CDC Influenza Awareness Campaign
Media Relations Toolkit

November 2010
Created by the Centers for Disease Control and Prevention (CDC)

About the Campaign

Using Media to Support the Campaign

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Step 2: Developing Press Materials
Step 3: Preparing for Outreach
Step 4: Training Your Spokespeople
Step 5: Pitching the Media

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B: News Release Template
C: Public Service Announcement Tip Sheet
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Throughout the fall and winter months, CDC promotes this campaign nationally through print and Internet ads, matte articles, TV and radio public services announcements, videos featuring families who have lost or nearly lost children to the flu, radio interviews, bites and b-roll packages, special events, and collaboration with partners. One cornerstone of the campaign is National Influenza Vaccination Week (NIVW), December 5 through December 11, 2010. NIVW is intended to raise awareness of the importance of vaccination and encourage vaccination through December, January and beyond, in most years. CDC recommends that partners use this designated week to promote vaccination to their constituents, members, and employees through their various communications channels as well as host free flu clinics that will include the public as much as possible. NIVW includes theme days intended to reach specific audiences and promote influenza vaccination among those groups. These theme days and some proposed activities include:

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Key Considerations for 2010-11 Campaign

While there are a number of factors about seasonal influenza that are beyond CDC’s control, such as when influenza disease will surface, how severe the season will be, which groups it will hit hardest, and how much vaccine will be available, the following key considerations help guide CDC’s planning for the 2010–11 influenza season.

Key Messages

The 2010-2011 flu vaccine will protect against the 2009 H1N1 virus that caused so much illness last season.

- With the new universal flu vaccination recommendation, as well as the inclusion of the 2009 H1N1 strain in the seasonal influenza vaccine, CDC will share new information with the public, the media, and campaign partners whose interest may not be as heightened as in a pandemic. It may also increase the number of questions and concerns the public has about this year’s flu vaccine.
- CDC must maintain—and even increase—vaccination coverage among at-risk audiences, particularly pregnant women, adults with chronic conditions, and healthcare workers.
- It is important to increase vaccination among multicultural groups who are, according to new research, disproportionately affected by flu viruses such as 2009 H1N1, such as African Americans, Latinos, and Native Americans.
- A new “high-dose” formula (Fluzone®) of the seasonal vaccine has been approved for use in seniors 65 years of age and older.
- All children 6 months through 8 years of age are recommended to receive 2 doses of 2010-11 flu vaccine four or more weeks apart unless they have received:
  1. at least 1 dose of 2009 H1N1 vaccine last flu season, and
  2. at least 1 dose of seasonal vaccine prior to the 2009-2010 flu season or 2 doses of 2009-10 seasonal flu vaccine

If a child has fulfilled both requirements, they only need one 2010-11 flu vaccine.

Additional information and/or recommendations can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5908a1.htm

Using Media to Support the Campaign

To achieve the goals of this campaign, CDC relies heavily on its network of partner organizations to promote its messages and activate communities to get vaccinated. One way in which partners can help support this effort is by working with their local media to help inform the public about the serious complications of the flu and the importance of vaccination. We encourage partners to reach out to local media with powerful information and “pitch” them to cover the issue in newspapers, television and radio programs, websites, magazines, and other outlets.

This toolkit is intended to help CDC partners expand and enhance their abilities to educate their communities on this issue through media outreach. Designed as a resource for media novices and experts alike, this toolkit offers a variety of tools, proven resources, models, and templates to help you reach out to your local media.

Outlined within this document are the five critical steps to help you develop a media strategy and prepare for the “pitch.”

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Developing Key Messages

Before reaching out to the media, it is important to articulate who your audiences are and what you want them to know or do. In every awareness campaign key messages are developed in the initial stages to ensure consistency and accuracy in communications throughout campaign activities.

Each year, CDC develops key messages for its annual National Influenza Vaccination Awareness Campaign. To ensure consistency across the United States, we encourage CDC partners to use CDC’s key messages to inform their materials (i.e., press releases, public service announcements, speeches, articles, locally produced PSAs, interviews with reporters, etc.).

Below is a sample of key messages from CDC. A full list of key messages by target audience and/or topic can be found in Appendix A.

Sample CDC Key Messages

1. Influenza (the flu) is a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.

2. While flu can make anyone sick, certain people are at greater risk for serious complications from the flu, causing hospitalization or even death, such as:
   a. older people
   b. young children
   c. people with chronic lung disease (such as asthma and COPD), diabetes (type 1 and 2), heart disease, neurologic conditions, and certain other long-term health conditions, and
   d. pregnant women

3. Flu viruses are constantly changing. Each flu season, different flu viruses can spread, and they can affect people differently based on their body’s ability to fight infection. Even healthy children and adults can get very sick from the flu and spread it to family and friends.
   a. Flu seasons are unpredictable and can be severe. Studies going back 30 years to 1976 show that seasonal flu-related deaths have ranged from about 3,000 people to 49,000 people.
   b. Last flu season (2009-2010) is an example of how unpredictable flu can be. The 2009 H1N1 virus that caused a lot of illness was more serious for younger people than seasonal flu usually is.

4. The first and most important step in protecting against the flu is to get a flu vaccine each season. Starting with the 2009-10 influenza season, CDC recommends that everyone 6 months of age and older be vaccinated against influenza.

5. Protect your family from the flu by getting yourself vaccinated. A flu vaccine reduces your risk of illness, hospitalization, or even death and can prevent you from spreading the virus to your loved ones.

6. Over the years, hundreds of millions of people in the U.S. have safely received seasonal flu vaccines. Last flu season, about 80 million people in the U.S. also received the vaccine made to protect against the 2009 H1N1 virus, and the vaccine’s safety was similar to that of seasonal flu vaccines.

For more information on CDC’s key messages, please see Appendix A.
When you are conducting media outreach, it is important that you have materials to provide reporters as a resource to help them write their articles. Outlined below are common and effective materials used in working with the media. Please note that CDC has many of these products already available for partners to use. To access CDC press materials, please contact cdcinfo@cdc.gov or 1-800-CDC-INFO

Press Releases
A press release is a one-page description of your news or event designed to inform media of high-level information—the “who,” “what,” where,” “when,” “why,” and “how.” A press release should include the partner’s contact information, a captivating headline, and a quote from your organization’s president or spokesperson and should only include essential information about your issue or event. Other tips for writing a press release include:

- Ensure that your press release is only one page.
- Describe the main news in the first paragraph.
- Check your facts two or three times.
- Type “FOR IMMEDIATE RELEASE” at the top of the page in the left margin and “# # #” centered at the bottom of the release.

For more information on writing press releases, see Appendix B.

Public Service Announcements (PSAs)
PSAs are non-commercial, unpaid radio and television messages used to promote information intended for the public good. Before pitching a PSA to the local radio or television stations, ask how long, in number of words and in time, your PSA can be, as different stations tend to prefer different lengths depending on their other advertising constraints. There are generally four different lengths: 15 seconds (40 words), 20 seconds (50 words), 30 seconds (75 words), and 60 seconds (150 words).

A selection of radio and television PSAs are available to partners to pitch to their local media outlets and/or post on their websites. The PSAs currently available target African American grandparents, Latino families, Latina friends, and parents (?) of young children. The PSAs are available in 15-, 30-, and 60-second spots and some are available open-ended (or untagged) so that you can tailor them to your group’s needs. For example, you could add local information such as a flu clinic date and time or a mention of your organization and contact information.

