



# Communication Guidelines for Building Vaccine Confidence around AEFI



Immunization Technical Support Unit  
Ministry of Health and Family Welfare

Government of India  
New Delhi, 2013



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Ministry of Health & Family Welfare  
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## Message

The Universal Immunization Programme in India is one of the largest in the world, targeting 2.7 crore infants and 3 crore pregnant women every year, protecting them from avoidable diseases and tragic deaths. Although vaccines are produced and regulated in keeping with strictest quality standards and are safe, however, no medicine is without risk of a potential adverse reaction. Though most of these adverse events are mild, but these are cause for concern and have to be investigated. If not responded to promptly, serious AEFI can erode public confidence in vaccines and may cause damage to the immunization program. This could ultimately lead to resurgence of vaccine preventable diseases.

When an AEFI occurs, actions, which are taken should include appropriate communication. Effective communication around vaccine safety is vital for maintaining public confidence in the immunization programme, including management of media and public reactions. But communication around AEFI is far more than an ad-hoc response and needs to be part of a broader communication plan with trained staff and resources in place to respond correctly and without delay.

Medical Officers and Health care workers need to be trained in communication and counselling skills to respond to the frequently asked questions by the parents and care givers so that their confidence in the immunization program is maintained and if possible augmented. Immunization managers need to know how to respond swiftly with accurate information based on evidence, address negative media coverage and prevent rumours from causing unnecessary drop in immunization coverage. Incorrect information in media coverage on vaccine safety issues can further propagate and sensationalize misinformation.

I am pleased to share these guidelines to inspire greater action in communication for immunization, especially around AEFI to build communication capacity, particularly at sub-national and district levels where effective communication through dialogue and interactions with community members and journalists can make a real difference to foster public trust in immunization.

(Ms Anuradha Gupta)  
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## FOREWORD

Universal Immunization Program (UIP), which was launched in India in 1985, is one of the largest vaccination programs in the world. There are 27 million infants in India, who are eligible for primary series of vaccination, every year. The Ministry of Health & Family Welfare has worked with States to provide technical & financial support to ensure successful implementation of the program.

Vaccines being biological product may cause minor and rarely serious adverse events. This can be a cause of concern for society and affect public confidence in the program. The AEFI Surveillance System has been working in the country since 1986. With consistent endeavours, we have been able to further strengthen the AEFI system. We can in fact take pride in having a system which reports, investigates and provides feedback on AEFIs.

However, you would agree that communication is an integral component of the response. Use of better communication technology would enhance the quality of responses as well. It is, therefore, felt that there is a need for better trained staff having requisite knowledge and skills to manage the system and facilities which are commensurate with latest technology in the field.

I am happy with the efforts made to develop communication guidelines for building confidence in vaccination and around AEFIs by providing knowledge and skills on fundamentals of communication to the State and District Immunization Program Managers. These guidelines would help managers, health workers, community and media to better means on communication vis-à-vis AEFI.

This is my sincere hope that the program managers will utilize their learning from these guidelines for building up confidence of all stakeholders in the immunization program.

( Dr. Rakesh Kumar )





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## INTRODUCTION

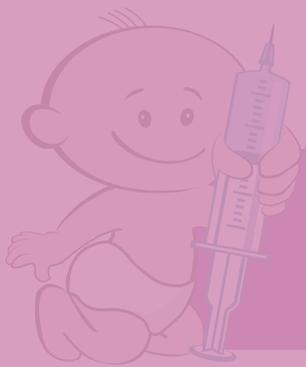
India's universal immunization program was established in 1985 with the aim of protecting infants and pregnant women from a number of vaccine preventable diseases. Under the UIP, children are provided with 7 vaccines in the first two years of their life. However, evaluated data shows that the proportion of fully immunized children in India is 61% with significant variation in coverage across states and among different social and economic class.

There are many reasons that contribute to the gap of 39% in full immunization coverage. The issues span around both the demand and supply side for vaccines. A significant and often overlooked issue on the demand side relates to the fear of adverse events following immunization (AEFIs).

It has been estimated that at least 8% of the problems on the demand side relate to a fear of Adverse Events Following Immunization (AEFIs) amongst parents. Whenever a serious AEFI occurs, it impacts the program very gravely especially if it is not handled well. An extremely critical parameter that impacts successful management of AEFIs hinges on effective communication about the event amongst the various stakeholders including media. Traditionally, communication around AEFIs in India has been an ad-hoc activity and comes into the limelight whenever an AEFI occurs. However, this needs to be changed and effective communication around immunization and vaccine safety needs to be more of a routine activity and part of a broader communication plan with trained staff and resources in place to respond to any AEFI accurately and in a timely manner.

This document has been prepared by Immunization Division with support from Strategic Communication and AEFI units of ITSU and I am pleased to share this document to inspire greater action in communication around vaccine safety. I hope this will act as a ready reckoner for immunization managers.

(Dr. Ajay Khara)



Don't Forget,  
**V**accination  
Your baby must get!



# PREFACE

## **What is the purpose of these guidelines?**

The purpose of the guidelines on handling communication around Adverse Events Following Immunization (AEFI) is to provide a communication resource for government officials handling the Routine Immunization (RI) program.

## **Who will use these guidelines?**

This document is a ready reckoner for State Immunization Officers (SEPIO) and District Immunization Officers (DIO) on how communication should be leveraged to achieve the desired response to AEFI. This document is intended to provide a brief orientation on how media, public and health workers etc. think or react to AEFIs and how these adverse situations can be handled through communication.

## **Why were these guidelines developed?**

The guidelines outline fundamentals of effective communication. These guidelines were developed to constructively engage with stakeholders such as health workers, community, and media in case of an AEFI.

## **What does this guide contain?**

The guidelines talk about both proactive and reactive communication strategies during an AEFI. The document also advocates the need for a strategic capacity building plan during normal situations in this direction. This document carries take-home messages not only for those involved in program implementation but for all who are closely or remotely linked to RI in any capacity.

We hope you find this document useful.



# ACKNOWLEDGEMENT

This document has been prepared by the Strategic Communications team at Immunization Technical Support Unit (ITSU), Ministry of Health and Family Welfare (MOHFW), Government of India. The contributions of the following in the development and completion of this work are highly appreciated and gratefully acknowledged:

Bill and Melinda Gates Foundation (BMGF) and MOHFW for the financial support to develop and publish the document.

Ms. Anuradha Gupta (AS & MD-NRHM), Dr. Rakesh Kumar (Joint Secretary, RCH), Dr. Ajay Khara (Deputy Commissioner, Child Health & Immunization), Dr. Pradeep Haldar (Deputy Commissioner, UIP) and Dr. M.K. Agarwal (Deputy Commissioner, UIP) for strategic guidance in developing the guidelines.

Prof. Ramanan Laxminarayan (Vice President, Public Health Foundation of India - ITSU/PHFI), Dr. Vijay Kumar Moses (Director, ITSU), Dr. N.K. Arora (Chairman, National AEFI Committee), Ms. Nidhi Dubey (Vice President, Global Health Strategies), Ms. Shelly Thakral (Senior Communication Officer, Bill and Melinda Gates Foundation), Dr Patrick Zuber (Group Leader, Vaccine Safety Team, WHO, Geneva) for reviewing the document to ensure technical soundness and consistency.

Dr. Jyoti Joshi Jain and Dr. Amrita Sekhar (AEFI Team - ITSU) for reviewing the document for factual accuracy, uniformity and providing inputs from time to time.

Additionally Dr. Rajeev Gera (Senior Advisor - ITSU/PHFI), Dr. Balwinder Singh (Senior Associate Advisor - ITSU/PHFI), Dr. Prem Singh and Mr. Amit Sharma (Monitoring & Evaluation Team, ITSU) for the valuable inputs shared in the process.

Ms. Monica Chaturvedi (Senior Advisor, Strategic Communication - ITSU/PHFI) for editorial content development, constant guidance and supervision in the creation of this document, Ms. Chaitali Mukherjee (Manager, Strategic Communication) for proof reading the document, Ms. Nidhi Bisht and Ms. Alka Chadha (Strategic Communication Team – ITSU/PHFI) for collation and content development, designing and formatting the document.

We would like to thank and appreciate the work of MOHFW and organizations like WHO, UNICEF whose works have been used as reference material in preparing this guide on handling risk communication around AEFI.

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# ABBREVIATIONS

AC	Assistant Commissioner
AEFI	Adverse Events Following Immunization
ANM	Auxiliary Nurse Midwife
AS	Additional Secretary
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCC	Behavior Change Communication
CDL	Central Drug Laboratory
CMO	Chief Medical Officer
CSF	Cerebro-Spinal Fluid
DC	Deputy Commissioner
DIO	District Immunization Officer
DIR	Detailed Information Report
EPI	Expanded Program on Immunization
FIR	First Information Report
FW	Family Welfare
GAVI	Global Alliance on Vaccines and Immunization
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
HW	Health Worker
IEC	Information Education Communication
IPC	Interpersonal Communication
KAP	Knowledge Attitude and Practice

MO	Medical Officer
MGDs	Millennium Development Goals
MD	Managing Director
NSS	National Service Scheme
NCT	National Capital Territory
NRHM	National Rural Health Mission
NTAGI	National Technical Advisory Group on Immunization
OPV	Oral Polio Vaccine
PATH	Program for Appropriate Technology in Health
PIR	Preliminary Investigation Report
RCH	Reproductive and Child Health
RI	Routine Immunization
RIMS	Routine Immunization Monitoring System
SEPIO	State Expanded Programme on Immunization (EPI) Officer
UIP	Universal Immunization Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VPD	Vaccine Preventable Disease
WHO	World Health Organization

# 1

## Chapter

India continues to face a significant burden of deaths and illnesses many of which are attributable to vaccine preventable diseases (VPD). All EPI programmes aim to achieve high immunization coverage in order to bring down morbidity and mortality from vaccine preventable diseases. A significant number of these deaths occur in children and can be prevented by providing safe vaccinations in a timely manner. The government understands the gravity of the situation and immunization is placed high on agenda at policy level. The Government of India declared 2012–13 as the “**Year of Intensification of Routine Immunization (RI)**”.

## Basic Concepts of AEFI

### 1.1 Importance of communication

India’s current health system does not suffer from any technological and funding constraints. The country has easy access to new vaccines and receives ample support from several international donors. However, the health system needs to be strengthened to improve delivery of immunization services, while making people utilize and demand these services. Bridging this demand-supply gap is not an easy task and that is where strategic communication (IEC and BCC) along with the media plays a critical role.

Strategic communication could contribute substantially to achieving and maintaining high immunization coverage. However, merely making the services available does not ensure that they will be utilized. Similarly, incentivizing the utilization has also been found to have little impact in the long-term. To achieve a sustained response, it is pertinent to address at the level of what people think, believe and what guides their decision-making, on whether or not immunization services should be utilized.

### 1.2 What is an AEFI?

Although vaccines produced and regulated in keeping with WHO standards are very safe, no vaccine is without risk of a potential adverse reaction. And rarely, adverse events following immunization (AEFI) occur.<sup>1</sup> WHO’s revised standard definition for AEFI is, “Any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of vaccine”. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.

### 1.3 Channels of reporting

Any question from the public or any other stakeholder about the safety of vaccination is a cause for concern. Perhaps these questions must be swiftly and effectively investigated and appropriate action taken. This is done through channels of AEFI reporting outlined below:

#### 1.3.1 Monthly routine reporting

The routine reporting of AEFIs is done monthly for all non-serious

<sup>1</sup> [http://www.unicef.org/rosa/Immunization\\_report\\_17May\\_05\(final\\_editing\\_text\).pdf](http://www.unicef.org/rosa/Immunization_report_17May_05(final_editing_text).pdf)

AEFIs. Reporting under this category is coordinated by the districts – from the health worker (ANM) up to the national level – through monthly progress reports using existing reporting formats of NRHM, HMIS, RIMS etc. It is necessary for the ANM to submit a “Nil” report in case no AEFI is reported from her area during the month.

### 1.3.2 Serious AEFI<sup>2</sup>

A serious AEFI is defined as, “any untoward medical occurrence that results in death, hospitalization or prolongation of hospitalization, persistent or significant disability/incapacity or is life threatening”. All serious AEFIs require systematic causality assessment. However, AEFIs that need systematic causality assessment are:

- ▶ AEFIs that may be caused by programme error, e.g. a cluster of bacterial abscesses, high grade fever (higher than 102 degree F), persistent inconsolable screaming (for more than 3 hours), seizure, hypotonic hypo responsive episode (HHE) etc.
- ▶ Serious unexplained AEFI occurring within 30 days after vaccination and not listed in product label.
- ▶ Events causing significant parental and community concern.

