AN

ORIENTATION WORKSHOP FOR THE MEDIA

REPORTING ON **PANDEMIC** INFLUENZA

USAID
FROM THE AMERICAN PEOPLE

AI.COMM

This publication was produced by the AI.COMM project, which is operated by AED. AI.COMM is funded by the U.S. Agency for International Development under contract number (GHS-I-00-03-00036, Task Order 3). This publication does not necessarily represent the views of USAID or the U.S. Government.

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July 2009

ORGANIZING A WORKSHOP

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ORGANIZING A WORKSHOP CHECKLIST

AT LEAST TWO WEEKS BEFORE:

Recruit speakers

- Ask guest speakers to prepare a PowerPoint presentation or speaker notes and to provide you with a copy of it. Be sure to copy the presentation in hard copy for each participant.
- Make sure you invite at least one or two technical experts from the country to attend each day of the workshop. It is important to have technical expertise (in human health) as well as decision-makers from the national or community on hand so that the journalists are able to ask technical questions and have their queries answered. Also traditional leaders or religious leaders should be in attendance. The technical experts are also invaluable in clarifying issues and misconceptions that participants may have.
- Send out letters of confirmation and directions to the workshop site.

Invite journalists to the session

• If possible, ask the journalists to bring examples of articles they have written on pandemic influenza or H1N1 virus, or that have appeared in the publication (or news organization) with which they are affiliated. If they are radio or television journalists, ask them to bring scripts or summaries of news reports they (or their news organization) have done on pandemic influenza. Radio journalists may also be able to bring air checks of their stories on CD or cassette.

AT LEAST ONE WEEK BEFORE:

Make copies of registration forms — three types depending on type of media, such as radio, TV or print (see page 7). Make copies of all handouts. Prepare all flip charts with instructions and information, in the language of your participants.

- Write and post objectives for each session.
- Write and post the main points of each session.
- Set up a "parking lot" for questions that do not get automatically answered but will be answered later.

THE NIGHT BEFORE:

Set up the workshop space/room.

AFTER THE TRAINING SESSION:

- Send thank you letters to guest speakers, co-facilitators and poultry farm owners.
- Arrange for tea/coffee breaks, including preparation/serving, cups and utensils.

SESSION

1

REGISTRATION

Time required: 30 **minutes** *(for example, 7:30 – 08:00)*

Objectives:

To document participation of journalists in the workshop.

MATERIALS NEEDED

Public address system, workshop banner, slightly elevated platform with podium, and tables and chairs for special guests. If a platform is not available, a podium and table and chairs will suffice.

NOTE TO TRAINER

As they arrive at the training, ask participants to sign the registration form. At the end of the day you will deliver the registration form to the workshop sponsor/contact. The registration forms will be used for purposes such as keeping the journalists apprised of pandemic influenza bulletins, alerts, and press conferences.

REGISTRATION FOR H1N1 PANDEMIC INFLUENZA MEDIA ORIENTATION WORKSHOP

Date: _____
Place: _____
Sponsor: _____

	Name	Media	Organization	Email	Telephone
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SESSION

2

OPENING CEREMONY

Time required: 30 **minutes** *(for example, 08:00 – 08:30)*

Objectives:

To formally open the workshop.

MATERIALS NEEDED

Public address system, workshop banner, slightly elevated platform with podium, and tables and chairs for special guests. If a platform is not available, a podium and table and chairs will suffice.

NOTE TO TRAINER

A formal opening to the workshop helps frame the importance of the day. If possible, recruit a special speaker such as a respected physician, epidemiologist, government official, traditional or community leader or any other professional who works in the field of pandemic influenza or preparedness. Having a special speaker participate in the opening ceremony sends the message to participants that the information they have gathered to hear is important, timely, and perhaps even life saving. A special speaker also shows participants that local, regional or provincial leadership cares about the issues at hand. You, as the trainer/facilitator, will be responsible for learning the background and expertise of the guest speaker so that you can introduce them and say something to the group about them. It's your job to make the guest speaker feel respected, welcome and comfortable.

Trainer states out loud:

Good morning, everyone. Welcome to the H1N1 Influenza Media Orientation. I'd like to ask you all to take your seats so we can get started. Thank you. Before we begin, I would like to welcome [designated official or expert], who will officially welcome you to this workshop.

NOTE TO TRAINER

If there is no official speaker to welcome the group, the facilitator can do this. The "guest speaker" can also be one of the technical experts who is present.

SESSION

3

INTRODUCTION OF PARTICIPANTS

Time required: **15 minutes** *(for example, 08:30 – 08:45)*

Objectives:

To welcome the participants to the workshop, and to provide workshop participants with the opportunity to meet and greet each other.

MATERIALS NEEDED

PA system, instructions written on flip chart paper explaining to participants what to say about themselves when making introductions

NOTE TO TRAINER

Remember that your flip chart instructions and pertinent information should be prepared well in advance of the workshop. Stand next to the instructions on the flip chart and say:

Trainer states out loud:

My name is _____ and I'm from (organization, province, job, personal fact) and I'm conducting this workshop today because _____.
Now that you know who I am, you should also get to know each other a bit better, since you'll be spending the day together. To get through the introductions as efficiently as possible, I'd like for each of you to share the following with us: your name, the name of your organization and location (hometown, district, state), the position or job you hold in your organization, and the reason you registered for this workshop. Let's begin here on my left/right with you, and we will go around the room.

NOTE TO TRAINER

As the participants introduce themselves jot down the information that they give. This will help you get to know them more quickly and will help you understand their motivations for attending the workshop. This will help you fine tune or focus the points that need to be made over the next couple of days. Make sure that the technical experts present also introduce themselves, if they have not done so previously. You only have 15 minutes to finish introductions; do not let anyone's introduction get too lengthy.

Trainer states out loud:

Thank you for those great introductions. It's nice to meet all of you. Now that we have finished our introductions, let's move on to the workshop objectives.

SESSION

4

OBJECTIVES OF THE WORKSHOP

Time required: **15 minutes** *(for example, 08:45 – 09:00)*

Objectives:

To inform participants of the workshop objectives.

MATERIALS NEEDED

PA system, flip chart paper of the objectives in English or language used in the area.

Trainer states out loud:

You'll see that I have posted the objective of the workshop here on the flip chart. May I ask for a volunteer to read it aloud?

Participant states out loud:

The main objective to this workshop is to provide evidence-based data and information on the H1N1 virus that is currently causing the pandemic so that journalists and other participants are better prepared when covering the virus and pandemic outbreaks in general. This will include key behaviors that all people should know about preventing the transmission of H1N1, and steps that can be taken to care for people who have the H1N1 virus.

Trainer states out loud:

Thank you for reading that. Do any of you have any questions about our plan for the day?

NOTE TO TRAINER

Address any concern that is raised. This would be a good place to ask the participants about what motivated them to come to the workshop. Make sure that the objectives include their original motivations as much as possible. This is also a good time to emphasize the importance of staying on task, showing up on time after each break and for the session tomorrow morning. Remember, it is your job as the trainer to keep things moving.

SESSION

5

IMPORTANCE OF JOURNALISTS IN THE CONTROL OF H1N1 PANDEMIC INFLUENZA

Time required: 30 **minutes** *(for example, 09:00 – 09:30)*

Objectives:

To discuss the crucial role the media (and journalists) play in disseminating accurate information to the public about H1N1 and pandemic influenza.

MATERIALS NEEDED

PA system, flip chart paper

Trainer states out loud:

I would like to mention why it is so important for journalists to learn about H1N1 influenza and their importance in the process of preventing and containing this virus. What are some of the reasons why you think accurate, up-to-date reporting by journalists is essential to controlling this disease?

NOTE TO TRAINER

Look for responses such as:

- Public health officials rely on the media to get their messages out before, during and after an outbreak;
- Media reporting establishes public confidence in the ability of governments to address an outbreak, particularly where there may be distrust of government officials;
- Media coverage promotes an understanding of the relevant issues or actions of the government;
- Journalists can clarify any confusing issues and dispel myths and misconceptions; and
- Journalists can outline key preventive behaviors.

Another point to emphasize, if it is not mentioned by participants, is that H1N1 and influenza pandemics in general can lead governments and communities to make decisions encouraging people to stay at home and not attend regular social gatherings where they may usually obtain their news. For this reason, the established media play an even more important role than usual, as they might be the only source of news and information that people can access.

Trainer states out loud:

Now that we have discussed how crucial you in the media are to controlling the spread of H1N1, let's talk about what you already know about H1N1, especially because you are the ones who will be clarifying information and dispelling myths or misconceptions about the disease. We are fortunate to have health and preparedness experts here in this workshop with us, and they can help to clarify any technical questions. What types of misleading information have you encountered in your reporting or information gathering on H1N1 so far? How have you verified whether the information is erroneous or not?

NOTE TO TRAINER

Look for responses such as:

- H1N1 is the same as seasonal influenza or avian influenza;
- Only the elderly or people who are already sick can become seriously ill with H1N1;
- People do not have to take precautions because the cases so far have been "mild"; and
- You can only get H1N1 by being in contact with pigs.

Refer to the health experts to respond to incorrect information or statements that might be misleading, as well as to respond to questions that you cannot answer.

Trainer states out loud:

Well, it seems like we have all heard quite a bit of misleading and false information about H1N1, which makes it all the more important for journalists to convey accurate, clear information to their audiences. To reinforce some information that you already know, and hopefully to teach you a few new things, we will be providing you with a brief orientation on H1N1. Our technical expert [mention name] will be providing this overview.

SESSION

6

OVERVIEW OF H1N1 AND PANDEMIC INFLUENZA

Time required: **1 hour** *(for example, 09:30 – 10:30 a.m.)*

Objectives:

To provide participants with: information on pandemic influenza in general; on the H1N1 virus specifically; an update on pandemic influenza in the country or region; information on any activities taking place in the country for planning or response to pandemic outbreaks, including hotlines or training for first responders and others. Participants will also have the opportunity to share experiences and discuss pandemic influenza and the H1N1 virus relevant to their country/ region and situation.

