Public Health Pandemic Alert Phases – U.S. Government & World Health Organization

Pandemic Alert Phase 0-2 USG Phase 1-4 WHO No or limited human cases/outbreaks outside the United States	Pandemic Alert Phase 3-5 USG Phase 5-6 WHO Widespread overseas human outbreaks/first cases in the United States/spread throughout the United States	Pandemic Alert Late Phase 5 USG Late Phase 6 WHO Spread throughout the world and the United States, first wave waning in the United States

Crisis Communication Life Cycle

Selected Biopsychosocial Challenges	**Pre-Event**	**Initial Crisis**	**Maintenance Crisis**	**Crisis Resolution**
No immunity worldwide scope	Raise awareness in interested population and encourage preparedness Advertise where to get information Pull marketing strategies Begin to build spokesperson trust	Acknowledge scope of outbreak – all at risk, some at more risk Counter “risk denial” in some and hyper-reactions in others Answer the “what if” questions Engage empathy Employ STARCC	Share epidemiological information about outbreak characteristics Warn those at greater risk Provide more science-based information about immune system and disease course	

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Chronic illness-suppressed immunity increased prevalence	Engage health care partners and associations Alert family members			
Evolving waves	Prepare interested persons for extended disruption Messages about social cooperation and resilience critical	Explain the need for community measures that will slow the progress through the community	Note that supplies of vaccines will be helpful for second wave	Recoup resources for wave two Expect emotional fatigue Leader role models for hardiness
Uncertainty	World scope – timing, virulence, geographic start in question so expected variation in interest (fight or flight) Ensure information available for people seeking it now	Uncertainty becomes personal to self and family Acknowledge dread and give people things to do Information seeking high and credibility crucial for response organizations		Return of dread about timing of second wave, ability to cope Acknowledge emotional toll and give people things to do Avoidance in some to be expected – expect messages to be rejected, anger

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No or lost resilience or hardiness community & individual	Prepare interested population sectors and communities Offer web-based resilience information – community teams Acknowledge strengths in people/community and ability to cope	Expect smartswarms to develop in some communities Some communities will become victims and need more support and direction	Expect smartswarms to develop in some communities that will challenge inadequate response from authority Use "best practices" from resilient communities to educate hopeless/helpless	Expect "smartswarms" will challenge inadequate response from authority Stakeholder engagement critical to repair trust and gain cooperation
Deaths out of time/up to 2 million in U.S.	Candidly offer worst-case estimates Offer planning guidance for interested groups Prepare community grief materials and educate others about cultural differences in grief, bereavement, mourning Death taboo in U.S.	Express sincere empathy in every verbal message Share community misery and frustration about truncated grieving Reaction to deaths among children and healthy adults stronger	Expect new norms related to bereavement rituals (i.e., social distancing) Death no longer taboo in U.S. – expect people to want suffering acknowledge	Symbols and community rituals for mourning will become important (act only when safe to do so) Opportunities for slights high Leaders will be expected to become "Mourners – in – chief"

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Infection control behaviors impact other's well being	Educate widely personal infection control AND need for social distancing Acknowledge the need for cooperation and social responsibility	Challenges to infection control and extreme measures taken Folk medicine and natural methods will be touted – embrace what you can and be direct about what does not work Include recommendations in every message	Reemphasize the basic messages and social responsibility Use positive role models, instill pride among those who look out for others Shame the behavior as antisocial – putting others at risk	Temporal associations between behaviors and outcomes will drive lay "theories" about what works Include trusted/expert basic recommendations in every message

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Inadequate vaccines / antivirals	Educate interested groups and warn that decisions agreed to in absence of threat may not be followed at time of threat Emphasize why persons are given vaccine for protection and antivirals primarily for treatment	Ensure leaders and spokespersons can clearly state reasons for those earliest in cue for vaccine and antivirals Share the decision as quickly as possible Acknowledge inherent struggle for fairness and say “I wish”		Expect to defend decisions from an ethical, political, and values-based perspective

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Situational awareness difficult and information flow horizontal	Providing guidance early with little evidence-based science will challenge message consistency Acknowledge what we know, what we don't know and what we're doing to get answers	Rumors and misinformation will be rampant – in and out of ICS. Consistent, trusted messages will work Employ STARCC Empower people with information and give choices when possible	Don't use numbers as absolutes, but as ranges. Trend data will be useful Expect new media to impact community behaviors	Capture lessons learned and preserve information for historical use
Targeted prophylaxis	Build awareness among interested populations regarding the need for and social fairness in the decision Acknowledge that what seems fair in concept will not feel fair in reality – when the threat is real. As early as possible communicate (web) the expected early receivers with a defendable explanation for each group Explain that other groups (e.g.,	Expect strong emotions and push back about all aspects of targeted prophylaxis – the single toughest communication challenge. If there are exceptions, tell people early, openly, and be		When the threat resolves, expect much rumination and accusation about how decisions were made. Posting of who/why in pre-event will mitigate some of this.

