

# **Guide E**

## Communications Plans and Activities

## Guide E – Communications Plans and Activities

This document describes the communication plans and activities that would take place prior to a smallpox outbreak, as well as those that would take place in the event of a confirmed smallpox case. This plan primarily focuses on CDC activities, but it also identifies some of the major planning, preparedness, and communication response activities of state and local health departments. The plan also goes beyond media communications, and identifies the collaborative activities that need to take place—before and after—a smallpox outbreak between CDC and state and local health departments, and public health partners (e.g., health care providers, policymakers, etc.). Many of the communication specific activities and resources that need to be in place are described in this document. The next phase in the development of this plan is the integration of the activities described here with a broader federal response (e.g., coordination with Department of Health and Human Services, DHHS agencies, and other federal agencies that will be involved in responding to a smallpox outbreak).

A key element of this plan is the assumption that an anthrax or smallpox outbreak will necessitate extensive communication activities. While a media/communications plan cannot alleviate the threat of terrorism or solve public health problems caused by a biological agent, good communications can impact how the public, media, and health care providers react to a health emergency. Lack of information, for example, can breed fear or foster hysteria. Therefore, one of the primary communication objectives is to instill and maintain public confidence by providing the public with information that addresses their questions, fears, and concerns.

To address public questions, false rumors and misinformation, it is imperative that public health officials acknowledge the seriousness of a smallpox outbreak and provide accurate, timely information to the public through the media. Federal government agencies, including CDC, need to respond to media inquiries immediately, and work to maintain effective relationships. The public must perceive that federal, state, and local health officials are effectively responding to the smallpox emergency. Together, they must convey a strong impression **the public health system is responding in a sound manner and fashion.**

This communications plan is grounded in the guidelines that communication experts have recommended for effectively addressing public concerns and fears. These principles of “crisis” communication include:

- Adopting a policy of full disclosure about what is and is not known. Avoid being overly confident in the initial phases of an investigation. It is better to admit that something is unknown than to make firm but unfounded declarations in an attempt to provide reassurance.
- Giving a detailed accounting of what is being done to address and counter the threat.

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- Recommending specific steps that people can or should take to protect themselves.
- Avoiding speculation.
- Avoiding the issuance of statements or information that is at conflict with that being provided by other government agencies.
- Delivering information in a non-patronizing manner.

As this plan outlines, in the event of an outbreak or highly suspected case, a smallpox Communications Command Center would be immediately established at CDC to help manage media, health care provider, partner, and public communications. This Center will direct all CDC smallpox communications activities, including communications strategy development, key message development, web site development and management, materials development and dissemination, national media relations, media monitoring and all other national communications components. The CDC smallpox Communications Command Center should be under the supervision of a top-level communications expert (e.g., an Associate Director for Communications). Further, to the greatest extent possible, materials, messages, and websites will be developed and cleared prior to an event.

### **Overall Communication Plan Purpose**

The purpose of smallpox communications plans should be two-fold. One, to help federal, state, and local public health officials effectively educate the public, health care professionals, policy makers, partner organizations, and the media about smallpox, smallpox immunization, and important health strategies related to smallpox (e.g., quarantine and isolation) prior to an outbreak or confirmed case of smallpox. Second, to effectively support public health officials in their efforts to protect the public should there be a smallpox case or outbreak. The CDC, in conjunction with its partner federal agencies and state/local health departments, represent the nation's most trusted and credible sources of medical and scientific information. Together, these entities will play a central role in addressing the communication and media issues associated with a smallpox outbreak.

### **Overall Smallpox Communication Objectives**

1. Instill and maintain public confidence in the nation's public health system—and its ability to respond to, and manage, a smallpox outbreak—by providing accurate, rapid, and complete information to calm fears and maintain a sense of order.
2. Minimize, as much as possible, public panic and fears related to smallpox.
3. Rapidly provide the public, health care providers, policymakers, and the media access to accurate, consistent, and comprehensive information about smallpox, smallpox vaccine, and the management of the situation.
4. Address, as quickly as possible, rumors, inaccuracies, and misperceptions.
5. Provide accurate, consistent, and highly accessible information and materials through the coordination of communication efforts with other federal, state, and local partners.

