

Part G. Public Information and Information Sharing

NC Department of Health and Human Services, Division of Public Health

Part G identifies necessary major planning, preparedness, and communication response by state and local health departments in the event of pandemic influenza. It provides guidance for coordinating efforts with the Centers for Disease Control and Prevention (CDC) and other entities. Part G also provides local and state communication specialists with suggestions and guidance whose aim is to:

- Instill and maintain public confidence in the state's public health system and its ability to respond to and manage a pandemic influenza outbreak.
- Maintain order, minimize public fear, and facilitate public protection by rapidly providing accurate and complete information without compromising patient confidentiality.
- Prevent stigmatization of patients, and address rumors, inaccuracies, and misperceptions as quickly as possible.

A. Investigation Interval

(Characterized by surveillance for novel virus and human-to-human spread of previous animal influenza)

State and local public health offices must prepare and disseminate messages to encourage vigilance for the possible appearance of pandemic influenza and to specify activities to prevent its spread.

At the state level, public information officers assess communication needs and capacity, develop criteria and procedures for requesting CDC communications assistance, and develop mechanisms for coordinating the activities of on-site CDC communications experts with local and state communication resources.

At the local level, communications personnel (or those tasked with communications responsibilities) assess communication needs and capacity, develop criteria and procedures for requesting state communications assistance, and develop mechanisms for coordinating communication activities with the state. During an influenza pandemic, state and local health departments will serve as an information resource. Public information officers should be prepared for the surge of requests and inquiries generated by reports of a novel influenza virus and the potential for an influenza pandemic.

1. Readiness

- Healthcare providers' information needs.** Healthcare providers will need information about evaluating, managing, and reporting cases. Epidemiology staff assess healthcare providers' knowledge about surveillance and reporting, diagnostics, transmission, exposure management, and issues such as concern for self-protection and possible use of quarantine and isolation. Public information staff assist epidemiology staff as needed to develop appropriate materials for healthcare providers.
- The general public's information needs.** Providing information before the pandemic to the general public can help them be prepared for self-support during a pandemic, understand containments measures when implemented, and assist with planning and decision making the will occur during a pandemic
- Intrastate Crisis Communication Enhancement Network (ICCE Net).** PHP&R created ICCE Net to ensure that public health communicators at all levels of state and local government interact on a regular basis. During an influenza pandemic, ICCE Net ensures that communications are uniform across the state at all levels (see Appendix G-1).
- Printing/graphic design contracts and resources.** The North Carolina Department of Health and Human Services (DHHS) uses the state Department of Correction's printing operation (Correction Enterprises) as its primary printing resource. DHHS also has an account with North Carolina State

- e. **Availability of cell phones, email, and laptops for communication staff.** Local health departments are autonomous county government operations; therefore, most pandemic influenza communications at the local level will be addressed by local health departments. However, the NC DHHS Public Affairs Office (PAO) and PHP&R maintain assigned and “pooled” cell phones and laptops that can be deployed for use by the public information officer if necessary. Email and computer-generated documents are distributed through the DHHS PAO, the Public Health Coordination Center (PHCC), or the local health department.
- f. **Hotlines.** Hotline services are maintained primarily by the NC DHHS Customer Service Center. This office maintains a referral service that operates as a hotline for citizen queries either during regular business hours and can provide recorded emergency messages 24/7 if the situation warrants. In the event of a declared emergency, this operation seamlessly merges with the Governor’s Disaster Hotline, which can operate on a 24/7 basis. Increased demand for web services is addressed through the use of multiple staff resources within the department, as well as by redundant server backups. The Carolinas Poison Center also provides information to the public. Training for the staff of all three hotlines occurs before and during a pandemic.
- g. **Training in risk communication, media relations, and pandemic influenza epidemiology.** Training in risk communication and media relations for local and state health department employees takes place at several levels and venues on a continuing basis. Training associated with pandemic influenza epidemiology, clinical features, diagnostics, and surveillance is conducted as well.
- h. **Adequacy of staffing needs for public affairs efforts.** The DHHS Public Affairs Office maintains the DHHS Public Affairs Crisis Communication Plan. Staff members are cross-trained to deal with public health issues. The DHHS Public Affairs Office also has an agreement with other state departments to use public information officers from those offices as needed. In addition, PHP&R employs one public information officer who would deal solely with pandemic influenza in the case of an outbreak.