PARTICIPANT HANDOUTS NEEDED

Handout #1 -- National Pandemic Influenza Preparedness Plan for the particular country (if available)
Handout #2 -- Frequently Asked Questions about H1N1 Pandemic Influenza

NOTE TO TRAINER

If you are in a state or region with a Ministry of Health (MOH) or a World Health Organization representative, you may want to invite them to be a guest speaker for this session. Ask the guest speaker to prepare an interactive lecture or PowerPoint presentation on pandemic influenza and H1N1 virus specifically. Other speakers that could help with this section include local epidemiologists or medical officers that have been involved in pandemic preparation. If these resources do not exist in your area, the Trainer should prepare to present this session.

Trainer states out loud:

You will see that I have posted some of the questions we will be discussing here on the flip chart. These are our objectives for this session. May I ask for a volunteer to read them aloud?

Participant states out loud:

1. What is pandemic influenza in general?
2. What is the H1N1 virus?
3. What is happening with H1N1 in this country or region?
4. What activities are taking place to plan for or respond to H1N1 outbreaks? What is WHO's role? What is the government's role?
5. What are some experiences related to pandemic influenza relevant to the country or region and situation?

Trainer states out loud:

Thank you for reading the objectives for this session. That is a lot of information we are going to cover. Do any of you have any questions or concerns about any of them before we get started?

NOTE TO TRAINER

Address any concerns raised, and then begin. This section should not take more than 10 minutes. If participants have specific questions that will be addressed by the upcoming presentations, defer them until after the presentations.

Trainer states out loud:

Now one of our technical experts will provide a few key facts about what a pandemic is, and why there are ratings of severity. As we go through this information, you should feel free to follow along in Handout #2 --Frequently Asked Questions on H1N1 Pandemic Influenza. The same information is provided in the Handout, although not necessarily in the same format or order.

NOTE TO TRAINER

The official who is presenting (or the facilitator, if there is no official speaker) should specifically address how pandemic influenza is defined, both in terms of geographic spread and severity. Use the WHO definitions provided in the handouts.

Trainer states out loud:

Now one of our technical experts will provide a few key facts about the H1N1 virus specifically. You should feel free to follow along in Handout #3 –Five Things to Know about the 2009 H1N1 Outbreak and Frequently Asked Questions on H1N1

NOTE TO TRAINER

The official who is presenting (or the facilitator, if there is no official speaker) should address the following pieces of information:

- What the H1N1 virus is and how it differs from seasonal influenza viruses and avian flu).
- How H1N1 is transmitted.
- Common ways to contain the spread of H1N1.
- The symptoms of H1N1 and when to seek medical attention.

Background information on all of these points can be found in s #2 and #3, or can be found on the Internet resources listed in Handout #7.

Trainer states out loud:

Do any of you have any questions or comments before we move on?

NOTE TO TRAINER

Address any concerns or comments, then proceed.

Trainer states out loud:

The next section (or presenter) will give us a regional update on the H1N1 virus, and what the government is doing to respond to the pandemic.

NOTE TO TRAINER

If there is not a presenter, you will be responsible for gathering specific regional information on pandemic influenza for this section of the presentation. You can consult with the resources provided in Handout #7 to obtain this type of information. Present the information or introduce the speaker. This section should not take more than 10 minutes.

Trainer states out loud:

The next section (or presenter) will give us a global update on H1N1 and what the World Health Organization is doing..

NOTE TO TRAINER

The information on the global status of the pandemic can be found on most of the Internet resources listed in Handout #7, particularly on the World Health Organization website, www.who.org. Information on what WHO is doing is also provided in Handout #3 and Handout #5.

Trainer states out loud:

Now that you have had an overview on the H1N1 pandemic and you have heard regional and global updates, I would like to open up the workshop for a group discussion. As we discuss pandemic influenza and the H1N1 virus in particular, feel free to ask questions, share your views, and share with all of us any sources of information on the pandemic that you feel would be helpful to fellow journalists.

NOTE TO TRAINER

The purpose to this discussion is to allow the group to interact with the trainer and one another. To stay on schedule, do not take more than 20-30 minutes to have this open discussion. Call time when the whole hour is up!

Trainer states out loud:

Thanks to everyone for your participation. To stay on schedule I am going to ask that we move on to the next session. Now that we have heard about the status of the H1N1 outbreak and how it is transmitted, let's take some time to talk about how to control the spread of H1N1 through non-pharmaceutical interventions and by providing care for sick people at home. We will also talk about vaccines and pharmaceuticals that can be used to prevent and treat H1N1. So we have a lot to cover in the next session. Let's take a short tea/coffee break before we get into all of this important information. Please let's be back in our seats in 15 minutes.

NOTE TO TRAINER

Be sure to call time in exactly 15 minutes. This will let participants know early on in the workshop that you stick to the allotted time. It sets the norm for timeliness.

SESSION

7

NON-PHARMACEUTICAL INTERVENTIONS, PHARMACEUTICAL INTERVENTIONS, AND HOME-BASED CARE FOR PANDEMIC INFLUENZA

Time required: **1 hour & 15 minutes** *(for example, 10:45 – 12:00)*

Objectives:

To inform participants about non-pharmaceutical interventions to prevent and control H1N1, home-based care of people who have H1N1, and pharmaceuticals that can be used to treat and prevent H1N1.

MATERIALS NEEDED

PA system, flip chart paper of the objectives in English, computer and LCD projector if a PowerPoint presentation will be made

PARTICIPANT HANDOUTS NEEDED

Handout #4 Non-pharmaceutical Interventions
Handout #5 Antivirals and Vaccines
Handout #6 Home-based Care for Pandemic Influenza

Trainer states out loud:

You will see on your Handout #4 that there are ways to prevent the spread of pandemic influenza that are called "non-pharmaceutical interventions." I need volunteers to read these out loud. Who would like to read to us what a non-pharmaceutical intervention is?

NOTE TO TRAINER

Call on volunteers until all points have been read.

Participant reads out loud:

Non-pharmaceutical interventions (NPI) are actions that that individuals and communities can take to reduce contact and consequently person-to-person transmission of influenza to contain and delay the spread of pandemic influenza and reduce the number of cases of morbidity and mortality.

Trainer states out loud:

Right. Because many people will not have access to vaccines or antiviral medications, it will be important to rely on non-pharmaceutical ways to prevent the transmission of H1N1. Can I have a volunteer to read the four types of NPI?

Participant reads out loud:

Non-pharmaceutical interventions refer to measures such as:

1. Maintaining good personal hygiene (such as routine handwashing),
2. Good respiratory etiquette (such as covering the mouth and nose with a tissue or the crook of the elbow when coughing or sneezing, and refraining from spitting),
3. Isolation and home care of the sick (such as selecting one person to take care of the ill in each family, creating a separate space for family members when they have flu symptoms, keeping them at least 2 meters away from others), and
4. Social distancing (such as limiting big public gatherings, events and travel; and ensuring mandatory workplace and school closures to keep influenza from spreading easily in places where there are many people close to each other, such as markets, schools, places of worship, and church services).

Trainer states out loud:

Does anyone have any quick questions about non-pharmaceutical interventions before we move on to discuss pharmaceutical interventions?

NOTE TO TRAINER

Answer any questions in consultation with your technical expert, and use the Handouts to illustrate points if necessary. Do not take too much time answering questions, as you can defer some of them to the following session, when participants will have more time to ask questions and obtain clarifications.

Trainer states out loud:

Let us read through some of the information we have on the use of antiviral medicines and vaccines. I will give you a few minutes to read through Handout #5 and then I would like a volunteer to tell me what some of the most important points are related to vaccines and antiviral medicines.

NOTE TO TRAINER

Allow about three minutes for participants to read the Handout, and then ask for volunteers to read the parts that they believe are most important for their readers to know. Some points that should be made if participants do not bring them up are:

- Availability of a vaccine, and what WHO is doing to make them available.
- Availability of antivirals, and what WHO is doing to make them available.

This part should take no longer than 15 minutes.

Trainer states out loud:

Okay, since we still have a lot to cover, let's now move on to home-based care of the ill. Can I have a volunteer to read the things that people should do if there is a person sick with H1N1 in their household? This information is on your Handout #6.

Participant reads out loud:

- Assign only one family member as a caretaker for sick family members to prevent other household members from being exposed to the influenza virus.
- Limit the number of visitors to the sick person to avoid spreading influenza to them.
- Create a separate space to take care of the sick person that is at least 2 meters away from everyone else. Keep the sick person in this separate space until they are fully recovered.
- Wash eating utensils and cups with soap and water after the sick person has used them.
- Try to have separate eating and drinking utensils, towels, sheets and blankets for the sick person to use that are not used by other family members.

Trainer states out loud:

Can someone please volunteer to read the actions people can take to protect themselves if they are caring for someone with pandemic influenza?

Participant states out loud:

- Wearing a mask or handkerchief over your mouth and nose when you are close to the sick person to prevent getting influenza. It is more important for the sick person to wear a mask than the caregiver. If masks are not available, the sick person should cover nose and mouth with a cloth when within 1–2 meters of others.
- Washing hands often, and before and after caring for the sick.
- Making sure that the sick person covers coughs and sneezes with tissues or a cloth.
- Putting used tissues in a bag or waste container near the bed. Dispose of them with other household waste when they are full, away from people. Or, if the patient uses a cloth for sneezes and coughs, make sure it is regularly washed and dried.

Trainer states out loud:

Now that you have had an overview of the important aspects of pandemic influenza, I'd like to open the workshop up to questions.

SESSION

8

QUESTION PERIOD

Time required: 30 minutes *(for example, 12:00 – 12:30)*

Trainer states out loud:

OK, I am sure you all have some questions on all of the information you have heard this morning. I would like to take the next 30 minutes for you to ask whatever questions you have. Please direct your questions to either of the technical experts or myself. Alright, who has some questions?

NOTE TO TRAINER

Allow time for questions and additional discussion, and take advantage of the health and preparedness experts present to help answer questions.

Trainer states out loud:

Thanks everyone for those great questions. I am sure you have more questions and I hope we'll be able to answer some more of them this afternoon. But first, we will now take a break to have some lunch. We will meet here in one hour.

NOTE TO TRAINER

Make sure to provide any additional logistical information, such as where they should go to eat lunch, and what time they should return to the session room.

SESSION

9

IDENTIFYING IMPORTANT MESSAGES/GROUP SESSION

Time required: 90 **minutes** *(for example, 14:00 – 15:30)*

Objectives:

To take observations and lessons learned and figure out how to creatively relay information about pandemic influenza; to reinforce lessons from the recent H1N1 outbreak; and to provide a forum for participants to think critically on the different stages of pandemic influenza – from outbreaks in neighboring countries, to local outbreaks.