## Guiding Principles

Smallpox communication plans and activities should be guided by the following primary principles:

- Effective communications require preparing and disseminating messages and materials right now that will increase public, health care professional, policymaker, media, and key partner knowledge and understanding about smallpox, smallpox vaccine, and health strategies related to smallpox. For example, the public should be educated about smallpox disease containment strategies, such as quarantine and isolation, so that such approaches are understood and accepted.
- The first suspected or confirmed case of smallpox will generate *immediate, intense, and sustained* public, health care provider, media, and policymaker concern, interest, and demand for information. The reaction will exceed that generated by the first recently reported case of anthrax. It will take an enormous amount of preparation and effort to effectively respond to an enormous public, media, policymaker, and health care provider demand for information and guidance. *The public will immediately need to be given information that will help people minimize their risk.*
- The city in which the first confirmed case of smallpox takes place will experience a tremendous amount of media attention, interest, and coverage. *The media will flock to the site of the first outbreak. And the public is likely to flock to area hospitals, physicians' offices, and public health offices/agencies.* Managing the media demands, along with assisting local hospitals and health care providers in responding to public, practitioner, and media inquiries, will necessitate the deployment of at least two or three communications specialists to the area.
- A great deal of the initial media, public, health care provider, and policymaker interest and attention will be on the source of the infection—that is, who is infected, how and when did that person get infected, and who else may have been infected. *The Public Health Service needs to be prepared to immediately address these questions related to the source of the initial case and provide guidance to the public regarding disease susceptibility, diagnosis, treatment, and immunization. Further, the number of cases, confirmed, suspected, and potential, will constantly need to be placed into context.*
- Effective smallpox communications encompasses more than media management and relations. Communication activities, including the CDC

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communications command post and the Joint Information Centers (JIC) in the field, must also communicate, and address the needs of, state and local health departments, local health care providers and hospitals, and key partner organizations (e.g., professional medical organizations). ***We need to be able to provide physicians and other health care providers the detailed information they need to identify and treat suspected or confirmed cases of smallpox.***

- To reduce public fear and minimize the spread of rumors, inaccuracies, and misinformation, it is imperative that timely, accurate, and comprehensive information be available immediately in the event of a confirmed smallpox case or outbreak. The public must quickly perceive that CDC is prepared and properly managing the situation. ***The public and media must perceive that the public health system is prepared and working.***
- It is essential that there be at least two CDC communications experts immediately dispatched to a community that has a confirmed case of smallpox. One who has primary responsibility for coordinating all communications and media relations activities at the field site, the other who can help coordination communications with public and private sector health care providers and agencies.
- Developing, before a confirmed case of smallpox, information resources and materials that can be quickly and broadly disseminated to the media, health care providers, state and local health departments, and other key partners through a wide variety of distribution channels, is critical. ***Further, authorities for reviewing and clearing smallpox-related messages and materials needs to be established now – prior to a smallpox outbreak.***
- Websites need to be used as a central component to managing the flood of information requests from the public. Strategically-designed websites should be used to organize and quickly provide information, updates, fact sheets, frequently-asked question documents, health care provider resources, including patient and public education materials, and media materials to a range of audiences. Much of the work on these websites would be done before a reported case of smallpox (e.g., created and housed on development web servers that could be activated when needed). In addition, a targeted distribution plan that directs information and education materials will be implemented to help address the needs of health care providers and local health officials.
- The National Immunization Information Hotline will be utilized to immediately provide information to the public. Specific regional information about clinic locations and, quarantine guidelines will be available through the

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hotline. Hotline staff will access website information to help them address public questions. The hotline also will be used to provide ongoing guidance to communication staff about new messages and materials that need to be developed to respond to public needs.

