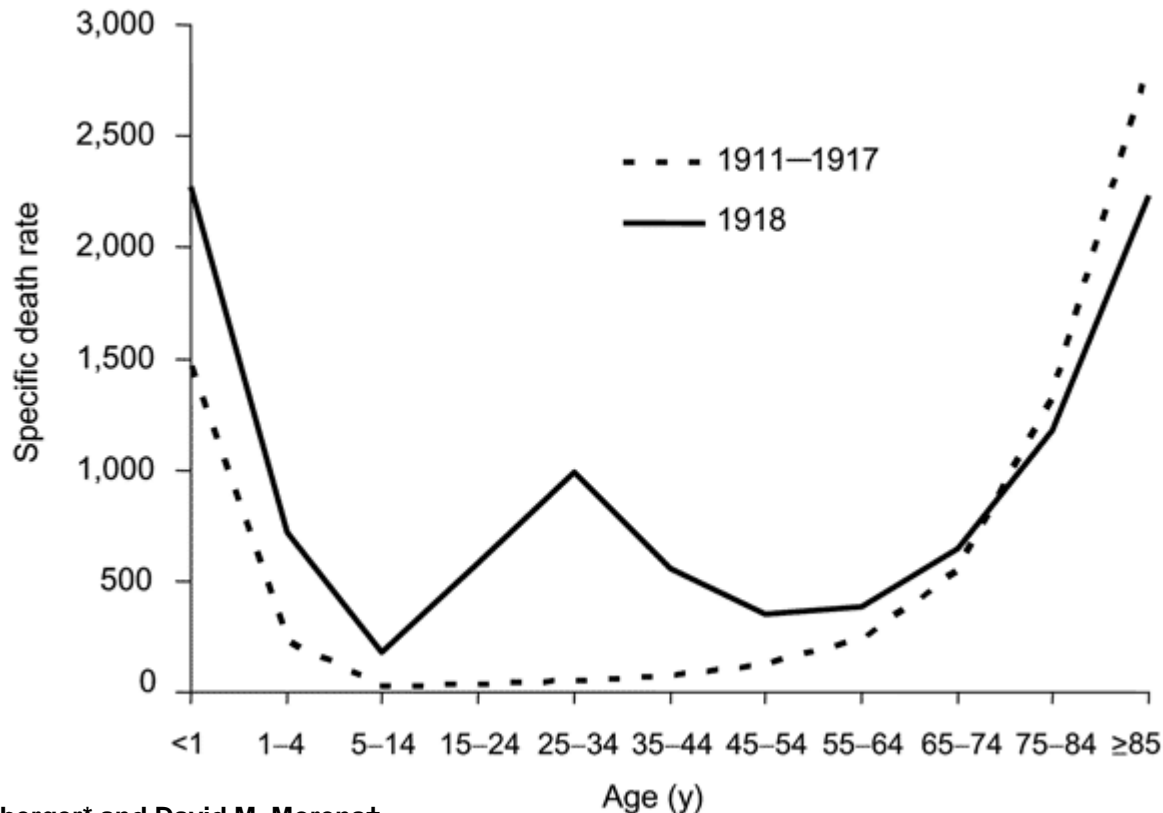
Pandemic Influenza

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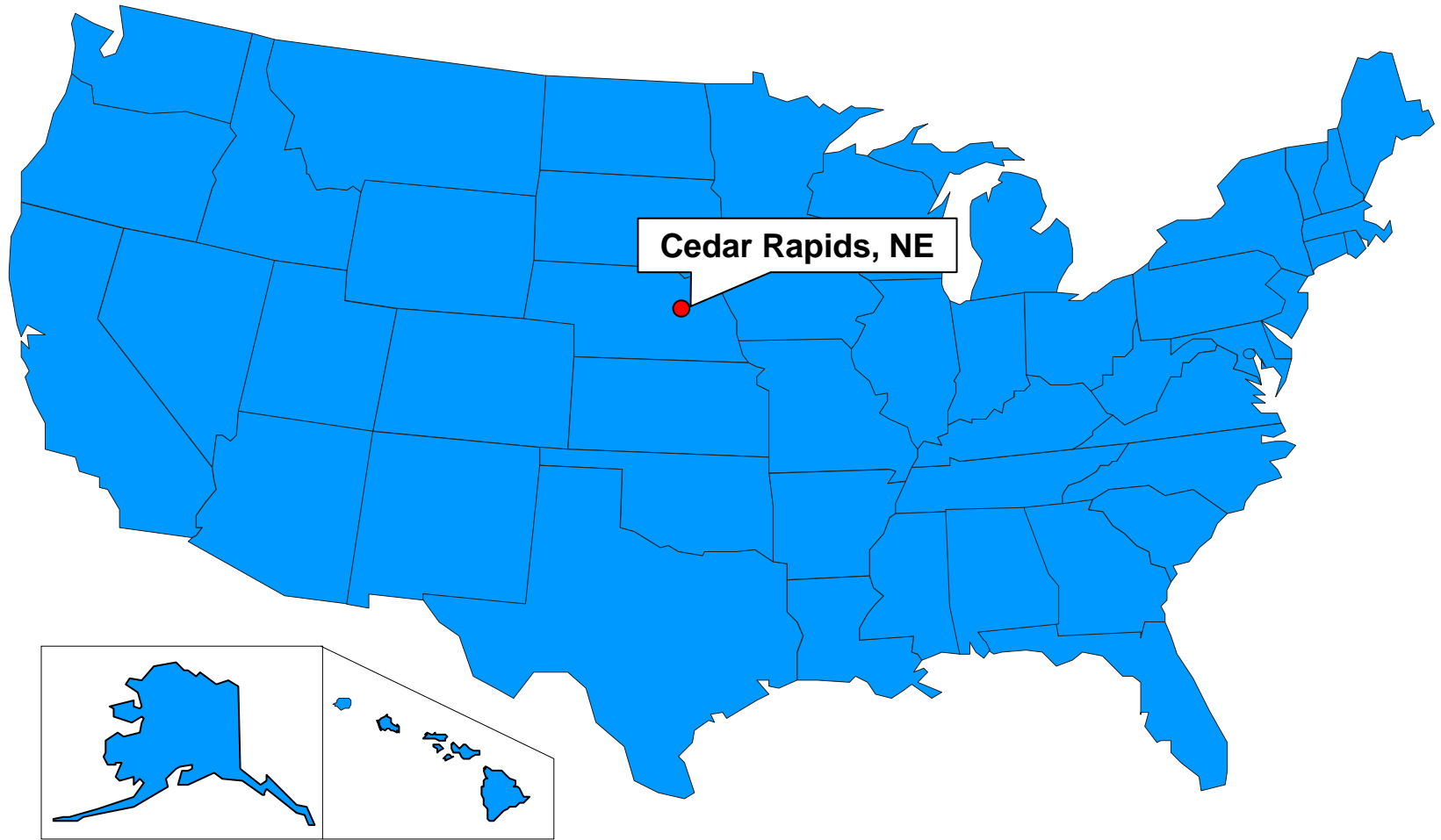
1918 Pandemic Deaths by Age

Figure 2. "U-" and "W-" shaped combined influenza and pneumonia mortality, by age at death, per 100,000 persons in each age group, United States, 1911–1918. Influenza- and pneumonia-specific death rates are plotted for the interpandemic years 1911–1917 (dashed line) and for the pandemic year 1918 (solid line)



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Cedar Rapids, NE

The Langan Boys-1918

Thomas Langan, 25 years old

William Langan, 22 years old

Edward Langan, 20 years old

David Langan, 16 years old

Thomas and Carrie Langan were married in 1909
and had 5 children

William, Edward, and David lived at home

**Thomas &
Carrie Langan
(seated)
On their 1909
wedding day**



H1N1 Comes to Cedar Rapids

- Dec. 1918 all four boys became ill with influenza
- Thomas fell ill and William dropped off a home remedy

December 16: Edward (20) died



December 19: William (22) died



December 20: David (16) died



**Thomas, still ill,
attends the funerals
of William and David,
held the same day**



Thomas & Carrie Langan 1941



Thomas & Carrie, 1955



Communicating in a crisis is different

- In a serious crisis, all affected people . . .
 - Take in information differently
 - Process information differently
 - Act on information differently
- In a catastrophic event: communication is different
- Be first, be right, be credible

What the public seeks from your communication

5 public concerns. . .

1. Gain wanted facts
2. Empower decisionmaking
3. Involved as a participant, not spectator
4. Provide watchguard over resource allocation
5. Recover or preserve well-being and normalcy



What is different?

1918 vs 2007

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National Strategy

- Stop, slow, limit spread of pandemic to the U.S.
- Limit domestic spread of pandemic—mitigate disease, suffering, and death
- Sustain infrastructure/economy and functioning of society

What is different? Biological

- Little or no immunity worldwide
- More people at higher risk
- Evolves in waves
 - 2-3 waves, last 6-8 weeks, in 12-18 months

What is different?