Available PSAs can be viewed at: www.cdc.gov/flu and www.flu.gov.

For more tips on distributing PSAs, see Appendix C.

Letters to the Editor or Op-Eds
Letters to the editor are letters that can be written by any reader of the publication in response to an issue that has been covered in the publication or is of interest to its readers. Letters to the editor provide a wide public forum that can be used to your advantage, before and after your
event. Newspapers are most likely to publish a letter to the editor if it addresses an article that has been published in the paper. When creating your letter, make sure to note the article you are referring to in your letter.

Op-ed is the abbreviation for “opposite editorial” because these opinionated pieces are usually placed on the page opposite the editorial page. While an editorial is written by the news organization that expresses the opinion of the editor, editorial board, or publisher; an op-ed represents the opinion of an individual contributor, such as an “expert,” public official, or anyone who represents an organization.

For both letters to the editor and op-eds, contact your local newspapers to find out about any word count limits or deadlines. All letters must be signed and include an address.

Matte Articles
Matte articles, also known as drop-in articles, repro-proofs, or camera-ready news, are an effective, cost-efficient way to spread information on influenza vaccination, as well as to share your success stories. A matte article is a type of news article that is written for direct insertion in community and weekly newspapers. Similar to a feature story in content, your matte article should focus on “soft” news and have a longer shelf life than more time-sensitive news releases.

Before sending your article, find out what format the publications prefer. Some prefer to receive camera-ready materials on slick paper, while others prefer electronic layouts, usually in PDF format. Still others prefer to lay out the articles themselves, so they will want to receive articles as Word documents.

Tips for creating effective matte articles:
• Keep articles to one page.
• Offer solutions.
• Include a photo or graphic.
• Link your article to the local audience.

For an example of a matte article for use during flu season, see Appendix D.

Events Calendar
Many newspapers and radio and TV stations have community calendars or bulletin boards that feature listings of local events. By assembling a local calendar of vaccination events and activities, you can provide a service to the media and save them the time of collecting the information. Be sure to include National Influenza Vaccination Week (NIVW) on your calendar lists.

News Conference or Special Events
When planning an event such as a community flu clinic, send a media advisory to the local media before the event and again the day of the event to entice press attendance and coverage. Call reporters and news desks the morning of the event as a reminder and to confirm attendance.
If press representatives have confirmed their attendance, set up a media hospitality area where reporters can sign in and gather media materials such as a fact sheet or bio of the special guest speaker(s). Make sure you know when and where your spokespeople will be available.

Please see Appendix E for a checklist for conducting a news conference and Appendix F for information on writing a media advisory.

### 3 Preparing for Outreach

#### Compile Media Lists
Preparation for outreach begins with developing media lists. Media lists help you organize local editors’, reporters’ and producers’ names, outlets, and contact information (i.e., TV, radio, print). Media lists should be detailed and include journalists’ beats or topics they cover, submission deadlines, conversation notes, contact information, and best times to call. Use media lists to keep track of public service directors, program producers, and the names of health reporters in your area.

Developing media lists requires research. You can compile information by calling local newsrooms, keeping track of journalists that have contacted your organization in the past, or by tracking the media that covers health-related stories. There are also news sources that offer (for a fee) access to databases of specific media contacts.

Be creative about where you pitch your news. Examples of non-traditional media outlets may include:

- Medical center or clinic newsletters
- Supermarket or pharmacy news handouts
- Faith-based organization publications
- Ethnic media newspapers or community newsletters
- Public health journals
- Business journals
- PTA/PTO newsletters or school newspapers
- E-blasts or fax blasts to your mailing list
- Bilingual publications

#### Establish Relationships
Once you establish your media lists, introduce yourself with a phone call or a get-to-know-you meeting to present your organization as a resource on influenza or vaccination. Remember to have your media materials readily available to send as follow-up information.
Maintain Relationships
Once you have made contact, maintaining relationships with the media should be a priority.
Following are a few tips on maintaining good relations with the media.

- Be responsive and provide follow-up information as soon as possible.
- Be mindful of reporter's deadlines. Don't call or email when reporters are rushed.
- Know your reporter's beat or area of coverage and send only relevant news.
- Offer background information when a related news story breaks.
- When your story is covered, follow up with that reporter.

Training Your Spokespeople

Identifying a Spokesperson
For many of the materials and activities mentioned throughout this toolkit, you will need to identify a 
spokesperson who will serve as the “voice” to carry the messages. This can be a health officer, a
subject matter expert, or a public information officer. A spokesperson should have a healthy
balance of technical expertise and an engaging personality. Not only should he or she be an expert
on the topic but your spokesperson should be engaging, upbeat, and easy to speak with.

Preparing a Spokesperson
Regardless of who serves as your media spokesperson, he or she should be prepared. Prior to
an interview or press event, prepare your spokesperson by practicing questions and answers,
reviewing key messages, and giving him or her background information on the journalists
conducting the interview. You can also create a list of potential questions that you expect to be
asked with sample responses. For example, a common question may include debunking
common “myths” about influenza and the flu vaccine (e.g., the vaccine can give you the flu; you
can only catch the flu in a cold weather region; you must get a flu vaccine before November for it
to be effective; flu is only a danger for older people and small children).

The following tips might help provide guidance to your spokesperson:

- Speak in layman’s terms and avoid jargon so that all audiences can understand.
- Be courteous and patient when answering (or re-answering) questions.
- Never be too casual in your conversation. There is no such thing as “off the record.”
- Discuss what you know, not what you think.
- If you tell a reporter you’ll get back to him or her with information, remember to do so,
and provide it as soon as possible.
- Do not express personal opinions.
- Do say if you are confused by a question. If you say something that is wrong, or
misstate a fact, just admit your error and make sure the correct information is
conveyed in the end.

Staying “On Message”
Once goals and messages have been established, the challenge becomes one of delivery and
ensuring that messages are heard and goals are met. Take every opportunity in an interview to
reiterate your key messages. Another way to stay on message is to exercise some control over
the conversation you are having, be it during an interview, press conference, or when taking
questions from an audience. Do not allow the conversation to go down paths that are not
pertinent to your goals or message—no matter how persistent the questioner might be in
pursuing a line of inquiry. For example, if you are trying to promote a vaccination clinic at the local
hospital, do not allow yourself to get bogged down by questions related to issues you aren’t
comfortable answering such as national vaccine supply.
For more guidance on preparing your spokespeople, see Appendix G for tips on writing speeches and presentations, and Appendix H for tips on public speaking.

5 Pitching the Media

“Pitching” the Media

Getting reporters and the local media interested in influenza vaccination and National Influenza Vaccination Week (NIVW).

NIVW is an important part of increasing public awareness about seasonal flu and the importance of vaccination. Remember that you have a compelling story to tell—one that affects the health and well-being of the entire community. If you develop a strong relationship with a reporter, you will become a resource for influenza-related issues when that reporter does a related story in the future. Be sure to record your activities/events on CDC’s NIVW page: http://www.cdc.gov/flu/NIVW/activities.htm

There are several ways to pitch the media to cover your issue. Depending on the type of media, you can “pitch” (request) articles, PSAs, calendar items on NIVW, letters to the editor, or op-eds. Your “pitch” can focus on a vaccination drive, drive-through clinic, or other community event.

