

THE

CREATE! Framework

A Communication Strategy for Avian Flu
Response and Pandemic Flu Preparedness

It is likely that the main impact of a pandemic will not be the virus itself but the resulting fear and panic. There will be major economic impacts in all countries, and the potential for critical infrastructure failures. Every aspect of day-to-day life is likely to be affected as people avoid public places to prevent exposure risk.

Many people in the poultry industry will be affected, from farmers and farm workers right down to those who sell eggs and poultry meat.

Communication is therefore one of the most critical components of successful responses to an avian flu outbreak. UNICEF has developed CREATE (Communication Resources, Essentials and Tools for Emergencies) to help countries prepare culturally appropriate communication tools and materials to mitigate and manage the risks of a disaster, to strengthen community's response skills and to promote positive life-saving behaviour. For example, CREATE has prepared materials for community and family awareness on preventing the spread of avian influenza and what to do should a human pandemic occur.

These materials can be found on the accompanying interactive CD / DVD containing appropriate, effective and professionally produced communication materials that can be adapted and developed quickly in a variety of settings to meet the needs of affected communities.

For CREATE's key messages on avian flu, please refer to the table provided on the CD / DVD.





THE ART OF COMMUNICATION

It is vital to remember that as of October 2006, Malaysia is NOT on the brink of a crisis. Our country measures have been so successful that avian flu has been contained as soon as unusual mortality rates in poultry have been detected. This is not to say that avian flu is ignored if there is no immediate threat of an outbreak. Authorities work the year round to ensure that safety measures are met. Meanwhile the media can also get a number of interesting pre-pandemic stories. Below are some suggestions:

- A story about those in the poultry industry and how they were affected by the 2004 outbreak (see timeline in Appendix). How much poultry did they lose? What did they learn and what hygiene and other measures are they taking now?
- An interview with a Department of Veterinary Services officer, who goes into affected areas. Is he/she ever afraid? What do they see? What is the atmosphere in the village/farm? What does his/her family feel about this?
- A computer-generated illustration of how other countries have been affected. Using computer graphics means that you are relating to the public in a less visually frightening way – but the message still gets across.
- A story about the economic impact of the 2004 outbreak. People may not have lost their lives, but it is likely that they lost their life-styles. What was life like for them then? How did they bounce back?
- Public service addresses over rural-accessed radio, by children, reminding other children to adhere to recommended hygiene practices.



CRISIS MANAGEMENT AND THE MEDIA

It is difficult to communicate risk. Scientists are still at odds about the possibility of a pandemic, and there are differing perceptions by the audience of the information being sent out. How does a journalist address reader, viewer or listener concerns without being alarmist, yet accurately convey the severity of the situation? Below are a few suggested strategies to get a good, responsible and substantive story.

GO TO CREDIBLE SOURCES

In this case your most reliable source would be the Minister or Director-General of Health. The WHO expert based in Kuala Lumpur is also an important contact. If these sources say the situation is dire, then the situation is indeed dire and by quoting them you are neither intentionally sensationalizing the issue nor belittling it. You are reporting the facts accurately. These experts are gatekeepers of information and if they so choose, they can withhold it. However, if they decide to tell you, the reporter, that there is a need to worry,

then there really is. If anyone else aside from these three sources makes a statement about the virus, reporters, editors and producers must weigh the credibility of the source.

DEPLOY EXPERIENCED REPORTERS

At least two senior reporters, familiar with the terminology and contacts, should be deployed to cover the beat during a crisis. This is important so that no time is wasted on the reporter trying to familiarize himself or herself with the issue. A reporter on the health beat would also have the necessary contacts and will know whom to call when the crisis occurs. The reporter will be able to stay on top of the beat and deliver the latest to the reader, viewer or listener. In a crisis, or even on the brink of one, a situation can change in a matter of hours. A person who was sick in the morning may have died by evening. A reporter with good contacts will have the relevant information as the situation changes.

Reporters who have covered avian influenza should stay in touch with the subject even in between out-

breaks. This information can be used as background which gives an accurate perspective to current events. Reporters will also be able to ask better informed questions.

COMMUNICATION BETWEEN DESK AND REPORTER

There must be constant communication between the editor or producer and reporters on the beat. The reporter must keep the desk informed of any changes on the issue. While news editors contribute greatly to the finished piece by toning up the story and ensuring that the gravity of the situation has not been exaggerated, it is the reporter who has been on the ground. Therefore both reporter and editor should liaise to ensure that the information in the final piece is both accurate and balanced.

BEING EQUIPPED

Reporters should be able to inform the desk if an outbreak occurs. Keeping up-to-date can be done by accessing foreign news sources and keeping in touch with credible contacts. Reporters must equip themselves with background information and know what has already been reported in the past. Instead of repeating, take reports from other papers one step further.