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	children) were considered and not included.	sure it adheres to universal values of fairness. Expect some in targeted populations to reject prophylaxis because of guilt/sense of unfairness. Give the “have nots” options to restore some control		

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Health disparities in medical access (poor/powerless)	Reach out to poor/powerless support associations now and commit to partnering efforts now. Find outlets that have credibility with these populations now. Select spokespersons who can interact well or train them	Ensure recommendations can be carried out by most people (e.g., don't tell people to stockpile meds if they can't afford them). Look for strong role models in the community and heap praise on their example of behavior		The biggest shame that responders will face is if they do not protect the poor/powerless.
Isolation and quarantine	Help interested people understand the value and limits of isolation and quarantine. Make these words more commonplace for greatest number of people.	Dispel myths/rumors about imposed quarantine. Expect % of people to self-impose too early, too long (fight or flight) – messages needed to put risk in perspective.	Look for success stories and share widely. Expect anger tat the limits of this strategy.	

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Travel/border closings or restrictions	Communicate when or how these could be used and health reason behind it.	Expect surprise when it happens. Consider family separations and be empathetic. Communicate clearly the health reasons for restrictions. Ensure persons who enforce understand and can communicate the health reasons for restriction.		

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Stigmatization (e.g., immigrant groups)	Don't use images of Asians as the "pandemic image" Always ensure that messages distinguish between world situations and U.S. situations (e.g., poultry raised outside versus poultry raised inside). Teach against stigmatization now and in all materials caution professionals and interested persons about this.	Communicate early the real risk from associations with products, people, places—don't expect people to understand intuitively. Be prepared to dispel risk myths based on stigmatization. Aggressively counter misstatements regarding health risks known to be based only		Expect some stigmatization to linger for those products, people, places who first suffer from pandemic influenza. Be careful that historical images of early outbreaks do not reinforce the stigmas.

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Economic disruptions (loss of work—5% of gross domestic output)	Tailor preparedness messages to likely harmed businesses first. Encourage best practices exchange and acknowledge progress and success. Find opinion leaders as spokespersons (If X thinks it's important so do I).	Economic disruption is as emotionally upsetting as physical threat to wellbeing. Need to balance messages so persons suffering economic loss early (e.g., small business owner) do not despair—acknowledge suffering (money loss is bad).	Realities set in and grieving will be for people and loss of wealth/opportunity.	

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Social disruptions—school closed, health care, public safety, essential supplies, power	Balance message between all is lost and all will be rosy. Provide information to interested persons about ways to avoid or compensate for disruptions	Reinforce "just in time" preparedness messages. When possible, use examples from similar communities about how to cope Ask more of people	Expect social disruptions to bring about anti-social behaviors such as a "black market" or price gouging and prepare to help people not be exploited. Ask more of people	Provide evidence of restoration of community norms when possible and acknowledge that some disruption continues. Build hope and prepare for next wave
Seasonal versus avian versus pandemic	Continual challenge for communication. Make distinctions clear in all messaging. Work with media who have large reach to ensure distinctions are made.			

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Pandemic as terrorism		Depending on where it starts, could become a question. Respect the role of FBI, DOJ, DHS and law enforcement when crafting messages Monitor for rumors. Counter ignorance with facts and fight against attempts to exploit		Counter ignorance with facts and fight against attempts to exploit and stigmatize.

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Home remedies, fraud,	Begin to educate the community about what health officials recommend and to be cautious about claims not supported by science. Determine what resources are available to assist community members who may be vulnerable to such ploys. Monitor the FDAs work against fraud.	If a home remedy is benign, don't waste valuable time refuting its use, instead focus on adding the right behavior to the mix. Monitor the community for instances of fraud and report it to authorities. Ask the media to be alert to scams, fraud, and false claims.		