Timing is important. When sending out information prior to your event, do not send it too early, or it may be discarded or “filed.” On the other hand, do not send information so late that it becomes “old news.” Consider whether the publication is daily, weekly, monthly, or quarterly. For daily papers, send information 4-5 days prior. For weekly publications, send information 8-10 days in advance. Contact monthly or quarterly publications to find out their deadlines.

Be Respectful and Prepared

Be cognizant that reporters get hundreds of phone calls, emails, faxes and requests each day all of which compete for their time and coverage. Remember a few helpful tips when reaching out to the media.

- Contact the news desk to find out about specific deadlines before making your pitch.
- Provide the right information to the right reporters; know their topic areas.
- Ask the reporter or editor how he or she likes to receive information (e.g., by email or fax).
- If a reporter doesn’t call you back right away, don’t take it personally.
- Be responsive if a reporter calls you for information.
- Provide information in the appropriate formats. If it’s a print publication, provide documents. For TV, provide a visual. If it’s radio, provide an interview.
- Don’t offer a spokesperson unless you have one ready and prepared.
- Be prepared with information about the issue and/or event(s).
- Thank the media when they cover your story.

Be Creative

Being creative with your story will help your news stand out from competing news. Below are some helpful tips to help your news stand out.

- Provide a unique angle with supporting data (e.g., the number of local people who remain unvaccinated each year and why, the importance of employers encouraging their workers to get vaccinated to reduce absenteeism, common myths, etc.).
- Tie NIVW activities and your messages to a larger local story.
• Events, such as health fairs or clinics, are good topics for local media because they are visual, and provide opportunities for interviews.
• If one reporter says “no,” move on to the next. A medical/science reporter may not be interested in covering your event, but a lifestyle reporter or community affairs reporter might want to. A political reporter may be interested in covering your activities as an example of government in action, and an education reporter might want to focus on the importance of vaccinating school-age children.
• Be quotable to bring your story to life.
• Write a compelling or provocative subject line to grab a journalist’s attention. Keep in mind that the subject line is the first thing reporters and editors see.

Conclusion

Now that you have the tools, you can begin to develop your own media outreach plans in support of CDC’s National Influenza Awareness Campaign. The templates and ideas presented here are designed to be adaptable for your individual organization’s use. Use these media components wisely so that they well represent your organization, promote the goals of this campaign in a compelling way, and help build visibility for your individual activities.

Additional resources for your use are listed in Appendix I.
Appendices

Appendix A: CDC Influenza Awareness Campaign Key Messages and Talking Points

The key messages and talking points listed below were developed in support of the 2010-2011 CDC Influenza Awareness Campaign. Use these messages as written or tailor them as appropriate to make them more relevant to and supportive of your media outreach work.

GENERAL STATEMENTS FOR GENERAL AUDIENCE

1. Influenza (the flu) is a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.

2. While flu can make anyone sick, certain people are at greater risk for serious complications from the flu, causing hospitalization or even death, such as:
   a. older people,
   b. young children
   c. people with chronic lung disease (such as asthma and COPD), diabetes (type 1 and 2), heart disease, neurologic conditions, and certain other long-term health conditions
   d. pregnant women and
   e. severely obese persons

3. Flu viruses are constantly changing. Each flu season, different flu viruses can spread, and they can affect people differently based on their body’s ability to fight infection. Even healthy children and adults can get very sick from the flu and spread it to family and friends.
   a. Flu seasons are unpredictable and can be severe. Studies going back 30 years to 1976 show that seasonal flu-related deaths have ranged from about 3,000 people to 49,000 people.
      • Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths range from a low of about 3,000 to a high of about 49,000 people.
   b. In the United States, thousands of healthy adults and children have to visit the doctor or are hospitalized from flu complications each year. Flu vaccination can protect you and your family from the flu and its complications.
   c. Last flu season (2009-2010) is an example of how unpredictable flu can be. The 2009 H1N1 virus that caused a lot of illness was more serious for younger people than seasonal flu usually is.

4. The first and most important step in protecting against the flu is to get a flu vaccine each season.
   a. CDC recommends a three step approach to fighting flu: vaccination, everyday preventive actions and the correct use of antiviral drugs if your doctor recommends them.
   b. Everyone 6 months of age and older is recommended to be vaccinated against influenza.
   c. Getting a flu vaccine is easy, and it is the single best way to protect yourself and your loved ones from flu.
   d. Get vaccinated as soon as vaccine becomes available in your community.
   e. The flu vaccine provides protection that lasts through the flu season.
f. The flu vaccine is updated each season to protect against the three flu viruses that research indicates will cause the most illness.
g. Because flu viruses are always changing, last season’s flu vaccine may not protect against newer viruses, and annual vaccination is the only way to maintain protection each season.
h. You need to get the 2010-11 seasonal flu vaccine even if you got the 2009 H1N1 flu vaccine last season.

5. Protect your family from the flu by getting yourself vaccinated. A flu vaccine reduces your risk of illness, hospitalization, or even death and can prevent you spreading the virus to your loved ones.

6. Health experts now recommend that all people 6 months of age and older get a flu vaccine every flu season.

7. This year’s flu vaccine is being made in the same way as past flu vaccines.
   a. It will protect against the H1N1 virus that caused so much illness last season, as well as other seasonal influenza viruses. CDC expects H1N1 and other seasonal viruses to spread this season.
   b. The 2010-2011 flu vaccine will protect against:
      • an influenza A H3N2 virus,
      • an influenza B virus, and
      • the 2009 H1N1 virus that caused so much illness last season.

8. Much of the U.S. population is at high risk from serious flu complications either because of their age or because they have a medical condition like asthma, diabetes (type 1 and 2), heart conditions, or because they are pregnant.
   a. Over 30% of people 50-64 years of age have one or more underlying health conditions that put them at increased risk for serious complications from flu.
   b. All children younger than 5 years and all adults 65 years and older are also at increased risk of severe illness from influenza.

9. Flu vaccines are offered in many locations including doctor’s offices, clinics, health departments, pharmacies, and college health centers, as well as many employers and even in some schools.

10. Even if you don’t have a regular doctor or nurse, you can get a flu vaccine somewhere else, like a health department, pharmacy, urgent care clinic, and maybe your school, college health center, or work.

11. The "2009" in 2009 H1N1 virus refers to the year the virus was first identified; it does not have to do with how long the vaccine will work or the year in which it should be given.

12. The effectiveness of flu vaccines can vary and depends in part on the match between the viruses in the vaccine and the flu viruses that are circulating in the community as well as the age and health of the person being vaccinated.

13. The influenza vaccine is used to prevent flu illness, not to treat it. It takes two weeks after vaccination for your body to build immunity for protection against the flu.

14. Vaccination can prevent illness and lessen the severity of disease. Getting vaccinated is particularly important for people at high risk of serious flu-related complications and close contacts of people at high-risk.
15. Some people should talk with a doctor before getting an influenza vaccine:
   a. Those with severe allergy to chicken eggs, those with an allergic reaction to flu vaccines in past should not receive vaccine, but should talk with their doctor about other ways to prevent getting ill with flu.
   b. Those who have ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS), should talk with their doctor about the risks and benefits of getting flu vaccine.
   c. Those who are ill with fever should wait until symptoms pass to get vaccinated.