NOTE TO TRAINER

Participants will be divided into three groups and the members of each group will address one of three assigned topics:

TOPIC 1: If there have been no confirmed outbreaks of H1N1 influenza in the country or nearby, what is the most important (or practical) information you would tell the general public to prepare or prevent contracting the virus if it comes to the area? Where would you get this information? What do you see as your role as journalists in preventing pandemic outbreaks?

TOPIC 2: If there has been an outbreak in the next country, what is the most important (or practical) information you would tell the general public to do to help control the outbreak and minimize its effect on the local area? Where would you get this information? Which sources would you use? What do you see as your role as journalists in controlling a pandemic?

TOPIC 3: If many people are becoming ill due to H1N1 influenza and health care facilities are becoming overwhelmed by people seeking care and because there are high absentee rates among nurses and doctors because they are sick, what is the most important (or practical) information you would tell the general public? Where would you get this information? Which sources would you use? What do you see as your role as journalists in conducting an emergency response to H1N1?

Prior to the session, prepare flip charts with the three topics mentioned above written on them. Members of each group will discuss their assigned topic, using their acquired knowledge from the previous sessions, and decide how to creatively convey the information. Each group should choose a group leader, another person to write up the outcome of their discussion, and a third person to present results to the whole group afterward. Participants will have 20 minutes to discuss their assigned topic and another 10 minutes to write down their collective response.

Trainer states out loud:

Now we're going to go deeper and figure out what the important messages would be to convey to these audiences. We're first going to separate into three groups – let's count off 1, 2, 3 and then separate into three groups, with all 1's sitting [note a location], all 2's sitting [note a location] and all 3's sitting [note a location].

The first group will discuss Topic 1 -- If there have been no confirmed outbreaks of pandemic influenza in the country or nearby, what is the most important (or practical) information you would tell the general public to prepare or prevent contracting the virus if it comes to the area? Where would you get this information? What do you see as your role as journalists in preventing pandemic outbreaks?

The second group will discuss: Topic 2 -- If there has been an outbreak nearby, what is the most important (or practical) information you would tell the general public to do to help control the outbreak and minimize its effect on the local area? Where would you get this information? Which sources would you use? What do you see as your role as journalists in controlling a pandemic?

And the third group will discuss Topic 3 – If many people are becoming ill due to pandemic influenza and health care facilities are becoming overwhelmed by people seeking care, what is the most important (or practical) information you would tell the general public? Where would you get this information? Which sources would you use? What do you see as your role as journalists in conducting an emergency response to pandemic influenza?

In about a half hour, you will present your discussion findings to the whole group. You should take about 20 minutes to discuss your assigned question, and then take the following 10 minutes after that to take notes on the points you would like to present to the larger group. You may want to assign a person to take notes on the flip chart, and another person to agree to give the presentation to the whole group. Each group will have 15 minutes to present their opinions to the larger group. I would like to remind you that our technical experts are available to respond to questions and clarify issues you may have. Feel free to use any of the workshop handouts for additional information.

Okay, let's separate into our three groups.

NOTE TO TRAINER

Keep close track of time. Make an announcement to all three groups when 20 minutes has elapsed, telling them that they should be finishing up discussions and beginning to put together and write down their thoughts for presentation. At the end of the next 10 minutes, tell the group that they should finish their note-taking and prepare for presenting to the larger group.

Trainer states out loud:

Okay, your time is up. Hopefully, you have had a good opportunity to discuss your assigned topic and put together some creative ways to relay information about pandemic influenza. Earlier, I had asked you to select one person from your group to give the presentation to the larger group.

Let's first hear the presentation from the first group, which discussed Topic 1. Each of the groups will have 15 minutes to present your discussion results.

NOTE TO TRAINER

Keep track of the presentations and make sure that no one exceeds the 15-minute time period. After the first presentation, move to the second group, and then to the third group. It might be helpful to write down notes on the findings to better stimulate any discussions that follow, as well as to mention during wrap-up at the end of the day.

Trainer states out loud:

Thanks to all of you for your very thoughtful observations and commentary. I wanted to highlight a few interesting comments made during your presentations, and perhaps have our technical experts comment on some of your observations.

NOTE TO TRAINER

Here you can mention a few of the interesting observations you took down in your notes during the presentations, and/or bring up questions that arose during the presentations and have them clarified by the technical experts. Do not take more than 10-15 minutes on this discussion.

Trainer states out loud:

Do any of you have any additional questions or concerns, or any new points that you would like to make?

NOTE TO TRAINER

Address any question or concern that is raised, and then move on.

SESSION 10

HELPFUL HINTS FOR REPORTING ON PANDEMIC INFLUENZA

Time required: 30 **minutes** *(for example, 15:30 – 16:00)*

Objectives:

To discuss the issues involved in covering the pandemic influenza story.

MATERIALS NEEDED

Flip chart, writing utensil, PA system

PARTICIPANT HANDOUTS NEEDED

Handout #7 – Internet Resources for Covering Pandemic Influenza
Handout #8 – Guidelines for Reporting on Risk

NOTE TO TRAINER

Prior to this session, write the following guidelines for reporting on pandemic influenza on the flip chart:

1. Get the most updated and accurate information.
2. Know where to go to collect information and build a contacts data base.
3. Localize the information.
4. Keep the long-term picture in mind.
5. Fight too-low or too-high perception of risk.
6. Protect yourself.
7. Avoid fear mongering.

You may want to keep this page covered by another page of the flip chart so as not to distract the attendees from the discussion at hand.

Trainer states out loud:

Okay, let's get settled back in and talk about some helpful hints on reporting on pandemic influenza. As I am sure many of you have realized, there are several unique issues involved in covering the H1N1 pandemic influenza story for your media outlet. As we mentioned earlier today, journalists play a key role in helping to prevent and control the spread of pandemic influenza by getting the right messages and information out. This is not always easy, however.

There are several issues that come up when covering influenza. One that I can think of are that editors are people, and they have their own perceptions about the risk of pandemic influenza and how it should be covered. Other obstacles are finding a way to explain a very complex subject in a very small amount of space or time, or trying to make a global issue relevant to your local audiences, especially if there is no local outbreak. What are some other issues or obstacles that you have encountered in trying to report on pandemic influenza?

NOTE TO TRAINER

Look for responses such as:

- Lack of information or confirmation of facts from government or other officials;
- Not enough time to gather the appropriate information to provide context for the story;
- Being lured away from the real story by more colorful reports.

Mention these factors if they are not brought up by the attendees.

Trainer states out loud:

Those are problems that we are all facing. But the question everyone is asking is: what do we do about it? Well, each situation is different, each country or region will be different, and so forth. But there are a few guidelines that we can use regardless of the situation. Here are some of them – I have written some of them on the board -- and you might think of a few more to add to the list. Would one of you volunteer to read the first point?

NOTE TO TRAINER

Allow a different participant to read each of the seven points written on the flip chart as you go down the list. You can speak the rest of the supporting information after each point.

Participant states out loud:
1. Get the most updated and accurate information.

Trainer states out loud:
Thank you. This is obvious, but it is not always easy if your usual sources are not being forthcoming or lack information. Remember, the situation with an influenza outbreak can change rapidly, but the uncertainty of all this is what makes it both frightening and fascinating. Officials, doctors, and scientists might honestly be giving you differing information from day to day. That is why it is important to have a backup resource that you can turn to for information, such as international websites from expert agencies like the WHO, USAID or CDC. We have listed some Internet resources that may help you in obtaining accurate, up-to-date information; this is in Handout #7.

Participant states out loud:
2. Know where to go to collect information and build a contacts data base.

Trainer states out loud:
Thank you. This is somewhat related to our first point about obtaining updated and accurate information, but every reporter who thinks he or she might be covering this story should make contacts now with the health officials you believe can provide you with reliable information. You do not want to be searching for sources during an ongoing outbreak.

Participant states out loud:
3. Localize the information.

Trainer states out loud:
Thank you. This is another obvious point, but you need to ask what does an H1N1 outbreak mean in the town or province where you live and work? What has the impact been of government policies related to the pandemic on businesses, on health facilities, or on families and the general public? This might even be a very personal story for you and your family. You might not be able to get out and cover a story the way you normally would because the government has put in place social distancing measures.

A local angle helps to personalize much of the cold, complex scientific information that your readers will likely not understand. Local interest also cuts through all of the other news reports on pandemic influenza that are so widespread in the global media, and gets your particular audience to focus on the issue.

Participant states out loud:
4. Keep the long-term picture in mind.

Trainer states out loud:
Thank you. Although an outbreak situation is very fast-moving, and relies on accurate reporting in a crisis environment, it is important to gather information throughout the process – whether

it is documents, film footage, or possible interviewees. You may need to return to these resources again and again, so do not assume that you will report on a crisis and then leave it behind to pursue a more exciting story once an outbreak in your area is seemingly contained. Pandemic influenza can be a long-term proposition, with several waves of activity.

Participant states out loud:

5. Fight too-low or too-high perception of risk.

Trainer states out loud:

Thank you. Perception of risk is something that has confused risk communicators for a long time. People often do not take warnings or preventive health messages seriously if they do not perceive that they, personally, or their children, are at risk. For example, if an outbreak has been reported in another region, people will not likely be worried about undertaking preventive behaviors if they are hundreds of kilometers away from where most people are getting sick. We put together a primer, Handout #8, that provides some helpful advice on how to cover risk responsibly.

Participant states out loud:

6. Protect yourself.

Trainer states out loud:

Thank you. As part of reporting on pandemic influenza, you will want to take precautions to ensure that you do not become ill or transmit disease unknowingly. This means using personal protective equipment such as masks if you are talking to people who have pandemic influenza. In this way, you can also send a powerful message to the community that they should protect themselves.

A related issue is what I mentioned before -- what if you cannot leave your office or your home to do your job? This would be in the case if the government requires social distancing measures and closes down public places and events. How would you gather your information and do your job?

Do any of you have any additional pointers that might be helpful to share with your colleagues? Or does anyone have any questions or concerns about any of our main points?

Participant states out loud:

7. Avoid fear mongering by avoiding speculation and rumors.

Trainer states out loud:

Thank you. As I am sure many of you have seen, media reports can cause panic, fear and simply spread misinformation. That means we as journalists need to make sure our information is accurate, verifiable, from reliable sources and in fact, that it is true. Do not publish rumors or speculation that you may have heard. We need to confirm BEFORE we report or we are likely to do more harm than good.