Following a serious AEFI, the atmosphere is typically characterized by a sense of anguish, fear and a feeling of mistrust amongst the community towards the earnest efforts of the government. The situation is compounded by hostility and negative coverage from the media and anti-vaccine lobbyists, who use it as a platform to blame the project and preparedness of the program to handle the situation. All these hamper program progress and cause the program to come to a standstill.

When a serious AEFI occurs, the first person who identifies the event sends notification immediately. This ‘first’ person should notify the case to the

nearest government PHC, CHC, District Hospital or District Immunization Officer (DIO) / by the quickest means of communication available such as telephone or messenger. Notification should be followed up by investigation report and consequently lead to detailed data analysis and causality assessment.



The key to the problem is effective communication. What we need is proper and tailored communication on vaccine safety – in terms of risks and potential benefits, capacity building of immunization managers to handle difficult communication situations and a proper strategy to constructively engage all the key stakeholders such as policy makers, communities and media in the process.

This document on communication around AEFI is a sincere effort in this direction and will serve as a useful guide in better responding to an AEFI situation with the level of sensitivity and responsibility it demands. It is also envisaged to pave the way to build capacity for handling AEFIs in future.

<sup>2</sup><http://www.cdsco.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

# 2

## Chapter

**A** strategic communication plan should address both short-term crisis situations (for example, if an AEFI occurs) and long-term support that the immunization programme requires, both at the national and local level.

**A** communication plan allows us to be proactive as well as reactive when an AEFI occurs. Every immunization team needs to be prepared with a strategic communication plan.

## Strategic Communication for AEFI

Effective communication on vaccination, including managing public reactions, requires much investment of resources and efforts into strategic communication for immunization. Strategic communication is an evidence-based, result-oriented process, undertaken in consultation with the participant groups. It stimulates positive and measurable behaviour and social change as it is intrinsically linked to other programme elements and cognisant of the local context and favours a multiplicity of communication approaches.

Keeping in context the stimulatory effect of communication on health programs, its importance can be effectively utilized for developing strategies around RI. To have a sustained impact on behaviours of individuals and groups, communication efforts need to be strategic, participatory, based on evidence from research, result-oriented and well-funded.<sup>3</sup>

### 2.1 Communication plan

A communication plan supporting immunization programmes or campaigns is the basic tool for minimizing the possible negative repercussions of an AEFI (and other causes for public concern around vaccine-related issues). Not all issues dealing with public trust are related to AEFIs. Some rumours and disbeliefs are attributed to other factors. For instance, economically, culturally or socially marginalized groups often have less trust in government-provided commodities and services. This low level of trust can fuel rumours and opposition to vaccination (for example, "OPV sterilizes or causes HIV"). Public trust is also prejudiced by people's individual and collective memories of negative experiences (for example, forced sterilization campaigns or not receiving proper health services, attitudes of the health care staff).

#### 2.1.1 Strategic communication plan is built on multiple communication strategies

The communication strategy mix varies according to the situation and context. All communication strategies aim to establish trust and credibility among parents and the communities they serve. A comprehensive communication strategy encompasses the following pillars:

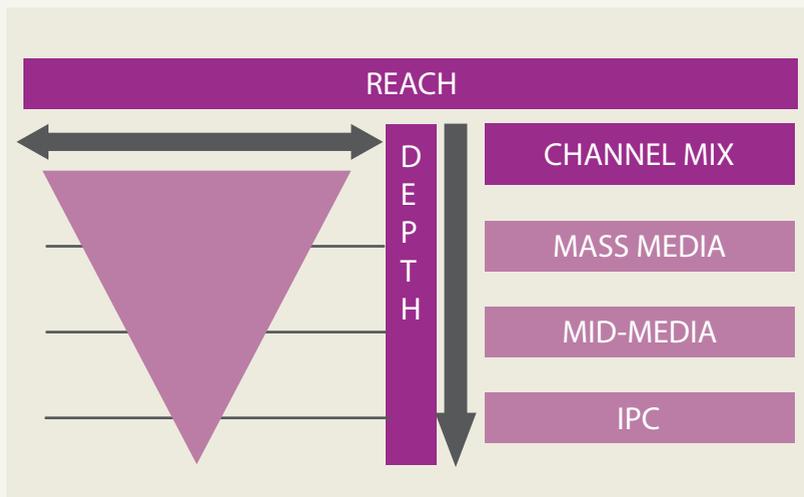
<sup>3</sup>[http://www.unicef.org/rosa/Immunization\\_report\\_17May\\_05\(final\\_editing\\_text\).pdf](http://www.unicef.org/rosa/Immunization_report_17May_05(final_editing_text).pdf)

- ▶ **Advocacy:** aims to shape public opinion and influence decision-makers at various levels to develop and implement good immunization policies, including allocating sufficient resources.
- ▶ **Behaviour change communication (BCC),** also referred to as programme communication management, enhances immunization knowledge and positively influences attitudes and practices of individuals and groups towards immunization. This can be aimed at parents, health workers and other influential groups.

- (c) **Inter-personal communication (IPC)** activities with the target groups complement and provide further explanation to the mass media messages. The BCC strategy effectively uses the reach and depth of various communication channels to reach its audiences.

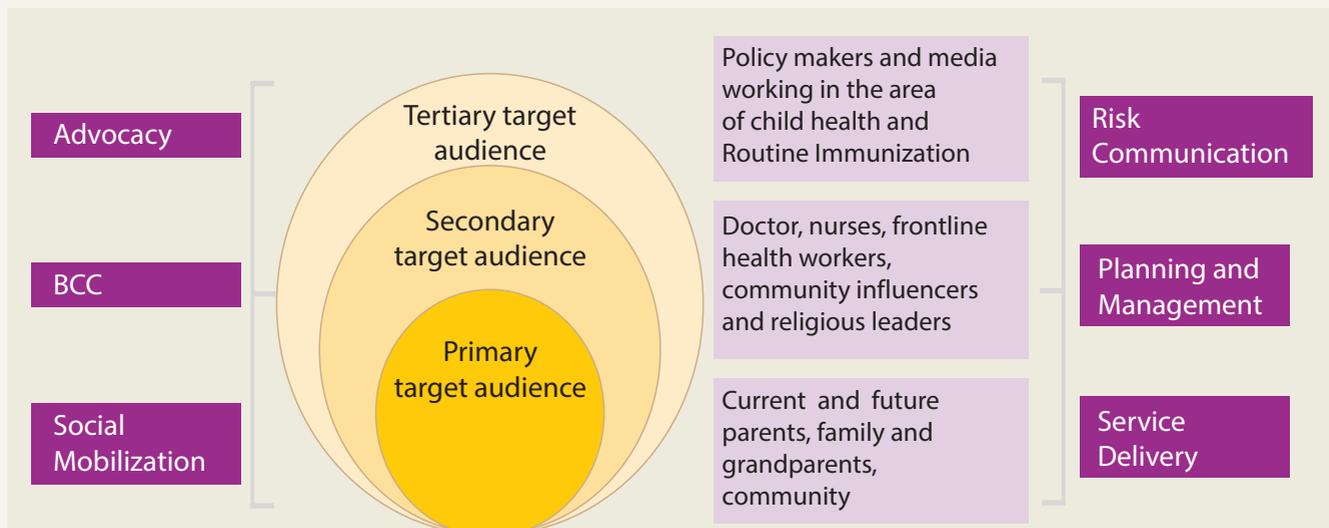
- ▶ **Social and community mobilization** creates partnerships that support immunization efforts and stimulate engagement and commitment for immunization.

BCC uses a mix of different channels – mass media (for example, TV, radio, and print), reminder media (for example, brochures, flip charts, street plays and puppet shows) and inter-personal communication (IPC) channels (traditional media, opinion leaders and health workers).



- (a) **Mass media** creates general awareness and builds opinions within the community by reaching large sections of the community.
- (b) **Mid-media** reinforce messages since they are more effective in encouraging actual behaviour change by clarifying myths and misconceptions associated with various social customs and norms.

Considering the important role front line workers (FLW) play in motivating the community to access public health services, the communication strategy shall strive to enhance the effectiveness of IPC dialogues on child health between the service



provider and the target audience at specific points of contact.

## 2.2 How regular communication during RI prevents crisis

Regular communication with the community, local and national media and routine reporting of AEFIs help to make the system alert and responsive to address issues at every level and find suitable solutions to an emerging situation before it snowballs into a crisis. This helps in the following ways to:

- ▶ Improve relations between health providers and communities.
- ▶ Promote use of participatory learning and decision-making methods to improve community involvement.
- ▶ Sensitize and hone the inter-personal communication skills of health workers, doctors and other health care providers to effectively disseminate information on RI.
- ▶ Hold discussions with and provide counseling services for caretakers.
- ▶ Provide supportive supervision skills at all levels.

### 2.2.1 Encourage community for Routine Immunization:

Building trust and credibility in vaccines cannot be addressed in a one-time response. It is an on-going process that is embedded in a communication plan, based on evidence and uses a variety of communication strategies to engage with target audiences.

Advance preparedness, training of staff, coordination between partners and having a communication plan are the basic ingredients to overcome and avoid a crisis caused by an AEFI. To have a sustained impact on behaviours of individuals and groups, strategic communication plans have to be closely coordinated with immunization services and based on a well-developed surveillance system.

Ultimately, the communication plan and its strategies should have an integrated approach, whether it is media advocacy, behaviour change

communication with individuals or groups, or community and social mobilization efforts, and these should all contribute to reducing the number of vaccine-preventable diseases among children in India. This concerted approach will encourage the community for immunization.

### 2.2.2 Build confidence in vaccine to decrease fear of AEFIs

Unsupported fears, anguish, concerns and anxiety about vaccine safety are a growing threat to the future of global immunization in the techno-savvy age of the internet and social media, which allows mass diffusion of misinformation and opinions irrespective of their accuracy or authenticity. The emerging crisis of public faith in vaccines is no longer an occurrence in the developed countries only as anti-vaccination groups become more sophisticated and extend their global reach. The growing number of vaccines in use and the complexity of vaccination schedules heighten the prospective for public concerns and questioning. One should also have specific plans to tackle rumour management especially in regions not covered by media and difficult-to-reach populations.

To face the embryonic challenges, countries and global immunization partners must make it a priority to build public trust and confidence in vaccines through execution of approaches such as the following:

- ▶ Vaccine risk communication methodology with special focus on risk communication strategy
- ▶ Timely and accurate communication of information (expected severe and mild after-effects) and implementation of surveillance systems for monitoring AEFIs
- ▶ On going public engagement to perceive, listen and better understand public concerns
- ▶ Communication research to gain insights into the factors that affect public trust in vaccines.

## Case Study 1

## Adverse events during a Vitamin A campaign, Assam, India

### Background:

The state government in Assam launched a state-wide 'Pulse Vitamin A' Campaign in November 2001. During the week after the campaign, children developed adverse reactions and a few children died. Instantly, the media picked up the news. Many journalists reported the events incorrectly and numbers of affected children were inflated. Some reported erroneously that the vitamin A given to children was outdated. Other reports confused the vitamin A campaign with the Pulse Polio campaign, which had an impact on the polio programme as well. It was reported that health workers were not properly trained. The reports caused wide-spread panic in the state. Scores of parents started rushing children, who had no signs of any adverse events, to hospitals. Moreover, the local reports were quickly picked up by the international media. At the end, two laboratories in India and Australia confirmed that the vitamin A used in the campaign met all recommended standards, and post-mortems confirmed that vitamin A was not the cause of death.

**T**his case study illustrates that negative media reports about a campaign can easily affect another campaign and how a proactive strategy should be in place to counter such situations.

### Response included:

- ▶ The state government ordered an inquiry headed by a senior government official.
- ▶ There was a joint WHO and UNICEF investigation team lead by the Deputy Director of the National Institute of Nutrition.
- ▶ Samples were sent to the national testing laboratory as well as to Australia. Several post-mortems were conducted.
- ▶ The national government established a high-level committee to review the situation and made recommendations for future vitamin A programmes.