16. For more information about the seriousness of influenza and the benefits of vaccination, talk to your doctor or nurse, visit www.cdc.gov or call CDC at 1-800-CDC-INFO.

VACCINE SAFETY
Flu Vaccine Safety Statements for General Audience

1. Over the years, hundreds of millions of people in the U.S. have safely received seasonal flu vaccines. Last flu season, about 80 million people in the U.S. also received the vaccine made to protect against the 2009 H1N1 virus, and the vaccine’s safety was similar to that of seasonal flu vaccines.

2. Over the last 50 years, flu vaccines have been shown to be safe. Every year, CDC works closely with FDA, health care providers, state and local health departments, and other partners to ensure the highest safety standards for flu vaccines. CDC also works closely with FDA to ensure systems are in place to promptly detect unexpected health problems following vaccination.

3. The flu shot (also called inactivated influenza vaccine) cannot give you the flu. It is comprised of killed viruses. Most people generally do not experience any side effects from the flu shot. When they do occur, they are usually mild. The most common side effects from the flu shot, including the shot made to protect against the 2009 H1N1 virus last season, are soreness, redness, tenderness or swelling where the shot is given.

4. The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) hold vaccines to the highest safety standards. The safety of flu vaccines is closely monitored with long-established systems that have demonstrated their usefulness in detecting vaccine safety problems. See http://www.cdc.gov/vaccines/vac-gen/safety/.
   a. As with all vaccines, flu vaccine testing and safety monitoring are done in multiple phases.
   b. For vaccines to be approved, the manufacturing facilities and process must meet standards to make sure the purity and strength of the vaccine are appropriate. In addition, data from clinical trials help determine safety and the appropriate dosage of the vaccine to provide the best protection.
   c. After vaccines are approved, each batch is tested before it is released to check purity and strength. Several systems are in place to watch for possible side effects after vaccines are given.

5. The nasal spray flu vaccine has been offered for more than 7 years and can protect healthy people ages 2 through 49 years from the flu. The nasal spray vaccine cannot give you the flu. It is made from weakened flu viruses that can only infect the nasal passages. Most people don’t have any side effects. When side effects do occur they tend to be mild, for example runny nose, cough, or nasal congestion. The nasal spray should not be given to pregnant women or persons with chronic medical conditions including asthma or children 2-4 years old with a history of wheezing.
6. Thimerosal is a preservative that protects vaccines against contamination with germs. Flu vaccines are available with and without thimerosal. Both options are safe for protecting you and your family from flu. If you have questions, talk to your doctor or nurse.

7. In 1976, a type of influenza (swine flu) vaccine was associated with Guillain–Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.
   a. GBS is a rare disorder in which a person's own immune system damages the nerves, causing muscle weakness and sometimes paralysis.
   b. If there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.
   c. Each year, about 3,000 to 6,000 people in the United States develop GBS whether or not they received a vaccination. About 80 to 160 cases of GBS are expected to occur each week regardless of vaccination.
   d. While it is not fully known what causes GBS, it is known that about two-thirds of people who get GBS do so several days or weeks after they have been sick with diarrhea or a lung or sinus illness. An infection with the bacteria Campylobacter jejuni, which can cause diarrhea, is one of the most common illnesses linked to GBS.
   e. Influenza infection can also lead to GBS.

8. CDC and FDA are aware of reports from Australia of fever and febrile seizures (or seizures with fever) in children younger than 5 years after getting one type of 2010 seasonal flu vaccine made for the Southern hemisphere and manufactured by CSL Biostherapies. There are also some reports of fever in children aged 5 years through 8 years old, but there is no information to assess whether this is higher than expected. Febrile seizures have not been associated with other seasonal flu vaccines in the Southern Hemisphere in 2010.
   a. CSL Biotherapies makes a similar flu vaccine for the U.S. called Afluria. This brand of seasonal flu vaccine has not been widely used among children in the U.S. before, but it has been administered to U.S. adults in past flu seasons.
   b. The seasonal flu vaccines used in the U.S. have been well studied and there has been no association with febrile seizures following vaccination. During the 2009-2010 flu season, vaccine safety monitoring systems that were set up to look for side effects such as febrile seizures found no evidence of increased risk for febrile seizures after vaccination with either the 2009-2010 seasonal flu vaccine or the 2009 H1N1 flu vaccine.
   c. CDC and the Advisory Committee on Immunization Practices (ACIP) recommend that for the 2010-11 influenza season in the United States:
   d. Afluria should not be used in children aged 6 months through 8 years.
   e. Other age-appropriate, licensed seasonal influenza vaccine formulations should be used for prevention of influenza in children aged 6 months through 8 years.
   f. If no other age-appropriate, licensed seasonal influenza vaccine is available for a child aged 5 years through 8 years old who has a medical condition that increases their risk for influenza complications, Afluria may be given, and providers should discuss the benefits and risks of influenza vaccination with the parents or caregivers before administering Afluria.
**STATEMENTS FOR PARENTS**

1. Flu can be a serious disease for children of all ages and can lead to hospitalization or, rarely, even death.
   - Flu can be a serious disease for children of all ages, causing them to miss school, activities, or even be hospitalized.

2. Every year in the United States, even healthy children are hospitalized or die from flu complications.

3. In the U.S. each year an average of 20,000 children younger than 5 years old are hospitalized because of flu complications.
   - Influenza is one of the leading causes of infectious disease hospitalizations among young children.

4. Children younger than 5 years old, and especially those younger than 2 years, are at higher risk of serious flu complications, including hospitalization and death, compared to older children. The risk of serious illness is highest among children younger than 6 months of age.

5. Vaccination is the first and most important step in protecting your family against the flu.
   - Children 6 months and older are recommended to get a yearly flu vaccine.
   - Infants younger than 6 months old are too young to be vaccinated. Protect them by getting yourself, other children and family in the household, and other close contacts vaccinated. This will help prevent spreading the virus to infants.
   - Getting vaccinated during pregnancy can protect the mother and offers newborns protection from the flu after birth.

6. CDC recommends that children younger than 9 years of age who have never received a seasonal flu vaccine get two doses of vaccine spaced at least 4 weeks apart.
   - Two doses given at least 4 weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time. Children who only got 1 dose in their first year of vaccination should get 2 doses the following year.
   - All children 6 months up through 8 years of age getting a flu vaccine for the first time need two doses, at least 4 weeks apart, the first year they are vaccinated in order to develop immune protection. This includes children who received one or two doses of the 2009 H1N1 flu vaccine, but who have never received a seasonal flu vaccine.

7. Vaccination is especially important for protecting children with asthma, diabetes (type 1 and 2), or other long-term health conditions because they are at increased risk for serious complications from flu.

8. The flu can make some health conditions worse. For example, children with asthma (even if it’s mild or controlled by medication) are more likely to develop serious complications from the flu, such as asthma attacks or pneumonia compared to children without asthma.

9. Children with asthma (even if the asthma is mild or controlled by medication) are more likely to be hospitalized for flu-related complications than children who don’t have asthma.

10. If you live with or care for a child at high risk of serious complications from flu, you and your child should get vaccinated.
11. Children also should be current on other vaccines that can help prevent pneumonia, like pneumococcal and Hib vaccines.

12. Talk to your child’s doctor or nurse about getting a flu vaccine.

13. Be sure to let the doctor know if your child has an allergy to eggs or any health conditions like asthma, other heart or lung conditions, neurologic conditions or other medical problems.