Psychological/Spiritual

- Uncertainty
 - Increases anxiety—people seek information
 - Greatest uncertainty early in pandemic
- Community hardiness/personal resilience
- Number of deaths “out of time”

What is different? Sociological

- Behaviors impact infection rates—less control
 - Denial (it won't happen to me)
 - High-risk (Russian roulette coughing)
 - Can't be burdened (let someone else do it)
 - Wants to but believes can not (I need to work)
- Inadequate vaccines/antivirals
 - Primary communication steps
 - Be 100% accountable



Community Hardiness

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Community hardiness: Defined

- Existing protective qualities and vulnerabilities that will determine the community's ability to take deliberate, meaningful, and collective action against a public health threat
 - Protective qualities: **robustness, redundancy, resourcefulness, & rapidity**
 - Vulnerabilities: **susceptibility related to sense of community, shelter, sustenance, security, and growth from adversity**

Community hardiness: Factors

- Socioeconomic status
- Community-based organizations
- Health care capacity
- Social stressors (racial, economic, political strife)
- Political and civic perspectives
- Community cohesion and group self-efficacy

Personal resilience: Factors

- Mental toughness more important than physical strength
- A purpose for going on: “help my family”
- Self-efficacy: “I think I can”
- Prior experience
- Good coping strategies (repress negative and take action)



Stigmatization

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Stigmatization

- Can affect product, industry, animal, place, people
- Four characteristics to stigmatization
 - Problem stigmatizer believes he can control
 - Must be distinguishable
 - Stigma associated with the party
 - Reaction that distances

Recent examples

- 1997 strawberries and hepatitis A in U.S.
- 1997 H5N1 outbreak in Hong Kong
- 1999 West Nile virus outbreak in New York
- 2003 SARS outbreak in China and Canada

Why people stigmatize

- Shortcut when uncertainty and threat are both present to protect against physical and emotional harm
- Occurs in a social context
- Expect it early in a severe influenza pandemic unless dominant group first to become ill

Steps before, during & after

- Avoid geographic links if not necessary (e.g., Spanish pandemic versus 1918 pandemic)
- Avoid visuals that link group to threat--watch out for subconscious links: *Avian Influenza H5N1*
- Teach response professionals about stigma
- Share with media the concern
- Scan for stigma and confront quickly
- Watch out when creating historical products



Understanding loss and bereavement

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Deaths in the U.S. vs Pandemic

- About 2.5 million annually
- Seasonal influenza 36,000 deaths/95% ->65 yrs
- In 12-18 months add 2 million
- Deaths “out of time” (healthy adults/children)

Severe pandemic and loss

- Multiple deaths in families
- Truncated bereavement rituals
- Potential for kinship from shared misery
- Responders could feel guilt

Cultural differences?

- Have you been to a funeral outside your own culture? What is the color of mourning?
- What matters matters a lot
- Acculturation attenuates differences—don't stereotype
- Religious differences are cultural differences
- Bereavement ignored will cost in personal/community resilience

Compassion in communication

- People will expect demographic details of first deaths (“How do I compare?”)
- Look of official reports must be respectful (web)
- Responders may be losing members too
- People mourn financial loss too



Information Technology in Pandemic Influenza Communications

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The Internet as a Communication Channel during an Emergency

- 97% of all internet users and 64% of *non-users* expect to be able to find important information online
- The internet as an information source grew 8% in the two weeks after September 11th
- The 2001 anthrax attacks highlight the desire for any information, the prevalence of false information, and the willingness to “buy in” to panic-baiting

The Blogosphere as Community

- Number of internet users who *read* blogs jumped 11 to 39% from 2003 to 2005
- During a pandemic, blogs:
 - Allow for news missing from mainstream media and discussions of sensitive information or issues
 - May appeal to individuals and communities coping with crisis, illness or death

Internet Rumor Monitoring

- Technorati (<http://technorati.com/>) tracks ~50 million blogs
- Establish own organization blogs or address rumors on existing agency sites
- Monitor and edit wikis
- How to evaluate websites for individuals during their own internet searches

Crisis and Emergency Risk Communication impacts

5 organizational concerns -- you need to. . .

1. Execute response and recovery efforts
2. Decrease illness, injury, and deaths
3. Avoid misallocation of limited resources
4. Reduce rumors surrounding recovery
5. Avoid wasting resources

5 communication failures that kill operational success

1. Mixed messages from multiple experts
2. Information released late
3. Paternalistic attitudes
4. Not countering rumors and myths in real-time
5. Public power struggles and confusion

5 communication steps that boost operational success

1. Execute a solid communication plan
2. Be the first source for information
3. Express empathy early
4. Show competence and expertise
5. Remain honest and open

What Do People Feel Inside When a Disaster Looms or Occurs?

Psychological barriers:

1. Fear, anxiety, confusion, dread
2. Hopelessness or helplessness
3. Seldom panic
4. Fight or flight

How Do We Communicate About Risk in an Emergency?

All risks are not accepted equally

- Voluntary vs. involuntary
- Controlled personally vs. controlled by others
- Familiar vs. exotic
- Natural vs. manmade
- Reversible vs. permanent
- Statistical vs. anecdotal
- Fairly vs. unfairly distributed
- Affecting adults vs. affecting children

5 Key Elements To Build Trust

1. Expressed empathy
2. Competence
3. Honesty
4. Commitment
5. Accountability

Emergency Risk Communication Principles

- Don't overreassure
- Acknowledge that there is a process in place
- Express wishes
- Give people things to do
- Ask more of people