- Systems and methods for rapidly identifying, tracking, and responding to state, local, public, health care provider, and media concerns and questions should be established in the pre-event planning phase. This includes contracts for initiating or adding telephone information lines to the National Immunization Information Hotline, preparing e-mail response systems, and putting in place Joint Information Centers for factual and consistent distribution of information.
- A portfolio of communication, information, and education sources and materials need to be in place on a range of topics, including: Characteristics of the disease, diagnosis (clinical and laboratory), vaccine management and administration (storage and handling, administering the vaccine, contraindications and adverse events) and vaccination and containment strategies (household contacts, case investigation etc) and vaccine safety (e.g., Vaccine Information Statements, adverse event recognition, management and reporting), roles and responsibilities of different agencies (e.g., CDC, FDA, state health departments, local health departments, health care providers, etc.).
- Recognized and trusted health officials, smallpox experts, and health communications experts should be identified and consulted during the planning and preparation phases to assist in the development of effective messages and materials, including the delivery of public health information to the mass media.

### **Pre-Event Communication Objectives** (i.e., before a confirmed case of smallpox)

1. Identify public and health care provider knowledge, understanding, and beliefs related to smallpox, smallpox immunization, and other smallpox-related public health issues, such as quarantine and isolation, vaccine safety, and disease transmission.
2. Increase public, health care provider, public health official, policy maker, media and key partner knowledge and understanding of smallpox disease, smallpox immunization, and the general approaches/concepts that will be used should there be a confirmed case or outbreak of smallpox; this includes quarantine and isolation, immunization strategies, and vaccine administration. Ideally, communications and education will help “de-mystify” smallpox and increase knowledge and understanding of isolating and quarantining smallpox patients.

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3. Identify and develop messages and materials that address public, health care provider, public health official, policy maker, and key partner needs, knowledge gaps, and interests related to smallpox disease, smallpox vaccine(s), and smallpox-related public health strategies.
4. Increase the range and type of smallpox materials available to the public, health care providers, policy makers, and the media from the CDC.
5. Help prepare and establish appropriate public, health care provider, policy maker, and media responses to a smallpox case or outbreak, including an understanding of how the public health system will respond, roles and responsibilities of the different sectors involved, and reasonable expectations regarding the scope and effects of public health actions.
6. Establish the protocols that would be used to communicate the specific data that would need to be reported daily after a confirmed smallpox case (e.g., morbidity and mortality figures; geographic location of cases; number of persons in quarantine; location of immunization clinics; number of persons vaccinated, number of doses of vaccine used and available, etc.).

### **Event/Post-Event Activities** (e.g., after a likely or confirmed case)

#### CDC Smallpox Communications Command Post

1. Once smallpox has been verified, full-scale communications activities at the CDC Communications Command Post should be activated.
  - Contact members of 1) appropriate field deployment team(s), and 2) Atlanta-based and Washington, D.C.-based communications teams.
  - Staffing assessment will be made and personnel will begin staffing the command post for extended hours and days. Appropriate staff will report immediately to CDC Smallpox Communications Command Post.
  - When the first smallpox team is deployed, communications personnel from the remaining smallpox teams will be assigned to the CDC Communications Command Post.
2. Implement at least two dedicated telephone lines to the CDC Smallpox Communications Command Post so that field deployment teams can have immediate access to CDC. Implement another community phone line for health care providers and public persons who have been quarantined. All other calls will be directed to the National Immunization Information Hotline.
3. Activate the emergency “Smallpox” website and bring the website up on additional federal government web servers.

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4. Contact NIP Hotline and request that they immediately add personnel. Provide them with the federal web site address for information and direct them to provide feedback to CDC regarding any educational materials that need revision or enhancement in order to meet public needs for information.
5. Contact Federal, state, local, and external government agency partners and provide them with information/materials that will enable them to respond to media, public, and health care provider inquiries. Implement twice-a-day briefings with these partners.
6. Create and disseminate a media advisory that provides information regarding the situation, the major actions being taken, information about smallpox, public guidance, and resources.
7. Rumor control will be the main concern for the first few hours and days, until the organism is definitely identified and confirmed, thus it will be imperative to immediately issue information updates and to correct, as much as possible, errors and misperceptions.
8. All media and public materials should be posted to the CDC website and all CDC Smallpox Information should provide the website address. The CDC smallpox website should be used heavily for most of the media updates related to CDC smallpox activities.