### Lessons learned:

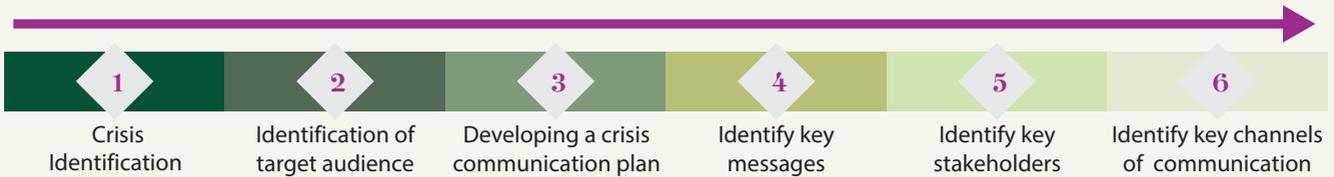
- ▶ The pervasive negative and incorrect media reporting led to a drastic drop in the vitamin A coverage in the whole state. It required substantial efforts and resources to redress the situation. To prevent similar situations, a long term communication plan and proactive strategy should be in place. A media workshop was held in the state capital to train journalists.
- ▶ The case also illustrates that negative media reports about a campaign can easily affect another campaign. In this case, the 'Pulse Polio campaign' was affected because of the association with the 'Pulse Vitamin A Campaign'.

*Source: UNICEF - Building trust and responding to AEFI in South Asia - Using Strategic Communication*

Hence, if effective communication is exercised at all levels, it can avert the possibilities of a crisis. If at all a crisis occurs, it can be managed by the following steps :

### 2.2.3 Steps for developing a communication response:

The following are the steps to build a strong communication response:



#### Step 1: Crisis identification

Before you begin work on your crisis communication plan, make sure that you have clear information and understanding of the crisis or rumour.

- ▶ Available information on source of spread
- ▶ Existing and potential routes of information spread
- ▶ Target audience
- ▶ Audience reactions on the situation at hand
- ▶ Assessment of reporting (negative and positive reports) on the issue

#### Step 2: Identification of target audience<sup>4</sup>

- ▶ Gather as much information as possible about your target audience to ensure you design messages they will hear. *For example, providing reassurance to concerned parents differs from communicating newly available evidence to experts at a conference.*
- ▶ Consider the age range of your audience. *For example, informing teenagers about RI or vaccines at school differs from talking to community elders for encouraging participation in mass campaigns.*
- ▶ Take into account differing educational levels. *For example, talking to school children differs from talking to qualified nurses at an immunization clinic.*
- ▶ Mind language problems. *For example, speaking to someone in the same local language differs from speaking to someone who has difficulties understanding your language.*

- ▶ Respect gender differences. *For example, talking to a female audience may differ from communicating to a male audience depending on the cultural contexts.*
- ▶ Take religious and cultural contexts into account. *For example, reassurance to people from different religious and cultural settings (Hindus, Muslims, Sikhs, Christians, and Tribals) differs from one another as people have different beliefs, customs and perceptions.*
- ▶ Respect decision-making roles in the socio-cultural context. *For example, talking to mothers-in-law or fathers in some culture may be critical to ensure adequate coverage.*

#### Step 3: Developing the crisis communication plan

- ▶ The communication plan would need to define the objectives, target audiences, key messages and the channels of communication. It should clearly spell out which channel has larger penetration than the other and what kind of media mix will help to reach out to the unreached population.

#### Preparing a crisis plan involves:<sup>5</sup>

- ▶ Build strategic links with journalists and different media (TV, radio, newspaper). Identify opinion and local leaders, influential spokespersons to communicate vaccine safety messages to the target audience.
- ▶ Study the level of knowledge, attitudes and practices of community members towards immunization.



<sup>4</sup> <http://www.vaccine-safety-training.org/communicating-in-public.html>

<sup>5</sup> WHO Vaccine basic safety e-learning course at [www.who.int/vaccine/documents](http://www.who.int/vaccine/documents)

- ▶ Train staff (health workers and vaccinators) to address vaccine-related issues in case an AEFI occurs or when any questions arise around the safety of vaccines.
- ▶ Ensure everybody involved knows what the action plan is and what their individual roles are.

#### Step 4: Identify key messages

- ▶ Key messages give the most important information that you want the media and the public to know. One or two sentences can get to the heart of the matter.
- ▶ Key messages need to be catchy, contextually relevant to the audience and should be easy to retain.

#### Some key messages for the media and public

- ▶ The dangers of vaccine-preventable diseases are many times greater than the risks of a serious adverse reaction to the vaccine.
- ▶ Vaccines are continuously monitored and tested around the world and in India before they are approved for use.
- ▶ Vaccines are safe and benefit children's health all through their lives.
- ▶ Side effects of most vaccines are minor and self-limited, last only a few days and do not disrupt daily life.

#### Step 5: Identify key stakeholders

Depending on the crisis and its key concerns, identify key stakeholders to address concerns and prevent panic. For any AEFI, the local health care (immunization) providers, district and state EPI managers and paediatricians will be critical links, who have to address issues of concern such as death and cluster of reported AEFI cases.

For instance, if there is panic as a result of an adverse event such as vomiting, fever, abscess formation following vaccination campaign, identify key stakeholders such as parents of concerned children, community leaders, religious leaders, and

political leaders and assure them that proper medical care will be provided and that the vaccine is safe to continue vaccination in the area.

#### Champions for immunization safety

Identify robust spokespersons from among the following:

- ▶ Acclaimed media personalities (elderly, new comers, associated with social work etc.)
- ▶ Sportspeople (upcoming young sports personalities, national heroes, yesteryears great players etc.)
- ▶ Respectable political figures and social activists
- ▶ Business tycoons and entrepreneurs (associated with CSR initiatives)

These spokespersons can serve as role models or champions who would speak in the public about the issue and testimonials from positive deviants, which would reflect changing social norms and increasing social acceptability of vaccination for children. These messages are important since caregivers or parents do not perceive partial or no immunization of children as inherently risky.

#### Step 6: Identify key channels of communication

Select an appropriate mix of channels such as television, radio, newspaper, internet, mobile phones, posters/banners, and folk media, depending upon their relevance to the target population.

Mass media helps to promote the “hook” behaviour and mid-media and IPC (in health facilities and at the community level) help promote other behaviours vigorously. Mid-media activities led by civil society and community groups help to create a norm as these activities are inspired by situations from day-to-day life and reflect barriers that impede their progress. As a result, it triggers the thought process of the community by pushing them to reach a “tipping point” from where the behaviours start changing.



**MAIN SOURCES FOR INFORMATION ABOUT VACCINE SAFETY**



## 3

## Chapter

An AEFI crisis is a situation where in information about an AEFI (real or supposed) can lead to a loss of confidence in the vaccine or in the immunization service.

**CRISIS - A CHALLENGE**

- Unexpected series of events
- Events are out of control
- The outcome is uncertain
- Threat to existing situation

**CRISIS – AN OPPORTUNITY**

- Improve communication
- Dispel negative rumours
- Take required action to upgrade policies and procedures
- Correct errors or lapses in best practise

## Managing AEFI During Crisis

### 3.1 AEFI crisis – a challenge and an opportunity

An AEFI crisis is both a challenge and an opportunity<sup>6</sup> to improve communication on immunization issues. This is an opportunity to dispel negative rumours, to take action, to upgrade policies and procedures, if required, and to correct any errors or lapses in immunization practices.

#### 3.1.1 Communication fundamentals for handling an AEFI crisis<sup>7</sup>

Fear and anger are barriers to effective communication. An essential element of any good communication response is the ability to communicate the benefits of vaccination vis-à-vis the significantly lower risks of adverse reactions.

Keep the following communication essentials in mind while dealing with the public during a crisis:

- ▶ Listen to what the public is saying
- ▶ Keep people informed
- ▶ Understand risk perception of the community
- ▶ Identify needs of media as it is the gateway to public opinion
- ▶ Develop a quick and appropriate official response
- ▶ Disseminate timely and accurate messages
- ▶ Same message should be communicated by all partners
- ▶ Identify and engage a trusted spokesperson
- ▶ Use same platforms for positive messages as used for negative messaging/publicity

<sup>6</sup> WHO website <http://www.vaccine-safety-training.org/impact-of-rumours-and-crises.html>

<sup>7</sup> UNICEF (2004) Building Trust in Immunization - Partnering with the Media. New York; and: Agency for Toxic Substances and Disease Registry (2001) A Primer on Health Risk Communication Principles and Practices, USA

### 3.1.2 Role of custodians during an AEFI crisis

Custodians are keepers of good and positive relationships with the community, for example, government officials, consultants, and NGOs who are in regular touch with the community. They need to make rigorous efforts to share findings of an AEFI investigation with the affected family, community members and the media to prevent the community from losing confidence and having negative public opinion about immunization. Many events that occur just after vaccination may well have occurred whether or not the child had been vaccinated. These events are coincidental, which is often very difficult to explain to parents who see their child vaccinated one day and becoming ill the next.

### 3.1.3 Prerequisites of handling an AEFI crisis

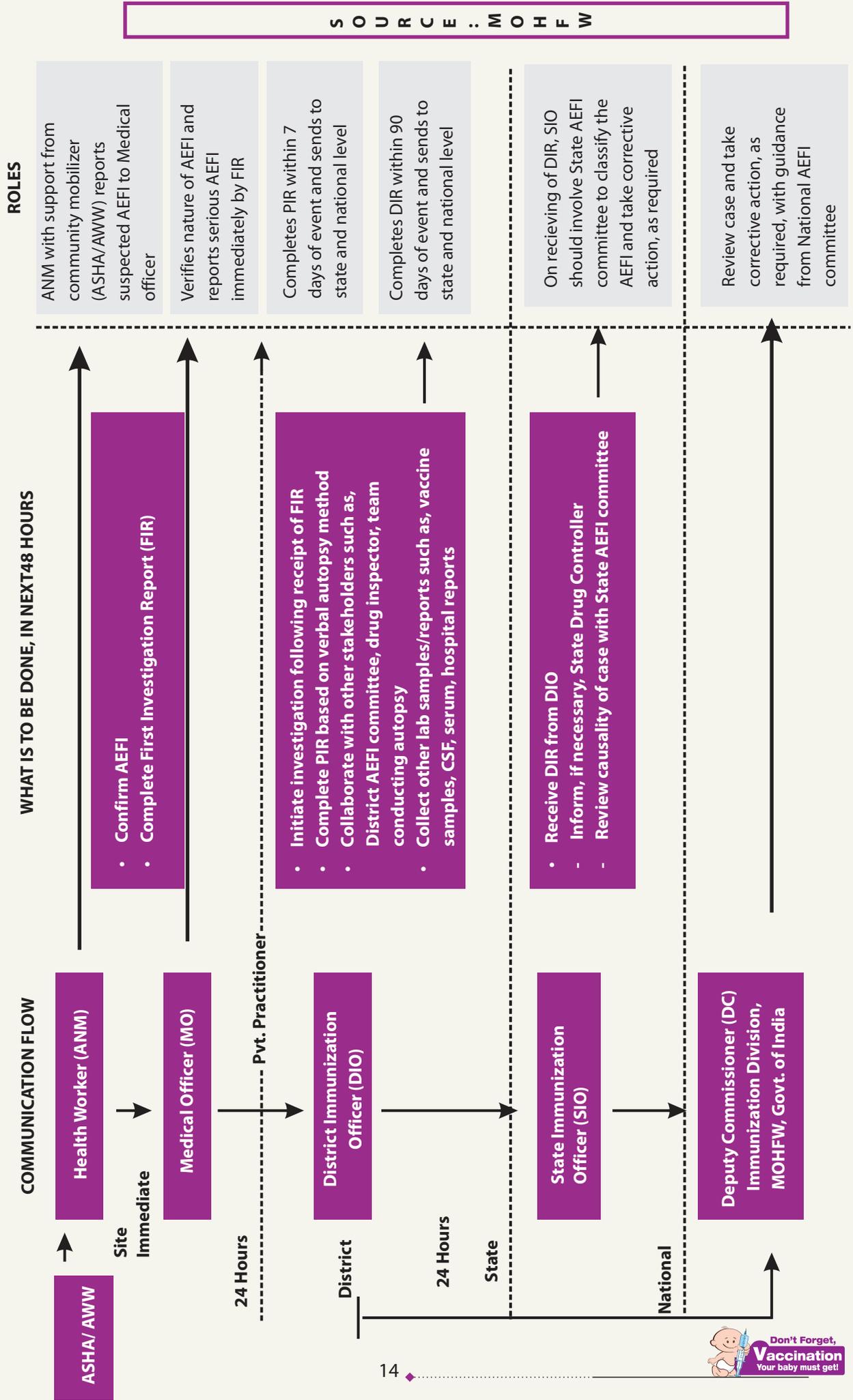
- ▶ Respond swiftly with accurate information based on evidence.
- ▶ Know how to deal with concerns on broad vaccine safety issues often coming from the media versus individual AEFI cases.