THE EDITOR'S ROLE

The news editor who clears the story has to digest it and make a decision on what tone it should take. He or she should take a balanced approach. Sentences like "We may not be able to develop a vaccine in time," or "The situation is very dire" will only cause panic as they leave a great deal of room for interpretation. Every statement made should be qualified and backed up with a quote from a credible source. If indeed there is no vaccine during a dire situation, balance it with information on what is being done as a second line of defence. At the end of a week of reporting on an outbreak, there should be a round-up or an analytical commentary. Here the journalist may have some latitude to comment, but it must be a learned review. He or she must speak to the experts and quote them, rather than make self-generated predictions.

ADDRESS YOUR AUDIENCE'S CONCERNS

During an outbreak, there should be a regular allocation of one or two pages of stories or significant news slots per day. Tell stories from the crisis point, which would mostly be human-interest stories.

The public wants to know how people and children have been affected. Statistics are secondary and should go into a sidebar or kept as flash points.

WHEN AND WHAT TO REPORT?

Normally, an outbreak of bird flu in Thailand or Indonesia would be a trigger for local reports. This is because of the huge volume of traffic between Malaysia and the two countries. One could ask the Minister how Malaysians should prepare in case the problem crosses the border.

TALK ABOUT THE POSITIVE

Malaysia has many good precautionary measures, which are among the best in Southeast Asia [see page 20].

DON'T FORGET RISK

While it is important not to raise the alarm unnecessarily, it is crucial to ensure that the public knows the risks involved. This is to ensure that necessary precautions are undertaken to prevent the spread of the disease in the event of an outbreak. Talk about socio-economic impacts, how the disease is spread and how it is not, what the government is doing and possible outcomes when one fails to take appropriate precautions.



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INSPECTION
ONLY

CAUTION!

When visiting the site of an outbreak always consult with the District Medical Officer or the Department of Veterinary Services first. Like primary responders, reporters should never step near an outbreak site without protective gear which includes shoe covers, caps, gloves, special clothes and masks. There are two reasons for this: First, you risk getting infected. Second, you risk carrying the virus to places where there is no disease outbreak. This would be a violation of good husbandry practices as well as a breach of bio-security, a term used to describe the transferring of micro-organisms from an infected area to an infection-free area.

OUR BACKYARD – Country Measures

AVIAN INFLUENZA IN MALAYSIA

The first outbreak occurred on August 17, 2004, coinciding with the second wave of outbreaks in the region. Following that, eight more outbreaks occurred, the last of which was in September 2004. All outbreaks were attributed to the HPAI virus, subtyped H5N1 and confined to the state of Kelantan, involving the districts of Tumpat, Pasir Mas, Kota Baru, Bachok and Tanah Merah. The total number of poultry cases involved in the outbreaks was 106 with 101 deaths. The species affected were free-range village chickens and ducks, and quail caged on raised floors.

The second national outbreak was recorded in February 2006 after it appeared in free-range chickens in villages near Kuala Lumpur, triggering the slaughter of tens of thousands



Malaysia has a rapid response team to investigate claims of an outbreak

of birds. Since then, there were five other outbreaks of the virus among poultry in the northern states of Perak and Penang. However by June in the same year, Malaysia declared itself free of bird flu, saying there had been no outbreaks of the deadly disease for the past three months. To date there have been no human HPAI cases recorded in the country.

IN THE EVENT OF AN OUTBREAK – the role of government agencies

Malaysia has a rapid response team to investigate claims of an outbreak. The team tries to contain the disease through pre-determined mechanisms such as culling and surveillance. The Ministry of Health's responsibility during a containment exercise is to look out for the primary responders. For instance, it ensures the cullers use protective equipment, and monitors their health throughout the exercise and after. The Ministry also carries out

surveillance of all homes within 300m of the outbreak to check if anyone has symptoms. People living beyond 300m of the outbreak are told to report to the nearest hospital if they have any symptoms.

The Department of Veterinary Services carries out the culling. They also provide incentives to encourage farmers to report dead birds, such as offering compensation for any birds culled during an outbreak.

The Customs and Immigration Department monitors the movement of poultry and avian species in and out of the country.

IN CASE OF AN OUTBREAK...

- **ORGANIZATIONAL RESPONSE**
Malaysia has a National Influenza Pandemic Preparedness Plan (the NIPPP can be viewed at <http://www.dph.gov.my/survelans>). The plan outlines strategies for swift

and coordinated action among government and non-government agencies; and serves as a guide for first responders during an outbreak.

To ensure political support at the highest level and to intensify collaboration between the health and agricultural sectors, an Inter-Ministerial Committee chaired by the Minister of Agriculture has been formed.