It is important that in all contacts with the media, that CDC's role in this response is made clear. Prior to press briefings, interviews, teleconferences, etc., it should be explained that our primary focus is **“to identify the public health threat and take actions to protect the public.”** CDC will gladly answer questions concerning smallpox and the actions we are taking to contain it. Questions concerning the source of the smallpox, how it was dispersed, who dispersed it and why, should be directed to the law enforcement agencies/officials involved in the investigation (personnel dealing with the media will be trained on the types of questions they should answer and the types of questions that should be directed elsewhere). CDC must establish that we are the source for public health information only-- and cannot address questions related to bio-terrorism activities.

9. Implement daily routines for informing, and responding to, the media, health care provider, partner, and public inquiries.
  - a. The CDC Smallpox Communications Command Post will establish teams patterned along the same lines as pre-outbreak activities (i.e., media, website, public education, health care provider and partner communications). Each team will have a team leader, who will report to the Smallpox Communications Command Post director.
  - b. The teams will meet twice daily—at the beginning of a work shift, and at the middle of a shift—for briefings, updates, and to share information and materials.

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c. At the very least, public health updates should be posted twice daily to the CDC smallpox website and sent to appropriate partner organizations (morning and late afternoon). ***In addition, it would be advisable to immediately send CDC smallpox experts/spokespeople to New York and Washington, D.C., to facilitate the provision of accurate and consistent information to the major national news media and federal policy makers.***

d. Initially, daily or twice daily teleconferences, preferably around 10 a.m. and 4 p.m. should be established. Teleconferences are preferable to full-blown press briefings, which should only be used for major public health announcements. The briefings should be characterized as public health response updates (not bio-terrorism updates) to reinforce the CDC's role in the response. Ideally, the same CDC experts will conduct the media briefings. These experts must come across in the briefings as professional, confident, knowledgeable and reassuring. Once these daily briefings are established, they will be invaluable in terms of relaying rapidly changing messages. Reporters will soon realize that requests for individual interviews will be rare and quotes can be readily obtained through the teleconference. If necessary, these daily activities can be extended.

e. Personnel responding to media calls or local community calls from health care providers or quarantined individuals should take notes that enable identification and tracking types of questions/concerns, and as frequently as possible: 1) post questions and answers to smallpox website, 2) send to any and all relevant information services (e.g., Hotline and e-mail services), and 3) state and local health departments and appropriate external partner organizations.

f. The smallpox content management team at the home base CDC Atlanta will begin identifying and creating new messages and materials that address the emerging questions and concerns of the media, public, health care providers, policy makers, and others. As appropriate and feasible, field team communications staff will tailor smallpox education and communication materials to community needs.

### **On-Site Communications Operations**

It will be necessary to establish on-site Joint Information Centers (JIC), in addition to the centralized communications command center located in Atlanta. It is important that there be media relations and communications specialists on site, reporting to the smallpox communications director in Atlanta.

As noted, state epidemiologists will be asked to designate a person or persons to coordinate communication and media activities related to notification of the news media for the local and state health departments, and to work with the CDC field communications liaison (FCL).

***Unified, consistent public health messages will need to be given to the public and health care providers in the event of a smallpox outbreak.***

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The CDC Field Communications Media Liaison’s objectives include:

- Working with state and local officials to instill and maintain public confidence;
- Facilitating the effective management of local communication efforts and the on-site communications center;
- Facilitating the provision and management of accurate, timely, and relevant information to the public and media;
- Assisting in the management of public expectations;
- Facilitating timely and appropriate responses to errors and misinformation;
- Enhancing and increasing state and local communication efforts (e.g., helping to obtain or verify information or facts, prepare and debrief subject matter experts, obtain needed information, etc.);
- Communicating with law enforcement officials to assure a safe and orderly public health and community environment.