- ▶ Assess the origins of rumours and be prepared with a number of potential strategies to counter them.
- ▶ Foster long-term partnerships with the media to promote responsible public health reporting.
- ▶ Build partnerships with professional organizations and credible national spokespersons inside and outside the Ministry of Health.
- ▶ Collaborate with the National Immunization Committee dealing with vaccine safety issues.
- ▶ Work through different channels and spokespersons to promote accurate information and cooperation to ultimately enhance public trust in immunization.
- ▶ Monitor the community's knowledge, attitudes and practices toward immunization, particularly after an adverse event has occurred.
- ▶ Record lessons learned in handling communication responses to AEFI.

The above prerequisites are represented in diagram 1.1 on page no. 14



# 1.1 ILLUSTRATIVE REPRESENTATION OF COMMUNICATION FLOW DURING AEFI



# 4

## Chapter

# How and when to Respond to AEFIs– Communication with Key Stakeholders

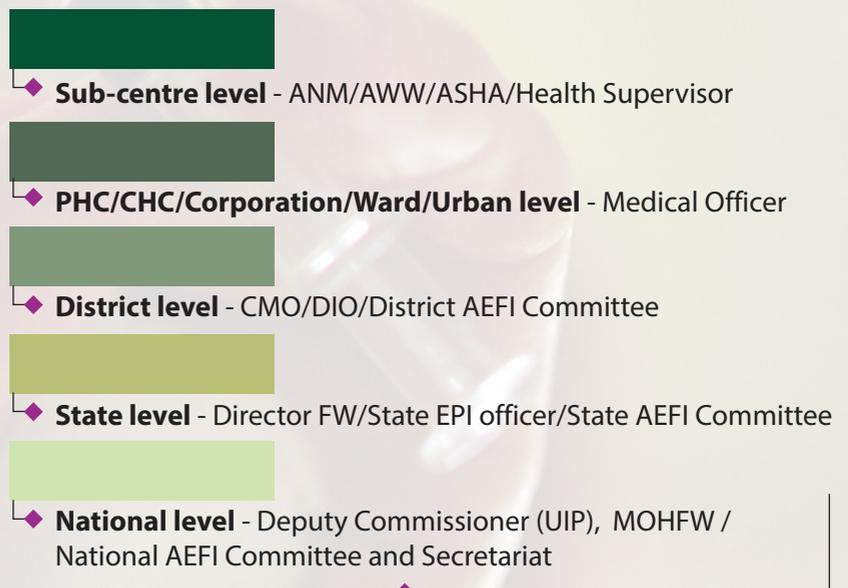
## 4.1 What is an AEFI surveillance?

It is the practice of detecting, assessing, understanding, responding, ensuring and preventing adverse vaccine reactions, monitoring safety of all aspects of immunization, including vaccine quality, storage, handling, administration, disposal of sharps and management of waste as well as signal detection.

### 4.1.1 Importance of an AEFI surveillance<sup>8</sup>

AEFI surveillance is important as it helps in detecting and identifying the problems with vaccines' lots/brands, promptly addressing programmatic errors by taking corrective measures and maintaining the confidence of community and health workers by creating awareness about vaccine risks. It also helps in estimating the rates of occurrence of AEFIs in the local population, besides generating new hypothesis (signal detection) about vaccine reaction that are specific to the population of the country or region.

### 4.1.2 AEFI surveillance system involves a network of key players:



Also includes key professional health (medical, nursing) bodies and private sector

<sup>8</sup><http://www.cdsco.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

## 4.2 Interaction with health workers

### 4.2.1 Stop the blame game, support the health workers

Health workers are a vital source of information in AEFI investigation. Many health workers do not report an AEFI due to fear of blame or sanctions. In addition, whenever a serious AEFI occurs, local health workers and vaccinators have to be safeguarded, as they might become targets of resentment and be confronted by affected community members.

### 4.2.2 Capacity building of health functionaries

Orient and empower health functionaries at every level, be it doctors, frontline workers (ANM, ASHA, and AWW) and vaccinators, to handle queries from the community, especially from parents. Moreover, equip them with technical information on possible adverse events and provide them support of key spokespersons at local and national levels.

Health workers and vaccinators should be skilled in inter-personal communication (IPC) skills with families and communities. This means that health workers are able to share accurate immunization facts, respond to questions, clarify possible doubts, and encourage families to adopt healthy behavioural practices, including understanding the importance of immunization and availing immunization services.

IPC involves refining good listening skills and the ability to empathise and be supportive with the family and the community. While identifying health workers for IPC training, you should give primary importance to good communication and listening skills, besides looking at their passion to serve the community.

District Immunization Officers (DIOs) could also benefit from training in communication and media management. IPC skills of health workers cannot be achieved through a one-time training. Refresher trainings should be a regular feature of the immunization programme, as this would provide them a platform to share challenges faced at various levels of programme implementation and find possible solutions. Good IPC skills of health workers also rely on support from supervisors and regular monitoring of the quality and accuracy of the information shared.

## 4.3 Interacting with families and communities

### 4.3.1 Respond in a prompt manner

- ▶ An immediate response to the bereaved family, the moment an AEFI occurs, is a good response.
- ▶ A prompt response to the bereaved family or community, with regular information on the status of investigation, will have a lasting effect and aid in dispelling potential fears and myths around immunization in general.
- ▶ Demonstrate commitment by listening patiently to the concerns and fears of the affected families and community.
- ▶ Take immediate steps to verify the facts and determine what has really happened.

### 4.3.2 Disseminate key messages and combat rumours

- ▶ Use the same channels to disseminate messages as those that were used to spread the rumours.
- ▶ Timely dissemination of a consistent set of easy-to-understand key messages to concerned families and communities will help to appease their anxiety and reaffirm their faith in the health system.
- ▶ Widely circulate and disseminate key messages.
- ▶ Everyone from the Minister of Health at the national level to the dispensary attendant and health workers at the Primary Health Centre should know and use the key messages.

### 4.3.3 Assess impact of AEFI on community

- ▶ Most importantly, a sound communication response to AEFI is incomplete without monitoring immunization coverage and the attitudes and practices of the affected community (or communities) after the AEFI.
- ▶ For a robust system, regular interaction with key stakeholders and building their capacities and skills to handle crisis with sensitivity and efficiency are needed.
- ▶ Media is an important partner and a regular interaction with them will help to develop proactive responses in a timely manner. We discuss interaction with the media in the next chapter.

# 5

## Chapter

**T**he media (newspaper, radio, television, and social media) is the fourth pillar of democracy and plays an important role in forming public perception. The role of media is critical as the messages disseminated by the media could boost or blemish a program. The media is likely to publicize the following events:

- ▶ when AEFI results in death or disability
- ▶ when it unearths "threatening facts"
- ▶ when it obtains information before the health professionals do.

## Interaction with Media

### 5.1 Understanding media perspective

The media is interested in stories that will attract attention and boost their sales. One technique is to sensationalize, dramatize and personalize events, including events that are either unrelated to immunization (coincidental) or based on a localised programme error with wider implications.

In addition, the media tends to report on the number of events, ignoring the larger context of the fewer rate of occurrence of such events. If given inappropriate material, the media can depict health services or officials responsible for immunization as being uncaring, impersonal, incompetent, or even dangerous.

Media coverage is likely to raise public concern about immunization. Public trust in vaccines is often eroded, when during an adverse event, negative publicity of the event by the media acquires centre stage. Media serves as an important gateway to inform the public and shape their views and attitudes towards vaccines and immunization.

Health professionals become the object of blame during a crisis situation as they are often accused of not having done their job properly or being untruthful.

### 5.2 Media is an ally and not a foe

Media can also be a helpful ally in communicating public health messages such as reminding the public of the importance of immunization and the risks of diseases. In addition, media also plays an important role in advocating continued and increased investments in immunization. Building a personal relationship with key health reporters will help media personnel understand the public health perspective of the immunization programme.

To keep the public regularly informed about immunization, the benefits accruing from vaccination and to encourage families and communities to access immunization services building a long-term partnership with the media is important.

#### 5 Ws and 1H of media

- WHO - is affected/is responsible?
- WHAT - has happened? What is being done?
- WHERE - has it happened?
- WHEN - did it happen?
- WHY - did it happen?
- HOW - did it happen?

## 5.3 Media management in routine situation

An effective communication plan should be in place before an immunization campaign starts and as part of on-going communication support to the RI programme. Effective communication with the media includes the following:

- ▶ efficient coordination with the field staff
- ▶ a plan
- ▶ trained personnel
- ▶ a budget
- ▶ practiced responses to potential issues around AEFI.

### What is media looking for?

- Disaster, malpractice and negligence
- Drama with personal aspects
- Controversy or conflict
- Number of people affected
- Unexpected outcomes
- Polarity of views
- Location (close to own country or hospital)
- Celebrity link- heroes and heroines

A good media plan consists of the following:

### 5.3.1 A database of journalists

Have a list of print and electronic media journalists covering health (local, national, international) with their contact information. Update every quarter any changes in the media list. Mention “updating date” somewhere on the page or file for easy recall.

### 5.3.2 Information package

Keep the media informed through email or letters by sending regular updates on any plans, programmes, decisions, etc.

Sensitize media about health aspects like benefits of immunization and its impact - globally and nationally. Prepare monthly or quarterly updates.

Pay special attention to stringers of major dailies, TV channels, stationed in remote areas as they may

report AEFI incidents in a sensational manner. An information package may contain the following documents, both in hard and soft copy:

- ▶ Frequently Asked Questions (FAQs) on immunization in general and AEFI
- ▶ Fact sheet or technical brief on a specific vaccine-preventable disease
- ▶ Recent updates - progress made in India and outside - and a few case studies
- ▶ Graphs and illustrations
- ▶ Immunization photographs
- ▶ Contact addresses of spokespersons (experts) that the media can talk to.

Check and permanently remove all old and outdated material from this information package.

### 5.3.3 Information for different levels of media

**Local media:** Read and believed by people at the community level.

**National media:** Seen and read by governments and national opinion leaders; has a wide reach and influences national agendas.

**International media:** Seen and read in headquarters of international organizations, has resources to produce investigative reporting, can influence national agendas.

### Some frequently asked questions by media:

- Why did this crisis happen? Was the government sleeping?
- Could the situation have been averted had it been timely and adequately responded to?
- What do you have to say on the occurrence of this incidence?
- Who is at fault for this loss and crisis?
- How does the government plan to handle the situation?
- What is the relief being provided to the affected families and communities?
- What are the actions taken so far?

## Case Study 2

**This case illustrates how a Proactive Media Approach facilitated balanced coverage when an adverse event occurred.**

### Event:

In 2003, Pakistan, eight of 13 children vaccinated that day developed adverse reactions after two hours, including high-grade fever, vomiting and diarrhoea; six children recovered and two died.

### Cause for AEFI:

Programmatic error (vaccine related)

### Government response:

An investigation team visited the affected village, the parents and paediatric ward of the district hospital. Blood samples of hospitalized children were sent for culture and sensitivity test. Autopsy of one of the deceased children was done.

### Communication efforts:

- Engaging with the media at different levels (national, district and local).
- Holding exclusive media briefings.
- Sharing regular technical briefs with journalists.
- Monitoring media reporting (news items, articles or statements), reviewed by an inter-departmental forum, which determines course of action to be taken in case of incorrect media coverage, for example, rebuttal, informal clarification with the reporter or editor, organizing a press conference or sending out a general response by electronic media.
- Sharing relevant information with parents.
- Regular mandatory orientation for all team members, including that of safety and efficacy of vaccines.

### Lessons learnt:

- *A proactive media approach* can facilitate balanced coverage when an AEFI occurs. This includes giving technical briefings to the media, issuing press releases, and senior government officials serving as spokespersons on a regular basis.
- Regular training of field staff (vaccinators/Medical Officers) on AEFIs and close supervision are critical to prevent programme errors and maintain public confidence.
- *Communication efforts to avoid incorrect media reporting*– While district teams need to be trained in advance to establish AEFI surveillance, mandatory orientation for all team members, especially on issues of safety and efficacy of vaccines, will help strengthen their capacity in communication planning and media management.