2. Rapid Communication Response

- a. **Management of media demands.** NC DHHS recognizes that the first jurisdiction to discover possible or confirmed cases of novel influenza virus can expect a deluge of media attention. The Public Health Coordination Center (PHCC), with its complementary public information resources, contributes to the PAO’s media response capacities. Finally, NC DHHS will look to the State Emergency Response Team (SERT) to activate a state Joint Information System (JIS) if deemed necessary by public information/media demands. The JIS can be activated by a request from the state health director (SHD) even if the Emergency Operations Center (EOC) has not been activated.

If a pandemic influenza outbreak occurs will employ facilities at the NC Agency for Public Telecommunication (APT) to conduct virtual news conferences. By utilizing APT’s satellite uplinks and webcasts, the State Health Director and other subject matter experts will be able to conduct interviews while maintaining social distancing protocol.

The NC Public Health Crisis Communication Plan (PHCCP), which applies to any case of unusual illness, calls for the PAO to be in constant communication with the CDC Office of Communications. As in past public health crises, contact will be maintained continuously via telephone and email, and before the distribution of all news releases. Either the PAO or the PHCC, depending on space availability, will accommodate CDC communication staff traveling to North Carolina in the event that North Carolina is one of the first states with documented pandemic influenza activity.

- b. **Development and coordination of educational materials.** The DHHS Public Affairs Office has created and maintains a portfolio of communication, information, and education resources and materials on topics, including:
- Clinical and laboratory diagnostics
 - Infection control
 - Isolation and quarantine
 - Stigmatization management
 - Travel control authority
 - Legal issues and agencies' roles and responsibilities

This information is reviewed and changed as appropriate when new information becomes available.

In addition, the PAO works with the Communicable Disease Branch to develop and present multiple-format educational curricula and materials for professional audiences. The PAO also coordinates with partner agencies when preparing materials and/or responding to pandemic influenza or any other potential disease outbreaks.

Protocols for communicating data on a daily basis are established in the PHCCP. The reporting of such information is coordinated with the CDC director's Emergency Operations Center and CDC's Emergency Communications System (ECS) as appropriate.

- c. **Review and approval protocol for all public material.** NC DHHS policy calls for all information created for public awareness or education to be reviewed and approved by the PAO and subject matter experts prior to production and distribution. In addition, news releases created during a crisis must also be reviewed by the state health director or designee before distribution. If a news release concerns a particular local health department, hospital, or other autonomous entity, the release will also be submitted for review to that entity.
- d. **Designation of a spokesperson.** The state health director is to be the primary spokesperson during an influenza pandemic. Subject matter experts who assist the director include the state epidemiologist, the director of the State Laboratory of Public Health (SLPH), the head of the Immunization Branch, and the head of PHP&R. Others will be identified and included as necessary. All the individuals listed above have received training in media relations and risk communication. Additional refresher training is conducted periodically.
- e. **Website development.** NC DHHS maintains and updates an extensive public health website with both on-site and off-site resources and links. Department policy calls for new information regarding outbreaks to be posted or linked to. DHHS has several server locations where information can be posted and several staff members capable of posting it.

3. Increasing Pandemic Influenza Knowledge and Awareness

- a. **Preparation of pandemic influenza awareness information for public and professionals.** The DHHS PAO has prepared and maintains pandemic influenza messages and materials to be disseminated during the various phases of a pandemic.
- b. **Speakers Bureau.** State public health authorities maintain a Speakers Bureau that matches requests for presentations with subject matter experts on topics related to pandemic influenza. The presentations serve a wide variety of audiences, representing key pandemic planning partners, such as healthcare providers, business and finance industry executives, schools, and other state government agencies. Subject matter experts include staff from the Division of Public Health and PHP&R. Local health departments also provide several presentations and offer referral services to and from the Speakers Bureau.

c. **Channels of message distribution.** NC DHHS uses a variety of approaches to increase the level of knowledge about pandemic influenza, including the posting of information and related links on the Internet, pitching story ideas and providing updates to the media, and collaborating with professional and civic organizations to raise awareness. Information is specifically targeted to healthcare providers, public health officials, policy makers, and other local partners. Message distribution is largely determined according to the Epidemiology Section Information Management Matrix. Distribution channels include the following:

- i. **Regular media briefings on pandemic flu:** NC DHHS can conduct statewide media briefings via webcasts and satellite uplinks using NC Agency for Public Telecommunications facilities.
- ii. **Rapid release of information:** NC DHHS can immediately address questions related to the initial case(s) of pandemic strain influenza and to provide guidance to the public regarding disease susceptibility, diagnosis, and management. During a pandemic, influenza activity will be continually updated and placed into context through the use of regular media briefings.
- iii. **Addressing complex questions:** Emerging information is distributed to health and medical professionals through various pre-established channels that are created and maintained by the PAO and PHP&R staff. These channels include the following:

Child care providers	NC Board of Pharmacy
Communicable Disease nurses at LHDs	NC College of Emergency Physicians
Emergency Medical Services administrators	NC College of Internal Medicine
Emergency Medical Services rescue	NC Dental Society
Foreign adoption agencies	NC Hospital Association
Hospitals	NC Infectious Diseases Society
Local health directors	NC Lung Association
Medical labs	NC Medical Board
Medicaid providers	NC Medical Society
NC American Academy of Family Practitioners	NC Pediatric Society
NC Board of Nursing	Nurse Practitioners Association
Critical Care Pulmonary Physicians Association	Old North State Medical Society
Public Health Regional Surveillance Teams	Physician's Assistants
Public schools (Division of Public Instruction and NC Healthy Schools initiative and website)	
NC Chapter of the National Association of Pediatric Nurse Associates and Practitioners	
NC Statewide Program for Infection Control and Epidemiology	
University/College student health centers	

- iv. **Translation of informational products.** Spanish is North Carolina's predominant second language. NC DHHS maintains outside resources for translating news releases and educational materials into Spanish. The department also has access to translation resources in several other languages via the state's university system. The PAO will seek help from CDC for translations that cannot be conducted within this structure.

B. Recognition Interval

(Characterized by the identification of clusters of novel influenza cases and the confirmation of sustained and efficient human-to-human transmission)

- 1. The DHHS Public Affairs Office will activate the Communication Plan with the Division of Public Health and the PHCC.
- 2. The PAO will begin systematic review and testing of all health and media communications channels (English and non-English speaking) slated for use.

3. The PAO, in collaboration with the epidemiology section, will continuously collect, update, and distribute information specific to the disease to all public health and healthcare entities.

C. Initiation Interval

(Characterized by a lab-confirmed case of defined novel influenza A in the county, region, or state)

1. The DHHS PAO will notify all health partners of the heightened status and begin hard testing systems for functionality.
2. The PAO will ensure that all pertinent informational materials are available in all appropriate languages and that the contact lists for all media, both English and non-English, are updated and complete.
3. The PAO will notify divisions within the department that their constituent connections will be utilized to help deliver information to hard-to-reach communities, such as communities where English is a secondary language, the homeless community, or people who are homebound.

D. Acceleration and Peak Intervals

(The acceleration interval is characterized by an increasing number of cases of pandemic influenza. The peak interval is characterized by sustained and extensive transmission of the influenza virus in the community.)

1. Coordination of local, state, and national communications efforts

- a. The DHHS PAO will contact and stay in close consultation with the CDC Office of Communications to ensure a consistent and accurate communications response.
- b. The state will activate a virtual news conference setting with the NC Agency for Public Telecommunications, which will allow the state health director and other subject matter experts to talk directly with reporters across the state while discouraging mass gathering of journalists and other citizens.
- c. The PAO will interact with CDC's Emergency Communication System.
- d. The PAO will interact with federal communication liaisons and encourage participation at the local level.

2. Keeping communications staff prepared and informed at all levels

- a. The PAO will make available the materials from its library of pandemic influenza materials to local health departments, along with up-to-date information from the CDC website.
- b. The PAO office will continue regular email updates to media partners, especially urging them to access the CDC and HHS website for information and education.
- c. NC DHHS will review daily, or per request, reports regarding citizens' concerns voiced on the Hotline.

3. Communicating key messages and up-to-date information

- a. The PAO will coordinate regular media briefings via videoconference and webcast via the virtual news conference setting.
- b. A public information officer (PIO) from the department PAO and/or the PHP&R will participate in all federal telebriefings as they are announced.
- c. The PAO will work with the NC Travel and Tourism Office to distribute information regarding disease outbreaks and on travel to and from the state.

E. Deceleration/Resolution Intervals

- a. The PAO will coordinate regular media briefings via videoconference and webcast via the virtual news conference setting.
- b. A public information officer (PIO) from the department PAO and/or the PHP&R will participate in all federal telebriefings as they are announced.