The CDC Field Communications Liaison Media Person will:

1. Serve as the principal CDC media advisor in the field, and assist the CDC Smallpox Response Team leader in serving, *as appropriate*, as a media spokesperson. It is essential that the FCL Media person be included as a part of the decision-making team. This means meeting with CDC, state/local health officials, and law enforcement meetings on a regular basis, attending all staff meetings, and being included in all meetings involving issues that will result in media coverage or have an impact on public knowledge, perceptions, opinions, and behavior(s). Once on-site, the FCL should immediately begin to assist in the creation, provision, and management of the flow of information and the coordination of local contacts.
2. Assist state and local officials (e.g., State Epidemiologist) in preparing statements and materials to 1) inform the public that there is a suspected (or confirmed) case of smallpox in the city and State, 2) state that health officials are working with CDC to confirm or rule-out the diagnosis (or to prevent further transmission), and 3) assure the public that measures to prevent the spread of the disease are being implemented. An initial key message is likely to be: “Only unvaccinated persons who were in close contact (face-to-face) to a person with smallpox are at risk of contracting the disease. These persons should get vaccinated as soon as possible.”
3. Work with the CDC Smallpox Communications Command Post to determine the most appropriate messages and timing for the notification of the news media and general public, and to assure proper clearances for messages and materials. This includes developing and utilizing short fact sheets and question-and-answer documents.

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4. Coordinate with Joint Information Centers (JIC) for factual and consistent distribution of information as well as identification of information needs (e.g., frequently asked questions). The JIC will be operational at the beginning of the federal response to the outbreak and will consist of representatives from all local, state, and federal agencies involved in the response to the outbreak. The following information will be coordinated and distributed through the JIC once it is operational:

- Progress reports / updated information on the latest developments
- Requests for locating spokespeople and key subject matter experts
- General disease and vaccination information
- Public health announcements related to the outbreak
- Other information requests related to the outbreak which require distribution to the media and general public.

**Once a JIC is operational, all media contacts and information should be handled through this center to assure consistent and accurate information distribution. This includes:**

- Establishing a “news desk operation” to coordinate and manage media relations activities (e.g., handle media requests and inquiries);
- Providing a place for the CDC, HHS, state, and local communications and emergency response personnel to meet and work side-by-side in handling media inquiries, writing media advisories and briefing documents, providing access to appropriate subject matter experts and spokespeople, etc.
- Responding to routine (i.e., frequently occurring) media questions with established fact sheets, talking points, and question-and-answer documents.
- Issuing media credentials
- Developing, coordinating, and managing local websites

5. Help develop a list of “authorized” public health spokespeople, and assist in directing local media to previously identified reliable state and local smallpox subject matter experts (e.g., local health officers, infectious disease physicians).

6. Assist state and local officials in preparing for media in interviews, developing media materials, scheduling and managing media interviews, and other arrangements as necessary. This includes assisting in logistics, such as arranging for tables and chairs, media telephone lines, staff telephones, audio-visual equipment, etc.

7. Work with the General Services Administration (GSA) to lease space for briefing rooms or media response offices and media work space.

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8. Providing regular updates to the CDC Smallpox Communications Command Center regarding local developments, concerns, and issues. This includes breaking news, frequently asked questions, and local communications and media strategies.
9. Help arrange and publicize state and local smallpox information resources, such as websites and toll-free information numbers. It will be important to direct routine inquiries concerning state or local programs to the appropriate local program personnel or authorized spokesperson.
10. Assist in preparing bulletins, Frequently Asked Questions, and Question-and-Answers pertaining to information on the disease, contact tracing, recommendations for vaccination, disease transmission, surveillance activities, laboratory testing, etc.

### **Field Communications Media Liaison Initial Actions**

During the initial phase the on-site FCL will establish CDC and HHS as credible sources of information. Messages will convey that CDC and local health officials are effectively addressing the public health issues and their approaches are reasonable, professional, scientific and caring. Upon arriving at the affected community, the FCL should:

- Meet with local health Public Information Officer(s) (PIOs) to assess staffing needs, develop media lists, discuss local political sensitivities, assign duties, determine briefing room location, and determine media needs.
- Set-up an emergency communications center for the media.
- Work with GSA to lease space for briefing room and media response offices (if not available through local health department or other local means) and media work space.
- Work with state and local officials to develop a list of authorized government spokespeople and subject matter experts.