Source: UNICEF - Building trust and responding to AEFI in South Asia - Using Strategic Communication

### 5.3.4 A spokesperson system

Identify in advance an appropriate spokesperson (or several spokespersons in different agencies). Share contact details of spokespersons before an immunization campaign starts with all concerned focal points at the district, state and national levels. This limits the possibility of conflicting messages coming from different sources. Ensure spokespersons have experience or some training in dealing with media.

### 5.3.5 Orientation workshops and field visits for media

Journalists will have a better understanding of the advantages of immunization and the complexities of an immunization programme if orientation workshops and field visits are conducted for them. The workshops and deliberations will also help identify in advance the kind of questions or concerns that journalists have. Always take note of all proceedings and discussions with journalists. This will help you in being prepared with appropriate answers when required.

## 5.4 Media management when an AEFI occurs<sup>9</sup>

While every single AEFI must be investigated in detail, all AEFI cases may not lead to a crisis. Spokespersons must regularly undertake risk communication, informing stakeholders (care givers and media) about possible mild-to-severe AEFI and the likelihood of their occurrence (frequency).

### 5.4.1 Monitor media

When an AEF occurs, substantive inaccuracies can get reported, for example, regarding the number of AEFI cases, gravity of the case, allegations of negligence, or simple rumours about vaccine procurement, storage and delivery. The SEPIO or DIO, assisted by the AEFI Committee, should move quickly to correct them because the longer misinformation remains in the information environment, the more difficult it becomes to correct.

### 5.4.2 Immediate actions taken by the AEFI committee

- ▶ Analyse the rumour, its level, and potential to cause damage.
- ▶ Anticipate how situations might evolve following response; prepare before responding.
- ▶ Use a simple solution to deal with a simple mistake. If it is an isolated error, make a polite call to the reporter and offer to help the reporter with correct data and facts, then and in the future.
- ▶ If the rumour is confined to a small audience, correct it within that group only. If the error is widely reported, you may call a media conference to present correct facts before it leads to further damage or proves detrimental to the programme goals.
- ▶ Plan in advance ways to prevent rumours.

## 5.5 Getting emergency information to the media

Historically speaking, the press and print media have played a major role in influencing and shaping public opinion. To avoid negative reports around AEFIs, an early and prompt response is required. However, this is made complicated by the fact that it takes time to investigate AEFIs and acquire and corroborate relevant information.

Therefore, the onus is on the concerned public health official or agency to ensure that correct messages reach out to the public and wrong messages, if sent out by another agency or press, are clarified in a timely manner. A Crisis Response Team (CRT) consisting of government officials, technical experts, representatives from partner organizations etc. should be in place to respond to media queries in a timely manner.

Some common ways of communicating with the public through media are the following:

- ▶ Press statement
- ▶ Press release
- ▶ Press conference

<sup>9</sup> <http://www.cdsco.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

- ▶ Press interview
- ▶ Key messages

### 5.5.1 Press statement

A press statement includes the following:

- ▶ A complete account of the event – action planned for handling the event, framed in its context (example, was it an isolated event or a cluster of AEFI or coincidental event?)
- ▶ An outline of actions taken or planned (such as AEFI investigation)
- ▶ A description of the cause of the event (but only when this is known with reasonable certainty)
- ▶ An assurance that corrective action has been taken or will be taken
- ▶ Information on the 5Ws and 1H of journalism (When, Where, Who, What, Why and How)
- ▶ More than one opinion on the issue at hand. May include references to relevant publications, video materials or website.
- ▶ Names and contact details of persons to be reached for additional information or materials.

In addition, monitoring media coverage and reporting trends, especially the local media, and meeting with opponents and supporters from the media, are part of good communication practices. You may have to issue corrections (rejoinders) if incorrect reporting continues.

### 5.5.2 Press release<sup>10</sup>

The press release must specifically answer the 5Ws and 1 H for journalists:

- ▶ Who is affected? Who is responsible?
- ▶ What has happened? What is being done?
- ▶ When did it happen?
- ▶ Where has it happened?
- ▶ Why did it happen?
- ▶ How did it happen?

Mention names and contact details of AEFI Committee members (at the top), and name and contact details of the spokesperson (AEFI Committee may also recommend the name of a medical expert) for further details, should journalists have more questions (at the end). Keep

these ready. At the end of your communication with media, mention: “For more information, contact AEFI Committee Chairman” (with the relevant person's name), so that the media can refer to the relevant person in case of any queries.

#### (a) Press statement versus press release

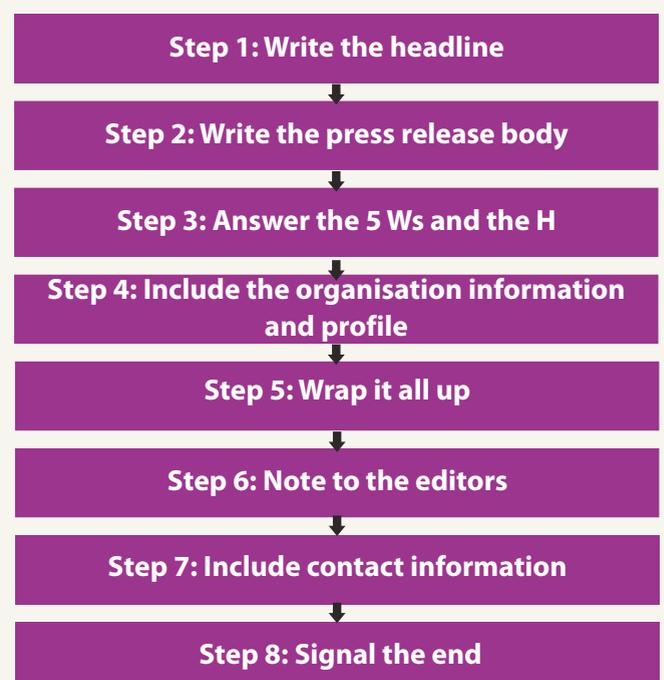
**A press statement** is an official position or perspective of the organization. It is essential particularly if a severe AEFI is reported.

**A press release** is also released by the organization but includes a descriptive narrative of the incidence, covering the “who, what, when, where, why, and how” aspects of the event.

#### (b) Press statement is not the same as press release

What is a press statement?	What is a press release?
<ul style="list-style-type: none"> <li>• Is not a news</li> <li>• Is an official position or perspective of the organization</li> <li>• Usually a press release is issued simultaneously with a statement</li> </ul>	<ul style="list-style-type: none"> <li>• Is a news</li> <li>• Describes in detail as to what happened</li> <li>• Not every press release needs to be accompanied by a statement</li> </ul>

#### (c) Steps for writing a press release



<sup>10</sup> <http://www.cdsc0.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

### Step 1: Write the headline

- ▶ Headlines should be concise, clear and direct-to-the-point. It is the ultimate source of impact of the whole press release and is a powerful statement that can make or break your press release.
- ▶ When writing the news release, headlines should employ enticing words that can grab the attention of the readers in the same way as when it is in the newspaper.
- ▶ The words should be in bold and larger than the plain body text and in the present tense.
- ▶ Capitalize the first word and all proper nouns in the headline.
- ▶ Find the most significant keywords in the body of your press release for you to have a quick start in writing the headline.
- ▶ Use powerful words and include those keywords you have extracted to form a logical, powerful and attention-grabbing headline.
- ▶ It may be about a recent award the organization received, an event worth telling about, or a new product release or service.

### Step 2: Write the press release body

- ▶ Write the body of the press release the way you would write a news story.
- ▶ The press release body should start with the date and city where it originated. You can omit the city if it will only confuse the reader.
- ▶ The first sentence is vital. If it grabs the attention of the reader firmly, the reader would want to read the entire press release.
- ▶ If the first sentence does not have a firm hold on your reader's attention, chances are he or she will skip the whole body and move on. The body of the press release should briefly summarize what is currently happening. Furthermore, the following sentences should support the previous sentence.
- ▶ The first paragraph could summarize the press release; the rest of the body provides the details of the story. Journalists and media personnel

would not read the rest of the body, if the first paragraph is poorly written and is not interesting.

- ▶ Include facts in the body of the press release.

### Step 3: Answer the 5 Ws and 1H

- ▶ A press releases should answer the “who, what, when, why, where and how” questions.
- ▶ Write the press release in this manner:
  - Headline
  - A brief summary in the first paragraph
  - The event or, if there are achievements
  - Products involved
  - People behind it
  - Concluding summary
  - The profile of the company
- ▶ The length of a press release should not exceed three pages.

### Step 4: Include the organisation information and profile

- ▶ Journalists and media people can get the organisation's profile in this section of the press release, especially if your press release is picked up and written about.
- ▶ Write the title, which is about the organisation.
- ▶ Describe the organisation in 5 – 6 sentences.
- ▶ Include the link of your organisation's website at the end of this particular section of the press release.

### Step 5: Wrap it all up

- ▶ If there are available supporting links, include them in the press release.

### Step 6: Note to the editors

- ▶ The note should contain the brief about the topic with facts and figures for quick reference for the editor. The note helps the editor to understand the topic in greater detail and guide the team for factually accurate reporting.

### Step 7: Include contact information

- ▶ Provide contact information of the people behind the press release or provide contact information of your department to the journalist, if they would want to interview the principal people behind the press release.
- ▶ Include the following in your contact information:
  1. Organization's name
  2. Contact details of the nodal person

- Office address
- Telephone and fax numbers with proper extensions
- Mobile number
- Availability of time
- Email address
- Website address

### Step 8: Signal the end

- ▶ End your press release properly by putting signs. Put (#) symbol at the centre right after the last line.



**(d) Sample press statement**

Press Information Bureau  
Government of India  
Ministry of Health and Family Welfare

15-March-2013 13:10 IST

**Expanded Programme of Immunization**

Under the Expanded Programme of Immunization (EPI) 8 vaccines are provided. These vaccines prevent Diphtheria, Pertussis, Tetanus (DPT), Polio, Measles, severe form of Childhood Tuberculosis (Bacillus Calmette-Guérin i.e. BCG), Hepatitis B, Japanese Encephalitis and disease caused by Haemophilus influenzae type b like meningitis, pneumonia etc.

Hib containing Pentavalent vaccine has been introduced in the states of Kerala, Tamil Nadu, Goa, Gujarat, Haryana, Jammu and Kashmir, Karnataka and Puducherry.

Certain states like Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Jharkhand, Madhya Pradesh, Punjab, Rajasthan, Uttarakhand and West Bengal have requested the Government of India to introduce Pentavalent vaccine under the EPI in their State. Decision will depend on availability of resources.

The "Pentavalent Vaccine" used under EPI is licensed by Drug Controller General of India after examining the safety and efficacy of the vaccine. Further, each batch of vaccine is tested before release to the states. First in-house testing by manufacturer and thereafter tested and cleared by Central Drug Laboratory (CDL) Kasauli, Himachal Pradesh. Adverse Events Following Immunization (AEFI) is also monitored and investigated by Districts/State/National AEFI committees to track all kinds of adverse events that may occur following vaccination, whether related or unrelated, to ensure safety of Pentavalent vaccine.

The above information was given by the Union Minister for Health & Family Welfare, Shri Ghulam Nabi Azad, in a written reply to a question in the Lok Sabha today.

####

Source: Press Information Bureau website <http://pib.nic.in/newsite/erelease.aspx?relid=93717>

## (e) Sample press release

### HEADLINE

## 18 Million Indian Children to Receive Life Saving Five-in-One Vaccine

### PRESS RELEASE BODY/ 5Ws and 1H

GENEVA, 12 August 2009 - More than 18 million children in India will be immunised with a pentavalent five-in-one vaccine thanks to funding worth US\$ 165 million from the GAVI Alliance, a public-private partnership which brings together all key players in immunisation including the Indian government, the World Health Organization, UNICEF, donors, industry and the Hib Initiative.

#### WHO?

A decision by combination vaccine in India, where some 27 million children are born each year. This is the first phase of a national roll-out which will start in 10 states.