Does anyone have any other questions they would like to raise?

NOTE TO TRAINER

Address any question or concern that is raised, and then move on.

Trainer states out loud:

If there are no further comments, then that concludes our workshop.

Before we have you complete the evaluation forms and award you with your certificates, I want to make sure you know about a few other resources you have in your packet that might be helpful.

NOTE TO TRAINER

Mention Handout #8 -- Guidelines for Reporting Risk; Handout #9 -- How is Pandemic Influenza Different? The Facts; Handout#10 -- What Can We Learn from Previous Pandemics?; and Handout #12 -- Improved Reporting Skills.

SESSION

11

WRAP-UP, EVALUATIONS, CLOSING AND CERTIFICATES

Time required: 30 **minutes** *(for example, 15:30 – 16:00)*

Objectives:

To reinforce information and lessons on H1N1; to provide an opportunity for participants to ask questions to the technical experts; and to provide participants with time to complete workshop evaluation forms and to receive their certificates of completion.

MATERIALS NEEDED

PA system, evaluation forms, certificates

Trainer states out loud:

Well, we have reached the end of our workshop. I would like to call upon our technical experts to come up and tell us what they think are the main points that you should take away with you after you leave this training. I would also like to ask you to please complete an evaluation form to tell us what you thought of this workshop. We would really appreciate it if you would take a few minutes before you leave to complete this.

NOTE TO TRAINER

The technical experts should be told in advance to prepare a brief summary of what they believe are the most important messages on H1N1 in that particular area, including preventive measures, control during outbreaks, and other emergency response activities.

CLOSING CEREMONY:

Well, we have reached the end of our workshop. I would like to call upon our technical experts to come up and tell us what they think are the main points that you should take away with you after you leave this training. I would also like to ask you to please complete an evaluation form to tell us what you thought of this workshop. We would really appreciate it if you would take a few minutes before you leave to complete this.

NOTE TO TRAINER

Have certificates printed in advance. Provide a box where attendees can put their evaluation forms before they leave, and make sure that participants know that they are to place them there. A sample Evaluation Form is included on the following page, which can be tailored as you see fit, followed by a template for a certificate, which can also be adapted to your workshop.

MEDIA WORKSHOP ON H1N1 PANDEMIC INFLUENZA EVALUATION FORM

Please circle the most appropriate response and explain your responses.

1. Do you think the workshop sessions were helpful?

1. Not helpful
2. Somewhat
3. Very helpful

Please explain: _____

2. Do you think the workshop sessions were clear and understandable?

1. Not at all
2. Somewhat
3. Very

Please explain: _____

3. How effective did you think the trainer was?

1. Not effective
2. Average
3. Very effective

Please explain: _____

4. Was enough time allocated for each of the sessions?

1. Not enough
2. Enough
3. More than enough

Please explain: _____

5. One thing I learned today was.....

_____

_____

6. One thing I am still unsure of is.....

_____

_____

7. What suggestions do you have to improve the workshop?

_____

_____

CERTIFICATE OF COMPLETION

_____

has attended and completed

MEDIA ORIENTATION WORKSHOP

H1N1 PANDEMIC INFLUENZA PROGRAM

Date: _____

Place: _____

HANDOUT

1

NATIONAL PREPAREDNESS PLAN ON PANDEMIC INFLUENZA

NOTE TO TRAINER

Insert handout here, if available.

HANDOUT

2

FREQUENTLY ASKED QUESTIONS ABOUT H1N1 PANDEMIC INFLUENZA

(Adapted from World Health Organization Frequently Asked Questions, updated 11 June 2009)

GENERAL INFORMATION

What is a pandemic?

An influenza pandemic occurs when a new form of an influenza virus starts spreading. Because it is a new virus, people have no resistance to it and it therefore spreads easily from person to person worldwide. A pandemic is registered in more than 2 regions of the world.

How is pandemic influenza different from avian influenza?

Avian influenza is a strain of the influenza virus (H5N1) that is generally found in birds, and in a few cases the virus has infected people. Pandemic influenza will occur when this virus or another new strain of the influenza virus changes into a strain that easily infects and spreads among humans.

How is pandemic influenza different from seasonal influenza?

There are several key differences between pandemic and seasonal influenza. Seasonal outbreaks of the flu are caused by flu viruses that are already circulating among people, so they have some resistance to them. Pandemic influenza is caused by a new strain of the virus that people have no resistance to. Because people have no resistance to it, pandemic influenza is likely to infect many more people and cause complications in more otherwise healthy people than seasonal influenza.

What do the different pandemic phases mean?

WHO defines the stages of a pandemic as follows:

INTERPANDEMIC PERIOD

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

PANDEMIC ALERT PERIOD

Phase 3: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

PANDEMIC PERIOD

Phase 6: Pandemic: increased and sustained transmission in general population.

The distinction among **Phases 3, 4,** and **5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.

What pandemic phase are we currently in?

The H1N1 outbreak is considered to be in Phase 6 – or highest level – of pandemic progression. The virus has officially classified as a pandemic, according to the World Health Organization definition. This means that it has been confirmed that this is a "new" virus to which most people do not have immunity that has caused sustained person-to-person transmission on multiple continents.

What about pandemic severity?

At this time, WHO considers the overall severity of the influenza pandemic to be moderate. This assessment reflects that:

1. Most people recover from infection without the need for hospitalization or medical care.
2. Overall, national levels of severe illness from H1N1 appear similar to levels seen during local seasonal influenza periods, although high levels of disease have occurred in some local areas and institutions.
3. Overall, hospitals and health care systems in most countries have been able to cope with the numbers of people seeking care, although some facilities and systems have been stressed in some localities.

Large outbreaks of disease have not yet been reported in many countries, and the full clinical spectrum of disease is not yet known.

Do we expect the severity of the pandemic to change over time?

The severity of pandemics can change over time and differ by location or population. Global health authorities such as WHO will be monitoring the disease closely and regularly sharing information to determine future severity assessments, if needed.

Future severity assessments would reflect one or a combination of the following factors:

- changes in the virus,
- underlying vulnerabilities, or
- limitations in health system capacities.

The pandemic is early in its evolution and many countries have not yet been substantially affected.

H1N1 INFORMATION

What is H1N1 influenza?

The current pandemic influenza is an influenza A (H1N1) virus that has never before circulated among humans. This virus is not related to previous or current human seasonal influenza viruses.

How do people become infected with the virus?

The virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces.

SYMPTOMS AND DIAGNOSIS

What are the symptoms of H1N1 influenza?

Signs of H1N1 are flu-like, including fever, cough, headache, muscle and joint pain, sore throat and runny nose, and sometimes vomiting and diarrhea.

Most people experience mild illness and recover at home. When should someone seek medical care?

A person should seek medical care if they experience shortness of breath or difficulty breathing, or if a fever continues more than three days. For parents with a young child who is ill, seek medical care if a child has fast or labored breathing, continuing fever or convulsions (seizures).

Supportive care at home - resting, drinking plenty of fluids and using a pain reliever for aches - is adequate for recovery in most cases.

How do I know if I have H1N1?

You will not be able to tell the difference between seasonal flu and influenza A (H1N1) without medical help. Typical symptoms to watch for are similar to seasonal viruses and include fever, cough, headache, body aches, sore throat and runny nose. Only your medical practitioner and local health authority can confirm a case of H1N1.

Why are we so worried about this flu when hundreds of thousands die every year from seasonal epidemics?

Seasonal influenza occurs every year and the viruses change each year - but many people have some immunity to the circulating virus which helps limit infections. Some countries also use seasonal influenza vaccines to reduce illness and deaths. But influenza A (H1N1) is a new virus and one to which most people have no or little immunity and, therefore, this virus could cause more infections than are seen with seasonal flu. H1N1 appears to be as contagious as seasonal influenza, and is spreading fast particularly among young people (from ages 10 to 45). The severity of the disease ranges from very mild symptoms to severe illnesses that can result in death. The majority of people who contract the virus experience the milder disease and recover without antiviral treatment or medical care. Of the more serious cases, more than half of hospitalized people had underlying health conditions or weak immune systems.

PREVENTION AND PROTECTION

What can I do to protect myself from catching H1N1?

The main route of transmission of the H1N1 virus seems to be similar to seasonal influenza, via droplets that are expelled by speaking, sneezing or coughing. You can prevent getting infected by avoiding close contact with people who show influenza-like symptoms (trying to maintain a distance of about 2 meters if possible) and taking the following measures:

- avoid touching your mouth and nose;
- clean hands thoroughly with soap and water (especially if touching the mouth and nose, or surfaces that are potentially contaminated);
- avoid close contact with people who might be ill;
- reduce the time spent in crowded settings if possible;
- improve airflow in your living space by opening windows;
- practice good health habits including adequate sleep, eating nutritious food, and keeping physically active.

What about using a mask?

If you are caring for a sick person, you can wear a mask when you are in close contact with the ill person and dispose of it immediately after contact, and cleanse your hands thoroughly afterwards.

If you are sick and must travel or be around others, cover your mouth and nose. Using a mask correctly in all situations is essential. Incorrect use actually increases the chance of spreading infection.

NON-PHARMACEUTICAL INTERVENTIONS

Non-pharmaceutical interventions (NPI) are actions that that individuals and communities can take to reduce contact and consequently person-to-person transmission of influenza to contain and delay the spread of pandemic influenza and reduce the number of cases of morbidity and mortality.

Non-pharmaceutical interventions refer to measures such as:

- maintaining good personal hygiene,
- good respiratory etiquette,
- isolation and home care of the sick, and
- social distancing.

What good respiratory etiquette practices can help prevent the spread of pandemic influenza?

If you are sick, wearing a mask, scarf, or other piece of clean cloth over your mouth and nose may protect others from getting pandemic influenza, and protect you from other illnesses. If you wear a disposable mask over your nose and mouth, throw it away in a trash bin immediately after use. If you wear a cloth over your nose and mouth, wash it with soap and warm water immediately after use.

What are the benefits of isolation and quarantine?

Keeping sick people and people who have been exposed to pandemic influenza away from others may help to slow the spread of the disease. Slowing the spread of pandemic influenza can provide more time for health care facilities and families to prepare.