### **First contacts should include:**

- Public affairs directors or information officers from local and state health departments (e.g., NPHIC members).
- City and state government public affairs offices (i.e., mayor and governor).
- 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

## **Field Communications Liaison Guidelines and Suggestions**

CDC field staff should remember that it is impossible for any one person to handle all aspects of media relations in the event of a smallpox outbreak. A joint information center is the best way to coordinate and manage media relations activities. Public information officers from a wide range of federal, state, and local agencies (e.g., CDC, HHS, state and local health departments, and law enforcement) will need to work side-by-side handling media inquiries, writing releases, providing information on their agencies and other duties as appropriate.

The FCL should establish a daily routine for coordinating and communicating with the various contacts outlined above (especially state and local officials) on media briefings and media materials. Arrange personal briefings. At these briefings, remind those attending that this is confidential information and any public or media release of information should be done through appropriate spokespeople and channels (e.g., media briefings). If people do not respect media guidelines or information embargoes, caution should be exercised when providing them additional information.

Cooperation and understanding among all the involved agencies will greatly enhance the success of the media operation. The FCL should work closely with communications staff and officials from local and state health departments as well as law enforcement agencies. Together, these groups will create and manage the flow of information to the media. It will also be important to work closely with mayoral, governor, and Congressional media and communication staff. State and local health department public information officers can offer valuable insights into crucial issues in the state and local community, as well as guidance in dealing with local media. In addition, they can provide information about media contacts, outlets, directories, and telephone and fax numbers to facilitate distribution of information to the media. They may also have facilities and infrastructure for briefings. Don't overlook local hospital media offices. They generally have good relationships with the media, as does the local fire department PIO. In most communities, fire departments deal on a daily basis with the local media and can be one of the FCL's most valuable resources.

### **On-Site Media Briefings and Teleconferences**

Generally, media briefings should be no longer than 30 to 45 minutes. The FCL or state/local public information officer should moderate the briefing, as well as begin and end it. The moderator should set ground rules, announce times of future briefings and make housekeeping announcements – for example, asking for contact numbers or e-mails addresses so reporters can be quickly notified of breaking events. Before beginning, the moderator should make sure the television camera operators as well as reporters are ready. The moderator will release general facts – number of cases, deaths (before releasing names, make sure you have family approval), and provide other updated statistics. Do not release any personal information without prior written approval. All interview requests involving victims or victim family members should be coordinated through the FCL or other appropriate public health information officer.

The moderator should briefly introduce each panel member, including name and spelling, title, agency, expertise, and briefly explain what the panel member will discuss. Each panel member should speak for 3 to 5 minutes on issues related to his/her area of expertise. All questions should be held until all panel members have spoken. Questions should be directed to the moderator, who will either answer the question or refer it to the appropriate panel member. The moderator should conclude the briefing after about 30 minutes by reminding reporters of the next briefing. Following the conclusion of the briefing, all spokespeople should leave. Spokespeople should be advised to avoid participating in individual media interviews with panel members following briefing.

The FCL should be notified immediately of any potential issues, including new questions that need to be answered, identified during media briefings. This can include inaccurate information or reports of rumors in the community.

### **General Guidelines for Working with the Media**

Establishing credibility and a working relationship with the media is critical.