#### WHAT?

"India's important and far-sighted decision to introduce the pentavalent vaccine will bring the country and the world significantly closer to achieving Millennium Development Goal 4 which aims to reduce child mortality by two-thirds by 2015," said Dr. Julian Lob-Levyt. "With such a significant number of pneumonia deaths occurring in India, we are pleased to see India recognizing the importance of adding protection against Hib while continuing to work on strengthening routine immunization."

#### WHEN?

The decision to approve the funding was communicated to Indian Health Minister Gulam Nabi Azad by GAVI Alliance Deputy CEO Helen Evans on Tuesday, 11th August.

"The introduction of the pentavalent vaccine in India is a critical step in our government's efforts to protect all Indian children from deadly diseases," said India's Health Minister Gulam Nabi Azad. "We are glad to be working with the GAVI Alliance to turn this long-held vision into a reality for millions of families. I am extremely thankful to GAVI for assistance given for pentavalent vaccine."

#### WHERE?

In one of its largest-ever single grants, GAVI will fund the first two years of pentavalent vaccine introduction in India. In the first year the pentavalent vaccine will reach more than 10 million children in 10 states -- about 40 percent of India's total number of babies born each year.

#### WHY?

By funding the introduction of the pentavalent vaccine, GAVI will equip India to expand its use in the rest of the country.

#### HOW?

Introduction of Hib vaccine in India will save thousands of children's lives," said Panna Choudhury, President of the Indian Academy of Pediatrics. "Routine use of Hib vaccine is an essential piece of a comprehensive pneumonia control strategy to reduce the disease's terrible burden on children."

"No child should die or suffer from this preventable disease," said Dr. Mathuram Santosham, executive committee member of the Hib Initiative at Johns Hopkins Bloomberg School of Public Health. "Hib vaccine is a safe, effective intervention that has been used for more than nearly 20 years in developed countries. Where used routinely in countries such as Kenya, Uganda and the Gambia, it has been proven to virtually eliminate Hib disease."

Pentavalent vaccine is now available from Indian suppliers and is expected to be used both in children in India and around the world. With increasing demand, this indigenous supply will play an important role in saving children's lives.

## BACKGROUND

The pentavalent vaccine protects against five potential killers -- diphtheria, tetanus, pertussis (whooping cough), hepatitis B, and Haemophilus influenzae type b (often known as Hib) which causes some severe forms of pneumonia and meningitis. Children need to be vaccinated three times before they can be considered fully immunised.

While children in all countries are routinely immunised against diphtheria, tetanus, pertussis and increasingly hepatitis B, the introduction of this pentavalent vaccine in India will mean that now more than 90% of the world's poorest children will be vaccinated against Hib.

Globally Hib kills more than 370,000 children under-five every year; nearly 20% of these children die in India. Survivors are often permanently paralyzed, deafened or brain damaged. Routine introduction of Hib vaccine has been proven to prevent the majority of severe bacterial meningitis and up to one third of life-threatening cases of bacterial pneumonia, the leading infectious cause of death in children worldwide.

## ORGANISATION NAME AND PROFILE

The GAVI Alliance is a Geneva-based public-private partnership aimed at improving health in the world's poorest countries. The Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrialized and developing countries, research and technical agencies, NGOs, the Bill & Melinda Gates Foundation and other private philanthropists.

GAVI support consists of providing life-saving vaccines and strengthening health systems. Since 2000, 213 million children have been vaccinated and 3.4 million premature deaths averted thanks to GAVI-funded programmes.

For more information, please visit: [www.gavialliance.org](http://www.gavialliance.org) and see the new section on GAVI and pentavalent vaccine.

The Hib Initiative unites experts from Johns Hopkins Bloomberg School of Public Health, the London School of Hygiene and Tropical Medicine, the World Health Organization, and the Centers for Disease Control and Prevention (CDC) and provides technical, coordination and communication support to countries making decisions regarding the use of Hib vaccine. The Hib Initiative is supported by a 4-year grant from the GAVI Alliance. The Hib vaccine is being used or will soon be used in at least 62 developing countries eligible for support from the GAVI Alliance. For more information, please visit: [www.hibaction.org](http://www.hibaction.org)

## NOTE TO THE EDITOR

Haemophilus influenzae type B (Hib) is a bacterium which causes severe pneumonia, meningitis and other life-threatening conditions in children less than five years of age. An estimated 24 to 30 lakh serious cases and 72,000 child deaths due to Hib diseases (pneumonia and meningitis) are reported every year in India. Pneumonia is the leading cause of death in 1 – 59 month old children (16%) in India. Giving pentavalent vaccine means reducing the number of pricks to a child from six to three, with additional protection from Hib diseases. The Hib Vaccination can prevent over a third of pneumonia cases and 90% of Hib meningitis cases. Furthermore, 15 – 35% of meningitis survivors suffer permanent neurologic damage.

## FOR MORE INFORMATION, CONTACT:

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India's Ministry of Health & Family Welfare: Dr. Sunil D. Khaparde + 91-9958097015

## SIGNAL THE END

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### 5.5.3 Press conference<sup>11</sup>

Press conferences need to be used judiciously, because the results can fall flat if there is lack of preparation and the journalists are assertive. With different stakeholders being present, everything must be planned well. Press conferences may need to be conducted if an AEFI is reported extensively and widely and there is a need to provide accurate facts and de-sensationalize the story. A press conference enables all journalists to have the same information, thus there is less likelihood of the event being 'sensationalized'.

#### (a) Steps to be followed when preparing for a press conference:



#### (b) Checklist for setting up a press conference:

News conferences are both fun and serious. Don't spoil the fun: be ready to enjoy the high energy of getting an important story on TV, radio, and in the paper. Prepare yourself as well as you can. Some points to double-check before your news conference:

- ▶ Clearly state a **good reason** for holding a press conference: the news you are going to reveal has not been covered in the press yet, or there is an emergency, or an important new issue.
- ▶ Decide what **message** you want to deliver through the media. Outline your demands to a decision-maker (someone who has the power to give you what you want). Include information about what people can do to help, and the date, time and place of your next action.
- ▶ Work out the **location** of the press conference. Find an appropriate place that is convenient and has the facilities you need. The location depends on your needs and the specific circumstances of your situation.
- ▶ Dramatize your **position** by choosing a good backdrop. If you decide to hold the press conference indoors, provide technical assistance for reporters such as phones, microphones, and sufficient light.
- ▶ Set the **date and time** of the press conference, taking into account reporters deadlines. Usually the best days of the week to get news coverage are Tuesday through Thursday. Check to see that there are no competing news events already scheduled at the time of your conference.
- ▶ **Invite the media:** Send a press conference advisory to appropriate local media outlets at least a week before the press conference. Follow

up with a phone call two days before the press conference to make sure everyone received the advisory. Call them a day before to remind them about the event.

- ▶ **Invite guests:** Make phone calls and send written invitations to prospective guests you want to have at the press conference such as other members of your group, allies, and friendly politicians.

### Press kit

A press kit is your background material: fact sheets, news release, text of the statement, and visual materials such as photographs. It can help reporters create and produce their stories.

#### ▶ Prepare speakers to deliver your message

- Generally, it is good to have just one or two speakers in a press conference, so that people do not talk on top of each other, or mix the message.
  - Rehearse with the speakers to make statements brief and clear and, usually, no longer than 10 minutes.
  - Speakers should be experienced on the subject and able to respond to questions after the statement.
  - Often reporters want to interview the speaker/spokesperson. Let the press know that the speaker is available after the press conference.
  - Prepare your speakers with 30-second answers for radio or TV, and quotable, simple messages for reporters. Help your speaker practice with a video camera or tape recorder.
- ▶ Choose a **moderator** for the press conference. You need a person to control the process and keep reporters on the subject. If someone goes off the subject, the moderator can return the focus by saying: "That is an interesting point, but we are here today to discuss..."
- ▶ Prepare **background materials**. Reporters and

guests may wish to have a copy of written statements or a press release. You can prepare a packet of fact sheets, charts or graphs.

### CAUTION

Press conferences need to be used judiciously, as the speakers might have to face the hostility of reporters. It requires careful preparation and management, especially if different stakeholders are present.

#### 5.5.4 Press interview<sup>12</sup>

- ▶ Preparing for an interview is comparable to preparing a press release. Find out who is conducting the interview and the organization she or he works for. The individual or their organization may have a particular point of view (for example, a bias in favour of or against vaccination), or they may have a reputation for fairness in news reporting.
- ▶ Another consideration might be whether the interviewer has any prior medical or scientific training that may influence the kind of questions you could be asked.
- ▶ Most importantly, consider the emphasis you need to place on key messages you want to get across.

#### (a) Rules to be followed during a press interview:

- Maintain eye contact with the interviewer.
- Dress in a professional manner.
- Think before you speak and take time to frame your answers.
- Speak clearly and audibly in simple conversational language.
- Stick to the facts and avoid speculation or personal opinions
- Make sure you get your key message into the dialogue – more than once if possible.
- Be enthusiastic and engaged in the conversation – try not to look nervous, even

<sup>12</sup> <http://www.cdsc.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

if you feel uncomfortable about being interviewed.

- Never say “No comment!”

*Remember, there is no such thing as an “off the record” statement that you can be certain the interviewer will keep confidential.*

### 5.5.5 Key messages<sup>13</sup>

The ‘best messages’ get to the heart of the problem without lengthy explanations. Listeners and viewers always tend to remember that one key message even if they remember nothing else. Try to repeat the message at least once during a media interview. For example, some effective messages on immunization could be:

- ▶ Immunization is the most cost-effective health intervention.
- ▶ Immunization is the right of every child.

#### Some more examples of situation-specific messages

- Benefits of immunization in preventing diseases are well proven.
- Un-immunised children are at greater risk of diseases and complications.
- Vaccine-preventable diseases cause millions of deaths and disability. Continued use of vaccines is the only solution to avert this situation.
- Vaccines do cause some reactions, but these are rarely serious and hardly ever cause long-term problems (have data ready and available to substantiate this fact).
- A surveillance system detects and is primed to investigate even the most minor suspected problems regarding immunization. The AEFI is currently being investigated, but it is likely to be coincidental or due to a local problem (depending on type of event); the immunization programme must continue to keep the population safe from disease.

## 5.6 Post-AEFI actions<sup>14</sup>

### 5.6.1 Keeping promises to the media

If the media has been promised to be kept updated about investigation findings, make sure they are updated by the promised date. If the findings have been delayed, ensure the media is informed, since they would be expecting answers.

### 5.6.2 Providing answers to unanswered questions

During a media conference, if a question could not be answered for any reason - for example, due to absence of data, or if you were unprepared to answer the question - get back to the media with answers as soon as possible.

### 5.6.3 Keeping media informed of subsequent developments

If a decision or action is taken at the highest levels following AEFI investigations or during the investigations and the public must know about it, keep the media informed through a press release or hard copy document.



<sup>13</sup> <http://www.cdsc0.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

<sup>14</sup> <http://www.cdsc0.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

**Some typical journalistic questions are given below. Please remember that no matter how provocative the tone of the question is, acknowledge the concern of the journalist and stick to your facts and respond in a cool manner.**

- What are the benefits of introducing the ---  
- vaccine as a part of the Universal Immunization Programme?
- What is the approval process for licensing a new vaccine in India?
- How is the safety of a new vaccine evaluated?
- What tests have been conducted to ascertain safety in Indian context?
- How is this programme funded? What is the cost of the vaccine?
- What is the role of partner organisations such as WHO, UNICEF, and GAVI?
- Why don't health authorities train vaccinators so that these accidents are avoided?
- Why are injections for vaccines and other medical procedures still dangerous in our state or country?
- Why are vaccines that damage our children with serious side effects still given?
- Why parents are not told the truth about vaccines? Is there something that is being hidden?

### **Questions on specific vaccines**

- How safe is the pentavalent vaccine that is used in India?
- Why was the vaccine launched only in Tamil Nadu and Kerala?
- What was the impact of the vaccine in the two states? How do we know?
- How many children have been immunized using pentavalent vaccine and what is the success rate? How many children will benefit from this vaccine?

Source: *ITSU-UNICEF Media guide*



## (a) Sample of positive media reporting

### India takes pentavalent vaccine to 5 million children

Five million Indian children were vaccinated with the five-in-one pentavalent shots in just over a year. Jammu and Kashmir became the sixth State to introduce the vaccine as part of the Universal Immunization Programme. The vaccine, with one shot, offers protection against diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenza B (Hib). "This will bring down child mortality and morbidity drastically," says Ajay Khera, Deputy Commissioner, Child Health and Immunization, Ministry of Health & Family Welfare.