HOME-BASED CARE OF THOSE WITH PANDEMIC INFLUENZA

What should I do if I think I have the illness?

If you feel unwell, have high fever, cough or sore throat:

- stay at home and keep away from work, school or crowds;
- rest and drink plenty of fluids;
- cover your nose and mouth when coughing and sneezing and, if using tissues, make sure you dispose of them carefully. Clean your hands immediately after with soap and water;
- if you do not have a tissue close by when you cough or sneeze, cover your mouth as much as possible with the crook of your elbow;
- use a mask to help you contain the spread of droplets when you are around others, but be sure to do so correctly;
- inform family and friends about your illness and try to avoid contact with other people;
- if possible, contact a health professional before traveling to a health facility to discuss whether a medical examination is necessary.

How do you care for those who have pandemic influenza?

As soon as symptoms develop, people should stay home and rest to improve the chances that they will recover from the illness. If you are caring for someone with pandemic influenza, make sure that they rest and keep them as comfortable as possible. Keep people with pandemic influenza in a separate room or area that is away from others.

How do you protect yourself and your household if you are caring for a person with pandemic influenza?

If you are caring for a person with influenza, take care of your own health first. If you become sick, you will be of little use to those who need you. Wear a mask or cloth over your mouth and nose whenever you are within an arm's length of them. After contact with a sick person or anything the sick person touches, wash your hands with soap and water. Do not touch your eyes, nose, or mouth without first washing your hands with soap and water.

Wash soiled dishes and eating utensils with warm water and soap. It is not necessary to wash eating utensils used by a sick person separately from other utensils. Wash laundry with water and detergent. It is not necessary to separate soiled linen and laundry used by someone with influenza from other household laundry. When doing laundry, do not hold the laundry close to your body or face. Wash your hands with soap and water after handling soiled laundry.

Place tissues used by the sick person in a bag and throw them away with other household waste. Consider placing a bag at the bedside for this purpose.

Should I go to work if I have the flu but am feeling OK?

No. Whether you have H1N1 or a seasonal influenza, you should stay home and away from work through the duration of your symptoms. This is can help to protect your work colleagues and others.

Should I take an antiviral now just in case I catch the new virus?

No. You should only take an antiviral, such as oseltamivir or zanamivir, if your health care provider advises you to do so. Individuals should not buy medicines to prevent or fight this new influenza without a prescription, and they should exercise caution in buying antivirals over the Internet.

What about breastfeeding? Should I stop if I am ill?

No, not unless your health care provider advises it. Studies on other influenza infections show that breastfeeding is most likely protective for babies - it passes on helpful maternal immunities and lowers the risk of respiratory disease. Breastfeeding provides the best overall nutrition for babies and increases their defense factors to fight illness.

Are there any special recommendations for pregnant women?

Yes, they are vulnerable. Like everyone, they should take all the necessary precautions.

Are some people more at risk?

More study is needed to determine if some populations (i.e. younger or older people, or people with other medical conditions) could be affected by the outbreak, of if they are at higher risk for severe illness.

Can I travel?

If you are feeling unwell or have symptoms of influenza, you should avoid travel, if possible. If you have any doubts about your health, you should check with your health care provider. If you are sick and cannot avoid travelling, make sure to cover your mouth and nose with a mask while you are around other people.

Is it safe to eat pork and pork products?

Yes. The H1N1 virus has not been shown to be transmissible to people through eating properly handled and prepared pork (pig meat) or other products derived from pigs. The H1N1 virus is killed by cooking temperatures of 160°F/70°C, corresponding to the general guidance for the preparation of pork and other meat.

USE OF ANTIVIRAL DRUGS AGAINST H1N1 INFLUENZA

For what purposes can antiviral drugs be used for H1N1?

So far most people who have contracted H1N1 have experienced influenza-like symptoms (such as sore throat, cough, runny nose, fever, malaise, headache, joint/muscle pain) and recovered without antiviral treatment.

Antiviral drugs may reduce the symptoms and duration of illness, just as they do for seasonal influenza. They also may contribute to preventing severe disease and death. Influenza A (H1N1) is a new virus and only a small number of people with the infection have been treated for it with antiviral drugs.

To which antiviral drugs does this influenza virus respond?

There are two classes of antiviral drugs for influenza: inhibitors of neuraminidase such as oseltamivir and zanamivir; and adamantanes, such as amantadine and rimantadine. Tests on viruses obtained from patients in Mexico and the United States have indicated that current new H1N1 viruses are sensitive to neuraminidase inhibitors, but that the viruses are resistant to the other class, the adamantanes.

Could the virus become resistant to oseltamivir and zanamivir?

Resistance can develop to antiviral drugs used for influenza. Therefore, global health authorities are monitoring antiviral drug resistance.

Under what circumstances should antiviral drugs be used?

Antiviral drugs are to be used according to national pandemic influenza preparedness plans. Public health authorities in some countries have decided to treat patients likely to have this disease as a part of public health measures. Where antiviral drugs are available for treatment, clinicians should make decisions based on assessment of the individual patient's risk. Risks versus benefits should also be evaluated on a case by case basis.

What is WHO doing about getting antiviral drugs to countries as preparation for a pandemic?

WHO's first priority is to provide an emergency stock of antiviral drugs to countries that have no or insufficient stock of the drugs and lack the capacity to procure these drugs themselves. WHO is also working with Member States, donors and other groups that have stockpiles and are willing to share these with WHO for distribution to countries in need.

Which drug will be provided, and how much of it does WHO have available?

WHO had a global stockpile of approximately 5 million adult treatment courses of oseltamivir. Part of this stockpile has already been distributed through the WHO Regional Offices, which are handling allocation and distribution. WHO is currently distributing the remaining 3 million adult treatment courses of this stockpile to developing countries in need.

WHO continues to assess needs and to work with manufacturers to secure more donations of antivirals. More antiviral drugs will be distributed once these donations are received. Check the WHO website for the most updated list of the antiviral distribution plan.

USE OF VACCINES AGAINST H1N1 INFLUENZA

Is an effective vaccine against the H1N1 virus already available?

No, but work is already under way to develop such a vaccine. Making a completely new influenza vaccine can take five to six months.

What will happen if the H1N1 virus changes in the coming months?

Virus changes are difficult to predict, but laboratories worldwide are monitoring the situation very closely. Should this happen in the coming months, and if the new form of the virus is not very different from the current one, the vaccine will still be effective. If there is a significant change, the vaccine may lose efficacy, so WHO would recommend that the vaccine composition be adjusted.

How important will H1N1 vaccines be for reducing pandemic disease?

Vaccines are one of the most valuable ways to protect people from getting the disease during influenza epidemics and pandemics. Other measures include antiviral and other drugs, and non-pharmaceutical interventions such as social distancing and personal hygiene.

Will the currently available seasonal vaccine provide protection against H1N1?

The best scientific evidence currently suggests that seasonal influenza vaccines will offer little or no protection against influenza A (H1N1).

Will there be enough influenza A (H1N1) vaccine for everyone?

The estimated time to make enough vaccine to vaccinate the world's population against pandemic influenza will not be known until vaccine manufacturers will have been able to determine how much active ingredient (antigen) is needed to make one dose of effective influenza A (H1N1) vaccine and whether 1 or 2 doses are needed to protect one person.

In the past two years, influenza vaccine production capacity has increased sharply thanks to expansion of production facilities as well as advances in research, including the discovery and use of adjuvants. Adjuvants are substances added to a vaccine to make it more effective, thus conserving the active ingredient (antigen).

What is WHO's perspective on fairness and equity for vaccine availability?

The WHO Director-General has called for international solidarity in the response to the current situation. WHO regards the goal of ensuring fair and equitable access by all countries to response measures to be among the highest priorities. WHO has requested manufacturers set aside future influenza A (H1N1) vaccines for United Nations agency procurement. In addition, donations are expected from countries holding advance purchase agreements for influenza A (H1N1) vaccine, and tiered-pricing arrangements will be discussed with the vaccine manufacturing industry in order to make vaccines more affordable for developing countries.

Who is likely to receive priority for vaccination with a future influenza A (H1N1) vaccine?

This decision is made by national authorities. As guidance, WHO will be tracking the evolution of the pandemic in real-time and making its findings public. As information becomes available, it may be possible to better define high-risk groups and to target those groups for vaccination, thus ensuring that limited supplies are used to greatest effect.

HANDOUT

3

FIVE USEFUL THINGS TO KNOW ABOUT THE 2009 H1N1 OUTBREAK

(April 2009)

1. What is the difference between the 2009 H1N1 influenza virus, regular swine influenza, avian influenza, seasonal influenza, and pandemic influenza?

- Swine influenza is a common respiratory disease caused by a strain of the influenza virus (H1N1) that mostly infects pigs, but has infected people in the past, particularly if they have been in close contact with pigs (for instance, on a farm).
- Like all influenza viruses, swine flu viruses change constantly. Sometimes pigs can be infected with more than one virus type at a time, which can allow the genes from these different viruses to mix and create a new virus. The 2009 H1N1 Influenza Virus is an example of this: it is a mix of avian, human and swine flu viruses that have "reassorted" to form a new flu virus – causing the 2009 H1N1 Influenza Outbreak that is currently causing global concern.
- Avian influenza is a strain of the influenza virus (H5N1) that is generally found in birds, and in some cases the virus has infected people, most of whom have had close contact with infected birds.
- Seasonal outbreaks of the flu are caused by flu viruses that are already circulating among people, so humans may already have some resistance to them.
- An influenza pandemic occurs when a new form of an influenza virus forms and starts spreading. Because it is a new virus, people have no resistance to it and it therefore is transmitted easily from person to person worldwide. People are also more likely to become seriously ill in a short period of time. Previous influenza pandemics have led to widespread disease and death.

2. How can people become infected with the 2009 H1N1 influenza virus and what are the symptoms?

The virus has been spreading from person-to-person in many of the same ways that regular, seasonal flu is transmitted: by coughing, sneezing, or touching something that has come in contact with the virus from people's sneezes or coughs. One person can give influenza to another person if they are in close contact (generally within an arm's length), so influenza can spread easily in places where there are many people in close contact.

People do NOT become infected with the 2009 H1N1 virus from eating pork or pork products. The virus is killed by cooking temperatures of 160°F/70°C.