STATEMENTS FOR HEALTH CARE WORKERS (TO PATIENTS)

1. All people 6 months and older are now recommended to receive annual influenza vaccination. In February, 2010, CDC’s Advisory Committee on Immunization Practices (ACIP) voted to expand vaccination recommendations to include all people 6 months and older, beginning in the 2010-11 influenza season.

STATEMENTS FOR HEALTH CARE WORKERS

1. Flu can spread rapidly in health care settings. Vaccination is the first and most important step physicians, health care workers, and vulnerable patients can take to protect against the flu.

2. Even if you’re healthy, you can get sick and spread the flu. Get vaccinated to help protect yourself from influenza and to keep from spreading it to your family, co-workers, and patients. Studies conducted in health care settings show when a lot of health care workers get vaccinated, vulnerable patients are protected.

3. Health care workers should get a seasonal flu vaccine every year because flu viruses change yearly and a flu vaccine from a previous season may not protect against current flu viruses.

4. Health care workers should routinely offer seasonal influenza vaccination to everyone age 6 months and older as soon as it is available in your community, and throughout the flu season, which can last as late as May.

STATEMENTS FOR PHYSICIANS

1. Influenza is a contagious disease that is caused by a virus, which infects the respiratory tract (nose, throat, and lungs).

2. People can spread influenza before they realize that they are sick. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5-7 days after becoming sick. Children may spread the virus for longer than seven days. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

3. Compared with many other viral infections, such as the common cold, influenza is more likely to cause severe illness and life-threatening complications in many people.

4. Each year in the United States on average:
   a. 5% to 20% of the population gets the flu;
   b. More than 200,000 people are hospitalized from flu-related complications, and;
   c. Between 3,000 and 49,000 people die from flu-related causes.

5. Certain long-term health conditions can put patients at higher risk of serious flu-related complications. This includes chronic lung diseases (such as asthma and chronic obstructive pulmonary disease (COPD), diabetes, heart disease, neurologic conditions), morbid obesity, and pregnancy. Vaccination is the first and best way to protect against flu.
6. Serious problems from the influenza vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

7. Getting a flu vaccine can keep you from getting sick and spreading the disease.

**Additional Messages for Pediatricians:**

8. Influenza causes more hospitalizations among young children than any other vaccine-preventable disease.

9. Each year an average of 20,000 children younger than age 5 are hospitalized because of influenza complications.

10. Children with asthma, diabetes, neurologic diseases and other health conditions are at especially high risk of developing serious flu complications.

11. All children 6 months through 8 years of age getting a seasonal flu vaccine for the first time need two doses, at least 4 weeks apart, the first year they are vaccinated in order to develop immune protection. This includes children who received one or two doses of the 2009 H1N1 flu vaccine, but who have never received a seasonal flu vaccine.

**STATEMENTS FOR YOUNG ADULTS 19-24 YEARS OF AGE**

1. Every adult, including those between 19 and 24 years of age, is recommended to receive the seasonal flu vaccine.

2. Adults between the ages of 19 and 24 were hit particularly hard by the 2009 H1N1 virus that caused so much illness last flu season and is expected to continue circulating during the 2010-2011 flu season, along with other influenza viruses.
   a. Even people that got vaccinated with the 2009 H1N1 vaccine need to be vaccinated with the 2010-11 seasonal vaccine since the seasonal vaccine provides protection against other influenza strains in addition to H1N1.

3. The flu vaccine is now recommended for everyone 6 months of age and older. Even healthy adults 19 through 24 years of age should get vaccinated.

4. Getting sick with the flu can result in missed school, work, and extra-curricular activities.

5. Vaccination of adults 19 through 24 years of age with certain long-term health conditions is particularly important because they are at high risk of serious illness if they get the flu. This includes people with asthma (even if mild or controlled) and diabetes, for example. For the full list of health conditions that put someone at high risk, see http://www.cdc.gov/flu/about/disease/high_risk.htm.

6. Adults 19 through 24 years of age may spread flu to friends and family who are at high risk of flu complications such as grandparents, younger siblings, or those with health conditions like asthma or diabetes.

7. Adults 19 through 24 years of age should talk to a doctor or nurse about getting a seasonal flu vaccine.

8. For more information about the flu, call 1-800-CDC-INFO, visit www.flu.gov, or m.cdc.gov on your mobile phone or PDA, or sign up for CDC flu texts at (URL).
STATEMENTS FOR PEOPLE AGE 65 OR OLDER

1. As always, flu viruses will circulate this season. People age 65 and older are at increased risk for complications from flu and should get a yearly flu shot. You need to get the 2010-11 seasonal flu vaccine even if you got the 2009 H1N1 flu vaccine last season.

2. This season, people 65 years and older will have two flu vaccines available to them - a regular flu vaccine and a new flu vaccine with a higher dose. The high dose vaccine is associated with a stronger immune response to vaccination. However, whether the stronger immune response results in greater protection against influenza illness in older adults is not yet known. CDC and its Advisory Committee on Immunization Practices have not expressed a preference for either vaccine. Talk to your doctor or nurse about the best option for you.

3. The higher dose vaccine may have more of the mild side effects that occur with the standard-strength seasonal vaccines. Mild side effects can include pain, redness or swelling at the injection-site, headache, muscle ache and fever.
   a. Talk with your doctor about which type of seasonal flu vaccine is right for you.
   b. Ask your doctor if you should get the higher dose flu vaccine.

4. Vaccination is the best protection for older adults against influenza and influenza-related complications.

5. People 65 years and older have some of the highest rates of hospitalization and death as a result of influenza infection.

6. Pneumonia is a serious complication of influenza infections and causes more death among people age 65 and older than any other group.

STATEMENTS FOR ADULTS WITH CERTAIN CHRONIC HEALTH CONDITIONS

General

1. People with health conditions like chronic lung diseases including asthma, diabetes (type 1 and 2), neurologic, and heart disease accounted for the majority of hospitalizations and deaths from the H1N1 virus that caused so much illness last flu season.

2. Diabetes, asthma, and heart disease are among the most common long-term health conditions that place people at high risk for serious flu complications.

3. Adults with health conditions like asthma, diabetes (type 1 and 2), and heart disease, should receive a flu vaccine as soon as it becomes available.

4. Stay in control – Protect yourself by getting your flu vaccine.

5. For the full list of health conditions that put you at high risk, see http://www.cdc.gov/flu/about/disease/high_risk.htm.

6. People with medical conditions like asthma, diabetes, and heart disease should also get the pneumococcal polysaccharide vaccine (PPSV) to protect against pneumonia.
   a. The PPSV can be given at the same time as the seasonal flu vaccine.
   b. Ask your doctor about getting this shot.
Diabetes

1. People with diabetes (type 1 and 2), even when well managed, are at increased risk of severe disease and complications, like hospitalization, pneumonia and even death, as a result of getting the flu.
   a. Diabetes can make the immune system more vulnerable to severe flu disease.
   b. Illness can raise your blood glucose (sugar) level.
   c. Not eating as a result of being sick can cause blood glucose levels to change.

2. People with diabetes need to have a plan for managing their diabetes when they get sick. They should talk with their doctor, nurse, or clinic about “sick day rules.”
   a. For additional information about “Sick Day Rules” for people with diabetes, see http://www.cdc.gov/h1n1flu/diabetes/diabetes_factsheet.htm#e.