- All media requests should go through communications and public affairs personnel. People handling media calls (whether at CDC communications command center or in the field) should take the reporter's name, number and affiliation, as well as ask what information they are seeking and what their deadline is.
- Communications and public affairs personnel handling media inquiries should, as much as possible, assume full responsibility for assisting the reporters— avoid referring the members of the media to other communications staff.
- Ideally, media calls should be handled by a live voice within 30 minutes, if possible.
- All media personnel should be treated with the same respect and professionalism—irrespective of the size and scope of the medium's audience. While there is often a greater urgency and priority associated with national media, that urgency should not translate into actions that are disrespectful to smaller media, especially local media. It is important to remember that CDC will be guests in the community, and any slight to local media or local officials can have a long-lasting negative effect. Always be polite and diplomatic.
- Questions related to criminal investigations or activities should be directed to law enforcement agency personnel. Law enforcement agencies are specifically trained to respond to questions concerning crimes and on-going investigations. ***Inappropriate responses in a public setting or to the media can jeopardize criminal investigations or subsequent trials.***
- Spokespeople should have media experience or training.

- Spokespeople and public affairs staff should be quick, factual, and consistent in dealing with, and responding to, media inquiries.
- Provide the media with information about what the public and/or health care providers should expect or do. Use media interviews as a way to give advice and guidance to the public and health care providers.
- Respond promptly to all media calls. Be aware of deadlines. An answer after deadline is as bad as no answer at all.
- Reply to questions accurately, but avoid providing more information than is requested. Know the key messages and talking points and communicate them frequently.
- Don't speculate. If you don't know an answer, don't be afraid of saying you don't have that information, but will try to find an answer.
- Never discuss programs of other agencies beyond what is contained in approved fact sheets or news releases.
- Repeat the key facts about events. Publicize additional sources of information (e.g., web sites, hotlines, partner organizations).
- When possible, provide the media with written materials and resources (including website addresses).
- Be prepared to describe what is being done, the number of CDC personnel involved, and their general activities and responsibilities.
- In general, references or referrals to other agencies or programs should not be made without prior approval or notification.
- Avoid the phrase "No comment." It often is interpreted in a negative light, irrespective of the speaker's intent. Effective alternatives include: "I can't answer that question until we have more complete information." "I don't have that information. But I will try to find and answer for you." "I'm not qualified to answer questions on that topic. I will have someone get back with you." "We will have a statement on that shortly."
- Eliminate obstacles whenever possible. Obstacles imply to reporters that there is an untold story; that something is being hidden from the public. If there is something that cannot be discussed in a public forum, say so. Most reporters will understand.
- Use judgment when releasing information to the media. Consider possible consequences, and remember to put numerical information into a context. It is important to respond to the media, but always consider the public to be your primary audience.
- Don't intentionally mislead the media.

### **CDC Field Communications Community Liaison (FCCL)**

The CDC Field Communications Community Liaison will serve as the principal CDC community relations advisor in the field, and assist the CDC Smallpox Response Team leader in serving as the principal contact point to local hospitals, infectious disease specialists, National Guard officials, and health departments. Once on-site, the FCCL should:

1. Attend all CDC response team meetings and provide updates to the CDC team leader and Media Communications Liaison on community outreach and education activities. This should include detailing any encountered or anticipated barriers or problems as well as suggested actions.
2. Immediately meet with lead local health officials and identify key community partners. Develop and maintain a contact list of key community and state partners. Establish regular briefings with key community and state partners on a daily basis, including members of health care and law enforcement agencies.
3. Work with the immunization services team members and law enforcement officials to assist in identifying, communicating and safely securing places for “first responders” to receive smallpox vaccine. Key personal identified in first immunization wave include selected local service providers that provide essential non-medical services to quarantined households.
4. Establish a community phone line to assist in responding to the questions and concerns of state and local health care providers, pharmacists, law enforcement personnel, and any quarantined members of the community. Provide national materials and work with key partners to implement a follow up resource and referral list for phone center staff.
5. Work with CDC Response team members and local partners to coordinate communication and health education activities by identifying needs, tracking progress and reporting to the CDC smallpox response team leader on key communication and health education activities planned and executed. These activities may include: 1) information campaigns for the affected community, e.g. planned immunization activities, quarantine information, and/or clinic information, 2) health care provider education campaigns and activities, including first responders, 3) education and communication with state and community people involved in meeting community needs or community actions designed to prevent the spread of the disease, and 4) helping to assure quarantined persons have access to essential information on how to obtain needed supplies or services.
6. Tailoring, as appropriate and feasible, communication and education services and messages to the affected community. This will likely include meeting with community and state partners to identify specific community resources that can be utilized and secured. In addition, the field communications community liaison will work with quarantine teams to customize materials to community and disseminate information and materials to quarantined individuals. Specific issues to be addressed in the materials should include local phone numbers for assistance, along with information for quarantined individuals on how to obtain food, medical care, emergency

home care needs (plumbing; electricity), and even recreation services (e.g., videos or reading materials).

