

SPREADING THE WORD, NOT THE FLU **Communications as Vaccine for Pandemic?**

On June 14, Solomon McCown & Company (SM&) examined how to prepare for a possible flu pandemic, as part of SM&'s ongoing series of forums that bring together leading professionals and the media to discuss issues of the day from the strategic communications viewpoint. Moderated by David Begelfer, the CEO of the Massachusetts chapter of NAIOP (National Association of Industrial and Office Properties), the conversation featured a panel of experts representing various industry sectors: M. Anita Barry, MD, MPH, Director, Communicable Disease Control Division, Boston Public Health Commission; Jean Fleischman, Office of the President, Northeastern University; Brett J. Holmgren, JD, Robert M. Currey & Associates, Inc., Risk Management Consultants; Benjamin A. Kruskal, MD, PhD, Staff Pediatrician and Director of Infection Control, Harvard Vanguard Medical Associates; Ashley McCown, SM&'s Executive Vice President; and Stephen Smith, Health Writer, *The Boston Globe*.

A Primer on Three Flus

With all the media coverage of "bird flu"—more accurately known as avian influenza A—businesses and organizations have to understand the difference between flus, and then communicate that difference to employees, so that they do not panic when they hear a sick bird has reached U.S. shores.

The most common type of flu is seasonal flu, which kills 30,000 people every year, despite the common use of flu shots. The flu called avian influenza A has been affecting birds around the world for years, but a subtype called H5N1 has been particularly virulent and has jumped to humans, causing fears of a pandemic flu. Dr. Barry defined a pandemic as a new strain of virus that makes people sick around the world at the same time, and that spreads easily from person to person. With H5N1, only the last criterion has not yet been met.

Dr. Barry said that hand-sanitizing stations and educating people to cover their mouths can best help limit the spread of flu, and though sick people would be asked to stay home, the municipal government has no plans to quarantine the city in case of a pandemic. According to Dr. Kruskal, creating a vaccine can take three to six months, and the effectiveness of medications like Tamiflu and Relenza is hard to predict.

A Crisis Plan at Work: Communicating with Key Stakeholders

Mr. Begelfer opened with a sobering message that the panelists echoed: Every business, organization or individual should expect that the city, state and federal authorities may not be able to help, especially during the pandemic's first few days. Mr. Holmgren said that businesses should gather essential personnel, as pre-determined by the crisis plan, and then prepare to be self-sufficient for at least the first 72 hours.

Therefore, crisis plans should be drawn up, written down, and tested with the crisis team without delay. "Businesses and organizations should look now at their vulnerabilities, their communication vehicles and their level of redundancy," said Ms. McCown. Pointing to the lack of coordination in the Hurricane Katrina aftermath, she also strongly recommended establishing channels of communication with the essential teams at agencies and partner organizations as soon as possible: "You should have relationships with your counterparts now, and not be trying to forge these bonds in a time of crisis." Even if a business or organization has a plan that looks pristine in-house, Mr. Holmgren noted, it must be communicated to and coordinated with third-party vendors, or else it will not work.

A Crisis Plan at Large: Informing the Public

Sometimes getting the message out should be automated rather than individualized. "You should have canned statements ready to provide, and the medium for how to push the message out," said Mr. Holmgren. He explained that during Katrina, building tenants were calling owners an average of every 10 minutes every day when most of the information they needed could have been disseminated through recordings.

For colleges and universities, Ms. Fleischman said, "in the case of a pandemic, there's an expectation from parents that we will provide a certain level of care for the students." In the meantime, Northeastern has been using free posters from the Center for Disease Control, hand-sanitizing stations, and plasma TV screens in the student center to explain how proper hygiene can slow the spread of seasonal flu. A business or organization should also consider using multiple communication vehicles to create an environment of increased awareness of how employees can help.

Dr. Barry said that Massachusetts and Boston officials are working hand-in-hand in preparing surveillance of the illness' spread and coordination of care. The city is also giving small grants to neighborhood groups to teach citizens how to look out for the vulnerable and care for someone at home.

And of course, those on the front lines of a flu pandemic need to be the most prepared to communicate health information. “As physicians, we have a responsibility to filter the information for our patients and be sure that we’re not just parroting government information.” said Dr. Kruskal. While the region is fortunate to have many top medical organizations, communication between health care providers will be essential to ensure a complete and consistent message to their patients and communities.

Build Immunity to False Reports by Anticipating the Media’s Needs

For businesses and organizations to avoid becoming the subject of incorrect reporting, Smith stressed that they must be responsive to the media. “I can’t drive home enough how important transparency is,” he said. “The more opaque an entity, the more likely bad information will get out. The institutions that fail to call us back are the ones that call us the next day after the story’s out to say that we didn’t have the right information.” He gave examples of illness outbreaks in the Boston area, and how one institution immediately put him in contact with their CEO, while another had no one available for comment on a Friday night when the crisis broke. The latter organization has since had its spokesperson’s office phone transferred to his cell phone on weekends. “Part of a crisis plan is redundancy,” said McCown. “Have people on call in case something happens, with cell phone numbers and e-mail addresses, and then have backups.”

“When talking about good crisis communications plans, some of this is not complicated,” said McCown. “But when a pandemic hits, your employees and your stakeholders are going to be looking for answers.” She stressed that whether it’s bird flu, a natural disaster or terrorism, another crisis will happen and everyone needs to be ready: “Planning is the difference between responsibility and liability. This is not an exercise in the abstract.”

For information on developing a crisis plan, contact Ashley McCown at amccown@solomonmccown.com or visit www.solomonmccown.com.

Web Resources for Avian Influenza and Pandemic

Boston Public Health Commission, Communicable Disease Control Division:

www.bphc.org/cdc

Commonwealth of Massachusetts Department of Public Health:

www.mass.gov/dph/cdc/epii/flu/flu1.htm

Disaster Resource Guide: www.disaster-resource.com

International Society for Infectious Diseases: www.isid.org

U.S. Center for Disease Control: www.cdc.gov/flu/avian

U.S. Department of Health & Human Services: www.pandemicflu.gov and

www.avianflu.gov

U.S. National Wildlife Health Center:

http://www.nwhc.usgs.gov/disease_information/avian_influenza

World Health Organization: www.who.int/csr/disease/avian_influenza/en