3. People with diabetes should get the flu shot, not the nasal spray.

Asthma

1. Flu is more serious for people with asthma, even when asthma is mild and the symptoms are well managed.

2. People with asthma are more likely to develop serious health condition and be hospitalized as a result of getting the flu. Flu can cause breathing problems and trigger asthma attacks or cause pneumonia and other acute respiratory diseases.

3. Adults and children with asthma are more likely to develop pneumonia after getting sick with the flu.

4. Asthma is the most common medical condition among adults and kids hospitalized with the flu.

5. People with asthma should get the flu shot, not the nasal spray.

STATEMENTS FOR OB/GYNS:

1. Pregnant women who are infected with influenza virus are at increased risk for severe illness and adverse outcomes.

2. To prevent influenza infection, encourage your pregnant patients to get vaccinated. They can be vaccinated during any trimester.

3. Healthy pregnant women as well as pregnant women with other health conditions, such as asthma, have been severely affected by seasonal as well as pandemic 2009 H1N1 flu.
   a. Pregnant women with influenza are at increased risk of developing serious complications, including hospitalization and death.
   b. Although pregnant women make up approximately 1% of the U.S. population, they accounted for 5% of the U.S. deaths from 2009 H1N1.
   c. Changes in the immune, cardiac, and pulmonary systems during pregnancy make a pregnant woman more prone to severe illness from the flu. This risk also extends at least 2 weeks postpartum regardless of pregnancy outcome.
   d. Because flu vaccines can’t be given to infants younger than 6 months, protecting the mother could also protect the baby by preventing an infected mother from spreading flu to her baby following delivery.
4. Health care providers should offer influenza vaccine to pregnant patients and their close contacts.
   a. Influenza vaccination should be encouraged for everyone 6 months of age and older, especially those at increased risk for severe influenza illness and their close contacts.
   b. Groups at increased risk for severe influenza illness include:
      • Older people,
      • Young children, including newborns,
      • Pregnant women, and
      • People with chronic lung disease (such as asthma and COPD), diabetes (type 1 or type 2), heart disease, neurological conditions, and certain other long-term health conditions.
      • Morbid obese persons

5. Recommend flu vaccine for all of your patients, and make plans to vaccinate your patients and staff as soon as the flu vaccine is available.
   a. Pregnant women should get the flu shot (trivalent, inactivated influenza vaccine).
   b. The FluMist® (live, intranasal influenza vaccine) is not recommended for pregnant women, but can be given to health care workers who are healthy and not pregnant.
   c. Although there are no contraindications for pregnant women to the multi-dose vaccine, a thimerosal-free seasonal flu vaccine is available upon request.
   d. Flu shots are safe for pregnant women and their unborn babies. The shot has been recommended by ACOG and CDC for pregnant women for many years.

STATEMENTS FOR PREGNANT WOMEN:

1. Flu vaccination helps to protect pregnant women and their unborn babies from getting the flu. Flu vaccination may even help protect your baby from the flu after your baby is born.
   a. Flu vaccine is a safe way to protect you and your unborn baby from serious illness and complications of flu.
   b. When pregnant women get a flu shot, both mothers and their babies get the flu less often.

2. Flu shots are safe for pregnant women and their unborn babies. The shot has been recommended for pregnant women for many years.

3. The flu vaccine can be given at any time while you are pregnant.

4. The flu shot is safe for women who plan to breastfeed and the vaccine can be given to mothers who are breastfeeding.

5. Talk to your doctor about flu vaccination during pregnancy.
Appendix B: News Release Template

Use the template below to draft your own press release, which should answer, who, what, where, when, why, and how of the event or activity. It also should include a quote from the appropriate person in your organization. The following sample press release includes further explanation of each section.

FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
California Department of Health Services
Phone: (916) 555-5555
Fax: (916) 555-5500

For Immediate Release – These words should appear in the upper left-hand margin, just under your letterhead. You should capitalize every letter.

Contact Information – Skip a line or two after release statement and list the name, title, telephone, and fax numbers of the person with the most information. It is important to give your cell number since reporters often work on deadline and may not be available until after hours.

Headline – Skip two lines after your contact info and use a boldface type.

Subhead – Fleshes out the headline to further entice the editor.

Body – Double check your release for accuracy and keep it to one page if possible.

CITY, State—Today, [NAME OF YOUR DEPARTMENT] is hosting a [EVENT], which is expected to involve more than [MINIMUM NUMBER OF EXPECTED PARTICIPANTS] from [NAME(S) OF AREA(S)]. Some of the activities planned for today include [LOCAL ACTIVITIES].

[INCLUDE ANY OTHER PERTINENT INFORMATION REGARDING YOUR EVENT HERE.]

“National Influenza Vaccination Week provides an important opportunity for our community to tell people how important it is for people to get an annual flu shot,” said [NAME AND TITLE OF SPOKESPERSON]. “Getting vaccinated is the single best way for people to protect not only themselves against flu, but their loved ones as well.”

For more information about influenza and influenza vaccine visit www.cdc.gov/flu and [INSERT DEPARTMENT/ORGANIZATION WEBSITE, IF APPLICABLE].
Appendix C: Public Service Announcement Tip Sheet

Public service announcements (PSAs) offer you the opportunity to promote flu vaccination and NIVW activities and program to the general public for free.

Motivating Public Service Directors and Producers
Most radio stations have public service directors who decide which PSAs will air. Public service directors are busy people who receive many PSAs every day. They are most likely to use PSAs that they believe are of local interest to their communities, and they often favor issues and causes related to health. Because influenza vaccination is an important issue that affects many families in your community, public service directors will likely find NIVW or flu vaccination PSAs highly appealing.

The following tips will help you get your PSAs placed on radio stations.

Know Who Is in Charge
Radio station public service directors may have various titles, including community affairs director, advertising manager, or general manager. Often, the on-air personalities or the producers decide which PSAs will air. Call the station and ask whom you should contact about placing your PSAs.

Write a Letter of Introduction
Once you have determined whom to contact, send a letter of introduction that includes the following information:
- The importance of seasonal flu vaccination
- Your success stories and how they have made an impact on your community
- Your plans for NIVW or the flu season in general
- A call-to-action—ask the radio station to support your activities by running PSAs.

Remember to keep it local. The people in charge of PSA placement want to know how the issue affects their community.

Meet Face to Face
Follow up your letter by scheduling meetings with the public service directors at the radio stations where you want your PSAs to air. These meetings put a face on the issue and provide an opportunity for you to educate public service directors about issues related to influenza vaccination. It generally takes a few weeks for radio stations to put PSAs on the air, so you should schedule your meetings well in advance of your events or NIVW. Then, ask the radio station to run your PSAs before the event.

Say “Thank You”
Follow up your visits and meetings with thank-you notes. Acknowledge radio stations once they use the PSAs. Send thank-you notes, and let them know you are delighted that they were able to help raise awareness about the importance of seasonal flu vaccination.

Use Your Connections
Perhaps you or someone in your program already knows someone in a management position at a radio station. Take advantage of that connection to encourage your contact to use your PSAs.