There are about 27 million children under one year in the country at any given point of time, and the intention is to take the benefits of the pentavalent to all of them, he adds. The pentavalent vaccine was introduced in Tamil Nadu and Kerala in December of 2011, the two States with high vaccine coverage and solid public health systems.

After an evaluation of the two States in August 2012, the decision to expand was taken. The pentavalent vaccine was then introduced in phases in Haryana, Puducherry, Goa, and Gujarat, with Jammu and Kashmir being the latest to join the list.

At present, the vaccines are being procured by UNICEF, with funding from GAVI. The operational costs are borne by the government, Dr. Khera points out. "We need to preserve the vaccine in a good cold chain system, use single use auto disable syringes and provide manpower support to the administration of the vaccine," he explains. The vaccines are provided free of cost under the public health scheme, while in the public sector, between Rs. 400 and Rs. 700 is charged per dose. Infants are given three doses of the pentavalent vaccine at six, 10 and 14 weeks of age.

Replying to an RTI application by Kerala-based doctor K.V. Babu, the Ministry indicated that Kerala had a total of 11 deaths in 2012, and Tamil Nadu four, listed under 'Adverse Effects Following Immunization' (AEFI) using the pentavalent vaccine. In 2011, the year of introduction, there was one death in Kerala. "We need to ask whether the vaccine is safe after all, with periodic assessments. The life of every child is precious, and we cannot afford to lose children from vaccination," Dr. Babu says.

Responding to this, Dr. Khera explains, "The vaccine safety surveillance system enables us to understand whether programmatic errors are happening. That does not mean that whatever AEFIs are reported do not have a direct association with the vaccine administration. Since we are keen on tracking the pentavalent, we allow even deaths occurring a week after the vaccination to be reported." He points out that on an average 3,600 children under the age of five years die every day in the country, due to various factors. "The point is that there can be many factors causing the death of children, the vaccine might be incidental. However, we investigate every reported case of death or even other adverse effects."

In fact, the vaccine has been available in the private sector in India for over a decade now, he said. The vaccine has been demonstrated to be efficacious and effective in numerous studies and is widely supported by global and Indian health communities.

*Source: The Hindu, 2013*

**(b) Sample of negative media reporting****Infant dies after measles vaccine in BBMP hospital**

BANGALORE: Mystery shrouds the death of a nine-month-old baby, who died within hours of being administered a measles vaccine at the Magadi Road maternity hospital run by Bruhat Bengaluru Mahanagara Palike (BBMP) on Thursday evening.

The child, Nisarga, daughter of Ramu and Prema of Ranganathapura in Kamakshipalya, was taken to the maternity hospital for her measles shot. "There were 49 children who were administered the inoculation on the same day. But none of them had any problem," said BBMP chief health officer Dr K E Manjula.

A complaint lodged before the Kamakshipalya police by Prema stated that around 10.30 am, duty doctor Dr T Shobha had administered the inoculation and they returned home. The child was given milk and put to sleep. Around 4.30 pm, before Ramu came home from work in a private firm, she found froth coming out of the child's mouth.

A panicky Prema took Nisarga to a nearby private hospital, where the doctors declared the child dead.

A distraught Prema waited for her husband to come home and around 11.30 pm, they went to the police station and lodged the complaint against the doctor for medical negligence. Police then sent the body for postmortem.

"We cannot jump to conclusions about medical negligence. We are awaiting the viscera and pathology test reports from the forensic science laboratory. Only after that will we consider taking any action," an investigating officer said.

Meanwhile, Dr Manjula told TOI that the death cannot be due to medical negligence. "We have collected the report on the child's death. As there is no confirmation of medical negligence, we are waiting for the forensic report. There were 49 children of the same age group who underwent inoculation on that day. We are surprised how such a thing happened," she said.

The chief medical officer added that BBMP will contemplate action against the doctor in charge of the maternity hospital only after the forensic report arrives.

*Source: Times of India website, 2011*

## The Way Forward

Communication for immunization is more complex than it appears. Even tougher is communicating about vaccine safety or risks and AEFI. The challenges are many:

- ▶ The audience is diverse, their levels of understanding are different, and their attention spans are different.
- ▶ The influence of negative communication is much more than that of positive communication.
- ▶ The goals and motives of the media are different than that of ours.
- ▶ Science is too technical to be communicated easily.

Therefore, handling communication around AEFIs cannot be left to happen on a hit-and-trial basis. Communication around AEFI demands serious efforts in skills and knowledge building to manage risk communication.

Though crisis situations demand an immediate response, there is a need for continuous and consistent capacity building in this direction, even at times when there is no crisis.

### 6.1 Key initiatives by the Government

- ▶ Establishing the **Immunization Technical Support Unit (ITSU)** with AEFI and Strategic Communication as two important pillars:
  - An AEFI team has been set up to provide technical and strategic guidance to capacity building for handling AEFI.
  - A Strategic Communications team has been set up to provide technical assistance to MOHFW in strengthening communication capacities of the states.
- ▶ Establishing an **AEFI Secretariat** at ITSU to assist the National AEFI committee and coordinate the work of the program.
- ▶ Establishing an **AEFI Collaborating Centre** at the Department of Paediatrics, Lady Hardinge Medical College, New Delhi, for providing technical oversight.
- ▶ Establishing a **Media-sub Committee** under the National AEFI Committee.



## 6.2 Handling communication around AEFI:<sup>15</sup>

- ▶ **Invest in communication research:** Communication initiatives should be strongly rooted in research. The present perception is that most AEFIs are believed to be caused by and not directly attributable to vaccines.
- ▶ Studies on causality assessment and the nature of manifestation of adverse effects (individual versus cohort representation) etc. can provide strong supporting evidence to communication aimed at dispelling myths and fears around AEFI. It will also be useful to carry out population behavioral studies on communities recently affected by an adverse event following immunization.
- ▶ Communication research on KAP, media behaviors and what appeals to people can guide policy and programmatic initiatives in improving communication around AEFI. The research can play a critical role in working with pockets of resistance due to cultural and religious beliefs etc.
- ▶ Communication material on AEFI should not be developed on an ad-hoc basis but should be strategically developed keeping the long-term perspective in mind. Communication should be
  - consistent, coherent, and timely,
  - carry a positive appeal,
- tailored to needs and understanding of audience and situation, backed with strong scientific evidence.
- ▶ More often than not, service providers are unaware of details around vaccine safety issues. Therefore, apart from communicating with the end beneficiaries and media, it is essential to communicate with health care providers as well.
- ▶ Special mechanisms and opportunities should be built-in to forge partnerships with development partners to build a concerted communication response for handling AEFIs. For example, MOHFW, UNICEF, WHO, Global Health Strategies, Johns Hopkins, Indian Academy of Pediatrics, NTAGI, and senior journalists can be partners.
- ▶ Establish mechanisms for cross-learning and sharing of experiences among immunization managers and health communicators for handling AEFIs.
- ▶ The aim should be to **'make people believe you and give them reasons to believe you'**. The belief and faith built through open, regular and transparent communication, both about benefits and risks of vaccination, can ensure that the occurrence of a few incidences of AEFI do not reverse or dismantle the years of effort and investment that have gone into improving routine immunization.

<sup>15</sup> <http://www.cdsco.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>

## 6.2.1 Communication action points for each level for different types of serious AEFIs

### (1) Death

Level of intervention		Communication action points
Community Level	Health Worker	<ul style="list-style-type: none"> <li>▶ Immediately meet the parents and care givers and empathise with them.</li> <li>▶ Hear them patiently.</li> <li>▶ Ask some village elders or religious leaders to accompany you when you go to meet the family.</li> <li>▶ Followup with the family after one or two days and ensure their well-being.</li> <li>▶ Respect their space.</li> <li>▶ Explain them the extent to which the benefits of vaccination outweigh risks.</li> <li>▶ Send the information to the Medical Officer or District Immunization Officer immediately.</li> <li>▶ Listen to what the parents and the public are saying.</li> </ul>
Block Level	Medical Officer	<ul style="list-style-type: none"> <li>▶ Take the most trusted health worker along when you go to meet the family.</li> <li>▶ Take control of the situation and reassure the community without appearing judgemental.</li> <li>▶ Keep people and media informed by providing them facts and accurate information.</li> <li>▶ If facts are not yet ready, inform them that the matter is being looked into and the facts will be out in 'x' days (specify it).</li> <li>▶ Understand risk perception of the family and the community.</li> <li>▶ Disseminate timely and accurate messages.</li> <li>▶ Get to the source of information and check factual accuracy of the information.</li> </ul>
District Level	District Immunization Officer (DIO)	<ul style="list-style-type: none"> <li>▶ Conduct a meeting of supportive opinion leaders and journalists to discuss the situation and find possible solutions and way forward.</li> <li>▶ Understand the community's perception towards immunization and vaccination history of other children in the family.</li> <li>▶ Identify support groups from within the community who could be positive role models in your approach.</li> <li>▶ Convince the community that vaccination at large is beneficial for children.</li> <li>▶ Respond to negative media questions with positive answers (few sample questions are given in 5.6.3).</li> </ul> <p><b>(Question:</b> "Ever since xxx vaccine has been administered, many children have died from vaccination. What do you have to say on this?"</p> <p><b>Answer:</b> "Immunisation saves lives. Since the immunisation programme began, XX children have been vaccinated. Without vaccination, children are more 'at risk' of getting potentially life-threatening diseases than from vaccination.")</p>

Level of intervention		Communication action points
State Level	State EPI Officer	<ul style="list-style-type: none"> <li>▶ Do not overdo visiting the affected family and respect their space.</li> <li>▶ Share feedback with community representatives.</li> <li>▶ Review media coverage reports- look into the style and accuracy of reporting.</li> <li>▶ Prepare a database of journalists, both supportive and unsupportive (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Prepare a list of print and electronic media journalists covering health at state level with their contact details (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Identify spokespersons and orient them on how to respond to the issue (<i>identify spokespersons as detailed in section 5.3.4</i>).</li> <li>▶ Disseminate at appropriate times a consistent set of easy-to-understand key messages to concerned families and communities to appease their anxiety and reaffirm their faith in the health system.</li> <li>▶ Organize orientation workshops and deliberations for journalists. This will help identify, in advance, the questions or concerns that journalists specifically have.</li> <li>▶ Organize regular orientation workshops and field visits for journalists to help them better understand the advantages of immunization and complexities of an immunization programme.</li> <li>▶ Involve school teachers; this will send correct information and message to parents and care givers of children and educate them.</li> </ul>
National Level	Govt. official/ National AEFI Committee	<ul style="list-style-type: none"> <li>▶ Review media coverage reports; look into the style and accuracy of reporting.</li> <li>▶ Prepare a database of journalists, both supportive and unsupportive (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Prepare a list of print and electronic media journalists covering health at state level with their contact details (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Identify spokespersons and orient them on how to handle media queries (<i>identify spokespersons as detailed in section 5.3.4</i>).</li> <li>▶ Organize visits for journalists to enable them to get a better understanding of the immunization program and government efforts.</li> <li>▶ Participate in 'talk shows' on the issue to clarify the negative picture and scotch further rumours from rising.</li> </ul>