This committee is advised by the National Technical Committee which is chaired by the Director-General of Health. State and district level committees have also been formed in order to ensure promptness.

- **MEDICAL RESPONSE**

The NIPPP provides strategies on how patients should be transported to hospitals, how they are to be managed within the hospitals and guidelines on treatment. As a precaution, first responders and medical staff are vaccinated using the latest flu vaccine.

- **PUBLIC RESPONSE**

The Ministry of Health monitors influenza-like illnesses at selected clinics throughout the country to detect any signs. In the event of an outbreak, the public will be encouraged to listen to instructions from the authorities, avoid public and crowded places, and wear masks when they have to go out. Proper personal hygiene is considered essential and those who are sick should seek medical attention.

- **EVENT-BASED SURVEILLANCE**

Farmers are to report dead birds to the Veterinary Services Department. The public is also encouraged to report any dead birds they come across.

- **LABORATORY CAPABILITIES**

Malaysian laboratories are equipped to recognize pandemic flu. The “novel strain” is isolated and immediately sent to WHO.

TREATMENT

The government is stockpiling Tamiflu, which is an antiviral for the HPAI. The Japanese government has sponsored a stockpile of this antiviral for ASEAN countries, which is a resource Malaysia can also draw from. WHO also has a stockpile available for those who need it.

RISK COMMUNICATION

The Ministry of Health has had simulation screening exercises at the Kuala Lumpur International Airport on how to respond in the event of an outbreak. Another exercise involved the management of patients at the Ipoh Hospital. It was also to test the country’s preparedness in managing a pandemic and to see which areas needed to be improved on.



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POULTRY SURVEILLANCE



Malaysia has a renowned reputation for poultry surveillance. The strategy enjoins authorities to handle disease, to be able to detect the virus quickly and to stamp it out speedily. If there is reason to suspect that avian flu is present, the Department of Veterinary Services surveys chicken and duck farms, commercial as well as in villages. Samples are taken and sent for testing to confirm the presence of the virus.

HOT SPOTS

The areas most likely to be affected are those around human entry points and borders, and known landing places of migratory birds. States that are at risk are Kelantan, Perlis, Johor, Malacca, Negeri Sembilan, Selangor, Penang,

Perak, Sabah and Sarawak. In Kelantan, Perlis, Sabah and Sarawak, chickens are reared kampung style, meaning that they are free-range chickens which wander uninhibitedly among the residents. The border areas with Thailand and Kelantan and Perlis; and Sarawak and Indonesia, mean that foreign poultry can sometimes come into Malaysia unchecked. Commercial poultry farms are concentrated in Johor, Malacca, Negeri Sembilan, Selangor, Penang and Perak. The poultry is housed in close quarters, unlike in the villages.

The Department of Veterinary Services of the Ministry of Agriculture holds year-round talks throughout the country at community centres, mosques and through farmers' associations. Farmers are

continuously educated about the virus, about poultry and possible human mortality, and the severe economic losses. They are also informed to be on the alert – if they notice a poultry mortality rate of more than five per cent per day, they are obliged to inform the nearest veterinary department office. Should culling be required, farmers are given monetary compensation. It is also important to emphasize that a key point to this successful strategy is that there is close co-operation between all government agencies involved, which includes the Ministry of Agriculture, the Department of Veterinary Services, the Ministry of Health, the police, the Wildlife Department, and Customs, which surveys borders.

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GLOSSARY

antiviral: An agent that kills a virus or that suppresses its ability to replicate or multiply and, hence, inhibits its capability to reproduce and spread from cell to cell.

biosecurity: Precautions taken to minimize the risk of introducing an infectious disease into an animal population.

cluster transmission: Abnormal disease transmission within a specific geographical area [e.g. avian influenza in poultry farms] or a group of individuals with shared activities, at work or leisure [e.g. food poisoning symptoms after a wedding reception].

endemic: The normal occurrence of a disease in a given geographical area or population group.

epidemic: A disease occurring suddenly in a community, region or country in large numbers far exceeding that which is normal. *See pandemic.*

HPAI: Highly Pathogenic form of Avian Influenza. Can be extremely infectious among humans.