Approach Radio Stations That Use PSAs
Not all radio stations use PSAs. So listen to the radio stations in your community and approach those stations that already air PSAs. If you live in a large metropolitan area, it might be challenging to get your PSAs placed on the most popular radio stations. On the other hand, there are probably several less popular radio stations that will be willing to air your PSAs.
Seek a Media Partnership
Often the media, including TV and radio stations, newspapers, and magazines, will sponsor community events. When they do, they actively promote the event by giving PSAs premium placement and even producing PSAs. If a media outlet does agree to a sponsorship, they usually ask that the organization co-brand the event. For example, they might ask you to name the event “The Channel 4 National Influenza Vaccination Week Flu Clinic.” There is one downside to a media-sponsored event—competing media will not use your PSAs. This downside could be far outweighed by the benefits of gaining premium PSA placement and visibility with the media outlet with which you form the partnership. Weigh your options and assess whether a media partnership makes sense for your event or organization.

Reaching Diverse Audiences with PSAs
Media serving diverse communities offer an outstanding opportunity for PSA placement, especially if you offer in-language PSAs. This is because there is often a lower demand for paid advertising among these media. Many mainstream advertisers simply overlook media reaching ethnic or specialized audiences, or consider the cost of adaptation to be too high so there is usually a higher-than-average availability for PSA time. In addition, not all PSAs are adapted for ethnic or specialized media, so there is less competition for PSA placement on these outlets than in mainstream media. The key to placement in ethnic and specialized media is to make all communications meet the needs of that outlet’s target audiences.

If you are focusing on Hispanic radio stations, for example, make sure you provide both Spanish and English versions of the PSAs—there has been a growing trend toward Spanish media using both languages. Be sure any correspondence to the media outlet is in Spanish. Although public service directors at Spanish-language radio stations are likely fluent in both English and Spanish, they will appreciate the sincerity of your pitch if it is in Spanish, and the gesture will increase your opportunity for placement.
Appendix D: Sample Matte Article

Audience: Pregnant Women & Parents of Young Children
2010 – 2011 Flu Season

Pregnant Women and Infants – Targets for the Flu

The first and second U.S. deaths from the 2009 H1N1 pandemic were in a 22-month-old child and a 33-year-old pregnant woman. These deaths were a sad sign of the toll this pandemic would take on young children and pregnant women. While pregnant women and young children have been considered at “high risk of flu-related complications” for years, 2009 H1N1 flu hit them really hard.

The risk from flu is greater for pregnant women because pregnancy can reduce the ability of the lungs and the immune system to work normally. This can be bad for both mother and baby. According to a study done during the first month of the 2009 H1N1 outbreak, the rate of hospitalizations was four times higher in pregnant women than other groups. Also, although pregnant women are about 1% of the U.S. population, they made up about 5% of U.S. deaths from 2009 H1N1 reported to the Centers for Disease Control (CDC) from April 14 – August 21, 2009.

Young children, whose immune systems are still developing, are also at-risk for flu-related complications. Each year about 100 flu-related deaths in children are thought to occur in the U.S. During the 2009 H1N1 pandemic, more than 300 deaths in children were reported to CDC. CDC believes that many more deaths in children may have gone unrecognized or unreported.

Experts think the 2009 H1N1 virus will be around again this flu season. In fact, one of the three parts of this season’s flu vaccine will protect against the 2009 H1N1 virus. While CDC is now encouraging everyone six months and older to get vaccinated against the flu, there is a special message for pregnant women and parents: “Don’t pass up this easy way to protect yourself and your children against the flu,” says Dr. Anne Schuchat, Assistant Surgeon General of the U.S. Public Health Service and CDC Director of the National Center for Immunization and Respiratory Diseases.

“Getting a flu vaccine during pregnancy can reduce the risk of getting the flu while pregnant and after,” says Dr. Schuchat. “And babies younger than six months can get very sick from flu, but are too young to get vaccinated. The best way to protect them is to have their caregivers and close contacts vaccinated.”

Seasonal flu shots have been given safely to millions of pregnant women and children over many years. Though there is no proof that thimerosal (a preservative) is harmful to a pregnant woman, their babies, or young children, some worry about it. So, as before, vaccine companies are making plenty of preservative-free flu vaccine as an option for pregnant women and small children.

Usually worse than the common cold, the flu can cause fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and weakness. Some people also have diarrhea and vomiting. Pregnant women and parents of children younger than two years of age should call their doctor or nurse right away if they, or their children, become sick. A doctor can prescribe flu antiviral drugs.

Vaccination continues to be the best protection. Get yourself—and all of your children 6 months of age and older—vaccinated against the flu to keep all family members healthy this flu season. One shot will last all flu season, even if you get it early in the season.

For more information, talk to your doctor or contact CDC at 1-800-CDC-INFO or www.cdc.gov.
Appendix E: Checklist for Conducting a News Conference

If properly used, a news conference can be a good way to provide media with information on influenza vaccination events, particularly during NIVW. Consider the following items when planning and implementing your press conference.

Plan Date, Time, and Location
- Have you given the media as much advance time as possible?
- Is your event in a location that is easily accessible to the media?

Invite Key Media to Attend By Sending Out a Media Advisory
- Have you made sure the media advisory gives the date, time, and location of the news conference, the subject to be discussed, the names of the people who will be speaking or otherwise participating, names of contact people from whom they can obtain advance (and follow-up) information, and a list of languages in which materials will be provided?
- Have you placed follow-up calls before the conference to remind reporters about the event?

Prepare the Room
- Have you made sure your news conference site includes staging, chairs, a podium, and microphones and checked to ensure all equipment is working properly?
- Do you need a mult box from an audio/visual company for broadcast reporters to plug into to obtain clear sound? Be aware that mult boxes may not be needed in areas with more advanced technology.
- Is your department’s name (and logo) clearly visible on the front of your podium, or behind the speaker?
- Do you have a backup plan for possible glitches?

Provide Media Materials
- Have you prepared media kits including news releases, speaker names and bios, fact sheets, or other materials that might help reporters write their stories?

Be Prepared
- Have the main spokespersons rehearsed the key messages developed for the event and are they ready to answer questions?
- Have you made sure your spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues?
- Have you developed answers to potentially controversial questions that may be asked, such as concerns about the vaccine’s effectiveness and safety or adequate supply issues?
- Have you discussed in advance which key points will be made by each spokesperson?
- Have you designated a moderator in advance of the news conference to keep the conference on schedule, established ground rules, and fielded reporters’ questions?
- Have you set a clear end time for the news conference?
- Have you made a Spanish or other appropriate language spokesperson available at the news conference and have you referenced that in your media materials?

Be Thorough
- Have you made sure all questions are answered during the news conference? If a spokesperson does not know the answer to a question, make sure a member of the team finds the answer after the news conference and makes it available to the reporter as soon as possible. If possible, allow spokespeople to be available one-on-one with reporters following the conference to answer questions.
- Have you designated someone to ask questions during the news conference that reporters may not raise?
Monitor Attendance and Follow Up

- Have you asked reporters to sign in? This will provide a list of who attended and who did not attend.
- For key media personnel who were not able to attend, have you offered them a phone interview with the spokespersons or sent them a media kit?
Appendix F: Media Advisory Template

Use the template below to create your media advisory. The advisory should answer “who,” “what,” “where,” “when,” “why,” and “how” of the event or activity. It also should include contact information for your organization. A media advisory should be sent out before an event and again the day of the event.