7. Develop a list of key health care facilities in the community and doctors offices for information dissemination purposes and for health education activities. Coordinate with CDC medical team staff in initiating contact with health care providers. Cross train key partners to assist in education and outreach efforts.
8. Obtain and track information daily on numbers and location of new cases; number and location of new quarantine cases; number and location of immunization efforts, and number of doses of smallpox vaccine used and available. Utilize these reports to prioritize community outreach and education efforts
9. Work with the CDC Smallpox Communications Command Post to determine the most appropriate messages and timing for the notification of the community, and to assure proper clearances for messages and materials. This includes working with partners in rapidly identifying community needs, communicating these needs to appropriate program staff and developing information distribution plans.
10. Provide feedback to and coordinate with the Joint Information Center (JIC) for factual and consistent distribution of information as well as identification of information needs (e.g., frequently asked questions).
11. Assist in tailoring messages and materials to the affected community (e.g., Frequently Asked Questions documents and information materials on the disease, contact tracing, recommendations for vaccination, disease transmission, surveillance activities, laboratory testing, quarantine, etc.).

### **Field Communications Community Liaison Guidelines and Suggestions**

The CDC FCCL should establish a daily routine for coordinating and communicating with the various contacts outlined above (especially state and local officials) on community education and outreach activities and needs. Arrange personal briefings. At these briefings, remind those attending that this is confidential information and any public or media release of information should be done through appropriate spokespeople and channels (e.g., media briefings). If people do not respect these guidelines or information embargoes, caution should be exercised when providing them additional information

Cooperation and understanding among all the involved agencies will greatly enhance the success of the community outreach communication operation. The COP should work closely with CDC field communications staff and officials from local and state health departments, local hospitals as well as law enforcement agencies. Together, these groups

will create and manage the flow of information in the community. It will also be important to work closely with local health department educators and community outreach staff who can offer valuable insights into crucial issues in the State and local community,

CDC field staff should remember that it is impossible for any one person to handle all aspects of community relations in the event of a smallpox outbreak. A joint information center is the best way to coordinate and manage community relations activities.

Community outreach staff; health education and public health information officers from a wide range of federal, state, and local agencies (e.g., CDC, HHS, state and local health departments, and law enforcement) will need to work side-by-side handling community information needs appropriately.

### **Ongoing CDC Field Communications Community Liaison Duties**

- Assisting in the management of the Joint Information Center
- Assisting in the management of state and local and partner community outreach staff
- Assisting in coordination and management of training and education outreach activities for health care professionals
- Assisting in communication and educational activities with quarantined households.
- Assisting in the preparation for, and holding of, daily partner briefings
- Participating in daily staff meetings held by the CDC team field leader
- Maintaining contact with local agencies/governments
- Sending a daily community outreach activity report to CDC team leader and to the CDC Atlanta Operations Center. This report will include any problems encountered and how they were resolved or plans to resolve them.
- Requesting home base office at CDC to send new materials as updated and provide information on National Immunization Information Hotline new and emerging questions and issues.
- Maintaining a daily log of community contacts made; health education materials delivered and presentation made to where and how many people.
- Attending staff meetings, other meetings.
- Assessing and organizing activities with local health department staff community meetings.
- Writing, editing, approving, and initiating clearance procedures for customized community outreach materials. All copy should be cleared by the FCL, program or content expert, state/local health departments, law enforcement, CDC Atlanta, DHHS.
- Assisting DHHS, CDC, state, and local officials in working with the key state and community groups.