## (2) Hospitalization / Prolonged illness

Level of intervention		Communication action points
Community Level	Health Worker	<ul style="list-style-type: none"> <li>▶ Assist the parents or care givers to get access to proper medical care at the hospital.</li> <li>▶ Follow up with the family again after one or two days and ensure their well-being.</li> <li>▶ Appreciate efforts of the parents or care givers in getting their child vaccinated.</li> <li>▶ Explain to them the benefits of vaccination outweigh its risks.</li> <li>▶ Send the information to the Block Immunization Officer immediately.</li> </ul>
Block Level	Medical Officer	<ul style="list-style-type: none"> <li>▶ Listen to what the parents and public are saying and assure them of full support and best of medical care.</li> <li>▶ Take the health worker along when you go to meet the family.</li> <li>▶ Take control of the situation and do not blame the health worker for AEFI.</li> <li>▶ Keep people and media informed by providing them facts and accurate information.</li> <li>▶ If facts are not yet ready, inform them that the matter is being looked into and facts will be out in 'x'days (specify it).</li> <li>▶ Understand risk perception of the family and the community.</li> <li>▶ Disseminate timely and accurate messages to the media.</li> </ul>
District Level	District Immunization Officer (DIO)	<ul style="list-style-type: none"> <li>▶ Get to the source of information and check factual accuracy of the information.</li> <li>▶ Conduct a meeting of supportive opinion leaders and journalists to discuss the situation and find possible solutions and way forward.</li> <li>▶ Understand the community's perception towards immunization and the vaccination history of other children in the family.</li> <li>▶ Identify deviant support groups from within the community who could be positive role models and help you in reaching out to the community with the message that vaccination at large is beneficial for children.</li> <li>▶ Respond to negative media questions with positive answers (few sample questions are given in 5.6.3).</li> </ul> <p><b>(Question:</b> "Ever since xxx vaccine has been administered, many children have died from vaccination. What do you have to say on this?"</p> <p><b>Answer:</b> "Immunisation saves lives. Since the immunisation programme began, XX children have been vaccinated. Without vaccination, children are more 'at risk' of getting potentially life-threatening diseases than from vaccination.")</p>
State Level	State EPI Officer	<ul style="list-style-type: none"> <li>▶ Review media coverage reports; look into the style and accuracy of reporting.</li> <li>▶ Prepare a database of journalists, both supportive and unsupportive.</li> <li>▶ Prepare a list of print and electronic media journalists covering health at the state level with their contact details.</li> </ul>

Level of intervention		Communication action points
		<ul style="list-style-type: none"> <li>▶ Identify spokespersons (including some from the community) and orient them on how to respond to the issue.</li> <li>▶ Disseminate at appropriate times a consistent set of easy-to-understand key messages to concerned families and communities to appease their anxiety and reaffirm their faith in the health system.</li> <li>▶ Organize orientation workshops and deliberations for journalists. This will help identify in advance the kind of questions or concerns that journalists specifically have.</li> <li>▶ Organize regular orientation workshops and field visits for journalists to help them achieve a better understanding of immunization advantages as well as complexities of an immunization programme.</li> <li>▶ Involve school teachers; this will send correct information and message to parents and care givers of children and educate them.</li> </ul>
National Level	Govt. official/ National AEFI Committee	<ul style="list-style-type: none"> <li>▶ Review media coverage reports; look into the style and accuracy of reporting.</li> <li>▶ Prepare a database of journalists, both supportive and unsupportive (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Prepare a list of print and electronic media journalists covering health at state level with their contact details (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Identify spokespersons and orient them on how to handle media queries (<i>identify spokespersons as detailed in section 5.3.4</i>).</li> <li>▶ Organize visits for journalists to enable them to get a better understanding of the immunization program and government efforts.</li> <li>▶ Participate in 'talk shows' on the issue to clarify the negative picture and appease further rumors from rising.</li> </ul>

### (3) Disability

Level of intervention		Communication action points
Community Level	Health Worker	<ul style="list-style-type: none"> <li>▶ Immediately meet the parents or the care givers and empathize with them.</li> <li>▶ Hear them patiently.</li> <li>▶ Ask some village elders or religious leaders to accompany when you go to meet the family.</li> <li>▶ Follow up with the family again after one or two days and ensure the well-being of the child.</li> <li>▶ Send the information to the Block Immunization Officer immediately.</li> </ul>
Block Level	Medical Officer	<ul style="list-style-type: none"> <li>▶ Listen to what the parents and the public are saying.</li> <li>▶ Take the health worker along when you go to meet the family.</li> </ul>

Level of intervention		Communication action points
		<ul style="list-style-type: none"> <li>▶ Take control of the situation and do not blame the health worker for AEFI.</li> <li>▶ Keep people and media informed by providing them facts and accurate information.</li> <li>▶ If the facts are not yet ready, inform them that the matter is being looked into and the facts will be out in some time.</li> </ul>
District Level	District Immunization Officer (DIO)	<ul style="list-style-type: none"> <li>▶ Conduct a meeting of supportive opinion leaders and journalists to discuss the situation and find possible solutions and way forward.</li> <li>▶ Understand the community's perception towards immunization and vaccination history of other children in the family.</li> <li>▶ Respond to negative media questions with positive answers (few sample questions are given in 5.6.3).</li> </ul> <p><b>(Question:</b> "Ever since xxx vaccine has been administered, many children have died from vaccination. What do you have to say on this?"</p> <p><b>Answer:</b> "Immunisation saves lives. Since the immunisation programme began, XX children have been vaccinated. Without vaccination, children are more 'at risk' of getting potentially life-threatening diseases than from vaccination.")</p>
State Level	State EPI Officer	<ul style="list-style-type: none"> <li>▶ Identify spokespersons and orient them on how to respond to the issue (<i>identify spokespersons as detailed in section 5.3.4</i>).</li> <li>▶ Disseminate at appropriate times a consistent set of easy-to-understand key messages to concerned families and communities to appease their anxiety and reaffirm their faith in the health system.</li> <li>▶ Organize orientation workshops and deliberations for journalists. This will help you to identify the kind of questions or concerns that journalists have.</li> <li>▶ Involve school teachers; this will send correct information and message to parents and caregivers of children and educate them.</li> </ul>
National Level	Govt. official/ National AEFI Committee	<ul style="list-style-type: none"> <li>▶ Review media coverage reports; look into the style and accuracy of reporting.</li> <li>▶ Prepare a database of journalists, both supportive and unsupportive (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Prepare a list of print and electronic media journalists covering health at state level with their contact details (<i>identify journalists from the database as detailed in section 5.3.1</i>).</li> <li>▶ Identify spokespersons and orient them on how to handle media queries (<i>identify spokespersons as detailed in section 5.3.4</i>).</li> <li>▶ Organize visits for journalists to enable them to get a better understanding of the immunization program and government efforts.</li> <li>▶ Participate in 'talk shows' on the issue to clarify the negative picture and appease further rumors from rising.</li> </ul>



## Conclusion

India is striving hard to achieve the Millennium Development Goals (MDGs). The efforts towards improving child health are gradually showing results. From the 'under satisfactory' performance in the past, we have successfully brought up the performance to 'on-track'.

Intensification of Routine Immunization is one of the core strategies contributing to the gains in this direction. With millions of children still unimmunized, the goal of achieving universal immunization is distant, but not unattainable.

The government has introduced many initiatives to reach the unreached and marginalized population. These include strengthening health systems and making new expensive vaccines available for free or at minimal cost at health facilities. Despite earnest efforts of the government, AEFI act as a barrier or rather a threat to achieving the intended goal for Routine Immunization.

Given the dynamic nature of the Routine Immunization programme, its coverage in the media has a direct implication on how the programme is perceived. In many cases, the 'news report' also serves as a communication tool to influence positive behaviour change in communities, or even otherwise. Achievements of the programme generate positive coverage, but a single case of AEFI leads to a spurt in negative reporting, with the media questioning the programme strategy. Technically incorrect information may lead to distorted reporting such as reporting AEFI cases as negative fallout of the concerned vaccine. At the same time, public health officials with limited capacities of handling media and unrest amongst communities tend to adopt an evasive strategy. These have negative implications not only on the overall routine immunization program but also on the health of our children. Such a situation calls for building capacities of government officials on handling communication around AEFI.

We need to create an enabling environment where service providers are aware of AEFIs and are equipped with necessary skill sets to deal with them and strive to decrease reactions due to avertable causes. The current and projected demand for immunization calls for a multi-pronged strategic approach and investment in risk communication –



with short-term and long-term action plans and goals for generating an effective communication response to routine and crisis situations around AEFI. The 'Communication Guidelines on AEFI' is a step in this direction.

### **Some action points for improving the immunization program**

1. There is no 'one-size-fits-all' communication strategy. Strategies with tailored messages that use appropriate channels are required to reach specific segments of the population, whether decision-makers or remote "hard to reach" populations.
2. Proactive communication actions are needed to curtail and prevent negative publicity and resistance to immunization and to build continuous trust in vaccination programs by working with opinion leaders who influence perceptions and behaviours of caregivers.
3. Positive attitudes and good inter-personal communication skills of front line health workers are decisive to promote long-term compliance – well-designed, easy-to-use tools can often bridge the gap if inter-personal communication skill-building programs cannot be assured.
4. Strengthening and supervising communication skills of health service providers should be integral to immunization planning and training.
5. In-country advocacy coalitions are key to building and maintaining awareness about the value of immunization programs. One important way to do this is to make regular public announcements recognizing those districts that have achieved high coverage. Raising public awareness about the impact of vaccination programs on reducing disease incidence and saving lives is also the need of the hour.
6. Although personal anecdotes and experiences have persuaded government officials to support specific vaccine programs, advocacy programs need to use evidence and data to highlight the benefits and cost effectiveness of vaccinations over other health interventions. Without well-planned advocacy, new vaccines are not likely to be funded by governments and demand from caregivers and health service providers is unlikely to rise.
7. The impact of print materials, or other single information mediums, depends in part on whether they are used with other communication channels.
8. Communication interventions should be tailored, based on information distinguishing knowledge and attitudes among users and non-users of immunization services.
9. Grassroots communication strategies are more likely to succeed if they are integrated with the provision of other community health and social needs.
10. Effective communication interventions can increase demand but if the quality or availability of services is poor, many caregivers are not likely to return to complete vaccination schedules.

## REFERENCES

1. Building Trust and responding to AEFI in South Asia: Using Strategic Communication [http://www.unicef.org/rosa/Immunization\\_report\\_17May\\_05\(final\\_editing\\_text\).pdf](http://www.unicef.org/rosa/Immunization_report_17May_05(final_editing_text).pdf)
2. Communication on Immunization- Building Trust – European Centre for Disease Prevention and Control <http://www.ecdc.europa.eu/en/publicatios/publications/ter-immunization-and-trust.pdf>
3. WHO Vaccine basic safety e-learning course at [www.who.int/vaccine/documents](http://www.who.int/vaccine/documents)
4. <http://pib.nic.in/newsite/erelease.aspx?relid=91539>
5. [http://www.unicef.org/india/media\\_8106.htm](http://www.unicef.org/india/media_8106.htm)
6. <http://www.vaccine-safety-training.org/responding-to-rumours-and-crises.html>
7. <http://www.cdsc.nic.in/AEFI%20Guidelines%20Print%20ready%202010.pdf>



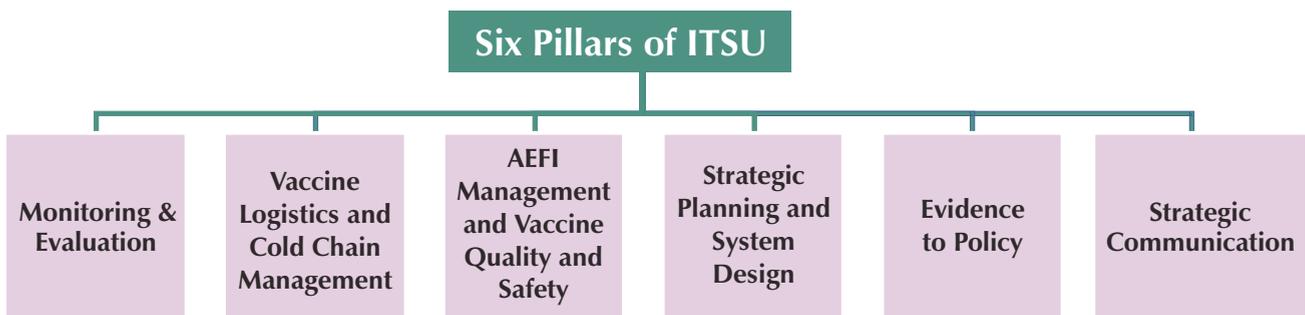
**Immunization Technical Support Unit**  
 Ministry of Health and Family Welfare

**About Immunization Technical Support Unit (ITSU)**

The Immunization Technical Support Unit (ITSU) was established by the Public Health Foundation of India (PHFI) in March 2012, under the auspices of the Ministry of Health and Family Welfare (MoHFW) to support the Universal Immunization Programme (UIP).

The overall vision of the ITSU is to catalyze national improvements in routine immunization by providing technical and management expertise required to design, create, implement, and institutionalize a stronger immunization program fully led by the Government of India, and supported from the Bill and Melinda Gates Foundation.

The ITSU works with the MoHFW to strengthen Government of India's efforts to improve routine immunization coverage through six different pillars:



The ITSU serves to harmonize various initiatives being piloted or implemented in different states by all immunization partners and provide a single platform for discussions, development of strategies and coordination with partners for scaling up the successful models.