MEDIA ADVISORY FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
California Department of Health Services

Phone: (916) 555-5555
Fax: (916) 555-5500

[NAME OF YOUR DEPARTMENT] Holds [EVENT] as Part of National Influenza Vaccination Week

[CITY, State]—[NAME OF YOUR DEPARTMENT] is hosting a [EVENT], which is expected to involve more than [MINIMUM NUMBER OF EXPECTED PARTICIPANTS] from [NAME(S) OF AREA(S)].

WHO: [LIST ANY VIPS AND OTHER ATTENDEES OF NOTE WHO MAY BE OF INTEREST TO THE PRESS. INCLUDE TITLES WHENEVER POSSIBLE.]

WHAT: [PROVIDE ADDITIONAL DETAILS ABOUT THE EVENT (I.E., WHAT ACTIVITIES ARE SCHEDULED, ETC.)]

WHERE: [ADDRESS OF THE EVENT LOCATION]

WHEN: [DATE AND TIME OF THE EVENT]

WHY: National Influenza Vaccination Week provides an important opportunity for our community to tell people how important it is for people to get an annual flu vaccine. Getting vaccinated is the single best way for people to protect not only themselves against flu, but their loved ones as well.

CONTACT: [NAME, PHONE NUMBER(S), FAX AND EMAIL ADDRESS OF CONTACT]

For more information about influenza and influenza vaccine visit www.cdc.gov/flu and [INSERT DEPARTMENT/ORGANIZATION WEBSITE, IF APPLICABLE].

Appendix G: Speechwriting Tip Sheet
If you are conducting National Influenza Vaccination Week activities, there is a good chance that someone from your department will deliver your messages through a short speech or presentation. A detailed outline can provide the framework for an organized and compelling speech. The outline should include the topic, purpose, and audience, as well as three main ideas that support the topic and purpose.

A good length for the average speech is 10 to 20 minutes. If you need more time to make your point, do not be afraid to take it. Because your audience cannot go back and review confusing parts of your speech, it is important for you to deliver a clear, organized presentation and repeat your central points. Below is a general speech outline that you might be able to adapt to suit the special needs of your audience.

I. Introduction—Tell them what you’re going to tell them. This should take 1 to 3 minutes.
   A. Grab your audience’s attention
   B. State your topic and purpose
   C. Preview your speech
II. Body—Tell them. Illustrate the points that support your theme. This should take 8 to 15 minutes.
   A. State first main idea
   B. State second main idea
   C. State third main idea
III. Conclusion—Tell them what you told them. This should take 1 to 2 minutes.
   A. Restate your main ideas
   B. Add a memorable conclusion

After your first draft of the presentation, go back and revise, reword, and rearrange your ideas, as necessary. Refer back to your outline to make sure that items are parallel and logical. Make sure you have sufficient support for each of the statements you have included.

Dos and Don’ts of Speechwriting
Do:
• Find out everything you can about the group you are speaking to, the venue, and the event.
• Ask how much time you have to give your speech.
• Check to see if they have what you need for visual aids—overhead projector, LCD projector, etc.
• Prepare an outline of your speech before you start to write it.
• Deliver your speech to someone before the event to practice.
• Give facts and figures with references to back them up.
• Have a clear objective in giving the speech (what you want the audience to know and take away from the speech).
• Concentrate on your message(s).
• Visualize yourself giving the speech.

Don’t:
• Use humor unless you are positive about what the reaction will be.
• Assume the audience knows all of the background information about your topic.
• Use jargon or confusing phrases.
• Exaggerate, stretch the truth, or lie.
• Say more than you need to.
• Rely too much on visual aids to tell your message.
• Talk down to the audience.
• Use the same speech for every venue.

Appendix H: Public Speaking Tip Sheet
The best speakers are those who believe in what they are saying and whose sincerity and dedication to their topic are apparent. Before you choose your speakers, consider your audience. What messenger will they best respond to? Would it be physicians or nurses? Older adults? People with chronic health problems such as asthma or diabetes? Someone from the health department or a respected local community health worker? No matter whom you choose the speaker needs to convey expertise, experience, interest, and commitment to the importance of influenza vaccination.

These tips can help you prepare your spokespeople to present a confident and compelling speech.

**Content.** Share information about yourself up front. This personalizes you to the audience and makes listeners feel that they know you. This also is the opportunity to share your own experiences with influenza vaccination initiatives.

**Eye Contact.** The only way you will know if your audience is getting the message is through eye contact. Look for eyes and heads nodding with you.

**Facial Expressions.** Your facial expressions can tell the story of how much you care about the issues you are talking about. Allow your passion for the issue to show, as this gives off energy, and energy makes you convincing.

**Gestures.** Some of what people retain from speeches is through body language. Gestures reinforce and highlight your story and give you energy in your delivery.

**Voice.** Try not to speak in a monotone. Avoid "language helpers" such as "ums," "ahs," and "you knows." Never try to camouflage a regional dialect. All you have to do is tell people where you are from and they will expect you to sound the way you do.

**Pauses/Silence.** There are four good times to pause: when you move from one subject to another, when you want the message to sink in, when you want or need to collect your thoughts, and when you receive laughter or applause.

**Avoid Distractions.** Do not fiddle with your hair, shuffle your feet, sway back and forth, jingle change in your pockets, play with your eyeglasses, or otherwise do something that will take away from what you are saying.

**Practice.** Practice, practice, practice. If possible, spend time alone just prior to your speech; take some deep breaths and think about your central theme.

**Being Nervous Is Normal.** Try and “reframe” your fear into excitement and enthusiasm. Remember that you are the expert and people have come to hear you talk about what you know.

**Is Your Presentation Culturally Competent?** When presenting to audiences from different cultural backgrounds, use the following tips from the National Center for Cultural Competence at Georgetown University.

- Consult with people from the community about customs and taboos in speaking and presenting. Do not assume anything about practices and customs. Is it acceptable to look a person in the eye when they are speaking? Is it considered rude to shake hands before someone else introduces you?
- Consider asking someone from that community who can effectively deliver your message to co-present or conduct the entire presentation.
- Think about your message. Is it crafted in a way that is relevant (and not offensive or condescending) to your audience?
• Be open to suggestions, and be willing to adapt and modify your message and presentation style to your audience.

If you have to use an interpreter, keep these points in mind.
• Talk directly to the audience and not the interpreter. Give the presentation as if they speak your language, and try to connect with them.
• Do not use clichés or jargon that might confuse the interpreter or may not be translatable.
• Jokes are seldom funny when translated, and they may be culturally offensive.
• Give the interpreter as much information ahead of time as possible. If you have a copy of the speech, share it even if you know you won't follow it to the letter.
• Notice the pace and manner of the interpreter. Practice with the individual if possible. Try to adjust your speech to that pace.
• If you want to put in a few words or phrases in the audience’s language, make sure you can pronounce them properly, that you are saying what you mean to say, and that the interpreter knows what you are trying to say beforehand.
Appendix I: Additional Resources

Main Government Flu Site: http://www.flu.gov

CDC Seasonal Flu website: http://www.cdc.gov/flu

Immunization Coalitions Technical Assistance Network website: http://izta.blogspot.com/


American Lung Association’s Influenza Prevention Program: http://www.facesofinfluenza.com

CDC Public Health Image Library: http://phil.cdc.gov


Vaccine Adverse Events Reporting System (VAERS) website: http://vaers.hhs.gov