The symptoms of the 2009 H1N1 Influenza Virus in people are similar to the symptoms of regular, human seasonal influenza. These include fever, lethargy, lack of appetite and coughing. Some people with the virus also have reported runny nose,

sore throat, nausea, vomiting and diarrhea.

3. How can the 2009 H1N1 influenza virus be treated in people?

Currently, there are two medications (antivirals) that are usually given to people with seasonal flu that reduce symptoms like aches and pains; they may also shorten the length of the illness and help to prevent its spread. These medications' brand names are Tamiflu and Relenza and their generic names are oseltamivir and zanamivir. So far, these drugs seem to be effective in treating symptoms of the 2009 H1N1 flu virus.

Vaccines for the 2009 H1N1 Influenza Virus are not yet available, but scientists have already begun trying to develop a vaccine that matches the virus that is circulating. It is doubtful that existing seasonal flu vaccines can provide any cross protection from the current H1N1 virus.

4. Could the 2009 H1N1 influenza virus lead to a pandemic?

For a virus to be considered a pandemic virus, it needs to meet three criteria:

1. A new strain of influenza virus emerges
2. That strain is easily spread from person to person
3. The virus causes serious illness in humans

The current virus has met all of these conditions. So far, all of the cases outside of Mexico have been mild, and public health experts are investigating why the cases of 2009 H1N1 flu virus in Mexico seem to be more severe than in the U.S. and elsewhere.

The World Health Organization has called the outbreak a "public health emergency of international concern." This situation, however, may change quickly. Flu viruses are extremely unpredictable, and new information can emerge every day. That is why it is important to stay informed and follow instructions given by your local and national health authorities.

5. What can people do to protect themselves from the 2009 H1N1 influenza virus?

To protect yourself, do what you would normally do to protect yourself against a regular flu virus:

- Avoid close contact with people who appear unwell and who have fever and cough.
- Wash your hands with soap and water frequently and thoroughly.
- Practice good health habits including getting adequate sleep, eating nutritious food, and keeping physically active.

If there is an ill person at home:

- Try to provide the ill person with a separate section in the house. If this is not possible, keep the sick person at least 2 meters in distance from others.
- Cover your mouth and nose when caring for the ill person. Masks can be bought commercially or made using readily available materials, but must be disposed of or cleaned properly.
- Wash your hands with soap and water thoroughly after each contact with

the ill person.
- Keep the environment clean with readily available household cleaning agents (e.g., bleach solution).

If you think you have the 2009 H1N1 Influenza Virus (i.e., if you feel unwell, have high fever, cough and/or sore throat):

- Stay home from work or school to avoid spreading the disease. Do not return until two days after your symptoms have subsided.
- Rest and drink plenty of fluids.
- Cover your mouth and nose when coughing or sneezing.
- Wash your hands with soap and water frequently and thoroughly, especially after coughing or sneezing.
- Go to the hospital if you have severe symptoms such as difficulty breathing, but if your symptoms are mild stay home to avoid spreading the virus to others at the hospital.

If you do seek medical attention, make sure to explain to your health care provider why you think you may have the 2009 H1N1 Influenza Virus (for example, if you have recently traveled to an area where there the 2009 H1N1 Influenza Virus has been confirmed in humans).

For more information on the 2009 H1N1 Influenza Virus, visit the following web sites:

World Health Organization Swine Flu Frequently Asked Questions:
http://www.who.int/csr/swine_flu/swine_flu_faq_26april.pdf

World Health Organization:
http://www.who.int/

U.S. Government Pandemic Preparedness:
http://www.pandemicflu.gov/

HANDOUT

4

NON-PHARMACEUTICAL INTERVENTIONS

Non-pharmaceutical interventions (NPI) are actions that that individuals and communities can take to reduce contact and consequently person-to-person transmission of influenza to contain and delay the spread of pandemic influenza and reduce the number of cases of morbidity and mortality.

Non-pharmaceutical interventions refer to measures such as:

1. Maintaining good personal hygiene (such as routine handwashing),
2. Good respiratory etiquette (such as covering the mouth and nose with a tissue or the crook of the elbow when coughing or sneezing, and refraining from spitting),
3. Isolation and home care of the sick (such as selecting one person to take care of the ill in each family, creating a separate space for family members when they have flu symptoms, keeping them at least 2 meters away from others), and
4. Social distancing (such as limiting big public gatherings, events and travel; and ensuring mandatory workplace and school closures to keep influenza from spreading easily in places where there are many people in close to each other, such as markets, schools, places of worship, church services social gatherings.

Measures such as hygiene and respiratory etiquette can be implemented through ongoing health promotion efforts, while other measures such as social distancing require substantial advance planning and would only be implemented during a moderate or severe pandemic.

Usually, health officials will notify the community when they should:

- Stay home from school and work
- Avoid public gatherings
- Store food and emergency supplies
- Go out in public again

HANDOUT

5

USE OF ANTIVIRAL DRUGS AND VACCINES AGAINST H1N1

For what purposes can antiviral drugs be used for H1N1?

So far, most people who have contracted H1N1 have experienced influenza-like symptoms (such as sore throat, cough, runny nose, fever, malaise, headache, joint/muscle pain) and recovered without antiviral treatment.

Antiviral drugs may reduce the symptoms and duration of illness, just as they do for seasonal influenza. They also may contribute to preventing severe disease and death. Influenza A (H1N1) is a new virus and only a small number of people with the infection have been treated for it with antiviral drugs.

To which antiviral drugs does this influenza virus respond?

There are two classes of antiviral drugs for influenza: inhibitors of neuraminidase such as oseltamivir and zanamivir; and adamantanes, such as amantadine and rimantadine. Tests on viruses obtained from patients in Mexico and the United States have indicated that current new H1N1 viruses are sensitive to neuraminidase inhibitors, but that the viruses are resistant to the other class, the adamantanes.

Could the virus become resistant to oseltamivir and zanamivir?

Resistance can develop to antiviral drugs used for influenza. Therefore, global health authorities are monitoring antiviral drug resistance.

Under what circumstances should antiviral drugs be used?

Antiviral drugs are to be used according to national pandemic influenza preparedness plans. Public health authorities in some countries have decided to treat patients likely to have this disease as a part of public health measures. Where antiviral drugs are available for treatment, clinicians should make decisions based on assessment of the individual patient's risk. Risks versus benefits should also be evaluated on a case by case basis.

What is WHO doing about getting antiviral drugs to countries as preparation for a pandemic?

WHO's first priority is to provide an emergency stock of antiviral drugs to countries that have no or insufficient stock of the drugs and lack the capacity to procure these drugs themselves. WHO is also working with Member States, donors and other groups that have stockpiles and are willing to share these with WHO for distribution to countries in need.

Which drug will be provided, and how much of it does WHO have available?

WHO had a global stockpile of approximately 5 million adult treatment courses of oseltamivir. Part of this stockpile has already been distributed through the WHO Regional Offices, which are handling allocation and distribution. WHO is currently distributing the remaining 3 million adult treatment courses of this stockpile to developing countries in need.

WHO continues to assess needs and to work with manufacturers to secure more donations of antivirals. More antiviral drugs will be distributed once these donations are received. Check the WHO website for the most updated list of the antiviral distribution plan.

USE OF VACCINES AGAINST H1N1 INFLUENZA

Is an effective vaccine against the H1N1 virus already available?

No, but work is already under way to develop such a vaccine. Making a completely new influenza vaccine can take five to six months.

What will happen if the H1N1 virus changes in the coming months?

Virus changes are difficult to predict, but laboratories worldwide are monitoring the situation very closely. Should this happen in the coming months, and if the new form of the virus is not very different from the current one, the vaccine will still be effective. If there is a significant change, the vaccine may lose efficacy, so WHO would recommend that the vaccine composition be adjusted.

How important will H1N1 vaccines be for reducing pandemic disease?

Vaccines are one of the most valuable ways to protect people from getting the disease during influenza epidemics and pandemics. Other measures include antiviral and other drugs, and non-pharmaceutical interventions such as social distancing and personal hygiene.

Will the currently available seasonal vaccine provide protection against H1N1?

The best scientific evidence currently suggests that seasonal influenza vaccines will offer little or no protection against influenza A (H1N1).

Will there be enough influenza A (H1N1) vaccine for everyone?

The estimated time to make enough vaccine to vaccinate the world's population against pandemic influenza will not be known until vaccine manufacturers will have been able to determine how much active ingredient (antigen) is needed to make one dose of effective influenza A (H1N1) vaccine and whether 1 or 2 doses are needed to protect one person.

In the past two years, influenza vaccine production capacity has increased sharply thanks to expansion of production facilities as well as advances in research, including the discovery and use of adjuvants. Adjuvants are substances added to a vaccine to make it more effective, thus conserving the active ingredient (antigen).

What is WHO's perspective on fairness and equity for vaccine availability?

The WHO Director-General has called for international solidarity in the response to the current situation. WHO regards the goal of ensuring fair and equitable access by all countries to response measures to be among the highest priorities. WHO has requested manufacturers set aside future influenza A (H1N1) vaccines for United Nations agency procurement. In addition, donations are expected from countries holding advance purchase agreements for influenza A (H1N1) vaccine, and tiered-pricing arrangements will be discussed with the vaccine manufacturing industry in order to make vaccines more affordable for developing countries.

Who is likely to receive priority for vaccination with a future influenza A (H1N1) vaccine?

This decision is made by national authorities. As guidance, WHO will be tracking the evolution of the pandemic in real-time and making its findings public. As information becomes available, it may be possible to better define high-risk groups and to target those groups for vaccination, thus ensuring that limited supplies are used to greatest effect.

HANDOUT

6

HOME-BASED CARE FOR PEOPLE WITH H1N1 INFLUENZA

If you have a person who has pandemic influenza living in your household, it is important to care for them at home because it is likely that health facilities will be unable to cope with demand.

If there is a person sick with pandemic influenza in your household, take the following actions to help control the spread of the virus to others both in and out of your home:

- Assign only one family member as a caretaker for sick family members to prevent other household members from being exposed to the influenza virus.
- Limit the number of visitors to the sick person to avoid spreading influenza to them.
- Create a separate space to take care of the sick person that is at least 2 meters away from everyone else. Keep the sick person in this separate space until they are fully recovered.
- Wash eating utensils and cups with soap and water after the sick person has used them.
- Try to have separate eating and drinking utensils, towels, sheets and blankets for the sick person to use that are not used by other family members.