H5N1: A variant of avian influenza, which is a type of influenza virulent

in birds. It was first identified in Italy in the early 1900s and is now known to exist worldwide.

influenza: A serious disease caused by viruses that infect the respiratory tract.

isolate: A pure strain that has been isolated as from diseased tissue, contaminated water, or the air.

mutation: A permanent change, a structural alteration, in the DNA or RNA. In humans and many other organisms, mutations occur in DNA. However, in retroviruses like HIV, mutations occur in RNA which is the genetic material of retroviruses.

novel strain: A strain that is strikingly new, unusual, or different. *See strain*

pandemic: The worldwide outbreak of a disease in numbers clearly in excess of normal

pathogenic: The ability of the virus to produce disease [in poultry]. Avian influenza strains also are divided into two groups based upon this ability of the virus to produce disease: low pathogenic [LP] and highly pathogenic [HP].

seasonal flu: A respiratory illness also

known as common flu or winter flu that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

strain: A group of organisms within a species or variety.

vaccine: A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces an immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms [killed or weakened] or parts of these organisms.

virus: Any of various simple sub microscopic parasites of plants, animals, and bacteria that often cause disease and that consist essentially of a core of RNA or DNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.

Main source: www.pandemicflu.gov

AVIAN FLU TIMELINE

Note: Figures are correct as at 4 July 2006. For the latest statistics, see the World Health Organization's Avian Influenza updates at http://www.who.int/csr/disease/avian_influenza/en/

1996

- Highly pathogenic avian influenza H5N1 virus (bird flu) is isolated from a farmed goose in Guangdong Province, China.

1997

- Outbreaks of bird flu reported in poultry at farms and live poultry markets in Hong Kong, resulting in six human deaths. One of these was in a Hong Kong family with a recent travel history to the Fujian Province in China.

December 2003

- First wave of bird flu among poultry reported in South Korea, Cambodia, Indonesia, Japan, Laos, Thailand and Vietnam, resulting in three reported human deaths in Vietnam.

2004

- Second wave of bird flu reported in poultry flocks in China, Cambodia, Indonesia, Malaysia, Thailand and Vietnam.
- Research confirms H5N1 has become progressively more lethal to wild

waterfowl, long considered a disease-free natural reservoir, and some mammals.

- Evidence suggests asymptomatic domestic ducks are acting as silent viral reservoirs, which may explain why some human infections could not be traced to close contact with infected poultry.
- Total of 32 human deaths reported in Thailand and Vietnam.

2005

- Bird flu H5N1 causes deaths of more than 6000 wild birds from different species at Qinghai Lake in central China – congregation point for thousands of migratory birds. Tests show bird flu has evolved to become more lethal to wild birds.
- Bird flu is carried along winter migratory routes towards Europe.
- Russia and Kazakhstan report outbreaks in poultry in western Siberia and adjacent areas. Dead migratory birds are reported in the vicinity of outbreaks.
- China, Croatia, Mongolia, and Romania report outbreaks of bird flu among migratory birds.
- Turkey, Romania and Ukraine report outbreaks of bird flu among poultry introduced by migratory waterfowl.
- Total of 41 human deaths reported in

China, Cambodia, Vietnam, Thailand and Indonesia.

January 2006

- Seven human deaths reported in Turkey, Indonesia and China.
- Iraq reports its first human death.

February 2006

- Thirteen new countries report their first H5N1 infections in wild or domestic birds: Iraq, Nigeria, Azerbaijan, Bulgaria, Greece, Italy, Slovenia, Iran, Austria, Germany, Egypt, India and France. Iraq's bird infections were confirmed only after its first human case.

June 2006

- WHO confirms limited human-to-human transmission among seven family members in Indonesia, but says the virus had not mutated enough to pass between members of the wider population.
- The latest figures from WHO report a cumulative total of 228 human infections and 130 human deaths in Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Thailand, Turkey and Vietnam since 2003.

Note: To date, WHO has not reported any cases of bird flu in humans, birds or animals in North America, South America, Australia or the South Pacific.

Source: WHO



RESOURCES

AVIAN INFLUENZA FREQUENTLY ASKED QUESTIONS

http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html

TEN THINGS YOU NEED TO KNOW ABOUT PANDEMIC INFLUENZA

<http://www.who.int/csr/disease/influenza/pandemic10things/en/index.html>

FAO WEBSITE

<http://www.fao.org>

FAO NEWSROOM

<http://www.fao.org/newsroom/en/news>

THE COMMUNICATION INITIATIVE

http://www.comminit.com/avian_influenza.html

WHO WEBSITE

www.who.int

WHO PANDEMIC PREPAREDNESS PLAN

defines the role WHO will assume during an influenza pandemic.

http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html

SEVERAL COUNTRIES HAVE SUBMITTED THEIR NATIONAL PANDEMIC PREPAREDNESS PLANS TO WHO.

These are available at: <http://www.who.int/csr/disease/influenza/nationalpandemic/en/index.html>

UNICEF – AVIAN INFLUENZA: INTRODUCTION

<http://www.unicef.org/avianflu/index.html>

WHO HANDBOOK FOR JOURNALISTS: INFLUENZA PANDEMIC

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