Protect yourself by:

- Wearing a mask or handkerchief over your mouth and nose when you are close to the sick person to prevent getting influenza. It is more important for the sick person to wear a mask than the caregiver. If masks are not available, the patient should cover nose and mouth with a cloth when within 1–2 meters of others.
- Washing hands often, and before and after caring for the sick.
- Making sure that the sick person covers coughs and sneezes, with tissues or a cloth.
- Putting used tissues in a bag or waste container near the bed. Dispose of them with other household waste when they are full, away from people. Or, if the patient uses a cloth for sneezes and coughs, make sure it is regularly washed and dried.

Only bring a sick person to a health care facility if they have severe problems, such as:

- Difficulty breathing .
- Chest pain.
- Coughing up blood.
- Lips or skin turning blue.
- Severe vomiting or diarrhea.
- Not waking up.
- Confusion (such as not recognizing family or friends).
- Shaking that cannot be controlled.

Sick infants who are younger than 2 months and refuse to feed should always be brought to the health care facility.

If you live in an area where malaria is common, you should always go to the health care facility if you have fever.

HOW TO TREAT FLU SYMPTOMS

Fever

Lowering fever will make sick people feel better and make it possible to care for them at home. To lower fever:

- Keep the sick person in clean, dry and loose clothes
- If the person is chilled, cover with a blanket
- If the person becomes very hot, loosen clothing
- Give medicine such as ibuprofen, paracetamol, or acetaminophen every six hours
- Sponge the sick person with lukewarm (wrist-temperature) water.

Dehydration

Avoid dehydration by giving the sick person enough to drink and eat while they are ill.

If the sick person is not urinating much or the urine is dark, they might be dehydrated and need water.

Give the person water to drink, or oral rehydration solution (ORS) in small amounts. As the person improves, have him take more.

HANDOUT 7

INTERNET RESOURCES FOR COVERING PANDEMIC INFLUENZA

World Health Organization (WHO)

http://www.who.int/csr/disease/avian_influenza/en/index.html
"Reducing excess mortality from common illnesses during an influenza pandemic"
http://www.who.int/diseasecontrol_emergencies/guideline/en/index.html

For the current WHO Pandemic Phase
http://www.who.int/csr/disease/avian_influenza/phase/en/index.html
WHO Epidemic and Pandemic Management Response
http://www.who.int/csv/en

International Federation of Red Cross and Red Crescent Societies (IFRC)

http://www.ifrc.org/what/health/relief/avian-flu.asp

CORE Group

http://www.coregroup.org/h2p/start.cfm

AED/AI.COMM

http://www.avianflu.aed.org/globalpreparedness.htm

Human Pandemic Preparedness Initiative (H2P)

www.pandemicpreparedness.org

InterAction

http://preparedness.interaction.org/
http://www.interaction.org/disaster/avian/

United Nations Pandemic Influenza Contingency Group/OCHA

http://www.un-pic.org/pic/web/index.aspx

UNICEF

http://www.unicef.org/avianflu/

American Red Cross
http://www.redcross.org/news/ds/panfl u/

U.S. Centers for Disease Control and Prevention
http://www.cdc.gov/flu/pandemic/

Pan American Health Organization
http://www.paho.org/

U.S. Agency for International Development
http://www.usaid.gov

HANDOUT

8

GUIDELINES FOR REPORTING ON RISK

Reporting on risk from H1N1 or any other health or environmental risk) can be very difficult. The following tips have been compiled to assist you in maintaining a balance between conveying too much risk or too little risk.

Recognize the emotions. It is important to understand how people perceive risk. People tend to be more afraid of risks that kill a lot of us, all at once in one place, than risks that kill us here and there, over time. Journalists should consider psychology of risk in their reporting by:

- Describing what people can do to reduce their risk of exposure.
- Reviewing measures that experts do not recommend for most people, and tell why.
- Explaining what government and medical authorities are doing to reduce the risk.
- Reporting on the frequent disconnect between facts and fears to give people perspective.

Examine the risk. People need information that will help them assess the risk they could face in their daily lives. Provide the facts that will help them put risk in context by:

- Reporting what you can about the likelihood of exposure in your community.
- Describing how many people this affects, out of how large a population, and how they are affected.
- Being clear about where H1N1 cases have been reported, and how people it has affected.
- If possible, avoiding risk comparisons. If you must use risk comparisons, compare similar risks, or compare risks with alternatives.

Consider what is unknown. Avoid the appearance of certainty where none exists. Clarify whether you are reporting exact numbers or estimates, and the confidence level of those estimates. Tell what you do not know or cannot know, as well as what you do know.

Keep in mind the levels of public "outrage." Emotional responses to risk news (or "outrage") play a bigger role in public reaction than the scientific information. When people become outraged, they may overreact. Conversely, if people are not outraged, they may under-react. Outrage factors are those components of a risk situation that cause fear, anger, defensiveness, or frustration. People often become outraged if the risk is perceived to be involuntary. When preventing risk is in someone else's hands (government or industry), citizens feel helpless to change the situation. If the citizen can prevent or reduce the risk, the

risk is more acceptable. People also become uneasy when scientists are not certain about the risk posed by a hazard, such as its exact effect, severity, or prevalence. This is often the case with H1N1 and other influenza outbreaks that usually evolve and change over time.

Accept the public's emotions. Communications experts urge those involved in communicating risk – officials and reporters -- to accept the reality and validity of the public's emotions, and to seek ways of communicating that take these emotions into account.

Help the audience control risk. Reporters can provide information that helps their audience understand and control the risk. Following are some ways that reporters (and officials) can address the psychological factors influencing citizen response to hazards. The point, of course, is not to diminish legitimate concerns, or heighten illegitimate ones, but to encourage constructive action.

1. Describe what individuals can do to reduce their exposure.
2. Describe what governments/community leaders are/are not doing to reduce the risk.
3. Describe the alternatives and their risks. Describe what people can do to get involved in the decision-making process, if anything.
4. Provide information that will help the audience to evaluate the risk.

HANDOUT

9

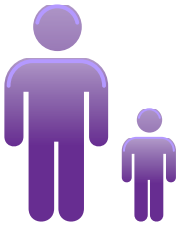
How is Pandemic Influenza Different?

THE FACTS

There are many different types of influenza.

Below are 4 commonly known types.

Pandemic influenza is a new form of the influenza virus that has never before circulated among people. It is not regular, seasonal flu, and it is not avian flu, or swine flu.



SEASONAL FLU

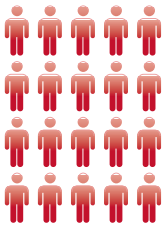
- Human viral respiratory infection
- Usually not severe, but can be serious and fatal in the elderly and in very young children
- Symptoms include fever, runny nose, coughing, sneezing and headache
- The virus strain circulating every year can be predicted
- Occurs seasonally
- Routine vaccination available

BIRD FLU

- A bird virus – different from a human influenza virus
- Spreads from birds to birds
- Can sometimes infect humans
- Can sometimes mutate into a human virus

SWINE FLU

- A pig virus – different from a human influenza virus
- Spreads mostly from pigs to pigs
- Can sometimes infect humans who have been in close contact with pigs
- Can sometimes mutate into human virus



PANDEMIC FLU

- Symptoms are similar to seasonal flu, but are usually more severe and complications tend to be more serious
- Because it is caused by a new virus, people do not have immunity against it
- Global disease outbreak
- Rare but recurrent event (every 10 – 42 years)
- Affects more people and causes more deaths

Source:Adapted from WHO and IFRC

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10

What Can We Learn from Previous Pandemics?

A HISTORICAL VIEW

An influenza pandemic is a rare but recurrent event. Three influenza pandemics occurred in the previous century: "Spanish Influenza" in 1918, "Asian Influenza" in 1957, and "Hong Kong Influenza" in 1968.

	INFLUENZA PANDEMICS IN THE 20TH CENTURY			21ST CENTURY
When?	1918 "Spanish Influenza"	1957 "Asian Influenza"	1968 "Hong Kong Influenza"	We are in Phase 5 of the Pandemic Alert Period, but things can change rapidly….
How Many Deaths?	40-50 million deaths worldwide	2 million deaths worldwide	1 million deaths worldwide	?
What kind of virus?	A more virulent form of the influenza virus	Milder virus than the one responsible for the 1918 pandemic	Even milder virus than the Asian Influenza virus	?
Who was Most Affected?	Fatalities occurred in previously healthy people 15-35 years of age	Deaths occurred in persons with underlying disease conditions	Deaths occurred in persons with underlying disease conditions	?
What About Prevention and Medical treatment?	An effective influenza vaccine was not available until 1933	Vaccines and antiviral medication were available but supplies were not adequate to meet need	Vaccines and antiviral medication were available but supplies were not adequate to meet need	Vaccines will not be available until they can be matched to the pandemic virus. Antivirals are available, but may not reach all parts of the world.

Historically, the number of deaths during a pandemic has varied greatly.
Variations were seen in mortality, severity of illness, and patterns of disease spread due to:

- The short time between the two pandemics in 1957 and 1968.
- Viruses seemed to be less virulent than the one responsible for the 1918 "Spanish Influenza" virus.
- The world was much better prepared to cope during the Asian and Hong Kong Influenza Pandemics because of past experience.

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11

1 LEARN ABOUT INFLUENZA OUTBREAKS

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1 LEARN ABOUT INFLUENZA OUTBREAKS

DISCUSSION QUESTIONS

What do you see in these pictures?
Have you seen symptoms like this in your family or community?

MAIN POINTS

- These people have influenza, also known as "the flu," due to an outbreak in their community.
- The symptoms of regular influenza are coughing, sneezing, runny nose, headache, fever, fatigue and body aches. In an influenza pandemic outbreak, these symptoms can be more severe.
- An influenza outbreak can lead to serious illness and even death.
- An influenza outbreak is especially dangerous for elderly people, pregnant women and children under 5 years of age because they have lower levels of immunity.
- Influenza can be transmitted any time you are physically close to others who have the virus, especially when they talk, cough, sneeze or spit.
- Influenza can also be transmitted by touching surfaces that sick people have touched and then touching your eyes, nose or mouth.

SUMMARY QUESTIONS

Why can an influenza pandemic outbreak be more dangerous than regular influenza?

Pandemic influenza outbreaks can cause serious illnesses and can even lead to death.

2 WASH YOUR HANDS

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2 WASH YOUR HANDS

DISCUSSION QUESTIONS

What do you see in these pictures?
When do you wash your hands?
How do you wash your hands?

MAIN POINTS

- Washing hands with soap and water removes germs that cause the common flu and pandemic influenza.
- Hands should be cleaned by washing with soap and water.
- If you do not use soap, the germs will not be removed.
- Wash your hands with soap and water at key times:
  - Before and after preparing food
  - Before and after eating
  - Before and after caring for a sick person who is sick with influenza
  - After sneezing, coughing or blowing your nose

SUMMARY QUESTIONS

What are the advantages of washing your hands with water and soap?
What could be the difficulties in washing hands with water and soap at key times?
What are some solutions?

Wash your hands with soap and water at key times!

3 COVER YOUR MOUTH AND NOSE WHEN YOU COUGH OR SNEEZE

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3 COVER YOUR MOUTH AND NOSE WHEN YOU COUGH OR SNEEZE

DISCUSSION QUESTIONS

What do you see in these pictures?

Is it common in your community to cover your mouth and nose when you cough or sneeze?

When you cough or sneeze, do you cover your mouth? Your nose?

MAIN POINTS

- When people cough or sneeze, germs are sprayed into the air.
- Avoid spitting in public as that also spreads the germs.
- Cover your mouth and nose with a tissue or a handkerchief to prevent the spread of influenza.
- If you do not have a tissue or handkerchief, use the crook of your elbow to cover your cough or sneeze.
- To avoid spreading the flu:
  - Dispose of tissues in a trash bin
  - Wash your handkerchief with soap and water each day
  - Wash your hands with soap and water after coughing or sneezing

SUMMARY QUESTIONS

What are the advantages of covering your mouth and nose when coughing or sneezing?

What could be the difficulties of covering your mouth and nose when coughing or sneezing?

What are some solutions?

If you do not have a tissue or handkerchief, use the crook of your elbow!

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4 IF YOU ARE SICK, STAY AT HOME

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4 IF YOU ARE SICK, STAY AT HOME

DISCUSSION QUESTIONS

What do you see in these pictures?
What do you do in your community when there is an outbreak of disease?

MAIN POINTS

- Influenza is spread by close contact with a person who has the flu.
- Influenza can spread easily in places where there are many people in close to each other, such as markets, schools, places of worship, and social gatherings.
- Health officials will notify the community when they should:
  - Stay home from school and work
  - Avoid public gatherings
  - Store food and emergency supplies
  - Go out in public again
- Have only one person in your family to regularly go to the market, if necessary.
- The elderly, pregnant women, children under 5 years of age, and those with chronic illness (such as TB and HIV/AIDS) may experience more severe illness associated with influenza.
- Keep a distance of 2 meters from people, especially when they are sick.

SUMMARY QUESTIONS

What are the advantages of staying at home during an influenza outbreak?
What could be the difficulties of staying at home during an influenza outbreak?
What are some solutions?

If you are sick, avoid public gatherings!

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5 ASSIGN ONLY ONE FAMILY MEMBER AS A CARETAKER

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5 ASSIGN ONLY ONE FAMILY MEMBER AS A CARETAKER

DISCUSSION QUESTIONS

What do you see in these pictures?
Is it common in your community to assign one caretaker for a sick person?

MAIN POINTS

- Care for sick people at home because it is likely that health facilities will be unable to cope with demand during a pandemic influenza outbreak.
- Assign only one family member as a caretaker for sick family members to prevent other household members from being exposed to the influenza virus.
- The sick should wear a mask or handkerchief to help prevent the spread of the disease.
- Wear a mask or handkerchief over your mouth and nose when you are close to the sick person to prevent getting influenza.
- Limit the number of visitors to the sick person to avoid spreading influenza to them.
- Try to have separate eating and drinking utensils, towels, sheets and blankets for the sick person to use that are not used by other family members.
- Those with severe health complications from influenza should seek care at a health facility, if possible. Severe complications can include trouble breathing or chest pain.

SUMMARY QUESTIONS

What are the advantages of having only one family member be the caretaker for the sick family member?
What could be the difficulties of only one person having the job of caring for the sick person?
What are some solutions?

Limit the number of visitors to the sick person!

6 RECOVER IN A SEPARATE SPACE

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6 RECOVER IN A SEPARATE SPACE

DISCUSSION QUESTIONS

What do you see in these pictures?

Is this common in your community to take care of a sick person in a separate space?

MAIN POINTS

- Keep sick family members at home as soon as symptoms develop and until they fully recover, unless they experience complications and must seek care from a doctor. Severe complications can include trouble breathing or chest pain.
- Avoid close contact with others in your household and community if you are sick with flu.
- Create a separate space to take care of the sick person.
- Have only one person in the family tend to the sick person.
- Wash eating utensils and cups after the sick person has used them.
- Keep the sick person in a separate space until they are fully recovered.
- Cover your mouth and nose when you are sick with flu in the presence of other people.

SUMMARY QUESTIONS

Why is it important to create a separate space for taking care of the sick person?

What could be the difficulties of creating a separate space for taking care of the sick person?

What are some solutions?

Create a separate space for a sick person!

HANDOUT

12

IMPROVED REPORTING SKILLS

Excerpted and adapted from "Gender, HIV and Rights: A Training Manual for the Media," IPS Inter Press Service International Association, 2003.

GOOD REPORTING

It is widely accepted that the basic media principles of good reporting are:

- Accuracy
- Balance
- Clear and Concise Writing
- Well-focused
- Diversity of Sources
- Context

Accuracy is one of the hallmark principles of the profession. The journalist should always strive to present facts, and not his or her opinions and biases and prejudices, when writing news, news analysis and feature stories. Journalists should never bend, twist or create truth.

Balance is created through providing a diversity of sources in a story and by ensuring that the journalist's own biases and interests do not influence what facts are included or excluded; and, who is interviewed and who is not. Balance also means giving all sides of an issue, the dominant view, as well as conflicting or complementary views.

Getting the right facts, situating the issue being reported on within the local, regional or global situation, and the use of relevant data, are just some of the key ways of providing context to a story.

Clear and concise language helps the journalist to communicate the issue being reported. By understanding terminology and explaining the jargon, journalists enhance their writing skills by finding more effective ways to explain an issue to the public.

UNDERSTANDING DATA

Journalists need to enhance their skills to understand and use data correctly. The following are good pointers to remember.

Using Statistics in a Story

- When reporting statistics, be careful to make sure you understand precisely what the numbers mean. It is easy to miss the true significance of a statistic and subsequently report the wrong information.
- Ask about the source of statistics, their reliability, and the currency of the information.

- Be sure to explain any differences and discrepancies. Statistics can seem contradictory. However, they are usually different for a legitimate reason. For example, different population groups may have been involved in a survey, or data may have come from different time periods.
- Provide dates for the data. Studies produced a year or more before are not necessarily out of date. Some studies take months or years to conduct, after which the findings need to be analyzed. Even if the statistics relate to a study (such as a national survey) started several years before, they may be current if they were just released.

Source: *Reporting on HIV/AIDS in Africa: A Manual*, written by Julie Beamish and published by the African Women's Media Centre, Dakar Senegal

INTERVIEWING SKILLS

The interview is one of the most critical activities in the process of gathering information for a news analysis or feature story. The way the interview is done will determine the quality of the final story. Sharpening one's interview skills requires the journalist to also strengthen research and communications skills.

The journalist has to be aware of the cultural factors that can compromise people being open with information which is important for a good interview. Culture is a complex phenomenon in terms which people both form and express their sense of identity. It is a way of life, made up of values, beliefs and practices which inform thought perceptions and behavior.

POINTERS FOR A MORE EFFECTIVE INTERVIEW

TIME:

The journalist needs to allow time not only for the interview, but the time needed to gain access to people who are very busy and usually inaccessible, or, conversely, people who often are not sought out by the media. This may be more than a one-day process, requiring the journalist to gain the trust of those being interviewed.

OBSERVATION:

The journalist should not just focus on the words coming out of the interviewee's mouth, but also on the interviewee's body language throughout the interview which may give clues as to when the person is becoming, for example, uncomfortable with the questions. A silence or pause before an answer may also indicate that a person is searching for an appropriate way to answer the question without giving away too much sensitive information. The journalist may then have to think of another way to ask the same question to draw out more information. The journalist should also observe the environment in which the person lives or works (when the interview takes place within a person's home or community), which again may provide the journalist within information that needs to be followed up on.

LISTENING:

One of the key communications skills which a journalist must strengthen is that of listening. To capture what is being expressed, as well as what is not being said, the journalist must relearn how to give the interviewee his or her undivided attention. A journalist can often be distracted by thinking about the next question he or she has on the list of queries, or have preconceived ideas about how the interviewee will respond to the questions pose. The journalist needs to be open (without any preconceived ideas), and should not allow a prepared list of questions to interfere with the ability to listen carefully to the replies given during an interview, as well as to the changes and tone of voice, body language and other signs of emotion which can help the journalist to pick up on interviewing clues.

Prepared questions should be leading and open-ended. However, a journalist should be flexible during the interview to allow the process to change from that of directing a story, through prepared questions, to one of letting the story unfold. In this process, new and unexpected stories might come to light.

TRUST/CONFIDENTIALITY:

Taking the time to know the interviewee and to explain why the journalist wants the interview and what will be done with the information, can help to avoid misunderstandings and bridge the distance that often exists between the interviewer and the interviewee which leads to stock answers being given.

CROSS-CHECKING FACTS AND INFORMATION

Given the complexity of reporting on H1N1 and pandemic influenza, it is critical that journalists cross check information they come across during an interview, in official publications or in research and other documents. Good reporting will only emerge when the journalist has a good understanding of the issues and this understanding develops through constant cross-checking to ensure accuracy. Cross-checking helps the journalist to verify figures and to also detect discrepancies in information. When discrepancies are detected the journalist should seek to clarify these before using the figures as fact or general knowledge in a story.

Journalists also should refrain from reporting on research findings without looking into the factors that may have influenced the results. Journalists should adopt a general skepticism to research which translates into always asking questions about the source of the research and its aims. Journalists should ask questions like: Was the research sponsored? By whom or which organization? What was the research methodology used? Do the findings match the statistics?

HANDOUT

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POWERPOINT PRESENTATION ON PANDEMIC INFLUENZA